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I have been asked to introduce briefly this workshop and to deal with some of the questions that are at the heart of this conference, in mentioning recent developments in transnational social welfare and the gendered dimension of citizenship, with an insight on gaps between Western and Eastern Europe. Because of due time, I will concentrate on questions relating to care and will be unable to go into details concerning differences among countries.

The concept of citizenship cannot disregard the substantial inequalities which persist in the social and domestic fields, as in the economic and political fields. Now the family plays a decisive role concerning gender differences in the definition and practice of citizenship. It is *in it* that the economic and social dependence of women is embedded historically, in direct connection with the care of dependants (children, elderly, disabled, etc.) – a dimension which took an increased importance with the crisis of the welfare and disengagement of the State. The assignment of women to domestic tasks is at the origin of the discriminations that they encounter in most of the areas. And that is expressed in the very nature of rights such as the maternity/parental leave, or the leave of care for sick child. These rights are generally presented as individual rights of women, whereas they are rights addressing others through them – in this case, the right to education or health of the dependent child.

In Western Europe, with the generalization of women's professional and continuous activity, deep social changes occurred over the last decades (decline of birth rate, drop of marriages, progress of divorces). The traditional family model of the male breadwinner and the woman in charge of the home is no longer relevant in any industrially developed country. This has implied an extension of measures releasing women from at least some of the educational and domestic tasks concerning early childhood and the care of elderly, sick or disabled people.

Historically, the most distinct care regimes are, on the one hand, the state regime of the Nordic countries, which are characterized by significant funding of the State and the existence of a highly developed network of collective structures and, on the other hand, the family regime of Southern Europe whose main features are the large share of responsibility of the private sphere and the shortage of services. But to-day, no country, either in Northern or in Southern

Europe, shows a 'pure' profile, and it is more difficult today than fifteen years ago to establish clear distinctions between the various regimes.

A comparison of national cases reveals the existence of contradictory movements everywhere: on the one hand, the taking into account of social transformations resulted in the creation of new services and benefits concerning early childhood and the elderly; on the other hand, the joint pressure of budget deficits and the neo-liberal trends led to the questioning of a number of social gains relying on principles of solidarity and equality developed in the post-war period. Today, the universalist values are losing ground and give way to much more individualistic concepts, often presented under the label of 'free choice' that have the advantage, in the eyes of the politicians confronted with insoluble budget problems, to reduce public expenditure in the field of care since the cost of individual modes of care may be up to half lower than that of the collective structures.

Now such measures, whatever their level of funding usually increase more than they decrease the men/women differences as for their respective involvement in early childhood and in the care of seniors. The role of the State is thus far from neutral in the way it shapes the practices of both companies and individuals. While the development of collective services tend to reduce gender inequalities (as in the Nordic countries), very often, state policies helped maintain, or even increased gender inequalities through measures such as: care leave defined as maternal before being declared parental; part-time work "reserved" for women; measures encouraging one of the parents – the mother most often – to provide care herself (and in that case, it concerns uppermost less privileged women).

The figure of the father, as a person who should share the education of the children, has become more visible elsewhere than in the Nordic countries for about ten years: the introduction of a paternity leave and the adoption of the principle of a non-transferable period of parental leave of the father to the mother, appeared as an effective incentive to go in this direction. Nevertheless, this did not lead to major changes in the division of labour between men and women. Everywhere, women continue to provide the bulk of informal work related to educational and domestic activities (either as employees in the public or private sector, or as partners and mothers) and even in Nordic countries, mothers continue to use a much greater length of leave than men and often resume work part time, unlike their spouses.

In addition, the reduction of state expenditure increased differences *between women* : they are very unequally struck by the impact of liberal policies and the privatization process affecting many tasks of care, depending on their education level, their wages, the social category to which they belong or national or ethnic origin. The lack of collective solutions at reasonable costs affects much more less qualified and poorly paid women, while female graduates, wishing to

remain in the labour, are able to use the work of other women issued of the most disadvantaged categories to take care of their children or to perform depreciated domestic tasks (often through informal jobs). And the tax measures that facilitate the hiring of a care person at home (an opportunity for wealthy families) encourage them to do so. Various recent studies bring to light the increasing trend, in most Western European countries, to call upon women from poor countries in Africa, Latin America, Southeast Asia or Eastern Europe and report on the poor working conditions of this overexploited migrant workforce.

In Eastern Europe, after 1989, many of the social structures and legal provisions existing under the communist system have been rejected, above all because for budgetary constraints. Thus the notion of public care, which had existed under the previous regime, disappeared from the political agenda altogether. In most cases to-day, only families whose per capita income falls below a certain percentage of the average wage are entitled to social welfare benefits. Even so, large or one-parent families are the most vulnerable. Single mothers constitute a disproportionate percentage of those who live below the threshold of poverty as do Roma women in Hungary, Romania and Slovakia specifically.

Women face specific discrimination on the job market, as employers tend to prefer to hire male workers to offset the costs of maternity (the proportion of women among the long-term unemployed has grown everywhere in the region). Some government policies aiming at reversing the decline of fertility (in the region, they fell to an average of 1.2 to 1.3) encourage them to leave the labor market, either through attractive parental leave schemes (as in Hungary) or through early retirement policies (as in the Czech Republic and in Poland). The result is that the employment rate for mothers with children under three now stands at 30 percent and one knows that long-term benefits may be creating traps for women or work disincentives, especially for those with low skills or who occupy an otherwise weak position in the labor market. And women's pensions across the region are nearly 40 percent lower than men's.

There is a particularly acute deterioration of public services in childcare: with the exception of the Baltic countries and Slovenia, coverage for children three and under has fallen to less than 10 percent, and sometimes less than 5 or even 2 percent across the region (even the proportion of children three to six years old are now well below most Western countries). Nevertheless, these setbacks have not generated strong reactions among women as traditional family values resurfaced as they were forced back into family care work. Thus, family policy can be said to have been refamilialized.

At the same time, one observes in some of these countries a trend similar to that observed in Western countries concerning the employment of migrant workforce in the sphere of care work : in Poland, the very women who work abroad for financial reasons often hire other women from Ukraine or Bielorrussia

and contribute to what is called the 'global carechains'. This underlines the importance of regularizing care and domestic work and to improve migrant's rights of citizenship: these process reveal the interconnections between policies and social changes happening at regional, national and transnational levels.

To sum up, one can say that if in Western Europe, especially since the 1990s, the rights of parents of young children have been consolidated and that efforts have been made to meet the diversification of needs, this went along with increased inequalities among women and families. Some former differences between regimes prevailing in various Western European countries are reduced, but the gap with Eastern Europe countries has increased. And in all the cases, new inequities arise, particularly in connection with the growing importance of migrant labour in the activities of care. Class inequalities are exacerbated in the case of lack of services or when the care allowance is at a very low level. In terms of citizenship, there are therefore important differences between the definition of rights and the reality, according to whether the emphasis, in the policies adopted, is laid on the right of women to work or on the right of men to care. The new model of citizen-parent that mothers and fathers should both jointly combine paid work and work of care is still far from being a reality.