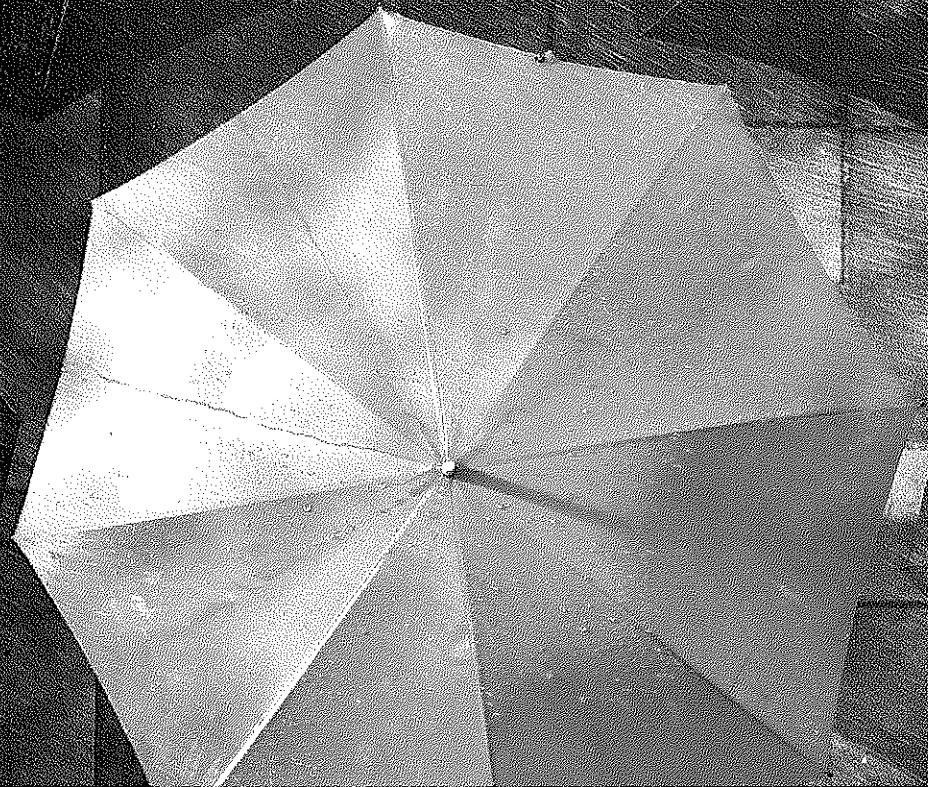




ROUTLEDGE

ROUTLEDGE  
INTERNATIONAL  
HANDBOOKS





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## Chapter 11

## The Care Risk in Europe: Diversification and Gender Inequality?

Mara Yerkes and Bram Peper

### Introduction

International debates on social security arrangements are characterized by the widely-held assumption that there has been a change in thinking about social risks. This change in thinking follows considerable alterations in social risks themselves, following major developments in employment, such as the increase in service sector employment and the simultaneous decrease in industrial and manufacturing employment, the rise in part-time and temporary work as well as problems of structural unemployment, which have created considerable changes in social risks (Elchardus, Marx, and Pelleriaux 2003; Esping-Andersen and Sarasa 2002; Hacker 2004; Taylor-Gooby 2004). One of the most prominent changes has been the issue of work-life boundaries as we have seen in Chapter 5. As a result of the decline in nuclear families (including a rise in lone parenthood and increasing divorce rates) the rise in female labour market participation and the increase in women's participation in education, the work-life boundary has become significantly blurred. The blurring of this boundary contributes to an overall increased risk of poverty and inequality (Taylor-Gooby 2004). The focus in this chapter is on the childcare risk and if diversification in childcare policy across Europe results in gender inequality. In particular, we will illustrate issues of gender inequality by comparing outcomes of childcare arrangements in the Netherlands and the UK within a European context.

Alongside these changes in social risks, there seems to be a growing assumption that individuals are either wholly, or in part, responsible for what happens to them, marking a shift from external to manufactured risks (Giddens 1994; 1998). In Giddens' terms, external risks are unrelated to human behaviour<sup>1</sup>; individuals are unable to control the risks they face. Manufactured risks, on the other hand, are created by human activities. While welfare states were traditionally designed to deal with external risks, they are now struggling to create policies that adequately protect against new, manufactured risks.

<sup>1</sup> In this chapter, we do not engage in the discussion as to whether risks or, in more general terms, problems are always related to human behaviour once phenomena are labelled as a risk or problem (Erikson 1995).

In many countries, such as the United States, individuals are responsible for managing these social risks, including pension and health care risks (Gilbert 2005; Hacker 2004; Hacker 2006). But even in European welfare states, which, in comparison to the US provide individuals with greater public provisions, a shift towards activation, such as active labour market policies and increased individual responsibility, is visible (Aurich 2008; see also Moreira 2008). This development has been termed a shift from the welfare state to a social investment state (Giddens 1998; Esping-Andersen 2001) or an enabling state (Gilbert 2002). 'The enabling state is a leaner state, in which brokerage and regulating, as well as enabling, are emphasized over providing' (Lister 2003: 174). In essence, the shift from a welfare state to a social investment or enabling state means a greater focus on individual responsibility and employment. Individuals are encouraged to be as active as possible in the labour market, thereby reducing their dependence on the state. In that sense, the welfare state changes from being a safety net for individuals in need, to a trampoline, facilitating a return to the labour market. Despite this shift, individuals do not always face social risks on their own. Welfare states, to varying degrees, are addressing new social risks (Bonoli 2007; Yerkes 2011).

Two social risks related to the blurring of the work-family divide include the risk of poverty and inequality. But underlying these risks is a more basic social risk associated with post-industrial society: the care risk. The care risk is broad and diffuse, entailing various forms of care such as care for dependants (either child or elder care), care for a sick partner or care for other immediate family members. The care risk varies across the individual life course. In this chapter we focus in particular on childcare as a care risk. In a 'participation society', in which all individuals are expected to participate in paid labour, who is responsible for the care of children? With the shift to a post-industrial labour market and the entry of women into the labour market, the dichotomy of men as breadwinners and women as carers is no longer viable. Referred to as a 'separation of spheres' (Crompton 2006) the underlying assumption of the public-private dichotomy was that men were responsible for the public sphere (paid employment) and women for the private sphere (unpaid care work). This assumption no longer holds, and this therefore poses a problem, as 'care is necessary work,' (Crompton 2006: 17). The necessity of care work has become increasingly obvious as social and demographic changes, such as increased life expectancy, take hold. At the same time, there is growing recognition by governments and firms for the need to 'balance' individual work and personal lives (see Den Dulk 2001; Den Dulk and Peper 2007; Wattis et al. 2006, Yerkes et al. 2010). This issue is particularly pressing in welfare states where strong breadwinner ideologies (see Lewis 1992) clash with current participation ideals. In these situations, the childcare risk has, until recently, been largely ignored.

The childcare risk is closely intertwined with gender inequality. As Lewis (2009: 15) notes, 'Gendered patterns of paid and unpaid work are fundamental to the problem of gender inequality.' But the concept of gender inequality, and what

constitutes gender inequality, is complex. Equality can refer to either equality-as-sameness or equality-as-difference (Lister 1997; see also Squires 2005). The former implies that equality is achieved by attempting to create equal rights for men and women in both public and private spheres. The latter, in contrast, recognizes gender differences and does not advocate assimilation to a dominant gendered norm. 'The central normative issue here is whether gender equality requires de-gendering or the equal valuation of different contributions by women and men' (Squires 2005: 369). Squires argues we should move beyond a sameness or differences approach to a diversity approach, in which we '[...] render visible the ways in which particular institutions and laws perpetuate inequality by privileging particular norms' (2005: 369). According to Esping-Andersen (2009), gender equality in welfare states can only be reached if two conditions are met. First, care and household tasks must be shared more equally between men and women, and secondly, the welfare state has to be designed in such a way that women and men are both able to combine work and care.

In this chapter, we research childcare and gender inequality in two countries with a strong breadwinner tradition: the Netherlands and the UK. How does social policy (re)produce gender inequality in response to the childcare risk in these countries? Is there evidence of standardization or diversification of childcare arrangements? The Netherlands and the UK provide a useful comparison for several reasons. First, both countries share a breadwinner tradition but may also differ in their social policy response to childcare. Innovations in social risk protection are more likely to take place in social democratic or conservative welfare regimes, whereas liberal welfare regimes are unlikely to provide public protection from new social risks, with the emphasis being on market-driven solutions (Esping-Andersen 1999). As a liberal welfare regime, the UK is likely to have a limited response whereas we are likely to find evidence of some attempts to provide new social risk protection in the hybrid Dutch welfare state. '(...) the Netherlands remain a Janus-headed welfare regime, combining both social democratic and conservative attributes (...)' (Esping-Andersen 1999: 88). Furthermore, the Netherlands has more recently shown a number of liberalizing tendencies, in particular where social risk coverage is concerned. How does this measure up to a typical liberal welfare regime? Moreover, both countries have witnessed a strong process of individualization, which is likely to have an impact on the way in which social policy attempts to intervene in social risk protection.

This chapter proceeds as follows: in the next section, we take a closer look at these processes of change, focusing on labour market changes and the process of individualization and what this means for the risk and responsibility of childcare. Following this overview, we investigate the overall European response to the childcare risk. We then move on to a more detailed analysis of the policy responses in the Netherlands and the UK in section three. In the last section, some conclusions are provided.

### A Changing Labour Market and Shifting Social Risks

Changes to contemporary labour markets and the consequences associated with these changes have been the subject of several studies (notably Crompton 2006; Esping-Andersen 1999). We have witnessed both a shift from an industrial to a post-industrial society, with a shift towards service employment, and the introduction of both numerically and functionally flexible working practices. At the same time, normative, legal and social structures that prevented women from taking part in the labour market have slowly eroded. As a consequence, women's labour market participation increased significantly from the 1960s onwards in most European countries.

Clearly, women have taken up an important role within this post-industrial labour market, which would seem to point to a standardization of employment and the life course, equalization between women and men. However, male and female employment has developed differently across Europe, pointing to important areas of differentiation. Looking at our case studies, for example, female labour market participation rapidly expanded during the 1960s and 1970s in the UK but Dutch female labour market participation did not increase significantly until the 1980s (see Figure 11.1). Certain structural changes took place in Europe, including the introduction of readily available birth control in the 1960s, a decrease in the amount of time spent on household work due to advancements in household technology, the postponement of motherhood and a decrease in average household size, leading to an increase in female labour market supply (Pott-Buter and Tijdens 1998). Birth control provided a means of controlling childbearing, allowing women to determine if they wanted to have children as well as the timing of children. In essence, birth control gave women control over the timing of employment interruptions, allowing them to stay in the labour market for longer periods of time. Changes to the organization of household work as well as a decline in the average number of children per household further represented a shift in the share of household and caring responsibilities undertaken by women. These structural changes were accompanied by economic changes, which increased the cost of not taking up paid employment. For example, the increase in women's participation in higher education, rising wages, changes to tax legislation, and the removal of restrictive legislation to make labour markets more gender equal, ultimately served to entice women to take part in paid labour (Yerkes 2006).

These changes led to changes in the average female life course as well. The life course sequence of obtaining an education, working, having children and then permanently leaving the labour market to care for children, has been replaced by a modern life course in which leaving the labour market is seen as a temporary phase. In the modern life course, labour market participation is viewed as necessary not only from a perspective of life long learning. Women's continuous employment serves two interrelated purposes: first, higher participation levels help finance social security arrangements and the welfare state; and second, through employment, women can become financially independent across the life

course. These changes in women's employment across the life course are visible in all European countries to varying degrees. The presence of legal restrictions, for example laws restricting married women's employment, as well as cultural norms regarding motherhood and paid work, allowed for diversity in the development of women's employment across Europe.

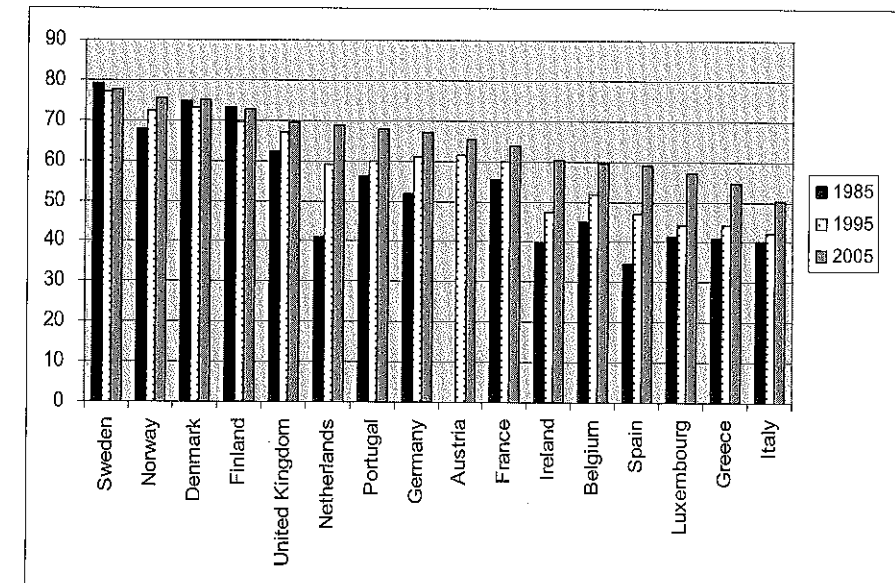


Figure 11.1 Growth in Female Labour Market Participation 1985–2005 (in percentages)

In the Netherlands, more so than in other Western countries, a rapid diffusion of part-time work accelerated the growth of female employment, and the Netherlands now has the highest rate of part-time work throughout Europe (see Figure 11.2). More than sixty per cent of Dutch women work part-time, with much of this employment concentrated in the service sector. While part-time working hours vary among Dutch women (Yerkes 2009) the occurrence of part-time jobs with fewer hours has led to a low percentage of economic independence. Only 43 per cent of Dutch women maintain economic independence (equal to 70 per cent of the net minimum wage, 899 Euros a month in January of 2009; SCP, 2008). Although the percentage of economically independent women is on the rise, the high percentage of economic dependency magnifies the care risk for women in the Netherlands.

High levels of part-time work are also evident in other Western European countries as well, including the UK. Many part-time workers are working mothers, who combine paid employment with childcare. The status of jobs for women



working part-time is more likely to be of a lower level with 25 per cent of part-time women workers in occupations associated with a lower level of educational achievement (Manning and Petrongola 2005). In addition, Walby and Olsen (2002) demonstrate that many women suffer downward mobility on return to part-time work after having children, including an average drop in earnings of 16 per cent. This situation is exacerbated for lone parents and low-income mothers who face additional barriers in balancing paid work and childcare (DTI 2003).

These developments have led to increased recognition of care risks in social policy.

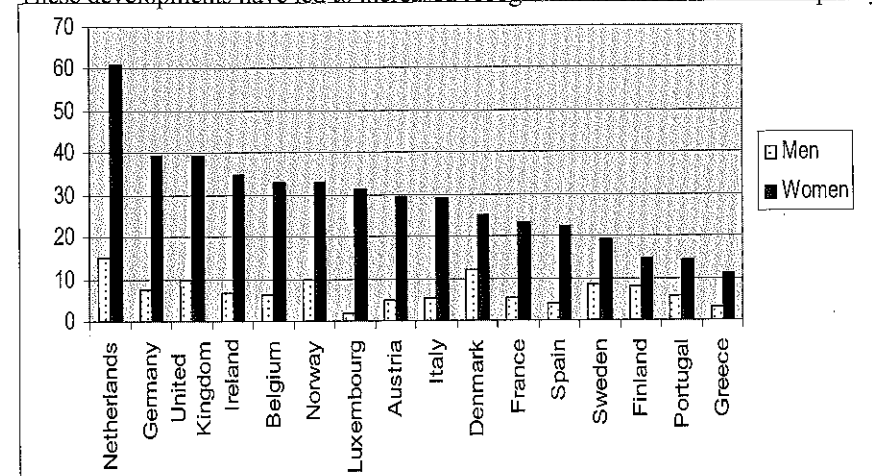


Figure 11.2 Part-time work in Europe: 2005 (in percentages)

While care itself is not a new issue, given the increase in female labour market participation and the continued gender imbalance in care tasks, its status as a social risk is arguably new. While a small, growing number of men increasingly take responsibility for caring duties, women continue to maintain a larger share of caring duties, while at the same time participating in paid employment (SCP 2006), which raises the issue of how to combine paid work with other activities, such as childcare. Despite the potential facilitation of work and care through the growth in part-time work or flexible work options, there are negative consequences associated with these work forms (Crompton 2006; Wattis et al. 2006; Yerkes 2006). Moreover, care risks are even more prominent for certain groups, such as low-skilled women and lone-parent families (Debacker 2005). The assumption that care risks can be absorbed within the familial institution no longer holds. And while social policy has become more adept at addressing the childcare risk, if protection is not standardized, gender inequality is likely to be visible. From a gender equality perspective, the European Union (EU) has worked to create

standardization through gender mainstreaming. However, from a childcare perspective, there is evidence of differentiation, which is counter-productive to EU goals of gender equality.

#### Childcare and Gender Equality in the EU

Gender equality has been an issue central to EU social policy for several decades. Various authors have argued there are three phases to gender equality policies within the EU: 'tinkering' of the 1970s, 'tailoring' of the 1980s and 'transforming' of the 1990s (Rees 2002). Squires (2005) suggests these three phases can be seen in terms of inclusion, reversal and displacement. During the first phase, where the focus was on equal treatment, the EU advocated more inclusive, objectively gender 'equal' social policy. As Rees (2002) argues, by the 1980s the focus became positive action and by the 1990s, the EU had shifted to a focus on gender mainstreaming. Gender mainstreaming remains the central focus of the EU today (European Commission 2010). Mainstreaming, in effect, 'takes us beyond the classic opposition between equality of opportunity and equality of outcome, as embodied in equal treatment and positive action, by focusing on the structural reproduction of gender inequality and aiming to transform the policy process such that gender bias is eliminated' (Squires, 2005: 370).

Standardization is evident in the EU's approach to gender mainstreaming. The EU attempts to achieve gender mainstreaming through legislation and specific measures aimed at advancing women in European societies. The first gender equality directive dates back to 1975, with passage of Council Directive 75/117/EEC, aimed at reducing the gender pay gap (EC 2009). According to the department of Employment, Social Affairs and Equal Opportunities of the European Commission, the various directives and other pieces of legislation passed since then aim to reduce gender inequality in both paid and unpaid work. In particular, these measures concern 'access to employment, equal pay, maternity protection, parental leave, social security and occupational social security, the burden of proof in discrimination cases and self-employment' (EC 2010). As pointed out by Mayer and Schoepflin (1989), the life course of women in the EU is shaped both by EU social policies and by the policies of individual member states. 'Social security systems covering major life risks decrease the individual's dependency on others and permit individual life plans on the basis of stable expectations of income and need provision' (Mayer and Schoepflin 1989: 194).

Childcare became an area of EU attention in the early 1990s, primarily from a perspective of improving work-life balance. The European Council passed a recommendation (92/241/EEC) in 1992 to encourage EU member states to improve caring facilities to enable men and women to combine work and care. In 2002, childcare targets were set at the Barcelona Summit, showing more explicit attention to childcare (Plantenga and Remery 2005). Childcare provision should cover one third of children under the age of three and 90 per cent of children between three years old and school age. According to Plantenga and Remery

(2005), six European countries had met the first goal by the year 2005, including Denmark, Belgium, Iceland, France, Sweden and the Netherlands. However, differences were evident among these countries. Whereas Denmark and the Flemish half of Belgium had relatively high coverage rates for children under three, the French-speaking half of Belgium and the Netherlands scored just above the target. Ten European countries met targets for the second age group by 2002. In general, however, the development of childcare policy and childcare availability is not uniform throughout the EU (Plantenga and Remery 2005; Blackburn 2006). More recent statistics from Eurostat (2010) confirm this picture. By 2008, 85 per cent of EU-25 children aged between three years old and school age and 29 per cent of children under the age of three are in formal childcare for at least one hour a week. But the percentage of children in formal childcare continues to vary significantly among member states.

The childcare targets created at the Barcelona Summit were intended to be reached by 2010. But as noted by the Plantenga and Remery (2005), childcare provision does not tell the whole story. 'A relatively low coverage rate may therefore not indicate shortages but alternative ways of looking after young children like parental leave facilities' (Plantenga and Remery, 2005: 6). More recently, Employment Guidelines adopted for 2008–2010 included broad objectives of improving employment and production at work, but also specific guidelines aimed at 'modernising social protection' in EU member states (EC 2009). Included in this modernization should be measures leading to a 'better reconciliation of work and private life and provision of accessible and affordable childcare facilities and care for other dependants' (EC 2009: 254). However, the standardization of childcare throughout the European Union continues to be hampered by significant differences in national structures, not only in childcare provision but in leave allowances, tax credits and quality standards (Blackburn, 2006). Therefore, we can expect that the childcare risk affects the life courses of Dutch and British women differently. We now move on to a more detailed look at the development of childcare policy in two European countries: the Netherlands and the UK.

### **The Social Policy Response to Childcare: the UK and the Netherlands Compared**

Traditionally, welfare states play an important role in managing social risks. Individual risks become social risks because societies and governments recognize the need for collective consideration of these risks. For example, families' increasing need for childcare is not only due to women's underlying desire to participate in the labour market, combining paid work and care, but also to society's need to maintain an adequate labour force to cover the growing financial burden of welfare state policies. Secondly, 'new' social risks are emerging given the complexity of society today, which increases individual dependence on market income (Esping-Andersen 1999). Finally, individual risks become collective,

social risks, because they are interdependent (Goodin 1998). 'With social risks, the situation is not one of winners and losers, where the costs of the losers can be fully covered by premiums paid by the winners; all individuals can be affected, and an effective insurance against these risks requires a collective response' (Yerkes 2011: 2).

But how are these risks perceived in society? Are manufactured risks indeed considered to be 'personal troubles' (cf. Mills 1959), calling for individual responsibility? Or is there a general tendency among individuals to perceive both manufactured and external social risks as bearing some individual responsibility and some collective responsibility (i.e. social problems)? Even though it is only one part of the collective response to care risks, we focus here on the social policy response in the Netherlands and the UK.

### *The Netherlands*

The Netherlands has a long-standing tradition of consultation and coordination in socio-economic policy-making (Touwen 2004), which is likely to shape future responses to changing social risks. Trade unions and employers are regularly involved in social risk protection, although their involvement varies.<sup>2</sup> Coordinated wage moderation (especially during the 1950s and early 1970s) and the system of collective labour agreements under (central) national coordination are two examples of this tradition (Visser and Hemerijck 1997). Despite shifts in economic thinking, with privatization of state-owned enterprises and reductions in social expenditure taking place, there is still a legitimate role for the government in providing collective welfare services to protect against social risks in general and care risks in particular. But Dutch social policy has been slow to respond to care risks, especially childcare.

Until recently, and within its strong breadwinner tradition, the Netherlands maintained low levels of childcare provision (Lewis 1992). The lack of childcare was directly related to the cultural preference of having the care of children take place within the home. Since the increase in female labour market participation, however, cultural values regarding the care of children or mothers working outside the home have shifted significantly. Policy, it would seem, is slowly changing as well, particularly in the light of measures taken to increase the labour market participation of certain groups, such as single mothers (see Knijn and van Wel 2001; Van Drenth, Knijn, and Lewis 1999). From the mid-1990s onwards, the government and the social partners attempted to increase the availability of formal childcare places (Yerkes 2010). As a result, the amount of childcare available in the Netherlands has more than tripled. At the same time, the government pushed the social partners to negotiate collective childcare provisions within collective bargaining agreements. The Dutch approach to childcare policy has clearly been influenced by the presence of strong industrial relations institutions and a pattern of self-regulation by the social

2 For a discussion of trade union and employer involvement in work-care issues, see Schreuder 2007, and for a discussion of their involvement in childcare see Yerkes 2010.

partners *vis-à-vis* collective bargaining (Yerkes 2011). Childcare arrangements within collective bargaining significantly increased throughout this period, with a peak of nearly 90 per cent coverage by 2006 (Yerkes 2010).

To increase competition and to improve the quality of childcare, the government passed new legislation in 2005, which was enacted in 2006. This Childcare Act (*Wet kinderopvang*) condensed a previously three-tiered childcare system into one scheme. Parents now pay childcare costs upfront, receiving compensation for one-third of the costs from the government and one-third from employers.<sup>3</sup> Following the introduction of this legislation, the government and trade unions argued that employers were not doing enough to realize 90 per cent of collective coverage (Yerkes 2010). As a result, the government now legally mandates employers to subsidize childcare, through legislation included in a new tax bill in 2007.

Despite these childcare policy changes, use of formal childcare remained relatively low until recently (Yerkes, 2009). In 2007, approximately 24 per cent of children aged 0–4 were in formal childcare, and only 8 per cent of school-aged children had out-of-school care (Ministry of Culture, Education and Science, MinOCW 2007). Attitudes and perceptions of formal childcare were slow to change in the Netherlands. Families not making use of formal childcare generally maintained poor perceptions of formal care, expressing the feeling that bringing their children to childcare would not contribute to their child's well-being (Portegijs, Cloin, Ooms, and Eggink 2006). These strong perceptions meant informal care options were, and still are, quite popular in the Netherlands. Yet following the change in legislation in 2007 that mandated a subsidy by employers, the number of households using formal care has nearly doubled, to 421,000 in 2008 (Versantvoort and Goudswaard 2009). According to Eurostat statistics (2010), in 2008, 89 per cent of three year-olds and 47 per cent of children under the age of three are in formal care at least one hour a week.<sup>4</sup> The subsequent explosion in childcare expenditures has recently come under parliamentary criticism. Much of the current political debate concerns whether or not, and in which manner, both formal and informal care should be provided for financially through government provision. On 1 January 2010, new legislation concerning informal care went into effect, regulating required training

3 In reality, the division of childcare costs is not strictly one-third for the state, one-third for employers and one-third for parents. Employers pay around 20 per cent in tax premiums and according to a recent newspaper article, parents pay, on average, 20 per cent. The state pays the remaining 60 per cent, which has led to an explosion in childcare costs and plans to cut childcare subsidies in the coming years (NRC, 25 September 2010).

4 Eurostat distinguishes between children under the age of three and children between the age of three and compulsory school age. Compulsory school age is four years old in the Netherlands. It must also be noted that the percentage of children under the age of three in formal childcare is, in part, based on what Eurostat terms 'very unreliable statistics'. While Eurostat reports a reliable statistic of 41 per cent of children under the age of three in formal care for between 1 and 29 hours a week, the reported statistic of 6 per cent of children under the age of three in formal care for 30 hours or more is considered to be very unreliable (Eurostat 2010).

of informal caregivers and the price paid to informal caregivers (MinOCW 2009).<sup>5</sup> Moreover, current political debates are evaluating the use of self-regulation to control childcare quality and to avoid misuse and fraud of childcare subsidies by relating childcare to hours worked.

The development of childcare policy in the Netherlands has been shaped by the use of childcare as a labour market instrument. Childcare is seen to offer a promise of gender equality by promoting the outsourcing of care and women's involvement in paid employment (Yerkes 2011). Given its male breadwinner tradition, the care risk has primarily been women's responsibility in Dutch society. By introducing childcare facilities, the Dutch government made it possible for women to enter or remain in the labour market. However, the government's approach of childcare as a labour market instrument continues to act as a barrier for women to use these facilities – Dutch women perceive themselves to be the primary caregiver. This strong relationship between motherhood, childcare and working outside the home means the care risk primarily remains a risk for *women* in Dutch society.

In combination with the high levels of part-time work discussed in the previous section, these factors do not contribute to a realization of gender equality in paid and unpaid work. Gender equality remains a statutory promise in the Netherlands. In practice, the labour market behaviour of women does not lead to greater equality in caring. Moreover, Dutch childcare policy has had only a marginal effect on gender inequality in caring. The past decade has shown an increase in the percentage of women re-entering the labour market after giving birth, particularly younger cohorts. However, the amount of time spent on household and care tasks by men has increased only slightly (Cook and Baxter 2010). Childcare remains primarily the task of women – despite the increase in childcare facilities during the last fifteen years. The strong Dutch motherhood ideology, quickly changing social policies regarding childcare, as well as the very slow increase in men taking up household and care tasks all combine to create enduring gender inequality in the Netherlands.

### *The United Kingdom*

The institutional structure of the UK is characterized as a liberal welfare regime (Esping-Andersen 1990; 1999), which relies on means-tested social assistance. Only modest universal transfers or social insurance are available and strict entitlement rules govern social protection. Within the liberal welfare state, primary emphasis is placed on the market, meaning the government takes a *laissez-faire* approach to social policy. Individuals and families are responsible for negotiating their own boundaries between paid and unpaid work, which can result in social inequalities (Crompton 2006).

5 Informal care is often provided for by grandparents in the Netherlands. Under the new legislation enacted in 2010, all caregivers, including grandparents, will be required to obtain an equivalency diploma (EVC) to qualify for government subsidies.



In line with a market-oriented institutional structure and its historically strong male breadwinner tradition (Lewis 1992), childcare has generally been left to the market. This market-driven approach changed, at least in official discourse, with the start of the Blair administration in 1997. Under Prime Minister Tony Blair, the UK launched a National Childcare Strategy in 1998, which was an attempt to increase childcare provision, its affordability, and the support provided to working parents through tax benefits, for example (Yerkes 2006). Since April of 2003, parents are entitled to two forms of tax credits, the Childcare Tax Credit (CTC) and the Working Tax Credit (WTC). The CTC is a means-tested allowance provided to the main caregiver responsible for at least one child or qualifying young person (which is someone in full-time non-advanced education or training).<sup>6</sup> The CTC is primarily meant to support families with children and some 16 to 18 year olds. The WTC is available to individuals or families in paid (self) employment who work at least 16 hours or more a week and combine employment with childcare. Also, as part of the WTC, families can qualify for assistance in childcare payments up to £140 per week (for one child) and £240 per week (for two or more children). All individuals or families with children who qualify (an income under £58,000 a year or £66,000 a year for individuals or families with a child under one year of age) can claim the CTC and WTC (Wattis et al. 2006; HMRC 2010<sup>7</sup>).

Families in the UK can also make use of childcare vouchers, available through employers in an attempt to make childcare more affordable. As noted by Wattis and colleagues (2006: 43), childcare vouchers '[...] have become one of the most effective components that any progressive family-friendly organisation can offer as part of a benefits package. Childcare vouchers can help with the problem of recruiting and retaining key employees as these vouchers can help to relieve the added stress of arranging and paying for childcare, which may discourage employees from returning to work at all.' Childcare vouchers offer families a tax-free, National Insurance-free means of paying for childcare, which, according to Edenred, the company in charge of organizing the vouchers, can save families up to £1,195 per year.<sup>8</sup>

In the UK, the private market for childcare dominates the organization of care for children under the age of three. From the age of three onwards, children are more likely to be cared for in preschool or playgroup settings, or in the case of older three year olds, in state nursery schools (Bertram and Pascal 2001). There is some evidence of standardization between the UK and the Netherlands. Similar to the Netherlands, little state funding of childcare was available until recently, particularly for children under the age of three. State funding of childcare for this age group is generally restricted to children with special needs. As Bertram and Pascal explain (2001: 24), 'there is a great shortage of affordable, high quality, private or voluntary childcare places for them. Yet, more than two thirds of

<sup>6</sup> See [www.taxcredits.hmrc.gov.uk](http://www.taxcredits.hmrc.gov.uk) for more information.

<sup>7</sup> See [www.hmrc.gov.uk](http://www.hmrc.gov.uk).

<sup>8</sup> See [www.childcarevouchers.org.uk](http://www.childcarevouchers.org.uk).

mothers now return to work after their maternity leave, and more than half of mothers of under 3's work. This coincides with parent's increased inability to rely on 'informal' family childcare.' The cost of formal childcare is very high in the UK, higher than in the Netherlands, which reinforces families' reliance on informal care. This reliance on informal care is another similarity between the Netherlands and the UK (Wattis et al. 2006).

Both countries have made attempts to improve the provision and affordability of childcare in recent years. The childcare situation in the UK changed in 2006 with passage of the Childcare Act. The Childcare Act focuses on improving the quality of childcare and reducing inequalities between childcare and early childhood education outcomes among children (DCSF 2006). The new legislation also provides a free nursery education place (with a minimum of 12.5 hours per week, 38 weeks per year) will be available for every child between three and four years old (Wattis et al. 2006).

The percentage of children in formal care differs primarily for children under the age of three between the Netherlands and the UK. While 47 per cent of Dutch children under the age of three are reportedly in formal care (Eurostat 2010), in the UK this percentage is much lower, at 35 per cent. Both the UK and the Netherlands show a similar percentage of children three and older in formal care, however. According to Eurostat statistics (2010), in 2008, 87 per cent of children aged three to compulsory school age are in formal care at least one hour a week.<sup>9</sup>

Despite their different institutional backgrounds, and the differentiation in childcare policies between the Netherlands and the UK, there is some evidence of standardization in how these approaches to childcare policy (re)produce gender inequality. As noted by Lewis (2009: 18), 'In the UK, gender equality has hardly been discussed; rather policy documents have striven for gender neutrality.'

Similar to the Netherlands, the UK is characterized as a strong breadwinner society, and gender inequality is still persistent in the labour market, as well as in the private domain. But in the UK, economic necessity is a primary reason for female partners to enter the labour market, which is more prevalent than in the Netherlands. In a liberal welfare state, such as the UK, people are intended to acquire services in the market; however, commercial services such as childcare are expensive and less accessible for low-income families. At the same time, while the UK is historically viewed as a strong breadwinner society, as a liberal welfare state, it only maintains a limited system of breadwinner facilities; therefore, the labour market participation rate of women is still quite high. Despite the long

<sup>9</sup> Compulsory school age is five years old in England, Wales and Scotland and four years old in Northern Ireland. Again, it must also be noted that the percentage of children under the age of three in formal childcare is, in part, based on what Eurostat terms 'very unreliable statistics'. While Eurostat reports a reliable statistic of 31 per cent of children under the age of three in formal care for between 1 and 29 hours a week, the reported statistic of 4 per cent of children under the age of three in formal care for 30 hours or more is considered to be very unreliable (Eurostat 2010).

tradition of women working in the UK, the jobs, payment and benefits for women are less than for men. 'Policies granting men preferential access to vocational training and more lucrative professions, generous dependent tax allowances, household rather than individual taxation, high marginal tax rates that penalize second earners along with extensive maternity leave and limited public child-care provision, reinforce a male breadwinner-female carer model' (Cooke and Baxter 2010: 518). The male breadwinner-female carer model still underlies the British labour market, which implies that the care risk is not, as might be expected, covered by market mechanisms, but remains an issue for women.

### Conclusion

In this chapter, we considered the standardization or diversification of childcare arrangements in Europe, with a particular focus on the Netherlands and the UK, and whether these policies (re)produce gender inequality. From our analysis, it is clear that there is evidence of differentiation in childcare policies across Europe. Our case studies of the Netherlands and the UK show that despite a shared male breadwinner tradition, childcare arrangements clearly differ. This diversification in childcare policy produces a standardization in gender inequality. In both countries, and in many European countries, childcare policy is directed at women, which continues to frame women as primary caregivers. This dominant framework, in combination with the variation in paid employment demonstrates continued gender inequality in both paid and unpaid work. And despite the development of recent social policies concerning childcare and similar work-life balance issues, the care risk remains gendered.

In the Netherlands, the rapid childcare policy changes made by the government during the past ten years, have affected how policy shapes the individual life course (cf. Mayer and Schoepflin 1989). Dutch citizens, mainly Dutch women, often remain dependent upon their social network (partners and other friends and family members) rather than the state for organizing childcare. In the UK, despite policy developments, the dependence on the market is still considerable, as is the dependence on informal care arrangements within one's social network of friends and family. As a result, gender inequality in the care for children remains.

As discussed earlier, gender equality is a complex concept. Whether equality is defined as equality-as-sameness, where equality is achieved by attempting to create equal rights for men and women in both the public and private spheres, or equality-as-difference, whereby gender differences are recognized and policies do not advocate assimilation to a dominant gendered norm (Lister 1997; see also Squires 2005), the diversification of childcare policies across Europe does not lead to gender equality. It is clear from our case studies that while there is rhetoric supportive of equal caring rights for men and women, childcare policies are gendered. With regard to equality-as-difference, while one could argue that the gendered nature of care reflects a variation in care preferences between men and

women, unequal opportunity structures in employment remain, often influencing women's decisions to be the main caregiver. In addition, neither the Dutch nor the British welfare state fulfils the conditions of gender equality as described by Esping-Andersen (2009), as clear gendered differences in care and household tasks remain and the combination of work and care in both welfare states is gendered as well, with institutions focused on women as primary caregivers.

As a consequence, inequality is maintained. The shift in some European countries towards more neoliberal policies, directed at a retrenchment of the state in terms of social risks across the life course, means there is a greater chance of growing inequality between citizens. Individual life courses are becoming increasingly dependent upon family resources, whose availability is unequal, in contrast to the more stable state-based social policies. The focus on increased individual choice in shaping the life course ignores the importance of social policies in addressing inequality.

At a European level, while EU policies, regulations and directives have a standardizing effect on the individual life course (cf. Mayer and Schoepflin 1989), the variation between countries and welfare regimes is still considerable, a result of the path dependency of the implementation of these EU policies (Cooke and Baxter 2010). Our comparison of the care risk in the Netherlands and the UK, as shown by a specific care risk – childcare – leads us to conclude that a great deal of diversity in childcare still exists. A consequence of this diversity is persistent gender inequality. In sum, previous diversity in paid and unpaid work and the existence of gender inequality has decreased somewhat due to EU efforts, but the standardizing way in which EU policy affects the life course of men and women leaves enough room for continued diversity in paid and unpaid work, thereby sustaining gender inequality.

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## Chapter 12

## Diversity, Standardization and the Perspective of Social Transformation

Max Koch, Lesley McMillan and Bram Peper

This volume has brought together a range of theoretical and policy-oriented contributions that all illuminate links between patterns of standardization and diversity, many of which are hidden from our day-to-day consciousness. One of the foremost results of this book project is that it does not make sense to talk of 'diversity' or of 'standardization' in isolation. On the contrary, the existence of and the respect for generally agreed economic, political and social standards is an absolute precondition for diversity – and for orderly human interaction in general. Without agreement on such standards there would be chaos and disintegration both at the system and social level (Chapter 6 by Aschauer). Since both standardization and diversity are interdependent and interwoven by a myriad of ties, the understanding of the specific historical and social forms of this interrelation is a necessary starting point for further theoretical and empirical study. The contributions to this volume suggest that any given extent and quality of diversity is interpretable as the outcome of a historically achieved and socially agreed level of standardization in different societal areas, occurring at the micro, macro and meso levels. As a corollary, a general and fixed definition of the relationship between levels of standardization and patterns of diversity is impossible, since it is contingent on social struggles between various groups and of various sorts. Any agreement on standards is temporary despite the fact that we often perceive them as 'natural'. We will now turn to embed this conclusion into wider social theory debates.

Studying patterns of standardization and social and cultural diversity can be traced back to the origin of the social sciences. Much of Durkheim's classical sociology, for example, is about understanding and theorizing a new type of society that emerged as a result of the break-up of the feudal *ancien régime*: in the emerging bourgeois society the old castes and the corresponding normative systems and lifestyles did not count for much anymore, but a new social order – 'standardized' forms of living together – had not yet materialized. The result was a mismatch between personal or group standards and wider social standards that Durkheim (1897) described as 'anomie'. This situation was generally characterized by a lack of all-encompassing norms and, hence, an absence of legitimate aspirations that would structure individual action in the general interest. However, the example of the French revolution and the initially difficult and violent emergence of the