

CHILDCARE ARRANGEMENTS AND THE ROLE OF CHILDCARE POLICY PROVISIONS IN ROMANIA

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Abstract: The focus of the thesis is the exploration of young children's routine childcare arrangements and the role played by childcare policy provisions (in cash, in time and in kind, through services) in shaping these arrangements in the Romanian context. Through the narratives of 68 family carers in 37 urban and rural Romanian households in multi-ethnic Transylvania, the study investigates the household level processes whereby young children's care arrangements come to be and explores the ways in which the design of and access to childcare policy provisions might shape young children's routine care arrangements. In doing so, the thesis reconceptualises the term childcare arrangements and provides a descriptive account of ten different routine arrangements for the care of young children. Through an inductive analysis of carer narratives, the thesis also develops a heuristic tool – hierarchies of care ideals – that lies at the heart of a refined explanatory framework pertaining to the conception and implementation of individual care arrangements. This framework complements existing analytic models that have been developed to explain mothers' employment and care related decisions during their children's early years. Building on this inductively developed framework, the thesis expands on the role that different childcare policy provisions were said to play in shaping households' childcare choices. The thesis reveals that the designs of policy provisions and households' access to different benefits directly shape young children's care arrangements. Furthermore, through the analysis of narrative pairs available for most households in the study, the thesis explores the gendered ways in which mothers and fathers narratively constructed agency in relation to decision-making about children's care arrangements. Finally, the thesis proposes three real-type decision-making models described by carers in the study, revealing the dynamic nature of household decision-making in relation to children's care arrangements.

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Chapter 1. Introduction

This thesis is about preschool aged children's care arrangements in Romanian households, the role that childcare policy provisions played in shaping the making of these arrangements and the decision-making processes that underpinned them, analysed through familial carers' narratives. To put it differently, this thesis engages with the issue of childcare through the perspective of familial carers, in most households two each: the father and the mother or, much less frequently, one of the parents and one of the grandmothers. The thesis engages with individual-level and household-level processes to do with the organisation of childcare, opening up the *household* (which in most, but not all cases overlaps with the nuclear family) as a site of (gendered) ponderings, discussions and negotiations about the organisation of caring for its youngest members and as a beneficiary of childcare-related benefits in cash, in time and through services.

The focus is not on childcare as a "problem", particularly for mothers, as much feminist scholarship discussing mothers' (and more broadly women's and parents') employment and work-family reconciliation seems to sometimes inadvertently suggest (see for instance Fraser, 1997; Duncan and Edwards, 1999; Sainsbury, 1999; Duncan et al., 2003; Gornick and Meyers, 2003; Pascall and Kwak, 2005; Crompton, 2006; Lewis, 2006a; Kremer, 2007; Lister et al., 2007; Pettit and Hook, 2009; Pfau-Effinger, 2004; Pfau-Effinger and Rostgaard, 2011). Instead, caring is studied in context, through carers' perspectives. In focus are the logistic arrangements around young children's care, but these care solutions are conceptualised, described and explained in a way that reflects carers'

understandings, motives and reasonings related to their making. Finally, caring is seen as *shared*, regardless of how unequally and by whom. As a result, the focus in this thesis is not on mothers' narratives only. In an attempt to engage with household-level discussions and negotiations, but also to give voice to fathers in what is wished to be a genuinely gender-sensitive analysis of the making of childcare arrangements, the primary data the thesis draws on includes narratives of mothers, grandmothers and fathers.

The thesis wishes to make a contribution to the emergent body of scholarly literature focusing on the social and economic changes accompanying Central and Eastern European (CEE) post-socialist welfare states' transformations. Unlike analyses of welfare state change in advanced welfare states, the corresponding body of literature on post-socialist CEE welfare states has more often than not marginalised the issue of childcare and the changes in policies for families and households with young children (for instance Deacon and Szalai, 1990; Zamfir, 1999; Barr, 2005; Cerami, 2006; Sotiropoulos and Pop, 2007; Haggard and Kaufman, 2008; Cerami and Stănescu, 2009). Furthermore, the much less extensive literature focusing welfare state transformations from a gender perspective in this part of Europe has sadly skipped over the most eastwardly countries, Romania included (for exceptions see Funk and Mueller, 1993; Gal and Kligman, 2000b; Popescu, 2004; Lukic et al., 2006; Mesner and Wolfgruber, 2006). Finally, the relatively few studies that have engaged with the issue of childcare in the post-socialist Romanian context have done so from a policy perspective only (especially Fodor et al., 2002; Cerami, 2006; Popescu, 2004; 2006). Studies about Romanians' private lives have been few (OSF, 2000; Bădescu et al., 2007b). Moreover, virtually

no empirically grounded research exists about Romanian households' experiences with managing childcare needs during the early years (Ghebrea, 2000; Lokshin and Fong, 2004, Teampău, 2008 and Guga, 2012 may be considered partial exceptions). It may be argued, therefore, that a study focusing on the organisation of childcare, contextualised as an important aspect of family lives in contemporary Romania, has been long overdue. In this sense, this thesis is making an unprecedented contribution to the emerging body of empirically grounded research on family lives and the organisation of childcare in the particular context of Romania.

Another ambition of this thesis is to engage with theoretical models that can help conceptualise and explain the making of childcare arrangements rather than care-work arrangements of working parents at the household level. As will be explored in later chapters, much literature on the organisation of children's care originates from (feminist) scholars' interests in explaining various aspects of women's and, more specifically mothers', labour market participation at the macro level (for instance Gornick and Meyers, 2003; Crompton, 2006; Ferrarini, 2006; Kremer, 2007; Pettit and Hook, 2009; Drobnic and Guillén, 2011; Pfau-Effinger and Rostgaard, 2011) or at the micro level (for instance Hochschild, 1989; 1997; Duncan and Edwards, 1999; Hakim, 2000; Himmelweit, 2000; Hobson and Fahlén, 2009). As such, the explanatory models that are available in this body of scholarly work tend to focus on women's situated rationalities when having to make employment-related decisions. These explanatory frameworks, however, rarely spell out how decisions about children's routine care once mothers (re)enter paid work are pondered about, chosen, implemented, maintained. Most such frameworks are also unable to incorporate the potential role played by childcare policies in

individual- or household-level childcare-related decision. Furthermore, it is unclear how intra-household negotiation process among different adults may also affect “childcare choices” (as some North American scholars refer to this issue). This thesis engages in a dialogue with these different bodies of scholarly work and, in doing so, refines existing theoretical models in an attempt to formulate an explanatory framework useful for conceptualising and exploring household-level processes linked to the making of individual children’s care arrangements.

This thesis is guided by four inter-related research questions the aim of which is to guide the exploration of the ways in which individual children’s care arrangements come to be.

- i. What childcare arrangements did the households in the study make for the care of their preschool aged children on typical weekdays?
- ii. How did parents and other familial carers in this study decide on their preschool aged children’s care arrangements and what factors shaped their decisions?
- iii. In what ways, if at all, did childcare policy provisions matter to parents’ (and other familial carers’) decisions underpinning their young children’s routine care arrangements?
- iv. Through what decision-making process(es) did parents in the study arrive at their care arrangements and how did they manage conflicting perceptions, if these existed, about their children’s care needs in this process?

The study the thesis is based on is a qualitative one. Individual in-depth interviews with 68 familial carers (mothers, fathers and grandmothers) in 37 households (two

interviews each in most households) were carried out in three different localities in Central Romania, two of which are rural and one urban. Discussions focused on reference children's care routines on typical weekdays, during weekends and in emergency situations; parents' knowledge of, access to and reliance on a range of childcare policy provisions in cash, in time and in kind (mainly services); and household-level discussions and negotiation regarding the children and in particular their care arrangements. Furthermore, the thesis also draws on a detailed overview of childcare policy provisions in cash, in time and in kind, as formulated in the relevant legislation in force over the period that carers in the study referred to.

The inductive analysis of interview data led to the formulation of a variety of empirical findings, as well as conceptual contributions and refinements. A first analytic contribution of this thesis is the re-conceptualisation of the term 'childcare arrangement' for the purposes of micro-level studies. By drawing on an extensive conceptual literature on the concept of care, the thesis makes the argument that childcare arrangements – for the purposes of research focusing on households – should be thought of as particular configurations of various types of childcare defined by *who* looks after the reference child, *where* and *for how long*. Using this understanding of care arrangements, the thesis outlines ten distinct care arrangements described by the carers in the study for children aged between one and five.

The inductive analysis of carer narratives revealed a range of care ideals, whose content seemed to be more widely shared among the carers in the study.

Recognising the fact that carers in the study thought in terms of a ranked set of

similar care ideals, the thesis explores similarities and variations in what appeared individually held, but more widely shared hierarchies of care ideals. More importantly, the thesis proposes an agency-centred explanatory model underpinning the making of individual children's care arrangements at the household level by drawing on care ideals and hierarchies of care ideals as analytic elements. This explanatory model is seen to refine existing culturalist frameworks that help explain care arrangements, albeit at a different level of analysis.

An entire chapter is dedicated to accounting for the role that childcare policy provisions play in shaping care arrangements. The analysis of parental narratives and of Romanian childcare policy provisions reveals how the design of, access to and endurance of age-related childcare policy provisions directly shape (or fail to do so) households' perceptions of different types of childcare, thus intervening in the formulation of the childcare options that are deemed feasible.

Finally, by drawing on interview pairs available for most households, the thesis exposes the gendered nature of the narrative constructions of agency in relation to decision-making about children's care arrangements. In other words, the thesis finds that mothers and fathers framed the issue of decision-making in relation to childcare arrangements differently even when their narratives were consistent in describing the mechanics of the decision-making process itself. Reflections on the mechanics of household decision-making processes pertaining to care arrangements reveal three generic real-type models, another original conceptual contribution of the thesis: the consultation model of decision-making, the unequal model and, the least frequently described one, the agreement model.

The thesis contributes to the study of social policy in at least three ways. Firstly, this study reiterates the analytic advantage of studying the outcomes of childcare policies through individual beneficiaries' vantage points. To be more precise, this study highlights how the same policy provisions can constitute different opportunities and constraints for different individuals, thus shaping in different ways households' decisions about children's routine care arrangements. Secondly, the thesis highlights the need to think about the ways in which one conceptualises 'the role of social policy' in shaping personal lives. The thesis reveals that it is not necessarily 'care regimes' (Bettio and Plantenga, 2004) or 'policy packages' (Leira and Saraceno, 2002) that always matter to how people make decisions about different aspects of their lives: individual policy provisions can have observable, direct consequence, too. Thirdly, this thesis reiterates the importance of cultural values and norms in explaining variations and similarities in care arrangements across the households in the study. In line with arguments put forth by Pfau-Effinger (2005a) and Kremer (2007), for instance, this thesis also finds that childcare policies embody and project certain childcare-related ideas and norms, which shape – both as a result of compliance and contestation – familial carers' perceptions about ideal, feasible and undesirable childcare solutions, respectively.

Structure of the thesis

The thesis is organised into nine chapters. Chapter 2 is a three-part critical discussion of three different bodies of scholarship. In section 2.1. the discussion dwells on the little research that focuses on family lives in post-socialist countries and Romania in particular, including the divisions of caring labour at the macro and

micro levels. Section 2.2. proceeds to reviewing the empirical and theoretical literature relating to the making of care arrangements, in three stages. Section 2.3. critically reflects on the arguments that have been formulated about agency in relation to the decision-making process underpinning care arrangements and the nature of this decision-making process.

Chapter 3 locates the empirical study that the thesis draws in the context of Romanian social welfare provision. Section 3.1. describes the organisation of socialist state welfare during the 1980's and outlines the institutional and ideological legacies of this period for the post-socialist Romanian welfare state. Section 3.2. reflects on the particularities of welfare state transformations over the past twenty years and reviews the childcare policy developments of the 1990's in particular. Section 3.3. briefly reviews some of the outcomes of Romania's economic transition and welfare state "reform" in order to provide insights to the context in which caring labour for young children is performed by state, families and market actors.

Chapter 4, the methodological part of the thesis, details the design of the study the thesis is based on and refines the four research questions foregrounded in Chapter 2. In addition, this chapter also provides a detailed account of the primary data analysis process undertaken.

Chapter 5 conceptualises (sections 5.1. and 5.2.) and describes (section 5.3.) ten different childcare arrangements, described by carers in the 37 Romanian households in the study. Section 5.4. accounts for within- and across-sample

variations in the incidence of these different childcare arrangements when considering reference children's ages, their locality of residence and their parents' levels of education.

Chapter 6 formulates theoretical refinements to existing explanatory frameworks pertaining to the making of childcare arrangements. By amending the concept of care ideals (Hochschild, 1995; Kremer 2007) in the light of the inductive analysis of carer interviews, section 6.2. explores the heuristic tool that hierarchies of care ideals are in the formulation of a refined explanatory framework for the making of particular care arrangements. Section 6.3. formulates an agency-centred analytic framework for the making of care arrangements. The discussion in section 6.4. links this inductively developed framework to existing theoretical models speaking to the organisation of childcare more broadly.

Chapter 7, building on the explanatory framework detailed in Chapter 6, reflects on the role that childcare policy provisions, namely benefits in time (section 7.1.), public childcare services (section 7.2.) and benefits in cash (section 7.3.), seem to play in households' decisions about care arrangements. The chapter concludes by reflecting on the connections that seem to exist between the design of particular childcare policy provisions and hierarchies of care ideals.

The discussion in Chapter 8 focuses primarily on household level decision-making processes in relation to children's care, but not only. Section 8.1. explores the nature of the 'problem' that care arrangements were seen to (have to) tackle from carers' vantage points. Section 8.2. provides an analysis of how agency in care-

related decision-making was narratively constructed by individual carers, highlighting gender differences. This section also reveals the mechanics of couples' decision-making endeavours and provides an account of three real-type decision-making models.

Chapter 9 concludes the thesis. It returns to the research questions that the thesis is based on and makes a summary of its findings and contributions.

Chapter 2. A Review of the Literature: Childcare Arrangements, Childcare Policy Provisions and Making Care Decisions

The concept of care has been seen as a “truly original” contribution of Western feminist scholarship to the gendered analysis of welfare states (Daly and Lewis, 1998: 4). More than two decades of self-ascribed Western feminist scholarship has expanded the argument that citizen-state relationships and individual experiences of state welfare in post-war advanced welfare states have retained a deeply gendered character (Lewis, 1992; Orloff, 1993; Pateman, 2006). The concept of care has been crucial to such arguments because the gendered division of labour, paid work outside the home being men’s and unpaid work in the home and the family being women’s, was seen to be chiefly responsible for the gendered and unequal experiences of the welfare state. Engagement with a wide variety of aspects to do with caring, understood as a set of activities, the source and legitimation of multiple gendered social identities and the stuff of a variety of affective relationships, was also seen as an opportunity to expose the masculine biases of a plethora of concepts such as welfare and the welfare state (Williams, 1989; Pateman, 2006), work (Finch and Groves, 1983; Wærness, 1984a; Lewis, 2006c; Folbre, 1995; 2008), employment and the commodification of labour (Lewis, 1992; Orloff, 1993), (social) citizenship (O’Connor, 1993; Orloff, 1993; Hobson and Lister, 2002; Leira and Saraceno, 2002; Kremer, 2007; Lister et al., 2007) or equality (Fraser, 1997; Pateman, 2006).

At the same time, scholars of welfare states and social policy analysts have engaged with care in another manner over recent decades. Driven by a variety of policy

goals East and West¹ during different post-war decades, expanding welfare states have become increasingly more involved in the regulation, financing and delivery of care services for different groups of dependents (Glendinning and Kemp, 2006), including young children (Lewis, 1993; Mahon, 2002; Ferrarini, 2006; Leira, 2006; Kremer, 2007; Anttonen and Zechner, 2011). In spite of variations in the timing and design of care services for different groups of dependents, particularly children of preschool age, contemporary welfare states East and West have become “caring” states (Kremer, 2007) in different ways, to different extents. Not surprisingly, the expansion of care policies, including those for preschool aged children and their parents, has been followed by matching scholarly interest in the making, experiences and outcomes of these policies (Knijn and Ungerson, 1997). Care “as a policy good” (Daly, 2002) has generated a vast literature over recent decades about the drivers, designs and outcomes of policies underpinning the regulation, financing and delivery of care, including childcare (see especially Sainsbury, 1999; Mahon, 2002; Gornick and Meyers, 2003; Popescu, 2004; Pascall and Kwak, 2005; Ellingsæter and Leira, 2006; Ferrarini, 2006; Glendinning and Kemp, 2006; Lewis, 2006a; Kremer, 2007; Bygren et al., 2011; Pfau-Effinger and Rostgaard, 2011). In the broadest of terms, then, experiences of caring, the politics of care and the political economy of care have emerged as legitimate, indeed important subjects for those engaged in the (gender-sensitive) study of welfare states and social policies today (Anttonen and Zechner, 2011).

¹ These terms of reference denote different parts of Europe. The West is short for the post-war capitalist, democratic and rich countries of Western and Northern Europe, while the East denotes the post-war socialist, totalitarian and increasingly impoverished societies that embarked on democratization and the development of a market economy in the early 1990’s.

Recent decades of scholarship focusing on the practices, organisation and economics of caring on the one hand and that engaged with the drivers, politics and outcomes of care policies in contemporary welfare states on the other has been “specialised” (see also Daly and Lewis, 1998: 6-7). Although sharing a common theoretical ancestry, the experiences, organisation and economics of caring for different groups of dependents – in particular preschool aged children, the dependent elderly, the disabled, the long-term ill – has generated increasingly distinct bodies of scholarship, with a somewhat less stark separation in analyses of care policies for these different groups of care recipients (for example Glendinning and Kemp, 2006; Morel, 2007). Part of this separation might have to do with theoretical distinctions formulated about the different motivations, rewards and identities associated with the care of different care recipients. To illustrate, while childcare has been seen as forward looking, supporting growth and results, the care of frail elderly and the long-term ill has been seen as care work associated with stagnation or even deterioration (Wærness, 1984a: 81-83). Another explanation for this specialisation may be associated with the different policy debates that childcare policies and those for other groups have been linked to. Social policy changes aiming to shape the “mixed economy of care” (Daly and Lewis, 2000: 292) for different groups of care recipients have been driven by different concerns even within the same countries over the last few decades. To illustrate, policies aimed at the care of young children have been linked over recent years to attempts at stimulating mothers’ labour market participation and children’s development (Mahon, 2002; Lewis, 2006c; Esping-Andersen, 2009; Mätzke and Ostner, 2010), while policies for the care of the elderly have been more recently linked to issues of free choice, support for domiciliary, unskilled care and personalisation (Morel,

2007; Shutes and Walsh, 2012). The present thesis draws on the more specialised sociological literature that has focused especially or exclusively on the organisation, economic implications and experiences of providing *childcare*, as well as the expanding social policy literature focusing on the problematisations, particularities and outcomes of childcare policies across Europe.

The purpose of this chapter is to contextualise the research questions that drive the study that the thesis is based on. In other words, the aim is to provide an overview of different bodies of scholarly work discussing the organisation of childcare and the role of childcare policies in shaping it in an attempt to formulate commonalities in arguments and outlining gaps. Based on these, the research questions that drive the study underpinning this thesis are formulated, reflecting the scholarly contributions it aims to make.

The chapter is structured into four parts. Section 2.1. dwells on the different ways in which the daily organisation of childcare for preschool aged children has been problematised and documented in recent years, bringing into focus the particular case of post-socialist countries. This section makes the case for the study of the daily organisation of childcare as a policy-relevant subject in its own right. Section 2.2. revisits the various explanations that have been formulated to explain how childcare choices are made at the individual level (and less frequently at the household level) for the care of preschool aged children. In doing so, this section outlines the marginality of childcare policy provisions as potential explanatory factors in the literature, suggesting that current explanations about parental choices are incomplete from the vantage point of scholars interested in the impact of such

policies. Building on the same body of scholarly work as the previous section, the third part focuses on the issue of agency in relation to decisions regarding the daily organisation of childcare at the household level. This section brings into discussion the common assumption that childcare-related decisions are generically made by mothers and argues for a re-examination of this assumption. Section 2.4. summarises the research questions that emerge from the critical discussion of the scholarly literature drawn on throughout this thesis.

2.1. Researching the daily organisation of childcare in post-socialist Europe

2.1.1. Care-giving work and gendered experiences within the welfare state

Considering the conceptual genealogy of the term care, it is perhaps not at all surprising that scholarly work focusing on the different aspects of “care-giving work” (Wærness, 1984a: 70-71), meaning the care of dependents to whom carers are bound affectively and/or through obligation, has been a vehicle to expose women’s experiences as gendered individuals within the family, as mothers and daughters, and more importantly within the state, as citizens. Caring remains widely seen as women’s work to this day, although the informal, unpaid bias in the generic understanding of caring has been seen to be particular for the British context (Graham, 1983; Ungerson, 1990; Daly and Lewis, 1998; Leira and Saraceno, 2002; Anttonen and Zechner, 2011). Earlier discussions about the basis on which caring was given, the conditions under which caring was provided and received, the gains and losses associated with being a carer etc. have been driven by a concern to reveal the deeply gendered character of care-giving work, including childcare during the early years, and the implications of this gendered division of care work for the

political question of gender equality (see especially Finch and Groves, 1983; Wærness, 1984a; Molyneux, 1985; Pascall, 1986; Lewis, 1993; Fraser, 1994). In the (Anglo-Saxon) West, women's movements and feminist scholars linked women's undervalued care-giving work in the home to their status as dependents and second-class (gendered) citizens outside the home (Knijn and Kremer, 1997; Pateman, 2006; Ben Galim and Gambles, 2008). In the East, it was the communist parties in single-party "democratic" states that recognised the barriers that the gendered division of care and domestic work posed for gender equality. Decades of propaganda reiterated women's "emancipation" through the socialisation – albeit partial and of objectionable quality – of (child)care and domestic tasks (Molyneux, 1981; 1985; Kligman, 1992; Einhorn, 1993; Verdery, 1994; Gal and Kligman, 2000b). In the West, the link between women's informal, unpaid care and equality led to decades of burgeoning literature critically assessing and documenting among other things the division of childcare between families (i.e. women), the market and the welfare state and its implications for women especially (see especially Williams, 1989; Lewis, 1993; Michel and Mahon, 2002; Daly and Rake, 2003; Crompton, 2006; Ellingsæter and Leira, 2006; Lewis, 2006a; Kremer, 2007; Pfau-Effinger and Rostgaard, 2011). In the East, with a slight delay, feminist scholars have been more preoccupied to challenge socialist-time propaganda about women's alleged emancipation and document the complex dimensions of gendered oppression and inequality both before and after 1989, formulating arguments about the gendered outcomes of post-socialist welfare state change (see especially Einhorn, 1993; 2006; Ferge, 1997; Gal and Kligman, 2000b; Pascall and Manning, 2000; Haney and Pollard, 2003; Pascall and Kwak, 2005; Lukic et al., 2006; Teplova, 2007). The ways in which care responsibilities have been seen to be

shared between families, i.e. women, the welfare state, often seen as undergoing change, and an emerging market has been central to these scholars' arguments about women's changing status to the worse and (growing) burdens in post-socialist settings.

The concept of care has become indispensable to exploring gendered experiences of welfare both West and East, particularly in the context of welfare state change over the past close to two decades, although in somewhat different ways. In addition to a wealth of theoretical scholarship focusing on the gendered biases of concepts in welfare state research and social policy analysis, scholars writing about advanced welfare states have generated decades of empirical work documenting the different facets of gendered experiences of state welfare, citizenship and gender inequality by discussing the organisation of caring, including for children (see especially Ribbens, 1994; Duncan and Edwards, 1999; Silva and Smart, 1999; Kremer, 2007). By comparison, over two decades of (child)care-centred scholarship on CEE welfare states has widely documented communist regimes' legacies regarding the organisation of care-giving work, gender relations and the prospects for gender (in)equality at policy level especially. What this body of scholarly work is still missing is greater empirical focus, i.e. the link between policy developments directly affecting women and the gendered divisions of labour within and outside the home to actual practices (Saxonberg and Sirovátka, 2006). These differences notwithstanding, engagement with the organisation of care and the division of labour around care work within the family and between the family, the welfare state and the market have become widely legitimate and an analytically useful point of entry into exposing the gendered dimensions and outcomes of welfare state change

and social policies. As advocated by Daly and Lewis (1998; 2000), engagement with care-giving work – or “social care”, as they called it – promises to be analytically valuable. However, in practice childcare-centred literature has often been instrumental in character.

2.1.2. *“Work-family reconciliation” in policy and practice*

Perhaps one of the most prolific bodies of scholarship that has dealt with discussing childcare and its organisation in this rather instrumental fashion has been that focusing on policies aiming to support and actual families’ experiences of “work-life balance” or, in European policy parlance, “work-family reconciliation” (Stratigaki, 2004; Plantenga and Remery, 2005). Policy-centred and empirical scholarly contributions focusing on care-giving work for dependent young children have been linked more recently to Europe-wide (and in fact global²) policy developments aimed at activating especially mothers, creating “incentives” for them to both work and care. This policy goal has been part of a Europe-wide shift in social policy, summarised by Orloff and Palier (2009: 406) thus:

“When looking at the content of the current new social policy paradigms—the ideas which have become dominant in the social policy field — we see new concern about women’s employment, emphasis on the “care crisis,” the promotion of investment in children as well as the reconciliation between work and family life.”

Scholars have aimed to document (Plantenga and Remery, 2005; Szelewa and Polakowski, 2008) and provide critical discussions of the work-family reconciliation policies that have become commonplace especially in European Union (EU) member states (see especially Mahon, 2002; Stratigaki, 2004; Lewis

² Policies focusing on childcare – both facilitating the right to provide care and the right to receive care – have been expanding in other parts of the world, not just in an enlarged Europe (see Gambles et al., 2006: chapter 1; Peng, 2011).

and Giullari, 2005; Lewis, 2006a; 2006b; 2006c; Ellingsæter and Leira, 2006; Morel, 2007; Ben Galim and Gambles, 2008; Armstrong et al., 2009; Knijn and Smit, 2009). At the same time, much empirical work has aimed to reveal the weaknesses and contradictions of policies targeting families with young children in particular across European countries in combining paid work and care responsibilities, documenting parents' experiences of work-life conflict (Chung, 2011). Exploring the challenges and less frequently the opportunities associated with the daily organisation of childcare that single parent and poor (working) families (Duncan and Edwards, 1999; Millar, 2006; Ridge, 2006; Gillies, 2008; Ridge and Millar, 2011) and dual-earner households experience in different policy contexts (Crompton and Harris, 1998; Morgan and Zippel, 2003; La Valle et al., 2002; Baldock and Hadlow, 2004; Duncan et al., 2004; Skinner, 2005; Ellingsæter and Leira, 2006; Kremer, 2007; Forsberg, 2009; Drobic and Guillén, 2011), these empirical studies have been geared towards formulating critical conclusions as to the effects of work-family reconciliation policies, gender inequality especially (Morgan and Zippel, 2003; Lewis, 2006c; Lewis and Campbell, 2007; Armstrong et al., 2009). As a result, what such studies often report on are not different ways of organising childcare at the family or household level, but reliance (or its lack) on different types of benefits targeted at families with young children and the effects of this reliance (or its lack) for different types of families. Accounting for the diverse care arrangements through which different families with young children in different policy contexts aim to solve the competing demands of paid work and childcare during typical weekdays have rarely featured in this body of empirical work on the outcomes of work-family reconciliation policies (for exceptions see La Valle et al., 2002; Crompton et al., 2003).

2.1.3. Gender and post-socialist welfare state transformations

As already mentioned earlier, studies focusing on post-socialist welfare states' policies aimed at households with young children, including work-family reconciliation policies, have arisen from a scholarly interest in documenting and theorising post-socialist welfare state transformations, sometimes from a gender-sensitive vantage point (Gal and Kligman, 2000b; Haney and Pollard, 2003; Pascall and Kwak, 2005; Einhorn, 2006; Haas and Wisensale, 2006; Szikra and Tomka, 2009). Indeed, changes in family policy and benefits and their impact have been discussed marginally at best in the literature on the political economy of welfare state transformations in the post-socialist countries of CEE without an explicit interest in gender (Ferge and Kolberg, 1992; Deacon and Szalai, 1990; Deacon et al., 1992; Ringen and Wallace, 1994; Kovács, 2003; Popescu, 2004; Cerami, 2006; Haggard and Kaufman, 2008; Cerami and Vanhuysse, 2009). However, the gender-sensitive literature focusing on post-socialist family and especially childcare policy changes since the fall of communist regimes in CEE has favoured the documentation of policy developments in single-country (Haney, 1999; Ferge, 2001a; Heinen and Wator, 2006; Popescu, 2004; 2006; Koeva and Bould, 2007; Teplova, 2007) or cross-national and comparative studies (Fodor et al., 2002; Kocourková, 2002; Haney, 2003; Pollert, 2003; Saxonberg and Sirovátka, 2006; Glass and Fodor, 2007; Szelewa and Polakowski, 2008; Javornik, 2011). Discussions about documenting trajectories of childcare policy change have been driven, as among scholars interested in advanced welfare states' childcare policies, especially by an interest in women's status and emerging gender relations – or

gender regimes (see Pascall and Kwak, 2005) – in transitioning democratic societies during the post-socialist decades.

In the late 1990's, Hungarian sociologist Zsuzsa Ferge (1997) provided a discussion of what she saw as a new social policy paradigm whose central tenet was the “individualisation of the social”, inspired by post-modernism, the primacy of the market and a decline in the welfare state's role in supporting social cohesion, social inclusion and participation. The author, resonated by other analysts writing on neighbouring Romania (Popescu, 2004), interpreted the increasing incidence of means-testing in the access to family benefits and the continuous erosion of family cash transfers across the board (Ferge, 1997; Popescu, 2004; Raţ, 2008) as an expression of this new social policy paradigm in CEE welfare states. Successive single-country and comparative analyses of family policy changes in welfare states in this part of Europe have shared a generic conclusion that seems to reinforce Ferge's earlier analysis. Scholars have repeatedly noted that in the aftermath of the collapse of state socialism, a vast majority of these welfare states have adopted childcare-related policy provisions whose ethos has been the more or less explicit support of “re-familisation” (Saxonberg and Sirovátka, 2006: 295-299) or “re-traditionalisation” (Pascall and Kwak, 2005: 7) of childcare during the preschool years. Other scholars have formulated a similar conclusion by describing different pathways of family policy change as pointing towards different types of maternalism in welfare states across the region (Haney and Pollard, 2003; Heinen and Wator, 2006; Szelewa and Polakowski, 2008). Perhaps without exception³,

³ There seems to be no agreement as to exceptions to this generally observed trend. Javornik (2011) argued that Slovenia was exceptional in its support of mothers as both carers and workers over recent years, but Szelewa and Polakowski (2008: 128) described Slovenia to have had a childcare

family policy transformations in these welfare states have been found to explicitly or implicitly support an increasingly unequal division of childcare responsibilities during the early years between families, the welfare state and an under-developed childcare market (Hrzenjak, 2012; Kovács, forthcoming), one that centres especially on women's unpaid, informal childcare in the home, under different conditions in different welfare states. While in Western Europe scholars have found a shift towards the de-familialisation of childcare through policy interventions creating incentives for families' reliance on formal, group-based childcare (Mahon, 2002; Lewis, 2006c; Mätzke and Ostner, 2010), in CEE welfare states the opposite trend has been said to take place, particularly for children under three and in some cases for children of preschool age more generally.

However, as already foregrounded, studies of childcare-related policies in CEE welfare states have focused strictly on policy developments. There have been very few studies documenting family practices in relation to childcare during the early years (for exceptions see Koeva and Bould, 2007). In most countries it remains unclear what the effects of the frequently changing, potentially re-familialising childcare policies have been on the daily organization of childcare at the national or, indeed, household level. In other words, the widely documented re-familialising *potential* of childcare policy transformations over the past twenty years has not been empirically demonstrated to have translated into similar trends in CEE national jurisdictions. The absence of empirical studies focusing on the daily organization of childcare for preschool aged children in these welfare states of Europe does not permit the substantiation of conclusions stating that mothers today

'policy package' (Lewis, 2006b: 17) throughout the late 1990's and 2000's explicitly supporting familialism, understood as *maternal* caring in the home, by mothers.

are more likely to look after their preschool aged children and for longer periods of time than mothers ten or twenty years ago. Moreover, in the absence of such empirical work, the implications of different types of familialism apparent in different welfare states' childcare policies for the daily organization of childcare remain unclear. Scholars documenting the return of childcare responsibilities to families have invariably equated this shift with mothers' *en masse* (longer term) domestication after childbirth and the reinforcement of a traditional gender division of labour (Pascall and Kwak, 2005; Saxonberg and Sirovátka, 2006; Szelewa and Polakowski, 2008; Javornik, 2011), hence the analytic appropriateness of concepts such as "maternalism" and "re-traditionalisation". However, in societies where grandmothers have long served as surrogate mothers during the early years to support maternal (compulsory) employment (Einhorn, 1993) and where local markets of paid informal childcare have been growing (see Hrzenjak, 2012; Kovács, forthcoming), the effects of potentially re-familialising childcare policies on the division of care-giving work at the household level may be less predictive of *mothers'* caring than suggested. While it might be true that over recent years mothers in this part of Europe have found themselves in policy contexts with greater incentives for taking on the care of their young children themselves than earlier generations of mothers, it is an empirical question to what extent familial care is translated, in practice, into *maternal* care.

2.1.4. The case for the study of the daily organisation of childcare

The succinct overview of the different bodies of scholarship in this section has aimed to explain the ways in which the daily organisation of childcare has been as the subject of theoretical and empirical studies over more than three decades of

scholarship on Western and post-socialist welfare state change and childcare policy analysis. The instrumental treatment of care-giving work to explore the gendered dimensions of welfare states and the gendered experiences of social citizenship and inequality makes a different discussion of experiences of caring necessary. As Folbre and Nelson (2000) and many others have reiterated, caring – including childcare – is a valuable human activity and it is an aspect of daily life increasingly targeted in an explicit fashion by social policies. The organisation of childcare, in particular at the household level, merits scholarly attention in its own right.

Secondly, the discussion of scholarship focusing on welfare state change in post-socialist countries of CEE has aimed to make the case for empirical studies that document families' experience with the organisation of caring for preschool aged children. While the re-familialising potential of childcare policy developments in this part of Europe has been widely documented, the mismatch between the ethos of these policies and people's preferences (see especially Ferge, 1997; Saxonberg and Sirovátka, 2006) may suggest that parents of young children may "dissent" against policy and, within the limits of their constraints, may make care arrangements unexpected in their respective policy settings (see also Beaujot, 1997).

Therefore the first aim of the thesis is to conceptualise and document the different care arrangements that households make for the routine care of their young children in a particular childcare policy context. The first research question, then, may be formulated as follows: what childcare arrangements do households make for the care of their preschool aged children?

2.2. The making of childcare arrangements

The emergence of mothers' labour market participation as an explicit social policy goal across the EU member states (Stratigaki, 2004; Lewis and Giullari, 2005; Plantenga and Remery, 2005), North America (Gornick and Meyers, 2003) and other post-industrial economies (Peng, 2011) has brought into even greater scholarly focus the predicaments and difficulties faced especially by mothers of young children as a result of having to or wanting to work for pay and raising children at the same time. With intra-household divisions of caring and domestic work having remained relatively stable over time in a vast majority of these countries, particularly in couples with young children (Davis and Greenstein, 2004; Esping-Andersen, 2009; Sullivan, 2010), and an increase in lone-parent households with young children across the board, scholars have been framing discussions about mothers' labour market participation by the recognition of a 'care deficit' (Hochschild, 1995) at societal level and experienced as the 'time squeeze' at the household level. In the context of the need, obligation and/or desire to work for pay in spite of having (substantial) care responsibilities for (young) dependent children, there has been a growing body of scholarship aiming to explain the decisions mothers especially make in relation to paid work and childcare responsibilities.

2.2.1. Mothers making "childcare choices"

There has been a growing body of research, particularly in the US, focusing on what has been termed mothers' childcare choices. Interested to document different trends in more or less representative samples of mothers in English-speaking countries more generally, scholars have provided extensive information about the

kinds of childcare used by different groups of mothers and a variety of associations between mothers' circumstances and "preferences" and the care arrangements they employed.

Interested in documenting the mismatches between preferred and actual childcare arrangements for preschool aged children among a sample of Canadian households, Beaujot (1997) reported the incidence of the main types of childcare that working or studying parents usually made use of. In a similar vein, Tam (2001) documented the different types of care that her sample of mothers in Hong Kong working full-time had for the care of their preschool aged children and the reasons that these women formulated for making recourse to the types of care in question. Peyton et al. (2001) also documented the main reasoning that underpinned a sample of US mothers' choices for different care arrangements, questioning the extent to which the different key reasons were associated with different care arrangements and care of particular quality. Testing a different set of associations, Fram and Kim (2008) investigated – with the help of a sample of Californian households – those that might exist between racial/ethnic background and the timing of the first childcare transition, as well as the outcomes of this transition in terms of the non-parental childcare used.

Other scholars have been interested to test and to some extent explain various processes linked to mothers' delegation of preschool aged children's caring. In the US context, Pungello and Kurtz-Costes (2000) and, unrelatedly, Himmelweit (2002) in the UK aimed to find out whether and in what ways employed pregnant women's beliefs and perceived constraints regarding employment and the

delegation of childcare changed post-partum. Both studies revealed that mothers' post-partum experiences of caring for their children themselves and delegating caring to others, respectively, had differentiated effects on mothers' beliefs about childcare and employment, as well as on constraints perceived in relation to employment. Generally speaking, mothers who decided to return to paid work shortly after having a baby (whether constrained or due to a positive attitude towards paid work) tended to be more positive about employment (both in general, as well as in relation to their own employment). In contrast, women who had wanted to stay out of paid work to care for their babies and were able to do so were less committed to employment and their career progression post-partum than before childbirth (Pungello and Kurtz-Costes, 2000; Himmelweit, 2002). Gordon and Högnäs (2006) were interested to find out whether different ways of putting childcare for infants in place, i.e. different search behaviours for care solutions, had any effects on the stability of childcare arrangements. They found that mothers who started looking for childcare alternatives earlier were more successful in achieving their top choice of childcare later on. At the same time, Gordon and Högnäs (2006) also found that the type of care sought was also an important mediator for mothers' successful matching of the care arrangement of their first choice: childcare by relatives, especially male partners, was much more easily achieved than childcare by non-familial carers, in the baby's home.

Regardless of their main focus, whether descriptive or attempting to propose new explanatory models for childcare-related behaviours among mothers in advanced English-speaking countries, these studies share some conclusions about the kinds of factors known to shape childcare-related decisions. *Practical concerns* (Peyton et

al., 2001; Duncan et al., 2004; Ellingsæter and Gulbrandsen, 2007) in relation to childcare options, i.e. issues to do with childcare costs, timetabling, accessibility or the nature of supply and location of care services, were deemed influential by several authors in different ways (Tam, 2001; Vincent and Ball, 2001: 646). Peyton et al. (2001) for instance found that mothers who reasoned their choice of care by referring to practical issues tended to be lower-income, full-time earning mothers with generally higher levels of parenting-related stress. The direct costs of childcare have long been recognised – especially in the context of welfare states with low levels of public provision of childcare services such as the US or the UK – as a source of mothers’ labour market inactivity during children’s early years. Similarly, *attitudes in relation to motherhood* (Arendell, 2000; Ellingsæter and Gulbrandsen, 2007; Kremer, 2007) and beliefs about mothers’ own needs (see Duncan and Edwards, 1999), but especially *maternal beliefs about the developmental benefits of different types of care for their children* and therefore preferences for particular childcare options were seen as influential in relation to decisions about the delegation of childcare responsibilities during the early years (Pungello and Kurtz-Costes, 2000; Peyton et al., 2001; Tam, 2001; Vincent and Ball, 2001; Himmelweit, 2002; Pfau-Effinger, 2005a; 2011; Ellingsæter and Gulbrandsen, 2007; Kremer, 2007). Various *socio-demographic indicators* of mothers – income (Hochschild, 1989; Peyton et al., 2001), race/ethnicity (Duncan and Edwards, 1999; Fram and Kim, 2008), lone parenthood (Gordon and Högnäs, 2006) or post-partum employment – have also been recurrently found to matter for the childcare choices that (working) mothers made for the care of their preschool aged children. Finally, *locality* has also been repeatedly revealed to matter, suggesting that childcare choices were embedded into locally more widespread or legitimated childcare

arrangements (Duncan and Edwards, 1999; Tam, 2001; Vincent and Ball, 2001; Himmelweit, 2002; Fram and Kim, 2008).

With few exceptions (Himmelweit, 2002; Himmelweit and Sigala, 2004), these studies have focused exclusively on *associations* between different particularities to do with mothers and the incidence of their reliance on different types of childcare, different types of reasons underpinning childcare arrangements and realised childcare arrangement or different ways of choosing childcare arrangements and actual care arrangements at a later stage. In a vast majority of cases, the “childcare choices” literature has offered at best fragmented information about which mothers acted in particular ways in relation to the delegation of caring during the early years. Much more often than not, these studies have remained descriptive, unable to explain in a coherent fashion the different stages of the reasoning and steps through which mothers ended up with particular care arrangements for their young children. Moreover, these different studies have been able to offer virtually no insights into the issue of whether different types of arrangements, say childcare by relatives other than parents or childcare in a formal, group setting, might be the outcome of different or similar considerations (beliefs and preferences), constraints and actions at the individual (or household) level⁴.

⁴ In fact, some scholars reported confusing results. In their study, Peyton et al. (2001: 204) concluded: “Mothers’ primary reasons for choosing care [whether due to practical reasons, based on perceived quality or preference for a particular type of care] were related to the type of care selected. Relative care was chosen least often by mothers who reported that quality of the child care setting was considered most important.” However, this analysis seemed to contradict some of their findings in this regard. Peyton et al. (2001: 202) found that a similar share of women prioritizing the quality of care services and women prioritizing practical issues (costs, hours of availability, location etc.) in their care decisions – 50% in each case – chose formal, group-based childcare for their young children, suggesting that their main reason for their childcare choice could also have no relevance for the *type of care* chosen.

2.2.2. Conceptual models for explaining childcare arrangements at the household level

In spite of an extensive literature attempting to explain women's labour market participation across advanced welfare states through a vast variety of methodological approaches (Kremer, 2007; Pfau-Effinger and Rostgaard, 2011) and working families' experiences of work-life balance and/or conflict in wider Europe and beyond (Hochschild, 1989; 1997; Duncan and Edwards, 1999; Glendinning and Kemp, 2006; Kremer, 2007; Heymann, 2008; Ridge and Millar, 2008; Drobnic and Guillén, 2011), very few scholars have provided process-based explanations – or a “theory of agency” (Hobson and Fahlén, 2009: 16) – about the mechanics of parents delegating childcare and their choice of carers. In other words, few explanatory frameworks are available to reveal agency-centred decision-making processes at the micro-level that account for changes in childcare arrangements during children's early years and which can explain the outcomes of care transitions, i.e. the particular care arrangements sought. Three different explanatory frameworks are briefly reviewed in what follows, revealing their strengths and some of their limitations.

Gendered moral rationalities

In their work focusing on lone and partnered mothers' employment decisions across the UK, Duncan and Edwards (1999) and Duncan et al. (2003; 2004) proposed an explanatory framework featuring individual women's ponderings, reasonings and decisions about the accommodation of childcare responsibilities and the need, obligation or desire to work for pay during their children's early years. The authors termed the different ways of mothers' thinking about the best ways to accommodate

care responsibilities and employment “gendered moral rationalities”, outlining three ideal-typical moral rationalities that British lone and partnered mothers’ understandings about caring and working pointed to: a ‘primarily mother’ moral rationality, a ‘primarily worker’ moral rationality and a ‘mother/worker integral’ moral rationality. Duncan and Edwards (1999: 119) conceptualised gendered moral rationalities thus:

“We term the understandings the lone mothers held about their identity as mothers, and as lone mothers in particular, especially about their responsibilities towards their children, gendered moral rationalities. [...] They provide answers to, or guidance on, questions such as ‘Is it right that I, as a mother bringing up children by myself, should try for a full-time job?’, ‘What are my responsibilities; how will my behaviour affect my children?’, ‘What do others expect of me, what do they see as right, and how will they treat me in consequence?’ These gendered moral rationalities thereby provide the lone mothers with particular orientations towards the uptake of paid work.”

Gendered moral rationalities were gendered in that they were tightly linked to notions about motherhood, they were moral because they centred around concerns over the best thing to do (for the children and the mother) and they were rationalities because they offered guidance on what action might be taken as regards labour market participation and care (Duncan et al., 2003: 313). Action as regards the delegation or non-delegation of caring, the take-up of employment or not, respectively, and the nature of employment if taken up during children’s early years were seen to be rooted in the ways in which mothers conceptualised the morally accepted course of action in respect to caring and employment.

The strength of this explanatory framework has been seen to be the reiteration of the fact that for mothers of young children employment hinges on being able to delegate childcare responsibilities in ways that are deemed good (enough). Mothers have been found to engage in cost-benefit analyses to do with employment

decisions most often *after* having chosen a course of action in respect to childcare deemed satisfactory (enough) (Duncan et al., 2004), and only some of the time. Mothers' choices of childcare – once the delegation is established to be a morally acceptable course of action for them – is further guided by what they see as developmentally best for their children (Vincent and Ball, 2001; Duncan et al., 2004).

A 'new evolutionary model' of mothers' decision-making

Marking as her theoretical starting point the same conceptual tradition as Duncan and Edwards (1999), i.e. the rational choice model of mothers' employment and childcare decisions proposed by Becker's (1981: chapter 2) new home economics theory, Himmelweit (2002) proposed another explanatory framework for women's employment and care decisions at the individual level. She, too, recognised the moral character of decisions to do with employment and caring for young children and she, too, emphasised the role of (local) social norms in shaping "attitudes concerning appropriate ways of carrying out responsibilities" (Himmelweit, 2002: 4). Himmelweit's (2002) explanation hinged on the argument that mothers' behaviours in relation to employment and caring were subject to change as a result of changes not only in circumstances (in relation to employment and childcare), but also changes in attitudes (towards employment and childcare). Himmelweit (2002: 7-8) summarised her new evolutionary model of decision-making among mothers thus:

"When women first become mothers they bring with them a variety of attitudes formed through particular and differing histories. Those attitudes in combination with current circumstances will give rise to a variety of initial behaviours with respect to employment and childcare. [...] Attitudes and behaviour may change, through a process of selection, by which attitudes and behaviour that are more 'unfit' in current circumstances [...] are more likely to be dropped, and are then

replaced by others. [...] Mothers are likely to change their attitudes and behaviour in a direction that rendered them “more fit” in existing circumstances.”

Understanding what mothers do in relation to childcare and employment meant understanding their initial attitudes and circumstances. Explaining change and stability in their employment and childcare behaviours warranted, however, a closer look not only at changes (or their lack) in circumstances, but also changes (or their lack) in attitudes towards employment and childcare (Himmelweit, 2002: 9; Himmelweit and Sigala, 2004: 466-468).

The novelty of Himmelweit's (2002) evolutionary decision-making model was the recognition of the fact that individual mothers may experience changes in circumstances (exogenous factors), potentially leading to behavioural change (in relation to employment and/or childcare), but also changes in attitudes as a result of their experience in the context of an unchanging behaviour in relation to employment and/or childcare. A strength of Himmelweit's (2002) explanatory model was that it stated what was likely to happen in cases when mothers' attitudes and behaviours in relation to employment and childcare were experienced as inconsistent (which they often could be): either behaviour would be changed if exogenous constraints, e.g. employment- or care-related aspects, could be modified or attitudes would adapt if such constraints could not be changed (see also Pungello and Kurtz-Costes, 2000). Furthermore, Himmelweit (2002: 15-16) also found that the longer a particular behaviour remained unchanged (e.g. employment or full-time motherhood), the more likely it became that women adapted by adjusting their attitudes towards employment and childcare. This may be particularly important when comparing different mothers' decision-making in relation to paid work and

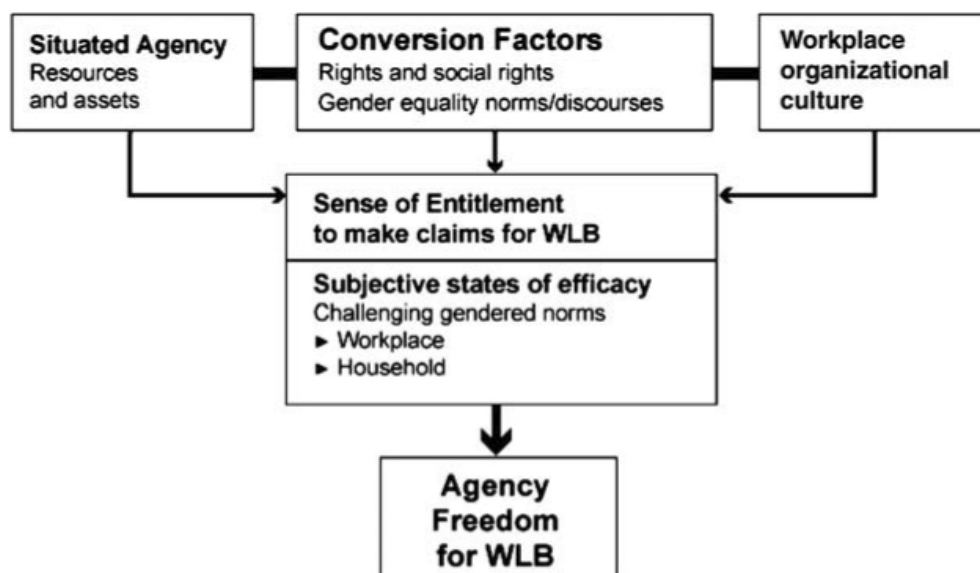
childcare, in particular mothers with strong labour market attachment before childbirth with mothers without or weak labour market attachment before giving birth.

Capabilities for work-life balance (WLB)

In an attempt to formulate a “theory of agency” able to explain how individuals are able to turn institutional resources – such as WLB policies – into actual resources enabling the experience of a balance between paid work and family life, Hobson and Fahlén (2009) proposed a conceptual framework grounded in Amartya Sen’s work on capabilities. The analytic approach they developed rests on the conceptualisation of WLB as a ‘functioning’ through which individual mothers and fathers may enact a life experienced as valuable, i.e. the capability of functioning in a way deemed valuable by individual persons (Sen, 1993: 31-33). Achieving WLB was seen to lead individual parents’ closer to a life – ways of doing things and ways of being – they found better, more valuable. This framework for analysis brought together a focus on a variety of *resources* with the potential to enhance or weaken (“conversion factors”) individual agency in achieving WLB, as well as a set of *subjective perceptions* that drive the exercise (or not) of agency towards achieving this balance (Hobson and Fahlén, 2009: 36). The authors found individuals’ sense of entitlement to claims on WLB – one of these perceptions – one of the key elements in achieving wellbeing understood as WLB (Hobson et al., 2011: 173).

The resources crucial for achieving work-life balance were seen to be the following. **Individual** resources – gender, ethnicity, social class, age, human capital, income, as well as partner’s resources and those derived from one’s social network – were

understood as the basis for individuals' "situated agency". Individuals' perceptions of risks and security in relation to their own wellbeing were derived from the totality of such individual resources (see Graph 2.1. below). **Institutional** (or policy) resources were represented by a variety of formal regulations to do with paid work (antidiscrimination legislation, job security, flexibility and more generally the quality of jobs), social benefits and transfers enshrined in national legislation and, not least, work-related rules and norms in which paid work happens (organisational culture within employing firm, union strength etc.) (Hobson and Fahlén, 2009: 20). The ways in which these resources could be "converted" into exercisable rights, in other words the ways in which these resources could result in behaviours that were experienced as actually balancing work and family life, depended on the agency enabling or, on the contrary, agency undermining character of social rights, public discourses around gender equality, paid work, private life etc. Policy assumptions, goals and discourses lay at the heart of this process of conversion because it was these that shaped individuals' perceptions about what was possible and what not given resources. It is individuals' perceptions about the extent to which they could make use of a wide variety of resources – for instance flexible work hours, paid parental leave, job share provisions etc. – that gave them a sense of entitlement (or not) to WLB and, if able to achieve it, a subjective state of efficacy: a sense of achievement of WLB.



Graph 2.1. Capabilities and Work-Life Balance: Converting entitlements into a sense of entitlement.

Source: Hobson et al. (2011: 172).

The main strengths of this model are two. Firstly, it is genuinely agency-centred, bringing to the fore the ways in which particular individual and employment-related resources can be or not turned into actual behaviour of a particular kind by differently positioned individuals. Secondly, this analytic approach is able to incorporate policy provisions as causal factors in explaining individual behaviour in a way that can specify the nature and limits of policies’ causal effects, something that the other two explanatory frameworks have not been able to do.

These three different explanatory frameworks focusing on mothers’ employment and care decisions – gendered moral rationalities, the new evolutionary model of mothers’ decision-making and the WLB capabilities model – address some of the shortcomings of much of the “childcare choices” literature discussed in sub-section 2.2.1. above. Most importantly, these are primarily conceptual and explanatory in focus rather than descriptive. The focus in all three cases is on the processes that

individual mothers experience when faced with decisions about employment and childcare responsibilities at the same time. They propose agency-centred models to conceptualise and interpret real-life experiences of combining paid work and childcare responsibilities.

At the same time, all of these three explanatory frameworks share three commonalities that make each of them incomplete for engaging with understanding household decisions about the daily organisation of childcare. Firstly, the focus of all of these models is represented by mothers and the predicament they face as mothers and potential workers. Although childcare decisions have long been seen to be mothers' responsibility (an issue picked up in section 2.3. below), predicaments about childcare are, ultimately, about children. Secondly, questions about WLB or mothers' employment decisions touch on a crucial aspect regarding childcare: the *delegation* of childcare responsibilities *away* from the mother (and generally parents) to other carers. All of these three models engage with the question of how mothers decide how to split their time and energy between these two 'competing demands'. However, neither of these explanatory models provide a satisfactory explanation about with how mothers choose childcare options *beyond* the question of delegation. Thirdly, the first two explanatory models are unable to incorporate the potential role that childcare policies might play in shaping mothers' employment-and-care decisions. Yet, as Hobson et al. (2011) and others have suggested, the policy context might operate as an enabling or discouraging environment for attempting to exercise social rights, formulated in social policies (Pfau-Effinger, 2005a; 2005b; Kremer, 2007; Hobson and Fahlén, 2009; Hobson et al., 2011). For these generic reasons, none of these explanatory models seem to be

sufficient to engage with young children's routine care arrangements at the household level. While all of them offer a variety of useful insights into how mothers' decisions to delegate caring or not likely play out in real life, they are able to tell extremely little about what type of care, as part of what kind of a care arrangement, mothers might choose during the time they are away from home working. Therefore a second research puzzle relates to the dynamic of this decision, namely: how do members of households, notably parents, decide on their young children's routine care arrangements and what factors shape this decision-making process?

2.2.3. Childcare policy provisions and parents' care arrangements

Childcare policy provisions – together, as care policy “regimes” (Mahon, 2002; Bettio and Plantenga, 2004; Javornik, 2011), or separately, as distinct childcare policies in time, cash or in the form of services (Daly and Rake, 2003) – have long attracted scholarly discussions, both in the form of single-country and comparative cross-national analyses, without engaging with their outcomes. Analyses understood in this ‘strict’ sense have focused especially on variations in and typologies of Western and Eastern childcare policy regimes (Orloff, 1993; Korpi, 2000; Mahon, 2002; Glass and Fodor, 2007; Kremer, 2007: chapters 4-6; Szelewa and Polakowski, 2008; Knijn and Smit, 2009; Javornik, 2011), the politics of childcare policies (Fodor et al., 2002; Ellingsæter and Leira, 2006; Lewis, 2006a; 2006b; Morel, 2007; Kremer, 2007; Lewis, 2008) and the assumptions in the framing and formulation of different childcare policies (Bacchi, 1999; Duncan and Edwards, 1999; Ellingsæter and Leira, 2006; Lewis, 2006a; Folbre, 2008; Gillies, 2008; 2009; Knijn and Smit 2009). A different body of empirically informed

childcare policy analysis has focused on the outcomes of childcare policy regimes and distinct childcare policy provisions West and East on women's labour market participation especially (Morgan and Zippel, 2003; Saxonberg and Sirovátka, 2006; Kremer, 2007; Morel, 2007; Pettit and Hook, 2009; Pfau-Effinger, 2011), household divisions of care-giving work (Ellingsæter and Leira, 2006; Lister et al., 2007) and, much less frequently, on children's care arrangements (Hofferth and Chaplin, 1998; Larsen, 2004; Lewis, 2006a; Kremer, 2007; Bygren et al., 2011; Pfau-Effinger, 2011; Rostgaard et al., 2011). Through constructing an 'analytic dialogue' between childcare policy assumptions, the designs of childcare provisions and their expected outcomes on the one hand and findings of relevant empirical research on the other, many scholars have sought to reveal the inconsistencies between policy provision and families' real life practices and experiences. Furthermore, such analyses have often considered different childcare policy provisions or policy regimes as explanatory factors in accounting especially for cross-national variations in trends pertaining to childcare arrangements at aggregate levels. In other words, there has been interest to expose the degree to which and the ways in which childcare policy provisions and/or childcare policy regimes might shape general trends in families' reliance on particular types of childcare in different policy contexts.

However, in spite of this body of research on the role of childcare policy provisions in shaping particularly families' reliance on different types of care, there appears to be virtually no consensus about the extent to which and, more importantly for the purposes of this thesis, about the ways in which childcare policy provisions might matter for decisions about young children's actual care arrangements (for a useful

summary of this debate, see Kremer, 2007: chapter 3). Recent cross-national quantitative analyses have found that policies may matter significantly less than presumed before (especially Bygren et al., 2011), although doubts about the prime explanatory role of childcare policies *in cross-national comparative analyses* have been formulated earlier by others, e.g. Hakim (2000)⁵ and Pfau-Effinger (2004; 2005a; 2011). Still, numerous studies, often qualitative, have found that the design of childcare policy provisions benefits, in time and cash and childcare services of different kinds, does matter to parents when putting care arrangements in place for their young children (Hochschild, 1997; Crompton and Harris, 1998; Himmelweit and Sigala, 2004; Larsen, 2004; Dodson, 2007; Ellingsæter and Gulbrandsen, 2007; Lister et al., 2007; Stefansen and Farstad, 2010; Rostgaard et al., 2011). Arguably, at the heart of the disagreement about the explanatory role of childcare policy provisions as regards variation in preschool aged children's care routines are conceptual and methodological disjunctions. Cross-national comparative studies tend to operationalise the role of childcare policy provisions in ways that do not link them to individual agency, e.g. when assuming that their mere *existence* translates into change in behaviour (see for instance Himmelweit, 2002; Pfau-Effinger, 2004; 2005a; 2011; Kremer, 2007; Drobic and Guillén, 2011). At the same time, qualitative studies focusing on individual parents' or families' childcare-related decisions hardly ever build on an explanatory framework that incorporates a distinct conceptualisation of childcare policy provisions among other factors, as has been

⁵ It is important to keep in mind, given the focus of this thesis on Romania as a transitioning post-socialist society, that Hakim's (2000) preference theory refers to advanced post-industrial societies in which women are seen to have at their disposal the resources necessary to be considered emancipated, including formal rules supporting gender equality in education and the labour market, as well as control over their bodies in the form of access to birth control. Considering research on Roma women's reproductive health in the Romanian context (Magyari-Vincze, 2006b; 2007; Teampău, 2008), as well as poverty (Raț, 2008), it is questionable to what extent Hakim's (2000) explanatory framework may be applicable in the Romanian context at present.

argued in sub-section 2.2.2. above (for an exception, see Hobson and Fahlén, 2009; Hobson et al., 2011).

The aim of this sub-section has been to reveal the fact that in spite of extensive research on the role of childcare policy provisions shaping childcare arrangements, located mostly in advanced welfare states, there has been a lack of agency-centred explanatory models available to answer the question of how childcare policy provisions might matter to the making of young children's care routines at the household level. Building on the research puzzle formulated earlier, namely the need for a "theory of agency" pertaining to families' decision-making about childcare arrangements that can go *beyond* explaining the conditions of mothers' delegating childcare to other carers, this sub-section makes the case for a related research question, namely: in what ways, if at all, do childcare policy provisions matter to parents' decisions underpinning their preschool aged children's routine care arrangements?

2.3. Household-level decisions underpinning care arrangements: negotiating care

As already pointed out in sub-section 2.2.2. above, mothers have long been seen to be primarily responsible for making decisions about their young children's childcare arrangements. Indeed, mothers' primacy in childcare-related decisions has been often used as an argument for basing empirical research about mothers' employment and households' childcare arrangements on mothers' narratives solely. Even studies that have discussed childcare arrangements as those of "parents"

(Peyton et al., 2001; Duncan et al., 2004; Wheelock et al., 2003; Skinner, 2005; Fram and Kim, 2008; Vincent et al., 2008), of “families” (Beaujot, 1997; Tam, 2001; Katras et al., 2004; Larsen, 2004; Gordon and Högnäs, 2006; Braun et al., 2008; Bygren et al., 2011) or of “households” (Wheelock et al., 2003; Baldock and Hadlow, 2004) have relied on mothers as sole informants about the decision-making underpinning these arrangements (for exceptions see Hochschild, 1989; 1997; Ehrenberg et al., 2001; Crompton et al., 2003; Larsen, 2004; Gjerdingen and Center, 2005; Stefansen and Farstad, 2010). Whether in an obvious fashion or not, so far the discussion in this chapter has left the issue of who decides untouched and has featured mothers as those assumed to be solely responsible for decisions about paid work and the delegation of childcare. The aim of this section is to revisit the literature focusing on decisions about employment and especially childcare and critically reflect on the frequent assumptions that it is ultimately mothers who decide (alone) on questions of their labour market participation and the delegation of caring during times of absence.

2.3.1. Divisions of caring: whose decision?

The sociological literature focusing on divisions of labour in families, care-giving work for children in particular, has long recognised not only the overall gendered character of unpaid reproductive work (Finch and Groves, 1983; Wærness, 1984a; Hochschild, 1989; Fraser, 1997; Folbre, 2008), but also the gendered patterns of change as regards the divisions of unpaid care work. Although the male breadwinner model has not characterised European families’ life-long division of labour accurately for a long time now, except perhaps temporarily, during periods of unpaid care leave, men’s and women’s efforts in income-generating activities

and unpaid domestic work have not been changing in a complementary fashion. While women's participation in paid work has increasingly matched that of men's⁶, participation in "the second shift" (Hochschild, 1989) among men has changed little overall during the same period (Hook, 2006; Sullivan, 2010). In addition, childbirth has been found to lead to a more traditional division of domestic work and childcare even in couples that were egalitarian before having a child (Gjerdingen and Center, 2005). Scholars have dubbed this mismatch between women's fast-changing roles outside the home and men's imperceptible role change inside the family as the "stalled" (Hochschild, 1989) or the "incomplete revolution" (Esping-Andersen, 2009). There remains a consensus, therefore, that women are still the ones primarily responsible for a disproportionate share of household and care work regardless of their participation in paid work and the share of household income they earn. And, as primary carers, they are frequently thought of as the sole decision-makers in relation to childcare-related issues.

The "childcare choices" literature especially, briefly reviewed in sub-section 2.2.1. above, has frequently chosen as its point of departure the *assumption* that mothers are *solely* responsible for making choices about childcare arrangements and, building upon this assumption, sought to explain what shaped mothers' choices. These studies have linked decisions to delegate childcare away from mothers to *mothers'* decisions to (re-)enter employment after childbirth (see Beaujot, 1997; Pungello and Kurtz-Costes, 2000; Gordon and Högnäs, 2006), with childcare understood in some cases to mean any type of caring other than maternal care, i.e. paternal care, other familial care, paid formal and informal childcare etc. (Gordon

⁶ It is important to note that over recent years women's labour market participation rates in CEE countries have been declining and have been consistently lower than aggregate employment rates among men. See Chapter 3 on this issue.

and Högnäs, 2006). As a result, samples of participants in these studies were in all cases mothers, revealing how mothers made choices about childcare options, but without ascertaining whether they did so by themselves. At the same time, qualitative studies focusing on “parents” or “families” choices of childcare and related predicaments have more often than not relied on mothers’ narratives only, assuming that mothers may be best able or equipped to inform researchers about questions to do with “parents” and “families” decisions about the delegation of childcare (see for instance Ribbens, 1994; Vincent and Ball, 2001; Duncan et al., 2003; 2004; Himmelweit and Sigala, 2004; Skinner, 2005; Vincent et al., 2008).

However, the prioritisation of mothers’ narratives in studies focusing on choices made about childcare options, mothers’ employment and the sharing of parental responsibilities emerges as arbitrary in the light of studies building on fathers’ or both parents’ narratives. Research that has engaged with both parents’ narratives in relation to the routine organisation of childcare has found that mothers were rarely on their own (Hochschild, 1989; 1997; La Valle et al., 2002; Crompton et al., 2003; Larsen, 2004; Forsberg, 2009; Stefansen and Farstad, 2010). Although Hochschild (1989) found that men tended to experience no normative pressure to get involved in the second shift and had to contend only with their wives trying to compel them to take on domestic and childcare responsibilities, more recent studies have found that many fathers wish to take an active role in caring for their children and do so (Hook, 2006; Lammi-Taskula, 2006; Fägerskiöld, 2008; Sullivan, 2010). Childcare arrangements in dual-income couples (La Valle et al., 2002; Crompton et al., 2003) also suggest that in some families childcare responsibilities are tackled without the involvement of other carers as a result of fathers’ sometimes substantial

involvement in caring. Furthermore, research focusing on the supply of familial childcare – most often by grandparents – has also found that decisions about caring may hardly be considered those of mothers solely (Hochschild, 1997; Halliday and Little, 2001; Katras et al., 2004; Wheelock et al., 2003), even in post-separation and post-divorce situations where fathers do not receive custody (Doyle et al., 2010; Timonen et al., 2011: 1634-1637). The sharing of childcare responsibilities between spouses, as well as the involvement of familial, unpaid carers in young children's routine care arrangements has been found to hinge on intra-family negotiations (Finch and Mason, 1993; Lammi-Taskula, 2006; Folbre, 2008; Forsberg, 2009), not least because people sometimes do not share similar understandings of parenting roles (see Hochschild, 1989) or conceptualisations of family responsibilities within the extended family (Finch and Mason, 1993). In other words, the division of work particularly among different *familial* carers should be seen as an outcome of more or less extensive intra-family discussions and negotiations rather than as mothers' choices.

However, intra-family negotiation may extend to childcare-related questions other than the division of caring among family members. Childcare arrangements for preschool aged children often involve care provided by non-familial carers both inside, as well as outside the home (Ellingsæter and Leira, 2006; Kremer, 2007; Szelewa and Polakowski, 2008). Questions about the delegation of care responsibilities to carers other than the parents and grandparents have also been found to be subject of discussions and negotiations within couples (Vincent and Ball, 2001; Himmelweit and Sigala, 2004; Larsen, 2004). Although mothers have been found to feel more concerned with questions of delegation as main carers and

persistently found to be more often responsible for the “managerial” aspects (Ehrenberg et al., 2001; Skinner, 2005) of putting care arrangements in place (Forsberg, 2009), mothers rarely make childcare choices alone, particularly when living with a partner. While it is true that mothers have been found to universally *feel* (more) responsible for decisions about their paid workload and the care of their young children in contrast to some fathers, the fact that decision-making processes related to young children’s care arrangements may be shared between parents warrants further investigation into the dynamics of this process.

2.3.2. Delegating childcare: what kind of a decision?

Feminist scholars have long argued about the particular character of caring and the kinds of dilemmas, predicaments and challenges it poses for mothers in particular. The dual character of caring, as both labour and an affective relationship between carer and cared for (Finch and Groves, 1983; Folbre, 1995), has been seen to make caring the object of different ways of valuing it and thinking about it. Because caring implies not only a set of activities, but also highly valued interactions and behaviours of a particular kind, the delegation of caring to paid carers, whether in the home or in institutional settings, paid directly or indirectly, through subsidies, has been seen to pose concerns atypical for situations of purchasing generic services. Caring, and childcare especially, has been seen to command a particular type of rationality, one that has been seen to be moral in character and driven by carers’ concerns for the well-being of those they cared for (Wærness, 1984b; Duncan and Edwards, 1999: chapter 8; Leira and Saraceno, 2002: 66; Kremer, 2007). In other words, the reasoning of individuals who wish to delegate their caring responsibilities to others has been found to be deeply shaped by expectations

in relation to the exigencies of childcare rather than other factors, e.g. cost, convenience etc. (Duncan and Edwards, 1999; Vincent and Ball, 2001; Duncan et al., 2003; 2004). Mothers have been found to put great emphasis on the relationship between their children and non-parental carers, many seeking to build ‘false kinships’ with these carers (Vincent and Ball, 2001: 644-645) based on trust and dependability. At the same time, childcare has often found to be driven by concerns over quality, with quality meaning appropriate development-fostering environments, physical safety, children’s emotional comfort etc. (see also Peyton et al., 2001; Lareau, 2011). Scholars have concluded that the issue of childcare delegation is in a vast majority of cases, for a majority of mothers, an issue of best meeting children’s needs (and sometimes mothers’ own needs) rather than a decision of finding the most cost-effective, convenient substitution formula (Peyton et al., 2001; Duncan et al., 2004; Kremer, 2007).

However, as has already been remarked in the previous sub-section, it is questionable to what extent this moral rationality associated with caring is experienced by mothers solely. As has been remarked earlier, fathers may also have claims on time spent caring for their children on a regular basis and on involvement in decisions to do with children’s care. However, remarkably little is known about fathers’ involvement in decision-making processes relating to the making of childcare arrangements, the delegation of childcare included, and the process whereby couples arrive at particular care solutions. Do fathers always share their partners’ exigencies in relation to their children’s routine care and, if so, does this have any impact on the decision-making process underpinning care arrangements? What impact might parents’ inconsistent expectations in relation to caring have on

the making of care arrangements? While fathers' involvement in their children's care has been theorised to some extent (see Baldock and Hadlow, 2004), it is unclear whether and how parents might share the burdens of seeking information, pondering, making decisions about and taking steps towards the enactment of different types of care arrangements involving non-parental carers when they agree and when they don't about what is best for their children.

These two sub-sections have aimed to reveal that remarkably little is known about gendered agency in relation to the enactment of preschool aged children's care arrangements at the household level. The assumption that care arrangements are the function of mothers' childcare choices has been found wanting in the light of increasing evidence suggesting that fathers, too, can be (and sometimes are) willing carers on a routine basis. Furthermore, this section has suggested that the delegation of childcare especially may pose moral dilemmas not only for mothers, but for fathers, as well. However, very little empirical work has engaged with the ways in which mothers and father raising children together think about meeting exigencies they consider essential for their children's care and in particular how they manage agreement and disagreement in relation to these exigencies when deciding on care arrangements. An agency-centred explanation pertaining to the making of care arrangements of young children at the household level needs to account for the agency of family members other than mothers and provide an account of the ways in which parents negotiate, cooperate and/or oppose each other in the process of arriving at a decision regarding the care arrangements to be enacted. A final research puzzle, therefore, refers to the nature of decision-making processes that couples engage in when thinking about their children's routine care arrangements.

The final research question may be worded as follows: through what decision-making process(es) do parents of young children arrive at particular childcare arrangements and how do they manage conflicting perceptions, if these exist, about their children's care needs in this process?

2.4. Summary: research questions

The aim of this chapter was to critically explore a variety of different bodies of literature and, in doing so, outline various research puzzles that have been addressed so far marginally at best. In summary, the research questions thus arrived at are the following:

- 1). What childcare arrangements do households make for the care of their preschool aged children?

In other words, what do individual preschool aged children's daily care routines look like? With whom and where do young children spend typical weekdays?

- 2). How do members of households, notably parents, decide on their young children's routine care arrangements and what factors shape this decision-making process?

- 3). Of these, in what ways, if at all, do childcare policy provisions matter to parents' decisions underpinning their preschool aged children's routine care arrangements?

The aim of this question is to help outline and explain, with a focus on individual couples, how daily care arrangements are thought of, decided on and implemented. In attempting to formulate an agency-centred explanatory framework for explaining the making of individual children's routine care arrangements, an issue to be

addressed is the potential role that childcare policy provisions – in cash, in time and in kind, through services – might play in couples’ thinking about, deciding and implementing their young children’s care arrangements.

4). Through what decision-making process(es) do parents of young children arrive at particular childcare arrangements and how do they manage conflicting perceptions, if these exist, about their children’s care needs in this process?

Through attempting to open “the black box” that individual couples constitute, the study also attempts to reveal the negotiation processes that might take place in thinking about, deciding and putting childcare arrangements in place. By explaining the mechanics of the decision-making process underpinning the making of routine care arrangements, this question attempts to explore whether and how both parents (and potentially other family members) may be involved in arranging for childcare.

Chapter 3. Romanian Families in the Romanian Economy: Post-socialist Changes in Childcare Policy and Practice

CEE welfare states' recent history has enjoyed, over recent years, growing scholarly interest. The emerging consensus is that in spite of certain similarities as regards the organisation of welfare before 1989, based on the Soviet model, countries of the former Soviet bloc in Europe also exhibited significant variations during state socialism⁷ not least due to institutional legacies inherited from the inter-war period (Ferge, 2001b; Popescu, 2004; Cerami and Vanhuysse, 2009). Moreover, often divergent post-socialist trajectories of welfare state change have led to significant variations in social policy design and implementation, particularly when considering different policy spheres, childcare policies included (Gal and Kligman, 2000b: chapter 4; Fodor et al., 2002; Haney, 2003; Popescu, 2004; 2006; Szelewa and Polakowski, 2008; Szikra and Tomka, 2009; Javornik, 2011). It is now widely recognised that instead of a single post-socialist cluster of welfare states in CEE, there are significant variations in the ways in which social welfare has been organised across this region over time, a shared socialist past notwithstanding (Deacon, 2000; Ferge, 2001b; Cook, 2007; Cerami and Vanhuysse, 2009).

While there seems to be some degree of consensus that childcare policy provisions in CEE welfare states pursued after 1989 have shared a familialising potential with very few exceptions, scholars have revealed some diversity in the variants of

⁷ As Kornai (1992: 4-5, 10-11) explains, socialist countries are those where communist parties ruled alone over a period of time. In Romania this period spans between 1948 and 1989. Instead of the terms communism and post-communism, which more strictly designate communist party rule, this chapter consistently refers to socialism and post-socialism to suggest that its focus is the political economy of CEE countries, Romania in particular.

familialism apparent in childcare policy provisions across the board (Fodor et al., 2002; Popescu, 2004; Szelewa and Polakowski, 2008; Szikra and Tomka, 2009; Javornik, 2011). Yet in spite of the recognition that CEE welfare states have been growing increasingly dissimilar as social policy environments over time, very little is known about the ways in which these different policy contexts play out at the micro-level, as pointed out in Chapter 2. The focus of this thesis is to provide insights into this research puzzle with particular attention paid to a single national context: the Romanian one.

As explained in Chapters 1 and 2, Romania has been among the least studied post-socialist welfare states in the former Soviet bloc in comparison with richer nations more to the West, such as the Czech Republic, Poland or Hungary. As such, the aim of the present chapter is to provide a discussion about organisation of social welfare in Romania over recent decades in order to familiarise the reader with the broader context in which the current study has been carried out. The chapter provides a summative account of welfare state transformations since the 1980's with a particular focus on:

- (i) the main features of the organisation of welfare in the late 1980's;
- (ii) the key features of welfare state and social welfare reform during the 1990's and the 2000's; and
- (iii) the most notable outcomes of these processes of transformation for individual households.

Throughout the chapter, special attention is paid to childcare policy transformations and the evolution of the mixed economy of childcare. Therefore this chapter is organised as follows. Section 3.1. briefly discusses some of the key features of the

organisation of welfare in Romania before 1989 deemed relevant as long-lasting legacies during the post-socialist decades. Considering the limited scope of the chapter, these features are, naturally, not exhaustive in character. Section 3.2. dwells on some of the particularities of post-socialist transformation processes in the Romanian context. This section explores how these processes played out in the realm of social welfare, childcare policy in particular, the focus of sub-section 3.2.3. The focus of the third part is the documentation of some of the outcomes of these transformation processes for Romanian families with children in particular. Special attention is paid to the ways in which rising social inequalities have taken shape and the forms of disadvantage that have come to characterise contemporary Romanian society. Section 3.4. concludes the chapter by drawing out some of the key arguments of the chapter.

3.1. The organisation of state welfare during the late phase of socialism in Romania

3.1.1. Institutional particularities of state socialist welfare

The organisation of social welfare during the 1980's across CEE countries, Romania included, emerged from the interplay of a set of institutional legacies broadly shared by a majority of countries in the Eastern bloc and country-specific state-society relations that were, at least by the 1980's, significantly different across the countries in the region. One such institutional legacy was the Bismarckian design of welfare states, developed during the inter-war decades especially. These were colonised and somewhat transformed by the communist parties that took hold in the immediate aftermath of the Second World War (see especially Deacon, 2000;

Cook, 2007; Cerami and Stănescu, 2009; Szikra and Tomka, 2009). The main features of the Bismarckian welfare model retained in the organisation of social welfare during socialist times was the linking of de-commodifying social transfers for protection against ‘old’ risks to employment history, earnings and contributions paid through parallel social insurance systems for different spheres of economic activity (e.g. agricultural workers, the armed forces, public servants etc.). The other key component was the formal inclusion of trade unions in the regulation and administration of social benefits. However, these – as the other institutions of the socialist state – were highly hierarchical, undemocratic and not representative, particularly in the late phases of state socialism (Kornai, 1992; Verdery, 1996; Cook, 2007).

The other institutional legacy was the adaptation of the Soviet-style party state and the organisation of the economy based on the Soviet model, with direct implications for the actual operation of social welfare and households’ experiences of welfare provision. The communist parties that took over the governments in CEE colonised all institutions of the state, at the same time discontinuing, pushing into illegality or simply taking over non-state institutions providing social welfare, e.g. church-based organisations (hospitals, schools, care homes for the elderly and for orphaned or abandoned children etc.) or guild-, enterprise-run or community-run forms of social welfare. The state became the only institutional actor in the realm of social welfare apart from the family over time (Cace, 2006; Cook, 2007). During the early years of post-socialist welfare state transformation, public opinion still saw “the state” as the prime institution responsible for social welfare (Verdery, 1996). In a similar fashion, the communist party-states, the Romanian one included, appropriated

virtually all means of industrial production, especially factories, workshops, mines etc. and colonised their administration. Furthermore, based on the Soviet model, rural populations were forced to sign their land into farming collectives.

Agricultural production was reorganised to fit with an economy increasingly more centrally planned and based on quotas and multi-year plans (for Romania see especially László, 2008; Iordachi and Dobrinu, 2009).

Regardless of the ideological drivers and goals of these processes, what is important from the point of view of the organisation of social welfare is that the party-state's appropriation of virtually all means of production formed the precondition for the formal incorporation of all those able to work into the socialist economy.

Collectivisation, affecting three-quarters of Romania's overall population that lived in rural communities (Iordachi and Dobrinu, 2009), turned poor peasants and smallholders into employees of new agricultural collectives, completely subordinated to the production plans drawn up by the party-state (Kornai, 1992).

While the emergent Romanian welfare state was set up to serve the much less numerous, richer and industrial urban populations and marginalising peasants (Cerami and Stănescu, 2009), collectivisation created the regulatory and institutional basis for the inclusion of increasing shares of rural inhabitants into the formal, state-run, centrally planned economy and a state-run social welfare system.

The socialist Romanian welfare state of the 1980's was a centralised one, with regulatory and financing roles tightly linked to the "centre" as local authorities ceased to exert autonomous local administrative functions and control (Cace, 2006; Szikra and Tomka, 2009). The delivery of social welfare was much more

fragmented, however. Under the aegis of successive waves of forced industrialisation, the latest of which in the 1970's, Romania's industrial workforce expanded, not least through the creation of mono-industrial towns of all sizes. State-owned enterprises (SOEs) and agricultural collectives were often sole employers in less urbanised areas, incorporating large shares of local working-age populations, including the unskilled. As such, SOEs were also the ones that delivered a variety of welfare services, including primary medical care, childcare, housing and benefits in kind, e.g. holiday tickets (Iatridis, 2000; Barr, 2005; Cace, 2006; Szikra and Tomka, 2009). This particularity of the socialist organisation of production buttressed the quick-paced disappearance of local welfare institutions in the first decade of post-socialist economic transformation when SOEs were privatised and/or closed down (see section 3.2. below) (Mungiu-Pippidi et al., 2000; Manning, 2004; Cace, 2006).

Furthermore, in spite of employment being *mandatory* for everyone⁸ and the state guaranteeing a job for all after completing training, access to universal services (in particular medical care and education, although not housing) and to employment-related cash transfers and benefits in kind was marred by inequalities. In spite of universal provision and being free at the point of use, the quality of medical services varied greatly, particularly between urban and rural areas (Cook, 2007; Cerami and Stănescu, 2009). While universal and mandatory, the quality of compulsory education also varied. Moreover, access to higher education was

⁸ It is interesting to note, however, that the mandate to be employed was legally enshrined only for men (Kligman, 1992). In spite of a multitude of ways in which women were “emancipated” and “guaranteed equality” with men, socialist welfare states, Romania included, retained explicitly gendered sets of obligations and rights for its female and male citizenries, respectively.

politicised, applicants needing “healthy origins” to be able to apply⁹ and places were, comparatively, very few. Furthermore, the Bismarckian design of the benefit system meant that benefits were strictly employment-related: replacement levels depended on income levels, number of years worked, types of work-place risks etc. In addition, different industries within the workforce were incorporated into different social welfare budgets. Compounded with inequality in accessing universal services of varying quality, this fragmentation characterising the benefit system led to universal, but differentiated rules of eligibility for cash and time benefits in particular (Szikra and Tomka, 2009). This, in turn, had implicit and explicit stratifying outcomes (Magyari et al., 2001; Cook, 2007; Sotiropoulos and Pop, 2007; Szikra and Tomka, 2009) in spite of substantial wage compression operated at the central level (Nunberg, 1999; Barr, 2005). Overall, the quality of universal services often tended to be basic and of poor quality (in comparative terms) even in urban centres (Thomadakis, 2000; Popescu, 2006; Cook, 2007; Sotiropoulos and Pop, 2007) and the access to and coverage of benefits in kind, e.g. housing, childcare etc., was unequal and far from universal. Socialist countries were economies of shortage in every sense to smaller or greater extents: social welfare in the form of services (other than universal ones such as health care and education) and benefits in kind especially tended to be limited and understaffed, often suffered from underfunding (affecting consumables especially) and often reached only certain parts of the workforce at any point in time (Verdery, 1996; Gal and Kligman, 2000b; Magyari et al., 2001; Popescu, 2004; 2006; Cook, 2007; Sotiropoulos and Pop, 2007; Szikra and Tomka, 2009). On top of these, Romania was among the stingiest social spenders among the CEE welfare states by the late

⁹ The literary work of Hungarian novelist Magda Szabó frequently engaged with the social implications of class background during the early decades of state socialism.

1980's, its social budget a little over 14% of GDP (as compared to over 25% in Hungary for instance) (Magyari et al., 2001; Popescu, 2004; Cace, 2006).

3.1.2. The organising principles of state socialist welfare provision

In addition to the Bismarckian and Soviet influences apparent in the institutional organisation of social welfare during state socialism, the provision and experience of welfare has been found to vary with the particularities of state-citizen relations across CEE countries. In the aftermath of the Hungarian revolution in 1956 and the Prague Spring in 1968, state-society relations across the regions increasingly took on national particularities (Iordachi and Dobrinu, 2009; Szikra and Tomka, 2009). Processes of political legitimation and appeasement in the GDR, Hungary, Czechoslovakia, Yugoslavia and later Poland drove tacit agreements that the curtailment of civil and political rights would be compensated for through greater investment in welfare (Verdery, 1996; Haney, 1999; Szikra and Tomka, 2009). However, in Romania, the last two decades of state socialism under the rule of Nicolae Ceaușescu were characterised “to a greater degree than in any other East European state, [by] coercion combined with attempts at ideological persuasion” (Verdery, 1996). The implications of an autocratic regime that readily relied on the coercive apparatus of the state – the secret police in particular – for the delivery and experience of social welfare were multiple.

Firstly, the basis of access to social benefits was even more divorced from the idea of social rights (in the Marshallian sense) than elsewhere in the Soviet bloc. Scholars have noted that a generic feature of socialist welfare states was the undemocratic manner in which decisions about the organisation, regulation and

delivery of a variety of social benefits were introduced, implemented or enforced (Cook, 2007; Szikra and Tomka, 2009). Access to benefits, although enshrined in law often in the legal language of “rights”, was mediated first and foremost by the obligation to be in employment (Szikra and Tomka, 2009). The notion of individual citizens’ right to different types of social welfare understood as wellbeing and, linked to this, their right to be protected from particular types of risk was eliminated. The idea of rights was ideologically deemed redundant in a political context in which state-occupying communist parties presented themselves as ephemeral administrators of now “collective” means of production and wealth, building socialism (Fodor et al., 2002). With the party-state serving everyone’s best interests and need, the very idea of the individual¹⁰ making claims on this party-state was rendered redundant and illogical on ideological grounds. In practice, the undermining of the very notion of (social) rights served the complete subordination of individuals to the redistributive power of the party-state. During Ceaușescu’s rule, Verdery (1994: 230) saw the Romanian socialist state as the quintessential “parent-state”:

“While socialism resembled many other political systems in emphasizing the family as a basic element in the polity, I believe that it went further than most in seeing society as not simply like a family but as itself a family, with the Party as parent. Socialist society thus resembled the classic *zadruga*: as an extended family, it was composed of individual nuclear families, but these were bound into a larger familial organization of patriarchal authority with Father-Party at its head.”

In short, access to social welfare during socialism was organised according to procedural principles characteristic of Bismarckian welfare systems, but predicated on a patriarchal ethos of redistribution: the party-state alone decided what people

¹⁰ I purposefully use the term individual rather than that of citizen in discussions about what are, in fact, citizen-state relations throughout this chapter. I do this because the liberal democratic notion of the citizen, as a gendered, embodied political agent whose relationship with the state is regulated by rules in the form of rights and obligations, is inapplicable to individuals living in socialist countries (see also Verdery, 1994).

could get (including in terms of social welfare), how and when they could get it and under what conditions.

Secondly, party-states also monopolised the process of needs definition (Verdery, 1996). Some scholars have argued for some time that welfare states in general, through policies and practices linked to policy implementation, are directly implicated in defining and constituting what Haney (1999: 153) called “architectures of need” (Fraser, 1989; Bacchi, 1999). What has been seen as distinctive about socialist welfare states was the central and unimpeachable role that the party-state played in defining both the reach of social welfare (eligibility and coverage), as well as material needs at the expense of individuals’ agency. The formulation of what individual members of socialist society required and in what ways they could be in need was maintained as the privilege of the party-state solely. Individuals were regarded as “grateful recipients – like small children in a family – of benefits their rulers decided upon for them.” (Verdery, 1994: 228). The monopoly over needs definition was indispensable to the *raison d’être* of socialist party-states: the single-handed redistribution of the fruits of what were now “collective” property and means of production (Verdery, 1996).

One outcome of the party-state’s monopoly over needs definition was the hiding of a variety of structural social ills, primarily rising poverty and inequality in the 1980’s, the scale of hidden unemployment, declining consumption and economic hardship. The inefficient redistribution of raw materials, labour supply and consumption associated with central planning and soft budgets of productions units, compounded with the ideologically driven political mandate of full employment,

led to substantial unskilled labour surpluses in rural areas and skilled labour shortages in urban centres (Kornai, 1992: chapter 10; Verdery, 1996; Barr, 2005). In addition, a variety of social problems, e.g. domestic violence, poor Romanian parents' abandonment of their new-borns and the growing population of institutionalised children in the 1980's, were treated as non-issues, mandating reparative policy intervention at best or no intervention at all (Pascall and Manning, 2000; Popescu, 2006). A second outcome, driven at least in equal measure by the constant shortages characterising all centrally planned economies of the Soviet bloc, was the growth of the "second" or informal economy, particularly in the realm of services (Rose, 1994; Verdery, 1996; Thomadakis, 2000; Cace, 2006; Cook, 2007). In Romania, moonlighting after working hours, the "scavenging" of goods from the workplace to engage in informal income-generating activities or the sale of agricultural goods from small, personal plots in rural areas were common practices during the 1980's (Rose, 1994; Verdery, 1996; Golibrzuch, 2002) (see sub-section 3.3.3. below).

Thirdly, the party-state's monopoly over defining needs went hand in hand with the appropriation of gendered individuals' bodies and labour for productive purposes. This was perhaps the most evident in Ceaușescu's Romania, where reproduction and women's bodies were explicitly and completely hijacked and turned into instruments supporting the regime's "modernisation" (Iordachi and Dobrinu, 2009), an economic growth model based on labour-intensive industrial production (Kligman, 1992; Verdery, 1994; Magyari-Vincze, 2006a). Scholars have long recognised the instrumental and invariably pronatalist character of socialist time family policy in CEE countries and the Soviet Union (Moskoff, 1980; Fodor et al.,

2002; Popescu, 2004; Teplova, 2007; Szikra and Tomka, 2009). Different variants of the pronatalist instrumentalisation of gendered family obligations and the division of caring labour between the state and women in families have been widely explored in the literature, in Romania by Moskoff (1980), Kligman (1992), Verdery (1994), Gal and Kligman (2000b), Magyari-Vincze (2006a) and Teampău (2008) among others.

In a paradoxical fashion, socialist propaganda during the Ceaușescu years especially posited women as both carers, “mothers of the nation”, as well as workers (Kligman, 1992; Verdery, 1994). In addition to the widely documented repressive reproductive policies – a ban on abortion and contraceptives –, Romanian childcare policy suffered from gaps especially in the provision of time to care (see sub-section 3.2.3. below). Unlike in Hungary, for instance, where paid leave was time- and, in the 1980’s especially, cash-generous (Haney, 1999), Romanian new mothers had no access to paid care leave (Popescu, 2004; 2006). In the context of wage compression and the widespread need for two earnings especially in urban areas to support a family in a shortage economy (Kornai, 1992), unpaid leave to raise children was an option for a very limited share of the urban female population (Popescu, 2006). Romanian women during state socialism were first and foremost workers¹¹ and bearers of children: time to care had to be squeezed out of nowhere (Einhorn, 1993). Women’s social role as mothers was only discursively emphasised, generating contradictions in lived experiences of the demands of family life, which was increasingly more time-consuming in the context of the

¹¹ This was particularly true of the party-states propaganda. It is important to remember, however, that in Romania a share of the working age female population was not incorporated into the formal active workforce, i.e. employment among adult women never reached close to 100% (even when including people on sick leaves and unpaid leaves). “Full” employment was gendered in that it was a male phenomenon (Kligman, 1992).

perpetual shortages of the 1980's and even more infantilising and restrictive (Verdery, 1996: chapter 2).

3.1.3. Summary

This section has aimed to present some key features of socialist welfare states' organisation and the ethos of social welfare provision. In doing so, this section has also noted certain specificities of the Romanian context, not least in relation to the division of caring between the state and women in families. What appears important to recall in order to better understand the particular path of Romania's post-socialist economic transition and welfare state transformation are the following. Firstly, the paradigmatic principles of social welfare during the socialist decades of Romania's recent history were far removed from notions of individual rights, citizenship and therefore political agency. Social welfare was organised according to deeply paternalistic and undemocratic principles and it aimed to inculcate and reinforce – through coercion if need be – exclusive dependency on the party-state's welfare provision and passivity. Furthermore, needs and social risks arising from individuals' specific positionings in an increasingly unequal Romanian society were discursively downplayed or simply not recognised. Underfunded, understaffed and devoid of mechanisms for accountability of any sort, social services were 'streamlined' at a low quality, insensitive to more particular social risks and stripped of mechanisms of incorporating potentially system-level bottom-up changes. Finally, urban and rural and gendered inequalities were transformed, but also reproduced over time, creating the foundations for socio-economic polarisation during the transition period after 1989.

Secondly, access to benefits formally resembled the Bismarckian model, with transfers being organised as employment-related, contributory and, therefore, differentiated benefits for different groups of workers. In design and procedure, the welfare system was corporatist, albeit in an undemocratic fashion. Financing, however, originated in general taxation. Social services and benefits in kind were generically provided through employers, i.e. SOEs and agricultural collectives. In many localities, employment was concentrated due to the presence of few, but large employers and often hid unemployment among the unskilled. Moreover, in rural areas especially, a share of the working-age female population was never incorporated into the formal labour force and their “claims” on the Romanian welfare state – as in other countries – originated from their status as wives or widows (Pateman, 2006).

During the economic transformations of the 1990’s especially, these particularities of the organisation of state socialist (Romanian) welfare proved to be key preconditions for driving the residualisation of the welfare state and encouraging polarised experiences of welfare and risk across different segments of the population.

3.2. Romanian welfare state transformations in the aftermath of state socialism

3.2.1. The fiscal crises of the 1990’s

The first years of post-socialist economic transformations have gone down in history as an unparalleled economic depression, more severe than the Great Depression in the 1930’s or the decade following the second world war in Western

Europe (Barr, 2005; Cook, 2007). Romania was among the more severely hit countries in CEE. Gross domestic product kept declining at a pace of over 10% annually even during the years when other Central European economies were registering meagre growth (Magyari et al., 2001; Cace, 2006). In 1995, a macro-economically “good” year for Romania, GDP was 84.5% of its 1989 level in real terms and in 2000 77.4% of its 1989 level¹² (Magyari et al., 2001; Ciupagea, 2002; Cace, 2006). In real terms, the Romanian GDP exceeded its 1989 level only during the mid-2000’s (Parlevliet and Xenogiani, 2008).

The fiscal crisis of the early 1990’s occurred against the backdrop of a series of interlinked economic processes. The fall of communist regimes was followed by the breaking up of the COMECON¹³. As a result, CEE economies no longer had destinations for a substantial share of their exports and on other international markets many of their products proved to be uncompetitive and unsellable (Cace, 2006). At the same time, post-socialist governments, under pressure from international organisations, started liberalising consumer markets and prices, dropping centrally fixed pricing and heavy price subsidies, a central element of socialist macro-economic stability. This led to inflation and a sharp rise in the cost of a variety of basic necessities, especially foodstuffs and public services (Ciupagea, 2002; Manning, 2004). As a result, during the 1990’s Romanian households spent over 60% of their incomes on food only (Magyari et al., 2001; Stănculescu, 2002). In 2009, Romanian households still dedicated a relatively large

¹² Ciupagea (2002: 115) notes that had domestic consumption not gone up in the immediate aftermath of the severe deprivations of the 1980’s in Romania, this slump would have been even worse.

¹³ Founded in 1950, the COMECON – the Council for Mutual Economic Assistance – was an economic agreement between the USSR, Bulgaria, Czechoslovakia, Poland and Romania aimed at enhancing economic integration between the USSR and its satellite countries (Mureşan, 2008).

share of their incomes on foodstuffs, between 40% (households with incomes from salaries) to 59% (subsistence farmers), consumption items amounting on average to a stable 71% of all household expenditure between 2004 and 2009¹⁴ (INSSE, 2010).

The economic crises of CEE economies were further exacerbated by the debt party-states had accumulated during the 1980's and debt they were running up in the early 1990's due to declining production and increasing demands on the welfare state in the context of economic transformations (Magyari et al., 2001; Ciupagea, 2002: 115). Furthermore, in the first decade of the transition period CEE economies experienced significant declines in investments (Ciupagea, 2002; Cace, 2006). Unlike Poland, Hungary or the Czech Republic, Romania was a late reformer (Manning, 2004; Raț, 2008). Due to delayed macro-economic changes, a freeze on privatisation and weakening administrative capacity, Romania was perceived as an unwelcoming environment for foreign investment (Ciupagea, 2002). Economic growth was stalled again in the second half of the 1990's as a result of large-scale privatisation, which started in 1997 and which, far from generating state revenue (see sub-section 3.2.2. below), led to further macro-economic decline. Romania started its path towards economic recovery only in the early 2000's (Parlevliet and Xenogiani, 2008).

In preparation for accession to the EU, successive Romanian governments undertook a variety of fiscal and economic reforms that aimed at consolidating growth. Social insurance benefits underwent reform¹⁵ in 2000, social assistance was legislated anew in 2003 (see Raț, 2008), the pension system underwent successive

¹⁴ It is worth noting that the Romanian economy experienced the highest rates of growth over this period: between 5.2% to 7.9% annually between 2003-2006 (Parlevliet and Xenogiani, 2008: 10).

¹⁵ See Law no. 19/2000 especially.

reforms throughout the 2000's (with delayed implementation) (Hacker, 2009) and healthcare also suffered organisational changes starting in 1997 (establishment of health insurance¹⁶ and the organisation of public health¹⁷) (Hacker, 2009). However, the global economic crisis that commenced in 2008 has stalled economic growth once more (Zaidi and Rejniak, 2010).

3.2.2. Particularities of Romanian social welfare “reform”

In spite of their control and reach, socialist party-states were, administratively speaking, weak ones (Verdery, 1996: chapter 1; Stark and Bruszt, 1998; Cook, 2007). Central planning made the allocation of resources inefficient and created constant shortages, artificially exacerbated in the Romania of the 1980's as a result of its unusually high investment of resources into export goods to repay foreign debt. In addition, soft budgets permitted managers of production units to exercise greater control over methods of and approaches to procurement, including the bargaining of their plans (usually upwards), the hoarding of raw materials and labour and, not least, barter (Verdery, 1996: 20-22). Economies of shortage brought administrators and bureaucrats in constant competition with one another, turning an over-bureaucratised state into a battlefield of criss-crossing interests (Stark and Bruszt, 1998; Verdery, 1996). Cook (2007: 21) argued that the inherited administrative weakness of post-socialist states, which worsened in the political and economic turmoil of the early 1990's, played an important role in the transformation of welfare provision in the Soviet bloc:

“... state capacities declined during the postcommunist transition. Three aspects were specially important for welfare: the weakened powers of revenue extraction and distribution, the loss of administrative control over parts of the social sector,

¹⁶ See Law no. 145/1997 (repealed in 2002 through Emergency Ordinance 150/2002, in turn repealed by Law no. 95/2006 regarding reform in healthcare).

¹⁷ See Law no. 100/1998 especially.

and the limited ability of postcommunist institutional systems to implement and regulate new market-based welfare models.”

In brief, socialist countries in the Soviet bloc in CEE emerged from over four decades of communist rule as administratively weak, unaccountable and non-responsive states, lacking the institutional and expert resources to engage in forward-looking reform. The transformation of state welfare in the immediate aftermath of state socialism may be described by the following features.

With some regional variations, scholars have agreed that the politics of the transformation process, including welfare state change, has been haphazard, inconsistent, with short time horizons and often “ad-hoc” and emergency-like (Nunberg, 1999: 58; Deacon, 2000: 149; Ferge, 2001b: 132; Cace, 2006; Sotiropoulos and Pop, 2007: 62). Szikra and Tomka (2009) described the early phases of post-socialist (social) policy environments as highly volatile. Romania’s post-socialist economic and social transformation has been widely seen as a cyclical stop-and-go process (Ciupagea, 2002: 113; Sotiropoulos et al., 2003: 670; Cace, 2006; Parlevliet and Xenogiani, 2008). In addition, the approach of many of the policy changes targeting the social welfare sphere of the state that characterised the 1990’s, in Romania especially, has been described as “reparatory” (Stănculescu, 2002: 120; Magyari et al., 2001: 133) or “cushioning” (Ceramî and Stănescu, 2009: 117) rather than reformist.

Secondly, the politics of social policy change and welfare state transformation was marred – and arguably still is – by inconsistency, contradiction or, more appealingly formulated, by the adoption of a mix of policy principles (Popescu, 2004; Raț,

2008: 21). Observers noted, in spite of national variations, that CEE welfare states entered, in the early 1990's, a period of neo-liberal reform, coupled with conservative features stressing the role of the family and that of the churches in social provision, national variations notwithstanding¹⁸. At the same time, some degree of path-dependency in both the organisation of state social welfare, as well as the principles of eligibility, application and receipt were also observable both in the early phases of welfare state transformation (Ferge, 2001b), as well as during the 2000's (Cerami, 2006; Cerami and Vanhuysse, 2009). Whether as a result of the influence (or pressures) of international organisations such as the World Bank, the OECD, the EU, the IMF etc. (Deacon and Hulse, 1997; Ferge, 2001b) or due to political elite's "naïve" market optimism (Ferge, 1997; Thomadakis, 2000; Cace, 2006; Cook, 2007: 10), scholars have found that post-socialist welfare states have been increasingly diverting responsibility for social welfare away from the state and onto individuals in more or less explicit ways (Ferge, 1997; Popescu, 2004; 2006; Szikra and Tomka, 2009).

Among the more explicit policy measures pointing towards the residualisation of post-socialist welfare states has been the introduction of means-tested cash benefits and targeting more generally, although poor targeting has been a recurrent policy implementation problem across CEE welfare states during post-socialist years (Barr, 2005; Cace, 2006; Sotiropoulos and Pop, 2007; Raț, 2008). At the same time, eligibility criteria became increasingly more restrictive in character, in Romania particularly in relation to social assistance programmes (Ferge, 2001b; Magyari et al., 2001; Raț, 2008). Another explicit move towards the residualisation of social

¹⁸ In Romania, the role attributed to families and the Church in social welfare provision has arguably been much less explicit than in Poland or Hungary for instance.

welfare has been the erosion of cash benefits, sometimes to insignificant values, often at a steep pace as a result of inflation and price increases and the (willed) non-indexation of these benefits (Deacon, 2000; Magyari et al., 2001; Szikra and Tomka, 2009). In Romania, this process has been documented particularly in relation to child allowance (Popescu, 2004; 2006) (see Graph 3.4. below), social assistance programmes (Raţ, 2008) and unemployment benefit (Cace, 2006). The erosion of benefits has aided successive Romanian governments to maintain a relatively 'lean' or outright "stingy" (Stănculescu, 2002: 121) welfare state from a budgetary point of view: during the 1990's, Romania's social welfare budget remained around the pre-1989 level of ~ 14% of GDP until the mid 2000's¹⁹ (Raţ, 2008: 24; 80). Within this budget, however, the share of family allowances dropped from 2.9% of GDP to 0.7% (Ferge, 1997). Thirdly, (public) social services became increasingly scarcer, underfinanced and with sluggish upward change in the quality of provision. In addition to the disappearance of social services provided through SOEs in preparation for and in the immediate aftermath of privatisation, the re-assignment of the responsibility to deliver social services to poor local authorities – e.g. early years childcare, preschool education and social housing – often meant their demise (Sotiropoulos and Pop, 2007). Mono-industrial and small towns and rural communities were most affected.

A less explicit path towards residualisation has been buttressed by weakened administrative capacities of the state, particularly at the local level (Ferge, 2001b; Cook, 2007; Sotiropoulos and Pop, 2007). This often translated into the poor

¹⁹ It is to be remembered that in real terms GDP recovered to its 1989 level, as low as it had been then, only in 2003 (Parlevliet and Xenogiani, 2008: 11). Therefore this relatively constant 14% meant, in absolute terms, a significant decrease in spending and social provision in comparison with the already low standards of social welfare during the 1980's.

implementation or simply non-implementation of newly passed policy provisions (Deacon, 2000). Particular for Romania has also been the lack of allocated funds for legislated social transfer programmes, leaving policy implementation incomplete or simply stalled in a pre-implementation phase (Sotiropoulos and Pop, 2007; Raț, 2008). Where local authorities' budgets were also involved in the payment of cash transfers, as the first Romanian social assistance programme initiated in 1995 was, abuses happened at the intersection of lacking resources and discriminatory practices against the “undeserving poor” (Haney, 1999; Ferge, 2001b; Magyari et al., 2001).

In the Romanian case especially, weakened state capacity was also coupled with a laggard regulatory framework pertaining to state welfare, as well as social services outside the state sector. Verdery (1996: chapter 8) and Cook (2007) described in ample detail the unregulated pseudo-market relationships that employees in public social services (especially in medical care and education) formed with ‘clients’ of public social services in response to declining wages. The regulatory void of the 1990’s made these professionals enjoy (local) monopolies in their respective areas of expertise, ensuring that their activities were subordinated neither to market principles, nor (more or less egalitarian) redistributive ones (Cook, 2007). The formation of such informal pseudo-markets in what remained, legally speaking, (universal) public social services drove a “shadow process of distribution” (Cook, 2007) favouring wealthier users and excluding the increasingly more numerous impoverished segments of society (Popescu, 2004; Magyari-Vincze, 2007; Hacker, 2009; Sandu, 2009).

At the same time, path-dependency in (lack of) regulation, procedure and implementation in respect to social protection has led to what Ferge (1997) called the “individualisation of the social”, but not universally, nor in a regulated, coherent fashion. As Popescu (2004) observed, the Romanian post-socialist welfare state has remained paternalistic, but in a selective fashion, shifting individual responsibility for welfare onto disenfranchised groups while maintaining relatively generous state social welfare for “insider” groups, e.g. state sector employees of various kinds. Many trade unions – especially of public sector employees – remained powerful negotiators of social protection for their members during the 1990’s, interested in maintaining the social welfare status quo. This was the main source of cushioning policies rather than forward-looking reform of the social protection system: the protection of insurance benefits for particular state sector employees, job conservation in unproductive industries, SOEs and over-staffed public institutions, well compensated collective redundancies, advantageous early retirement schemes etc. (Deacon, 2000; Popescu, 2006; Cook, 2007; Sotiropoulos and Pop, 2007; Cerami and Stănescu, 2009). In Romania the number of pensioners rose from 3.5 million individuals in 1989 to 6.2 million²⁰ in 1998 in a country with an overall population of 22 million (see Stănculescu, 2002). Other solidaristic social policy changes included successive waves of pension compression as recently as the late 2000’s.

Furthermore, laggard social policy changes and the cushioning approach to social policy change left intact for a decade eligibility criteria to a series of cash transfers, excluding increasingly larger shares of the inactive labour force or those working in

²⁰ Stănculescu (2002) also provides a breakdown by pension type: social insurance pensions (from 2.5 to 4 million, including early retirees), invalidity or sickness pension (from 0.2 to 0.5 million) and farmer’s pension (from 1 to 1.7 million).

what appeared to be an expanding informal economy²¹. Employees (*salariați*) have remained the most favoured category among the active labour force, reflecting the retention of the socialist-time principle of employment in defining eligibility and access, in spite of the fact that labour markets have been shrinking, new forms of economic activity have been taking hold and informal employment remains stable and high (Parlevliet and Xenogiani, 2008: 29-35).

Thirdly, the non-reformist, cushioning approach to social policy change, serving the legitimization of new political elites for whom radical reform would have likely had substantial electoral costs, also resulted in the delay of privatisation. In the context of the post-socialist state's administrative and institutional weakness, the late start of the privatisation could not prevent the same negative outcomes that this process had in other neighbouring countries, most notably the Russian Federation (Cook, 2007). Far from a profit-generating process for post-socialist states (as the IMF for instance had imagined it), the privatisation of SOEs has been seen to be best captured by Janusz Lewandowski, minister of Property Transformation in Poland in the early 1990's: "Privatisation is when someone who doesn't know who the real owner is and doesn't know what it's really worth sells something to someone who doesn't have any money." (Verdery, 1996: 210). In reality, the privatisation of SOEs created the political environment for shifts in property rights over industrial means of production especially that disproportionately favoured former enterprise managers and foreign investors. In the context of a laggard regulatory framework both pertaining to the process of privatisation of SOEs and their post-"sale"

²¹ Informal economies existed before the fall of state socialism. The apparently steep growth of informal economies in CEE countries has been seen to signify both the intensification of informal economic activities in real terms, but also the recognition and estimation of informality during the 1990's (Thomadakis, 2000: 28).

administration etc., “entrepratchiks” (Verdery, 1996) easily became de facto owners of large industrial works for peanuts, many of which were then stripped of assets and closed down, with huge social costs locally (Cook, 2007). Not surprisingly, this process did not generate state revenues, but generated the need for more social protection, which a poor (and poorly administered) transition economy could not afford.

In short, the social welfare transformation after 1989 in the Romanian context was marred by delayed, short-sighted, reparatory social policy change that protected certain segments of the workforce and assisted the quick impoverishment of other – less skilled, organised and older – ones. The subordination of social policy goals to immediate economic and political pressures, coupled with inexistent social budgets and very weak (local) institutional capacity for implementation translated into poor targeting, inconsistent (or absent) implementation and the fast erosion of cash benefits. Furthermore, the “drift” of eligibility criteria relating to insurance-based benefits in a harsh economic climate further exacerbated the growing divisions of socio-economically differently positioned households’ experiences of social welfare. Social policy changes created winners and losers during the early period of the post-socialist transformation, undermining the capabilities for collective action of those who lost out most. In the context of increasingly more differentiated social protection, these differences have become even more exacerbated, driving multiple processes of socio-economic polarisation and deepening inequality (see section 3.3. below). Furthermore, the promise of a new social contract incorporating some notion of equity has been successfully marginalised (Thomadakis, 2000; Ferge, 2001b).

3.2.3. The fate of Romanian childcare policy provisions during the transition period

Overall, the particularities of Romanian social welfare transformation – its haphazard, ad-hoc and short-sighted character and the contradictory ethos of new policies on a backdrop of the privatisation of need and welfare – are characteristic of Romanian post-socialist childcare policy change, as well. After a brief review of the immediate legacy of state socialist childcare policy, this sub-section details some policy developments directly tackling childcare to illustrate the particularities of childcare policy transformations after 1989.

Popescu (2004; 2006) argued that socialist Romanian childcare policies were comparatively meagre in the Soviet bloc in terms of time and cash benefits, but also in terms of services and benefits in kind. Indeed, Romanian pre-1989 childcare policy was atypical among other CEE socialist welfare states in that it made marginal provision for preschool aged children's *care*: parental leave did not exist and the coverage of childcare services for children under three never exceeded 10% (Fodor et al., 2002; Popescu, 2004; 2006; Ulrich, 2009). Leave to care for sick children was available only during children's first three years of life (as compared to age 8 or 10 in other CEE countries). In addition, cash transfers favoured large families (i.e. with at least three children): maternity pay was available after the third birth only, as was the life-long "indemnity" (*indemnizație*²²) that "heroine" mothers with at least three children could receive (Kligman, 1992; Popescu, 2004). It is important to remember that eligibility for family allowance was employment-

²² In Romanian social policy language this term has been used to denote allowances of various kinds in cash, although its dictionary definition signifies an *income replacement* cash transfer (e.g. the parental leave related indemnity).

related rather than universal (and restricted by the number of children) and, in relative terms, neither generous, nor ungenerous at 10% of the mean post-tax salary (see Popescu, 2004: 40-42).

3.2.3.1. Benefits in time after 1989

Romanian benefits in time to care for young children are good illustrations of the different features of social policy making more generally, reviewed in sub-section 3.2.2. above. First of all, medical leaves – such as maternity leave and leave for the care of sick children – for mothers of young children remained unchanged until 2000²³, although eligibility for the maternity indemnity was no longer restricted to the third birth and subsequent ones. Throughout this period, however, only “insured mothers” (*asigurate*) could access these social insurance benefits at a time when unemployment was soaring and young women had increasingly smaller local labour markets to enter. While coverage was extended, the ‘drift’ (Hacker, 2004) in policy regarding eligibility criteria meant that the policy had differentiated effects for insured and uninsured mothers. While coverage was extended among labour market insider mothers, labour market outsider mothers giving birth were excluded altogether. Although having no right to paid maternity leave, policy changes during the 2000’s retained pregnant women – regardless of their social security status – in the public healthcare system, making them eligible for medical care pre- and post-partum. Furthermore, in 2001²⁴ a universal one-off birth grant (for the first four births) was introduced, in practice extending mothers’ eligibility to a birth-related cash transfer to *all* mothers. Leave for sick children also remained a benefit covered

²³ Law no. 19/2000, art. 118-120.

²⁴ Art. 25 of Law no. 416/2001 regarding the guaranteed minimum income (or social assistance).

by social security. In 2000²⁵, however, its duration was capped at 14 working days/year, but was extended to children under age seven rather than three as had been until then (Popescu, 2004; 2006).

Romanian paid parental leave provisions followed a similar pattern, but eligibility criteria more consistently followed an increasingly restrictive path. In 1990²⁶, “salaried women” (*femei salariate*) had the right to paid childcare leave to be taken in continuation after maternity leave, until children’s first birthday. In 1997, when the leave was extended to children’s second birthday, eligibility criteria also changed, although again differently for labour market insiders and outsiders. On the one hand, the paid leave became accessible to insured fathers, as well. On the other, it retained its exclusionary character towards parents who had no social insurance before the birth of their children. Starting in 2009, eligibility was extended to secondary school, university and master’s students (although not doctoral candidates).

Moreover, in time, the conditions of eligibility have become tighter for insured parents, too. Until 2000, women had to be “salaried workers” at the time of going on maternity leave to be eligible. In 2000²⁷ the grounds for eligibility for this paid leave became more restrictive: claimants had to have paid social security contributions for at least six months over the 12 months prior to childbirth or 12 months over the 24 months prior to childbirth (Fodort et al., 2002). Starting in

²⁵ Law no. 19/2000, art. 121-122.

²⁶ Decree law no. 31/1990.

²⁷ According to Law no. 19/2000, art. 98, 121-125.

2006²⁸, claiming parents had to have had earnings (or been insured) for 12 continuous months prior to the date of the child's birth.

The generosity of the allowance connected to this paid leave has fluctuated periodically, although Romania is a generous spender as regards paid parental leave in comparative terms (see Letablier et al., 2009). In spite of a generally upward trend, however, the 2000's saw successive periods of erosion of the so-called childcare indemnity (see Chart 3.1. below and Chart 7.1. in Chapter 7). Between 1990 and 1997, the value of the allowance was 65% of the mother's pre-tax basic salary (meaning that job-related bonuses were disregarded in the calculation of the indemnity), rising to 80% / 85% in 1997 and maintained thus until 2003. That year, the Năstase cabinet capped²⁹ the value of the indemnity at 85% of the mean post-tax salary (~ 411 RON/month), thus penalising higher earning mothers (at the time estimated to represent 20% of claiming mothers³⁰). Starting in 2006, the benefit became flat-rate (see Chart 3.1. below), with similar effects. In 2009, parents were given the choice to opt for the flat-rate indemnity of 600 RON/month (unchanged and therefore stagnant since 2007) or a monthly allowance of 85% of pre-tax earnings (including bonuses), favouring high earners.

²⁸ In accordance with Emergency ordinance no. 148/2005.

²⁹ Through Emergency ordinance no. 9/2003.

³⁰ See article by Dan Tăpălagă on Hotnews.ro news portal on 7th December 2010 at < <http://www.hotnews.ro/stiri-opinii-8107773-indemnizatia-pentru-mame-cifre-interpretari-tentatia-populismului-sau-cine-incurajeaza-guvernul-boc.htm>>. It is interesting that in spite of the fact that fathers also have had the right to the leave since 1997, media and popular opinion still see the paid parental leave as a "maternal" leave.

Chart 3.1. Benefits in time for caring in Romania between 1990 and 2009

1990	1997	2000	2003	2006	2007	2009
Decree law no. 31/1990	Law no. 120/1997	Law no. 19/2000	Emergency ordinance no. 9/2003	Emergency ordinance no. 148/2005 & modification	<i>same legislation</i>	Decision no. 1682/2008 and others
Paid parental leave (<i>legislated for the first time</i>)						
Eligibility: female employees	either parent ³¹	insured individuals	insured individuals	insured individuals	insured individuals	insured individuals ³²
Duration: child's 1 st birthday	child's 2 nd birthday	child's 2 nd birthday	child's 2 nd birthday	child's 2 nd birthday	child's 2 nd birthday	child's 2 nd birthday
Replacement rate: 65% of basic ³³ salary	85%/80% ³⁴ of salary	85% of salary	capped at 85% of national mean post-tax salary ³⁷	flat rate 800 ³⁵ RON	flat rate 600 ³⁶ RON	flat rate 600 RON / 85% of earnings
Funding: –	social security budget	social security budget	social security budget	state budget	state budget	state budget
1999 Law no. 210/1999 Paternity leave (<i>legislated for the first time</i>) Eligibility: insured fathers ³⁸ Duration: 5 or 15 working days Replacement rate: 100% of basic salary Funding: employer						

³¹ One month after Law no. 120/1997 was passed, Specification no. 754/1997 added the provision that *either parent* had the right to go on leave if eligible.

³² According to the Decision, as of January 2009 students enrolled in university, or within 60 days of graduation from an undergraduate degree, including medicine, are eligible for the indemnity associated with the paid parental leave. According to a later Decision no. 1016/2009 and Law no. 240/2009, high school students or students expecting to start higher education also become eligible for paid parental leave.

³³ Basic salary means, according to the law, the post-tax monthly salary specified in the contract without legally stipulated bonuses.

³⁴ Women insured through the national social security system and members of the military were eligible for an indemnity of 85%, while women working in agriculture and pensioners entitled to 80% of their monthly income. See art. 3 of Law no. 120/1997.

³⁵ In January 2006, the value of the indemnity was 97% of the mean average post-tax salary in Romania.

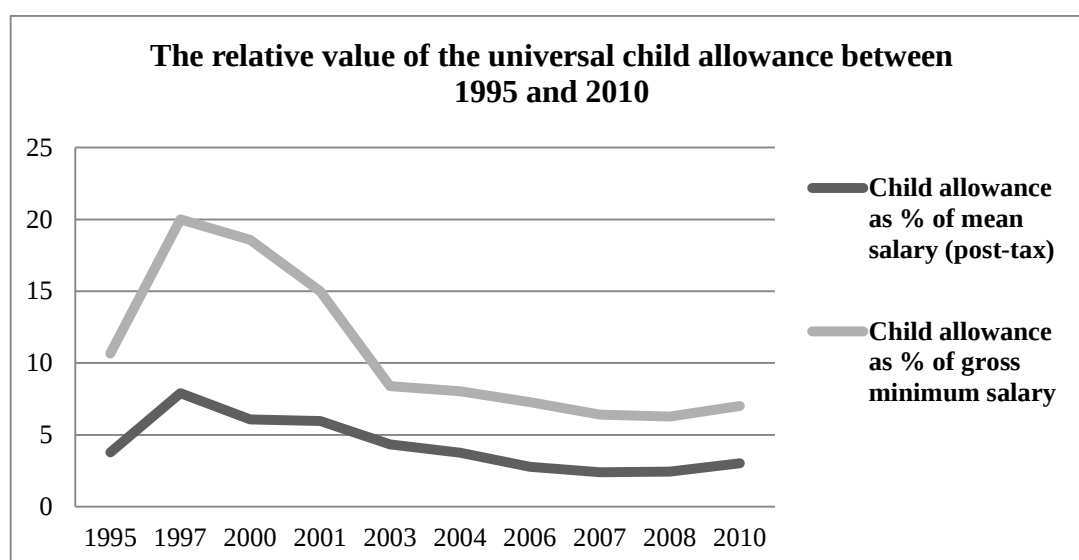
³⁶ In January 2007, the value of the indemnity was 65% of the mean average post-tax salary in Romania.

³⁷ In 2003, this stood at 4,839,000 ROL (or 484 RON).

³⁸ With the exception of company owners and shareholders.

3.2.3.2. Benefits in cash

Perhaps of all childcare policy provisions, cash benefits best illustrate the residualisation of family support in the Romanian context in terms of eligibility, generosity and the erosion of benefit levels. To begin with, the “mother’s wage” that mothers of at least three children received before 1989 was phased out (Popescu, 2006). In 1993³⁹, the child allowance was made universal and all children (rather than after the third) could receive it. However, as Raț (2008) commented, this benefit was in effect conditional upon school attendance and the method of its implementation (through schools) occasioned discretion, racialised discrimination and abuse. Receipt was later conditioned upon school attendance through the law, as well.



Graph 3.2. The comparative value of the universal child allowance between 1995 and 2010 in terms of a single mean salary (post-tax) and the minimum wage (pre-tax). **Sources:** Own calculations with figures from the website of the Ministry of Labour, Social Solidarity and Family at < <http://www.mmuncii.ro/pub/imagemanager/images/file/Statistica>>. Information on the value of the child allowance per year from relevant legislative texts (see Annex I)

³⁹ Law no. 61/1993.

The universal child allowance has been an ungenerous⁴⁰ cash transfer since its inception (see Graph 3.2. above), its value eroding in spite of annual indexation. The complementary family allowance scheme was legislated anew in 1997⁴¹, stipulating a means-tested benefit for low-income families with at least two children. The benefit was then split into two mutually exclusive cash transfers in 2003⁴², both means-tested, one for low-income families and the other one for low-income lone parent families. Considering their income thresholds, both were restrictive from the start. In spite of substantive aggregate increases in wages between 2003 and 2009 (see Table 3.3. below), Romanian governments made only minor adjustments to the per capita disposable household income used as the threshold for determining eligibility (from 150 RON/month/capita in 2003⁴³ to 184 RON/month/capita in 2008⁴⁴). The result was the restriction of eligibility, especially between 2003 and 2008, in a country where the child poverty rate⁴⁵ stood at 32.3% in 2009, the highest in the EU (UNICEF, 2012), and material deprivation⁴⁶ affected 80.7% of all children in 2009 (de Neubourg et al., 2012). The value of the allowance scheme also declined in time in spite of annual indexation (see Graph 3.4. below).

⁴⁰ Although its value rose to 200 RON/month starting in 2007 for children under two (Emergency ordinance no. 148/2005), the flat-rate childcare indemnity associated with the paid parental leave scheme was reduced from 800 RON/month to 600 RON/month at the same time. As a result, parents on paid leave kept receiving, in essence, the same amount of roughly 800 RON/month in spite of the policy change. However, for parents having no access to the paid leave scheme, the rise in the generosity of this universal cash transfer during children's first two years was substantial.

⁴¹ Through Law no. 119/1997.

⁴² Through Emergency ordinance no. 105/2003.

⁴³ According to Emergency ordinance no. 105/2003.

⁴⁴ See Decision no. 8/2008.

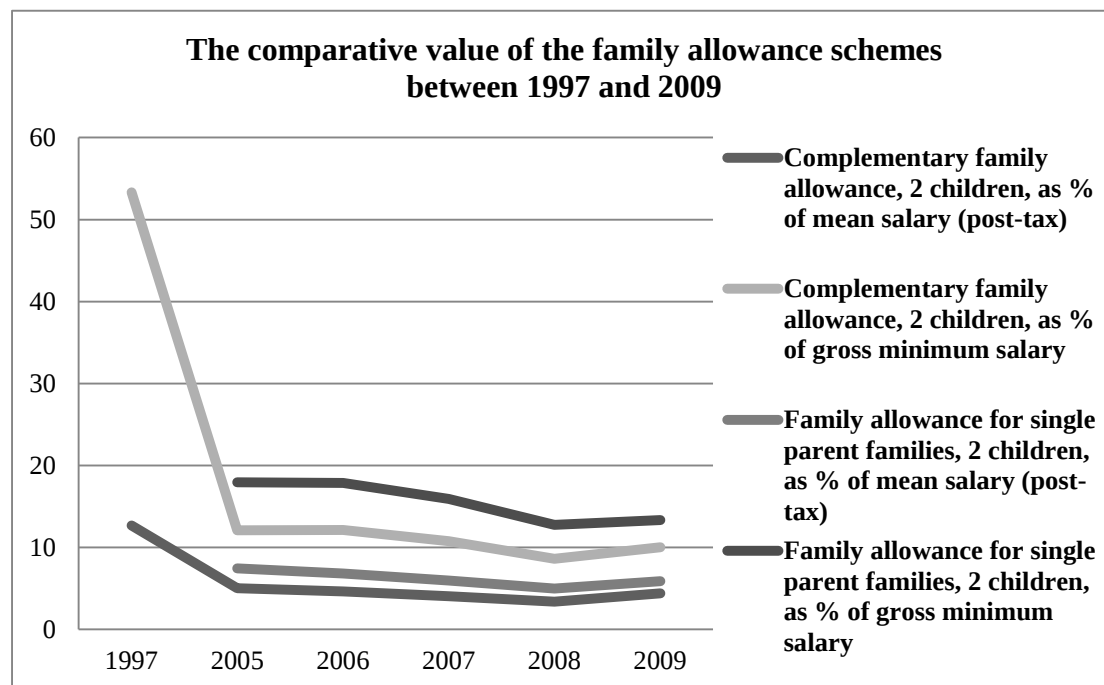
⁴⁵ With the poverty line set at 60% of the median income.

⁴⁶ Having no access to at least **two** items on a list of 14 comprised in the EU-SILC dataset to determine the level of material deprivation. See de Neubourg et al. (2012) for more details.

Background information for assessing the relative decline of various cash benefit levels in post-socialist Romania

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Monthly average salary, post-tax	211,000 ROL	321,000 ROL	632,000 ROL	1,042,000 ROL	1,522,000 ROL	2,139,000 ROL	3,019,000 ROL	3,789,000 ROL € 115	4,839,000 ROL	5,986,000 ROL	746 RON € 207	866 RON € 247	1,042 RON € 306	1,309 RON € 357	1,361 RON € 324	1,391 RON € 331
Gross minimum wage	65,000 ROL	75,000 ROL	97,000 ROL	250,000 ROL	350,000 ROL	450,000 ROL	1,000,000 ROL	1,400,000 ROL € 42	2,500,000 ROL	2,800,000 ROL	310 RON € 86	330 RON € 94	390 RON € 114	500 RON € 136	540 RON € 128	600 RON € 143
	75,000 ROL	97,000 ROL	250,000 ROL	350,000 ROL	450,000 ROL	1,000,000 ROL	1,400,000 ROL	1,750,000 ROL € 53	2,200,000 ROL							

Table 3.3. Yearly increases in the post-tax monthly average salary and the monthly gross minimum wage in Romania between 1995 and 2010. **Source:** Ministry of Labour, Social Solidarity and Family, accessed July 12th 2012 from <<http://www.mmuncii.ro/pub/imagemanager/images/file/Statistica/Statistici%20lunare/s01.pdf>> and own calculations in euro based on exchange rates of the Romanian National Bank, accessed on July 13th 2012, for 2005-2010 from <<http://www.bnr.ro/Cursul-de-schimb-3544.aspx>> and for 2002: <<http://www.bnr.ro/Regimul-cursului-de-schimb-al-leului-3333.aspx>>. Compare with the National Human Development Report, Romania (2007).



Graph 3.4. The comparative value of the complementary family allowance and the comparative value of the family allowance for single parent families between 1997 and 2009. **Source:** Own calculations with figures from the website of the Ministry of Labour, Social Solidarity and Family at <<http://www.mmuncii.ro/pub/imagemanager/images/file/Statistica>>. Information on the value of the child allowance per year from relevant legislative texts (see Annex I).

Indirect cash transfers through the tax system have also been both meagre, as well as subject to the erosion of benefit levels. Tax deductions for dependents – spouses, children and elderly family members – were stipulated in 2003 and remained unchanged throughout the 2000's in spite of the tripling of wages between 2002 and 2010⁴⁷ (see Table 3.3. above for more details).

3.2.3.3. *Childcare services*

As already outlined earlier, childcare services for under-threes remained scarce in Romania throughout state socialism (Fodor et al., 2002). In 1989, there were around 1.113 million children under age three, yet only 80,000 crèche places were reported to be available (the highest number of crèche places were registered in Romania in 1982: 94,000 beds) (see DCS, 1983). Therefore the average coverage rate of public childcare services for children under three in 1989 was 7%. By 1998, the number of crèche beds declined to 25,000 and in 2007 there were 13,135 places left for around 650,000 children under age three, suggesting a 2% coverage rate⁴⁸ (INS, 2008; Ulrich, 2009). In spite of a new law on the organisation of childcare services for under-threes in 2007⁴⁹, the number of crèche places across the country has remained insignificant.

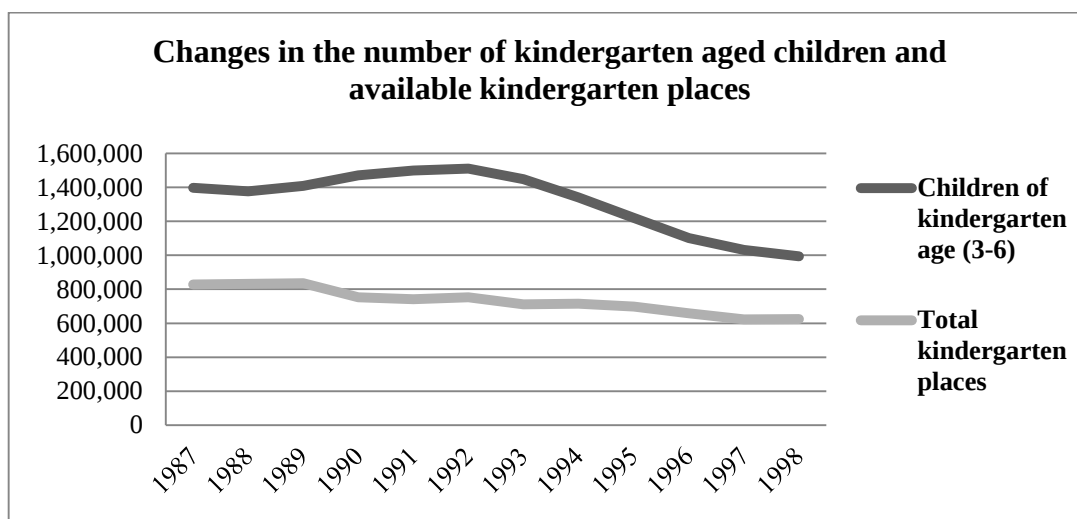
Romanian preschool education services – kindergartens, for children between aged three and six or seven – were also lagging behind in terms of coverage rates among the socialist countries of the Soviet bloc, Hungary in particular (Fodor et al., 2002). Kindergarten throughout the thesis refers to public preschool education institutions that have operated in the Romanian context since the 1950's. Called *grădiniță* in

⁴⁷ Not adjusting for inflation.

⁴⁸ No record of private crèches has been found nationally.

⁴⁹ Law no. 263/2007.

Romanian, *óvoda* in Hungarian, they cater to children above age three and have a long history of providing both formal education and childcare to children between three and six / seven during standard working hours. In the late 1980's in Romania a little over 50% of children were enrolled in kindergarten (see Graph 3.5. below). After a decline in enrolment rates in the early 1990's, enrolment levels started climbing consistently, leading to an overall enrolment rate of 81.7% in the 2008/2009 academic year (Bilț et al., 2010: 12).



Graph 3.5. The variation of the number of children of kindergarten age and that of kindergarten places between 1987 and 1998 in Romania. The convergence of the two lines suggests growing enrolment rates. **Source:** Own calculations based on data from Romanian official statistical publications (DCS 1983-1988; CNS, 1999; 2001).

It is important to note, however, that there have been significant differences in enrolment among different groups of children. On average, enrolment levels among rural children were around 10% points below those registered for urban children throughout the 2000's (Bilț, 2010: 14). In addition, absenteeism has been high among Roma preschool aged children especially: in the early 2000's only around 20% of Romanian Roma children were estimated to attend kindergarten (UNICEF, 2004; OSI, 2007: 346; UNDP, 2011).

Overall, Romanian public childcare services for preschool aged children have been of low quality (Ulrich, 2009). Student-to-teacher ratios have remained high (at least 15:1 in kindergartens), particularly in urban long-schedule kindergartens. Recent legal changes in the education system⁵⁰ have made little to improve this service quality indicator (for more details, see Chapter 7). Analysts have noted the persistence of insufficient supply in spite of increasing enrolment rates, particularly for full-time services (during standard working hours) (Ulrich, 2009). Private childcare institutions supply less than 1% of the demand and constitute no real alternative to the publicly subsidised network of crèches and kindergartens due to high direct costs and lack of a legal framework for subsidising individual children⁵¹. As findings in Chapter 7 also suggest, there may be substantial discrepancies between local childcare needs and full-time preschool and childcare services. This, in turn, translates into even higher student-to-teacher ratios (exceeding 30:1) in particular kindergartens and intransparent rules of access, forming institutional (i.e. external) constraints on individual households' ability to put preferred care arrangements in place. It is notable, however, that the Romanian public preschool education network has had the highest rate of appropriately trained educators in the entire public education system: in the 2000's over 90% of all preschool teachers had appropriate qualifications, i.e. specialised secondary education (at least)⁵² (Bilț, 2010: 17).

⁵⁰ See Law no. 1/2011 on national education.

⁵¹ Neither the old law of education, nor the new law of national education (Law no. 1/2011) stipulate pre-school education to be the *right* of children and it is, consequently, not a mandatory component of children's education. Not surprisingly, there is no provision for public-private mixes in the delivery of pre-school education in which the state partially or totally subsidises formal childcare costs, particularly if delivered by private or not-for-profit institutions.

⁵² See art. 7 (a) of Law no. 128/1998 and later modifications.

3.2.3.4. *Summary*

In general terms, Romanian post-socialist childcare policy provisions have in many ways retained key characteristics inherited from the socialist period. The Romanian state remains an ungenerous spender on childcare-related benefits and services overall (Letablier et al., 2009: 156-157, 159; UNICEF, 2012: 26), but is among the highest spenders on paid parental leave, a contributory benefit financed directly from the state budget (Letablier et al., 2009: 47). Not surprisingly, universal and means-tested cash benefits have been invariably ungenerous to say the least. In addition, the drift in eligibility threshold levels for means-tested benefits has made access to many of these more restrictive over time, particularly during the 2000's. Childcare policy legislation has refrained from formulating and conceptualising cash transfers – or indeed any kind of benefit – to families with young children in terms of social rights: Romanian childcare policy retains a tacit stingy paternalist ethos.

Paid parental leave, a post-socialist policy innovation and one of the cornerstones of Romanian childcare policy, has also been marred by the same general trends as other social policy provisions over the past two decades. Eligibility criteria have become increasingly more restrictive overall, driving down coverage⁵³, but at the same time more generous to labour market insider couples through the extension of eligibility to fathers. Policy changes affecting it have been frequent, unpredictable and mostly inconsistent, serving immediate political goals of incumbent cabinets. Benefit levels have oscillated, but generally have followed downward trends.

⁵³ In the same article, Tăpălagă suggested that in 2010 there were only ~ 200,000 recipients of paid parental leave (and complaining about the lack of official data on the issue), although an estimated 415,000 children had been born during the period of eligibility, November 2008 – October 2010. This leaves the coverage of the paid parental leave at < 50%.

Moreover, the calculation of the allowance may be seen to have served contradictory goals at different times, but making a clear-cut distinction between employed and non-employed parents: sometimes penalising high earners, at other times benefiting them and at all times excluding labour market outsiders.

Childcare services for children under three have virtually vanished, although the number of kindergartens and the children enrolled in preschool education have both increased. These latter improvements, however, have been marred by inequality: a vast majority of Roma children do not attend any form of group-based care and education before entering school at age six or seven.

In short, Romanian childcare policy has become both selective, as well as universal at the same time; it has been characterised by the erosion of benefits, but with intermissions of financial consolidation, leading to short-lived universal cash transfers; it has experienced a decline, as well as growth in service provision, both in terms of quality and coverage. As such, Romanian childcare policy may be seen as having contributed to the formation of two distinct categories of recipients. On the one hand, families with at least one formally employed parent have access to the relatively generous paid parental leave scheme and possibly a variety of other means-tested benefits. On the other hand, there is a group of families who are social security system outsiders and have access to the meagre universal and means-tested benefits only.

3.3. The implications of welfare state change for households' welfare

Barr (2005: 7-10) argued that the most important effects of the early period of CEE economies' transition were (1) a decline in aggregate employment levels and the rise in unemployment and joblessness, (2) rising poverty, including absolute poverty, both in terms of diffusion, as well as degree, (3) the ineffective targeting of cash transfers aimed at alleviating poverty, (4) deteriorating health outcomes and, not least, (5) inappropriate educational profiles of those of working age to be able to profit from the economic transformations during the 1990's. This summary, however, understates the wide-ranging social costs that households generally and in particular households with children experienced during the two decades of post-socialist economic transition and welfare state transformation. Barr's (2005) account also leaves untouched the *processes* of socio-economic polarisation that the macro-economic post-socialist transformations initiated or exacerbated over time. This section details the hardships that households faced during the transition period, reflecting on urban and rural differences in particular, and some of the structural factors driving processes responsible for these hardships.

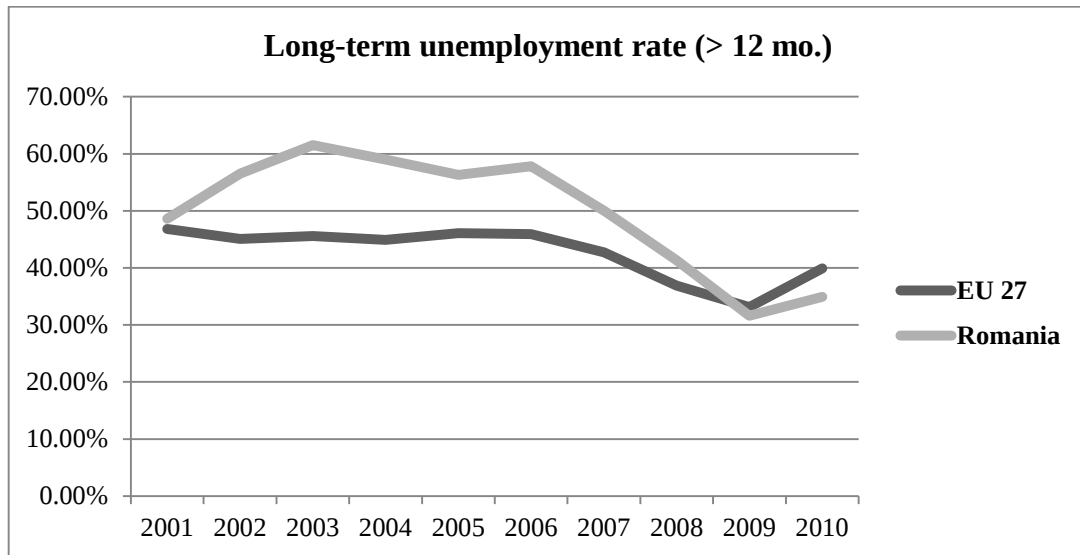
3.3.1. Labour market contraction, unemployment and joblessness

The contraction of production, delayed economic reform, land reform and sluggish foreign investment in the immediate demise of state socialism were closely associated with labour market contraction and, consequently, a rise in the incidence of different forms inactivity. Between 1989 and 2000 the number of wage earners declined from 8.1 million individuals to 4.5 (Ciupagea, 2002: 116; Sotiropoulos and Pop, 2007: 80). At the same time, the annual employment rate growth in Romania

was invariably negative throughout most of the 1990's (UNDP, 2007: 62).

However, the contraction of the labour market did not lead to mass unemployment in the Romanian context. Indeed, analysts have found that official unemployment rates – peaking at 11.8% in 1999 – were comparatively low among CEE countries due to the transition of newly unemployed into subsistence agriculture on the backdrop of land reform (Stănculescu, 2002; UNDP, 2007: 83; Parlevliet and Xenogiani, 2008: 14-15; Mihalache, 2010). Indeed, the switch to subsistence agriculture by newly unemployed / retired couples acted as an unemployment buffer for a substantial share of this age group (UNDP, 2007). In 2000, over 41% of the active labour force was working in (subsistence) agriculture, although productivity in this sector was declining fast (Parlevliet and Xenogiani, 2008: 13-14; Mihalache, 2010). In addition, on the backdrop of strong trade union negotiations, certain shares of the industrial labour force and public sector employees made the transition from full-time employment not into unemployment, but into retirement or the informal economy or, on the backdrop of ungenerous pensions, both (Stănculescu, 2002: 123). As already noted, the number of pensioners rose steadily during the 1990's, counting 6.28 million individuals in 1998 (Stănculescu, 2002: 146; Sotiropoulos and Pop, 2007: 80), driven by successive waves of early retirement, a cornerstone of Romanian pacifying social policy. Informality, discussed in subsection 3.3.3. below, also increased during this time. During the 2000's, the annual activity rate of the working age population (15-64 years) remained at a constant 63%, or 9.9 million active individuals (UNDP, 2007: 64; Parlevliet and Xenogiani, 2008: 15; Eurostat LFS data).

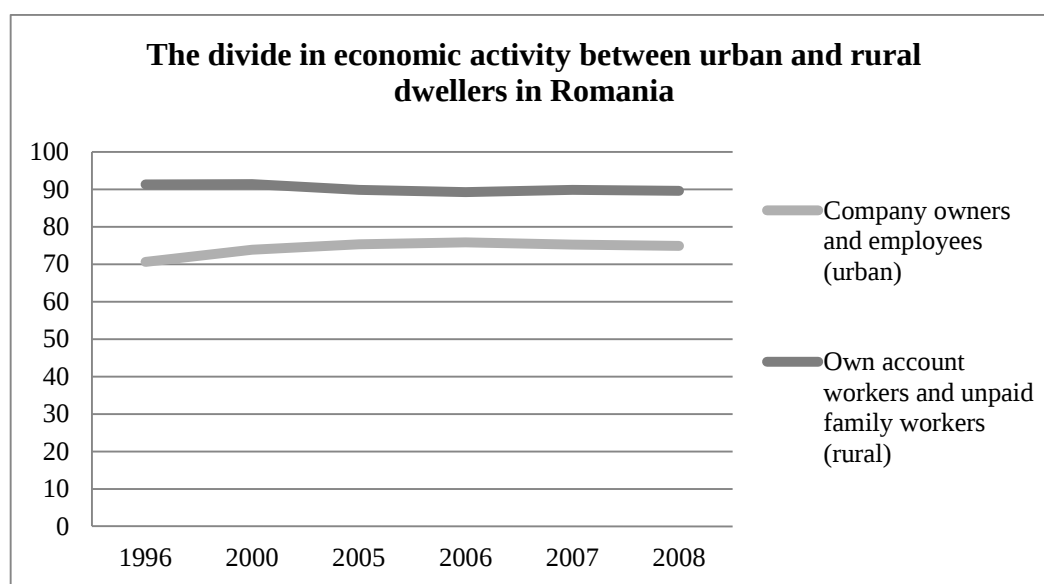
It is notable, however, that in spite of relatively low rates of unemployment in Romania during the 1990's and later (Parlevliet and Xenogiani, 2008: 15), a large share of those unemployed have been long-term unemployed in Romania (see Graph 3.6. below).



Graph 3.6. The graph refers to aggregate long-term unemployment rates for the working-age population, i.e. between 15 and 64, calculated as a percentage of all unemployed. **Source:** Eurostat.

Furthermore, unemployment and inactivity were affecting particular groups in Romanian society in particular ways. The unskilled and older clerical workers – mostly middle-aged women – were the first to be made redundant or sent into retirement in the early phases of post-socialist economic transformations. The decline in industrial output, in spite of temporary job protection and other de-commodifying measures, did lead to massive job losses in manufacturing and the heavy industries (Magyari et al., 2001; Raț, 2008). In the context of low levels of labour mobility (Ciupagea, 2002; Barr, 2005), many of those who lost their jobs during the 1990's remained labour market outsiders. Moreover, the contraction of local labour markets also meant limited entry among young cohorts: Magyari et al. (2001: 125) reported that in 1995 44% of the unemployed were younger than 25.

Romanian households tend to be among the most polarised in Europe in terms of work intensity (Sotiropoulos and Pop, 2007). Among EU member states, Romania had the highest share of men and women working over 48 hours/week in 2005 (59% of men and 34% of women) (Burchell et al., 2007). At the same time, the inactive working age population has stood at ~ 37% throughout the 2000's.



Graph 3.7. The differences in the occupational profile of Romanian urban and rural inhabitants between 1996 and the first trimester of 2008. **Source:** Own calculations based on data from Michalache (2010: 37).

Furthermore, Romanians living in urban and rural areas have had very different income-generating behaviours. While a large share of the urban population has been in employment or owned a company, a majority of those living in rural areas have remained subsistence farmers or have been unpaid family workers (see Graph 3.7. above) (Mihalache, 2010). In the light of this and with a little over half of Romanian children living in the countryside (World Vision, 2011), it is surprising that only ~ 10% of Romanian children and youth lived in workless households during the 2000's (Eurostat LFS data).

3.3.2. *Poverty and the polarisation of incomes*

A more closely monitored outcome of the late years of state socialism and the subsequent transition period has been the rise in poverty levels – both absolute and relative –, the polarisation of incomes and the polarisation of informal economic activities (Ghebrea, 2000). The 1980's led to material deprivation affecting the entire population, although with urban-rural differences. In addition, poverty levels had been rising since the late 1970's (Magyari et al., 2001). The economic shocks of the early 1990's, on the backdrop of price liberalisation, inflation and job losses, led to the loss of savings among the general population and pushed certain parts of the population into income insecurity, poverty and deprivation. Even the active population was exposed to poverty and deprivation due to the decline, in real terms, of wages: in real terms, these were deemed to be 76.6% of their 1989 levels in 2002 (Cace, 2006).

In 1994 39.3% of the population was deemed poor, with poverty levels varying with *occupational* status especially. While less than 12% of employers were income poor, over 42% of peasants, close to 28% of pensioners and over 71% of unskilled adults were living in poverty in 1994. Furthermore, over half of preschool aged children, almost one third of families with two children and three quarters of lone parent families were poor (Magyari et al., 2001). Absolute poverty rates reached a maximum level in 2000, affecting close to 14% of the Romanian population, and relative poverty⁵⁴ also peaked that year, with over 35% of the population living in poverty (Raț, 2008: 28). During the 2000's, absolute and relative poverty levels

⁵⁴ Raț (2008) has argued that Romanian relative poverty rates have, in recent years, *underestimated* the breadth and depth of income poverty especially.

declined, but in 2003 the UNDP estimated that around 23% of Romanians were still living on \$4 PPP/day (Raț, 2008). Moreover, occupational status has remained a strong predictor of poverty in the Romanian context. During Romania's years of economic growth, between 2003 and 2007 especially, poverty levels declined for all occupational groups, although least so for the self-employed and unpaid family workers (a majority of whom live in the countryside):

<i>Labour market status</i>	Relative poverty rates			
	2003	2004	2005	2006
<i>Employer</i>	1.6	1	1	0.6
<i>Employed</i>	9	6.3	4.3	3.5
<i>Self-employed or unpaid family worker</i>	86.5	67.6	56	55.8
<i>Pensioner</i>	20.7	14.2	10.9	9.8
TOTAL	25.1	18.8	15.1	13.8

Table 3.8. Relative poverty rates by occupational status in Romania between 2003-2006. **Source:**

Raț (2008: 35), based on World Bank data.

According to Eurostat data, material deprivation in the general population also declined during the 2000's in spite of the economic downturn of the late 2000's, from 53.3% affected in 2007 to 47.7% in 2011. Still, close to 8 million people (over one third of the population) were deemed severely deprived at the end of the 2000's (Eurostat, 2012). In spite of these trends, the proportion of materially deprived children and youth remained constant over this period, at ~ 55% (Eurostat), while over 70% of minors were deemed materially deprived (2+ items) according to 2009 EU-SILC data (UNICEF, 2012). By comparison, only 8.8% of Czech children, 8.7% of Austrian children, 5.5% of British children and 2.6% of Danish children were materially deprived in the same year according to the same measure (de Neubourg et al., 2012). Moreover, the child poverty rate (at 60% of the median/mean income) stood at 32.2% in 2009, compared to 13% in the Czech

Republic, 13.6% in Austria, 20.8% in the UK and 11.4% in Denmark (UNICEF, 2012: 12).

Among Romanian children and youth, material deprivation has been linked especially to parents' levels of education, family size and parental paid work intensity, although perhaps less so than in the Czech republic for instance (see Table 3.9. below). Unlike in the rest of Europe, poverty and material deprivation are largely rural phenomena, not least due to the different income-generating activities of the urban and rural populations, respectively (see Graph 3.7. above). Self-employment, which in Romania most often translates into subsistence agriculture or precarious underemployment (Parlevliet and Xenogiani, 2008), is most common in rural areas, while employment is much more common in towns and cities. During the 2000's the urban-rural gap in poverty levels increased, as did income differentials (Raț, 2008). Similarly, child poverty and material deprivation affecting children is most common in the countryside (de Neubourg et al., 2012).

<i>% of children deprived of 1+ items</i>	Compulsory education at most⁵⁵	Tertiary and above	Little to no work	Full-time work	1 child in family	3+ children in family
<i>Romania</i>	92.4%	34.1%	96.4%	63.7%	54.3%	91.5%
<i>Czech Republic</i>	59.5%	1.5%	50.1%	4.4%	7%	21.6%
<i>Austria</i>	19.2%	1.9%	41.1%	1.8%	5.5%	16.4%
<i>UK</i>	19.3%	1.6%	13.3%	2.5%	3.3%	8.9%
<i>Denmark</i>	11.7%	1%	22.5%	0.4%	1.4%	7.1%

Table 3.9. Materially deprived children in different types of households in Romania in 2009 (EU-SILC data). **Source:** de Neubourg et al. (2012: 16).

Income inequalities have also been rising in Romania, particularly during the 2000's, during the years of economic growth, then declined somewhat after 2008.

⁵⁵ Lower secondary education at most. See Annex II for an outline of the Romanian education system.

Eurostat data reveal that the top-to-bottom quintile ratio of equivalised disposable income in Romania varied between 4.6 in 2003 and 6.2 in 2011, with a peak at 7.8 in 2007. In the EU, the corresponding value ranged between 4.9 and 5 over this period.

The effects of social transfers have also been comparatively limited over the years, particularly for low-income families, not least due to the differentiated generosity of Romanian social policy provisions for labour market insiders and outsiders, respectively (Ceramî and Stănescu, 2009). Between 2004 and 2007, for instance, social insurance transfers represented between 5-6% of the total disposable income of those in the bottom 10% of the income distribution, while the share of social insurance benefits in the total disposable income of the 9th decile stood at 22-25% (INS, 2006-2008).

The stability in child poverty rates and material deprivation should be understood in part as a symptom of Romania's sizeable Roma population, who are significantly over-represented among the poor and whose impoverishment and social exclusion have been driven by inherited socio-economic disadvantage, ongoing ethno-racial discrimination and structural factors affecting the working population more generally (Magyari et al., 2001; Bădescu et al., 2007a; Raţ, 2008: chapter 5). In 2005, the UNDP estimated that 67% of Romanian Roma were living on less than \$4.3 PPP/day as compared to 20% of non-Roma living in close proximity to Roma (Raţ, 2008). Roma are more likely to live in remote rural areas and in residentially segregated neighbourhoods with poor or inexistent public services (Bădescu et al., 2007a). In addition, a majority of the Roma were excluded from land reform in the

1990's (Verdery, 1996; Magyari et al., 2001) and possess, on average, significantly fewer assets than their non-Roma co-nationals. Moreover, Raț (2008: 126) reported that 60% of Romanian Roma were excluded from income-support programmes during the 2000's, while at the same time Roma recipients were over-represented among the recipients of the national social assistance programme since its inception. Roma children suffer from multiple forms of disadvantage, not least higher rates of material deprivation and poor educational and health outcomes (see Sandu, 2009; Ulrich, 2011).

As will be discussed in ample detail in Chapter 7, poverty and deprivation in the Romanian context are tightly linked to exclusion from the most generous childcare-related cash and time benefits, as well as high quality childcare services. This, in turn, has direct implications for the childcare options that parents from disadvantaged backgrounds can take into account and implement. In the context of sizeable income differentials between different types of households with young children, substantial differences in the generosity of different types of childcare benefits (insurance based versus universal ones) and the quality differentials of public childcare services, experiences of poverty and deprivation are likely linked to experiences of exclusion from the most generous and better quality childcare provisions. With wealthier families able to afford a greater diversity of higher quality care services – public *and* private –, poverty and deprivation should be seen as intimately linked to the polarisation of childcare options that impoverished, labour market outsider parents and their employed, better off peers have access to.

3.3.3. *Informalisation and “shadow processes of redistribution”*

A third outcome of state socialism’s shortage economy and the delay in economic reform in the Romanian context has been the expansion of informal economic transactions, or the “second”, “shadow” or “informal” economy (Rose, 1994; Neef and Stănculescu, 2002; Cook, 2007; European Commission, 2007; Parlevliet and Xenogiani, 2008). Participation in CEE second economies has been largely seen as a poverty escape strategy (Wallace, 2002; Pfau-Effinger, 2009: 84-89), households and families expanding in various ways their repertoire of income generating activities to be able to survive in an unpredictable, unstable economic context (Rose, 1994; Verdery, 1996: chapter 8; Mungiu-Pippidi et al., 2000; Stănculescu, 2002). In 1998 in Romania Stănculescu (2006) estimated that over 65% of the population was in some way participating in the shadow economy, with a large share active in subsistence agriculture.

However, participation in the Romanian shadow economy over the last two decades has not only affected large shares of the economically active population and perhaps intensified, but it has also been rather polarised (Parlevliet and Xenogiani 2008). On the one hand, the Romanian shadow economy is formed by undeclared waged work and other informal income-generating activities by individuals who cannot find a job in the (local) formal economy (Mungiu-Pippidi et al., 2000; Stănculescu, 2002). Unskilled workers, landless rural dwellers, skilled workers in depressed local economies have been mainly affected by this kind of informality, i.e. the working age population in Romania most exposed to poverty, deprivation and social exclusion. At the same time, however, there has been an increase in the shadow economy comprising highly skilled professionals and companies selling

sophisticated services and goods. Informality in their case has taken the form of formal employment combined with ‘envelope wages’, i.e. the under-reporting of real incomes and the totality of their economic activities, mainly driven by an attempt to reduce their tax burden and increase profits (Parlevliet and Xenogiani 2008). In a survey carried out by the European Commission (2007), 23% – the highest share of respondents within EU member states – stated they were receiving some part of their monthly pay ‘under the table’.

As Cook (2007) pointed out, the effects of informalisation in public social services and local informal economies drive “shadow processes of redistribution” in at least two ways. Firstly, participation in the informal economy – just as in the formal economy, in fact – requires certain skills and resources. Mungiu-Pippidi et al. (2000) and Stănculescu (2002) found that it was the more enterprising, the younger and the more skilled who were more inclined to participate in local shadow economies. Their more disadvantaged and less entrepreneurial peers remained inactive. Secondly, the informal economy comprises both highly sophisticated, high-profit activities, as well as basic, low value added transactions, with very different implications for the welfare of those engaging in these. Lack of regulation benefits high-earners, who often retain some degree of monopoly in their respective fields, because informality increases their profits and undermines the security and prospects of growth for those towards the bottom of the earnings distribution, who merely survive on the income generated by their informal economic transactions. In short, the most disadvantaged in the Romanian context have remained outside *any* form of income generation, while the structure of the informal economy produces

high returns for highly skilled, high earning individuals and barely survival for the rest.

In short, the informal economy, which in Romania has been seen to account for at least 21% of GDP in the late 2000's if not as much as 30-40% (European Commission, 2007; Parlevliet and Xenogiani 2008: 29), further contributes to polarising trends in income, but more importantly access to social welfare. The informal economy reinforces the differentiation of the grounds on which claims may be made in a residualising welfare state, and which draws very clear distinctions in terms of provision between “insured” and “uninsured” individuals.

3.4. Summary

The aim of this chapter has been to offer a discussion of the transformation of the Romanian post-socialist welfare state and outline some of the effects that the period of economic and political transformation since 1989 has had on households (in particular those with children). In doing so, the following seem to be the more essential aspects.

Romanian social policy changes, and in particular childcare policy provisions, have suffered from a variety of ills over the last two decades. Over time, eligibility to a variety of benefits in cash, time and in the form of services has become more restricted, whether in an explicit fashion or as a result of policy drifts. More importantly, eligibility has been restricted to different extents for different groups of parents, children and other groups of recipients. While “insured” individuals have

had access to relatively generous provisions for family support, uninsured families have relied on ungenerous cash transfers, whose effects in alleviating poverty and deprivation have been at the lower end within EU member states (UNICEF, 2012). In addition, the level of benefits overall has been relatively ungenerous (apart from the paid parental leave scheme), coupled with periods of benefit erosion. Finally, the Romanian welfare state has been reluctant to rely on more redistributive family support interventions, high quality childcare services in particular, instead favouring cheaper and less egalitarian childcare policy provisions, such as direct cash transfers.

The main outcome of Romania's post-socialist welfare state transformation has been the fast-paced polarisation of the population not only in terms of incomes, earnings capacity and assets, but especially in terms of the grounds on which state welfare may be claimed and accessed. Moreover, delayed regulation and proper implementation of social policy has generated further inequalities in the scope and quality of social welfare provisions different welfare recipients may have access to within the same public welfare system. Labour market outsiders, rural dwellers, the Roma and children represent some of the most disadvantaged and under-served groups of the Romanian welfare state. What is most striking, although shared by most CEE post-socialist governments, is the tolerance of inequality and differentiation in respect to the *basis* of making claims on state social welfare and the tolerance of inequality and differentiation in service provision within the same institutions of state welfare (Thomadakis, 2000; Magyari-Vincze, 2007; Raț, 2008).

Chapter 4. Methodological Issues: Design, Data Collection & Analysis

4.0. Introduction

The purpose of this chapter is to present the details of the study this thesis draws on and the way in which the primary data collected are analysed in later chapters. In doing so, the chapter outlines the different types of data relied upon, with a special focus on the component of the study which features informal carers, i.e. mothers, fathers and grandmothers. In section 4.1. justifications for a qualitative study are formulated, followed by a brief review of relevant literature the aim of which is to substantiate the focus of the study on particular groups of informal carers, identified in terms of the age of their youngest child, their own levels of education and the type of their locality of residence. Section 4.2. focuses on the particularities of the units of analysis, i.e. the households and individuals who participated in the study. This section also offers a discussion of the chosen approach to recruitment – a mediated opt-in method – and its implications for the study. The section is concluded by a brief account of interviewing procedures, guided by ethical considerations in conducting fieldwork. Section 4.3. formulates some reflections on the strengths and limitations of the study both as regards its design and the data actually collected. Finally, section 4.4. provides a discussion of the different stages of the data analysis process on which the empirical chapters draw on.

4.1. The research design

4.1.1. Preliminary considerations

The focus of the present study is represented by the daily organisation of childcare, in particular the different care arrangements children enjoyed in the course of a usual weekday and the ways in which different factors – policy-related and other – might have shaped the decisions underpinning these arrangements. The understanding of childcare as all the care-giving work, both emotional and physical, that different carers – including parents⁵⁶ – perform both in the home and in other places, unpaid or for pay, informally or professionally, on a regular basis or irregularly in attempting to secure the well-being of the cared-for child would justify the inclusion of all carers in the analysis (be they family members or not) (Hochschild, 1989; David et al., 1994). However, given the interest among others in the decision-making process regarding childcare arrangements, paid carers are excluded *a priori* given the minimal role they might play in decisions around childcare arrangements. At the same time, childcare arrangements should be seen not as a nuclear family issue, but an aspect affecting the household and its management, potentially including members of the extended family and others, as well (Wallace, 2002; Wheelock et al., 2003)⁵⁷.

⁵⁶ In the British literature on conceptualisations of caring and childcare, “carers” have been understood to be individuals caring for children and adult who are “ill, physically disabled or have severe learning difficulties, together with those caring for frail older people” (see Graham, 1991: 62). In this study, however, carers are especially those who provide routine care to young children irrespective of their health status, indeed children most often perfectly healthy.

⁵⁷ There are further arguments for making the distinction between family and household. This should be considered not least because the household may be home to non-family members, e.g. au pairs, or members of the nuclear family may not be part of the household as an economic unit, e.g. as a result of economic migration or separation/divorce.

4.1.2. *The choice of data to be collected*

There are two different types of data collected:

i). **In-depth (qualitative) interviews** with informal carers⁵⁸ involved in the childcare of 37 selected young children in as many different households, but typically two carers in each household. The interviews focused on the factors shaping the childcare arrangements, reflections over the arrangements themselves, reflections over the decision-making processes on which the arrangements were predicated on, questions regarding households' informal support networks and access to a variety of different childcare policy provisions (in cash, in time and through services).

The in-depth interview as data collection method was chosen as the most suitable form of eliciting information about these issues mostly because what is of interest in this thesis are *individual-* and *household-level* process to do with the making of care arrangements (see Hennink et al., 2011). While focus group discussions are generically used to elicit information, perspectives, experiences of a more or less internally homogenous *group* of people, favouring commonalities rather than differences in individuals' experiences, in-depth interviewing has been deemed better suited to permit insights into the variation that might exist in relation to a particular experience, process etc. among different individuals. In-depth interviewing, then, is agreed to be much better suited to capture individual- or household level specificities and context than focus group discussions (Hennink et al. 2011), although scholars from the positivist tradition have seen in-depth

⁵⁸ The choice for the two principal carers is a trade off. Initially I considered interviewing *all* informal carers, i.e. anyone who spends time alone with the child on a regular or irregular basis. However, this would push up the number of interviews, affecting the number of household I could have access to.

interviewing inferior to observation (see Becker and Geer, 2004). However, due to the interest of the study in the *rationales* or thought processes individual carers formulate and express in explaining their choices for particular care arrangements – though process which would likely be invisible to observers –, the elicitation of individual narratives seems of paramount importance.

The two carers in each household were chosen based on the amount of care (in terms of time) they provided on their own on a regular basis (during weekdays and the working week) and the degree to which they were involved in the decision-making regarding childcare arrangements (the most involved two informal carers were involved in the study in each household)⁵⁹. The reasons for opting to talk to two informal carers in every household may be justified by the following considerations. Firstly, as highlighted in Chapter 2, the different analytic models put forth by scholars explaining women's decisions around paid work and childcare have focused overwhelmingly on the individual and have at most marginally touched on household-level dynamics that might intervene in shaping decisions underpinning childcare arrangements. By including two adults in each household in the study, it is possible to ask the question whether household-level negotiation (and decision-making) in relation to childcare is influential or not in shaping the particularities of the observable care arrangements (see Finch and Mason, 1993).

Secondly, much of the literature focusing on the sociology of childcare has relied on single accounts per household, usually those of mothers (for exceptions see Hochschild, 1989; 1997; Ehrenberg et al., 2001; Gjerdingen and Center, 2005).

⁵⁹ This criterion of selection did not preclude lone parent households as childcare arrangements were expected to also involve other individuals on an informal basis other than the parent. This proved indeed true in the three lone parent households in the study.

Fathers as informants of empirical research on the daily organisation of childcare have been involved either incidentally, as parents in a generic sense (Baldock and Hadlow, 2004; Bowes et al., 2004; Forsberg, 2009), or separately (see for instance Hobson, 2002; Fägerskiöld, 2008; Sullivan, 2010; Anttonen and Zechner, 2011: 22-24). Frequently, this body of scholarly work simply excludes fathers' narratives (for exceptions see Hochschild, 1989, 1997). In order to 'give voice' (see Rapley, 2007: 25; Morris, 2009) to fathers in particular and other informal carers, two interviews within each household were seen as an effective means to ensure paternal participation alongside that of mothers in the study.

A third argument for the two interviews is that more information regarding childcare arrangements and their making would be obtained through two accounts, more readily supporting 'thick description' (see Hennink et al., 2011: 238-243). Fourthly, the inclusion of two interviews per household is, in the light of similar research, a methodological innovation, even if not unprecedented, which may raise theoretical discussions about the merits and weaknesses of such qualitative models.

ii). **Legal provisions** in force especially in 2010 (time of fieldwork) at national level pertaining to childcare-related benefits in cash, in kind, in time and childcare services⁶⁰.

⁶⁰ Romania has retained its centralised administrative organisation, a legacy of the socialist political past. Legal provisions adopted by Parliament are applicable nationally, in particular benefits with a cash component, the budgets of which are set centrally and benefits are paid out locally without local authorities' financial contributions. No additional local measures aimed at assisting families with young children were found to be implemented locally based on parental narratives and informal discussions with social workers in each of the research localities. For a full list of legal provisions consulted, see Annex I.

As mentioned earlier, the design of this study is qualitative. The two main reasons for adopting a qualitative design have to do with the nature of the research questions and with logistic considerations. The research questions teased out in Chapter 2 are the following:

- 1). What childcare arrangements do households make for the care of their preschool aged children?
- 2). How do members of households, notably parents, decide on their young children's routine care arrangements and what factors shape this decision-making process?
- 3). In what ways, if at all, do childcare policy provisions matter to parents' decisions underpinning their preschool aged children's routine care arrangements?
- 4). Through what decision-making process(es) do parents of young children arrive at particular childcare arrangements and how do they manage conflicting perceptions, if these exist, about their children's care needs in this process?

Considering the small-scale, qualitative design of the study, detailed in sub-section 4.1.3. below, these research questions may be best reformulated as follows:

- i. What childcare arrangements did the households in the study make for the care of their preschool aged children on typical weekdays?
- ii. How did parents and other familial carers in this study decide on their preschool aged children's care arrangements and what factors shaped their decisions?
- iii. In what ways, if at all, did childcare policy provisions matter to parents' (and other familial carers') decisions underpinning their young children's routine care arrangements?

iv. Through what decision-making process(es) did parents in the study arrive at their care arrangements and how did they manage conflicting perceptions, if these existed, about their children's care needs in this process?

The first and fourth research questions elicit intellectual preoccupations to do with *what* is happening and *how* in households with young children in terms of daily childcare arrangements and in terms of decisions-making dynamics around those arrangements. In essence, these two concerns in the study necessitate exploration and detailed mapping of childcare arrangements in urban and rural Romanian families and of the negotiation and decision-making processes that underpin these arrangements. As many textbooks of social science research reiterate, qualitative designs are by their very nature better equipped to delve into previously understudied social phenomena in great depth (Seale, 1999; Fontana and Frey, 2003; Hennink et al., 2011).

At the same time, however, qualitative work has been used in various disciplines to also study *why* things are happening the way they are, in other words outline possible causal mechanisms lying at the heart of social phenomena (Seale, 1999). The second and third research questions, raising a theoretical concern regarding the potential role of childcare policies in shaping households' care routines, may then also be answered using qualitative data and appropriate analytic tools to theorise possible causal mechanisms featuring (or not) childcare policy provisions in cash, time, services or other forms.

There is also a logistic consideration underpinning the qualitative design of the study. In the context of the lack of statistical data regarding childcare arrangements across Romanian households, such data would need to be collected. The prohibitive costs and time investment required by a nationally representative sample of households with young children would make the prospects of a mixed method study or an essentially quantitative study highly unlikely. In many ways, the qualitative design proposed here permits the realisation of a high quality, ground-breaking study focusing on the daily lives of Romanian urban and rural families with young children and the complexities surrounding their childcare arrangements.

4.1.3. The sampling of households and informal carers

Households where the youngest child was between one and five years at the time of the interviews were selected. The justification for selecting households using the age of the youngest child is to avoid situations where the observed child's care arrangement was a proxy for another child's arrangement (e.g. for instance an older child's full-time maternal care explained by the childcare arrangement for an infant, younger sibling). The justification for this age group is given by the fact that ages two and three are objectively speaking possible transition points for childcare arrangements in Romania as the maximum duration of statutory paid parental leave in 2010 was the child's second birthday and three was the minimum age for starting kindergarten (see also Chapters 3 and 7). Age five has been chosen as a cut-off point because the ratio of children in kindergarten and children not in kindergarten was rather after this age nationally over the last decade (Bilț et al., 2010: 14). In other words, transitions from mixes of home-based care to a mix of formal and home-based care are most likely to occur before children reach the age of five.

As indicated above, interviews were conducted with those two familial carers of the youngest child in each household who spent most time alone with the child on a regular basis while the child was awake or asleep during the day: parents and grandmothers. If no second carer was pointed out, the second interview was requested from another adult in the household who was involved in the decision-making regarding childcare arrangements (based on the account of the primary carer).

The study furthers research along the urban-rural divide, informed by the little research carried out so far in Western European states in connection to childcare in rural areas. The existing body of literature has found that on the one hand, locality imposes a particular set of “structural” constraints on people’s lives and – hence – childcare arrangements. These constraints have been seen to range from the nature of local labour and childcare markets, the types of neighbourhoods and the ways in which public provision in the realm of childcare is actually implemented (Duncan and Edwards, 1999; Halliday and Little, 2001; Bock, 2004; Bowes et al., 2004; Kremer, 2007: chapter 7). Empirical data reviewed by current research in Western welfare states mostly indicate within country variation between rural and urban localities in the use of formal (group) childcare and group-based family day care in Denmark and Flanders (see Kremer, 2007). Halliday and Little (2001) in the UK and Katras et al. (2004) in the US also found that rural communities had a higher incidence of family-based informal care than urban households, although in the UK dual-earner rural families with young children were as likely to use formal group-based childcare as their urban-dwelling peers. Not the same may be said of rural

dual-earner families in the US though (Kremer, 2007). The culprit in all these cases seems to be the more lacklustre supply of formal, group-based childcare, in particular public or, as in Denmark and Flanders, family-based group care due to the low concentration of children, which would make public formal, group-based care very costly for rural communities. In addition, however, the entire childcare market is less diversified in rural settings than in towns and cities. In short, the more limited and less diversified supply of childcare in rural areas has been seen as chiefly responsible for a higher incidence of familial childcare arrangements in rural households with small children in advanced welfare states.

At the same time, locality has been found to be associated with particular “cultures and discourses” of (lone) motherhood and paid work, shaping the ‘moral’ environment within which individual mothers and fathers negotiate their own ideas about and practices of childcare (Duncan and Edwards, 1999; Halliday and Little, 2001; Himmelweit, 2002; Williams, 2004). Rural and urban areas are likely to differ in the prevalence of the ‘primarily mother’ or ‘primarily worker’ gendered moral rationalities not only amongst primary carers (especially mothers), but also at community level. The larger rural communities are and the closer they are to urban centres, the greater the likelihood that alternative moral rationalities are held and acted upon. At the same time, the self-evident nature of a ‘primarily mother’ moral rationality, particularly amongst mothers, is likely to decline with the growing size of communities.

When comparing rural and urban households with young children and their childcare arrangements, what stands out is also the qualitative difference between

the composition and role of informal networks. In rural areas with underdeveloped public childcare services, these networks are central to one's social life and double as one's childcare 'safety net' when parents are at work; in urban areas with limited formal childcare provision informal networks form the backbone of one's social life, but tend *not* to double as childcare supply (especially for young children) except in emergency situations at best. In urban areas with high supplies of formal childcare informal networks tend to be marginal in the daily configuration of childcare and are coupled mostly with parental childcare (see also Gillies, 2008). What also seems to stand out when comparing rural and urban households with economically active parents and young children is the *durability* not only of the (informal) childcare supply, but also the stability of employment histories. Although often engaged in low-skill, routine or manual jobs (Halliday and Little, 2001; Katras et al., 2004), rural primary carers tend to be more connected to their jobs than in comparable positions in urban settings. And while childcare options and employment opportunities are highly limited in rural areas by comparison (Bock, 2004), employment and childcare arrangements may be more stable and durable than in urban settings due to the stability and durability of social relations⁶¹.

In order to permit comparisons between urban and rural households, respectively, and the childcare arrangements that were made in these two different types of localities, comparable shares of urban and rural households were recruited in the study: 21 in one urban area and 16 in two rural localities (see also Chart 4.1. below).

⁶¹ The extent to which the stability of care arrangements remains to be investigated across the board. For instance Bowes et al. (2004) found no differences in their sample of close to 400 urban and rural Australian families with children under age three as regards the *stability* of care arrangements, while studies in the UK found greater stability in care arrangement (Halliday and Little, 2001).

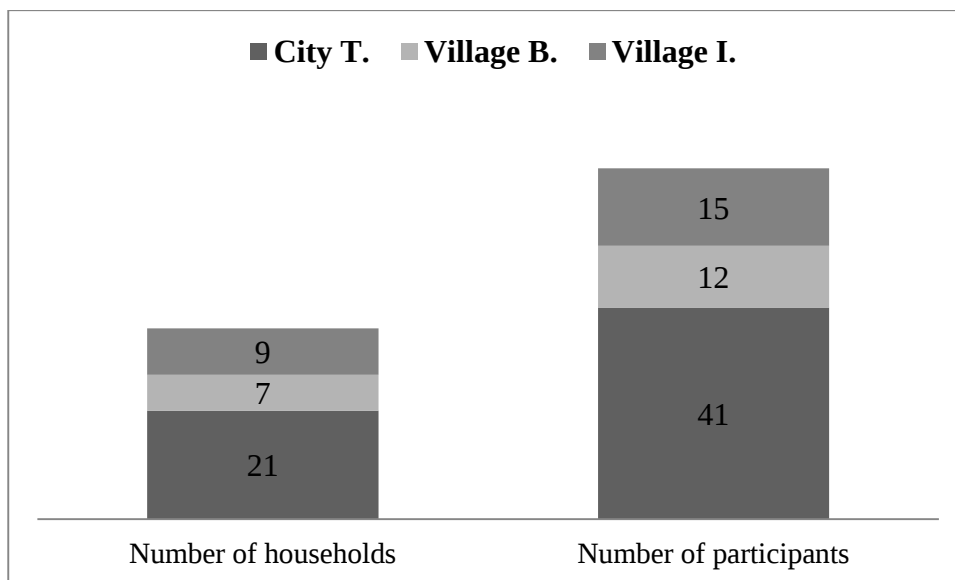


Chart 4.1. The distribution of urban and rural households and interviewees in the study sample.

The three sites for research were the capital city of a county situated in the central region of the country and two rural localities at a shorter and longer distance from this city, respectively. The chosen county was singled out as the research site for its demographic profile based on 2002 census data: the size of the population of the county (rank 14 of 41), a 1:1 ratio of the urban and rural populations at county level, the same ratio of urban and rural households as in the study, respectively; the size of the capital city (close to 150,000 inhabitants), in the top third among the capital cities across the country (INSSE, 2003; Mihalache, 2010). The city (shortened to its initial, T.) is by far the largest urban settlement in the county, followed by other four towns with under 50,000 inhabitants each. The closer rural settlement, village B., is a locality of over 6,000 inhabitants, 30 km away, with a sizeable impoverished, ghettoised Roma community. Village I., the other rural settlement, is similar in size to B., but further away from the city (30 km away from the nearest small town and 60 km away from T.), and is richer and ethnically much less diverse.

The following criteria were used to select a diversity of children and the households they lived in for participation in the study in addition to the criteria indicated above, i.e. the youngest child's age and the type of the locality of residence (urban or rural). Parents' level of education in each household was an additional selection criterion. Three different categories of educational level were established *a priori* for the purposes of this study: little educated parents (ranging from no formal education to 10 grades of schooling, i.e. compulsory education or vocational training; ISCED 0-2); parents with medium levels of education (at least complete secondary education and at the most post-secondary, non-tertiary training; ISCED 3-4); and highly educated parents (at least a university degree or higher; ISCED 5-6) (see Annex II for an outline of the Romanian educational system) (Bowes et al., 2004; Debacker, 2008; Rostgaard et al., 2011). The distribution of households according to parents' levels of education in the study was the following (see Chart 4.2. below):

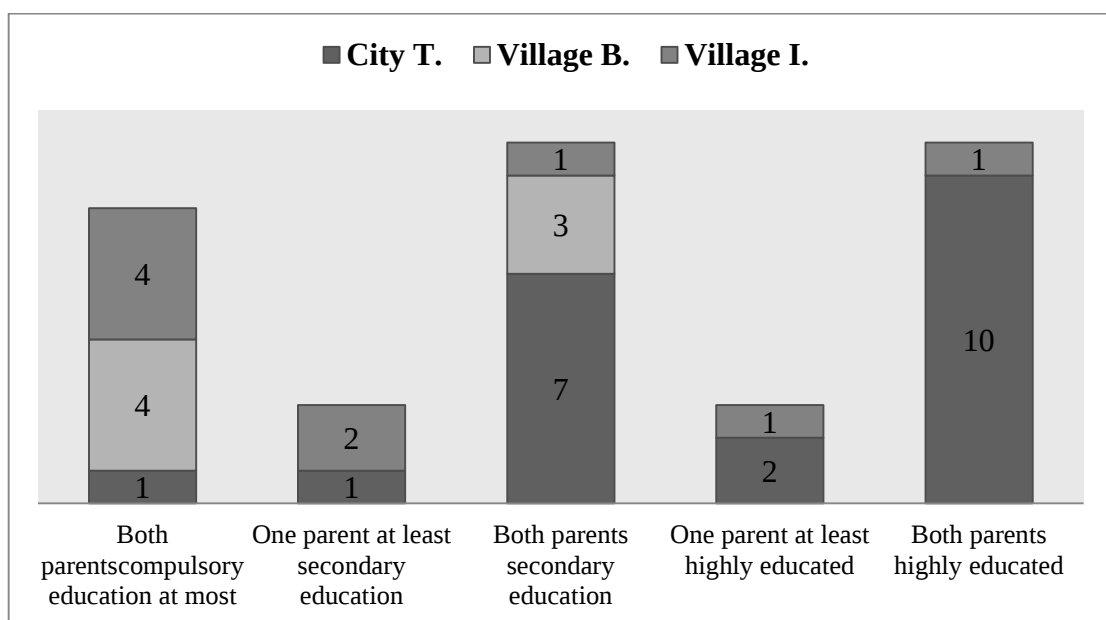


Chart 4.2. The distribution of households based on parents' levels of education according to locality.

Why and how have parental levels of education been seen to matter to childcare arrangements?

In advanced welfare states, parents' levels of education and occupations, although not so much income levels⁶², have been associated with particular childcare arrangements (Duncan and Edwards, 1999; Duncan et al., 2003; Himmelweit, 2002; Debacker, 2008; Gillies, 2008, 2009; Fram and Kim, 2008; Stefansen and Farstad, 2010; Sullivan, 2010; Lareau, 2011). Research in the US has shown that for children under age three home-based care remained most common. But while highly skilled, professional mothers delegated it by purchasing it, low-skilled, manual worker parents relied on the informal, unpaid care of relatives and friends or provided childcare during the early years themselves (Hochschild, 1989; 1997; Lewis, 2003; Fram and Kim, 2008). In the context of the London metropolitan area, Braun et al. (2008) found that in the early years, less educated working mothers were more inclined to use formal group settings for childcare – i.e. nursery – than their better educated middle class peers, who tended to rely on paid home-based care: nannies, babysitters etc. For preschool aged children, however, this divide reversed. A similar story was revealed for Hong Kong by Tam (2001). In Flanders, the Netherlands and in Britain during the New Labour governments, formal, professional childcare was more commonly used by well educated parents (Kremer, 2007; Braun et al., 2008; Debacker, 2008). For Flanders – based on 2005 survey data – Debacker (2008) pointed out that the profile of households where maternal

⁶² While most studies reviewed here have found fewer and/or weaker associations between parental income levels and childcare arrangements than between parental levels of education or prestige of parents' occupations and care solutions, some authors do mention income to be the most influential demographic indicator to be related to differences in care arrangements at household level (see especially Peyton et al., 2001: 192).

full-time paid work was coupled with formal childcare was a small, nuclear family with children older than three, a highly trained mother or a medium-skilled mother with egalitarian preferences coupled with egalitarian fathers. In turn, unskilled women hardly ever found themselves in full-time paid work and using formal childcare. This means that less educated women on the continent were more likely to rely on informal arrangements for the care of their children of preschool age: in Flanders this often meant maternal or – when mothers were in paid work – grandparental childcare (Kremer, 2007; Debacker, 2008). In the Netherlands parents in more routine and manual occupations tended to opt for (unregistered!) childminders as intergenerational care – as in Denmark – has been historically resisted both in practice and policy (Kremer, 2007).

In contrast, Lokshin and Fong (2004) reported a different story for Romania at the end of the 1990's. The authors found that women with at least compulsory education (eight+ years of schooling at that time) were less likely to be in paid work and send their children to crèches or kindergartens than their elementary school educated peers (four years of schooling). The reason for this might have been the fact that maternal childcare was seen as better than care and education provided in public institutions and could be more readily afforded than in households where parents had only elementary school education. At the same time, however, women with possibilities of higher earnings were more likely to be found in paid work than their peers who could expect inferior earnings (Lokshin and Fong, 2004).

Research has also revealed that fathers' caring also differs along lines of educational levels, although not as starkly as among mothers with different levels of

education (Sullivan, 2010). It has been a recurring finding that parental sharing is more common in better educated couples and where the women are in professional, career jobs (Hochschild, 1989; Larsen, 2004; Crompton and Lyonette, 2006; Sullivan, 2010). Hochschild (1989, 1997) explained that the reason for parental sharing might be a direct result of women's demands from and pressure on their partners: women sometimes take up employment to force their partners to play an active role in household work and especially childcare. Nevertheless, it is notable that a minority of fathers – irrespective of their levels of education – were involved parents (Hochschild, 1989; 1997). Other research found that less educated fathers may be quite substantially involved in all forms of childcare, similar to their better educated peers (Sullivan, 2010). This is frequently the case when both parents in a nuclear household work complementary shifts and share childcare during their respective times off (see Larsen, 2004) or when less educated fathers are jobless for periods of time (La Valle et al., 2002). What is most interesting in Sullivan's (2010) findings regarding over time changes in fathering in the UK and US is that the *rates of increase* in fathers' childcare differ for different educational groups, likely signalling different causal mechanisms explaining greater father involvement in childcare across the different educational groups over time.

In short, levels of education have been associated with different patterns in the types of childcare used in Western welfare states in the following ways. Firstly, little educated, working class women across the board in manual or routine occupations tend to rely significantly more on informal care arrangements when in paid work than their professional peers (not least because the latter often do not have informal networks available close by), who tend to make use of home-based

paid care more readily. Secondly, less educated women with children tend to have patchier employment records and are more likely to make use of prolonged care leaves than their professional peers. As a result, they are more likely to spend more time caring for their preschool aged children themselves. Strong and more sustained attachment to paid work is the experience of well-educated, professional women and men in career positions, whose childcare arrangements reflect a greater reliance on non-parental care, informal or formal, in many advanced economies. Thirdly, childcare tends to be more equally divided in highly skilled couples on a routine basis, although household chores tend to remain mostly female-dominated irrespective of educational attainment levels.

4.2. The primary data: in-depth interviews with familial carers

4.2.1. Accounting for the outcomes of fieldwork

The units of analysis

Unlike in many other studies focusing on childcare arrangements, there are two units of analysis in the present one. Households where interviews were carried out represent one unit of analysis. In total, members of 37 households took part in the study: mothers, fathers and grandmothers. At the same time, however, individual participants were also units of analysis. 68 in-depth interviews were carried out in total (see Chart 4.1. above). In 32 households two interviews each were carried out. In the remaining five households interviews were conducted only with the mother (in one case, the child's legal guardian, his paternal grandmother) due to another familial carer's lack of availability or lack of desire to participate in the study.

The recruitment of participating households

A variety of means for accessing households with children between one⁶³ and five were employed, depending on the local context and the time of recruitment. In terms of the recruitment strategy, an essentially opt-in (rather than an ‘opt-out’) model was used to find households for the study. Opt-out strategies are the ones where a list of possible participants is generated and each one is contacted via a letter or a telephone call and asked to *state lack of desire to participate*. Those who fail to respond are contacted again and their consent to participate asked for once more. Opt-in strategies, on the other hand, encompass recruitment designs where an initial list of potential participants are contacted and asked to *express their desire to participate*. Recruitment hinges, therefore, on future participants’ positive responses to an invitation to participate. While in opt-out scenarios consent to be contacted for the purposes of the research is given by *no reply*, in opt-in designs consent to be contacted is given expressly, through a positive answer (Milne and Rohm, 2000; Junghans et al., 2005; April, 2010).

As Junghans et al. (2005) found in their randomised controlled trial of opt-in and opt-out recruitment methods, the opt-in strategy not only yielded lower response rates among potential participants, but also revealed some bias in their composition as a group. Opt-in strategies, because they require effort on behalf of desiring participants to signal their wish to participate, inadvertently exclude individuals who might want to take part, but do not get in touch for some reason. In other words, because the burden is on potential participants to signal desire to take part, they may end up excluded. This leads to the second problem of opt-in methods,

⁶³ As indicated later in the chapter, this threshold was understood in a more flexible way than initially intended.

which is self-selection bias: opt-in recruitment strategies tend to result in a sample of individuals who are often atypical in many ways from the rest of the sample.

In spite of these weaknesses, the reasons for using an essentially opt-in recruitment strategy are multiple. In practical terms it would have been very difficult to establish an initial list of all families of interest in order to attempt an opt-out strategy. Firstly, such a list of families was out of reach because its compilation would have required the cooperation of a vast number of public institutions (crèches, kindergartens and local authorities' staff). These represent multiple potential veto points and implicit time sacrifices. Secondly, in some cases accessing personal files would have implied the violation of the legally binding rules of confidentiality that govern the activities of crèche and kindergarten staff and in particular that of social workers in Mayor's Offices. Thirdly, the ethical procedures approved for the study prevented the accessing and use of personal information without the consent of potential participants.

In addition to these pragmatic reasons, there are a series of ethical arguments in favour of opt-in methods. As Milne and Rohm (2000) pointed out, opt-out strategies tend to sit uncomfortably with the issue of personal privacy due to the fact that personal information is accessed and used in preparation for research without potential participants' explicit knowledge. Junghans et al. (2005) made the case for opt-out strategies, at least in clinical research, at the expense of 'infringement over personal autonomy' using two arguments of the pragmatic sort. One, that the use of personal information unbeknownst to potential participants had not been demonstrated to have harmful effects on these individuals, therefore ethical

concerns over personal autonomy should have been of no consideration. Two, that opt-out recruitment strategies yielded higher participation rates, which means that resources invested in research were more efficiently used and self-selection bias was minimised, making studies more rigorous. In discussing screening for HIV, April (2010) argued for opt-out recruitment methods by drawing on what he referred to as libertarian paternalistic arguments. In essence, he argued that it was best for potential HIV-infected individuals if there was opt-out screening in place because this (unlike opt-in screening) was best able to ensure early treatment if necessary and, implicitly, positive effects on the quantity and quality of life in the years to live. Interestingly, however, while Milne and Rohm (2000) found explicit preference for opt-in recruitment methods among subjects in their study focusing on market research, Junghans et al. (2005) did not record perceptions of opt-in or opt-out recruitment methods in their study with patients of angina.

Participation in this study had no implications for participants' quantity and quality of life and, as a result, one would find it difficult to justify an opt-out approach to recruitment. The economic efficiency argument put forth by Junghans et al. (2005) was somewhat misplaced, as well, as the costs of the study were low not least because participants were not compensated for their participation (see below) and because the study was small scale. Thirdly, it is unclear to what extent a significantly more laborious opt-out recruitment strategy might have yielded a larger or less biased sample of participants given that participating households were selected in such a way as to comply with the selection criteria established in the design. In addition, given that the study has a qualitative approach and is not aimed

to be representative of a larger population, self-selection bias was not a methodological concern.

The participating households

As already described, households in the study were chosen according to a variety of criteria (see sub-section 4.1.3.). The urban/rural differences were captured through the inclusion of comparable shares of urban and rural households – 21 urban and 16 rural ones – and a less matched number of informal carer interviews within these households – 41 in urban households and 27 in rural ones –, respectively (see Chart 4.1. above). In these households, the age of the youngest child at the time of interviewing ranged from ten months to just above five years. Most children (21 of 37) did not attend kindergarten at the time of the interviews, although in seven households they were being prepared to start kindergarten in the autumn of 2010. In four of the 20 households where children were not yet of preschool age, parents (exclusively little educated, severely impoverished and incidentally Roma) did not anticipate using preschool services later on as none of their older children attended kindergarten either.

Parental level of education was another selection criterion. The distribution of households based on this criterion was roughly even: in nine households both parents were little educated, in 14 both parents had medium levels of education and in 11 families both parents were highly educated. In the remaining six families parents had differing educational attainment levels (see Chart 4.2. above). The most varied group of parents in terms of levels of education attained was that of little educated parents. This group encompassed parents with a few years of formal

education or illiterate, as well as parents with completed compulsory education (ten years of schooling). (For further details about the sample of households, see Annex III.)

The participating informal carers

A key criterion in the selection of participating households was the availability of two carers for two separate in-depth interviews. Who these two individuals would be was a decision made by members of the household upon their agreement to participate in the study. In most cases, the contact persons were the mothers (with the exception of six families) and, as it turned out, they were also the ones who decided who the second interviewed person in the household should be. In many cases this person was the spouse, but in at least two cases fathers were purposefully excluded from participating by the mothers although their caring responsibilities were more substantial than that of the grandmothers and the design would have ideally necessitated their participation. In all households one interview was with the mother of the child/ren⁶⁴. In addition to the 37 mothers (or grandmothers acting as children's mothers), 24 fathers also took part in the study, leading to a somewhat skewed distribution of respondents based on gender. (For more details about the participants in the study, see Annex IV.)

Interviewing-related issues

Participants were recruited in a variety of ways: through letters, personal contacting as a result of snowballing or reliance on local recommendations. With the exception of some illiterate parents who refused them, all interviewees were given

⁶⁴ In two cases, the paternal grandmothers were the de facto primary carers of the children. Not only did they act as the children's mothers, but also talked of their caring as (surrogate) mothering, so were assimilated into the category 'mother'.

introduction letters on University of Oxford letterhead paper and business cards with my and my academic supervisor's contact details.

As many textbooks on interviewing agree (Oakley, 2004; Rapley, 2007; Hennink et al., 2011), the location of interviews may be important to their outcomes because potential audiences (e.g. other family members) may influence how interviewees express themselves and also what they actually decide to reveal. A vast majority of interviews with informal carers were carried out in their or their extended families' homes at my suggestion.

Two considerations underpinned the timing and ordering of interviews: the minimisation of possible contamination between same-household interviews and the desired to get as "uncensored" an answers from all interviewees as possible. In order to minimise potential contamination between the interviews in the same households, they were to be carried out one after the other, on the same day. In nine cases (not including the incomplete households, where only one interview each was carried out), the two interviews took place on separate, usually subsequent days due to carers' time pressures. In terms of the sequencing of interviews, it was decided that so-called secondary carers – fathers or grandmothers – would be interviewed first, although in eight households this order had to be reversed for a variety of reasons. The reason for talking to fathers (and grandmothers) first was justified by the desire to counter the potentially hindering effects arising from the likely perceived gender affinities between the mothers and myself (see Rapley, 2007: 19). In short, there was an attempt to indicate through interview sequencing the equal interest in fathers' (and grandmothers') narratives by talking to them first, without

having been ‘filled in’ by the mother with whom greater affinities might have existed⁶⁵.

Another measure to minimise the potential of contamination between the two interviews in the households was the conducting of the discussions in private, although this was not realised in all circumstances. In the case of ten of the 68 interviews, spouses were within earshot while conducting the interviews and in six cases they got involved in their spouses’ narratives⁶⁶. The reasons for opting for interviews in private, rather than for instance one joint interview with the two informal carers, were multiple. Firstly, the study poses interest in understanding men’s (fathers’) and women’s (mothers’ and grandmothers’) distinct narratives regarding the daily routines of childcare, the justifications for the care arrangements in place, the array of childcare-related benefits the households had access to and the ways in which its members reflected over these. This required distinct narratives from individual carers, which were probably least “censored” if carried out in private. Furthermore, the interest of the study in the dynamic of negotiation and decision-making within households concerning childcare, probably better captured in joint interviews, did not justify carrying out interviews in this fashion *in addition* to the individual carer interviews in the households.

⁶⁵ This concern ties into a broader preoccupation with the position of the researcher in the data collection phase (Hennink et al., 2011). In short, the assumption is that the identity of the researcher that is perceived by interviewees shapes the encounters and, thus, the exchanges that the interviews are inevitably contexts for.

⁶⁶ In most cases I tolerated spouses’ presence, but aimed to minimise their interventions through body language (not making eye contact, not changing my physical position) and verbal cues aimed to suggest their interjections were not of interest (not reflecting, reacting to their comments, returning to previous comments of the participant in focus). In one case only did I explicitly ask a father to withhold his opinions while I was talking to his wife until later, when we would talk about the same issues together. In most cases, spouses got bored after a while and left.

Interviews were carried out in two languages: 37 in Romanian, 30 in Hungarian and one in both⁶⁷. The choice of language for the interviews was in most cases self-evident with the exception of families where Romani was also spoken (especially in village B.'s Roma neighbourhood). In encounters with interviewees who identified themselves as Roma, the interviews were carried out in the language of their choice – Romanian or Hungarian. It is interesting to note that a majority of families who opted to participate in the study in the city were Hungarian-speaking: 15 versus six Romanian-speaking families. With the exception of two interviews in Hungarian, carried out in village B., all interviews in the countryside were in Romanian. It is to be noted that the Romanian-Hungarian language⁶⁸ divide – unlike the Romanian-Romani language divide, for instance – has not been known to be closely associated with consistent differences in socio-economic indicators⁶⁹.

Piloting and the interview guide

The first four interviews in the first two households were carried out as pilots and only the latter two were included in the data analysis process. The piloting exercise was hoped to deliver three different things. Firstly, there was an attempt to test the validity of concepts, in other words to check whether the concepts used in the topic guide elicited responses to issues I was interested to find out by referring to those concepts (Seale, 1999; Hennink et al., 2011). I found that for illiterate and some

⁶⁷ My name and first language are both Hungarian, but am fluent and lack a foreign accent in Romanian, as well.

⁶⁸ The Romanian census of 2002 uses ethnicity rather than first language as a criterion for disaggregation. The 2000 Ethnobarometer revealed that over 75% of Hungarian ethnics in Romania indicated language as the key identifier of ethnic identity (EDRC, 2000; Soreanu, 2005: 79).

⁶⁹ 2002 census data revealed that at aggregate levels ethnic Romanians and Hungarians were comparable in terms of educational attainment: 65% of Romanians and 71% of Hungarians had secondary or post-secondary degrees; 7% of Romanians and 5% of Hungarians had completed tertiary education; and 2.1% of Romanians and 1.4% of Hungarians were illiterate. The distribution of households in terms of the number of persons they include, headed by Romanian and Hungarian individuals, respectively, is also very similar (INSSE, 2003).

little educated parents some questions had to be reformulated, other issues simply dropped because they could have been misconstrued as insensitivity (e.g. asking severely impoverished parents having difficulty feeding and dressing their children why they would not delegate childcare responsibilities to paid carers).

Tightly linked to this, there was also an attempt to gauge how respondents thought about the various issues in the topic guide, i.e. to what extent they attributed relevance and importance to the issues brought into discussion, how they regarded them more generally in the broader context of children's upbringing, what issues might have been important to them, but not covered in the topic guide etc. In short, a second goal was to check whether the participants and myself were "on the same page" in terms of the relevance and importance of the issues discussed. A recurrent issue not covered by the topic guide, but clearly of great importance to a vast majority of familial carers in the study was access to healthcare during the early years. As a direct consequence of the recurrence of this issue in parents' narratives especially, in later interviews I also incorporated questions about parents' experiences with the healthcare system and the importance that health-related issues might have played in parents' making childcare-related decisions.

Thirdly, the pilots were aimed at checking whether the different components might have led to the repetition of certain issues, i.e. whether topic overlaps might have existed. Finally, given upper limits on the duration of interviews, the pilots wished to test the duration of interviews when all items on the topic guide were covered.

Based on the first two interviews, a modified version of the topic guide was used in the second pair of interviews and, after the first four interviews, modifications were made towards shortening it and refining some of the questions, i.e. enhancing validity by eliciting more detail. Over time, the topic guide underwent a series of other, minor modifications, mostly in line with earlier validity-related changes. According to some theorists of qualitative research, this disposition for perpetual adaptation is part of carrying out qualitative work because this mode of social enquiry is “both flexible and sensitive to the social context in which data are produced (rather than rigidly standardized or structured, or entirely abstracted from ‘real-life’ contexts).” (Mason, 2002: 3-4). The explorative and inherently flexible nature of qualitative work makes the instrument of data collection, as well as other components of the research design, say the diversity of respondents, subject to constant review and, likely, the object of alterations, adaptations and change (Seale, 1999; Mason, 2002: 24; Robson, 2002: chapter 4; Rapley, 2007).

4.2.2. Ethical considerations in the process of interviewing carers

The study raised a series of ethical concerns, some of them highlighted earlier. In order to avoid the use of personal data without the knowledge of parents – obtainable from kindergarten or crèche management or other public bodies – a mediated opt-in recruitment method was favoured. Participating households were contacted via telephone and appointments sought in such a way as to minimise the potentially disruptive effects of my visit. Those who were unable to offer times for appointment were excluded from the study after three attempts and informed about this. Participants were asked to pick a place for the interview most convenient for

them, although in some cases I suggested that the interviews take place in their homes.

Before each interview participants were requested to fill out two copies of the consent form, dated and signed by the interviewee and myself, one copy for the record of each. In households where interviewees were illiterate, these forms were read out and completed by myself. After explaining confidentiality rules and conditions of anonymity in words, participants' agreement to tape the conversations was sought. All interviews were tape-recorded. Participants were offered no financial compensation for their time and effort dedicated to the interviews and this fact was made clear in advance in the introduction letter and prior to starting the interviews.

In a few cases, the interviews had to be interrupted due to children's attention seeking. If my presence appeared distressing to the children, I offered to leave and return at another time or just put an end to the interview. In most cases participants declined. In two cases, however, interviews had to be suspended because of poor timing and I returned a few days later to complete them. In all cases, interviewees' emotional comfort was of central concern and I repeatedly made clear the possibility of interrupting, suspending or abandoning the interview if it was uncomfortable to the participants (Oakley, 2005; Rapley, 2007).

All recordings were digitally recorded and then copied onto my personal laptop's hard drive and archived with passwords. Each interviewee was created a personal file that includes demographic data, a pseudonym and the verbatim transcript of the

interview. The folder with these files is also archived with a password. The Hungarian interviews were transcribed by myself and anonymised in the process. A vast majority of the interviews in Romanian were transcribed by two paid aids, but who were unaware of the real names of the interviewees⁷⁰.

Interviews – both the recordings and transcripts – are to be deleted upon the completion of the thesis and connected publications. However, if they may be deemed a valuable resource for a longitudinal qualitative study by the completion of the thesis, all interviewees are to be contacted and their permission to use the data collected asked for. Their refusal would require the deletion of all records of the interviews. All interviewees were made aware of this possibility.

4.3. Strengths and limitations of the study

4.3.1. Strengths of the research design

As indicated earlier in this chapter, one of the merits of the research design of the study is the interviewing of two adults per household, in most cases the father and the mother, regarding the same issues. Not only do the pairs of interviews permit more extensive ‘thick description’, but they enable a truly gender-sensitive analysis of household-level perspectives on childcare arrangements. By giving fathers (and grandmothers) a voice alongside the voices of mothers, their active roles as informal caregivers on a daily basis are acknowledged and their narratives deemed

⁷⁰ Initially I wished to delegate the transcription of all interviews in order to save time. However, in spite of repeated attempts at finding Hungarian transcribers, I could not find someone to do a sufficiently high quality transcription and had to do these myself. I found two reliable helpers for the Romanian interviews and delegated the transcription of the Romanian language ones with the exception of three extremely long interviews.

important. In a sense, fathers were ‘given back’ childcare (see Graham, 1983) through this design in this study.

Another strength of the study is that, in addition to exploring the daily routines of childcare and eliciting information across several years pertaining to childcare arrangements, the interviews also incorporated discussions on *meanings*. In line with feminist preoccupations in the sociology of childcare⁷¹ (especially Ribbens, 1994), interviewees were given the opportunity to construct meanings for childcare, ‘good’ and ‘bad’ care, ‘good’ and ‘bad’ carer, ideal childcare, agency in managing childcare arrangements etc. These reflections not only offered direct insights into individuals’ rationales in relation to care arrangements and their role in providing childcare (directly or indirectly), but they also constituted a means to improve the internal validity or, in interpretivist social science parlance, the credibility of the study by making explicit and transparent just what was meant by different concepts used during the interviews (Seale, 1999).

A final aspect that appears to be a valuable contribution to the broader scholarly literature on the issue of the daily organisation of childcare is the inclusion of a roughly equal share of urban and rural households, permitting comparative reflections regarding childcare arrangements and the differentiated roles of childcare policy provisions in these two types of settings. There is remarkably little literature on urban-rural divides in the supply and consumption of different types of childcare, particularly in CEE welfare states, and more needs to be known about the

⁷¹ In fact feminist sociology more generally has been preoccupied with giving voice to (especially female) study participants. As Oakley (2004: 264) explains when discussing interviewing fellow women, “Interviewing women, was, then, a strategy for documenting women’s own accounts of their lives.”

potentially differentiated impact of nationally applicable policies in the realm of childcare on urban and rural households with young children, respectively.

4.3.2. Weaknesses of the study

The limitations of the study are to be found in both its design and the outcomes of the fieldwork. The recruitment of households was almost universally mediated by a number of persons, usually crèche and kindergarten headmistresses, more or less well-respected community leaders, local level bureaucrats etc. Due to lack of direct access especially in the countryside, the number of rural households in the study especially was lower than initially planned.

Secondly, the sample of households obtained was skewed in particular ways, preventing the realisation of various comparisons sought when developing the design of the study. As will be explored in Chapter 5, the urban-rural divide mostly overlapped with the educational divide among parents (see Chart 4.2. above) and to some extent the reference children's ages. To illustrate, around half of households with children under age two in the sample were formed by illiterate or little educated parents living in poor, ghettoised areas. A majority of households with highly educated parents and above average household incomes lived in the city (see Chart 4.2. above). Five out of six households where the children were aged between two and three lived in the city (see Chart II. in Annex III). As a result, within-sample comparisons were difficult to make, undermining the formulation of conclusions about the explanatory power of rurality or urbanity, parents' levels of education or children's age in relation to similarities and differences in reference children's care arrangements.

Thirdly, in spite of collecting data in three different locations through numerous points of access, the group of little educated parents was rather homogenous. This sub-sample in the study comprised mostly severely impoverished, Roma ethnics living in ghettoised parts of the city and villages. The educational divide therefore also overlapped with the divide between the socially most excluded and impoverished groups in Romanian society and the rest. And while this overlap may not constitute an analytic problem in itself, a weakness of the study was the insufficiently large sub-sample of interviews with the socially most excluded and disadvantaged parents. As a result, the study is unable to provide a sufficiently valid analysis of the relevance of poverty, social exclusion and ethnic discrimination for household level decisions about childcare arrangements.

Finally, given the lack of information about the population of Romanian households with children under age five in 2010, the representativeness of the sample of households in this study and therefore the extent and particularities of self-selection bias are impossible to establish. Considering that this is a small-scale study interested to explore agency-centred household-level processes for the purposes of generating conceptual, analytic and theoretical innovations and hypotheses for further study, issues of representation are of marginal relevance at best. Still, as a result, this study is unable to provide information about the extent to which some of the findings are or are not characteristic of Romanian households with young children more generally. As such, the study is able to contribute in a limited way only to scholarship about the *Romanian* context specifically.

4.4. Data analysis

4.4.1. Interview transcription and data management

The recordings of in-depth interviews with informal carers were transcribed verbatim – in Hungarian and Romanian – using the word processing package Microsoft® Word. Upon completion, transcripts were re-read and anonymised in the process by removing names and references to other names, persons, entities etc. In preparation for code development, the coding and subsequent analysis of all interview data, the 68 verbatim transcripts were imported into a single MaxQDA file. The MaxQDA software package for qualitative data analysis for Windows® operating systems was used throughout the coding and data analysis process.

The key reason for choosing to carry out the analysis of the empirical data in a computer assisted fashion was the ease and rigour with which the used software could retrieve large numbers of interview segments during the analysis process. While the software could not assist with consistency in assigning codes to the different segments of the interviews (Seale, 1999), what it could ensure was quick and omission-free retrieval of all the text segments that had been assigned a particular code (see Seale, 2010). The software proved to be invaluable in maintaining order and coherence in respect to all products of the analytic process: the interviews themselves by allowing their grouping according to the criterion of interest (e.g. participants' gender, role as carer, locality of residence, level of education, reliance on a particular type of benefit or service etc.); codes and the emerging code system (including records of the different code systems as these kept evolving over time); notes (or “memos”) pertaining to codes, entire interviews and

interview segments; and – most frequently used – interview segments assigned particular codes or groups of codes. The software-assisted management and analysis of the entire body of data reduced – when compared to the unassisted possibility – chances of unsystematic or mistaken code assignment, permitted easy consistency checks through easily repeatable “auditing” processes (Seale, 1999: 45), allowed easy access to notes and observations essential for the multi-stage analytic process (see below) and, not least, permitted the generation of a variety of visual tools assisting comparison and abstraction. By ensuring a quick and streamlined data management process, the software-assisted approach to data analysis added rigour to the analytic process.

4.4.2. Code development and coding

Given the explorative character of the study, outlined in an earlier section of this chapter, the approach that informed the code development and the entire data analysis stage was a grounded-theory inspired method worked out by Hennink et al. (2011) based on the work of Glaser and Strauss (1967). Retaining a commitment to both scientific rigour in all stages of the analytic process, but also “creativity” in the interpretation of narrative data, this method hinges on an implicitly inductive approach to interpretive analysis (Hennink et al., 2011). In contrast to Glaser and Strauss’ (1967) method, however, Hennink et al. (2011) also incorporate deductive analytic components into their approach. Rigour in the analysis of the close to 70 extensive personal narratives meant adherence to a set of conventions regarding a variety of data management, as well as interpretive processes. Some of the former – procedures pertaining to data management and retrieval – have been covered in the above sub-section. Rigour in code development and coding in this study should be

seen to have arisen from following certain procedures, in part inspired by Hennink et al. (2011: 216-225). Acknowledging the used method's reliance on an inductive approach to the entire analytic process, but aided by deductive strategies, as well, code development was conducted inductively, but with reliance on already existing concepts and terms derived from the scholarly literature, constituting deductive codes.

The key reason for opting for this adaptation of grounded theory was the state of research as regards the issue studied: household-level processes underpinning preschool aged children's care arrangements. On the one hand, it is not a phenomenon so far completely ignored by social scientists. In other words, there is some research available on individual parents' decisions about paid work and childcare and, as described in Chapter 2, quite a lot is known about parents' so-called childcare choices. On the other hand, the critical approach to understanding care arrangement related decisions – as distinct from decisions about the delegation of caring, although tightly linked to them – means that some aspects of the phenomenon to be investigated may have not constituted the focal point of empirical scrutiny so far. In other words, the issue to be studied was found to be neither completely new – warranting a grounded theory approach advocated by Glaser and Strauss (1967) –, nor sufficiently studied in other contexts to be approached through an deductive approach. Therefore a mostly inductive analytic approach accommodating some deductive components was deemed most appropriate. Hennink et al.'s (2011) analytic framework was deemed the most useful as a result.

In practical terms, the code development process was started by selecting around twenty interviews in such a way as to maximise diversity among them in terms of a variety of criteria. Some of these criteria were the ones used for household and participant selection (especially youngest child's age, locality of residence, parents' levels of education, participant's care responsibilities and reference child's care arrangement), but also other ones, in particular degree of detail and coherence in narratives and topics covered. The coding process was conducted in an inductive way, meaning that codes were coined and assigned to interview fragments as the selected interview carried on. Already familiar with the interviews, some of these codes had been thought of before the "formal" coding process was started. When recognised in participants' narratives, items from the topic guide were included in the emerging code system usually as code family names: e.g. 'organisation of childcare' for the codes and sub-codes referring to children's routine and less routine childcare arrangements; 'childcare-related benefits' for the different family policy provisions that were discussed during interviews or were on the topic guide; 'decision-making in couple / household' for codes to do with coupledness, childrearing, childcare arrangements etc. With each additional interview, the number of codes grew and they required structuring into code families.

In order to maximise consistency in the attributing of individual codes – in other words ensure that segments describing the same issue were marked by the same code or set of codes and vice-versa, that the same code covered text fragments regarding the same issue, idea etc. – and ensure rigour in coding, I systematically retrieved and reviewed segments with the same code(s) and checked for consistency of meaning. This auditing process (Seale, 1999) was particularly important as the

meanings of particular codes, or what they came to signify in the light of narrative fragments, kept changing. In addition, I systematically added “memos” (i.e. notes) to codes specifying the types of issues and meanings they covered and *did not* cover. Over time, some codes became redundant and as a result were deleted and the related text segments recoded.

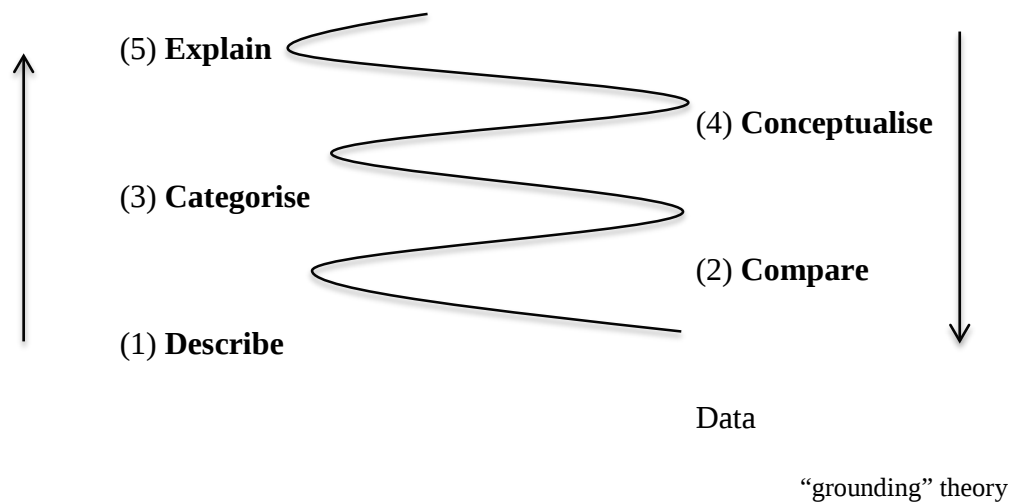
The code system established after the analysis of around 16 complete interviews remained unchanged, suggesting saturation. The remaining interviews were then integrally coded using the set of codes previously developed, with minor refinement to the code system as more and more detail emerged from the 68 informal carer narratives.

4.4.3. *Data analysis*

Data analysis closely followed the steps of what has been called the cyclical process of qualitative data analysis (see Hennink et al., 2011: chapter 10). The analysis of qualitative data implies repeated and increasingly refined comparisons and categorisations of interview fragments (of varying lengths) that address the same issues or sets of issues that together form themes. Hennink et al. (2011: 209; 237-238) describe their method as “the cyclical process of analysis”, drawing on five distinct analytic operations: (1) *description* of processes, relationships, meanings etc., both inductively and deductively identified; (2) *comparisons* of the various formulations pertaining to the same processes, relationships, meanings, in short, themes; (3) *categorisations* of processes, relationships, meanings etc. in an inductive and deductive fashion, followed by (4) a more abstract and generalised *conceptualisation* of what emerges as the object of analysis (the process, the

relationship, the set of meanings etc.). The final stage of this cyclical analysis process is (5) *explanation* in a fashion that aims at theory building.

building theory



Graph 4.3. The cyclical nature of data analysis, inspired by grounded theory. **Source:** Hennink et al. (2011: 238).

The “upward” progression from description through comparison, categorisation, conceptualisation to explanation is the analytic journey towards theory building (see Graph 4.3. above for illustration). The “downward” movements, from conceptualisation to categorisation, comparison and description represents the exercise of ‘grounding’ or validating explanations, ensuring what Seale (1999: 43-45) called dependability (or reliability) of findings and what Duncan et al. (2003: 323) referred to as the range of explanatory models. The succession of upward and downward movements on this ladder of analytic operations makes the process of data analysis cyclical in character.

Description is most often aided by the systematic analysis of interview fragments that were assigned the same codes, sub-code or set of codes. A reflexive review of participants’ understandings of the same issue – expressed for the purposes of the

analytic process by the same code(s) – permits *comparisons* among different and similar ways of understanding. To illustrate, participants were asked about what childcare meant for them. In response a variety of activities and emotional exchanges were described. Each of these was assigned a code, e.g. “feeding / meals”, “disciplining” etc., and analysis was initiated on a code-by-code basis⁷². Reading through different text segments referring to “feeding / meals” from all participants who mentioned these issues, a variety of similarities and differences were observable in how these activities were described, the importance they were given, the other activities they were described to relate to, facilitate or enable etc. A comparison of accounts of feeding and meals with young children led to distinguishing between different types of accounts about participants’ experiences of eating with and feeding children. After reviewing, in a similar fashion, the text segments with the codes “grooming, dressing & hygiene”, then “disciplining”, then “teaching / explaining / educating”, then “walking / outings” and a series of others (for instance in descending order of the number of text fragments associated with each of these codes), it became possible to discern distinct groups of carers based on the *set* of activities they mentioned and described as meaning childcare for them. This exercise of *categorising* – of different meanings of childcare based on the set of activities mentioned and the particular ways of talking about them – led to a refined answer to what was a charting (i.e. descriptive) endeavour of exploring participants’ different meanings of the concept of childcare.

⁷² Codes were applied, of course, to all sections of interviews where participants described for instance feeding or meals. In other words, segments coded as “feeding / meals” were not only the ones where I expressly asked participants to explain what they meant by caring for children or childcare and they referred to feeding or meals.

The research questions were helpful in directing the analytic process in a multitude of ways. They pointed to the analysis of particular text fragments rather than others, identifiable through particular codes. More importantly, they indicated the level of analysis that needed to be achieved. For instance the first research question is descriptive in character and requires a response that necessitates categorisation at most. In contrast, the second research question, focusing on the underlying mechanics of parents choosing particular care arrangements and the potential role played by family policy provisions in this process, requires conceptualisation and explanation, in short theory building. Finally, research questions clearly delineated what aspects were to be left out of the analysis altogether.

Analysis was carried out on the original versions of interviews, i.e. the Hungarian and Romanian language verbatim transcriptions, but the codes and code system were developed in English. Two main reasons justify the choice to carry out the analysis on the original transcripts. The first one is logistic in nature. In addition to the lengthy transcription process, the translation of interviews would have required additional time. Given that I am fluent in both Hungarian and Romanian, I found this time investment simply redundant. The second reason has to do with the compromises that inherently arise from translation: certain potential loss of nuance⁷³ (see Hennink et al. 2011). Carrying out analysis on the original transcripts solved the problems that might have arisen from insufficiently fine-tuned translation. Codes and the code system were developed in English, in line with the entire work process underpinning the doctoral work.

⁷³ Becker and Geer (2004) suggest that in fact the possibility of misinterpretation is high even when no issues of translation exist, i.e. when data gathering, analysis and reporting happen in the same language. Translation may be seen, in this sense, as adding another layer of potential misunderstandings and misinterpretations.

The four empirical chapters (Chapters 5 through 8) are each based on distinct analytic endeavours following the method succinctly outlined in this sub-section.

The stages of this analytic process were in all cases similar:

- the identification of a small set of key codes and a lengthy textual analysis of the segments assigned the respective codes (*description*);
- the structuring of verbatim quotations in such a way as to permit *comparisons*;
- the inductive development of different types of items (e.g. childcare arrangements in Chapter 5, different types of influence played by various family policy provisions in Chapter 7, various household decision-making models pertaining to childcare arrangements in Chapter 8 etc.) (*categorisation*);
- in the process of developing categories, the inductive construction of an abstract concept whose variation the different discerned categories describe (*conceptualisation*);
- the development of an *explanation* of how such concepts matter in relation to the research question(s) asked.

Although these stages would follow chronologically in this order, at every stage I would return to the reordered sets of interview segments to verify the credibility (or internal validity) and, equally important, the objectivity of the categories, concepts and theory developed (see Seale, 1999). In the case of the theoretical explanation provided in Chapter 6, another aspect to do with the quality of analysis was reflected upon, namely the degree of process specification (Duncan et al., 2003: 323): was the process described in theoretical terms – inductively developed from

the data – really the central one explaining the outcomes, i.e. the particular childcare arrangements?

4.4.4. Writing up results and the use of verbatim quotations

The empirical chapters that follow do not contain explanations about the data and analysis that they draw on. However, in reporting descriptive findings especially, reference is often made to different sub-groups of interviewees based on the criteria on which their inclusion in the study was predicated: parental levels of education, participants' gender, type of locality of residence, first language and ethnicity.

Although some of these personal characteristics of interviewees tended to be associated in some cases with some consistent similarities and differences in their narratives about childcare practices and care arrangements, these qualities should not be seen as explanatory factors in relation to the behaviours depicted in their narratives. To exemplify, Hungarian highly educated parents were much more likely than their Romanian peers to stress child-parent interactions and joint activities as lying at the heart of childcare. However, it would be a mistake to conclude that ethnic difference explains in part why Hungarian and Romanian parents reflected differently on child-parent interactions in their narratives.

The empirical chapters that follow do not contain verbatim quotations from interviews to illustrate particular points made in the analysis. Although this is a fairly uncommon way of writing up analysis that is based on a qualitative study (see especially Corden and Sainsbury, 2006: 11-14), the choice is underpinned by two considerations. One is logistic in character. The limitations on word count in the thesis imposed a choice to be made between the consistent use of verbatim

quotations and the articulation of the original contributions of the study. The latter was favoured in the detriment of the consistent use of quotes. The other reason has to do with the type of analysis relied upon and the added value that verbatim quotations could have had in this type of analysis. Of interest was the mechanics of couples' and individual parents' decision-making in relation to childcare arrangements across the board rather than the particularities of *individual* carers' narratives. Although each participant's narrative was deemed of equal importance, the analytic approach used to respond to the research questions in the study favoured not individual parents' and grandmothers' ways of expressing particular ideas, but the commonalities and variations in these ideas across all narratives. What was being said by smaller or larger groups of carers in the study was attributed greater relevance for the purposes of the explanations than individual carers' idiosyncratic stories, ways of phrasing issues etc. In other words, particular ways of *formulating* certain issues in themselves (what quotations are often used for, see Corden and Sainsbury, 2006: 11) were of less interest than identifying more widely shared issues, opinions, meanings across multiple narratives. Verbatim quotations would have been used in writing up the findings of this type of analytic approach as mere illustrations of ideas derived from several narratives. As such, they were deemed redundant.

4.5. Summary

The purposes of this chapter have been several. Firstly, this chapter contextualised the research questions in the light of the research design developed. Secondly, the chapter detailed the design of the empirical research and provided some arguments

about the various design-related choices made. Thirdly, the chapter expanded on the primary data collected and provided insights to some aspects of the fieldwork experience, particularly the procedures for the ethical completion of data collection, analysis and storage. Fourthly, the chapter reflected on some of the strengths and weaknesses of the study. Finally, the chapter provided a detailed account of the analysis process by describing the coding and interpretive stages. Below is a brief summary of the following chapters.

Each of these tackles one of the research questions, refined in sub-section 4.1.2. above. Chapter 5 proposes a new conceptualisation of childcare arrangements for studies that focus on household-level dynamics and provides a descriptive account of ten distinct arrangements described in the 37 households for the care of preschool aged children. Chapter 6 formulates an agency-centred explanation about the making of childcare arrangements in households with young children at the heart of which lies the concept of “hierarchies of care ideals”. Chapter 6 also reflects on the ways in which this inductively developed agency-centred framework for explaining the making of care arrangements speaks to and refines existing explanatory frameworks, outlined in Chapter 2. Chapter 7 discusses the role of childcare policy provisions in shaping care arrangements as outcomes of a more or less lengthy decision-making process. By drawing on familial carers’ narratives, this chapter argues that childcare policy designs actively shape parents’ (and grandmothers’) terms of reference in relation to childcare options, including hierarchies of care ideals. Chapter 8 engages with the mechanics of intra-family and intra-household decision-making processes. In addition, the chapter also reflects on narratives of gendered agency in relation to childcare more broadly and the making of childcare

arrangements more narrowly. It is in this chapter that the analytic opportunities stemming from a research design that incorporates maternal and paternal narratives per unit of analysis – the child and his/her routine care arrangement – become most apparent.

Chapter 5. Childcare Arrangements in 37 Romanian Households

As Chapter 2 has argued, very little is known about the daily organisation of childcare in CEE countries, Romania in particular. In short, studies focusing on the micro level of childcare-centred research – at individual or household level – are practically absent. At the same time, studies discussing (child)care in the context of (gender-sensitive) post-socialist welfare state change are often driven by other concerns than understanding the organisation of young children's care arrangements, for instance the rearrangement of gender relations and women's new relationships within the state, the labour market and the family (more recently Pascall and Manning, 2000; Haney and Pollard, 2003; Pollert, 2003; Pascall and Kwak, 2005; Lukic et al., 2006; Einhorn, 2006). Overviews of post-socialist countries' family policy changes over the past two decades have predicted and found that private solutions to welfare needs have become increasingly more common due to the withdrawal of state provision, childcare included (Ferge, 1997; Pascall and Manning, 2000; Fodor et al., 2002; Pollert, 2003; Popescu, 2004; Heinen and Wator, 2006, Saxonberg and Sirovátka, 2006; Lister et al., 2007: 110; Szelewa and Polakowski, 2008; Javornik, 2011). However, it remains unclear what the hypothesised “re-familisation” (Saxonberg and Sirovátka, 2006) or “re-traditionalisation” (Pascall and Kwak, 2005) as a result of the withdrawal of state services has meant for families.

In other words, the increasing role of the family in childcare requires further discussion in order to reveal what kinds of family resources (cash, time and labour, family space etc.) are invested into childcare, with what implications for young

children's daily care arrangements. In addition, it also remains unclear how the different familial care arrangements might differ *within* different welfare states, including Romania, i.e. in what ways multiple forms of socio-economic difference (level of education, type of locality of residence, employment status etc.) might be associated with and linked to different types of care arrangements at household level. Therefore exploring the diversity and variation in childcare arrangements at household level presents itself as a self-evident task before proceeding to explain *how* (through what processes and as a result of what kinds of factors) the different arrangements observed come to be, the subject of Chapters 6 and 7.

This chapter explores the care arrangements that the families in the study detailed in Chapter 4 had in place at the time of fieldwork for the care of their youngest children especially. In doing so, the chapter provides a response to the first research question, namely what care arrangements households in the study had in place for the care of their youngest on usual weekdays around the time of asking. In order to do this, the chapter proposes a new conceptualisation of "childcare arrangements". In the light of the research design, outlined in Chapter 4, this empirical chapter of the thesis also dwells on variations and similarities in care arrangements across different types of households. Therefore the chapter is organised into five sections. The first makes the case for a holistic conceptualisation of care arrangements, an alternative to the ways in which childcare arrangements have been conceptualised and reported in the literature so far. The analytic underpinnings of this alternative conceptualisation of 'childcare arrangements', essentially a heuristic tool that aids the representation of care arrangements, are presented in section 5.2. In section 5.3.

ten distinct care arrangements characterising the study households' 'typical'⁷⁴ weekdays are explored. In section 5.4., variations in care arrangements are explored for the different groups of households in the study, in particular variations according to parents' levels of education, type of locality of residence and reference children's ages. The final section summarises the chapter and formulates some conclusions.

5.1. Childcare arrangements: arguments for a new conceptualisation

The fragmented nature of childcare has been increasingly recognised as a defining character of contemporary societies increasingly more driven towards the adult worker model (Lewis, 2002). With paid work a norm for both men and women, irrespective of partnership status and the presence of children, both East and West, children's caring is less likely to be performed at home, solely by their mothers even during the early years. Depicting childcare as 'packages' of care (Leira and Saraceno, 2002; Lewis, 2003; Lewis and Giullari, 2005; Lewis, 2006b) or as 'jigsaws' of childcare (Wheelock et al., 2003: 27; Skinner, 2005: 105) is an increasingly more accurate way of describing young children's care arrangements today, both in advanced, as well as post-socialist welfare states (Bowes et al., 2004; Forsberg, 2009). Hochschild (1997: 190) captured this dynamic nature of childcare in many of today's households with young children such: "... in truth, the children were an elaborate Rube Goldberg assembly line of childcare, continually sent from one workstation to the next. Their lives were full of comings and goings."

⁷⁴ As this chapter later suggests, the stability of households' childcare arrangements very much depends on the type of employment adult members of the household have and, interestingly, the age of children (see also Crompton et al., 2003). The interviews in the study also suggest that a 'typical' workday is often a conceptual construct rather than a reality experienced by parents with young children.

The active combination of different forms of childcare to cover an entire working day may be likely true of CEE societies as well, where the remaining⁷⁵ de-familialising childcare services, as well as the emergence of new (informal) care markets (Hrzenjak, 2012; Kovács, forthcoming) have likely made this combination a norm for a majority of children before and especially after 1989. Categories of care such as formal or informal care, individual or group-based care etc. are inappropriate if one attempts to understand individual children's daily routines of childcare in their entirety, as if from their point of view (Rostgaard et al., 2011). Moreover, if one is to engage with the *intensity* or content of caring throughout a child's day, one may also find substantial variations in the degree to which individual young children are the focus of carers' attention, irrespective of who looks after them and where (Lewis and Giullari, 2005; Folbre, 2008; Lewis, 2008). In brief, (young) children's childcare is best understood as a matrix or configuration of different types of childcare during any given day, particularly on a 'typical' weekday. For the purposes of this research, the concept of 'childcare arrangement' refers to the whole combination of different types of childcare for an individual child during a single weekday.

In spite of the fact that scholars recognised a while ago the composite nature of childcare when focusing on individual children's or households' experiences, there seem to be few attempts at discerning different childcare arrangements at micro-level that may be used across jurisdictions and across time to reflect the jigsaw character of most childcare arrangements. In much of the literature, the focus has

⁷⁵ Childcare services and in kind benefits in particular have declined across all post-socialist societies over the past twenty years (Pollert, 2003; Popescu, 2004; Szelewa and Polakowski, 2008). For more detail concerning this issue in the Romanian context, see especially Chapter 7.

tended to be on aggregate frequencies of different types of childcare rather than daily configurations of childcare, e.g. the share of children in formal childcare or the percentage of children cared for by nannies etc. (Beaujot, 1997; Pungello and Kurtz-Costes, 2000; Vincent and Ball, 2001; Lewis, 2003; Wheelock et al., 2003; Lokshin and Fong, 2006; Kremer, 2007; Debacker, 2008; Fram and Kim, 2008; Esping-Andersen, 2009; Pettit and Hook, 2009; Pfau-Effinger, 2011). While this type of reporting informs about the overall popularity of certain types of childcare at the national level, it says little about individual children's care arrangements during a whole day, i.e. the entirety of caring that a single child may enjoy during a single day. Whether a conceptual or methodological conundrum, the fact remains that few attempts have been made to distinguish between different childcare arrangements, especially with individual children or households as units of analysis, by considering the entirety of a child's caring (for exceptions see La Valle et al., 2002; Crompton et al., 2003).

The arguments for understanding childcare arrangements as the complete combination of *all* forms of childcare during an entire day (in this chapter during a 'typical' weekday) are both conceptual, as well as practical. A focus only on models of *parental* sharing of childcare responsibilities and the discernment of arrangements based on parental solutions to childcare, e.g. Valle et al. (2002) and Crompton et al. (2003), prioritises a problematisation of childcare as a solely parental responsibility and of childcare as a problem requiring solving by (working) parents (alone). The implications of this approach are twofold. Firstly, the diversity of carers and loci of care involved in care arrangements are downplayed, bringing to the fore parents. Yet, carers other than parents are routinely involved in childcare

across a majority of households across the world (Heymann, 2008). Secondly, childcare has been constructed as inherently a “problem” for families, something that requires a “solution”. While in many dual-earner households childcare may pose (sometimes substantial) logistic difficulties indeed, the problem status of delegating caring to non-parental carers should be very much seen as a matter of degree across different households rather than as universal.

A second argument for focusing on childcare as comprehensive combinations of forms of childcare is that one may account for periods that are not quintessentially caring, but integral to the *organisation* of childcare within a day: moments of travel from one place to another and periods of no care, i.e. when carers are absent for longer or briefer periods of time. Transitions are important both as logistic concerns (Skinner, 2005), but also as times of socialisation with carers otherwise marginal to or absent from childcare. Moreover, a focus on dominant forms of childcare or parents’ involvement in caring cannot account especially for periods when no carer is present, i.e. periods when children are alone or with other children, without adult supervision. Yet, as documented by Heymann (2008) and Forsberg (2009), this may take place on a regular basis in large families across the world. A comprehensive account of childcare on ‘typical’ weekdays can account for periods of no care in the care arrangement, as well, which seems equally important to the make-up of the care arrangement.

Finally, a third argument for conceptualising childcare arrangements as all forms of care during an entire ‘typical’ (week)day is that such an understanding comes closest to how parents tended to think about care arrangements for children and how children experienced childcare: a day-long jigsaw of different forms of childcare.

Given the focus of the thesis, i.e. explaining the ways in which these care arrangements come to be, the ways in which carers themselves perceive childcare seems essential to this endeavour (see also Hochschild, 1989; 1997; Ribbens, 1994).

The implications of this section are twofold. Firstly, in describing childcare arrangements for purposes of further analysis one needs to account for *all* the different pieces of the childcare jigsaw. Accounting for dominant childcare arrangements at aggregate levels or accounting for arrangements based on each parent's involvement aids little the attempt to explore *diversity* and *variation* in care arrangements and their drivers. Secondly, by deriving types of childcare arrangements only from (national) aggregate data – when these exist – permits no development of a more or less exhaustive list of possible childcare arrangements that may be in place at a particular time for parents differently positioned socio-economically and in terms of family structure. A set of conceptual tools is necessary to derive a comprehensive range of possible childcare arrangements and demarcate differences in kind between them. The exploration of these conceptual underpinnings for discerning different analytically possible childcare arrangements is the object of the next section.

5.2. Conceptual underpinnings of childcare arrangements

The preoccupation to account for what Thomas (1993) referred to as the 'totality of caring' and to do it in ways that evade generic dichotomies such as formal and informal care, paid and unpaid care etc. is not new (Graham, 1983; Wærness, 1984a; Ungerson, 1990). In the 1980's, scholars dedicated much ink to discerning

analytically distinct elements of what constitutes care in different settings and for different individuals. Childcare was seen as care-giving work (Wærness, 1984a) or, as Graham (1983) famously referred to it, a labour of love, distinct in character from personal servicing that much of housewifery and domestic work are about, i.e. the care of individuals capable of caring for themselves, but not doing so (Wærness, 1984a; Folbre, 1995). In an attempt to construct a unified concept of care, Thomas (1993) reviewed seven analytic dimensions regarding care and through which all instances of care can be accounted for. She refers to distinguishing between the social (gender) identities of the carers (i) and those of the cared for (ii) in order to establish the dependency statuses of the latter. The nature of the interpersonal relationship between the two (iii), or the nature of power dynamics as Wærness (1984a) understood it, is a third dimension of care. The nature of care (iv), including the emotional input and the nature of labour, constitute a fourth dimension of care. Where care takes place (v-vi), both physically and socially, are other two dimensions Thomas discusses, although the two may be collapsed into a single dimension focusing on the locus of care and its social connotations. Finally, the economic dimension of care (vii), i.e. the economic exchanges its provision hinges on, is the seventh and final analytic dimension regarding care. Using these distinctions, one is able to account for all aspects associated with experiences of both caring and receiving care for a diversity of individuals. Their systematic analysis permits an in-depth incursion into any care exchange.

However, for the purposes of mapping configurations of different types of childcare, many of these dimensions are redundant for two reasons. Firstly, some of the dimensions Thomas explored in relation to care are constant in the sample of

households included in this study as the focus is on the care of young dependent children exclusively. One may argue, for instance, that the nature of dependency between carers and the cared-for is very similar across all cases because the identities of the carers (i) and cared for (ii) – young dependent children within households and their family members mostly – are the same. Similarly, the nature of the interpersonal relationships between carers and cared for (iii) is very similar across all households: overwhelmingly familial, very often unconditionally affective even when involving paid carers. Because very little variation may be seen across these dimensions, their inclusion into a conceptualisation of childcare arrangements appears redundant. Secondly, some of these dimensions may be collapsed into single dimensions along which types of childcare may vary. As illustrated in the case of the social domain (v) and physical location of care (vi) above, in essence these two dimensions pertaining to childcare amount to where childcare takes place physically. Similarly, the identity of the carer (i) and the economic character of the labour (vii) childcare implies may also be joined to form a single dimension as different individuals perform childcare almost without exception under the same economic arrangement: parents' and other extended family members' care work is most often void of pecuniary exchanges, especially between children and parents and grandchildren and grandparents. Conversely, childcare performed by babysitters, nannies, childminders etc. is consistently defined in monetary terms; group-based, professional – formal – childcare, in crèches and kindergartens, is also defined in monetary terms. In short, the identity of the carer is consistently associated with a particular type of economic exchange or its lack.

The different types of childcare that make up a child's daily childcare arrangement when combined may be conceptualised, therefore, along the following dimensions. Firstly, the identity of the carer, i.e. *who* the carer is and what his/her relationship with the child is, stands out as one dimension of any particular form of childcare. Secondly, the physical setting or *where* any particular chunk of childcare takes place is another dimension of forms of childcare. A third dimension that appears crucial for accounting for the entirety of care during a single day, discussed only implicitly by scholars preoccupied by concepts of (child)care and those writing about childcare arrangements, is the notion of time, i.e. *how long* each form of childcare is within a day's arrangement. There is, arguably, a difference in kind between an arrangement that features maternal childcare exclusively combined with part-time formal childcare and an arrangement which combines full-time formal care with maternal childcare because the different durations of formal care in this example also amount to different kinds of childcare especially in terms of labour. In addition, parents may choose similar types of childcare of different durations depending on what the primary purposes of that type of childcare might be, indeed an issue especially in relation to formal childcare among carers interviewed in this study (Vincent and Ball, 2001; Gordon and Högnäs, 2006; Fram and Kim, 2008).

Given that the focus of this study is the *organisation* of childcare rather than the exploration of parenting styles and parenting ideologies or the assessment of the consistency of formal childcare services in the locales studied, the *nature* of childcare, whether as a primary or secondary activity for instance (Folbre, 2008), is cast aside in the constitution of this new understanding of childcare arrangement. The other argument for marginalising this dimension of (child)care is that the

content of different types of childcare based on *who* it was performed by and for *how long* seemed to be closely associated in the sample of households. To be more exact, different types of childcare (defined only in terms of *who* and *how long*) appeared to imply similar activities and similar emotional involvement in carers' narratives, with small variations. For instance grandmaternal childcare was associated with a consistent set of activities and exigencies in relation to childcare, essentially understood as surrogate mothering by most carers in the sample, while the childcare of informal paid carers tended to amount, in a similar fashion, to a consistent set of activities and type of emotional involvement across all households.

The childcare arrangements to be discussed in the following section are, therefore, particular configurations of various types of childcare defined by *who* looks after the child, *where* and *for how long*, represented visually through a horizontal bar made up of differently patterned chunks, each representing a particular form of childcare, making up an entire day's care arrangement.

5.3. Childcare arrangements in 37 Romanian households

Relying on the analytic dimensions discussed above to sketch the childcare arrangements in place for the youngest children in each of the 37 households in the study, this section explores the different types of care arrangements that emerged from carers' accounts of 'typical' weekdays around the time the interviews were conducted. The different childcare arrangements for the youngest child in each household were derived and sketched combining interview data from two carers in 33 of the 37 households and one carer each in the remaining four households. In

many cases, the information from the two interviews was complementary or reinforcing. In other words, in many households one carer's account of childcare arrangements reiterated and further detailed the other carer's account. In cases where contradictions were apparent, they often related to minor details, such as the frequency of paternal absence from home in the evenings or the precise timing of care arrangement transitions. In no cases were accounts contradictory in regard to the details of childcare arrangements in place.

The arrangements presented are the ones for a 'typical' weekday, although it should be noted that in many cases several variants of a typical weekday existed as some parents worked in shifts (seven fathers and four mothers) or had periods of absence⁷⁶ from home due to job-related responsibilities (eleven fathers and one mother went on job-related trips fairly regularly and three fathers routinely worked very late days from late spring to late autumn). This draws attention to the fact that although childcare tended to follow a certain routine in most households, this routine may have been not a *daily*, but a *weekly* one: children often had different arrangements for different days of the week, but these arrangements were stable over longer periods. As a result, the below analysis centring on 'typical' weekday arrangements is a simplification of Romanian households' childcare arrangements. Findings below suggest that the younger the children, the more likely it was that different weekdays would look differently in terms of the relative duration of each type of childcare making up the arrangements, although – interestingly – not the types of childcare.

⁷⁶ Periods of absence may mean both long workdays when parents returned home after their children's bedtime or trips that included spending the night away from home. These types of absences were experienced in the same way by both carers and their children.

In addition, the focus on a ‘typical’ weekday and the associated effacing of the heterogeneity of childcare arrangements over longer periods of time leads to the under-reporting of overall paternal and grandparental involvement in childcare when considering longer time frames. This omission, however, is considered acceptable for the purposes of this chapter given the fact that fathers who frequently travelled or were otherwise absent rarely engaged in childcare on their own. Even when home, the work associated with childcare (in particular feeding, dressing, bathing, grooming etc.) was retained by the mothers or at best shared by the parents, although playing tended to be father-dominated especially in dual-earner households, irrespective of the care arrangement in place⁷⁷. For these reasons the ‘typical’ day accounted for in this section is the weekday that carers described as most frequent or most usual even if some variation in arrangements was accounted for in interviews.

5.3.1. Formal-parental childcare combinations

The ***educational arrangement*** (1), characterised by full-time formal childcare in a professionalised institutional setting, followed by home-based parental childcare after standard working hours (among carers in this sample usually after 3-5 pm) was one of the more common childcare arrangements in the sample for the care of the reference children. Parents valued the structure the formal care component conferred to their children’s schedules and the learning opportunities such a structured rhythm – guided by crèches’ and kindergarten’s schedules and curricula

⁷⁷ Interviews have revealed that in most households where at least one of the parents worked had distinct weekday and weekend arrangements, childcare being overwhelmingly parental Saturdays and Sundays or maternal in households where fathers worked in shifts. And although the carers who worked in shifts or itinerantly tended to experience weekdays and weekends as more similar, children’s weekday and weekend care arrangements tended to differ with the sole exception of households with pure maternal and shared parenting arrangements (see below).

– was seen to entail. The rest of the day – afternoon and the evening, until bedtime – was usually spent with one (usually the mother) or both parents, at home. In essence, this arrangement featured an equal sharing of childcare responsibilities between professional educators⁷⁸ and usually female-biased parental care (see Graph 5.1. below).



Graph 5.1. The visual representation of the educational arrangement (1). At the time of interviewing eight households relied on this arrangement. The different patterned chunks in the graph represent different types of childcare, in place for the durations indicated. ■ represents formal childcare for 7-8 hours a day in long-schedule kindergarten. ■ represents maternal childcare. ■ represents joint parental childcare, usually in the home. The vertical sinuous lines represent transit: to and from kindergarten.

Similar to what Crompton et al. (2003) referred to as dual parenting, this arrangement was most common in dual earner, urban nuclear families with children above age three. It is noteworthy, however, that two rural nuclear families also had this arrangement in place for their children. The division of care responsibilities in the later part of weekdays varied among the households making use of this arrangement, from female-dominated childcare to joint female-biased parenting or, much less frequently, male-biased parenting. Fathers in families with this arrangement almost never spent time alone with their children usually because mothers – rather than fathers – tended to work shorter hours or adjusted their work schedules in such a way as to be home when children arrived from kindergarten. At

⁷⁸ It is to be noted that what is called formal childcare – on a full-time or part-time basis – is, in effect, short-schedule or long-schedule pre-school *education*. Parents also make this distinction and often seek out kindergarten time for its socialization and learning opportunities. For the sake of clarity, however, kindergarten is somewhat mislabelled in this chapter as part-time and full-time formal childcare.

the same time, however, children tended to play or go on outings with their fathers usually while mothers did domestic work.

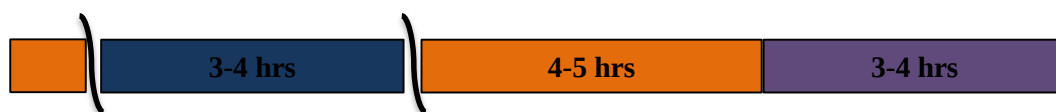
The transition into this arrangement occurred in most cases before children reached age three, the age at which kindergartens accept children into preschool education. In half of the families making use of the educational arrangement for the care of their youngest, parents opted for formal childcare services – public crèches – on a full-time basis when their children turned two, i.e. when mothers returned to full-time paid work after the maximum take-up of paid parental leave. The educational arrangement was particularly stable over time, although such stability tended to be true of all arrangements for children older than three in the sample. This stability, as Gordon and Högnäs (2008) also found, was explained by parents' commitment to full-time formal childcare: this was, for whichever child in the family, the preferred and often the only childcare option considered. It is interesting that even in families where other childcare options were available, especially parental childcare, this formal-parental combination was most favoured and indeed kept in place.

The choice for this care arrangement was explained by the parents relying on it – whether for their youngest or any of their older children – in a variety of ways (see also Chapters 7 and 8). In dual-earner households without informal childcare opportunities, parents consistently referred to “no other option” apart from the educational arrangement. These households were also the ones that had made use of formal childcare services (crèches) as soon as their children turned two. Another recurrent argument of parents for relying on full-time formal childcare was the schedule. These carers emphasised the structure full-time formal childcare

conferred and the benefits seen to be associated with this structure: better appetite and eating habits; conformity with a well organised day; an opportunity for uninterrupted socialisation. Carers who referred to the desirability and benefits of the structure conferred by the predictable schedule of full-time formal childcare valued purpose, rigour and discipline in all aspects of childrearing. In line with their parenting practices, they chose the kind of childcare for their children that they saw as maximising discipline, order, conformity with a clearly defined structure. Many parents valuing long-schedule kindergarten, however, also explained their choice in light of the perceived deficiencies of short-schedule kindergarten. Parents who explained their choice through comparing these two variants of formal childcare tended to stress the disparities in learning opportunities: full-time formal childcare (i.e. in long schedule kindergartens) was seen to occasion significantly more and more diverse learning by virtue of the longer time children spent with teachers. In short, the educational arrangement was favoured usually for its perceived *educational* benefits: children were seen to learn valuable things in eight-hour kindergarten, including having and conforming to a schedule, eating and napping in group settings, better literacy and numeracy skills etc. Weekdays in most households with the educational arrangement in place for the reference child tended to be the predictable and stable routine of full-time working parents, with full-time “working” children.

The second formal-parental childcare arrangement, the *socialisational arrangement* (2), differed from the previously presented educational arrangement in that children spent only three to four hours in formal childcare (as opposed to seven to nine) and the rest of the day in different combinations of informal childcare. This arrangement

was valued for the quality and intensity of the mother-child relationship it entailed and its formal component was seen as the ideal socialisation opportunity, although rarely as a type of childcare, freeing mothers or other carers for a few hours on a daily basis. The socialisational arrangement was, in essence, an unequal sharing of childcare responsibilities between mothers especially and trained educators, with greater flexibility and sometimes much less commitment to the formal component than in the educational arrangement (see Graph 5.2. below).



Graph 5.2. The socialisational arrangement (2). At the time of interviewing, six households had this arrangement. ■ represents formal childcare for 3-4 hours a day in long-schedule kindergarten. ■ represents maternal childcare. ■ represents joint parental childcare, usually in the home. The vertical sinuous lines represent transit: to and from kindergarten.

The children whose care was covered through this type of arrangement tended to be older than three at the time of interviewing, although interestingly a vast majority of the children enjoying this arrangement had started kindergarten between ages two and two and a half and had remained in part-time formal childcare since, but neither of these children had attended a crèche or long-schedule kindergarten. In a majority of the households relying on the socialisational arrangement, mothers were out of work or worked part-time, on an informal basis. As was observed in relation to the educational arrangement, the socialisational arrangement was also depicted as stable across longer periods of time, with parents reluctant to switch to other arrangements especially after children reached age three. At the same time, however, children's attendance when spending maximum four hours in formal care settings tended to be less strict and subject to greater variation than in the case of

children enjoying the educational arrangement. Given the fact that informal carers tended to be available in most households during the time children spent at kindergarten, this is not surprising. However, parents' lesser commitment to the formal component of this care arrangement was only partially responsible for a less strict reliance on formal childcare during typical weekdays. Another reason, especially in rural areas, was the objectionable quality of care services. In village I., where parents relied on two distinct short-schedule kindergartens, several parents complained about educators' lack of involvement, children's supervision by middle-school students and the insufficiently challenging curriculum for children of all ages.

Not surprisingly, therefore, the reasons for which parents relied on the socialisational arrangement for any of their children tended to differ from the reasons that other parents offered for the educational arrangement in place for the care of their respective children (see also Chapter 7). For those for whom the socialisational arrangement was the principal childcare choice, part-time formal childcare combined with 'female-biased' or 'female dominant parenting' (see Crompton et al., 2003: 32) was seen as desirable because it allowed for the maximisation of time spent together for parent and child. Parents preferring this arrangement as their first choice were either on parental leave with a younger child or worked part-time, but also greatly valued engaging with their children themselves, prizing parental involvement above all forms of children's socialisation. In a different set of households, this arrangement was seen as the best care option due to the availability of informal carers, usually grandparents, whose caring was seen as superior when compared to the quality of care in the later part of

the day in formal childcare. Grandmothers especially saw their own caring in completion (although not replacement) of part-time formal childcare as a more desirable alternative to full-time formal childcare. It is interesting also that in three Hungarian-speaking households using the services of the same kindergarten the choice for the socialisational arrangement was *also* shaped by the choice of the educator in particular: these parents wished to have their children taught by a certain pedagogue in particular and therefore adjusted to or welcomed the schedule imposed by the kindergarten, one that offered only part-time care services.

Unlike among parents relying on the educational arrangement, among parents making use of the socialisational arrangement there were some whose first choice was different from the arrangement in place at the time of interviewing or at the time of making the arrangement. For these, the socialisational arrangement was seen as a second best (or worse) alternative, shaped by poor accessibility. In village I. in particular, several parents expressed their desire to make use of the full-time formal childcare services in the neighbouring locality, but found commuting and the associated costs prohibitive. Furthermore, for stay-at-home parents especially the costs associated with full-time childcare services were deemed too high, preventing them from making use of “safe” and “better quality” full-time services even if these had been available locally and even if both parents had had jobs paying the minimum wage. To one urban family access to full-time childcare services was expressly denied on account of their child’s gluten intolerance and the additional responsibilities the kindergarten staff would have had to take on if admitting this child. In short, the socialisational (2) arrangement was in most cases the result of constrained choices, limited by external factors (for greater detail, see Chapter 7).

Unlike the educational arrangement, this care solution for children above age two (or so) tended to be both preferred as a first choice, as well as made use of as a less preferred alternative to the one out of reach. Irrespective of the desirability with which the socialisational arrangement was associated with in each household, it too was remarkably stable over time: once in place, parents stuck to it and were also reluctant to move children from one formal care setting to another. Parents tended to be committed not only to the kindergartens of their (first or more constrained) choice, but also to continued attendance irrespective of changes in the structure of the informal care resources of the household. Even in households where both parents were out of jobs, children above age three attended kindergarten regularly (short schedule in the countryside especially and either short or long schedule in the city). Exceptions were only children in severely impoverished, socially marginalised families, with illiterate (in this sample mostly Roma) parents: in these households parental arrangements characterised children's first seven years of life (see below).

Different types of parents seemed to favour the educational (1) and socialisational (2) arrangements respectively as their first choice for children above age three. As noted above, the educational arrangement was preferred by those parents who put great emphasis on their children's socialisation with other children, learning how to be autonomous and how to act in group setting and who believed that informal childcare solutions could not compete with the educational input of services, performed by professionals. For many of these parents, notably fathers, the disciplining role of full-time kindergarten, similar to a full-time job – demanding

commitment, order, certain skills, conformity with particular habits and routines – was equally emphasised, although mothers also tended to appreciate the “schedule” children had, which combined educational, recreational, creative activities with socialisation. Parents who preferred or came to prefer the socialisational arrangement also emphasised the beneficial role of socialisation and children’s learning in formal childcare contexts, but the reasoning behind formal childcare seemed to centre on the child’s positive experiences, joint play, a fun time together with other children, as well as enhanced cognitive development. In contrast to kindergarten as the site of conformity with schedules and expectations and learning how to cope and thrive in group settings, parents preferring the socialisational arrangement highlighted kindergarten as *the* place for children to be with other children and learn things in preparation for school in ways that remained playful and mindful of their “inner worlds”. As a result, four hours of tuition were seen as more than enough.

The range of arrangements that combined a variety of different types of informal childcare (the next eight presented below) was greater and their fluidity tended to be more accentuated also when compared to formal-parental arrangements, described above. This means that childcare arrangements that were constituted by different kinds of home-based, paid or unpaid informal care were more difficult to fit into distinct arrangements. The main reason for this, as has also been documented in much childcare research (Hochschild, 1997; Katras et al., 2004; Gordon and Högnäs, 2006), is the fact that informal childcare arrangements are inherently more flexible in nature both on the demand side (households’ – especially mothers’ – daily routines are dynamic and somewhat unpredictable), as well as on the supply

side (carers, whether paid or unpaid, have exit options that carers in formal institutions do not have). This is not to say that the different informal arrangements may not be in place for relatively long periods of time or that they might be constantly in flux. Indeed, as will be discussed below, some of the informal arrangements observed were quite immutable over longer periods of time across some households. Still, arrangements that had no formal care component tended to combine a greater variety of types of care across a single day and households with combinations of only informal childcare tended to have a greater diversity of arrangements across an entire week when compared to those that also relied on formal childcare.

It is noteworthy that many households – 20 of 37 – in the sample relied on combinations of exclusively familial (parental and grandmaternal) childcare in the care of the reference children in the sample. Among these three kinds of parental care arrangements were distinguishable, i.e. three different ways in which parents exclusively spent time caring for their children.

5.3.2. Parental childcare combinations

The ***pure maternal arrangement*** (3), as its name also suggests, meant round-the-clock maternal presence only and virtually no time away from children at all. All aspects of caring and domestic work were the mothers' sole responsibility and children spent most of their time at home, with their mothers (and possibly other female family members in extensive households). The pure maternal arrangement – usually described in contrast to other care arrangements – was a care solution both preferred and at the same time experienced as difficult and demanding by the

mothers reflecting on this arrangement. On the one hand, the mothers mostly caring for their children alone explained that they would never want to be apart from their children, for any period of time. On the other hand, they found the constancy of daily routines “hard”, sometimes even oppressive, and the perceived impossibility to escape or share caring equally challenging. This arrangement was best defined through the almost complete non-sharing of caring responsibilities between mothers and other potential carers, informal or formal, for pay or not (see Graph 5.3. below).



Graph 5.3. The pure maternal care arrangement (3). At the time of interviewing five households relied on this arrangement.  represents maternal childcare.  represents grandmaternal childcare, in the grandmother’s home.  represents the absence of childcare, at best ad-hoc caring by older siblings.

The pure maternal arrangement was in place mostly in rural households where parents were little educated or illiterate, socially excluded partly as a result, younger at the time of their first child than the national average and had at least one child under age two (in households with more than one child). In these households men worked itinerantly (the case of husbands in households in village I. in particular) or were absent altogether throughout the day. Half of the households where the pure maternal arrangement was in place at the time of the interviews included several members of the extended family, usually interviewed parents’ own parents or in-laws, siblings and their own children. In the other households members of the extended family lived in close proximity. In all cases the household environments tended to be female-dominated, located in the (very) poor areas of the villages and where the labour market participation among adults amounted to occasional unskilled jobs in the informal economy at best, with a strong male bias. Indeed,

neither mother who looked after her children virtually unaided throughout weekdays had ever worked for pay and most had engaged in lucrative activities marginally, sometimes abroad. In short, the pure maternal arrangement was characteristic of socially excluded young families living in extended family households or in close proximity to extended family in which men opted for itinerant work, deemed more lucrative.

A closely related arrangement, the *separate parenting arrangement* (4) (see La Valle et al., 2002) was the one that was constituted by home-based, mostly unassisted round-the-clock maternal childcare as in the pure maternal arrangement (3), but coupled with paternal presence after standard working hours or later in the evenings. The main difference between these two arrangements and therefore the daily organisation of childcare was the presence of fathers in the home in the later part of weekdays (see Graph 5.4. below). In essence, childcare was an exclusively maternal responsibility in the private home, but fathers also participated, especially in joint play, in the later part of working days.



Graph 5.4. The separate parenting arrangement (4). At the time of fieldwork, seven households relied on this arrangement. ■ represents maternal childcare. ■ represents joint parental childcare, usually in the home.

As in the pure maternal care arrangement, mothers found full-time motherhood both rewarding and comforting, but also hard work, especially emotionally. Unlike their peers usually unable to share childcare with anyone, however, they did not experience the constancy of care responsibilities and home-based childcare as oppressive, emotionally tiring partly because caring in the afternoons and evenings

permitted joint parenting and partly because fathers' presence in the evenings permitted some time away from the home for these women. There was also a stronger sense among the parents relying on this parental arrangement that childrearing was both parents' responsibility.

It is noteworthy, however, that the kinds of households relying on this separate parenting arrangement (4) were less homogeneous as in the case of households describing a pure maternal care routine (3). While rural, socially excluded households (although more from village B. rather than village I., where men were more likely to work itinerantly, making the pure maternal arrangement more frequent) were also among those that relied on this arrangement, another set of households also enjoyed the separate parenting arrangement. The latter group consisted of nuclear families (urban and rural) with parents having completed at least secondary school, fathers working standard working hours and mothers on parental leave with their younger children. Indeed, if considering childcare arrangements that households in the study had at any point in time for any of the children, the separate parenting arrangement was described by most dual-earner households during the children's first two years of life, when fathers continued working standard working hours full-time, while mothers were full-time mothers on parental leave. However, while the separate parenting arrangement was usually in place while children were under age two in the latter type of households, in socially excluded households especially in village B. this arrangement characterised the care of *most* preschool aged children, making it remarkably stable over time for individual children.

In extended, socially excluded households where the pure maternal or separate parenting arrangements were in place, brief periods of substitute – sometimes spontaneous – childcare by other family members, e.g. older children, other siblings or elderly family members, frequently occurred during a typical day. Mothers sometimes left their children with older ones to run errands or let them play nearby the house, under no supervision. What is interesting about these two arrangements is that other forms of care were not seen as either possible or desirable. Although around half the mothers in these households anticipated the use of formal childcare when their children were older (i.e. three or four years old), especially in village I., the poorest and most marginalised (Roma) households had no intentions of making use of formal childcare of any kind. Childcare was seen as inherently maternal, women's identities in their communities especially defined through their status as mothers (and wives) (see also Voicu and Popescu, 2006; Magyari-Vincze, 2007). At the same time, however, publicly subsidised care services were seen as both lacking value for children's development, as well as posing logistic and financial problems these families, mothers in particular, felt they could not tackle (see also Ulrich, 2011).

A third arrangement that involved exclusively home-based childcare delivered by parents solely is the ***shared parenting arrangement*** (5), the day-long version of what Crompton et al. (2003) described as dual parenting when combined with full-time formal childcare. In this arrangement both parents⁷⁹ were home during weekdays and invested their time and energy primarily into raising their children. Although mothers were primarily responsible for most domestic chores, childcare-

⁷⁹ In one household the paternal grandparents acted as legal and *de facto* parents to their on-year-old grandson due to the parents' mental health problems.

related work tended to be evenly divided between the parents who relied on no other carers than themselves (see Graph 5.5. below). The fathers in these households expressed their desire to be actively involved in caring for their children and wished to share (and some even take charge) of all decisions – “small” and “big” – to do with their children’s upbringing. Although not domestic work, but care work was essentially equally shared by parents and fathers, as well as mothers, thought that this was the best option for their children at the time of interviews.



Graph 5.5. The shared parenting arrangement (5). At the time of interviewing, one household relied on such an arrangement. ■ represents paternal childcare. ■ represents maternal childcare and ■ represents periods of joint parental time spent with the children.

The households in the study were urban and rural nuclear families with children around age two or younger, with parents with at least medium levels of education and with both parents out of the labour market, although only temporarily. If considering all care arrangements that households enjoyed at any given time for any of the children, this arrangement may be said to have been characteristic in households where fathers took parental leave (or some other kind of break from paid work, willingly) and shared childcare during their children’s first two years.

5.3.3. *Familial childcare combinations*

Distinguishing between arrangements based on *who* spends time alone with the child and for *how long* during a ‘typical’ weekday, another set of arrangements are those that routinely involve grandparental childcare⁸⁰. This was observable in three

⁸⁰ As indicated earlier, in the two households where grandmothers act as *de facto* mothers to their grandsons their caring was categorised as maternal. Also, the more gender neutral term is preferred

different configurations (see below), although overall grandparental involvement in childcare during typical weekdays tended to be complementary rather than a core element of daily care arrangements, stable over longer periods, and also subject to some change across different days of the week.

What was described as the *intergenerational childcare arrangement* (6) by Kremer (2007) amounted to reliance on grandparental childcare during standard working hours, in the children's homes, and female-biased or female-dominated parenting in the later part of typical weekdays. In this arrangement non-resident grandmothers performed childcare responsibilities in the first half of the day alone, while both parents were at work, acting really as substitute mothers at home for their grandchildren, who were between ages two and three usually (see Graph 5.6. below). Grandparental childcare in this combination was favoured as it was seen as more loving, more reliable and more in line with mothers' expectations of how the caring routine of their toddlers should take place than other types of care, especially formal (public) childcare services. In essence, the intergenerational care arrangement amounted to (in all cases maternal) grandmothers making "a gift of caring time" (Wheelock et al., 2003: 28) to their daughters (and, implicitly, their families) on a regular basis in ways that made them their grandchildren's principal carers during standard working hours.

as grandfathers are also involved in childcare in some of these arrangements even if grandmothers perform the bulk of grandparental childcare.

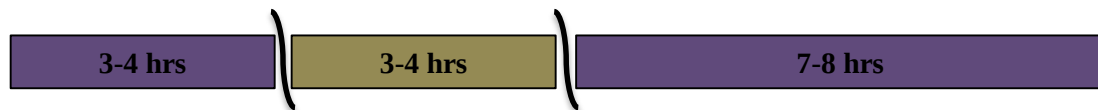


Graph 5.6. The intergenerational care arrangement (6). At the time of asking, three households relied on this arrangement. ■ represents periods of joint parental time spent with the children, ■ represents grandmaternal childcare in the child's home and ■ represents maternal childcare.

The transition into the intergenerational arrangement was in all households anticipated by both parents and grandmothers due to the fact that this arrangement had been in place previously, for older children. In all households where the intergenerational arrangement had been in place at any time, for any of the children, it was seen as a transitory arrangement between when mothers decided to return to work (usually when children approached their second birthdays) and the beginning of kindergarten (around age three), but remarkably stable over this period. Full-time grandmaternal childcare in this form – even for some of those parents who had never relied on the intergenerational arrangement – was not favoured as an alternative to maternal childcare during the first two years not even for highly educated women with career track jobs, neither was it seen as desirable after children reached kindergarten age, i.e. three.

Another arrangement that featured grandparental childcare, but only for shorter periods of time, with greater flexibility and less regularity as in the intergenerational arrangement (6), is the ***grandparental play arrangement*** (7). In these households grandmothers themselves wished to spend time with their grandchildren or were asked to do so for not more than four-five hours a day, in their own homes while the parents were at work or ran errands (see Graph 5.7. below). Grandfathers tended to also be involved in childcare in this arrangement, usually performing a morning or

afternoon walk. Unlike most other arrangements presented so far, this arrangement coexisted during a typical week with other familial arrangements, usually the separate parenting (4) or the shared parenting (5) arrangements (described above), but the grandparental play arrangement (7) characterised more days of the week than these other arrangements.



Graph 5.7. The grandmaternal play arrangement (7). At the time of interviewing, three households relied on this arrangement. represents joint parental caring and signifies grandmaternal childcare, in the grandmother's home, in this representation for around 3-4 hours a day. The sinuous line signifies transportation to and from the grandmother's house.

Indeed, this arrangement may be seen as a variant of either of these arrangements as grandparents' involvement in childcare was flexible, offered for a few days on short notice and tended to amount to little more than playing with children. Unlike in the intergenerational arrangement (6), in which grandmothers freed mothers from childcare in order for the latter to be able to work, in this arrangement grandparents had their grandchildren over primarily to play and socialise. The free time parents could enjoy as a result was of secondary importance to everyone involved and parents often did not explicitly wish to have this time child-free. Nevertheless, in all households where the grandparental play arrangement had taken shape at some point, in relation to any of the children – usually around children's first birthdays – parents felt encouraged to rely on these periods of grandparental childcare and channel their child-free hours into valuable engagements. Most mothers and some fathers returned to their jobs on a part-time basis, working flexible hours – in some

cases officially remaining on parental leave – and in one family the parents decided to speed up the construction of their family home.

This arrangement was observed in nuclear families with children under age two, with highly educated parents and one of them on parental leave, but where both parents spent longer periods of time at home on typical weekdays (either working in shifts, permitting days off, or attending full-time tertiary education). For these families, grandparental involvement in childcare was a time bonus rather than a gift of caring time as in the intergenerational arrangement (6) above, but most parents learned to rely upon and somewhat expand these periods to engage in sustained, meaningful activities.

The *shared female arrangement* (8), the third type of arrangement involving family members other than parents, was rare and characterised only a few extensive households and usually only occasionally, across shorter periods of time. The care of children was a primarily maternal responsibility, but maternal grandmothers – by virtue of their presence and affection for the grandchildren – also participated substantially in their care. The children, in turn, were equally close to their mothers and grandmothers and sought the presence and attention of both women. Childcare was, in essence, the pure maternal (3) or the separate parenting (4) arrangement, but in an extensive household context where the presence of other involved women made childcare inevitably shared (see Graph 5.8. below). Interestingly, fathers seemed to be absent in these arrangements, even when jobless: female-dominated childcare, when doubled, seemed to “push out” fathers completely.



Graph 5.8. The shared female arrangement (8). At the time of asking, a single household relied on this arrangement.  represents maternal childcare,  represents joint parental caring and  signifies grandmaternal childcare, in the grandmother's home. In this graph, grandmaternal caring overlaps with maternal and joint parental care because parents and grandmother spend the day in the grandmother's home, looking after children together. The young families go home at the end of the day.

The shared female arrangement (8) was observed in a few rural households with children under age two and in all cases where this arrangement had been in place at some point, for any of the children, it was seen as temporary and desirable in the early years only. In most cases childcare responsibilities periodically reverted to the mothers when all other adults were away for longer periods, working itinerantly, or passed onto the grandmothers when mothers returned to full-time employment after parental leave ended. Although this arrangement was seen by mothers and grandmothers as an organic outgrowth of extended families' living arrangements, grandmothers' active involvement in childcare seemed to also be key: not all households with members of the extended family sharing the same living space had this arrangement in place.

5.3.4. *Paid informal-parental childcare combinations*

The final two arrangements, joined in this sub-section based on *who* shared the care responsibilities of children, featured different kinds of involvement from paid informal carers, i.e. nannies or – as they were called by parents interviewed – “aunties” (*tanti / néni*). The **nanny arrangement** (9) amounted to paid informal childcare in the family's home during standard working hours, offered by elderly,

early retired women with no professional training and sometimes without prior recommendations⁸¹. In some sense this care alternative may be viewed as the surrogate version of the intergenerational arrangement (6) for those parents who could not rely on full-time, daily childcare from grandparents not least because childcare was in fact performed most often by the same age group and parental care expectations approximated well what was seen as proper grandparental childcare by the same parents. In essence, this arrangement coupled full-time nanny care during standard working hours with female or male-biased joint parenting later in the afternoon and in the evenings on a daily basis (see Graph 5.9. below).



Graph 5.9. The nanny care arrangement (9). At the time of asking two households relied on this arrangement. ■ represents joint parental caring, ■ signifies childcare performed by a nanny in the child's home and ■ is maternal childcare.

The families that relied on this arrangement at some point for any of their children were usually urban, with the reference children aged between two and three. As with the intergenerational arrangement (6), the nanny arrangement (9) depicted here was also seen as a transitory arrangement bridging the period between the separate parenting arrangement (4) in place during parental leave and the educational arrangement (1) to start when children reached age three and were ready to start long-schedule kindergarten. Although parents would have preferred the

⁸¹ Because these women worked without contracts, i.e. in the grey economy, the prices of hiring a nanny among the households in the sample varied greatly (see also Hrzenjak, 2012). While one school teacher in village B. paid 50 RON a month (€12) for 4 hours of care a day, in village I. another medium-educated mother paid 450 RON a month (€110) for a similar service. In city T., full-time nannies costing 500 RON/month (€120) were deemed cheap: some parents anecdotally mentioned their colleagues paying 800 RON/month (€190) for a full-time nanny. Childminding was unheard of among the parents in this study.

intergenerational arrangement in most cases, grandparents' economic activities (when living in sufficient proximity) were seen as a barrier to this familial alternative.

The other arrangement relying on paid informal childcare has been coined here the ***over-extended maternal arrangement*** (10). In this arrangement the nanny assisted with mothers' caring in a separate parenting care arrangement and was present for around four hours on all weekdays. Her role was to "buy time" for the mothers during standard working hours when fathers were at work, to expand their time resources to allow engagement with the other children or with other activities. The nanny in this arrangement spent time with the younger child, particularly over periods during the day when the other children were being transported from kindergarten to other extracurricular activities, the doctor etc. After the arrival of fathers in the late afternoons, children-related activities were shared between parents (see Graph 5.10. below).



Graph 5.10. The over-extended maternal arrangement (10). At the time of interviewing, one household had this care arrangement in place. represents maternal childcare, represents childcare performed by a nanny in the child's home and signifies joint parental caring, usually at home.

This arrangement was deemed necessary due to mothers' competing care and other responsibilities, making the presence of a second adult in caring necessary. The involvement of the nanny in this combination was not only shorter than in the nanny arrangement (9) described above, but the associated expectations were also

different. In this arrangement, the nannies were expected to engage with the children when mothers were absent, were engaged in domestic chores or spent time with other children, but not take charge of care activities as nannies in the nanny arrangement were expected to. Unlike full-time nannies, part-time nannies rarely fed, changed or put children to sleep, but – when she was at home – assisted the mothers in their care routines with either of the children.

To summarise, this section outlined ten different inductively developed childcare arrangements observed in the 37 households in the study (for a summary, see Table 5.11. below). Although based on care arrangements at the time of interviews for the reference children in the sample, the resulting typology holds valid even if considering households' care arrangements in previous years, including for the older children.

Before proceeding to a discussion about the incidence of the different care arrangements among different groups of households – in particular households with parents with varying levels of education, rural and urban households, households where reference children are of different ages –, a few observations pertaining to these arrangements are formulated below.

A first observation is that most care arrangements appear to be constituted – irrespective of the carers involved in childcare on a routine basis – by two or three different types of childcare during any single day, closely tied to standard working hours even in households where one or both parents worked in shifts. Whether it was the educational (1), the separate parenting (4), the intergenerational (6) or the

nanny (9) arrangement, all were constituted by a single childcare option during standard working hours (formal childcare, maternal childcare, grandmaternal childcare or paid informal childcare, respectively), followed by female-biased or shared parenting. Whether it was the socialisational (2), the grandparental play (7) or the over-extended maternal (10) arrangement, there seemed to be three distinct bits to the arrangements:

- (i) a delegated childcare component lasting not more than four hours during any period of standard working hours;

- (ii) preceded or followed by maternal childcare to complete the period of standard working hours; and finally

- (iii) followed by female-biased or shared parenting after typical working hours, with both parents present.

The explanations and implications of these distinctions are discussed in greater detail in Chapter 7. Suffice it to say here that the routines of the organisation of childcare across most households in the sample seemed to follow a standard workday logic even when parents were out of work or worked atypical hours on a regular basis. Most working and non-working parents attempted to separate their own schedules from their children's and sometimes worked hard to streamline their children's daily routines irrespective of adults' work responsibilities (or their lack).

Childcare arrangements	No. of households	Who & for how long	Where	Stability
The educational arrangement (1)	8	full-time formal childcare, SWH ⁸² & parental childcare (<i>female-biased</i>), aSWH ⁸³	long-schedule kindergarten & at home	very stable, routine
The socialisational arrangement (2)	6	part-time formal childcare, SWH & maternal childcare, remaining period of SWH & parental childcare (shared) aSWH	short-schedule kindergarten & at home	very stable (especially in urban households), routine
The pure maternal arrangement (3)	5	round-the-clock maternal childcare (with brief, spontaneous childcare by extended family)	at home	stable
The separate parenting arrangement (4)	7	full-time maternal childcare, SWH & parental childcare (<i>female-biased</i>), aSWH	at home	temporary or stable (if parents not employed), routine
The shared parenting arrangement (5)	1	round-the-clock shared parental childcare	at home	temporary, flexible
The intergenerational arrangement (6)	3	full-time grandmaternal childcare, SWH & parental childcare (shared), aSWH	at home	temporary, routine
The grandparental play arrangement (7)	3	parental childcare, early phase of SWH & part-time grandparental childcare, remaining SWH & parental childcare, aSWH	at home & at grandparents' home	very stable, flexible
The shared female arrangement (8)	1	full-time maternal childcare, shared with grandmother, SWH & parental childcare (<i>female-dominated</i>), aSWH	at home	stable, flexible
The nanny arrangement (9)	2	full-time informal paid childcare, SWH & parental childcare, aSWH	at home	temporary, routine
The over-extended maternal arrangement (10)	1	full-time maternal childcare, SWH & part-time informal paid childcare, SWH & parental childcare (shared), aSWH	at home	temporary, flexible

Table 5.11. Distribution of arrangements in the sample of 37 households. The stability of the arrangement refers to stability over longer periods (stable or temporary), as well as the degree of flexibility or predictability of the arrangement on a daily basis (flexible or routine).

⁸² SWH: standard working hours, i.e. from 8 a.m. to 5 p.m.

⁸³ aSWH: after standard working hours, i.e. after 5 p.m.

Another interesting finding is that instances of dual caring, i.e. childcare performed by at least two people, usually at home, were frequent across the sample.

Discounting female-biased or joint parenting in the evenings – a daily occurrence in a vast majority of households –, the presence of two carers over different periods of standard working hours was observed in almost half of all households in the study. The presence of two carers – the mother and father; the mother and grandmother or the mother and other women living in close proximity – was usually substantial: at least four hours a day. This suggests that care supplies were for over half of the families in this study not in shortage. Indeed, few parents said they felt over-extended or squeezed between care, domestic and work responsibilities during regular workdays unlike what much research on work-life balance in other countries suggests⁸⁴ (Crompton and Lyonette, 2006; Gambles et al., 2006).

5.4. The distribution of care arrangements across different types of households

The design of this study is based on a series of assumptions about potential factors associated with particular care arrangements, outlined in Chapter 4. It was assumed at the inception of the study that households with well educated parents would exhibit greater reliance on formal childcare in the early years and a greater incidence of shared parenting. At the same time, little educated parents were expected to be heavily reliant on informal care solutions. Another assumption was

⁸⁴ The question of how generalisable this finding may be remains an open empirical question. Given the opt-in recruitment strategy, it is likely that those households that find it very hard to combine paid work and childcare responsibilities and experience perpetual childcare shortage did not volunteer for the study exactly due to insufficient time resources. At the same time, considering that aggregate labour force participation rates among Romanian adults between 25-64 with at most compulsory education (lower secondary at most) stood at 42% and employment levels of those with upper secondary training at 62% in 2009 (Eurostat, 2011) and given that most of the carers in this study fell into these two categories based on educational attainment, it may not be surprising that such a care surplus was observable.

that urban and rural households would rely on different types of childcare and consequently on different childcare arrangements, with rural parents more likely to rely on family members (and friends) and urban parents more frequently using non-familial childcare in combination with parental childcare. A third assumption – reflected in the age span of reference children in the study – was that care arrangements would differ for children younger than two, between two and three and older than three. The distribution of care arrangements across the households in the study suggests that these assumptions were only partly confirmed.

It should be remembered that the educational divide among the households in the sample partially overlapped with the urban/rural divide, making the highly educated and the least educated groups of parents internally more homogeneous than the group of parents with medium levels of education (see Chart 4.2. in Chapter 4). To illustrate, 12 of the 14 well-educated households were urban and eight of the 11 little educated households were rural, while the households where one parent at least obtained not more than some post-secondary education were equally distributed between urban and rural settings. Similarly, urban and rural households were unevenly distributed in terms of the reference children's age (see Chart II. in Annex III): while children under two and above three were comparably present in the rural and urban sub-samples of households, a vast majority of children between ages two and three (five out of six) were urban. Overall, therefore, one would expect a greater reliance on formal-parental childcare arrangements from earlier ages among urban households and a greater incidence of parental and familial arrangements among rural families, particularly for children under three.

5.4.1. Differences in care arrangements along educational lines

With some exceptions, most well-educated parents used or anticipated using full-time formal childcare in the sample, meaning that a vast majority were inclined to use the educational arrangement (1). In those households where the reference children were of preschool age (i.e. around age three or older), most frequently the formal-parental arrangements came into being shortly after children's second birthdays or some time before turning three. Interestingly, though, among parents expecting to rely on either formal-parental arrangement (the educational or the socialisational (2)), the initiation of either these arrangements was anticipated to occur in the academic year following children's third birthdays. If considering the age at which well-educated parents started relying on formal-parental arrangements for *any* of their children, it becomes evident that most did so before their children were of preschool age, i.e. three. Those few families where children started going to kindergarten – on a part-time or full-time basis – aged three or older tended to be atypical in comparison to their peers in that they put great emphasis on the emotional comfort of the home environment and the affective relationships with informal carers as crucial to their children's development. Unlike most of their peers who favoured the structure of full-time formal childcare and valued the benefits of children's early socialisation, these highly educated parents believed that age three (rather than earlier) was the optimal time to “step out” into a community. Well educated parents were also the ones who were most inclined to use informal paid carers to delegate childcare responsibilities on a part-time or full-time basis, a well-documented trend in other countries, as well. This holds mostly true if considering all care arrangements of households in the sample for any of the children, at any time. For most a nanny seemed the optimal solution for the

transition period between when mothers returned to work after parental leave and when children could be signed up for formal childcare, usually on a full-time basis, or to complement part-time formal childcare during standard working hours.

Parents with medium levels of education were also keen users of formal childcare, but overall were more likely to rely on the socialisational arrangement (2) (see Chart 5.12. below for a numerical comparison) than the educational (1) one and were also more likely to have initiated the formal-parental arrangements closer to children's third birthdays. However, as already mentioned earlier, the socialisational arrangement for children above age three was for most medium educated parents *not* their first choice, but a solution of compromise, both in the city and in village I. Of the households that relied upon or anticipated to rely upon the socialisational arrangement for their youngest children, two thirds would have wished to be able to make the educational arrangement routine for all of their children, but found they could not for reasons outlined above. Unlike among their well educated peers, parents with medium levels of education were also more likely to have parental arrangements in place, particularly for children under age two. While many well educated families were offered grandparental involvement in childcare (the grandparental play arrangement (7)) or could purchase the assistance of nannies most often acting as surrogate grandmothers during children's first two years (and later), medium educated parents – mothers who were on leave in particular – seemed less willing to welcome such child-free times and “invest” them into meaningful activities in ways their well educated peers seemed to do (e.g. part-time work, driving practice, the construction of the family home, a new degree etc.). For medium educated mothers in particular parental leave appeared to be

constructed as full-time mothering in absolute terms, neither of them wishing to delegate childcare until the leave was over or do so in order to engage in other valuable activities, e.g. job search among those whose employers had gone bankrupt and therefore could not guarantee a job upon their return from parental leave.

Little educated parents appeared to be a homogenous group in terms of care arrangements: all households where parents had completed compulsory education at most relied, at the time of interviewing, exclusively on parental care alternatives, in particular the pure maternal (3) and the separate parenting (4) arrangements *regardless* of the reference child's age. These findings directly challenge Lokshin and Fong's (2004: 100-102) findings, which indicated that mothers with primary education at most were more likely to be in paid work and rely on formal childcare (especially in urban contexts) than their better educated peers during the late 1990's. The lack of reliance on formal childcare is in part explained by the fact that a vast majority of little educated households in the sample had children under age three. As already outlined, parental solutions – especially the separate parenting arrangement (4) – were characteristic of most households with children under two. There was a difference between parents with complete primary education (mostly living in village I.) and severely impoverished, illiterate ones (residents of village B.), however: while the former anticipated to make use of part-time formal childcare after children turned three (the socialisational arrangement (2)), the latter preferred to and did rely on female-dominated parenting. Severely impoverished families – whether urban or rural – were reluctant to make use of formal childcare services, deemed expensive, unnecessary and by some mothers untrustworthy.

What is most interesting – and against all expectations based on the research reviewed in Chapter 4 – is that these households were also the least likely among the families in the sample to rely on familial care solution, i.e. delegate childcare responsibilities to grandparents. While a vast majority of little educated parents lived in close proximity to or in the same household as their parents or parents-in-law, few relied on the older generation as a regular source of childcare. As already suggested, the main reason why childcare in little educated households, many of which were rural and most socially excluded, relied on parental arrangements appeared to be the fact that the parents were labour market outsiders: mothers had no work histories and fathers occasionally worked in the informal economy rather than on a regular basis. These mothers had few options but to specialise in full-time mothering and fathers' precarious labour market status made them mostly absent from home. At the same time, their own mothers and mothers-in-law may have been engaged in paid work still or busy looking after their own younger children. Not only were poor, socially excluded (Roma) couples the least likely to (be able to) make use of formal care services, but they also seemed to be in the greatest shortage of informal, familial caring due to the greater care burdens of the older generations (see Chapter 7). Mothers in these families were stuck with domesticity and motherhood, the direct outcome of their experiences of adverse structural factors such as poverty, the absence of local labour markets, as well as lack of access to education and medical services.

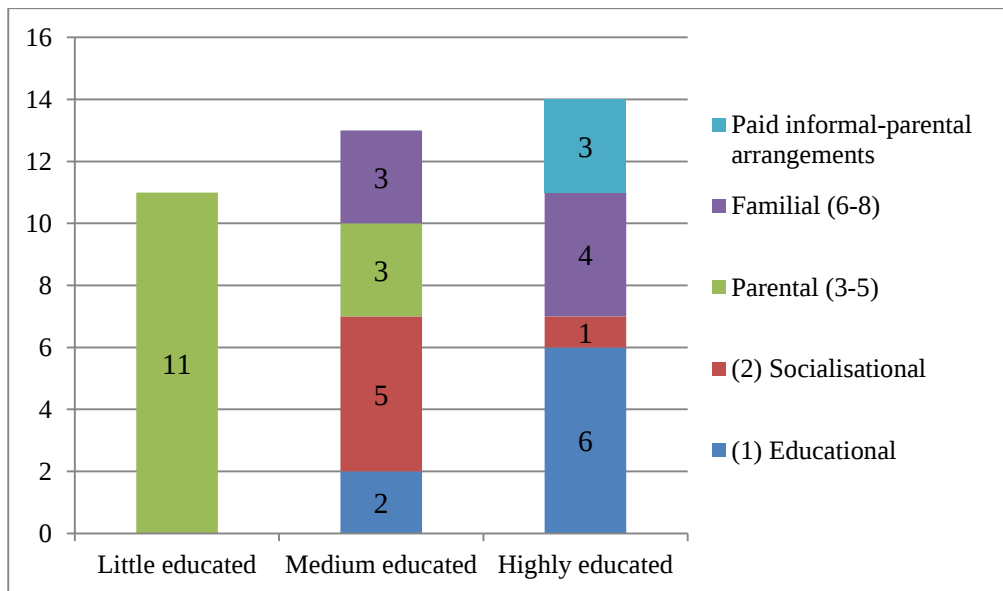


Chart 5.12. The distribution of care arrangements observed at the time of interviewing for the reference child based on parents' levels of education.

As this section shows, parents' levels of education seem to be associated with particular arrangements rather than others. Overall, well-educated couples in the study were – as initially expected – most likely to rely (or planning to rely) on the educational arrangement (1) and do so earlier than most other parents in the sample (Debacker, 2008). By comparison, parents with medium levels of education and little educated (but not illiterate, severely impoverished) parents most frequently oscillated towards the socialisational arrangement (2) and in general *after* children turned three. It should be remembered, however, that the differences in the actual reliance on full-time formal childcare between well educated and medium educated parents especially seem to be explained not by different *preferences* in relation to formal childcare, but different degrees of *accessibility* to full-time and part-time formal childcare, respectively – an issue discussed further in Chapters 6 and 7. The apparent educational difference between little educated parents and their better educated peers, however, should not be overstated. The exclusive reliance on

parental arrangements among little educated parents was in part explained by their children's age rather than preference for or inability to access other kinds of childcare alternatives. Moreover, among illiterate parents with children above age three the lack of reliance on other care alternatives seemed to be shaped by social exclusion and multiple deprivation, including the lack of reliable informal childcare supply (see Chapter 7). What is evident, therefore, is that although parental levels of education are closely related to particular care arrangements rather than others, parents' levels of education come short of explaining how these – rather than other – arrangements come to be.

5.4.2. The urban/rural divide in care arrangements

As already outlined earlier, the urban/rural divide mostly overlapped with the educational divide among parents of the reference children in ways that concentrated most highly educated parents in the urban sub-sample, while most little educated and illiterate parents in the sample lived in rural areas. Little educated parents also had the most children, which means that larger families in the sample were concentrated in rural areas (Chart 4.2. in Chapter 4 and Chart III. in Annex III). Urban and rural households faced, therefore, not only different childcare environments, shaped by differentiated local supplies of formal childcare and potentially different moral contexts in which the making of care arrangements had to be made, but also different degrees of “pull” in local labour markets, also influenced by parents' levels of education. In brief, urban and rural parents tended to find themselves in qualitatively different environments when having to make decisions about childcare, the issue of childcare differently configured for urban and rural parents, respectively. As a result, one would expect different sets of care

arrangements in the different locales, also outlined in Chapter 4: greater reliance on informal care arrangements until later in children's lives and especially familial informal arrangements in single- or dual-earner households.

When comparing the group of urban and rural households, greater reliance on familial care arrangements – regardless of the reference children's ages – was indeed observable in the sample, but not in the way initially expected (see Chart 5.13. below). Familial arrangements – the ones expected to be more common among rural households – were comparatively rare in the sample overall and, more interestingly, as frequent in urban households as in rural ones. The more surprising difference between urban and rural households was the different incidence of *parental* care arrangements: families from the countryside relied much more on the pure maternal (3) or the separate parenting (4) arrangements. Another difference, already outlined in sub-section 5.4.1. above, is the differentiated reliance on formal care, particularly for children aged three and above.

What seemed to explain mothers' greater likelihood of looking after their children themselves in the villages was not only their children's young ages. At the time of interviewing half of rural families had children between age one and two, while only less than a quarter of urban families had children in this age group. Rural families in the sample tended to be younger, have more children, were less educated and skilled, did not own land. In addition, among women in particular labour force participation was rare, more likely for those who had completed secondary

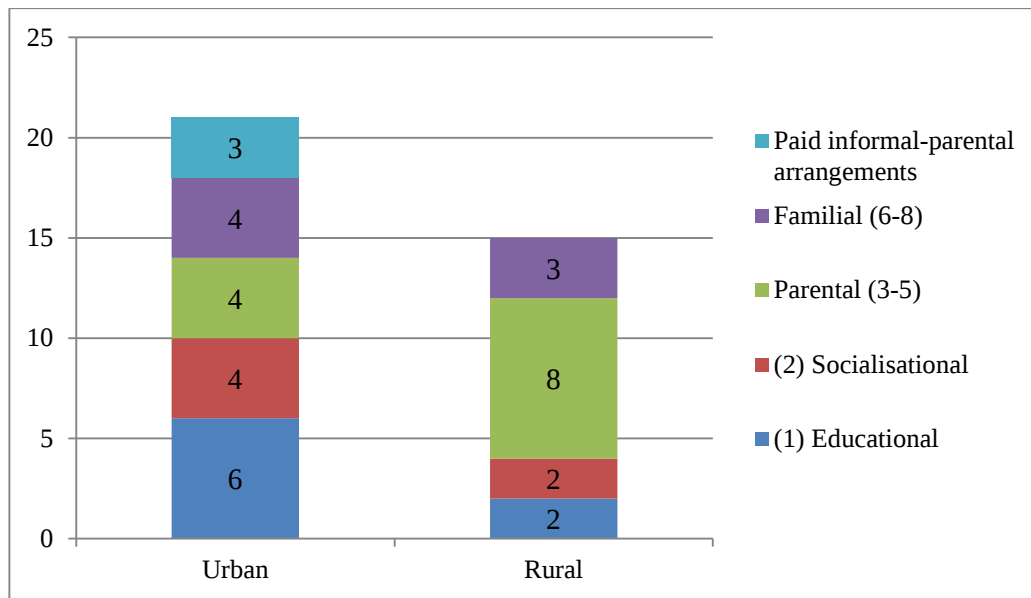


Chart 5.13. The distribution of types of care arrangements in place at the time of interviewing by locality type. If considering *all* arrangements of *all* households for *all* of their children, the distribution of care arrangements would be somewhat more similar across urban and rural locales.

education. In addition, local labour markets offered very few opportunities for regular employment for men and even fewer for women. As a result, over half of rural parents in the sample had few to inexistent opportunities to make a living through regular employment or self-employment and women were mostly housewives. Parental arrangements in rural areas – rather than familial or formal-parental arrangements – appeared to be shaped especially by parents’ work patterns and labour market histories, interlinked with and reinforcing a primarily mother gendered moral rationality (Duncan and Edwards, 1999; Duncan et al., 2003), i.e. a particular configuration of external factors with constraining effects on parents’ childcare options.

In short, differences in care arrangements among urban and rural households, respectively, partly confirmed findings of other studies focussing on this divide.

However, an interesting finding was the incidence of parental care arrangements rather than familial options, involving grandparents and other family members.

5.4.3. The age divide in care arrangements

A third dimension of variation in care arrangements was assumed to be children's age, in other words it was expected that children of different ages – notably children under two, children between two and three and children older than three – would enjoy different kinds of care arrangements across the households in the sample. Care arrangements during children first two years were *universally* informal in character, the most frequent options being the separate parenting arrangement (4), regardless of parents' levels of education, employment histories and therefore eligibility for parental leave. In other words, early years childcare in all households for all children in the sample – at least until children were 18 months old – was primarily parental and in some cohabiting extended family settings familial, i.e. routinely involving grandparental or other family childcare.

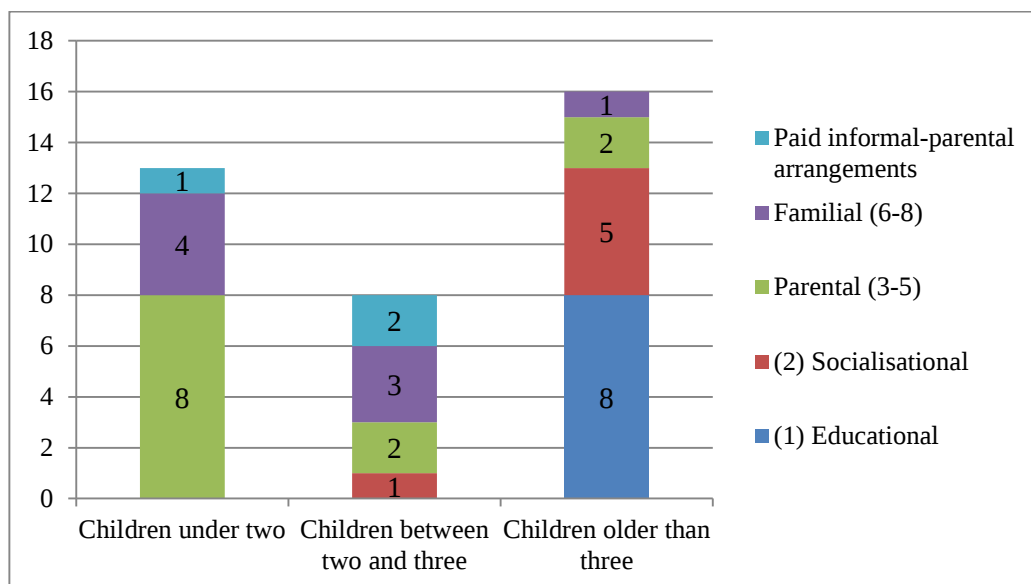


Chart 5.14. The distribution of care arrangements by reference children's age.

Children between ages two and three exhibited the greatest diversity of childcare arrangements both at the time of interviewing, as well as when considering all arrangements for any of the children in the sample. Apart from households where neither parent had regular employment and where parental and familial care arrangements were particularly stable throughout children's preschool years, all households experienced (or anticipated to experience) transitional care arrangements for their children. As already highlighted in section 5.3. above, the most common care arrangements for this age group were the intergenerational (6) and nanny (9) arrangements. The educational care arrangement (1) was also relied upon where the full-time formal care component was delivered in publicly subsidised crèches. Indeed, for most children their second and third birthdays were associated with care arrangement transitions, with age three implying the beginning of either the educational (1) or socialisational arrangement (2).

It is noteworthy that of all the reference children above age three only a very small minority was not in part-time or full-time formal childcare, indicating parents' commitment to short- or long-schedule kindergarten regardless of educational levels, type of locality of residence, parents' labour market status etc.

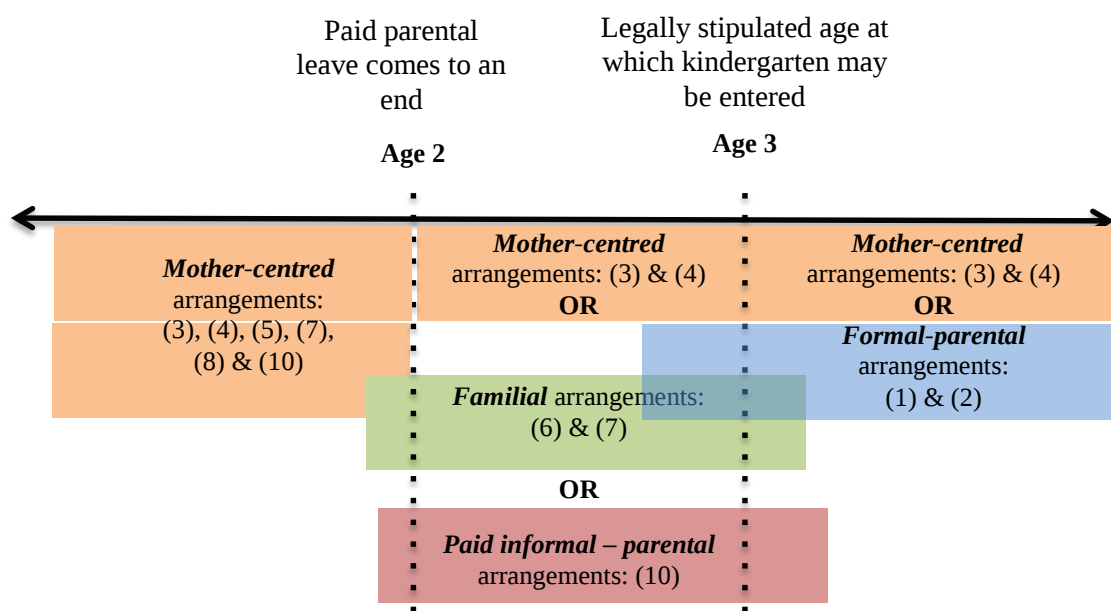


Chart 5.15. The incidence of the different childcare arrangements according to children's age groups. Three main trajectories were observable (and anticipated to happen) in the households in the study: i). mother-centred arrangements throughout children's preschool years, usually among the least educated and most impoverished households experiencing multiple exclusion; ii). Mother-centred arrangements until kindergarten age, followed by the socialisational arrangement (2), mostly in medium-educated, single-earner rural households and a small minority of urban households; iii). Mother-centred arrangements until around age two, transition to a temporary arrangement filling the gap between around age two until around age three, then transition into the educational (1) or, much less frequently, the socialisational arrangement (2), usually in urban, dual-earner households in the higher income bracket and medium or high levels of education.

5.5. Summary and conclusions

The purposes of this chapter were threefold. One aim was to account for the different childcare arrangements that the 37 households in the study had in place for the care of their youngest at the time of interviewing, providing an answer to the first research question of the thesis. A second, arguably more ambitious, aim was to attempt to provide observable exemplars of comprehensive childcare arrangements

by using a purposive sample of Romanian households with children between ages one and five in order to broaden our awareness and understanding of the breadth of analytically possible and empirically observable childcare arrangements. The care arrangements presented in this chapter, summarised in Table 5.11. above, were the only ones emerging if considering *all* care arrangements of *all* children in the households in the sample, lending these real types greater validity. Thirdly, in accounting for these different observed care arrangements, an underlying interest has been to start unpacking the reasons for which particular care arrangements were in place in particular households. One of the interesting findings in this regard is the fact that some of the arrangements seemed to be associated with different explanations, in other words different “causal pathways” (Ragin, 2000) were apparent to similar outcomes, i.e. care arrangements. This was particularly the case for the socialisational (2) and the separate parenting (4) arrangements.

Another finding of this chapter is that the stability of care arrangements decreased as children approached their second birthdays and grew again as children turned three, meaning that the extent to which typical weekday arrangements existed was strongly dependent on children’s ages. The fact that the period of greatest flexibility and most frequent transitions was associated with the roughly two to roughly three age group points strongly to the role played by the design of childcare-related policy provisions, in particular the design of the familialising paid parental leave policy and the accessibility of (partly) de-familialising public childcare services. The role of these (and other) policy provisions in shaping care arrangements is discussed in great detail in Chapter 7.

Thirdly, although the chapter revealed some consistent differences in the incidence of different care arrangements in different groups of households – notably households with parents having different levels of education, households in different types of locales and, finally, households with differently aged reference children –, neither of these dimensions of variation pertaining to care arrangements seemed to explain why those and not other arrangements were in place. In other words, differences in arrangements along parental levels of education, urbanity and rurality or children’s ages seemed to be indicative of particular explanatory mechanisms, but which were unable to account for the coming about of the particular arrangements in question. The further discussion of these and other factors able to explain similarities and differences among sub-samples of households in the study forms the essence of Chapter 6.

Fourthly, this chapter has also found that a vast majority of children frequently spent at least the latter part of typical weekdays with at least two adults and half of all reference children spent as much as half of typical weekdays with at least two family members. Although this was more of a rural phenomenon, where parental employment was more likely to be seasonal, unpredictable, occasional and flexible, but was also true in one third of the urban households, particularly where children were younger than three. These findings seem to point to two possible explanations. One might be that Romanian households with young children – due to declining fertility levels and declining labour market participation rates amongst younger and pre-retirement age cohorts – have sufficient family members available to look after children. In other words, one explanation for this phenomenon might be that for many nuclear families with young children there is simply no “care deficit”

(Hochschild, 1995). Another, more likely explanation might be that due to polarising trends in both fertility levels, labour market participation rates and income levels, some households experience a care surplus, while others a care deficit. In other words, it is likely that the care surplus in some, but of course not all households in the sample is a symptom of a polarising society in which dual-earner, well educated couples, prone to having one or two children, rely on full-time formal childcare as early as possible, while workless, little educated, poor households, more likely to have two or more children, rely on full-time parental or familial childcare until as late as possible, further exacerbating lifestyle differences and socio-economic outcomes (see Esping-Andersen, 2009: 70-74). Regardless of the processes at play, these findings indicate the fact that the care deficit, at least in the Romanian context, may not be as widespread as some might suggest.

Finally, an interesting finding in the light of much of the childcare literature which highlights the importance of neighbours and friends in childcare is that a vast majority of households in this study seemed not to rely on informal childcare provided by friends and neighbours, with socially excluded households least so. Although members of the extended family – especially grandmothers and sometimes sisters-in-law – were involved in childcare to greater or lesser extents in all households, adults outside the family (apart from nannies) were in most households excluded from the list of informal carers under any circumstances. Most parents in the study, whether urban or rural, but – interestingly – especially the latter, were reluctant to ask neighbours and friends to look after children even for brief periods of time as these relationships were often deemed inappropriate or

insufficiently close to permit such “big” requests⁸⁵. Kinship ties were almost universally the ones through which unpaid, informal childcare was provided both on a regular, as well as on an occasional basis, although the quality and reliability of this care seemed to be strongly associated with level of education and neighbourhood.

⁸⁵ In an extensive study of young Romanians during the 1990’s, Ghebrea (2000) also found that friends and neighbours were virtually never asked to provide childcare. Members of the immediate family – partners, parents – were the ones from whom help with childcare was most often sought.

Chapter 6. Explaining The Making of Childcare Arrangements

6.0. Exploring the research puzzle

In exploring parental narratives about the daily organisation of childcare in the households in this study, the previous chapter outlined ten distinct ways in which these households usually dealt with childcare demands on typical weekdays. In addition, the discussion also outlined the variation in care arrangements when comparing households where parents had different levels of education, households that lived in different types of localities and, not least, households with children of different ages. The descriptive character of the previous chapter was seen as a necessary step towards the main goal of this chapter: namely, to offer an agency-centred explanation about how these different care arrangements came to be.

This chapter provides a response in two steps to the second research question of the thesis, namely how members of households, notably parents, decide on their young children's routine care arrangements and what factors shape this decision-making process. In the first stage, this chapter proposes a new theoretical construct that seems to capture best what lies at the heart of parental ponderings about and decisions around young children's care arrangements: *hierarchies of care ideals*. In the second stage, the chapter provides an explanation about how these hierarchies of care ideals have been found to work in practice, in other words how they help in explaining the making of care arrangements generally speaking and the making of particular care arrangements in particular households during particular phases of children's early years. This explanation of the making of care arrangements at the

household level differs from outlining the *mechanics* of how childcare arrangements were negotiated among family members and enacted at household level, the focus of Chapter 8. It is in this later chapter that the intricacies of the discussions, negotiations and decision-making on which care arrangements were predicated are explored in detail. Instead, the purpose of this chapter is to provide an agency-centred process-oriented explanation about how care arrangements are thought of, imagined, then considered and decided upon, i.e. the steps parents take before engaging in the actual implementation of any care arrangement.

In accounting for the explanatory process formulated in this chapter, the discussion opens parallel dialogues with contributions of other authors on the subject of childcare-related decision-making in couples (and households). Special attention is paid to Duncan and Edwards' (1999) discussion of gendered moral rationalities, Himmelweit's (2002) evolutionary model of mothers' decision-making in relation to caring and employment and the capabilities approach developed for explaining work-life balance decisions by Hobson and Fahlén (2009) (for more detail, see subsection 2.2.2. in Chapter 2). The contributions of this chapter should be seen as refinements to existing explanatory frameworks rather than as the formulation of an alternative, new one.

The chapter is structured into three parts. Section 6.1. provides a brief overview of the starting point for an essentially culturalist explanation and lays out some of the conceptual starting points for this chapter. Section 6.2. forms the core of the chapter by constructing, based on an inductive approach to data analysis, the explanatory framework pertaining to the making of care arrangements in two stages. Sub-

section 6.2.1. argues that instead of a single care ideal, carers in the study operated with various care ideals and provides a brief description of the different care ideals that emerged from carers' narratives in the study. The following sub-section (6.2.2.) introduces the concept of hierarchies of care ideals and provides a detailed description of the various hierarchies of care ideals apparent in participants' accounts. Sub-section 6.2.3. explains the ways in which hierarchies of care ideals operated in practice, as detailed guidelines in pondering about, considering and not considering particular care options linked to individual care ideals. Sub-section 6.2.4. discusses what appeared to be the origins of hierarchies of care ideals, thus foregrounding the discussion about the potential role of childcare policy provisions in shaping, through care ideals and the hierarchies they were ordered into, children's routine care arrangements, the subject of Chapter 7. The chapter comes to a close with a discussion in section 6.3. of the ways in which the explanatory model based on hierarchies of care ideals speaks to and refines existing models aiming to explain how mothers (and parents more generally) think about and enact childcare arrangements.

6.1. Ideals of care: points of departure

Discussions with parents and grandmothers about the daily organisation of childcare often led to retrospective accounts of children's first few months of life and the years that in most cases followed. Care arrangements were often accounted for as emerging from habitual family practices, outgrowths of particular divisions of labour within families. Some carers' narratives frequently reiterated the self-evident character of employed care solutions, often without reference to potential

alternatives. Other parents emphasised their active selection and enactment of preferences in relation to a various care alternatives, revealing that they had contemplated the possibility of competing care arrangements, some more desirable than others. But regardless of the extent to which parents *voluntarily* expanded on the self-evident or, on the contrary, actively managed character of typical weekday care arrangements, further discussions revealed that a vast majority of, if not all carers thought of solutions to caring for their young children in terms of particular care ideals, moreover, an ordered *set* of care ideals: *hierarchies of care ideals*. Against the backdrop of a particular set of ordered idealised imageries of care at particular points in time during children's early years, individual parents described care options they had considered (or indeed *not* considered) and the one they then chose (Gordon and Högnäs, 2006).

Discussions with carers in the study indicated that thinking and deciding about *who* should care for the children, the reference child included, *where*, *for how long* and *to what end* was guided by what Kremer (2007) – based on Hochschild's (1995) work – called care ideals (or ideals of care). According to Kremer (2007: 71-72), a care ideal:

“ [...] implies something about where care should be provided: the child's home, the carer's home, or a day care centre; by whom it should be provided: who is trustworthy and well-equipped for the 'job'; and in what way care contributes to the upbringing of children: are children supposed to be socialised with other children, educated individually, cherished, or simply 'looked after'? In my definition, care ideals identify what is 'appropriate care'. [...] Care ideals are existing practices, but they are more than that: they contain a specific normative legitimation, a logic of appropriateness (March and Olsen 1989). Care ideals are highly gendered, they are part of a gender culture: their legitimation is framed in terms of whether they are better, worse, or just different from mother care; motherhood is a vital frame of reference. [...] Ideals of care are not hegemonic or mutually exclusive. The moral predicament of work versus care is likely to be solved through a pick-n-mix strategy, it's a cultural toolkit allowing for a bricolage of ideals.”

In essence, Kremer's (2007) argument was that within every society there are culturally dominant notions about what is the "best" (or, perhaps more appropriately, the most desirable, the most legitimate?) care solution for young children. This best care solution – in the context of a particular care arrangement – comes with a particular set of normative assumptions and expectations about the identity of the carer (who), the locus of care (where), the content and purposes of caring within the particular best care alternative (see also Hochschild, 1995). Care ideals, ideas about the best or most appropriate type of childcare, would translate, then, into particular care arrangements, or just the one: the best (Himmelweit and Sigala, 2004). Furthermore, Kremer (2007) also asserted that the appropriateness of all care ideals was often established in reference to maternal care, most likely universally deemed the best kind of care around the world, not just that of the four distinct ones Kremer included in her analysis. In the last bit of her definition, she also pointed out that the "best" care alternative – the culturally dominant care ideal – may be coupled in practice with other care solutions which, in turn, may also be seen as appropriate.

In this study, too, care ideals did transpire from carers' accounts of what they saw as 'good' and 'bad' caring, their 'ideal' care solution(s), the benefits and drawbacks of the care arrangement in place for their youngest child at the time of interviews etc. However, unlike other research has suggested (Duncan and Edwards, 1999; Himmelweit and Sigala, 2004; Gordon and Högnäs, 2006; Kremer, 2007), accounts in this study revealed more than a culturally dominant care ideal, a particular "best" (most desirable) arrangement. Instead, carers in the study seemed to adhere to several care ideals, each linked to particular carer identities – the mother, the father,

“the parents”, the grandmothers, nannies, crèche carers, kindergarten educators etc. – and particular care arrangements, constituting a set of ideal care solutions whose desirability differed. Care ideals, linked to particular carers and particular care arrangements, formed hierarchically organised sets of care ideals, with the desirability associated with each care ideal acting as the principal organising principle of these hierarchies. Individually held, but in reality more widely shared, hierarchies of care ideals acted as blueprints for parents in thinking and making decisions about how to best solve dilemmas posed by children’s care needs and parents’ own needs. Hierarchies of care ideals provided guidance in tackling multiple predicaments parents had in relation to children’s care, among which the *delegation of childcare away from mothers* – the one predicament that much of the work-family reconciliation and “childcare choices” literature focuses on – was but one. At the same time, these hierarchies of care ideals performed another vital function for parents especially: they provided legitimation to the care arrangements parents made for their children, but which might have been perceived by others – members of the extended family, friends, acquaintances, neighbours etc. – as illogical or outright inappropriate and detrimental for the children in question.

6.2. Hierarchies of care ideals in theory and practice

All adults in the study offered some insight into what they believed to be the best source of caring for their children and children more generally. As Kremer (2007) also suggested, maternal childcare frequently emerged in carers’ narratives as the most desirable, most appropriate type of care, often the kind of care that non-maternal carers – grandmothers or nannies – were expected to approximate to the

best of their efforts. The virgin-and-child imagery of maternal caring was challenged by no one in the study. For most grandmothers in the study, maternal exigencies of caring were seen as the standard to which they felt they had to perform childcare. It was this maternal care ideal too that represented the backdrop against which fathers were constructed, by mothers especially, as “secondary” carers – regardless of their level of involvement, skill and enjoyment of caring.

Indeed, mothering and maternal childcare did emerge in the study as the indisputable *non plus ultra* of childcare for young children as Kremer (2007) also suggested. But, in spite of this, the Snow White maternal care ideal (Kremer, 2007) was seen as the most desirable childcare option for preschool aged children only by a small group of little educated, impoverished, socially marginalised parents. A majority of participants in the study saw the primacy of this maternal care ideal as distinctly age-related, at the tip of hierarchies of care ideals applicable for children under three only. There was a consensus among carers regarding the superiority of maternal childcare, encapsulated in the commonplace Romanian phrase “*cei șapte ani de acasă*” (literally, those seven years from home and the equivalent of a decent upbringing) even Hungarian parents cited sometimes and which signified a proper upbringing expressed especially through politeness and “good” behaviour etc. However, after age three, maternal childcare was seen as the best with one proviso: only if combined with formal childcare, i.e. kindergarten attendance.

In other words, the Snow White maternal care ideal, shared by all carers in this study, proved insufficient for explaining the wide range of childcare arrangements that the 37 households in the study had for the care of their youngest children at the

time of the fieldwork. This maternal care ideal did not explain why a majority of mothers delegated care responsibilities to other carers after children turned two or so, nor why some parents opted for the care of grandmothers, the best surrogate mothers, while others who could have done so did not. Hierarchies of care ideals form the core of the explanation to what appeared to be a tension between what people thought and believed about the best care for their children and what they did in practice in response to their specific childcare needs.

6.2.1. *Care ideals: idealised depictions of carers and their caring*

As already suggested, in their accounts about the organisation of childcare, reflections on the alternatives considered or indeed not considered at the time of making the arrangements that materialised and explanations about the prospects of changes and continuities in arrangements, familial carers constantly returned to more or less similarly ordered imageries of ideal care solutions, some more desirable than others: hierarchies of care ideals.

Hierarchies of care ideals were apparent in parental narratives as exactly that: ordered sets of care ideals, quite a limited number among the 68 familial carers interviewed. Care ideals emerged as detailed depictions of mostly *idealised* and much less frequently *vilifying* care imageries stretched to absolutes, linked to particular carer identities. Care ideals also entailed particular imageries of care relationships, capturing the particularities of the dynamic of caring in idealised, absolute terms: a particular *carer* in a particular *locus of care* seen as customary for the carer in question was imagined to care with a particular *attitude*, particular *emotional* and *intellectual inputs* to a particular *standard* (the *ethos* of caring),

during a particular *part of the day* for a particular '*chunk*' of time. Care ideals were ideals in that they were much more than participants' depictions of the caring provided by their own carers, familial or not, paid or not etc. In short, care ideals emerged as ideal typical mental representations of carer identities and their caring.

For instance when parents talked about the grandmaternal care they actually relied on, they did more than describe the respective grandmother's involvement. Parents evaluated this involvement in the light of an abstract imagery of grandmaternal care, an imagery that drew on what seemed to be more widely shared cultural images of the 'good' or the 'involved' grandmother. They kept referring back to more or less clearly articulated mental representations of grandmaternal caring and evaluated and reiterated the degree of the grandmother's actual conformity with this abstract, idealised depiction of grandmaternal care. In turn, this idealised imagery of the caring grandmother was reinforced and further refined by the experiences (both positive and less than positive) of parents relying on this type of childcare. A similar narrative process characterised carers' accounts of all types of caring, carried out by a wide range of carers, whether familial or not, paid or not, at home or elsewhere. The caring of different carers was, thus, each associated with distinct positive or negative, rarely mixed clusters of meaning. These clusters of meaning brought together attributes of the carer, ideas about his/her attitude towards the child and towards caring activities, his/her ideas about good and bad caring, his/her emotional availability, intellectual abilities and input, the role of his/her caring in the larger "patchwork" of childcare etc.

Care ideals, then, acted as shorthand for a complex normative construction of different kinds of caring, bringing together a variety of ideas about the nature, dynamic and, most importantly, the context-dependent desirability of the different kinds of childcare. These care ideals were imagined as much as possible devoid of contradictions, thus eliciting a coherent impression and imagery of caring when referring to it. Care ideals were depictions of how the different kinds of caring *should* or *would* actually happen and often had little semblance to how caring activities and relationships actually unfolded in carers' experience. Ideals of care might be seen, in short, as detailed, complex portrayals of abstracted, idealised carers, their care activities and the care relationships they could form with children. Below are outlines of the different care ideals formulated by carers in the study.

The maternal care ideal

As already explained, the maternal care ideal was seen by all participants in the study as the best kind of childcare that can exist and the meanings associated with maternal childcare seemed very consistent across narratives. Maternal childcare was idealised as unconditionally loving, prioritising children's best interests and well-being, attentive and empathic, patient, as well as conscientious and meticulous. Mothers were seen to be best equipped to be there in all senses of the word. Maternal caring was viewed as being constant, round-the-clock, often performed alone and its purpose to provide anything and everything for children. Maternal caring was tightly linked to the home, with trips outside the home occasioned almost exclusively by engagements serving the well-being of children. In spite of its unique and unparalleled status, the maternal care ideal was not always seen to sit at the top of hierarchies of care ideals by all parents. To put it differently, while a

culturally specific maternal care ideal was widely shared among carers in the study regardless of levels of education, labour market status, type of locality of residence etc., the gendered moral rationalities (Duncan and Edwards, 1999) this care ideal was linked to differed, especially for children of different ages and for mothers with different socio-economic backgrounds. The maternal care ideal topped hierarchies of care ideals for children under age one for all carers in the study and for children under age two for most. After this age, the primacy of the maternal care ideal received less support. With the exception of some little educated, severely impoverished, rural (Roma) parents, the maternal care ideal came second for children older than three, i.e. of kindergarten age, after the kindergarten care ideal (see Graph 6.4. below).

The paternal care ideal

In contrast to the maternal care ideal, the idealised imagery of paternal care was linked to a depiction of joint caring. Fathers were imagined to care at home and on the playground, invariably after standard working hours. Fathers' caring was seen usually in terms of emotional availability, attention and role modelling, particularly in families with boys, and emotional support for the mothers. Mothers' imagery of paternal caring featured (endearing) clumsiness, insecurity, requiring constant assistance, as well as love and lax and inconsistent discipline. Fathers' paternal care ideal was, not surprisingly, devoid of imageries of incompetence, and was blended with the parental care ideal (see below). Paternal care was seen as highly desirable, especially during the immediate post-partum period and after standard working hours, particularly during play, on outings, in children's sports activities and

generally, in childrearing. Paternal caring was invariably seen as complementary to maternal caring even by parents who shared childcare responsibilities equally.

The 'parental' care ideal

The parental care ideal was genderless, perhaps the fuzziest of all and emerged most frequently in contrast to non-parental care ideals and related care options. The parental care ideal was, therefore, a less articulated imagery of care constituted by shared elements of the maternal and paternal care ideals. Parental care was imagined as loving and empathic, patient, permissive, with the parent intimately familiar with everything to do with children. Parental care was seen as highly desirable at any time and its main purpose was, simply, raising the children.

The grandmaternal care ideal

Although most parents did not wish their own parents to be involved in *raising* the kids, grandparents and especially grandmothers were highly prized and strongly wanted characters in children's daily lives. In addition, the grandmaternal care ideal was among the most valued ones among the carers in the study. Grandmaternal care was defined through its affective component, which was seen sometimes to surpass even that of parents'. In addition, grandmothers' caring was idealised as sensitive, more patient even than maternal care, unconditional and openly expressed, playful, permissive, often spoiling, and flexible, tuned to children's unique needs, wants and expectations. Grandmothers were expected to be enthusiastic about caring and were trusted to be the best surrogates of parental care, although the grandmaternal care ideal approximated the maternal rather than the paternal care ideal. Grandmaternal care was seen as most appropriate for children under age three in the absence of the

parents (notably the mother) and as a complement to formal childcare after age three. Just as with the care ideals associated with the parents, the grandmaternal care ideal was seen as no substitute for formal childcare in kindergartens, performed by trained educators and carers.

The kindergarten care ideal

Less so than in the case of all the other care ideals apparent in carers' narratives, the care ideal of formal preschool education and childcare was linked to the institution of kindergarten attendance rather than the educators working there. The kindergarten care ideal was intimately tied to a public kindergarten close to the family home, for four or eight hours a day. The idealised imagery of caring in kindergarten settings featured a professionalised learning environment which allowed for both autonomy, as well as learning and development through a wide variety of educational activities, socialisation, play and pedagogically guided interaction. Kindergarten attendance was also seen as an unparalleled context for improving children's (self-)discipline, structure, boundaries, in short conformity with rules widely shared in society. Kindergarten was first and foremost seen as a place and context for learning rather than as a childcare solution, although many parents expected that their children would be safe, looked after, cared for, paid attention to. As already stated, the kindergarten care ideal was seen by a majority of parents as the best type of care children older than three could receive. Parents thought that kindergarten as a care option for children younger than three was unsuitable due to the format of the care setting rather than due to the content of caring and learning per se.

Just as Kremer (2007: 29-32) described two distinct variants of the maternal care ideal in her book, so did carers in the study reveal an idealised, as well as a vilifying variant of both the nanny and the crèche care ideals.

The nanny care ideals

For highly educated parents especially, the nanny care ideal tended to be associated with the positive image of the grandmother, although a surrogate one. For parents with post-secondary, non-tertiary education at most, the image of the nanny more frequently elicited a negative image. The positive imagery of the nanny (*tanti / néni*) drew on the image of an emotionally and intellectually available elderly woman who was attached to the child, loving and dedicated. The nanny was seen as a less familiar grandmother, but who had all the qualities to be an “adopted” grandmother to the child. The nanny was invariably an elderly woman with a family and perhaps even grandchildren of her own. Her main role, as in grandmothers’ case, was to look after children in parents’ absence without interfering with childrearing principles. Nannies were a welcome care option especially for toddlers, in particular during the “gap” year between the end of paid parental leave (around children’s second birthday) and the commencement of kindergarten (around age three).

The negative nanny care ideal depicted nannies as elderly women who were looking to earn extra money by looking after young children. Parents with an unflattering mental image of nannies invariably saw them as strangers, ignorant of how to interact and care for children, uninterested in children as individuals, careless and therefore untrustworthy, undedicated and only interested in making money. To

carers sharing this view of nannies, this type of care was untenable in almost all circumstances and tolerated only as a temporary solution of last resort at best.

The crèche care ideals

The positive care ideal associated with crèche care was significantly less well developed than its negative pair. The positive care ideal of the crèche idealised it as an educationally and developmentally optimal care context with special attention paid to children's wholesome development through a structured schedule, routine activities, socialisation and formal learning activities. Its purpose was to provide supervision and a safe environment during parents' absence. In comparison with the kindergarten care ideal, which was invariably linked to learning and preparation for school, the crèche care ideal remained linked to the understanding of caring as minding children. Interestingly, this positive variant of the care ideal (as its negative variant, in fact) was very much age-related: crèche care was deemed undesirable for children under age two and over three (kindergarten age).

The negative imagery of the crèche was built mostly on little substantiated perceptions about the quality of care provided in these care settings. The vilifying depiction of crèche care saw it as cold, careless caring in the context of overcrowded and understaffed spaces in which children's needs were disregarded and not catered for. Care in crèches was seen by carers as rigid, unfriendly, with crèche nurses performing their tasks bored, without interest and emotional input. For these reasons, some parents saw the crèche as a place of intellectual and developmental stagnation rather than growth and avoided it at any cost.

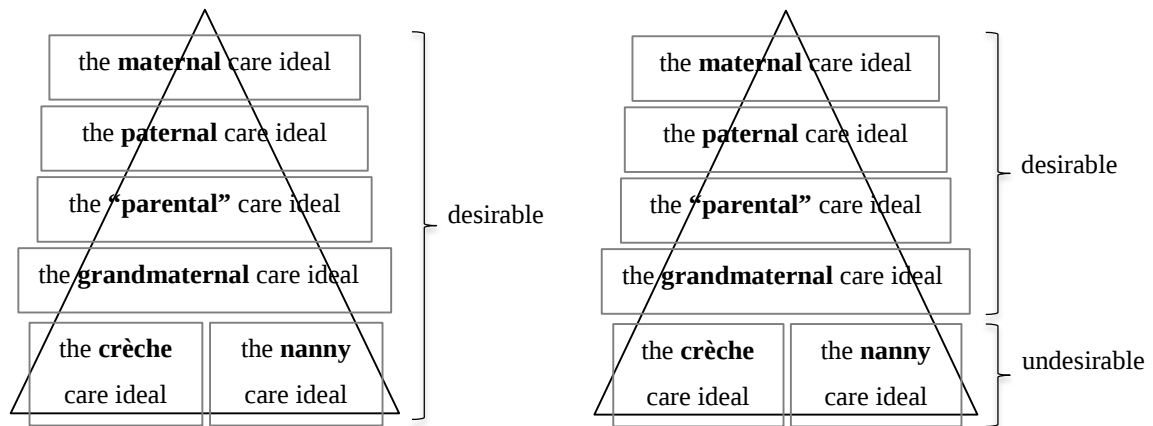
The above are simplified outlines of more detailed care ideals that were apparent in most carers' narratives. A vast majority of carers in the study shared some ideas about different carers, their caring and the reasons for which they might have been or not been considered as potential care options. With few variations, many of the elements of these care ideals were widely shared among carers in the study, suggesting – as will be argued later on – that these are individually held, but culturally specific imageries associated with particular carer identities. As such, they also act as informational shortcuts in situations when important decisions need to be made, e.g. in relation to children's care, and trying out different care options is not a viable solution.

6.2.2. Hierarchies of care ideals: variants and variations

As already explained, hierarchies of care ideals were individually held, but more widely shared sets of idealised care imageries, i.e. a finite group of care ideals, ranked within the hierarchy according to desirability. Different care ideals commanded inherent degrees of desirability, with rather little variation in the relative desirability of each care ideal. Observed hierarchies were themselves ideal in that even carers who could not in practice rely on particular types of care in the hierarchy still expressed care ideals related to what were unattainable care options. For instance maternal caring was widely held to be the most desirable type of care even when mothers in fact withdrew from caring completely or were 'taken away' caring responsibilities by others⁸⁶. Paternal caring was seen as second best even if, in practice, grandmothers much more frequently acted as secondary carers than

⁸⁶ In one of the households in the study, the mother of the reference child had lost custody after the separation of the parents. In another, both parents of the reference child were chronically ill and the paternal grandmother acted as the legal guardian and main carer of her grandson.

fathers. Grandmothers were usually seen as the third most desirable carers – after “parents” – even when they were absent, unable or unwilling to participate in care or their caring was seen in practice as inappropriate (see Graphs 6.1. and 6.2. below).



Graphs 6.1. (left) and **6.2.** (right). Two variants of the most common hierarchies of care ideals for children *under the age of three*. Carers who thought of the nanny and crèche care ideals in a positive light (see sub-section 6.2.1) deemed the related care options desirable, but less so than any of the familial care ideals (Graph 6.1.). Those who regarded the crèche and the idea of nannies with distrust (the vilifying versions of these care ideals) saw the related care options as undesirable, even out of the question (Graph 6.2.).

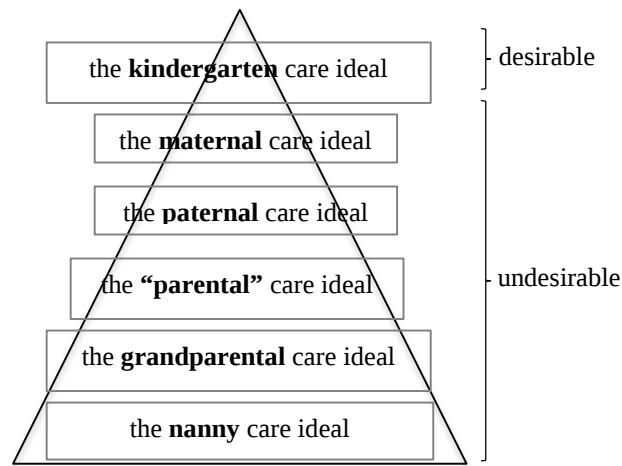
Less consensus existed as regards the desirability of paid informal carers – nannies –and crèche care especially, but these care ideals commanded the least desirability (and most undesirability) of all care ideals outlined above.

In short, individual carers in the study seemed to operate not with a single care ideal at any given point in time, as Kremer’s (2007) analysis might have suggested, but with several ones. In addition, these care ideals appeared to form distinct structured systems according to the respective desirability of each ideal. Individual parents (and grandmothers) tended to think in terms of a single hierarchy of care ideals

during particular periods of reference children's lives and these hierarchies were also described to be stable over time. These ordered sets of care ideals seemed to change little over carers' lives. In most cases care ideals and the distinct hierarchies individuals held were reinforced over time through experience, in most households from one child to the next, but rarely challenged and changed. In very few cases did parents – as the main and final decision-makers in questions of childcare – review the particular hierarchy of care ideals they held even when the changes in care arrangements they enacted seemed to hint at change. What appeared counterintuitive actions in relation to care arrangements were in most cases explained by carers as adjustments in arrangements due to contextual factors, most frequently children's idiosyncrasies, rather than as actions taken on the backdrop of changed views about particular types of care. In a very small number of cases were hierarchies of care ideals re-evaluated as a result of *negative* experiences. In these few cases, individually held care ideals were rethought and re-imagined in the light of new 'knowledge' and their desirability re-evaluated, leading to a modified hierarchy of care ideals.

Although care ideals, as well as hierarchies of care ideals held by carers in the study revealed significant coherence, it is noteworthy that hierarchies of care ideals did differ for children of different ages (see also sub-section 6.2.1. above) and parents' socio-economic positions. To be more exact, individual carers tended to operate with different hierarchies for children younger and older than three, respectively, and little educated, impoverished, labour market outsider parents especially tended to reveal different – more limited – hierarchies of care ideals compared to their better educated rural or urban peers and which were age-insensitive. Graphs 6.1.

and 6.2. above are visual representations of the most commonly described hierarchies of care ideals for children under the age of two especially. Graph 6.3. below captures the most commonly held hierarchy of care ideals for children older than three, shared by an overwhelming majority of carers in the study.



Graph 6.3. The generic hierarchy of care ideal held by the vast majority of carers in relation to the care of children aged *three and above* during standard working hours, on typical weekdays.

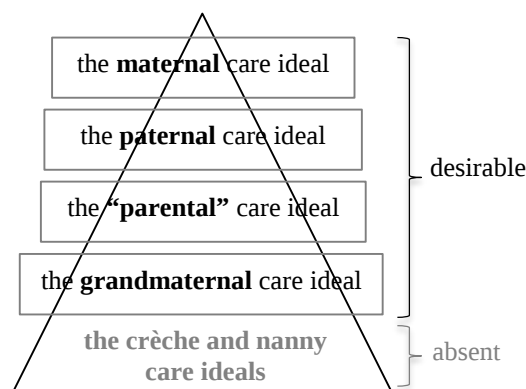
One of the key findings of this study is that carers thought in terms of different hierarchies of care ideals as their children grew older. Carers pondered over childcare options in terms of different hierarchies of care ideals corresponding with different age groups. In other words, some parents (and grandmothers) relied on one hierarchy of care ideals when their children were younger than two, a slightly different one when their child was older than two, but not yet three, and a distinct third hierarchy after the child approached the age of three. A majority of parents operated with two distinct age-related hierarchies – for children younger and older than three – and most little educated, impoverished, socially excluded mothers thought of childcare options in terms of a single, more limited hierarchy of care ideals.

One of the key differences between hierarchies of care ideals for children under three and those for children older than three was the reversed ranking of the professional care ideal in the kindergarten and the maternal care ideal (compare Graphs 6.1. and 6.2. with Graph 6.4., below) In a vast majority of households, professional, education-driven caring after children turned three was seen as equally desirable, if not more desirable than the incontestably “best” maternal care ideal. Parents resolved this apparent tension in a number of ways at the normative and practical levels. The maternal care ideal itself was revised in ways that allowed for other types of caring, particularly during standard working hours. In addition, the desirability of the professional care ideal associated with the kindergarten emerged as highly conditional and context-related: it was the most desirable *only* during standard working hours or *only* for four hours a day or *only* if tuition was high quality. Thus the professional care ideal “competed” with maternal caring only in some respects, during certain parts of the day, during particular periods of the year. As will be discussed in Chapter 8, kindergarten care was seen as an indispensable component of children’s upbringing and only indirectly a substitute for mothers’ (or parents’) care in a majority of households.

Parents’ socio-economic position for the structure of hierarchies of care ideals seemed to matter significantly less among parents with at least complete secondary school not living in severe poverty. In terms of variations in observed hierarchies of care ideals, the main distinction seemed to be between little educated, impoverished and socially marginalised (Roma) mothers and the rest⁸⁷. For the former, the Snow

⁸⁷ It is notable, however, that even in relatively poor Roma social milieux, comparatively better off Roma parents did share ideas about the kindergarten care ideal. Therefore being Roma was not always related to the absence of two distinct hierarchies of care ideals for differently aged children.

White version of the maternal care ideal remained the most prized type of care for all children of preschool age, although many mothers revealed that their daily experiences of caring – in conditions of severe material deprivation and income poverty – were often far from this idealised image of motherhood. Maternal childcare was idealised not only as the best type of care, but was also seen as indispensable, its absence irremediable. A small group of little educated, poor mothers thought their own mothers or mothers-in-law could do a better job, but this type of surrogate motherhood was still seen as less desirable (for mothers in particular) than the maternal care ideal. Some of these poor, socially marginalised mothers revealed great distrust in crèche care and distrusted preschool education also. The rest seemed to have no meaningful notion – normative or not – of non-familial care ideals. The idea of *paid* carers and the nanny care ideal remained, similarly, unarticulated in their narratives (or elicited during interviews⁸⁸), suggesting that these parents’ ideas about childcare – regardless of their children’s age – were exclusively linked to the family and the domestic sphere.



Graph 6.4. The hierarchy of care ideals shared by most little educated, impoverished, socially excluded (Roma) parents of young children.

⁸⁸ A conscious decision was made during interviews with impoverished, socially excluded (Roma) parents not to ask about their views on the option of paying someone to take on childcare responsibilities because it might have been perceived as insensitivity or bullying in the context of their severe poverty.

The consensus characterising not only care ideals, but also the hierarchies that they were organised into points towards the conclusion that care ideals and hierarchies were in fact widely shared, culturally specific and, due to their normative, idealised nature, culturally dominant constructs that informed how the care of young children should be thought of and organised at the household level. In this sense, individual care ideals were hegemonic cultural imageries that provided impressions about – a feelings – and mental depictions – images – of (i) the *carers*, the *loci* of care and the *durations of care* ‘*chunks*’ they were seen to offer; (ii) the *ethos* of the care provided by the different carers; (iii) the *purposes* that the care of different carers were seen to have to achieve; (iv) the *benefits* and *more disagreeable implications* of different kinds of caring; (v) the *desirability* of care ideals compared to other care ideals, captured by the particular organisation of essentially the same care ideals in the different variants of the hierarchies of care ideals, visually represented above. These normative clusters of meaning and imageries of care related to different carers were, invariably, *relative*: their respective degrees of desirability appeared to be judged in comparative terms, in the broader context of *other* care ideals. Maternal caring was without doubt seen as the “best” type of care and tended to be widely seen as the most desirable, but even this care ideal implied that its superiority had limits – when compared to the kindergarten care ideal especially. Children’s age in particular appeared to have a strong bearing on what kinds of care were deemed desirable and in what order. Age also influenced in an equal measure carers’ – especially parents’ – notions about what kinds of care were *undesirable*. As children became older, the list of appropriate care options seemed to become more restricted.

6.2.3. Hierarchies of care ideals in practice: childcare options, constraints and opportunities

The discussion until now has focused on exploring what care ideals and hierarchies of care ideals were and the variations and similarities that were apparent in carers' narratives. The purpose of this sub-section is to explore how hierarchies of care ideals were relied upon by individual parents and couples when making decisions about and taking steps towards implementing routine care arrangements for typical weekdays. In other words, the focus of this sub-section is to provide a process-based explanation about the making of childcare choices by explaining how hierarchies of care ideals proved useful for individual parents when pondering about and making judgements about multiple possible care options and the most feasible alternative. It has been suggested earlier that hierarchies of care ideals acted as guidelines for adults thinking about, trying to decide and preparing to take steps towards arranging for particular care arrangements. But what exact purposes did individual care ideals and age-specific hierarchies of care ideals serve? How were hierarchies of care ideals useful for individual parents in questions about the routine organisation of caring?

Participants in the study often provided deterministic explanations to care arrangements in place (or in place at any point in time, for any of the children in the family). It often seemed that the care arrangements in place materialised in situations without other options or possibilities: they “just” had to happen. At the same time, many arrangements were described as partly accidental, the result of “lucky” unexpected events. It became clear upon further discussion, however, that care arrangements resulted from parents filtering through ordered and ranked care

ideals – individually held hierarchies of care ideals – by considering a variety of constraints and opportunities in relation to the different possibilities indicated by the individually held hierarchies. Indeed, care options – possibilities parents thought feasible, possible – were described as “emerging”, “taking shape” as time passed by, reflecting their negotiated and contextual character. Very rarely did parents stick to their initial observation that their care arrangements were obvious, self-evident, put in place without any kind of thinking⁸⁹.

Adults involved in deciding how to best solve childcare needs – which, too, were often described as “emerging”, “becoming evident” etc., i.e. fluid and contextualised – kept returning to their individually held hierarchy of care ideals. Individual parents considered, starting at the top of their hierarchy, the different constraints and opportunities that might have allowed for or prevented the realisation of the different care ideals. Carers ‘descended’ their hierarchies of care ideals and singled out possible options, which too were ranked. In a vast majority of cases, the care options deemed feasible retained the relative position of the care ideal they were linked to. For instance if grandmaternal childcare and crèche care were both considered as possible options, parents first attempted to put the grandparental care arrangement in place as the grandmaternal care ideal was more valued than the crèche care ideal.

Care ideals and hierarchies of care ideals, as described in sub-section 6.2.2. above, appeared to exist *a priori*, as givens, based on many kinds of ‘knowledge’ and their

⁸⁹ Arguably, the self-evident character of some of the care arrangements in some of the households in the study might be seen as an expression of parents being able to maximise their top option(s), while those reflecting on care arrangements as developing over time expressing a more time- and energy-consuming decision-making process amounting to considering constraints, opportunities and, in the light of these, the most desirable trade-off.

origins stretching back to an indeterminable time. Hierarchies of care ideals were constituted over a longer period of time, mostly unconsciously, by sifting through information of others' experience, one's own experience as a child, as a childless adult, as a parent, a variety of culturally embedded "messages" about proper childhood, 'good' and 'bad' parenting, 'good' and 'bad' caring etc. Hierarchies of care ideals became clearer when parents became parents and contemplated care-related decisions for their own children.

Not surprisingly, this exercise of assessing the actual feasibility of increasingly less desirable care ideals for the purposes of typical weekdays, on a routine basis, was an individual one: mothers, fathers and grandmothers all seemed to engage in this exercise alone. As a result, parents and grandmothers – whether cohabiting or not – sometimes had different ideas about what care alternatives were actually feasible and in what order of descending desirability. This variation arose from differences in individually held hierarchies of care ideals, particularly in relation to the ordering of non-familial care ideals by each parent (or grandmother). More frequently, however, mothers and fathers perceived different constraints and opportunities in relation to individual care ideals, leading to different sets of care options. Different couples discussed differences in childcare options more or less extensively, with greater or less agreement (see Chapter 8 for a detailed discussion of this), but in a majority of couples constraints and opportunities, as well as childcare options were negotiated, arrived at through greater or smaller compromises.

In short, hierarchies of care ideals acted as ideational guidelines for pondering about and considering childcare possibilities in ways similar to how Finch and Mason

(1993) described family obligations. They acted as principles to be considered when deciding how to tackle specific childcare-related predicaments, certain solutions more “recommended” than others. Hierarchies of care ideals were informational shortcuts in decisions whose stakes were perceived to be (very) high and which occurred in contexts of informational asymmetry due to the fact that parents’ often had limited or no first-hand experience with different types of childcare.

Hierarchies of care ideals were internalised points of reference based on which parents attempted to make the best decision in relation to childcare, which often meant balancing not only children’s care needs, but also mothers’ (and parents’) best interests (see also Ribbens, 1994; Duncan and Edwards, 1999; Vincent and Ball, 2001). Care ideals and hierarchies of care ideals acted as cultural norms pertaining to the organisation of childcare, i.e. culturally dictated musts that parents felt they had to conform to, only in relation to maternal and the evasive “parental” care. The latter, the “parental” care ideal, seemed to be the expression of cultural norms around parenthood rather than an idealised conceptualisation of a particularly high quality care option. The mother-centred care solutions – the separate parenting (3) and the pure maternal arrangements (4) – were also frequently explained as arising from widely pervasive cultural norms dictating maternal care during the first two-to-three years of children’s lives (or even later). The appraisal of the quality of maternal caring as the best sometimes seemed a complementary argument rather than the main reason for which mother-centred care arrangements were put in place⁹⁰. In other words, the maternal and the parental care ideals in particular acted

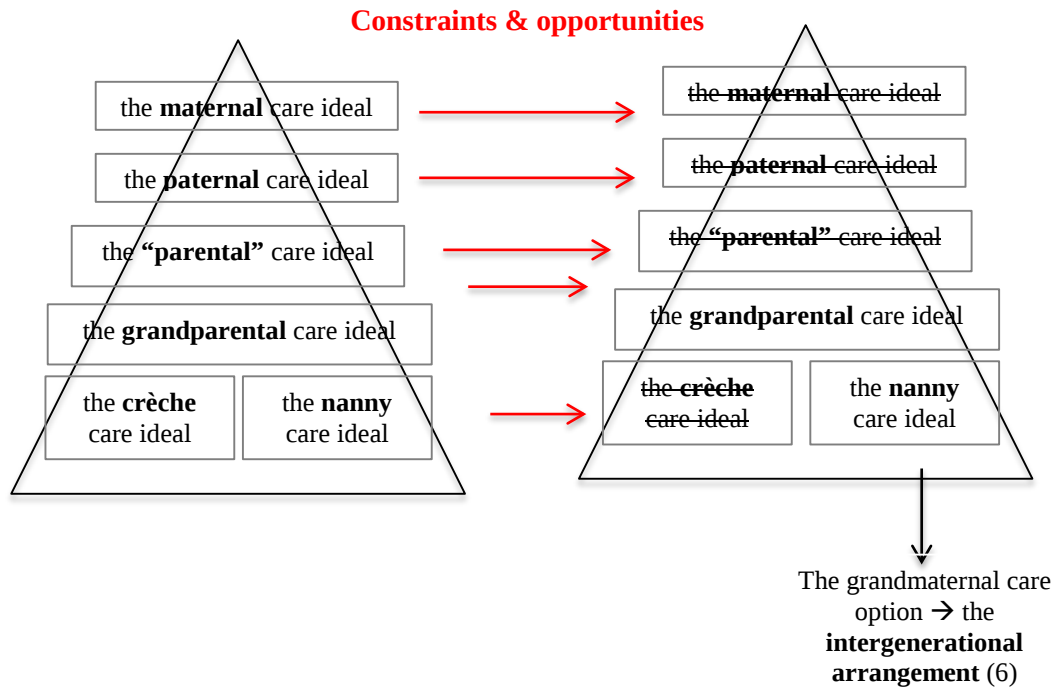
⁹⁰ The highly normative character of maternal care, especially during the first two-to-three years of children’s lives, was most obvious among mothers with compulsory education at most. These mothers often said that their mothers or mothers-in-law could care for their children better than they could, yet in spite of this they refrained from delegating childcare (and seek paid work for instance). Although stressful and tiring, these mothers retained their maternal roles and acted in accordance

as more than culturally legitimated guidelines: they were highly influential cultural norms dictating “appropriate” behaviour.

Questions related to the delegation of childcare away from the mother (or the parents), however, were most often resolved through considering the implied “recommendations” of individually held hierarchies of care ideals and considering the constraints and opportunities of each such “recommendation” (see Graph 6.5. below). The variation in the perceived constraints reveals the fact that non-parental care ideals especially (and sometimes even the paternal care ideal) functioned as guidelines rather than rules in parents’ decisions to arrange for children’s routine care arrangements. Context, personal idiosyncrasies, children’s preferences and unique needs etc. were seen to justify the consideration of or disregard for options otherwise poorly viewed or, conversely, highly valued. In short, care options were somewhat negotiable for a variety of reasons.

Due to a variety of perceived constraints, most care ideals did not end up considered as care alternatives. Equally, certain opportunities recommended a particular feasible childcare option more than others. Still, many parents considered at least two different care options when pondering about changes in childcare arrangements. What constraints limited the consideration of the different care ideals and, conversely, what opportunities were seen to facilitate the implementation of the care ideals participants in the study held?

with the Snow White care ideal to maintain their “proper” status within the family and their immediate communities.



Graph 6.5. An example of how individual parents considered individual care ideals and then narrowed down childcare options in the light of perceived constraints and opportunities, arriving at a particular care arrangement in the end.

6.2.4. Constraints and opportunities shaping childcare options

For children under age two, maternal caring during typical weekdays – and especially during working hours on typical weekdays – was made possible by different factors in different types of households. The difference between the households was neither parents’ levels of education, nor was it type of locality of residence. Instead, maternal caring was made possible in different ways by their labour market status before and during mothers’ *first* pregnancy, regardless of the number of children born subsequently. Mothers who worked continuously before becoming pregnant with their first child had social insurance and, as such, were entitled to paid parental leave until their child turned two. Apart from two mothers, who had given birth shortly after starting their dental practices and were eager to return to paid work, *all* mothers who were entitled and took leave *officially*

maximised their time away from work. Some highly educated mothers, however, started working part time during the second year of their leave in an informal arrangement, illicitly⁹¹. In spite of their paid work, these mothers remained the primary carers of their children until their second birthdays by working not more than two hours a day.

Among women with no or very limited work histories, mother-centred childcare arrangements during children's first two years of life materialised in a different fashion. Many of these women – apart from four – were living in the countryside and the most skilled among them had secondary education at most. These rural mothers especially lived in communities with high levels of worklessness, even among men, very limited to inexistent employment opportunities and high levels of material deprivation. Little educated, illiterate (Roma) parents tended to be extremely poor, landless in addition to being unskilled and exposed to multiple forms of exclusion not least due to ethno-racial discrimination. The birth of the first child tended to calcify most of these women's labour market outsider status even when they faced no ethno-racial discrimination. Maternal childcare in the first two years emerged, therefore, as inevitable not least because childcare responsibilities after birth became an additional reason for embarking on what was imagined to be a time-, energy- and cash-hungry search for a potential job. For these two main reasons, a vast majority of the 37 households in the study described the successful implementation of the maternal care ideal during children's first two years of life without periods of maternal absence. Due to pervasive joblessness and the lack of

⁹¹ As will be discussed in Chapter 7, paid leave and paid work were mutually exclusive according to the relevant Romanian legislation. Engaging in income generation precluded the right to remain on leave and to receive the related monthly cash benefit. Therefore mothers who did work while officially on leave did so by bending rules.

employment opportunities, for rural mothers without employment histories before their first birth this period extended beyond children's second birthdays.

What considerations *prevented* the realisation of the maternal care ideal before children's second birthdays and especially between their second and third birthdays? As already suggested, some highly educated mothers returned to professional activities in the second year of their paid parental leave. It should be noted, however, that these women's involvement in paid work was not seen as an abandonment of mother-centred care responsibilities: all women were away from home for a few hours on certain days of the week only and could retain their incontestable role as primary carers during typical weekdays. Most of these women could also on dedicated grandmothers or male partners to substitute them while they were away, but these substitutions – due to their brevity and flexibility – were not seen as routinely integral to a “new” care arrangement. The mother-centred care arrangements – in practice usually the separate parenting arrangement (4) – remained in place in spite of mother's informal part-time income-generating activities.

As discussed in sub-section 6.2.1., the paternal care ideal was defined through absence during standard working hours and as a complementary care resource during evenings. In a vast majority of couples, fathers complied with this care ideal and were involved in play activities with their children in the afternoons and evenings. As a result, most fathers regarded themselves as excellent parents. In a small number of nuclear families – six altogether – were fathers absent from caring during typical weekdays altogether, for two main reasons: job responsibilities and

what appeared to be men's vetoing their wives' needs and wishes as a means to exert control in the couple relationship (Hochschild, 1989). In village I., some fathers worked itinerantly as lorry drivers and were frequently away from home. In three very different households in terms of parents' labour market status, income, educational level, type of locality of residence etc., fathers refused to take part in caring primarily as a result of their explicit refusal to spend time with the children as a way to exercise power in their marriages. By denying their wives the help they needed, these men attempted to remind their wives of the importance of their own will – sometimes as a statement of power, other times as a statement of their equality in the partnership.

Although grandmaternal presence was common in most families in the immediate post-partum period, young families' decisions in relation to the sharing of care-giving work with others during children's first two years seemed to be governed by the principle of *parental childcare maximisation*. In situations where grandmothers were eager to take part in caring and made themselves available, parents still aimed to maintain discipline in the division of caring work and minimise especially the time grandmothers spent alone with the children. Grandmothers, when conforming to the widely shared care ideal described in sub-section 6.2.1., were seen as the best maternal substitutes, in actuality often more desirable than fathers, and a highly tempting care resources in a wide range of situations.

The key opportunity linked to grandmaternal caring as a complement to maternal care during the early years or as substitute care when mothers were absent was the quality and reliability of caring grandmothers were seen to offer. As described in

sub-section 6.2.1. above, the idealised imagery of the grandmother amounted to a particular kind of labour of love: less strict, more openly loving, endlessly giving, amiable, patient and as a result more conflict- and confrontation-free. In addition, equally important in valuing this kind of care was grandmothers' familiarity. Grandmothers were family members and, as such, their relationship with the grandchildren was seen as intimate in particular ways. A strong sense of familiarity reinforced, in many households, grandmothers' status as second best to "parents" or to "the mother". It was in the light of this familiarity that non-familial care ideals were seen as generically less desirable than the grandmaternal one, especially during typical weekdays when parents were away, most often working.

Many parents appreciated these qualities of grandmaternal caring and the degree to which grandmothers could in practice deliver these directly informed parents' consideration of grandmaternal care as a workable care alternative. Indeed, one reason for which some highly educated mothers especially refrained from even considering their mothers or mothers-in-law as the main source of childcare during typical weekdays was that the respective grandmothers' caring was seen as inconsistent with the grandmaternal care ideal. Parents who were reluctant towards the grandmaternal care option frequently referred to an "inappropriate attitude" or to a "particular way of putting the entire issue" (see also Chapter 8).

But decisions *not* to rely on grandmaternal childcare were underpinned by a greater variety of reasons. In many households grandmothers were simply not available: some lived in another locality and would have found commuting or moving tiring, unaffordable or simply undesirable; others, although living close by, were too old

and sickly to be able to care for young children; other grandmothers close by, especially better educated women with continuous work histories, were still in full-time paid work and the idea of giving up employment a few years ahead of retirement was not seen as an option; others had competing care responsibilities, especially the care of elderly family members; some grandmothers were simply unwilling to care regardless of health status, availability etc.

As already observed, grandmothers' familiarity emerged not only as an attribute of the grandmaternal care ideal, but also as a principle governing the ordering of parents' care alternatives. The *principle of familiarity* guided parents' decisions regarding which of the grandmothers to rely on regularly, or whether to rely on both, or indeed rely on neither of them (when both might have been available to care). Although the grandparental care ideal was invariably more desirable than other familial carers apart from parents, parents' reliance on the principle of familiarity explains why some parents chose one grandmother over the other or relied on the help of both, equally, as well as why some grandmothers' caring was avoided altogether. Alongside gender roles, parental care maximisation and the principle of familiarity were both influential in the process of establishing the ordering of care options in individual households.

Parental narratives about non-familial care ideals for children under three – particularly the nanny care ideal and the professional care ideal in crèches – enjoyed less desirability than familial care ideals for the reasons outlined above. However, a close look at parents' explanations regarding their reluctance to consider non-familial care options during these first three years revealed another principle

underlying the formulation and ordering of actual care alternatives: the *principle of stranger minimisation*. Parents tended to be reluctant to involve “strangers” in the care of children and aimed to rely on familial care as much as possible, as already highlighted. The idea of “strangers” caring for young children was formulated as a constraint by many familial carers interviewed. At the same time, familiarity with a potential carer was highly prized and an influential criterion. It is for this reason that the most valued nannies were women already known to couples and their children (e.g. neighbours) or recommendations from other parents. It is for similar reasons that parents signed their youngest children up at the same crèche or kindergarten as their older children or sought institutions where they were acquainted with someone. Especially in households where grandmothers were not available, the long-schedule kindergarten was usually preferred to the short-schedule one because the latter was seen to necessitate the involvement of “yet another stranger” to complete standard working hours. In other words, the principle of stranger minimisation was equally influential in the ordering of care alternatives for children over three, too.

Furthermore, this principle of stranger minimisation explained the stability of many carer arrangements over periods of months and even years, regardless of children’s age. Because parents tended to be wary of changing carers and loci of care, they tended to have greater tolerance for childcare that did not fully correspond with their expectations. Parents employing nannies were ready to make concessions and compromises regarding the quality of care purchased in order to avoid the termination of the caring relationship; similarly, most urban parents and rural parents, more constrained options notwithstanding, tended to carefully consider

which kindergarten to choose, aiming to minimise the chances of changing teachers, peers and institutions after starting kindergarten.

The feasibility of a particular care option also depended on parents' understandings and perceptions of children's interests (see also Ribbens, 1994: Chapter 3; Duncan and Edwards, 1999; Vincent and Ball, 2001; Duncan et al., 2004). In addition to the importance attributed to parental childcare maximisation, to the principle of familiarity and to stranger minimisation when considering potential childcare options linked to particular care ideals, many parents and grandmothers highlighted the importance of meeting of children's best interests, or "what was best for children". A focus on children's best interests was not only an argument about meeting children's care needs in the best way possible: it was more than that. In addition to aiming to ensure that children's essential and less essential needs were met, female carers especially worked hard to also ascertain and maximise children's (sometimes imagined) preferences and approval. For mothers especially, the minimisation of children's discomfort, "trauma", exposure to environments that children disliked as a result of the delegation of childcare to other carers was often paired with attempts at *matching children's* explicit or less explicit *preferences*, regardless of parents' levels of education, locality of residence or children's age. The suspected or ascertained validations or opposition children expressed in relation to particular care options directly informed the consideration of or disregard for these alternatives. In the case of older children, many parents with at least secondary education encouraged them to express their choices by consulting them about their thoughts and feelings about particular carers and, indirectly, types of care or made a point of finding out whether children liked or disliked the prospects

of particular care arrangements. For instance many parents who started taking their children to kindergarten before they turned three explained the *timing* of the transition to the educational (1) or socialisation arrangement (2) by referring to children's readiness, established through direct observation of children's social skills, willingness or as a result of children's explicit requests (in case of second children). Similarly, children's dislike of particular carers or potential carers, e.g. nannies, grandmothers or kindergarten teachers, led in some families not only to the involvement of other carers, but also changes in the care arrangement altogether. In short, what was good for children was, for mothers especially, a combination of their own judgements about children's best interests and children's (more or less explicitly) stated preferences, likes and dislikes.

A final principle that governed the materialisation of particular care alternatives once parents decided to delegate childcare after children turned two was *the cash logic*. Among parents whose non-familial care ideals were framed in a positive light, the financial implications of the different non-familial care alternatives were sometimes a consideration in the ordering of different care options. Even among medium- to high-income parents the choice between a nanny and the much cheaper crèche or kindergarten was sometimes explained by financial considerations. It is important to highlight, however, that the cash logic was hardly ever the key factor in singling out the care arrangement deemed most desirable. The cash logic was most frequently considered as an additional, reinforcing factor for opting for a less expensive care alternative, particularly in fathers' narratives, and financial considerations were easily cast aside if children's care experiences were deemed unacceptable and in need of change.

At a general level, then, care arrangements were in part explained by the singling out of possible care alternatives based on carers' individually held hierarchies of care ideals. By referring back to the relevant hierarchy, individual carers made judgements about the feasibility of the different care ideals considering their particular household circumstances. 'Household circumstances' were defined through subjectively judged familial childcare supplies and access to various non-familial childcare resources (see especially Chapter 7). In the light of several principles deemed essential for maximising the quality of care – parental childcare maximisation during the first two years especially, the principle of familiarity, the principle of stranger minimisation, children's best interests and preferences and, finally, the cash logic –, individual parents singled out a limited set of childcare options deemed both desirable and feasible. Discussions and negotiations between spouses, the subject of Chapter 8, would often result in one or two options that couples and members of the extended family would deem implementation-worthy. Depending on the success of negotiating a variety of external constraints, for instance problems of coverage and access foregrounded in the previous chapter and the subject of Chapter 7, individual households would most frequently end up with a childcare arrangement of "their (limited) choice".

Particular care arrangements, then, came about as a result of complex and sometimes lengthy judgements about what would constitute the most desirable care arrangement considering the range of internal constraints mentioned earlier (see also Folbre, 2008). Possible childcare options, especially the range of non-familial care options, had to pass a moral test akin to that described by Duncan and Edwards

(1999) in relation to lone mothers' decisions to delegate childcare or not. A range of ideas about proper childhood, proper motherhood and the best way to balancing children's and mother's needs and interests informed lone mothers' decisions about delegating childcare and take up paid work (Duncan and Edwards, 1999: 119; Duncan et al., 2003; 2004). In a very similar vein, a range of ideas about the caring of carers other than the mother informed the equally important questions of how to tackle childcare needs once the delegation of childcare responsibilities away from the mother was a sure thing. While gendered moral rationalities – or the maternal care ideal – were found in this study too to inform when, for how long and under what conditions mothers would carry on with childcare responsibilities unassisted, care ideals and hierarchies of care ideals formed the basis of decisions about how to organise children's routine care while mothers especially were away from home, most often working for pay.

6.3. The making of childcare arrangements: a discussion

The purposes of this final section are two main ones. Firstly, this section wishes to formulate a few observations about the process-based explanation centring on care ideals and hierarchies of care ideals, derived from the narratives of 68 familial carers. Secondly, this section aims to outline the ways in which the explanatory framework in this chapter speaks to the existing body of knowledge regarding the making of care arrangements in households with children under five. In other words, this section presents the ways in which the findings of this study complement and refine existing explanatory frameworks formulated by Duncan and Edwards' (1999), Himmelweit (2002) and Hobson and Fahlén (2009) (and briefly

discussed in Chapter 2). In doing so, this section also engages with Kremer's (2007) arguments about the existence of nationally pervasive single care ideals and corresponding care arrangements and Pfau-Effinger's (2005a; 2005b) propositions about the explanatory role of culturally specific family and welfare values for cross-national similarities and variations in women's employment patterns (and configuration of maternal care responsibilities when children are young).

6.3.1. Hierarchies of care ideals and the making of childcare arrangements at household level: some observations

One of the interesting findings of this study is that childcare needs, children's best interests and parental roles varied as children grew older. Depending on children's ages, different care ideals emerged in parents' narratives. More importantly, individual parents revealed different hierarchies of care ideals for their children of different ages. As outlined in Chapter 5, children's care arrangements, too, varied with age, suggesting that children of preschool age were, in fact, a rather heterogeneous group, posing different care-related dilemmas and decisions and work-care predicaments at different ages. In direct connection with children's age, care ideals were also considered differently. For most children under age one-to-two, maternal caring and the principle of parental childcare maximisation seemed to act much more like moral norms, implying a strong moral mandate. For children above age two-to-three, care ideals – including the parental care ideals – were more frequently regarded as moral guidelines, i.e. potential lines of action allowing for negotiation and choice, with a significantly weaker moral prescription.

Individually held care ideals and hierarchies of care ideals emerged as a result of lengthy processes of active and passive information gathering and ‘knowledge’ accumulation, especially as regards familial care ideals (i.e. “the mother”, “the father”, the “parent”, “the grandmother” care ideals), which started long before parents married and had children. Individual carers’ care ideals and distinct hierarchies of care ideals emerged over a long period of time, often unconsciously, and became clear and articulated once individual parents had to assume parental responsibilities for the first time. Hochschild’s (1989) depiction of the formation of individual men’s and women’s gender strategies enacted in couples is a useful parallel for the emergence of individual care ideals and hierarchies of care ideals: first-hand experiences and observations, family experiences, hear-say and gossip, trendy care alternatives etc. all informed how parents imagined and idealised particular types of care and how individual care ideals were ordered relative to one another.

And while care ideals and hierarchies of care ideals were individually held, the often widespread consensus among the carers in the study as regards particular care ideals, as well as their ordering in the different age-specific hierarchies of care ideals suggests that they are likely culturally widely shared and legitimated. In other words, individual care ideals and observed hierarchies of care ideals specific for differently aged children may likely be culture-specific imageries of a culturally particular set of carers and childcare options, in a culturally specific order of desirability⁹².

⁹² Note, for instance, that Romanian parents in the study made no mention of childminders or family carers more widespread in the UK or rural Denmark (see Kremer, 2007).

Finally, care ideals seemed not to emerge in complete isolation from the nature of the supply of childcare locally, but were “adaptive”. The very existence of more limited hierarchies of care, in particular many rural parents’ lack of associations about professional care in crèches in localities where crèches had not operated for decades or ever, suggests that care ideals were linked to the local frequency of particular kinds of childcare. Similarly, the absence of non-familial care ideals among the most disadvantaged, socially excluded and impoverished parents also reveals the adaptive nature of care-related thinking and choice. As will be further discussed in Chapter 7, the more wide-spread a particular kind of care was perceived to be, the more likely it was that care ideals existed in relation to the respective kinds of childcare; equally, the (long-term) absence of particular kinds of childcare appeared to be associated with the lack of care ideals in relation to that particular kind of care altogether⁹³. Hierarchies of care ideals were in part individual parents’ crude approximations of local childcare markets. Furthermore, they also appeared to incorporate parents’ subjective appraisals of their chances of accessing various types of care in local childcare markets⁹⁴: when particular types of care were virtually inexistent in individual parents’ social milieux or unattainable (e.g. nanny care or private kindergarten tuition etc. among severely impoverished parents), parents ignored them altogether, limiting the hierarchies of care ideals they conceived of. Thus, hierarchies of care ideals were, in part, reflections of how structural processes – local childcare markets and individual families’ socio-

⁹³ The issue of time and the sense of continuity that the passing of time engendered in relation to childcare-related policy provisions especially are discussed in Chapter 7.

⁹⁴ It is important to note that a vast majority of carers in the study grew up and lived in the same locality throughout their lives. Often their *sense of* familiarity – and not necessarily correct awareness – with local trends regarding care arrangements and local supplies of care directly informed the structure of the hierarchies of care ideals.

economic positioning vis-à-vis local childcare markets, shaped by childcare policy provisions – played out locally. This issue is discussed further in Chapter 7.

6.3.2. Reassessing existing explanatory frameworks: the analytic significance of hierarchies of care ideals

Scholars have long recognised the moral nature of mothers’ decisions regarding paid work during their children’s early years (Wærness, 1984b; Duncan and Edwards, 1999; Duncan et al., 2003; 2004; Kremer, 2007). Decisions specifically about whether to delegate childcare or not, how to do so and to whom have been linked to mothers’ concerns in relation to children’s well-being, their own well-being and ideas about “the best” way to reconcile the potentially competing exigencies of caring on the one hand and wage earning on the other (Ribbens, 1994; Duncan and Edwards, 1999; Vincent and Ball, 2001; Duncan et al., 2004: 258-260; Hobson and Fahlén, 2009). Mothers have been seen to try to do what was “best” for both themselves and their children: a particular kind of rationality – of a moral quality and gendered –, or, as Kremer (2007) also recognised, a particular logic of appropriateness has been seen to drive women’s thinking and decision, whether partnered or not.

However, as outlined in Chapter 2, many scholars have engaged with explaining why and how mothers pondered over and made decisions in relation to the question of delegating caring. So far, these explanations have come short of explaining how mothers and indeed other family members made decisions in relation to whom to delegate childcare once the decision of delegation has been made. While focusing on the work-care predicament, scholars have failed to address care-related

dilemmas and predicaments that mothers and their immediate families face once the issue of delegation has been settled. As has been hinted at and is further explored in Chapter 8, in this study care arrangements emerged as a result of a series of decisions only one of which had to do with the moral predicament that women's entrance into the labour market raised.

Gendered moral rationalities (Duncan and Edwards, 1999; Duncan et al., 2004) were apparent in the narratives of Romanian parents, as well. The strongly normative character of the Snow White maternal care ideal, its varying position in age-specific hierarchies of care ideals and the different degree of appropriateness of the maternal care ideal for children older than three (see sub-sections 6.2.2. and 6.2.3.) among severely impoverished mothers and other mothers is a different expression of the explanatory validity of gendered moral rationalities in the present study, as well. However, individually held ideas about the role of the mother and the best solution to solve the competing exigencies of caring and employment were insufficient to explain individual children's care arrangements.

The inductively developed explanatory framework for the making of childcare arrangements formulated in this chapter suggests that decisions underpinning these were more complex than deciding what was the "most moral" thing to do in respect to caring and earning only (or mainly). This study reveals that parents and grandmothers in fact operated with hierarchies of desirable imageries of caring related to a wider range of possible carers. Once the delegation of caring away from the mother was decided, childcare could be solved in a morally acceptable fashion in multiple ways, depending on internal and external constraints. The moral

rationality of caring translated into a range of internal constraints. The maximisation of parental childcare, the maximisation of familiarity when choosing carers, the minimisation of strangers and seeking children's preferences and accounting for their wishes were some of the principles that governed parents' decisions about what constituted feasible childcare options and what did not. At the same time, young couples also found sometimes that they had to satisfy grandparental expectations about "grandmotherhood" and "grandfatherhood" and the sharing of childcare was a key means to do that (Timonen and Arber, 2012). In other households, caring was used as a terrain where control could be exercised over spouses or ex-partners through the denial of caring. In these contexts, the *non-sharing* of childcare responsibilities was the means through which some parents asserted authority in their own couple relationships. Care arrangements turned out to be driven by multiple concerns: the best way for combining paid work and caring for mothers of young children was but one among these.

In this sense, this study reiterates one of the key arguments of the explanatory framework developed by Hobson and Fahlén (2009): individual agency played a key role not only in judging what constituted care resources (i.e. opportunities for the enactment of particular care arrangements), but also in the transformation of potential resources into actual care options and care solutions. To illustrate, several urban families had grandparents living close by who had other care responsibilities or were still in employment. But while some couples sought and managed to work out a way to secure the care of the busy grandmother, putting the intergenerational arrangement (6) in place, other couples decided not to insist and made different arrangements altogether. Care resources judged to be similar from an 'objective'

point of view may be perceived very differently by individuals. In explaining the making of childcare arrangements, what is important is not what care resources individual parents might ‘possess’, but rather whether and how they are able to capitalise on these resources available to them. Hierarchies of care ideals and the different principles governing the singling out of care options deemed desirable and feasible represent a refinement of Hobson and Fahlén’s (2009) capabilities approach to explaining the attainment of work-life balance at the micro-level also.

Finally, the explanation proposed in this chapter may be seen as a micro-level adaptation of Pfau-Effinger’s (2005a; 2005b) culture-centred explanatory framework pertaining to the emergence of country-specific care arrangements in advanced welfare states. Her analytic model is constructed around the concepts of family and welfare values, which, jointly, produce nation-specific childcare arrangement models. Care ideals and the hierarchies of care ideals apparent in familial carers’ narratives in the present study *implicitly* revealed rather consistent ideas about the gendered divisions of caring labour inside families, i.e. family values, and the proper divisions of caring between family, state and market actors. As described in sub-section 6.2.1., the paternal care ideal brought to life a father whose participation in caring was very precisely delimited: after standard working hours, involved in very particular activities, complementing the more labouring care-related tasks performed by mothers. Similarly, the widely shared grandmaternal care ideal suggested that childcare was seen by a majority of carers in the study, as valuable main carers, especially during the first three years of children’s lives. Finally, care ideals related to non-familial carers – nannies, crèche nurses, kindergarten teachers etc. – also made implicit statements about individual

carers' views on the proper division of caring labour between different welfare actors: the family, state institutions (especially public and publicly subsidised crèches and kindergartens) and market actors (nannies and babysitters especially). In short, the distinct contents of care ideals and the structure of different age- and social milieu-related hierarchies of care ideals may be seen as micro-level embodiments and expressions of family and welfare values linked to childcare. They are historically specific and, as will be discussed further in Chapter 7, shaped by childcare policy provisions among other factors.

Chapter 7. The Role of Childcare Policy Provisions in the Making of Care Arrangements

7.0. Taking the argument further

The aim of the previous chapter was to provide an inductively developed explanatory framework able to offer insights to the ways in which adult members of the 37 households in this study (and perhaps households with young children more generally) made arrangements for the care of their youngest children. It was concluded that parents – the ones who decided what care arrangements should be put in place in the vast majority of households – often relied on implicit hierarchies of care ideals, i.e. ordered idealised images of carers and imageries of care relationships, when pondering about potential care options. In doing so, the previous chapter formulated an answer to one of the key research puzzles of this study, captured in the second research question, namely how members of households, notably parents, decided on their young children's routine care arrangements and what factors shaped this decision-making process.

The other key puzzle of this piece of research, and the focus of the present chapter, is whether and, if yes, in what ways childcare policy provisions (reviewed in Chapter 3 and below) might matter to parents' efforts of arranging for childcare at the household level. The review of existing literature regarding the potential role of childcare policy provisions in shaping decisions around childcare (and women's employment decisions) in Chapter 2 suggested that family policy provisions, individually and jointly, as particular care regimes (Korpi, 2000; Bettio and

Plantenga, 2004; Pfau-Effinger, 2005a; Kremer, 2007; Lister et al., 2007; Bygren et al., 2011), do matter at the household level for decisions regarding care arrangements. However, the ways in which benefits in cash, in time and in the form of childcare services, as well as the *lack* of these provisions, respectively, might matter for household-level decisions about care arrangements and care arrangements themselves remain to be explored.

To be more exact, the focus of the present chapter is to explain whether and, if yes, how childcare policy provisions might shape (1) ideals of care; but more importantly (2) the makeup of the hierarchies of care ideals parents and grandmothers in the sample revealed; and (3) parents' judgements (or ways of thinking) about what care ideals were feasible, in other words the *external* opportunities and constraints parents perceived in relation to the realisation of the different care ideals.

The chapter progresses in four stages. Section 7.1. provides an analysis of the ways in which the paid parental leave policy influenced care arrangements especially in households with eligible parents. Section 7.2. explores the ways in which the differing availability and accessibility of public and private, formal and informal care services also seemed to shape care arrangements. Section 7.3. provides a brief account of the role that cash benefits played in shaping care arrangements and suggests that this role was undermined by both the aim of these benefits – income support – and their low level. Section 7.4. reviews the findings formulated throughout the chapter in the light of the research question driving the chapter.

7.1. The role of paid parental leave in shaping young children's care arrangements

The role of the paid parental leave policy in shaping childcare arrangements in households in the study where at least one parent was eligible for the benefit appeared to be substantial. The Romanian paid parental leave policy, from its inception in January 1990⁹⁵, has consistently catered to a portion of all new parents only. In other words, it has never been universal. The changes in this policy relevant for the time when the fieldwork was carried out, in place between January 2006 and December 2010, maintained an insurance-based logic in relation to eligibility⁹⁶. Although the groups of new parents who could apply for paid parental leave expanded between 2005 and 2010, the key basis for eligibility – to have some kind of “insured status” continuously for 12 months before the date of the reference child’s birth – has remained unchanged. Insured status could be secured in a variety of ways, e.g. being formally employed or self-employed (in Romania or within the EU), unemployed, in receipt of temporary disability benefit, enjoying a variety of leaves (parental, unpaid, sick etc.), being a full-time student or having had the birth shortly after the completion of secondary school or a degree programme. Paid leave could be enjoyed until the child’s second birthday or, in the case of a child with a disability, third birthday. The so-called “indemnity” (*indemnizație*), i.e. allowance, was paid directly to recipients through the postal service or direct bank transfer. This cash-for-care benefit amounted to 800 RON/month (€235) (flat-rate) in 2006, then to 600 RON/month (€176) starting in 2007, but was coupled with a 200

⁹⁵ For a review of its history and changes in the Romanian context, see Chart 3.1. in Chapter 3.

⁹⁶ Legislation was passed in 2005 – Emergency ordinance no. 148/2005 – and entered into force in January 2006. The provisions that entered into force in 2006 were amended starting with January 2011. However, parental leave policy changes after the summer of 2010 are **not** discussed in this thesis.

RON/month *universal* child allowance for children under age two (or three, if disabled). Although the generosity of the leave-related allowance dropped by 25%, the concomitant change of policy regarding the universal child allowance in effect left untouched the monthly 800 RON that the caring parent received while on paid leave. In 2009 and 2010 parents were given the option to choose between the flat-rate indemnity of 600 RON/month or the equivalent of 85% of their average *gross* earnings during the 12 months prior to the birth when applying for the benefit (see also Chart 3.1. in Chapter 3). Paid parental leave could commence once maternity leave ended, but not earlier than 42 days after the birth.

As already suggested in Chapter 5, the separate parenting arrangement (4)⁹⁷ was common not only among households where the reference children were under two at the time of interviewing, but had been by far the most common arrangement for *all* reference children *and* their older siblings, too, especially during the first two years of life. Early years in all households were thoroughly familial for at least two different reasons. In households where mothers were in full-time paid work before giving birth, this care arrangement was explained especially by the design of the paid parental leave policy. In households where neither parent was entitled to this leave, this (and other parental care arrangements) was the direct outcome of the different facets of social exclusion, in particular labour market outsider status, income poverty, ghettoised living conditions and at best limited coverage of public services, including social services (medical or social care).

⁹⁷ The separate parenting arrangement (4) represented a care routine where the mother would care for her children, at home, during standard working hours and share caring responsibilities to some degree with her partner after standard working hours. For a detailed account of all ten care arrangements observed in the participant households, see Chapter 5.

7.1.1. Paid leave maximisation in the context of formal employment

In households where either parent was or had been entitled to paid leave, narratives of children's early years were frequently punctuated by formulations resembling the following: "It was very obvious. Naturally for two years. I had told everyone that they shouldn't count on me for two years. [...] Because that's how long the leave was." What made paid parental leave so popular among the parents in the study? And what might explain parents' (almost) complete compliance with the provisions for paid leave, in other words, the maximisation of paid leave?

Parents or whose spouses, although not themselves, were eligible for this time plus cash benefit invariably referred to this policy provision as an opportunity, one that "had to be taken advantage of". The few couples (four in total) who had their children in their mid-thirties or later (a very small minority) often contrasted the chance to be on paid leave until children's second birthday with the three-month maternity leave (and lack of parental leave) during the Ceaușescu years. The paid leave was seen as an opportunity that "allowed" one of the parents, notably the mother, to "afford" to be a full-time mother in ways that caused no employment-related burdens or sacrifices and, as will be discussed, some temporary financial losses at the worst. Indeed, one of the interesting findings of this study is that eligible parents and their spouses took for granted the employment guarantee included in the leave policy and no mention was made, particularly in regard to mothers, of potential opportunity costs associated with two years of leave per child (Joshi et al., 1999; Daly and Rake, 2003: 58-62; Folbre, 2008: 36-37). As will be further discussed, the apparent lack of opportunity costs seemed to arise from structural factors, in particular the nature of employment and local job markets

characteristic of the research sites: marginal on-the-job skilling at best, bleak prospects for promotion (both in the public and private spheres) given the small size of enterprises and low levels of job diversification, stalled salary increases, salary erosion or, as in public sector jobs, wage cuts etc.

The recurrent reference to the “affordability” of paid parental leave brings to the fore what appeared to be a key reason for both its popularity and its maximisation regardless of parents’ levels of education, occupations and associated work-life conflict. As outlined below (see Chart 7.1.), the financial compensation to parents taking leave has been, in relative terms, rather generous. Parents with medium levels of education in the sample tended to work in clerical jobs, retail or semi-skilled manual jobs and often took home the minimum wage at best. The flat-rate income replacement associated with the leave was not only higher than these women’s post-tax earnings (in spite of inflation and the rise in consumer prices, see Annex V for further detail), but was also more secure and predictable than some of these parents’ employment in the private sector. For many, paid leave was financially a better deal than being in paid work and, in addition, the relatively time-generous leave also solved the predicament posed by the delegation of caring during this period.

Furthermore, for mothers working in their husbands’ businesses, paid parental leave amounted in effect to direct savings for the company. These women often took up part-time work within the business while still on leave at no cost for the company,

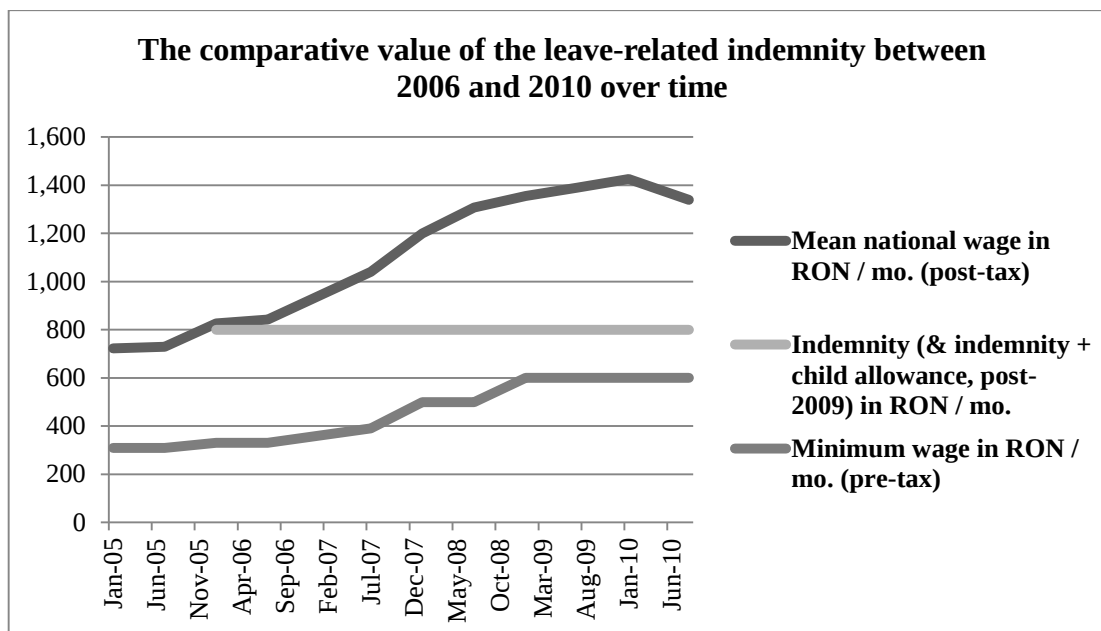


Chart 7.1. The over-time devaluation of the indemnity (2006) and the flat-rate indemnity plus universal child allowance for children under two (600 + 200 RON) (starting 2007) in relation to the mean post-tax monthly income for Romania and the pre-tax minimum wage between 2005 and 2010.

Source: Own calculations based on INSSE and Eurostat data.

at the same time bringing in a regular income in the form of the state-paid indemnity. After the introduction of choice in the calculation of the monthly indemnity starting in 2009 (when parents could opt for either the flat-rate 600 RON/month or 85% of their gross earnings over the previous 12 months), maximising leave became financially sound for higher earning parents, as well. In short, to be on leave represented for most households – whether single- or dual-earning – a financial advantage in at least two ways: higher household incomes when compared to the period before childbirth and, even if comparable or slightly lower earnings, a regular, reliable (second) income until children’s second birthdays⁹⁸.

⁹⁸ In the context of increasing austerity, the importance of a reliable income had arguably become at least, if not more important than the generosity of the indemnity by 2010.

But references to the “affordability” of paid leave draw attention to something else, as well: the crucial importance of the income-replacement transfer in engendering both take-up and leave maximisation. Many parents in the sample hinted at or explained the fact that the indemnity paid during the leave constituted a reliable, regular main or second household income. Indeed, the vast majority of households deemed two incomes crucial for the maintenance of a lifestyle void of deprivation, a leftover of a compressed wage structure during socialist times, exacerbated by the decline of the real value of wages and an increase in the costs of living due to price liberalisation after 1989 (Cace, 2006; Haas et al., 2006a; 2006b). While the renouncement of the *paid* leave made, in a vast majority of cases, no sense financially, prolonging paid leave with another period of *unpaid* leave after children’s second birthdays was not deemed an option as a result. For these reasons, most parents on leave regarded their children’s second birthdays as the moment when paid work would be resumed. Remaining on leave *without* any financial compensation was in the vast majority of cases a non-option, even for couples whose earnings well exceeded two average incomes.

Not only were two incomes necessary to avoid a deprived lifestyle for most families (Haas et al., 2006b), but there was also a pervasive sense that employment was difficult to come by. To willingly give up one’s job to care for one’s children for an extra year – when children were expected to start kindergarten at age three “anyway” (see section 7.2. below) – was simply irrational: one stuck to one’s job, especially if a “good” one, because exiting was perceived as a self-imposed – and quite substantial – risk of remaining outside the labour market indefinitely. Unaffordable, risky and practically unheard of, parents did not consider prolonging

paid leave by taking unpaid leave. What some did, however, was apply for unemployment benefit if refused to be taken back by their previous employers⁹⁹, in effect prolonging their paid leave for another year.

But the maximisation of paid leave was the most ‘rational’ decision in other ways, too. As already suggested, most mothers especially did not seem to associate any opportunity costs with two years of full-time motherhood per child. Indeed, the very notion of opportunity costs due to caring for children full-time seemed to be absent from mothers’ accounts and fathers’ views on their wives’ leave-taking, regardless of their levels of education. This is an unexpected outcome in the light of (Western) research on parental leave policies (Morgan and Zippel, 2003; Lambert, 2008; Kamerman and Moss, 2009). With the exception of two early-career dental doctors, who both returned to their surgeries some time before the leave was up to expand their clientele (working very short hours, under 10 hours per week), no mother in the study indicated that some economic loss – other than the income loss strictly while on leave – might have arisen as a result of their absence from paid work. Women working in the public sector (as nurses, GPs or teachers) seemed to remain professionally unaffected by the leave, as did their highly educated counterparts working in the private sector. As already suggested, this seemed to be caused by the profile of local labour markets. Public sector jobs most women (and men) held were safe, but not career-track and prospects for promotion and wage increases were marginal and, in the context of fiscal austerity, practically impossible. Private sector jobs tended to be in small, local companies without prospects of promotion and

⁹⁹ Although the provisions associated with paid parental leave obligate employers to maintain the same position for returnee parents for at least six months after employment is resumed, some medium-educated mothers having worked in retail reported they had been refused their pre-birth employment after the leave. The mutually agreed-upon solution was being made redundant (against regulations, apparently) and mothers receiving unemployment benefit.

wage increases or local offices of larger companies in which promotion was, wage-wise, insubstantial (if possible at all). Although opportunity costs were more frequently cited by men, particularly by business owners, as an argument against taking paid leave, one highly educated father who had decided to forego paid leave thought, in hindsight, that fathers' suppositions about the alleged opportunity costs of fatherhood were erroneous.

Secondly, there seemed to be an underlying conviction amongst most parents, regardless of who had gone on leave, that they were better off on leave even when their earnings were lower simply because they were away from work. Most eligible women and some men considered paid leave as a welcome job break in the context of continuous employment often spanning over a decade. Parental narratives suggested that their positions (although not work per se) were emotionally and physically draining, often occasioning frustration and tension, and they were happy to take a break from work-life conflict. Although with sometimes diminished earnings, mothers and fathers on leave enjoyed a role and daily routine that was seen as substantially more valuable by comparison, even if caring and domestic work were also draining, sometimes frustrating and occasioning (family) tensions. Being home full-time meant working for one's own family. Not surprisingly, a vast majority of parents put significantly greater value on the temporary domesticity leave permitted – a caring one among mothers, an active, lucrative one among fathers – than on the idea of (underpaid and draining) employment. For a vast majority of parents in the study, home was truly home and work remained work, challenging Hochschild's (1997) arguments about the apparently reversed meanings and experiences of work and family life in her study of a US company's employees.

In addition to directly and indirectly offsetting the “child cash penalty” (Daly and Rake, 2003; Morgan and Zippel, 2003), the paid leave was taken in a cultural context in which full-time motherhood during the first few years highly prized. Not only was the maternal care ideal at the very top of hierarchies of care pertaining to children under three, but it was a maternal care ideal that was constructed as essential and irreplaceable (see Chapter 6 also). Maternal childcare was seen as developmentally optimal in a multitude of ways, not least due to the long-term benefits of the mother-child intimacy that evolved during the first two-to-three years of children’s lives. Many mothers and their partners frequently cited their desire or expectation to breastfeed as a key reason for taking leave, although it was their ignorance of the possibility to share the leave with their spouses (when both were eligible) that explained why breastfeeding – which rarely continued after one year – was seen as a justification for the two-year leave. But this maternal care ideal was directly buttressed by the design of the policy, as well: ideas about the desirability and benefits of maternal care, especially during the first year(s) of life, were publicly legitimated by the policy and the popularity of the policy was enhanced by the culturally pervasive idea that maternal caring was the best, irreplaceable and its lack outright detrimental.

To conclude, paid parental leave in effect created multiple incentives for and, as such, legitimised a primarily mother gendered moral rationality (Duncan and Edwards, 1999; Duncan et al., 2003) in families where mothers especially were eligible for paid leave. Through a relatively generous income-replacement benefit in the broader context of local labour markets offering few and rare rewards to leave

minimisers and few and rare penalties to leave maximisers, the paid parental leave policy effectively created an environment in which the morally and often economically most rational course of action was to stay on leave as long as possible. Building on the Snow White maternal care ideal (Kremer, 2007), whose presence at home was seen as a duty and her absence as irresponsible and detrimental to mother and child alike (Kligman, 1992; Verdery, 1994; Magyari-Vincze, 2006a, Teampău, 2008: Chapter 4), the paid leave policy effectively institutionalised the transformation of the “maternal” care ideal into a feasible care option, for children under two in particular.

7.1.2. Parental childcare arrangements among labour outsider parents

Still, the paid leave policy should not be seen as invariably and automatically de-commodifying and associated with the separate parenting arrangement (4). Neither should it be seen as the universal explanatory factor for this arrangement and the other parental care arrangements, notably the pure maternal (3) and the shared parenting (5) arrangements. Indeed, some highly educated parents on leave, like one of the fathers already mentioned, maintained income-generating activities while officially still on leave, explaining their choice for this set-up through the flexibility and control this gave them over their workload. In other words, the paid leave policy may be regarded also as a means to negotiate flexibility over the supply of work during the early years, but only in the case of highly skilled individuals in jobs with substantial responsibility¹⁰⁰. Still, a vast majority of parents in this study, regardless of levels of education, gave the impression they felt expendable – rather than irreplaceable – at work (and seemed to mind little).

¹⁰⁰ The highly skilled parents in the sample who engaged in these types of work arrangements were employed rather than working as self-employed.

At the same time, many – especially rural – households did not have access to paid parental leave, yet still relied on the pure maternal (3) or the separate parenting (4) arrangements during children's first two to three years of life especially. In these households, lack of eligibility for the leave signified that many of these mothers and fathers had not been in formal employment before the arrival of their (youngest) children or, indeed, ever. Little educated (some illiterate and Roma) parents especially revealed that they had never had jobs apart from the occasional agricultural or domestic odd jobs or brief periods of working abroad. Moreover, they also did not seem to expect to ever be gainfully employed in regular part-time or full-time positions. These parents' employment prospects amounted to temporary unskilled jobs in foreign informal economies at best (Haas et al., 2006b). While their labour market marginalisation in practically non-existent rural job markets, lack of skills, assets and desire to become self-employed explained why they were ineligible for leave (see also OSF, 2006), the reasons for the overwhelmingly maternal character of childcare during the early years were more complex.

In a majority of little educated, impoverished couples mothers suggested that children were too young to be left with other family members before age two-to-three. Developmental arguments, e.g. breastfeeding, children's attachment to their mothers, their inability to walk and talk properly, their lack of autonomy in eating, drinking, using the toilet and their inability to ask for whatever they needed etc. were most frequently cited against the delegation of caring before age two. But these little educated, unskilled labour market outsider parents seemed to also adhere to with what Lareau (2011: 66-68) termed "the accomplishment of natural growth":

with no job to return to, many of these mothers saw no reason to ‘train’ their children to become more autonomous earlier than, say, age two. What is interesting when comparing better educated mothers with little educated, jobless (although not necessarily inactive) and poor mothers is that they seemed to suggest a similar primarily mother gendered moral rationality during the same period of their children’s lives: the first two-to-three years. This moral rationality may be seen to have been promoted explicitly by the design of the paid parental leave among mothers on leave and – through the payment of a regular monthly income – indirectly among mothers with spouses on paid leave. But in the case of labour market outsider mothers (and their partners), this gendered moral rationality seemed to emerge rather at the confluence of persistent and hopeless labour market exclusion and the unreliability of informal care resources.

Children’s needs and traditional gender roles, the latter a recurrent explanatory factor in the literature (Magyari-Vincze, 2007; Teampău, 2008), were frequently *voiced* in some of the most disadvantaged households as the reasons for maternal caring during the early years. In truth, however, most of these women routinely delegated childcare for short periods of time while they engaged in fragmented remunerative activities outside the home, often abroad, while the children were under three. What seemed to better explain the prevalence of a primarily mother gendered moral rationality among little educated, poor households, i.e. the decision to remain the primary carer of one’s children while young, was the impossibility to find employment by virtue of which the assistance of informal care might have been requested for longer periods during the day (Bock, 2004; Haas et al., 2006a). Moreover, many of these mothers (and their partners) came from large,

impoverished families themselves, and as a result were often literally competing for grandmothers' caring. In at least half of the little educated, low-income (mostly Roma) families in the sample, grandmothers were simply unavailable for various reasons: they were either still working for pay, engaged in the care of other dependents, sickly, dead or simply unprepared and unwilling to care for young children. Compared to the care that better educated, financially more secure grandmothers could offer, little educated parents often found that their own parents simply did not have the interest, patience or energy to look after young children. As a result, the short periods when childcare was delegated by these mothers featured child carers, they themselves not older than 10. Familial care resources were not only scarcer (fewer elderly carers available or ready to care), but in some cases also more meagre: the quality of care offered was often deemed inappropriate or only appropriate for brief episodes of supervising.

In other words, little educated, impoverished, labour market outsider parents were not only at the greatest disadvantage in competing for the practically inexistent jobs locally, but they were also the ones who could least afford to rely on members of the extended family for informal care during the early years. Under these conditions, maternal childcare was thought of not only as the most prized care alternative, but also the sole viable option for ensuring the best care for their children, especially during the labour-intensive first two to three years of children's lives. It was the most disadvantaged mothers, therefore, who suffered the most substantial child penalties in sample, a finding of other studies in other national contexts, as well (Himmelweit and Sigala, 2004; Katras et al., 2004). Unlike the temporary full-time motherhood that their active peers enjoyed during the first two

years of children's lives, labour market outsider mothers' motherhood during the early years only reinforced and deepened their labour market exclusion.

7.1.3. Summary

In terms of the organisation of childcare, the paid parental leave policy – through its time plus cash provision and the employment guarantee – effectively de-commodified working parents' work during children's first two years of life: mothers' in dual-earning households and fathers' in most single-earning ones. This particular policy provision seemed to directly shape not only care arrangements during children's first two years of life specifically, but also shaped parents' normative frames of reference in relation to caring during this period, i.e. hierarchies of care ideals. Many working parents in the sample viewed age two or some time around age two a sufficiently ripe age for non-parental types of care during the better part of a working weekday, including group-based formal childcare and preschool education. For these parents, age two, the reference for the termination of paid parental leave (and the more generous universal child allowance), became synonymous with an age when the shift to formal childcare could be made. The importance of this symbolic effect of the policy became apparent when analysing parents' reflections on the transition into formal childcare. This was often viewed as a function of access to (appropriate and convenient) care services (as if taking for granted that the timing was appropriate) rather than as a function of children's readiness¹⁰¹ for group-based, formal childcare (a concern

¹⁰¹ Parents who regarded age *three* as the proper age for making this transition were either well-educated, well-read parents with strong ideas about children's developmental stages or little educated, impoverished parents. But while the former regarded kindergarten as essential and highly beneficial after age three, the latter tended to shy away from publicly subsidized care services as a result of the shaming they feared they would expose their children to given their poverty and lack of value that kindergarten was associated with.

voiced had the timing been found inappropriate). In short, the design of the paid parental leave policy seemed to have led many parents – although almost exclusively parents in households where at least one parent was eligible – to assume that age two was somehow significant for children from a developmental point of view. This was distinctly reflected in the age-sensitive hierarchies of care ideals, discussed in Chapter 6.

The paid leave may also be said to have reinforced a maternal care ideal bearing a close semblance to what has been termed ‘intensive mothering’ (Arendell, 2000). The inflexibility of the leave in the sense that *no* paid work, regardless of number of hours, could be undertaken legally while on leave may be seen to have legitimised a parental, but in practice a maternal care ideal featuring a mother completely disengaged from income earning and professional activities. While this may be actively negotiated by well-educated parents in professional positions, most parents – mothers especially – found this stark separation demanding and frustrating during the second year of their leave.

7.2. Formal and informal care services

The previous section explored the ways in which the Romanian paid parental leave provision familialised care arrangements during the first two years of children’s lives especially. It has been argued that this apparently sweeping influence of the paid leave was especially due to the direct financial benefits of remaining on paid leave, as well as due to many parents’ perceptions of job quality. However, another crucial reason for maximising parental leave from parents’ – especially mothers’ –

vantage point was the insecurity and/or lack of feasible care options during these first two years (see section 7.2.2. especially).

7.2.1. The role of grandmaternal childcare

In parents' narratives, "satisfactory" implied a multitude of aspects to do with the content, ethos and locus of caring. For many better educated parents, children's caring during the early years – especially if done by someone else – implied carrying out a wide set of care activities with the greatest attention to detail and according to a schedule, expressing perpetual concern, affection, good judgement and patience. Furthermore, hygiene, wholesome eating, rest, recreation, play and educational activities were all central to a vast majority of parents' ideas about high quality caring. Children's physical safety and protection from potentially harmful factors, including sickness, were also of paramount importance, particularly for fathers and little educated parents. As much as possible, childcare before age two-to-three¹⁰² was expected to happen in children's familiar home environments. Moreover, satisfactory childcare also implied a great deal of flexibility in the use of childcare and control over the content of caring: for children under age three especially, mothers often wanted to feel in control over details of childcare even if they delegated care responsibilities. In short, childcare during the early years was seen as intensive and therefore demanding. Not surprisingly, parents of children under two especially felt that they were – as parents and especially as mothers – not only the best carers, but also the best judges of the kind of caring their children

¹⁰² As already noted, parents tended to be flexible about the age at which children were deemed ready to transition from parental care arrangements into other types of care, but this was somewhere around or after children's second birthdays. In addition, there was no agreement about the actually ideal age at which the transition from "being home" to some other arrangement could be made. Many parents said age two, when the paid leave ended. Others said age three, when children were "ready for kindergarten".

“needed”. Acting as ‘licensed experts’ (Morgan, D. 2002) on their children’s care, mothers especially felt they were the most entitled to formulate the details and standards of caring and to expect their indications to be followed closely by *any* carer, fathers included (although fathers and other men were most frequently deemed “realistically incapable” of conforming to these standards).

In this context, grandmothers (maternal grandmothers especially) were – not surprisingly – the most favoured persons to whom caring might be delegated to for children under three, especially if grandmothers themselves expressed their availability: they could be *asked* to do things in particular ways, i.e. accommodate mothers’ (and sometimes fathers’) minute ways of caring. Reassured by a culturally pervasive grandmaternal care ideal (see Chapter 6) and repeatedly convinced by ‘proof’ from their own mothers that they were indeed the best “parental” – i.e. maternal – replacements, parents preferred to rely on their own mothers to act as primary carers during the first years of children’s lives if this was feasible.

7.2.2. Crèche care and the lack of wide-scale institutionalisation

The shunning of childcare by others than close family members during the first three years of children’s lives seemed to be rooted in a particular (often poor) imagery of other carers, notably nurses in crèches and nannies (see Chapter 6 for details of these care ideals). The less familiar parents were with these care options, the more likely it was that the care ideals they associated with these carer identities were negative and based on dated information, others’ complaints, televised cases of abuse etc. But the negative care ideal that childcare in crèches was associated with was based on more than these: most parents who expressed views against the

idea of the crèche referred to different facets of an *unsatisfactory* care service. Better educated parents felt that children's transition into an environment void of any educational content – as crèche services were imagined by most – would have stalled their cognitive development. In addition, child-carer ratios – thought to be comparable to those observable in kindergartens¹⁰³ – were deemed unacceptably high and seen as a genuine barrier to performing the necessary care activities to a satisfactory standard. Some parents also avoided exposing their children to group-based care in order to avoid unnecessary health problems, notably parental time-consuming flus.

But even if the negative crèche care ideal was often based on inaccurate information – indeed, most parents criticising crèche services had never directly inquired about the actual offer –, what appeared evident was that the very limited scope of early care services undermined the crèche both as an idea, as well as a potential care option. Many parents in the study, regardless of level of education and planfulness (Gordon and Högnäs, 2006), admitted to be clueless about crèche care and had never thought about such services as an option. In other words, it would seem that the lack of a nation-wide *system* of publicly subsidised early care services (with coverage of under 2%, see Chapter 2), similar to the network of kindergartens (with coverage exceeding 80%, see Bilț et al.(2010)), for instance, was to a great extent responsible for the lack of information about and trust in such services.

¹⁰³ According to art. 24 of the ministerial order no. 4464/2000 (O.M. nr. 4464/07.09.2000) and maintained in the new law of “national education” (Legea educației naționale nr. 1/2011), groups in kindergartens are formed by 15 children on average, but at least by ten and not more than 20. Given that long-schedule groups are assigned two teachers, officially working five hours each during the legislated 10-hour schedule, groups in effect can be as large as 30 children, still maintaining the “average” 15:1 student-to-teacher ratio.

Not surprisingly, many parents speculated about potential abuse and the poor quality of these care services. The persistence of a non-transparent and rigid admissions policy under conditions of high demand and low supply¹⁰⁴, gave some the impression that bribery was the only way in (as with other “public” services). The lack of responsiveness to actual demand both in terms of places, as well as the quality of services encouraged the viewpoint that these services were best avoided. In short, the low profile of the very few publicly subsidised crèches, in the context of early years care desired to be of highest standards (where quality was often equated with effort and attention to detail) and a collective memory of “cold” care in socialist-time institutional settings, crèche services tended to be seen as undesirable, a “solution of constraint” (Popescu, 2006).

7.2.3. *Nannies in an imperfect marketplace*

A similar conclusion emerged in relation to home-based informal care services offered by nannies. As already remarked in Chapter 6, the idea of the nanny enjoyed two disparate care ideals: a positive and an unfavourable one. Parents who revealed a positive nanny care ideal tended to equate this type of caring with grandmaternal childcare, the nanny care ideal amounting – in essence – to a surrogate version of the grandmaternal care ideal. Indeed, in most households where parents were particularly appreciative of the services of nannies a long-standing relationship was maintained and the exchange of cash for care took place in an intimate, almost familial relationship. In some cases, nannies and “their” families were neighbours, which contributed to an organic emergence of a relationship that

¹⁰⁴ Although crèche care appeared to be resisted by many carers in the study, it was also a comparatively inexpensive care option for families who could not rely on informal childcare, whether paid or unpaid. However, in spring 2010 only 350 crèche places existed in city T. and none in villages B. and I. By comparison, there were around 2,000 kindergarten places in city T. in the 2009-2010 academic year.

gave rise to reciprocities exceeding those associated with strictly cash-for-care relationships, as positive as these might have been.

However, at least an equal number of households had had direct negative experiences with nannies and some others cited negative experiences of acquaintances. These parents' experiences seemed to reinforce the negative imageries and associations that other participants in the study formulated in relation to the faceless, but still "real" person that the nanny might have been. Nannies were objectionable, in particular to parents and grandmothers with medium levels of education, particularly for reasons to do with the logistics of the nanny arrangement (9): cost, but more important than that, allowing a "stranger" into one's home. Although all parents were concerned about the safety of their children, these parents especially were also very reluctant to open their intimate family spaces to people they did not know. By comparison, highly educated parents were reluctant about the nanny arrangement (9) for reasons to do with the content of caring. Women whom these parents envisaged performing home-based childcare services tended to be early retirees in their fifties, without any pedagogical training, therefore assumed to be clueless about elementary aspects of child development and thus likely ill prepared to be engaging, affectionate carers. In addition, the informal economic exchange occasioned by employing a nanny also acted as a deterrent.

This reluctance penetrating the nanny care ideal was, arguably, a symptom of the way in which this economic activity – the exchange of cash for home-based early childcare services – seemed to take place in Romanian local mixed economies of care. Without a specific regulatory framework pertaining to this activity, the lack of

accredited training programmes and a public agency monitoring the activities of nannies, carers and families looking for “bespoke” home-based care services operated as free agents in a market marred by coordination problems: informational asymmetries, the lack of mechanisms for quality control and for risk sharing in case of abuse (Folbre, 2008). In addition, because the costs (in time and cash) of childcare services offered by nannies would have increased substantially had parents or carers wished to formalise the economic relationship through a contract, both nannies and families hiring their help had an incentive to keep the relationship informal. Due to this downward pressure on the wages of informal carers and the lack of social benefits associated with this line of work, the supply of nannies also seemed to be rather homogenous. As already outlined, they tended to be women in their fifties with some qualifications, but not relevant ones, who had retired early and who were looking for additional sources of income given the meagreness of their pensions (see also Hrzenjak, 2012). From most parents’ vantage point, therefore, the hiring of a nanny usually posed a variety of risks arising from the unregulated and informal nature of the market in which this hiring would have taken place, risks that could be shared with no one, yet whose costs could have been unquantifiable¹⁰⁵. Given that parents of young children tend to be risk-averse *par excellence*, it is not surprising that many were opposed to the idea of an informally hired “stranger”, whose motives, caring skills and recommendations could rarely be ascertained in advance. Judging in ignorance, at best based on hearsay, parents were more susceptible to all that was negative about nannies than the benefits of the services they could offer, hence the repository of unfavourable imageries associated with the nanny care ideal summarised in Chapter 6. In this case, too, the lack of a

¹⁰⁵ Only a small minority of parents in the sample enjoyed relationships of friendship and trust with elderly neighbours or acquaintances who could be asked to care for the toddlers they already knew, for pay.

relatively visible publicly-subsidised or at least thoroughly regulated *system* of home-based informal childcare during the early years was associated (with very few exceptions) with a care ideal often treated with distrust and reluctance.

7.2.4. Kindergarten care: long-term institutionalisation and professionalisation

The direct impact of the wide-scale formal institutionalisation of care services on care ideals and on their relative positions in hierarchies of care ideals became most evident when comparing the negative crèche or nanny care ideals with the kindergarten care ideal. With the exception of the most impoverished, socially excluded parents, who judged their children's kindergarten attendance to be unnecessary, but more frequently unaffordable, kindergarten attendance from around age three at the latest was seen as a non-negotiable aspect of early childhood. As outlined in Chapter 6, the kindergarten care ideal almost unanimously topped hierarchies for children older than three, leading to the educational (1) or the socialisational (2) arrangements (depending on whether it was long-schedule or short-schedule kindergarten that children went to). Regular kindergarten attendance was, for most parents, an indispensable component of childrearing regardless of unpaid informal care supplies: many parents thought that children were being disadvantaged by *not* attending kindergarten. It was widely relied upon as it had been for decades: kindergarten – unlike the crèche or the nanny – was, for most, an institution. Children went to kindergarten because, in a multitude of ways, it was very good for them. But, at least as importantly, because that's what children at that age did: attend kindergarten.

In addition to the decades-long tradition of public preschool education, another aspect emerged as crucially important for its popularity. Most urban (and some rural) parents were appreciative of the professional nature of services provided. Many parents viewed teachers' training, the existence of a curriculum, the organised nature of the schedule, the balance between play and learning (in a fashion resembling elementary school-type classroom learning) and the content of learning vastly valuable. As a result, the kindergarten care ideal had no downsides in ways that the positive crèche or nanny ideals had: kindergarten was invariably a good thing only. These were the main reasons for which kindergarten was most often seen as a better choice than even the most involved and educationally oriented parental caring. When compared to the encompassing nature of kindergarten (with enrolment rates close to 80%), neither crèches, nor informal carers outside a well-regulated (public) system of training and certification compared, in popularity and demand, with the services available in kindergartens.

Due to the encompassing and decades-old institutionalisation of preschool education and the regulation of access at age three, a majority of households in the sample viewed age three as another stepping stone for children and, implicitly, for their care arrangements. Age three was invariably associated in the minds of an overwhelming majority of parents with the commencement of kindergarten. Just as age two was associated with a transition in children's daily routines as a result of the termination of paid parental leave (and a substantial change in the value of the universal child allowance, see section 7.3. below), so was age three anticipated to be (another) moment of transition in children's daily routines and, therefore, care arrangements too. Just as the design of the paid parental leave provision helped

parents with imagining (and planning) care arrangements during the first two years of children's lives, so did the institutionalisation of preschool education starting at age three further assist parents with pondering about and planning care arrangements beyond this age.

7.2.5. Informal rules of access to formal childcare

Arguably, the strongly age-dependent variation in hierarchies of care ideals explored in Chapter 6, closely associated with the ages that these two childcare policy provisions in particular marked, is a direct outcome of the design of these childcare policy provisions. In other words, had parental leave lasted only until children's first birthdays or had early years education been widely available for children as young as two, it is likely that both care ideals, as well as hierarchies of care ideals would have reflected these points in children's lives as predictable (although not necessarily actual) moments of transition in children's care arrangements. This conclusion seems to be supported also by the ways in which the most impoverished and socially excluded parents – ineligible for paid leave and often judging themselves as too poor to send their children to kindergarten – seemed *not* to regard age two and/or three precisely as significant in their children's development or indeed likely moments of transition in care arrangements.

But the apparent impact of benefits in time and cash and the impact of the level of institutionalisation and professionalisation of childcare services on care ideals and the hierarchies they constituted is but one type of influence. The opportunity to plan transitions in children's care and parents' work timelines – whether returning to one's old job or seeking new work – as a result of the different points of reference

set by the above-mentioned policy provisions emerged as important in its own right. In households where unpaid, informal caring was readily available or where parents could afford paid informal childcare, the planning and timing of care arrangement transitions were, as expected, neither demanding, nor posing particular predicaments: mothers especially took up paid work, in all cases on a part-time basis, after their children turned one (fathers on leave did so earlier as they had their non-working partners caring for the children) and shared caring with grandmothers or nannies. But in households that did not have unpaid care readily available or felt they could not afford paid, home-based childcare, care arrangement transitions were established by the timetable set by the different policy provisions.

One key way in which many parents relied on the timetable set by the paid leave and the rules of access into formal institutions of care was the timing of information gathering about formal solutions and the timing of sign-up into group-based, formal care (i.e. ‘planful’ behaviour). Publicly subsidised childcare institutions – both crèches and kindergartens – have long operated in the Romanian context as competitors in a marketplace, meaning that parents could opt for a place at any crèche or kindergarten as long as there were places available rather than, say, being offered a place at an institution designated by a public body. However, without a centralised system of placements, the lack of information about available places and a fear (and sometimes experience) of shortages in supply inherited from the socialist era, parents – especially urban ones – often found themselves operating in a marketplace in which information was scarce or, if available, its reliability could not be ascertained. In addition, access was regulated by both formal, but especially informal rules, and often seemed arbitrary. The scarcity of places in crèches and

long-schedule kindergartens in the city T. (although not in village B. and unavailable in village I.) made the transition into full-time formal childcare a demanding and sometimes an unlikely one for many reference children. As a result, these children often enjoyed part-time formal care services only.

Although operating in a context that resembled a competitive market, in truth the competition seemed to arise from a combination of two factors: (1) (fear of) shortage of places, whether rumoured or real, caused by lack of accurate information about the availability of places in the context of an unmonitored, decentralised sign-up system; (2) parents' restricted preferences, i.e. the singling out of a particular crèche or kindergarten, most often the one closest to home or with the one rumoured by other parents to have the best care or tuition (see also Himmelweit and Sigala, 2004). In short, parents tended to have a very restricted knowledge about the availability of places and, at the same time, often considered only one institution. As a result, there was an acute sense among parents that the sign-up process had to be made happen: it was frequently seen as a process that required initiative, significant planning ahead, active information seeking, as well as on-the-spot negotiation.

In this context, parents adopted a variety of strategies to ensure their children's attendance at a particular crèche or kindergarten at a time convenient for them. A widely common strategy was informal information seeking. In preparation for sign-up, parents – both mothers and fathers, but exclusively parents with at least medium levels of education – inquired extensively among acquaintances and friends as to their opinions and experiences about the different crèches (if considered an option),

kindergartens and teachers. No parent in this study, not even those working in the public education system, relied on information sought from the relevant public bodies, e.g. the local authority for crèches or the County School Inspectorate as regards kindergarten tuition. In addition, many – highly educated parents especially – took to personally visiting crèches and kindergartens (if several were available relatively close by) before making up their minds. These visits had multiple purposes: parents wished to see the physical environment available in the crèches or kindergartens; meet the staff and potentially the teacher who was to take on the child; inquire about the sign-up process and the sign-up date and indirectly make a statement about the desire to have their child signed up; and, finally, introduce children to what was to be “their” kindergarten in the near future. Such information seeking was initiated some time shortly after children were born, but done seriously at least a year before children were old enough to start.

Tightly linked to information seeking was another strategy: parents signing their children up early: early in the year *and* early in the day. Organised some time during spring or summer (usually March to June in the city, August in rural areas) for a place for the academic year starting in September, the sign-up process implied parents presenting themselves on a single day, set by the kindergarten, with a sign-up folder containing various documents of the child (request for the child to be admitted, copy of his/her birth certificate, proof of vaccinations etc.) and being served on what was said to be a first come, first served basis. The enrolment process was invariably held during the mornings, which meant that parents working standard hours had to take half a day off, particularly if they had to queue. Some parents were advised by the managers to come early and queue, which meant that

some parents presented themselves in the early hours of the morning, in front of closed gates.

However, some headmistresses informally practiced a continuous sign-up process throughout the year. Many better educated urban parents noted that they had signed up their children at their preferred kindergartens (and in one case crèche) at least a year – if not two – in advance. The discussion with the manager of a long-schedule kindergarten also revealed that year-round signing-up was practiced so that saturation of places was achieved by the beginning of the academic year. In effect, kindergarten managers seemed to have great control over the sign-up process and practices both formal and informal rules. Because they had an interest in having all available places occupied, but the mandated single sign-up day could, in many cases, not guarantee the filling up of all places due to informational shortages among potentially desiring parents, managers appeared to resort to admissions outside the official sign-up date, as well. It is this degree of control over and flexibility in the admissions process that could be exploited by i). well-connected and/or ii). negotiation-savvy parents especially. Both of these strategies – mobilising acquaintances and extended family and negotiating, insisting, pleading with managers – were, however, characteristic of well-educated, wealthier, confident parents and it was in their case that these strategies most often bore fruit.

Well-connected in the case of admissions meant, in practice, having a family member or acquaintance “inside the system” who could turn an initial refusal of admission into a successful one. Given parents’ restricted choice of institutions, those who were refused a place in the desired crèche or kindergarten, but could rely

on the assistance of an “insider”, invariably managed to overcome the initial refusal and see their children signed up in time. It is notable, however, that many parents made reference to the fact that they had been acquainted with kindergarten staff when discussing sign-up even when this process had been seamless. It seemed that knowing staff or knowing someone who knew members of the staff among the parents in this study was widely considered some kind of insurance that admission would be secured, in part as a result of this familiarity. Knowing someone and making use of this connection seemed to function in parents’ minds as some kind of safety or fall-back option, a resource that may be exploited if sign-up was not achieved.

In addition to the widely shared agreement that admission into long-schedule childcare – crèche or kindergarten – was invariably a hurdle and those who “managed to get in” were lucky, there seemed to be another widely shared agreement: a refusal of admission could be averted or undone if one knew someone “inside”. It is noteworthy, however, that in stark contrast to the pervasiveness of bribing in the public health system to receive treatment (Sandu, 2009), parents considered acquaintances the means of ensuring admission: no parent felt that bribing was needed to secure admission to the crèche or kindergarten. Knowing someone on the inside was, however, essential.

Negotiation-savvy parents were favoured in yet more ways. In several cases, highly educated, high-income, confident parents were not only able to secure a place at kindergartens where others were refused, but were able to do so on short notice, in over-crowded groups. To illustrate, below are two mothers’ accounts of the sign-up

process of their two-year-old children for the same academic year (2007-2008), at the same kindergarten in city T., although for the Hungarian and the Romanian groups, respectively¹⁰⁶. The Hungarian, well-educated, more mature mother of two, with a high-income partner described her experience thus:

... for this reason I acted quickly and talked at the old kindergarten and asked them whether they could accept her for four hours ... *I: And they accepted her at age two?* E: Yes, they did. [...] There were 30, 33 children signed up in [child]'s group. (Emma, highly educated mother of two)

By comparison, the Romanian, less educated, younger and shier mother of one in a necessarily two-income family gave the following account of having her son signed up for the same academic year at the same kindergarten:

Ohhh, it was very difficult to sign him up for kindergarten a little bit at Mr. I.'s to begin with, but I've already told you, only through acquaintances, otherwise I wouldn't have been able to. [...] So, how should I put it, it so happened that the children of his godmother attended that kindergarten and [...] ... and another goddaughter of hers. So it got to, through the friend of a friend, that's how she intervened. So she had quite some influence, so that I can make you understand ... [...] for me to be able to sign him up at the kindergarten. (Nina, medium educated mother of one)

In addition to being able to secure a place for their children even in urban over-crowded, much sought after crèches or kindergartens, adamant, negotiation-savvy parents could also convince managers to take on children not yet old enough to start kindergarten. The Romanian legislation has maintained a long tradition of making preschool education available to children aged three and above, yet more than half of the 24 reference children in the sample older than two started kindergarten or were anticipated to do so some time between age two and three, rather than after age three. Children younger than three could be enrolled for two reasons. In long-schedule kindergartens, confident parents could favourably negotiate their children “in”, particularly if they turned three shortly after the commencement of the

¹⁰⁶ As stated in Chapter 4, ethnicity was relevant in relation to childcare services inasmuch as it reflected different degrees of demand: places in Hungarian language groups tended to be less limited than places in Romanian language groups. Moreover, the former were usually age-heterogeneous, while the latter – with a supply double in size – tended to be age-homogeneous.

academic year. In other words, they were able to convince the managers that their children, although not three yet, could be counted as aged three. Another reason was that in stark contrast to long-schedule kindergartens in urban areas especially, demand for short-schedule kindergartens, both in the city and the countryside, was substantially lower than supply. Some regularly struggled to admit sufficient children to maintain the minimum number of children required for keeping the kindergarten open. Therefore as long as children did not wear nappies, teachers in small, short-schedule (urban and rural) kindergartens were happy to accept children younger than three also.

The contrasting experiences of the two mothers cited above illustrate well what appeared to be a more wide-spread phenomenon: less educated parents with more limited financial resources in the sample tended to encounter refusals during the sign-up process more frequently than any of their better educated, wealthier peers, regardless of the timing of their inquiry. Parents with medium levels of education – without the proper connections or negotiation skills – were more frequently denied access in long-schedule kindergartens and thereby indirectly channelled towards short-schedule institutions. In contrast, high-income, highly educated parents wishing to put the educational arrangement (1) in place tended to be much more successful than their less wealthy, less educated peers, who were – often against their will – indirectly forced to put the socialisational (2) arrangement in place (see Chapter 5). What appeared to be murky admissions criteria and processes in many crèches and kindergartens appeared to have a direct bearing on the care arrangements of most urban children. Well-connected, wealthier than average parents tended to be disproportionately advantaged by informal rules of access to

the crèches and kindergartens of their choice, easing the making of the care arrangements of first choice for children above age two. By contrast, less well-connected, less well-to-do parents more frequently found themselves refused by childcare institutions and forced to make less desired care arrangements.

In short, the imperfect market structure that public crèches and kindergartens appeared to operate in, coupled with what appeared to be substantial arbitrariness in admissions criteria in the absence of children's *right* to attend preschool education seemed to have a direct bearing on the care arrangements of most urban children older than two. Better informed, more playful parents were more likely to be able to access the care services they most desired. However, what appeared most important for being able to make the more preferred care arrangement was parents' income levels (the higher, the better) and/or connections on the inside of the system.

7.2.6. *Summary*

This section aimed to account for the different ways in which the *long-term institutionalisation* of childcare services – for children under and over three – shaped in different ways care arrangements and the underpinnings of care alternatives, hierarchies of care ideals. In addition, the differentiated effects of murky admissions rules on different types of families' care arrangements were also explored. When comparing childcare services in public crèches and kindergarten especially, what became apparent was that the encompassing system of heavily subsidised public childcare services of satisfactory quality had a massive influence on parents' awareness and *positive* appraisal of such services. In addition, the legislation pertaining to the eligibility criteria for kindergarten attendance – in ways

similar to the paid leave, incidentally – reinforced the age-sensitive character of care ideals: the kindergarten care ideal was defined in strictly age-dependent terms, with implications for other care ideals, namely the maternal (and parental) care ideals. By contrast, given the very limited scope of and the inaccessibility of information on crèches, a majority of parents expressed distrust and reluctance towards this type of childcare for children under two, and sometimes even for children aged two-to-three.

Parental narratives about nanny care revealed a similar conclusion. Given the lack of policy provisions regulating this line of work, it remained confined to the informal market, with direct effects on who took on such caring responsibilities and under what conditions. Not only did this lack of institutionalisation reinforce a particularly negative imagery of the elderly, professionally unprepared nanny, but maintained a rigid hierarchy between the grandmaternal and the nanny care ideals, thus directly shaping many parents' individually held hierarchies of care ideals.

Informal rules around access into long-schedule kindergarten in the city T. especially seemed to act as constraints to the realisation of the educational arrangement (1) in households that highly prized long-term formal childcare. However, highly educated, higher income parents' cultural capital and negotiation skills and these parents' attractiveness as a potential sources of donations from kindergarten managers' vantage point facilitated the access of wealthier children into long-schedule kindergarten in spite of the barriers posed by insufficient supply. In contrast, medium educated parents were significantly less successful in negotiating access into care institutions in high demand and often ended up with

short-schedule kindergarten service provision, with direct effects for their children's care arrangements.

The narratives of impoverished, socially excluded parents brought to light the mutually reinforcing relationship between service provision and hierarchies of care ideals. Among the 37 households in the study, the ones who revealed limited hierarchies of care ideals were those parents who, by virtue of their poverty, residential segregation and long-term labour market outsider status, hardly ever envisaged delegating childcare altogether: the crèche or nanny care ideals were simply not articulated. Having had negative experiences with preschool education services, some disenfranchised parents had a negative image of kindergarten, otherwise highly prized among their better educated peers. Poverty and the inability to find employment that would have justified the delegation of caring during the early years engendered a lifestyle that made the involvement of carers other than the parents unjustifiable or, in other words, irrational: the limited hierarchies of care ideals this group parents revealed seemed to be a direct outcome of the social and policy environment they found themselves in. Although only briefly touched upon, the role of income poverty in mediating access to services was found to be substantial. Appropriate clothing and footwear, snacks and special funds for educational materials were essential even for short-schedule kindergarten attendance. As a result, although free of charge, kindergarten services posed financial burdens which, for the most socially disadvantaged families, were simply unaffordable.

7.3. Benefits in cash

Scholars who regard care – in particular childcare – as a core aspect of contemporary welfare states tend to agree that benefits in cash that parents – whether single or partnered, whether in single- or dual-earning households – may receive by virtue of having children can, particularly when designed to do so, shape the distribution of caring between family (unpaid informal carers), the market (formal and informal purchased care) and the welfare state (public and/or publicly subsidised care services) (Daly and Lewis, 1998; Daly and Rake, 2003; Kremer, 2007; Lister et al., 2007). In other words, cash for childcare in the form of direct transfers or tax credits and tax allowances may act as incentives to delegate childcare from parents to other carers and enter paid work. In addition, cash may be associated with parental leave to incentivise parental childcare, the case of the paid parental leave in the Romanian context, discussed in section 7.1. above and Chapter 3. The aim of the following discussion is to review the different cash transfers that parents in the study received and – based on their reflections on these benefits – to explore how these might have shaped care arrangements, if at all. These benefits appear to be particularly important for the purposes of the present analysis since in the Romanian case benefits in cash have been the main vehicle through which the state has supported the costs of children (Letablier et al., 2009).

Different parents had access to different benefits in cash by virtue of having young children, but overall only a small share of these were directly geared towards offsetting the costs of childcare if delegated to others than the parents. The late 2000's saw the introductions of various birth-related universal lump-sums (a birth

grant – *alocația pentru copiii nou-născuți* – and the “trousseau” – *trusoul pentru nou-născuți* –, to be paid out in cash), a substantial increase in the universal child allowance (*alocația de stat pentru copii*) for children under two (see Chart 7.3. below) and, finally, an easing of eligibility criteria for the means-tested complementary child allowance for income-poor and single-parent households. However, all of these benefits were income support type transfers and neither of these were aimed, explicitly or implicitly, to support the delegation of childcare to carers others than the parents by off-setting some of the costs of childcare. Instead, most of these benefits were aimed at assisting with the costs of living (or *childrearing*).

The only two transfers that might be seen as tacitly encouraging the delegation of childcare responsibilities from parents to others are the so-called “stimulant” (*stimulent*) and the income tax deduction for dependents, including children (as well as non-working partners and elderly family members) (see Chapter 3 also). However, the meagreness of these benefits (see Chart 7.2. below) may be said to have undermined their actual potential to incentivise the delegation of childcare to other carers, particularly during the first two years of children’s lives (Popescu, 2006). The overwhelmingly familial – and especially mother-dominated – care arrangements during the first two years, documented in Chapter 5, suggest that delegation very rarely took place and it characterised high-income, highly skilled mothers who delegated caring part-time or little educated mothers who delegated childcare completely during shorter periods of working abroad.

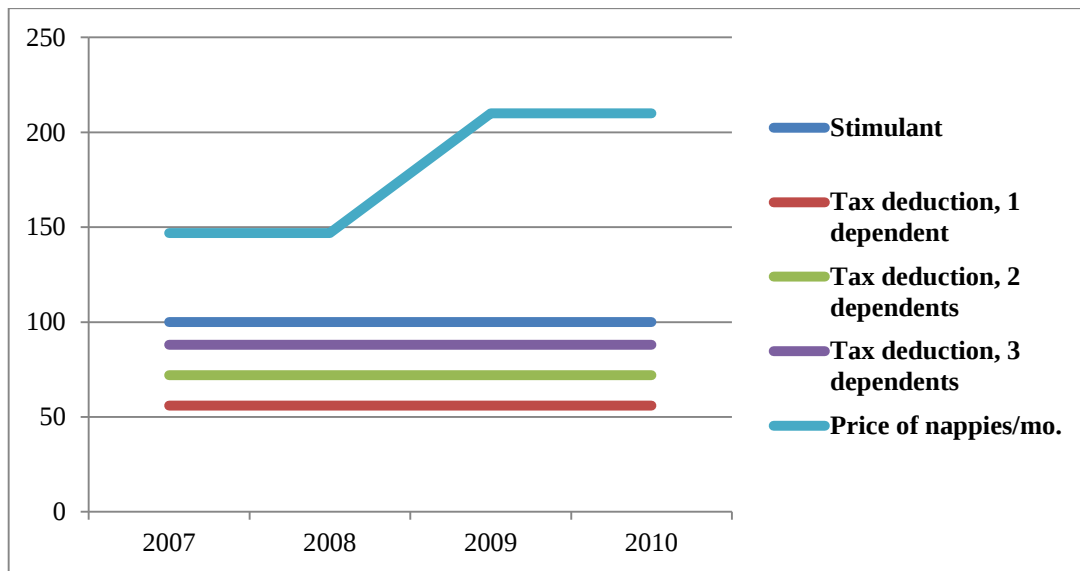


Chart 7.2. Vertical axis is amount, in RON. The maximum amount of tax savings, given deductions (regulated by Law no. 571/2003, amended by Cabinet Decision no. 44/2004), are included for single- and dual-earner families with 1 and 2 children (i.e. one, two and three dependents, respectively). The price of nappies/mo. was estimated based on parental accounts of quantity used and prices paid, thus: 7 nappies/day at 0.7 RON/nappy, then – as of 2009 – 1 RON/nappy.

In reality, therefore, the Romanian transfer and tax systems seemed to operate with an income support logic, nested in the broader, rather lack-lustre concern for poverty-alleviation (Raț, 2008). Far from recognising the financial costs of childcare that parents of young children bear in Romanian local economies of care and far from a politics of choice that has become increasingly more common an ethos for childcare policy designs in many advanced welfare states (Morgan, 2002; Kremer, 2002; Morel, 2007), Romanian cash transfers for families with children are aimed expressly at meeting a share of children's *birth* and *living* costs. While this may be seen as a socialist-time policy legacy, one that put *childbirth* rather than children's *upbringing* at the heart of socialist-time family policy (Kligman, 1992; Ferge, 2001b), what appears to be the case is that cash for care, in the Romanian context, is – apart from the paid parental leave policy – non-existent.

Parental narratives reflected what appeared to be a consensus on the issue of cash benefits, whether one-off or monthly payments. Cash benefits, widely known among *all* familial carers in the study, were invariably understood to be income assistance, aimed to help parents with meeting the high costs of raising children, particularly during the first years of life, arising from the costs of nappies (see Chart 7.2. above), formula milk and healthcare¹⁰⁷. The vast majority of parents evaluated the contribution of cash benefits by comparing their values to the costs of these products and deemed these benefits to be ungenerous with the exception of the so-called “the 800 lei” (the leave-related indemnity plus the universal child allowance). The fact that carers – particularly in dual-earner households – regarded both the indemnity and the child allowance as “the child’s money” suggests that many parents saw this cash as income support for *children’s needs* rather than as a

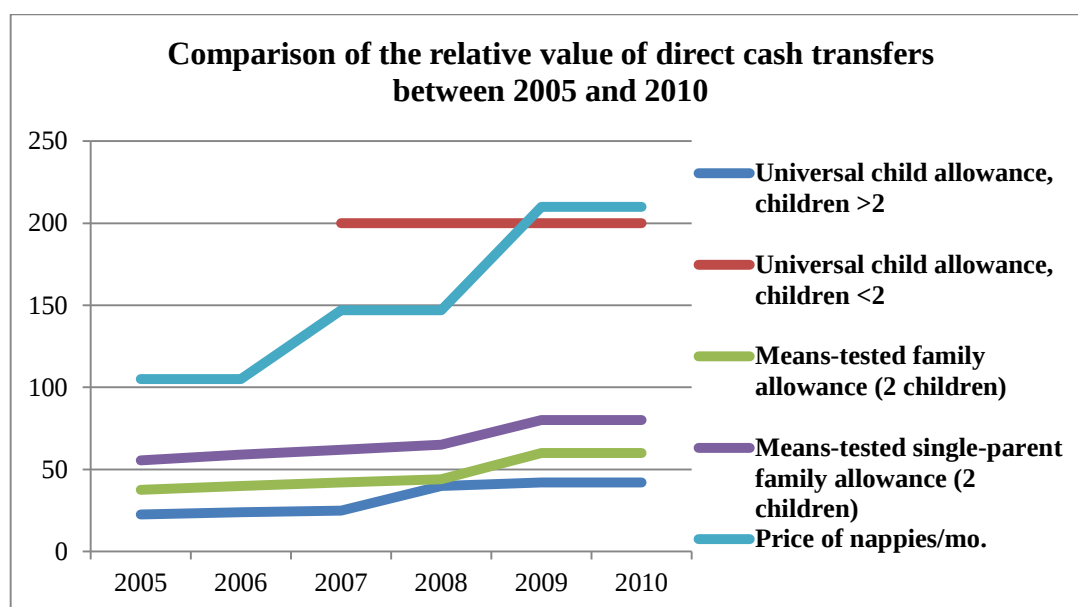


Chart 7.3. The vertical axis represents the value of these cash transfers, in RON. Information was taken from the relevant legislation and later modifications (see Annex I).

¹⁰⁷ Indeed, many parents commented on the financial burdens that childbirth and early years medical treatments imposed on a vast majority of parents. For children with chronic conditions, hospitalisation, treatment and the continuous costs of illness (e.g. gluten- and lactose-free diet; special contact lenses etc.) were borne out-of-pocket, greatly depleting family resources.

mother's wage, combined with financial assistance for meeting *a share* of children's living costs. Indeed, some parents explained that the indemnity rarely covered all child-related expenses and mothers' financial needs were met through their husbands' earnings.

After children turned two, i.e. after the discontinuation of the 200 RON universal child allowance, direct cash transfers per child amounted to around 70 RON/child/month and to less than 120 RON/child/month together with the indirect savings through income taxation (for detailed calculations, see Annex VI). Not surprisingly, most parents in the sample viewed the state's assistance with childrearing – of which childcare costs were seen but a portion or no cost at all if unpaid informal carers were available – to be “symbolic”, “minimal”, inconsequential, “nothing”, “a laugh”, “pathetic”, sufficient for nothing¹⁰⁸. This opinion was reinforced by the invisibility of the tax allowance, which – as meagre as it often was – was often not deducted by some company accountants due to their ignorance of the provision, carelessness or other reasons¹⁰⁹.

In most impoverished, non-working couples, the monthly transfers were the sole source of regular income and many mothers especially regarded the child allowance as their family budget, deemed to serve to cover families' basic subsistence costs. They talked about the universal child allowance (to which, in most rural families,

¹⁰⁸ Romania has been among the top spenders on paid leave in the EU27, spending 0.6% of GDP on leave-related benefits, but a less generous spender on universal family cash transfers, which have amounted to around 1% of GDP since the late 1990's (Fodor et al., 2002; Letablier et al., 2009: 47; 156-157).

¹⁰⁹ Company owners were frequently said to be unaware of this benefit and some parents reported deductions that did not correspond to the amounts specified by law. Of all the benefits discussed during interviews, the tax allowance seemed to be the most obscure and least used.

the means-tested complementary allowance was also added) not as a benefit through which the state *shared* child-related expenses that parents incurred, but as a transfer that should have covered *all* child-related costs parents incurred throughout a month. Unable to work for pay given the lack of jobs, discrimination and care responsibilities, and often unable to delegate care responsibilities as a result of the lack of trustworthy carers, little educated, socially excluded (and sometimes Roma) mothers especially felt that it was the welfare state's responsibility to care for them (see also Magyari-Vincze, 2007)¹¹⁰. However, distrustful towards local bureaucrats and public sector workers (including GPs, preschool teachers etc.), they shared a view that welfare state "care" for the children (see Kremer, 2007) should be granted in cash.

In short, by design, direct and indirect cash transfers to families with young children remained meagre income-support payments rather than cash for care that could have enabled the delegation of childcare to other carers than the parents while the latter engaged in paid work on a part-time or full-time basis. In effect, cash benefits failed to directly or indirectly shape care arrangements by facilitating delegation and caring parents' activation, not even among the most impoverished of parents, because parents regarded the little money the state transferred as a stingy contribution to the basic costs of living: food, bills, clothing and transportation. Among many impoverished parents, the cash transfers led to a slight improvement in the affordability of food, but they had no effect on the household divisions of caring labour: mothers remained the primary (and sometimes sole) carers,

¹¹⁰ As in many other countries, little educated women, particularly if an ethno-cultural minority, are exposed to multiple forms of discrimination and exclusion. In this study, little educated mothers tended to be rural or impoverished, some Roma or married to Roma, all of which exposed them to greater chances of discrimination in the labour market than their better educated or urban or non-Roma peers (see especially Marinescu and Pricopie, 2003; Surdu and Surdu, 2006).

especially during the early years. For better-off parents, the bundle of direct cash transfers received was inconsequential, unobserved in monthly budgets. Far from theoretical arguments about the potential of cash transfers to alter the division of caring labour between family, market and state care actors, the Romanian case illustrates that meagre cash benefits have the same effect on care arrangements as no cash transfers at all. While dual-earner, better off parents met the costs of childcare either out-of-pocket or by relying on publicly subsidised care services (and, as has been shown, the better positioned they were socio-economically, the more likely they were to enjoy good quality, cheap services), single-earner and non-earning couples absorbed the costs of childcare – willingly or unwillingly – by not working or working occasionally, abroad. The meagreness of cash transfers made child penalties worst for those parents least able to engage in (full-time) employment, i.e. the least educated and, more generally, parents in rural areas (Bock, 2004).

7.4. Revisiting findings: a discussion

The purpose of this chapter was to investigate the ways in which childcare policy provisions – in time, through public childcare services and in cash – might have shaped or not the care arrangements detailed in Chapter 5. Building on the explanatory framework detailed in Chapter 6 and the theoretical propositions in the wider literature reviewed in Chapter 2, the focus of this chapter was to discuss (1) the ways in which childcare policy provisions might have shaped hierarchies of care ideals and (2) the kinds of external constraints and opportunities these policy provisions might have generated for households (couples) with young children.

It became evident that childcare policy provisions – in particular the paid parental leave and the public preschool education system available to children as young as two – effectively shaped parents' care ideals and *hierarchies* of care ideals. The age-variant nature of hierarchies of care ideals revealed that these childcare policy provisions appeared to be in an orderly relationship (Pfau-Effinger, 2005a: 327) particularly with ideas about parents' caring and the care services offered by educational institutions, i.e. kindergartens. This orderly relationship between ideals and provisions, however, appeared to emerge organically. Policy provisions in line with recipient parents' pre-existing ideas about particular types of care (parental caring especially) made compliance highly likely; at the same time, policies whose design directly supported the realisation of particular care ideals reinforced and legitimated these.

In a similar way, the asynchronous relationship (Pfau-Effinger, 2005a: 327) between care ideals and policy provisions observable in the case of socially excluded households especially seemed to be reproduced in a similar vein. Lack of employment and (often severe) income poverty meant exclusion from time (plus cash) benefits, as well as exclusion from public childcare services, even for children above three. Non-familial care alternatives were shunned as a result of experiences of exclusion (and othering), while parental (and more generally familial) caring was reasserted as the best type of childcare, especially during the early years. Divided experiences of childcare policy provisions – i.e. different types of households' eligibility for and access to different bundles of benefits – translated directly into

different hierarchies of care ideals, therefore different care options considered and, ultimately, different care arrangements.

The difference in cash benefit levels for parents with children under and over two, respectively, and the meagreness of cash benefits after age two reinforced this moment in children's lives as a significant milestone for children's care routines alongside the design of the paid parental leave provision ("until the child's second birthday"). As already stated, cash transfers – many means-tested and employment-related and generically ungenerous – had no direct implications for children's care routines. Indirectly, however, they created an environment in which parents found they had to make recourse to their own care resources. With public formal childcare not accessible to the vast majority, care arrangements were most diverse and least streamlined among the households in the sample when children were between two and three years of age.

The longer particular policy provisions were in place, the more likely it seemed that parents would comply with the supply of time (and cash) benefits and publicly subsidised services. Similarly, the longer policy provisions remained in place unchanged, the more likely it seemed that excluded households would remain excluded and self-excluded from these policy provisions. This brings into discussion another tentative finding of the chapter. Namely, the role that the formal institutionalisation of non-familial childcare alternatives – childcare by nannies and care services in crèches and kindergartens – seemed to play in shaping care arrangements. The longer the period of *encompassing* (rather than residual) formal *institutionalisation* of non-familial childcare services, the more support and

popularity these services seemed to enjoy. Widespread, accessible publicly subsidised services with a durable institutional history (although not necessarily a long history of professionalism and quality) – kindergartens – enjoyed wide support when compared to the much less accessible public crèche services or the informally operating nannies. The decades-long public visibility and availability of kindergartens may have buttressed a virtuous circle that may have made these services ever more popular and encompassing, expressed through the invariably positive care ideal detailed in Chapter 6. By contrast, the decades-long shortage of crèche places and poor coverage (Fodor et al., 2002; Haas et al., 2006b; Popescu, 2006; Ulrich, 2009) and the lack of legal provisions pertaining to the activity of nannies may have likely made these care alternatives inaccessible and distrusted¹¹¹. This invisibility may have reinforced a vicious circle that made the crèche or nannies even less “palatable”, ignorance or dislike expressed through negative or the lack of care ideals.

A final finding was that divided experiences of childcare policy provisions arose from parents’ – in particular mothers’ – labour market status during the *first* pregnancy and childbirth (Himmelweit, 2002). If mothers’ first pregnancy “caught” them outside the formal labour market, they were very likely to have all of their children as labour market outsiders. The main culprit for this situation seemed to be the overlap of multiple disincentivising factors. Lack of employment at the time of having one’s first child often meant young age and the lack of professional qualifications: these women had found it very hard to find a job generally speaking. Among the least educated, the chance of having a larger family (i.e. at least three

¹¹¹ The degree of accessibility – in localities where crèches did exist – was difficult to judge based on parental accounts as some parents reported having no difficulty signing children up, while others reported they needed to make “interventions” to secure a place.

children) also appeared to be higher. The first pregnancy was closely followed by subsequent ones, preventing mothers from “freeing” themselves from care responsibilities for several years. Without an employment history, paid parental leave and the job guarantee it provided could not be enjoyed. Mothers who had been labour market outsiders prior to their first birth found themselves in the same difficulty of finding a job later, but with the added burden of care responsibilities. The first pregnancy and child, therefore, reinforced their labour market outsider status and greatly increased their likelihood of remaining outside the formal labour market until the youngest child (if there were several) was of school-age.

With labour market status usually closely associated with levels of education (the lower, the lower the chances of having been in employment continuously, if ever), better educated mothers, with better educated partners, tended to form dual-earning households regardless of locality of residence. In contrast, less educated mothers with less educated partners tended to be in single-earning couples or form work-poor households. Childcare policy provisions, catering differently to labour market insider and labour market outsider parents, respectively, reinforced inequalities in earning capabilities and engendered different experiences of parenthood and childcare demands between these two categories of households (Baldock and Hadlow, 2004; Haas et al., 2006a; 2006b; Bygren et al., 2011; Rostgaard et al., 2011). In dual-earner households, paid leave tended to be maximised by mothers and, after a temporary care arrangement between age two to three, children went to kindergarten, often on a full-time basis. In single-earner and no-earner households childcare tended to be mother-dominated throughout preschool years, kindergarten attendance – most often part-time – depending on the relative wealth of families: if

basics – clothing, footwear and food – were affordable, regular part-time kindergarten attendance commenced before age four; if not, childcare remained thoroughly familial, by comparison, less routine (see especially Chapter 5). As already stated, childcare policy provisions had differentiated outcomes for different types of families, strongly mediated by parents' labour market status before the arrival of their first child. Labour market inequalities and experiences of exclusion among the less educated and the economically most disenfranchised were further reproduced and widened as a result of the eligibility criteria for paid parental leave, the rules around access into formal childcare and the meagreness of cash transfers.

It would seem that the different childcare policy provisions impacted to different degrees on parents' thinking about care options and putting particular care arrangements in place. As the quote in section 7.1. also suggested, the design of the paid parental leave was perhaps the *most* important reason for which many parents eligible for this time plus cash benefit thought of age two as a likely childcare transition, while ineligible impoverished parents did not. Similarly, it seemed that the informal admissions rules and the control that kindergarten managers could exert in the sign-up process were the *main* reasons for which certain parents could sign up their children into formal childcare (much) earlier than age three (an opportunity for many parents) or sign them up for part-time formal care only in spite of full-time formal childcare preferences (a constraint for medium-educated parents in particular). Policy design and implementation often proved (crucially) important in shaping not only how parents thought about the care options they had, but also the care arrangements they managed to put into place.

Chapter 8. Care Arrangements and the Nature of Decisions

Underpinning Them

Much empirical research on childcare – and care in general – has favoured a mother-centred approach by virtue of mothers' (and more generally women's) disproportionate role in the provision of childcare and in childrearing more generally. To be more exact, and as outlined in Chapter 2, empirical research on caring and the organisation of childcare in particular has had a history of drawing almost exclusively on mothers' narratives (for exceptions see Hochschild, 1989; 1997; Crompton et al., 2003; Larsen, 2004; Gjerdingen and Center, 2005; Stefansen and Farstad, 2010). By gaining understandings about the various individual-level outcomes of the gendered divisions of caring (and waged) labour primarily through mothers' narratives, a variety of household processes and issues to do with the performing of caring have likely been omitted (Anttonen and Zechner, 2011: 22-24). The exploration of some of these processes and issues may lead to a more accurate picture of the division of informal childcare between parents, of the different meanings that caring and involvement in caring might have for 'primary' and other carers, respectively, and of the negotiations between parents and other family members for the divisions of informal care etc.

Research that has relied on narratives of at least two different individuals per family or household has outlined the complex and sometimes lengthy negotiations that co-habiting adults, couples in particular, regularly engage in regarding a variety of issues, e.g. the management of financial resources (Pahl, 1989; 2000; Sung and Bennett, 2007), the choice of school for children (David et al., 1994) or the division

of household work, including childcare (Hochschild, 1989; 1997; Ehrenberg et al., 2001; Forsberg, 2009; Stefansen and Farstad, 2010). There seems to be reason to suggest, therefore, that young children's care arrangements in the households in this study, too, were the outcomes of household-level negotiation processes among different individuals, in some cases perhaps even children themselves.

The aims of this chapter are twofold. Firstly, the chapter wishes to expose the considerations and rationales that care arrangement decisions were predicated on. More recent literature on the organisation of childcare has seen care arrangements, particularly dominant ones within national contexts, as solutions to parents' work-life conflict, embedded in particular "configurations of care policies" (Leira and Saraceno, 2002; Pfau-Effinger, 2005a; Ferrarini, 2006; Haas et al., 2006b; Lewis, 2006b; Kremer, 2007; Drobic and Guillén, 2011). Due to the limitations arising from the design of the present study, it cannot form the empirical basis for interrogating the assumption that individual countries' childcare policy constellations, for instance the Romanian one, tend to be associated with particular dominant care arrangements for, say, children of preschool age (for this argument see also Baldock and Hadlow, 2004: 708-710). However, what this study can provide insights to is the object and nature of the decision-making process underpinning childcare arrangements at the household level. To be more precise, a first issue taken up in this chapter, in section 8.1., is whether childcare arrangements are particular solutions to balancing care responsibilities and paid work at the household level – as much research on cross-national differences in women's labour market participation, for instance, have assumed – or whether care arrangements are, generally speaking, about some other issues (as well). A first task, therefore, is

the mapping of considerations based on which parents decided who exactly childcare would be delegated to and for what particular reasons at particular points in time during children's preschool years. In doing so, this section provides a response to the fourth research question of the thesis, namely through what decision-making process(es) do parents of young children arrive at particular childcare arrangements and how do they manage conflicting perceptions, if these exist, about their own needs and children's care needs in this process?

Secondly, the chapter provides an incursion into the mechanics of the decision-making process underpinning childcare arrangements. As already suggested in Chapter 2, issues to do with childcare, including decisions pertaining to childcare arrangements for individual children, have been seen to be mothers' domain given the strong female bias in the division of familial childcare in most societies on the globe, Romania included (OSF, 2000; Bădescu et al., 2007b; EVS, 2012) (for this assumption see for instance Ribbens, 1994; Duncan and Edwards, 1999; Hakim, 2000; Pungello and Kurtz-Costes, 2000; Tam, 2001; Himmelweit, 2002; Himmelweit and Sigala, 2004; Duncan et al., 2003; 2004; Gordon and Högnäs, 2006; Gilbert, 2008). This chapter wishes to question this assumption by exposing *whose* decisions care arrangements were in the households in this study, the focus of sub-section 8.2.1., and by exploring *through what household-level processes* these decisions were arrived at, in sub-section 8.2.2. In essence, this second aim of the chapter is to provide an explanation about the decision-making process underpinning care arrangements by focusing on actors and agency in decision-making and the mechanics of the decision-making process. Section 8.3. concludes the chapter.

8.1. Care arrangements: solutions to what?

The discussion in Chapter 2 outlined the fact that much research on household-level decision-making regarding issues of caring for young children has focussed on a particular aspect: the decision to delegate childcare during early years away from the mother to other carers due to work responsibilities. The central assumption of much of this research, very much Western, has been that in order to understand childcare arrangements, one must understand the nature of new mothers' employment-related circumstances, their attitudes to motherhood and, equally, their attitudes towards the combination of paid work and unpaid caring labour (Beaujot, 1997; Crompton and Harris, 1998; Hakim, 2000; Pungello and Kurtz-Costes, 2000; Himmelweit and Sigala, 2004; Pfau-Effinger, 2006; Kremer, 2007; Pfau-Effinger and Rostgaard, 2011). Whether women decide to delegate childcare responsibilities, when they do so and to whom they delegate caring responsibilities for what portion of the day has been found to depend largely on these different "input" factors. By drawing on the narratives of the mothers, fathers and grandmothers in this study, this section reflects on whether the question of delegation due to work responsibilities was the only, or indeed main, concern that drove the making of particular childcare arrangements. To be more precise, this section explores the rationales that carers in the study cited for decisions on which their children's care arrangements were based.

8.1.0. The timing of care arrangement transitions

The nature of childcare transitions during children's first five years of life in the sample tended to be more similar rather than dissimilar. Furthermore, as already suggested, the timing of childcare transitions seemed to be rather streamlined among most households in the sample in great part due to the configuration of childcare-related time plus cash benefits and childcare services (see Chart 8.1. below). A less structured succession of childcare arrangements was observable among the socially excluded, impoverished illiterate and little educated households, where these transitions were more dependent on circumstantial factors, e.g. children's weaning and greater autonomy or the incidence of parents' temporary, informal income-generating activities. The generic timeline of childcare arrangement transitions was the following:

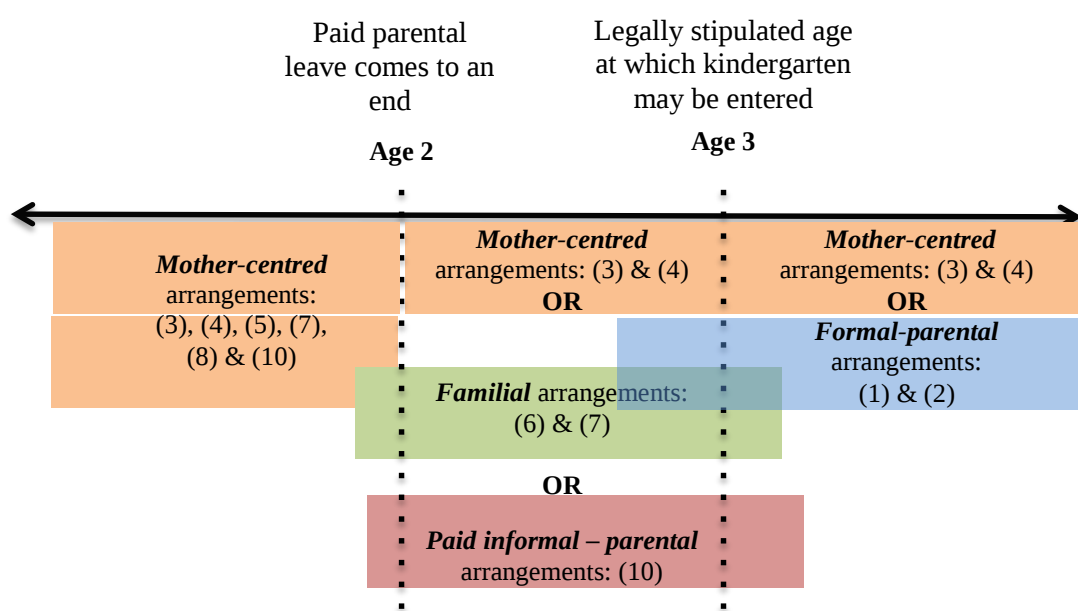


Chart 8.1. The incidence of the different childcare arrangements according to children's age groups.

See also Chart 5.15. in Chapter 5.

However, as also represented in Chart 8.1. above, transitions rarely overlapped *exactly* with the likely moments of childcare arrangement transitions defined by

exogenous factors, e.g. the design of the paid parental leave provision or the structuring of preschool education services according to a rigid academic year. In reality, transitions in childcare arrangements happened *some time around* ages two and three, with greater and smaller shifts in timing depending on various considerations. As already stated, for eligible households the design of the paid parental leave – by setting a cut-off point rather than defining the duration of the leave as a particular number of weeks – tended to act as a rather strict time horizon: full-time motherhood came to an end close to children's second birthdays. Still, transitions in care arrangements rarely took place exactly when children turned two. Similarly, the rigidity of the sign-up process into kindergarten, explored in Chapter 7, made the transition into formal childcare less precise than age three in the sample of households overall, although much more easily predictable from individual families' perspectives: a vast majority of children started (or were intended to start) kindergarten in the September closest to their third birthdays.

Mothers' entrance into or return to paid work emerged as an important factor in determining the first transition in reference children's care arrangements. The delegation of childcare during standard working hours on typical weekdays happened, in most households, on the backdrop of income-generating activities, even in households with labour market outsider parents, reinforcing previous research focusing on issues of women's (and especially mothers') labour market participation. However, mothers' engagement into paid work was often seen as the context for this transition by most carers in the study rather than the reason for it, suggesting that (a) childcare arrangements were expected to undergo changes independently of mothers' labour market participation in most households; and that

(b) more than women's labour market participation formed the reasons for which childcare had to be delegated to non-parental carers. Care arrangements themselves suggested that considerations other than mothers' (and more generally parents') labour market activity or inactivity drove children's weekday routines in terms of who cared for them, where and for how long: the shared parenting (5), the grandparental play (7), the shared female (8) and the over-extended maternal (10) care arrangements may be considered oddities if we were to assume that care arrangements are – and in the households in the study were – reflections solely of decisions about the balancing of paid work and childcare responsibilities. If both parents could spend significant amounts of time with their child(ren), why did they routinely rely on grandmaternal childcare during typical weekdays, enacting a grandparental play (7) arrangement? If the mother was on paid leave during her younger child's first two years of life and did not work at all, why did she also employ a nanny part-time on all days of the working week (the over-extended maternal (10) arrangement) or why did she share most childcare responsibilities with one of the grandmothers (i.e. enact the shared female (8) arrangement)?

Parents offered a wide range of reasons to explain the decisions that led to particular childcare arrangements at different stages during their children's first five years of life. Individual parents' and grandmothers' explanations detailing the making of the different arrangements that the reference children enjoyed at the time of interviewing (and at any time before that) frequently included the naming of a main reason, followed by additional, invariably reinforcing ones. Very few carers in the study talked about dilemmas or drawbacks related to the arrangements in place: as already stated in Chapter 5, a vast majority of parents were mostly contented

with the care arrangements they had in place for the care of their youngest children (and the time for or nature of the absence from paid work this arrangement permitted).

8.1.1. Fostering children's development

Widely cited reasons for both particular childcare arrangements and for the timing of these arrangements were those that revealed a primary concern for and preoccupation with children's development. Developmental arguments were particularly salient in parental narratives that explained the choice for early years maternal or parental childcare and formal childcare, usually full-time formal childcare attendance in crèches and long-schedule kindergartens. What different carers and couples (suggesting the pervasiveness of consensus in most nuclear families in the sample in this regard) believed to be developmentally beneficial for children varied, of course: the same thing – for instance socialisation in a crèche or kindergarten after around age two – was seen by some as highly desirable due to its developmental benefits, while seen as detrimental from a developmental perspective by others. However, regardless of the concrete developmental benefits that maternal childcare during the first two years of life or formal childcare and preschool education after age two were seen to be associated with, many parents explained their childcare arrangement choices and the timing of these arrangements in terms of attempting to foster children's wholesome development.

Care ideals, detailed in Chapter 6, were partly constituted by these different developmental benefits that different types of caring were allegedly associated with. For some parents, usually highly educated and Hungarian, much more likely to

have been exposed to parental guidance and childrearing principles rooted in attachment theory that remained popular in Hungary since the 1960's (Haney, 1999: 154-163), maternal childcare was seen as the best source of care in developmental terms because mothers could offer constancy, a sense of safety and therefore emotional comfort to children. This, in turn, helped nourish children's "emotional world" (*lelkivilág* in Hungarian) and thus was seen as key in bringing up self-assured children, emotionally well equipped to encounter and engage with the outside world, including strangers. Even in the absence of this particular discourse about the developmental benefits of maternal (and more generally parental) caring, many carers saw maternal and more generally parental childcare during the first two years of life as developmentally optimal¹¹²: parental (in particular maternal) engagement with the child was beneficial in an irreplaceable manner, certainly (much) better than the engagement of grandmothers, "stranger" nannies or crèche nurses.

For a small minority of urban, dual-earner couples, the crèche was seen as developmentally optimal due to the benefits of socialisation from a young (although not "too" young) age. Easier settling into group settings, or "integration" as some parents put it, easier separation from the mother around age two rather than later and earlier exposure to group-based learning (of songs, poems, drawing etc.) were seen to enhance learning outcomes later on. Age one-and-a-half-to-two was seen as the ideal period when the full-time crèche schedule could be turned into a routine. Those who operated with a positive crèche care ideal (see Chapter 6) regarded this

¹¹² It is noteworthy, however, that differently educated parents expressed this idea of optimal growth and development differently: while (Hungarian) highly educated parents talked about children's "development" (*dezzvoltare, fejlődés*), illiterate and little educated mothers in particular often talked about maternal childcare being "best for the child", children "learning more", "growing better". See also Gillies (2008) for the UK and Lareau (2011) for the US.

care setting as the junior version of the explicitly educational kindergarten: the crèche was seen to act as the preparatory phase for kindergarten.

As suggested in Chapter 6, the kindergarten care ideal enjoyed great popularity among all parents except the most marginalised ones, who had access to poor quality services at best and felt they would have exposed their children to shaming and othering as a result of their poverty. Kindergarten, with its educational content and educationally trained staff, was usually seen as impossible to compete with in developmental terms. Kindergarten was appreciated first and foremost for the formal education it provided, as well as the socialisation it occasioned. Its benefits ranged from (i) children's discipline, (ii) autonomy in doing routine activities such as eating, dressing and undressing, grooming, hygiene etc., (iii) a sense of structure that its schedule inculcated to (iv) the sense of having a responsibility, a "job" that regular attendance was seen to foster. For most parents, kindergarten was seen as an essential phase in children's development as individuals, on equal footing with successful school attendance and a successful career later on: kindergarten was the age-appropriate context for being gainfully occupied.

In short, developmental arguments were at the heart of many parents' reasoning behind particular care arrangements, notably the separate parenting (4) and the shared parenting (5) arrangements for children under two, the educational (1) care arrangement for children above age three in dual-earner households and the socialisational (2) arrangement in single-earner or less impoverished no earner, mostly rural households. As remarked in Chapter 5, these latter two arrangements were remarkably stable over time and commanded a great deal of commitment from

most parents: these arrangements were put in place and maintained unchanged regardless of mothers' labour market participation later on. In the few instances where formal childcare attendance was halted, the reasons had to do with the quality of services, deemed to be detrimental to children's physical safety and well-being. But only in the case of illiterate, very impoverished parents did unlucky episodes involving their older children at kindergarten – mostly involvement in fights – end in the avoidance of formal childcare services for all children altogether, although several parents mentioned such episodes in their accounts.

Developmental arguments rather than the need to delegate childcare away from the parents, notably the mothers, explain why some parents, particularly those who could have relied on the generally more prized grandmaternal childcare alternative during the same period, opted for formal childcare services after mothers' return to their jobs. While the decision and timing of mothers' return to paid work may have been strongly shaped by the design of the paid leave or employment-related factors, *who* childcare should be delegated to and *where* caring should take place was more strongly influenced by other concerns: parents' ideas about developmentally beneficial environments was of key importance. A second type of concern, equally important especially as "secondary" reasons for particular care arrangements, was the plethora of logistic issues associated with various types of childcare.

8.1.2. Logistics

Unlike developmental arguments that often trumped other considerations in the selection of non-parental childcare, the various logistic reasons parents and grandmothers in the sample formulated as influential in shaping childcare

arrangements tended to prevent – rather than enable – the reliance on particular types of childcare. In other words, various logistic issues, including the anticipation of managing coordination points (Vincent and Ball, 2001; Baldock and Hadlow, 2004; Skinner, 2005), more often explained households' refraining from particular types of childcare and, consequently, the formation of particular childcare arrangements than parents' choosing particular types of childcare. In short, logistics was often perceived as an external constraint. At the same time, logistic reasons were very often mentioned as *additional* reasons for opting for particular childcare arrangements.

Crèche care and logistics

The logistic issues cited as factors for the avoidance of particular types of childcare ranged broadly, but tended to be particular for particular types of childcare.

Childcare in crèches, i.e. for children younger than three, tended to be resisted by parents for two conjoined reasons, one of which was the logistic implications of children getting sick. Given the carer-to-child ratios in local public crèches, many parents saw periods of frequent sickness as unavoidable. Parents who otherwise considered formal childcare for children under three as developmentally beneficial worked around the logistic problems arising from sickness by employing a nanny during winter months. Most parents, however, refrained from crèche care and the educational arrangement (1) before kindergarten age altogether in order to avoid the logistic problems they saw arising as a result of unavoidably frequent periods of sickness. If they could, parents opted for home-based familial care or informal, paid childcare prior to starting kindergarten instead of the crèche. The crèche was seen as an opportunity in logistic terms, with its full-time schedule and more limited

educational activities, in one household only. As already stated, parents who opted for the educational arrangement before children reached kindergarten age (i.e. three) did so primarily for developmental reasons as most of these parents could have relied, if they so wished, on home-based informal caring, unpaid or paid.

Nannies and logistics

Childcare by nannies was seen by some carers in the study as a welcome solution to logistic problems arising from crèche care or competing childcare responsibilities in households with at least two children. For others, the employment of a nanny posed unwelcome logistic problems. For parents who could afford and preferred a nanny, the logistic problems the paid, informal, home-based childcare solved were two generic ones. Firstly, parents safeguarded themselves against periods of absence from work or the logistic complications and expenses associated with hiring a nanny for periods of sickness. Secondly, parents employing a nanny on a part-time basis could avoid the logistic complications associated with asking grandparents, friends or other informal carers to pitch in on occasions when parents' work shifts overlapped in the evenings, when mothers had competing care responsibilities in households with two children or when children were sick. In short, home-based care by nannies streamlined caring and made weekdays predictable for parents and therefore less stressful. Perhaps not surprisingly, familial help was described as posing a logistic conundrum only in situations where mothers in particular had objections against grandparents' childrearing principles and methods or when grandparents were reluctant to offer care. In other words, logistic conundrums related to grandparental caring were described in relation to uneasy familial relationships.

The logistic problems reluctant parents formulated as reasons against the employment of nannies were three main ones. Firstly, several parents explained their choice for formal childcare for children not yet of kindergarten age as a result of their inability to find suitable candidates for the job *at the time* when the transition from the mother-centred to an alternative care arrangement “had to be” made. While also appreciative of the developmental and financial benefits of public childcare services in crèches, these parents explained the reasons for not opting for the nanny arrangement (9) as a result of informational shortages regarding the availability of a more diverse set of potential carers. The nanny arrangement (9) also posed the following logistic issue: the opening of one’s private home to a “stranger” without any guarantee that no harm would come as a result of this decision. While most parents had no direct experience of such abuse in their own homes, a small minority of parents had employed nannies whom they then let go as a result of stealing or what was perceived as neglect. The third logistic issue posed by the employment of a nanny was financial in nature. Regardless of household income, nannies for children older than two were seen as a luxury, unjustifiably expensive since the children were often deemed old enough to go to crèche (if such services were available and regarded as an alternative) or, in rural areas, even kindergarten, usually on a part-time basis. The issue of cost was most frequently cited as a discouraging reason by fathers (regardless of their contribution to the family income), usually as a reinforcing consideration rather than as a main concern linked to the employment of paid help.

Kindergarten and logistics

Although long-schedule kindergarten was said to be accessed by a vast majority of parents primarily for child developmental reasons, reviewed above, many saw long-schedule kindergarten as an ideal service from a logistic point of view, as well. Long-schedule kindergarten provided care that freed up parents at little financial cost, giving them the opportunity to minimise work-family conflict and, for family business owners, to organise their activities in a more efficient manner. With children having a predictable daily schedule away from home, in a safe and educationally beneficial environment, parents could organise their own time spent away from home according to that schedule. For working mothers, who were in an overwhelming number of cases also responsible for most household chores, time spent without the children during days off, short workdays or on days preceding a night shift was of particular logistic importance: they did shopping, paid bills, made work-related preparations and sometimes spent time regrouping during the standard working hours when children were still in kindergarten. In addition, long-schedule kindergarten services also minimised logistic problems such as transportation because parents attempted to finish work when children finished at kindergarten (see Skinner, 2005). For medium-educated urban and rural mothers who had no jobs to return to after the birth of their children (and in the view of a small number of fathers), long-schedule kindergarten was often envisaged as directly enabling the search for and transition into full-time employment. Parents in more than one third of the households in the study – whether relying on full-time kindergarten services or not – mentioned these logistic benefits of full-time formal childcare for children older than (two-to-)three.

What was evident in most parents' narratives was that they all shared a particular principle in relation to the organisation of their children's care arrangements, namely a *principle of coherence*. Most parents, regardless of their children's ages, levels of education and the different types of childcare available to them, were reluctant to shuffle their preschool aged children around both physically and emotionally by exposing them to different carers throughout the different parts of the day, particularly during their absence. Parents tried to avoid, as much as possible, the "Rube Goldberg assembly line of childcare" that Hochschild (1997: 190) found to characterise the lives of many of her American participants. In dual-earner households, regardless of work-schedules, this preference for coherence was expressed through the adoption of the educational arrangement (1) by relying on childcare services in long-schedule kindergartens. Regardless of their success in achieving such arrangement coherence, most parents were reluctant to combine part-time formal childcare with part-time home-based informal caring to cover standard working hours even when they could have afforded to do so. Instead, they preferred one or the other to minimise breaks in children's care routines and the costs of delegating caring and to avoid the logistic issues arising from the need to coordinate fragmented care schedules.

As already stated in Chapter 7, the socialisational (2) care arrangement, centred around part-time preschool attendance sometimes as early as age two, was often a sub-optimal arrangement that posed – rather than solved – logistic issues. Short-schedule kindergarten and the socialisational arrangement it occasioned were seen as a barrier to paid work outside the home or engagement in income-generating activities at home, particularly among rural households that owned land and

livestock and urban households that relied on the services of a kindergarten with regularly alternating morning and afternoon tuition. Part-time formal childcare implied the availability of informal carers outside tuition hours and in households where grandparents were not available and paid help was deemed unaffordable, childcare responsibilities usually fell on mothers.

8.1.3. Familial relations and the management of grandmotherhood

In addition to the most frequently cited developmental and logistic reasons for choosing the particular non-parental care alternatives that parents finally arranged for, another recurrent reason – especially in relation to familial care arrangements, involving grandparents – was the management of familial identities or “associational solidarities” (Timonen and Arber, 2012). It has long been recognised that caring forms a core element of most women’s identities: motherhood is experienced not only as a set of activities and engagements – physical, intellectual and emotional –, but also as a particular social role, locating individuals both within and outside the home socially (Finch and Groves, 1983; Ribbens, 1994; Arber and Timonen, 2012). One of the findings of this study is that “grandmotherhood” in particular was, in a similar fashion, a social identity that older women often anticipated and indeed assumed once they had grandchildren. Grandmaternal care was seen to emanate from a particular feminine identity, widely shared among the carers in the study – parents and grandmothers alike – and described more amply in Chapter 6 as the grandmaternal care ideal. Grandparents in this study emerged not only as reliable, flexible and usually highly prized carers during parents’ absence – “mother savers” –, but as particular, highly desirable characters in children’s lives. Grandparents took an active part in children’s lives not only for practical reasons,

i.e. to care for their grandchildren during parents' absence: they were affectionate and loved family members whose presence was seen as a desirable and beneficial component of children's upbringing regardless of childcare needs. Therefore the birth of grandchildren signified in many households not only the likely need for grandparental involvement in domestic work and caring, but, for grandparents and grandmothers especially, the assuming of a new – much anticipated – identity. Grandparents, particularly grandmothers, participated in children's lives not necessarily out of necessity, but because they wished to be present: a vast majority of grandparents living close to their children and grandchildren anticipated their involvement in children's upbringing even when parents themselves felt self-sufficient and had the opportunity not to delegate childcare responsibilities. By virtue of a culturally shared grandparental care ideal, grandparents often made claims on their children for caring and play time with their grandchildren. By virtue of this same care ideal, parents – regardless of their childcare needs – often felt they had to and did accommodate grandparents' wishes to be with their grandchildren. As other research has also found, the grandparent-parent relationships acted in the vast majority households as mediators of grandparent-grandchild relationships, both in a positive (enabling) and a negative manner (see Fingerman, 2004).

In all cases the familial care arrangements – the intergenerational (6), the grandparental play (7) and the shared female (8) arrangements – took shape in contexts where grandmothers especially were keen to get routinely involved in caring and anticipated to become their grandchildren's main carers once mothers returned to paid work. Even if grandparental childcare was seen by many parents to pose particular drawbacks, the spoiling of children being a recurrent concern, they

still thought of grandmaternal caring as second best to parental (often maternal) caring, especially during children's first three years of life. Even when parents objected to certain aspects of grandparental caring, upbringing especially, they tended to minimise the importance of such disjunctions by referring to the normatively formulated benefits and advantages of grandparental (especially grandmaternal) caring of the grandmaternal care ideal. As a result, in most couples that could routinely rely on the involvement of grandmothers in childcare, mothers took on income-generating activities usually between children's first and second birthdays regardless of their levels of education and the nature of paid work. It was mostly in less educated families that grandmothers' routine involvement in caring was maintained in combination with kindergarten attendance, in the socialisational arrangement (2), after age three. Grandmaternal childcare on a routine basis was resisted in a few instances, usually by mothers. Instead of the intergenerational arrangement (6), these households decided to have the nanny arrangement (9) in place.

Grandparental identities were actively managed by parents (or "negotiated", as Finch and Mason (1993) put it) in that grandparental involvement happened according to the wishes and expectations of the parents (particularly those of mothers) rather than those of grandparents, except in some cohabiting, little educated, rural extended families (see also Johnson, 1985). Mothers and sometimes fathers actively negotiated the boundaries of grandparental caring by communicating about childcare-related issues in particular ways, at particular times. For instance, parents were the ones who defined the rules of caring and also the nature of their own parents' involvement. By defining the conditions, scope and

context for grandmothers' caring, parents maintained control (and in fact responsibility, too) over the division of caring labour. Many parents were mindful not only of their own care needs, but also of the burdens that caring might impose on grandmothers. As a result, they found themselves balancing what was best for them and their children on the one hand and their own parents' well-being on the other.

In most families, grandmothers had offered to become routinely involved in childcare before the birth of their first grandchild, but left parents to decide on the nature and timing of this involvement. Moreover, complying with the culturally shared imagery of the grandmaternal care ideal, grandmothers reinforced parents' control over caring by actively trying to conform to parents' expectations, rules and ways of doing things in relation to caring: they constrained themselves in the context of what seemed a culturally more widespread "mandate on the autonomy and privacy of the nuclear family" (Johnson, 1985: 91). There was a minority of households where the conditions of grandmothers' involvement in particular was defined and controlled by grandmothers themselves, usually through refusal or the conditional offering of help with childcare. In these instances, familial relations and identities were more actively managed by members of the older generation.

8.1.4. Children's wishes

Several parents revealed the fact that the *timing* of particular childcare arrangement transitions, in particular children's transition into part-time formal childcare and the socialisational arrangement (2), was the result of children's choice. Many parents with two children indicated that their younger ones prepared to join their older

siblings in kindergarten or at school as early as age two. As a result, many mothers said they acted on their children's desires and introduced them to kindergarten, on a part-time basis. In other instances, some mothers trialled short-schedule kindergarten before children turned three as a preparatory phase for regular attendance later on. But due to the fact that their children enjoyed themselves in the new environment, attendance was maintained and the socialisational arrangement (2) was put in place earlier than initially anticipated. Children's unwillingness, expressed as distress when other siblings and their mothers were absent, was formulated by some illiterate, socially excluded parents as a key reason for not relying on kindergarten at all or indeed other types of childcare: children were said to be unaccustomed to be parted from their mothers and their siblings and their crying made the delegation of caring highly undesirable.

To conclude, the aim of this section was to expose some of the most commonly formulated reasons that parents in the 37 households in the study considered when making choices about carers once the delegation of childcare from mothers was decided. Paid parental leave, as was discussed in the previous chapter, strongly shaped *when* mothers (and in a minority of cases fathers) would return to paid work, occasioning a transition – often, but not always, the first – in care arrangements. However, who would become children's main carers during standard working hours, where and under what conditions appeared to be underpinned by a variety of considerations. The redoing of children's care arrangements in anticipation of mothers (re)turn to paid work represented a bundle of issues for parents much more complex than the seemingly straight-forward issue of “what to do with baby when mummy starts work (again)”. Or, to put it differently, this question was seen to pose

a variety of concerns and dilemmas, although work-life conflict as a result of paid work was rarely formulated one among these. The delegation of childcare responsibilities from mothers to other carers was most often problematised by familial carers as an issue of supporting children's development in an age-specific fashion; the avoidance of a variety of logistic complications by sticking to a principle of time-space coherence as much as possible; the management of relationships with grandparents with particular ideas of grandparenthood or children's own preferences and wishes. Parents aimed to achieve a variety of goals when making decisions about whom to delegate care responsibilities to and under what conditions. The issue of delegation per se due to work responsibilities was seen as a self-evident one, creating the context for these decisions. It is for this reason that children's care arrangements were sometimes not reflective of parents' – especially mothers' – availability as primary carers: care arrangements served a variety of purposes other than freeing parents to engage in income-generating activities and care arrangements were reflective of these rationales.

8.2. Dynamics of household decision-making in relation to childcare arrangements

The second aim of this chapter is to question the assumption persistent in much literature on the making of childcare arrangements that it is mothers, alone, who decide what care arrangements children should enjoy while away from their parents during the time the latter work. This section, therefore, brings into focus the issue of agency in decisions to do with the division of childcare responsibilities and, in the

second part, provides an account of the mechanics of decision-making process(es) underpinning childcare arrangements.

8.2.1. *Who decides on care arrangements?*

The analysis of parents' and grandparents' narratives highlighted a variety of similarities in the ways in which informal carers framed different aspects to do with the making of care arrangements. As already highlighted in Chapter 6, the normative imageries and associations related to different carers and their caring, i.e. ideals of care and the hierarchies they were organised into, were individually held by mothers, fathers and grandmothers. When discussing their *opinions* of different care alternatives, one expression of their individually held care ideals, carers in the study invariably used the first person singular – "I". Regardless of actual involvement in caring and decisions to do with care arrangements, opinions, beliefs, convictions to do with childrearing and childcare options were individually held and expressed as such. A small minority of fathers in the sample did discuss these opinions or beliefs as a joint perception, i.e. as if held by both themselves and their wives.

Similarly, when talking about *ponderings* in relation to childcare alternatives, i.e. the options that were considered, usually with advantages and drawbacks, most participants in the study referred to their own thinking process and individually held perspectives. Again, some fathers suggested this thinking process was joint or that they, as less engaged carers, joined their partners in pondering about alternatives at the initiative of the latter, and used the first person plural – "we" – to signify this. By contrast, almost without exception, mothers were much more prone to suggest in

their narratives that this process of pondering about childcare options and about how to optimise care needs and other priorities was their preoccupation mainly or solely. Although in some households fathers indicated that both parents spent time thinking about care-related issues, their wives' narratives did not make account of this, suggesting that mothers often felt that they were alone in thinking through options or that they were unaware of the fact that their partners also spent time pondering about alternatives.

Finally, a vast majority of parents and grandmothers talked about the *activities* that care arrangements necessarily involved as joint ones. Asking grandmothers to look after children, hiring a nanny, signing children up for crèche or kindergarten, taking or driving children to kindergarten etc. were usually discussed as activities done as a team, hinging on an agreement and desired by both parents even if routinely carried out by one of the them.

In spite of these general trends in how parents generally talked about making care arrangements happen, there were the inconsistencies mentioned above. Overall, mothers were much more likely to discuss children-related issues, including matters to do with childcare arrangements, as their own affair, an individual issue about and for their own child(ren). Some partnered mothers systematically referred to "my child(ren)" and framed child-related issues as individual concerns. Based on their accounts, thinking about what the care-related problems were, how they might be best solved etc. and the implementation of solutions appeared to be practically unshared issues. These mothers' accounts featured their agency almost exclusively, without the acknowledgement of their partners' opinions, ponderings, involvement

in caring etc. Fathers' narratives suggested that this implicit mitigation of father's emotional, mental and physical participation in caring was often incongruent with their own perceptions. Some mothers' apparent 'solitude' in thinking about and even managing childcare-related issues, therefore, might have been an impression or, as in some cases, the narrative expression of mothers' reiteration and exercise of what they saw as a necessarily maternal control over childcare-related issues.

By comparison, fathers' accounts of their opinions and ponderings especially were somewhat more frequently phrased as shared beliefs and thinking processes. This sometimes suggested fathers' feelings of being involved in all the details of their children's upbringing and caring arrangements even if their physical involvement did not match that of their wives. In other instances, particularly among "enforcer dads" (Baldock and Hadlow, 2004), who played a marginal role in routine childrearing, this reliance on the plural seemed to operate as a narrative device to hide the overall lack of involvement in concerning oneself with childcare-related issues. If further probed, fathers' "we thought" would sometimes mean "she [wife] thought" about such issues. Still, based on their narratives, most fathers did have very clear ideas about what their children needed, what was best for them and appeared to be as engaged in thinking about how best to tackle children's caring as their wives even if, as some fathers put it, they were less vocal about their opinions and ponderings.

Agency was, therefore, narratively constructed by each individual parent or grandmother and – as the comparison of interview pairs suggests – agency was sometimes misallocated in different ways along lines of gender, for different

purposes. Both mothers and fathers engaged, unconsciously, in narratively emphasising their role in caring and their authority in child-related decisions. Mothers with an intensive mothering care ethos (Arendell, 2000), usually with little or medium levels of education, frequently talked of all aspects of childcare as if they were single parents: it appeared as if everything was their concern, their struggle to find solutions, their decisions, their labour etc. Some highly educated mothers, in contrast, tended to inadvertently stress the shared experience of raising children, suggesting that most things were done as a result of explicit discussions and with the agreement of both parents regardless at whose initiative (conceded to be that of mothers' usually) and with whose labour. "Entertainer dads" appeared most prone to emphasising their involvement in caring both in relation to thinking about options, as well as getting involved in care activities. "Useful" and "fully-involved dads" (Baldock and Hadlow, 2004) appeared to be most consistent in their accounts in narratively allocating agency to both themselves and other – usually the female – carers.

In short, the identity of those who concerned themselves with care arrangements tended to depend on whether the narrator was the mother or the father (or, indeed the grandmother). Carers' narratives were a patchwork of opinions and ponderings about care ideals and childcare alternatives, as well as descriptions of what was done in actuality in relation to children's caring. Consistent with these different ways of talking about different aspects of children's care arrangements, parents would switch in their accounts from their own opinions, through what they did together with their partners, to what they kept pondering about or thinking through together with their partners. Still, different types of care and mothers' transition

(back) into paid work were discussed somewhat differently by men and women, respectively, and some variation existed among mothers, fathers and grandmothers, respectively.

Decisions about mothers' (re)turn to paid work

Decisions about mothers (re-)entering paid work was described by the two participants in a majority of households as the mother's decision, acknowledged and supported by their partners and other family members. Mothers often referred to deciding *whether* and *when* to re-enter employment as their own decision. It should be remembered, however, that among labour market insider mothers the decision about returning to paid work, as was discussed in the previous chapter, was very much one of timing rather than a matter of doing it or not. For mothers who had not been in employment prior to giving birth to their oldest child (and which meant in all cases labour market marginalisation until their most recent births), the decision to enter paid work later was an issue of whether to do it or not.

It is noteworthy, however, that in at least six families the decision for the mother to (re-)enter paid work and the timing of this transition in particular was in some degree imposed by the father. These families were all different: urban and rural, with parents having attained various educational levels and with different family incomes. Yet in all of them men exerted some pressure over their wives' income-generating activities in some direct way. What differed along educational lines were expectations and their formulation. Highly educated husbands tended to encourage or, in an explicitly controlling manner, urge their wives to seek employment or return to the family business, mostly for financial reasons. Husbands with medium

levels of education or less wished their wives to remain full-time mothers even when children had started attending kindergarten regularly. Medium-educated fathers maintained their wives' domesticity through more or less gently phrased arguments about the benefits of full-time motherhood for the child(ren) and the unwelcoming character of the labour market for mothers with young children. Little educated men, in both cases Roma, were said to forbid their wives' wishes to search for paid work in the context of what appeared to bear semblance to archaic patriarchal gender relations (Surdu and Surdu, 2006; Voicu and Popescu, 2006; Magyari-Vincze, 2007).

Negotiating different types of childcare

The overwhelmingly maternal character of childcare during the first two-to-three years of children's lives was unanimously supported by all participants in the study, expressed through the unanimous and rather coherent maternal care ideal among participants and detailed in Chapter 6. Mothers tended to discuss this period much more extensively than either their partners or the grandmothers and described it as their own choice (in the case of better educated mothers) or individually accepted responsibility (illiterate and little educated mothers, who tended to have more than two children and most were severely impoverished). Mothers talked of early years full-time motherhood as something they "wanted", something they "thought *and* knew" was best for their children, an arrangement that allowed them to raise their children as they "wanted". In short, most mothers described early years maternal caring in an authoritative fashion, indicating that this period was primarily their concern, responsibility, pleasure and labour and no one could interfere in shaping care arrangements during this period. Fathers and grandmothers also referred to

maternal caring as something that they themselves endorsed and supported and phrased the maternal care ideal they held as their own. With the exception of the fathers who were said to have forbidden their wives to engage in income-generating activities, however, they tended to talk about the early years as a mother-dominated period, driven by mothers' beliefs in what was appropriate for their children and their expectations. Most fathers "thought" or "believed" that maternal childcare was best during the early years and, as a result, "wished" (rather than "wanted") their wives to accomplish their own "want" and best judgements in this regard and be full-time mothers for as long as they thought it best.

The ways in which mothers and fathers in the study talked about grandparental care and the familial care arrangements (6 – 8) appeared to be subject to the most frequent inconsistencies to the overall trends detailed earlier. With very few exceptions, mothers were much more likely to discuss grandparental help, its lack, its desirability or undesirability in routine childcare arrangements as an individual concern. Most mothers regarded grandmaternal caring as help or denial of help to them personally, regardless of which grandmother – maternal or paternal – offered or refused involvement in childcare. For grandmothers, too, providing childcare often appeared to be a particular form of caring for their own adult children (see also. In short, grandmaternal childcare in particular was often offered, as well as accepted, as a form of caring for one's grown-up children (see also Timonen et al., 2011). Not surprisingly, grandmothers' refusals to become involved in caring on a routine basis were often described by mothers as letdowns or disappointments, which discouraged them personally from asking for *any* help from these grandmothers. Mothers were also the ones who brokered or refused the help of

grandparents when the latter were not explicitly forthcoming or, on the contrary, were perceived as too eager to provide childcare.

Fathers tended to see grandmaternal childcare especially as a welcome help to their young families rather than themselves personally, reinforcing mothers' understanding that childcare from grandmothers was, really, help to the mother as the main carer. Furthermore, fathers tended to focus on the quality of the relationship between grandparents and children enjoyed rather than the actual help the elderly relatives could offer partly because paternal grandparents tended to be the ones less involved. This focus in their accounts appeared to be a generic narrative device to avoid stating the marginality of their own parents' involvement in childcare due to lack of interest on grandparents' side and/or fathers' own lack of courage to ask for such favours¹¹³.

Caring offered by nannies, at home, and nurses in crèches appeared to be most consistent with the ways in which parents tended to frame care ideals and alternatives: opinions about nannies and crèche care were individually held and formulated as such; ponderings about the employment of a nanny or the signing up of children for regular crèche attendance tended to be narrated as individual concerns, although in most couples the possibilities of nanny or crèche care, regardless of outcomes, were openly discussed and the decision to employ or not or sign the child up or not, respectively, was jointly arrived at. The actual hiring of a nanny, the taking of children to crèche and the reliance on these care services were

¹¹³ As research in other national jurisdictions has shown (Hochschild, 1997; Halliday and Little, 2001), maternal grandmothers tended to be more favoured by young families than paternal grandparents. This usually had to do with gendered intimacies of mother-daughter relationship: mothers of new mothers tended to more readily offer their help – to their own daughters – than the mothers-in-law of new mothers to their daughters-in-law.

discussed by all fathers and most mothers as done jointly, although some mothers switched between conceiving of nanny care as help to them personally and as help to “us”, i.e. the parents.

As already outlined in Chapter 6, the kindergarten care ideal was widely shared as the most desirable care option for children of the relevant age group, i.e. older than three. It was perhaps for this reason that in some parents’ narratives their opinions and ponderings related to children’s transition into preschool education and the related educational (1) or socialisational (2) arrangements were discussed as shared ones. Kindergarten was, in most households, very much desired and expected by *both* parents and parental narratives revealed this by discussing kindergarten-related issues as the couple’s rather than individual opinions, convictions, thought processes and decisions. The partnered mothers who tended to discuss all child-related issues as their own, as if caring for and raising their children alone (usually the less educated ones), remained consistent in their narratives and retained the use of the first person singular when discussing “their” decision to send the child(ren) to kindergarten. As some of these mothers explained, the issue of kindergarten attendance, the choice between short and long schedule (when available and affordable) and the *timing* of the transition into kindergarten were their concerns, considerations and decisions, although agreed to by their husbands.

In short, what emerged from carers’ accounts was that different aspects on which childcare arrangements were predicated on were differently discussed by carers in the study. Care ideals and thought processes through which care alternatives were formulated tended to be described as individually held and engaged in. The

activities necessary for implementing various care arrangements, e.g. searching for and employing a nanny, signing children up for formal childcare, taking children to the crèche or kindergarten etc., were generally said to have been done as a team, although not necessarily together. Moreover, different types of decisions to do with care arrangements were said to be those of different individuals even within the same household: the delegation of caring away from the mother and giving up full-time motherhood was most often decided by the mothers themselves, but fathers were in some cases those who decided. In turn, decisions about the employment of nannies were always shared, while care arrangements with a formal care component were either mothers' or, much less frequently, fathers' decision, or a joint enterprise in both conception and implementation (see below).

Although a vast majority of mothers emerged from parental accounts as the ones exercising control and dominance over all aspects of caring and childrearing both discursively and in practice, fathers sometimes were said to do so too. It was less straightforward whose decision it was *who* would care for the child, *where*, for *how long* and from *when on* in parents' absence than much research on the making of care arrangements and women's post-partum employment decisions has suggested (Ribbens, 1994; Duncan and Edwards, 1999; Hakim, 2000; Pungello and Kurtz-Costes, 2000; Tam, 2001; Himmelweit, 2002; Himmelweit and Sigala, 2004; Duncan et al., 2004; Gordon and Högnäs, 2006; Gilbert, 2008).

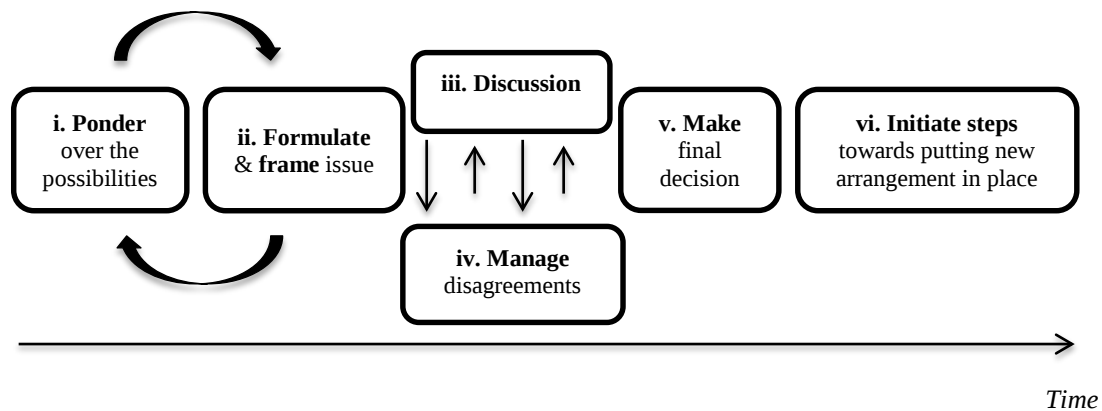
8.2.2. *The mechanics of childcare arrangement decisions*

Most parents and grandmothers in the study stated that “*all* child-related *decisions* were made jointly by the parents” (emphasis added). Parental narratives also

revealed, however, that in care-related decisions the making of the final decision was most often the least laborious and time-consuming aspect: childcare arrangements were frequently the result of longer or shorter periods of what many parents described as “having a discussion” (*discuțăm, megbeszéljük*). In most households, childcare arrangements arose as the result of the following developments (see also Graph 8.2. below):

- i. more or less lengthy ponderings about the *timing* of transitions in childcare arrangements and about the *feasibility* of arrangements in the light of hierarchies of care ideals, perceived constraints and opportunities, much less frequently professional advice and informal information gathered from other parents as to different types of care, in different settings;
- ii. the formulation and framing of care arrangement transitions as a family issue or, indeed, problem, requiring some kind of exchange between the parents¹¹⁴;
- iii. a more or less lengthy process of arriving at a consensus as regards the childcare arrangement to be pursued;
- iv. the management of possible disagreements in relation to childcare alternatives;
- v. making the “final decision”; and then
- vi. deciding the division of labour in relation to the preparatory steps for implementing the arrangement decided upon.

¹¹⁴ As Chart 8.2. above suggests, i. ponderings about possible care arrangements and ii. the formulation of the need for care arrangement transitions were often interlinked. Still, parents tended to think about care options before they starting thinking about *when* transitions would take place, hence the ordering of these decision-related steps in the chart.



Graph 8.2. The steps of parents’ decision-making process in relation to childcare arrangements. The arrows relating to i. ponderings and ii. formulating and framing the need for care arrangement transitions suggest that their timing was not as coherent as this model otherwise implies. In describing below the three real-type decision-making models (a-c) members of households in the study adopted, reference is made to these different stages.

Unlike the nitty-gritty aspects of caring, e.g. feeding, grooming, dressing, seeking medical attention and care, managing children’s daily schedule etc., which were often seen as mothers’ domain with related decisions resting with mothers solely, the involvement of non-parental carers in children’s daily routines (and the implicit change in children’s care arrangements) was a “family business”, necessitating “the family’s” agreement and action. Although most mothers and some fathers tended to still discuss child-related decisions in the first person singular (see sub-section 8.2.1. above), the vast majority of parents then conceded that “big” decisions – e.g. care arrangements – were decisions of “the family”. In a vast majority of households in the study, “the family” were seen to be the parents. However, in some cases the boundaries of the deciding family were sometimes expanded by grandmothers. Purporting to “only” offer advice based on “a life’s experience”, some grandmothers were vocal in challenging the care alternatives parents

considered, aiming to carve out some authority for themselves in the decision-making process.

In short, decisions to do with young children's care arrangements emerged as a succession of more or less complex and lengthy processes most often involving parents and in some cases grandmothers, too. The aim of this section is to account for the different ways in which the multiple stages of childcare arrangement decisions played out in different households because, as it will become evident later on, childcare arrangements were in most cases a function of intra-family consensus-building efforts rather than mothers' preferences for particular types of childcare. Even if the care arrangements envisaged by mothers tended to be the most favoured ones in a majority of households and ended up being implemented, childcare arrangements tended to reflect both parents' care preferences.

Better educated spouses revealed not only the superficial agreement that childcare-related issues were indeed "discussed", but they described the details of making childcare arrangements in similar terms. In most households there appeared to be a high degree of agreement regarding the *mechanics* of childcare-related decisions, regardless of how unequal or contentious this decision-making process might have been (see also Gjerdingen and Center, 2005). In other words, there was a high degree of congruency in mothers' and fathers' accounts of the problematisation and interpretation of childcare-related decision-making processes, regardless of the nature of the decision-making process itself. Three distinct decision-making models were observable in the households in the sample.

a. The agreement model

The least common decision-making model in relation to children's care arrangements – observed in six households – was the *agreement model* (a), characteristic of better educated nuclear families with two children. In these couples, as in most others in fact, decisions to do with children's daily care routine tended to be mother-dominated, although fathers in these families tended to correspond to what has been described as “useful dads” (Baldock and Hadlow, 2004): they were involved in children's daily care, although they frequently relied on ‘direction’ from their wives. Still, in these households all aspects to do with children were frequently talked about and discussed. Children's upbringing and care formed an important aspect of both parents' preoccupations and both parents initiated talk about child-related issues, regardless of what these might have been. Parents said there was no dominance from either parent as regards “ideas” for improvement in relation to children. As a result, ponderings about childcare arrangements were shared and the framing of the issue of delegation away from parents to other carers, whether grandparents, nannies or professional carers, was also shared. Parents discussed options together, although they often “totally” agreed and therefore “almost immediately” arrived at the same solutions. These couples managed disagreements in such a way as to avoid distress in their partner rather than, as in other couples, refrain from vociferous conflicts for the sake of children (see Graph 8.2. above). These mothers and fathers valued agreement and consensus in their relationship in general and avoided the exercise of power over the other for instance by not attempting to impose their own preferences over an unwilling other. As one father put it, “if one of us won't budge, then it's not possible to make changes, things stay the same.” The right to veto was genuinely adhered to.

Consensus emerged as an underlying principle of how they also wished to “do” family (Silva and Smart, 1999) and parents refrained from pushing individual agendas of any kind, in any of their relationships, although mothers did describe themselves as more adamant than their husbands. Parents decided jointly and implemented childcare arrangements jointly. Discussion, agreement, sharing, assisting the other parent, togetherness were highly prized in these families. As a result, decisions about childcare arrangements, seen to be “big” decisions, were seen as necessarily governed by these principles applicable to the marriage and childrearing more generally.

b. The unequal model

A slightly more frequently observable decision-making model in relation to childcare arrangements, and in many ways the opposite of the agreement model (a) described above, was the *unequal model* (b) of decision-making. Observable in eleven households involving urban and rural parents of with little or medium level of education mostly, but still more common among urban families where parents had medium levels of education, this decision-making model tended to feature a domineering mother or father who took control over the formulation of the “problem” that required the transition in childcare arrangements, framed childcare options, dominated discussions in relation to these options, undermined attempts at disagreement, often worded the final decision and settled the division of labour in relation to the preparation of the new care arrangement (see also Graph 8.2. above). In six of the households where care-related decisions were arrived at in this fashion, mothers were dominant in care-related decisions (and other child-related decisions, too), but in the others fathers maintained control over these decisions. Domineering

parents regarded themselves to be more able to make the most appropriate decisions and believed their judgement to be the best. They operated with a distinct hierarchy in relation to different family members' judgement, one that their judgement topped. As a result, they felt that it was their formulation and framing of the issue of care transitions that was most legitimate and desirable, for everyone involved.

As main carers, domineering mothers felt they should "have the last word" in relation to all child-related issues as they knew best and they gauged "situations" best. They sometimes made a point of "consulting" with other adult members of households or asking for advice, but they ultimately acted as they wished and cared little (if at all) about their partners' opinions. For these mothers, fathers were not regarded as equal decision-makers, merely interested individuals of whom to bounce off ideas. Their input and preferences were on equal footing with those of grandmothers or other mothers: they were considered informative, but not decisive. The preparations for putting new care arrangements in place tended to be carried out by mothers or shared with the fathers at mothers' request.

Domineering fathers, in most cases "enforcer dads" (Baldock and Hadlow, 2004), appeared to be more single-minded in that they regarded consultation with their partners as unnecessary. Unlike domineering mothers, these fathers usually stated how children's care arrangements would happen and presented their decisions as final, indicating that they allowed no space for debate. In the way they made care-related decisions, they collapsed the discussion, disagreement solving and decision-making phases (see Graph 8.2. above) into a single one and simply formulated the final outcome, driven by an authoritarian logic. Being "enforcer dads", they

refrained from the nitty-gritty aspects of preparing the implementation of the intended care arrangements and instead asked (or told) their wives to tackle these. Not surprisingly, this unequal model (b) of care-related decision-making tended to cause sometimes substantial emotional discomfort and resentment in the marginalised partners. Mothers with domineering husbands tended to invest effort in trying to convince themselves that their husbands' decisions were indeed in children's best interests, while fathers with domineering wives either excluded themselves from caring altogether or, as in one case, kept pushing their own agendas from time to time, unsuccessfully.

c. The consultation model

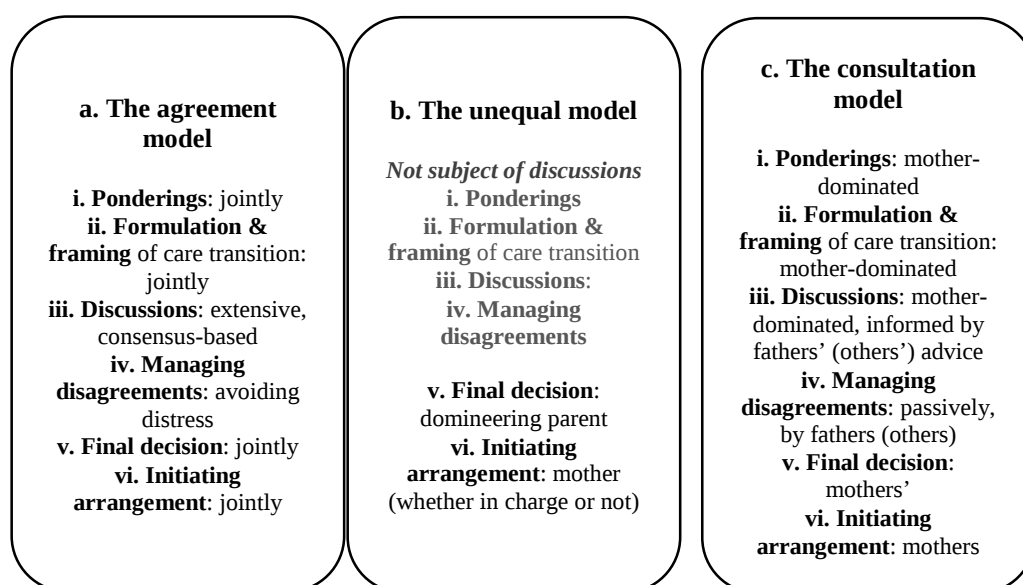
Finally, the third care-related decision-making model derived from familial carers' accounts through the inductive analytic approach described in Chapter 4 was the *consultation model* (c). This was characteristic of a majority of households, 20 in total, both urban and rural and with parents with all educational backgrounds. In these families mothers assumed a steering role in relation to all aspects to do with children, including the making of care arrangements (see Graph 8.2. above). However, in spite of their managerial role, they brought under discussion most decisions to do with children to receive advice, agreement and support from their husbands and other family members. As in the unequal model (b), the formulation of the problem and the initiator of the decision-making process was one of the parents, in this model always the mother. But unlike their domineering counterparts of either gender, these mothers wished to involve their partners, too, in decisions. In the broader context of what were described as mostly harmonious marriages and a gendered division of labour, fathers were said to quickly offer their "consent" or

“agreement” to their wives’ ponderings and envisaged alternatives. Fathers in these households explained their apparent easy-going attitude as rooted in trust in their wives and respect for their authority as the main carers, as professionals (where appropriate), as the better educated parents or as some combination of these (see also Hochschild, 1989). Husbands of teachers argued that they left the timing and choice of kindergarten to their wives because they were, by their training, best equipped to decide. Many, although not all, little educated couples also appeared to make care-related decisions in this way, fathers acknowledging and reinforcing mothers’ authority in questions to do with children.

Similarly to their peers who acted according to the agreement model (a), both parents in these couples tried to be flexible and avoid rigidity in what they wanted for their children: fathers tended to agree to most of their “smart” wives’ ideas, arguments and propositions, while mothers genuinely sought their husbands’ insights, opinions and views, ready to alter their own positions if convinced by their partners’ arguments. Final decisions, as in the agreement model (a), were said to be arrived at by the mothers, while fathers accommodated these decisions.

Implementation of care arrangements was most often initiated and carried out by the mothers, with support from their husbands (see Graph 8.2. above). The key distinction between the agreement model (a) and this consultation model (c) was the division of labour in relation to the different stages of the decision-making. In the latter model, most aspects were mother-driven (although not dominated) because fathers did not feel they needed to practise equal authority (although not opinion) in child-related decisions, even “big” ones.

Because this description of different decision-making models in relation to children’s care arrangements might inflate the role that discussion, disagreement, negotiation (Finch and Mason, 1993) and the making of childcare-related decisions played in preparing care transitions in children’s weekday routines, it must be stated that families often acted on what they called “instinct”. Many parents said that certain decisions (and therefore care transitions) “came naturally”, for instance the involvement of grandmothers who had been assisting their daughters and daughters-in-law from the early post-partum period onwards or children’s transition into the same kindergarten as their older sibling(s). Habitus in partner relationships (Margolis, 1999; Bourdieu, 2010), agreement on age-related care ideals, nested in homogamy (Esping-Andersen, 2009), and (sometimes easy) access to institutionalised care alternatives all assisted many families in making decisional shortcuts. But although the different decision-making models were not related to particular care arrangements, the above discussion revealed that it is a mistaken assumption to regard childcare arrangements as a function of women’s preferences



Graph 8.3. Real-type household decision-making models regarding children’s childcare arrangements among 37 households.

and their (often constrained) solutions to work-life conflicts. This has direct implications for future research interested to interrogate work-life balance issues as it reveals that in the Romanian context at least – although other Central and Eastern European societies may likely reveal similar findings in household decision-making in relation to children – decisions about mothers’ labour market participation and the delegation of children’s caring might not always be mothers’ decisions. Moreover, even if care-related decisions might be that of mothers’, these might be contested by other (female) family members, who exert pressure over the stability of arrangements in place.

8.3. Conclusions

The aims of this chapter were twofold. By drawing on the narratives of the 68 familial carers in the study, the first section aimed to explore the rationales that parents phrased for the particular division of caring labour that underpinned their youngest children’s care arrangements and their children’s care arrangements more generally. This section revealed that for many parents care arrangements were often tailored in such a way as to tackle a variety of concerns, the most common of which was said to be children’s *development* and *well-being*. Whether valuing socialisation, formal learning, the development of interpersonal skills, personal autonomy, cognitive growth, emotional well-being and comfort, many parents with medium and high levels of education made care choices, even when constrained by other factors, that maximised these outcomes, favouring formal childcare over other types of childcare as early as possible. Little educated and illiterate parents, much

more constrained in their choices partly due to lack of trust in and negative experiences with informal childcare and formal care services, put greater emphasis on children's togetherness, home-based development, emotional and physical well-being achieved through maternal closeness in making care choices. Equally important for a vast majority of parents, regardless of levels of education, type of locality of residence, income and children's ages were *logistic issues*: parents frequently aimed to maintain time and space coherence in children's care routines and tried to refrain from shuffling children around during the day. As much as possible, care arrangements were to consist of as few "chunks" of care as possible, especially during the first two-to-three years of life. Other family members' agency was equally important in forging care arrangements, whether this meant actively managing elderly family members' expectations, help and lack of help or children's expectations, wants and care preferences.

Mothers' (and more generally parents') engagement in paid work was formulated by a vast majority of familial carers in the study as the broader *context* in which decisions about children's care arrangements were made. In other words, parents – especially those who had jobs to return to after periods of paid leave or unemployment usually – thought differently about the issue of childcare delegation away from the mothers and the exact arrangement that would follow after delegation. While the former was often seen to be dictated by the design of the leave and the self-evident need for two incomes to live a life void of deprivation, the making of childcare arrangements once mothers were no longer present throughout the day was found to be driven by the considerations explored in section 8.1. (and reviewed above).

The second section expanded on the identity of the actors involved in care arrangement-related decisions (*who*) and the mechanics of decision-making processes at household level. What became evident in carers' narratives was that care arrangements, often seen as "big" family decisions, were outcomes of different types of decision-making processes, some brisk and authoritarian in nature – as the unequal decision-making model (b) was –, others lengthier and consensual in all stages – the agreement (a) and consultation decision-making models (c), respectively. An important finding of this study was that mothers, as well as fathers could both be domineering in decisions about women's labour market participation and also children's routine care arrangements, although men exerted control in fewer cases than women. A key implication of this finding is that in the Romanian context at least (although perhaps in other national contexts, as well), care-related decisions should not be conceptualised and researched as *mothers'* concerns and issues even if women – as mother and grandmothers – are very much likely to be in *all* cases the ones responsible for a vast proportion of the caring labour and the legwork involved in gaining access to public provision for the benefit of children of any kind (see also Fodor, 2006).

The findings in this chapter also suggest that care arrangements should be seen as more than just solutions to *mothers' work-life conflict*. Parents who described childcare-related decisions as the outcome of what was termed the consultation model (c) in this chapter indicated that care arrangements were, in fact, solutions to both parents' working schedules. Even if mother-dominated, the childcare choices that mothers envisaged were often considered in the light of *both parents'* work

patterns and daily schedules. When considering care choices, mothers factored in the limits of their spouses' availability in the context of regular absences due to business trips or as a result of itinerant work and proposed alternatives that worked even in situations when mothers (or, indeed, fathers) were practically single parents for brief periods during typical weekdays.

In short, care arrangements should be seen as a function of more than mothers' agency, constrained to different extents by different factors. Care arrangements seemed to take shape at the intersection of both parents' interests and sometimes the wants of other family members, as well, notably that of grandmothers and children themselves. Moreover, the rationales for care arrangements appeared to be much more complex than solutions to mothers' (or, indeed, adult family members') work-life conflicts: childcare arrangements were seen to serve, first and foremost, children's best interests (Ribbens, 1994; Duncan and Edwards, 1999; Duncan et al., 2004; Vincent and Ball, 2001).

Chapter 9. Conclusions

The purpose of this chapter is to revisit the analytic and empirical contributions that this thesis makes to the study of the organisation of childcare and the role that childcare policy provisions might play in shaping this at the household level. In the light of the four research questions formulated in Chapter 2 and contextualised in Chapter 4, the discussion in this chapter engages once more with the empirical findings in Chapters 5-8, in response to these questions. Furthermore, this chapter also explores some possible lines of future scholarly enquiry that the findings of this study foreground. Therefore, in addition to reviewing some of the more significant findings pertaining to childcare arrangements (Chapter 5), the inductively developed explanatory framework for the making of childcare arrangements drawing on hierarchies of care ideals (Chapter 6), the role of childcare policy provisions in shaping these arrangements (Chapter 7) and agency in the process of putting care arrangements in place (Chapter 8), the formulation of potential lines of future research in essence amounts to critically engaging with the contributions and limitations of the study this thesis is based on.

The discussions is structured on a chapter-by-chapter basis, from 9.1. to 9.4. for each empirical chapter. Section 9.5. summarises and locates the contributions of the thesis in the broader context of scholarly work on the topics addressed.

9.1. Childcare arrangements in 37 Romanian households

As outlined in Chapters 1 and 2 especially, empirical studies engaging with aspects to do with the organisation of childcare – whether at the micro or macro levels – and the benefit system for families with young children in the Romanian context have historically been mostly absent. With the exception of a handful of studies published by international organisations (e.g. UNICEF, the World Bank and World Vision), the organisation of childcare in the Romanian context has not been the subject of scholarly focus. At the same time, as outlined in Chapter 2, generic explanatory models about how care arrangements are arrived at, but which can also account for the potential influence of childcare policy provisions *at the household level* were found incomplete and, therefore, in need of further refinement. Exploring household-level processes related to the organisation of childcare and reflecting on the ways in which childcare policy provisions might play into these processes, in the particular context of Romania, emerged as an exciting research agenda. Given the underdeveloped state of empirical research on the organisation of childcare in the Romanian context as compared to, say, the UK or other advanced welfare states, a necessary first step appeared to be the mapping of different childcare arrangements for young children. In the context of the qualitative design of the study carried out, the first research question has been the following: what childcare arrangements do households in the study make for the care of their preschool aged children?

In addition to describing ten different childcare arrangements in the 37 households in the study (described at length in Chapter 5), the discussion also extended to

formulating a new, deductively derived conceptualisation of childcare arrangements, more appropriate for the study of childcare through households' experiences, at the household level. Drawing on an extensive analytic literature about the concept of care, Chapter 5 conceptualised childcare arrangements as particular configurations of various types of childcare defined by *who* looks after the child, *where* and *for how long* during a 'typical' weekday.

As described in Chapters 5 and 8, most children's care arrangements tended to follow one of two generic paths during the first five years of their lives. In one of these, most common among the households in the sample, children's second and third birthdays marked likely moments of care arrangement transitions. Until age two, all children in the sample enjoyed some type of mother-centred parental or familial childcare arrangement, which – in the vast majority of cases – tended to be stable. Many reference children then enjoyed a variety of non-parental care arrangements between ages two and three, very often in their homes. These children then experienced a second care arrangement transition some time around their third birthdays: entrance into part-time or full-time public kindergarten. Exceptions to this trend – and exhibiting a different childcare 'path' during the early years – were the children of illiterate or little educated parents, who were in most cases also severely impoverished and socially marginalised. Their children experienced no care transitions around ages two and/or three and the stable mother-centred care arrangements characteristic of all children during the first two years endured without change throughout the preschool years (i.e. until age six or seven). In short, with the exception of children in the most impoverished households, most reference children experienced at least one childcare transition during their first five years of

life, most often around age three. For some, this transition was from a mother-centred parental care arrangement to a formal-parental childcare mix – the educational (1) or the socialisational (2) care arrangements. The inception of formal childcare meant, with two exceptions, continuous kindergarten attendance afterwards (see also Chart 5.15. in Chapter 5).

Another finding of this chapter was that care arrangements for children of similar age varied according to parents' educational levels and locality of residence. The children of highly educated parents, often living in dual-income, urban, nuclear families, were the ones who were most likely to benefit from the care of paid helpers when younger than three. Moreover, the children of highly educated parents attended full-time formal childcare, i.e. the educational arrangement (1), after age two-to-three. By contrast, the children of medium-educated parents more often enjoyed the presence of grandmothers while their parents were at work, or else maternal care. Around age three, most went to part-time kindergarten, i.e. experienced the socialisational arrangement (2).

As outlined in Chapter 7, in rural areas, the transition into part-time (rather than full-time) formal childcare was explained to a great extent by institutional factors. These included lack of local full-time services (lack of coverage) and/or high costs of commuting. For some, even attendance, without transportation costs, was deemed too high as a result of low incomes in depressed rural labour markets. In urban areas, too, institutional factors seemed to often explain what seemed the channelling of medium-educated, lower-income parents' children into part-time kindergarten (often deemed of poorer quality, although not necessarily so).

Thirdly, the majority of households in the study did not seem to experience the ‘care deficit’ that Hochschild (1995) and other scholars in advanced welfare states have described. The youngest children in the study often enjoyed the presence of two carers during typical weekdays and this was the case in most dual-earner households with children of kindergarten age after standard working hours. In the broader context of low female (and male) activity rates in Romania (averaging around 55% for women and around 65% for men) (Eurostat) and the high incidence of one-child couples (Popescu, 2010), this is perhaps not too surprising.

Finally, this chapter revealed that children’s care arrangements often did not reflect mothers’ labour market participation. Grandmaternal childcare during the first three years (and the related care arrangements) was often rooted not in childcare needs, but in the nature of familial relationships. Part-time or full-time formal childcare attendance (and the related care arrangements) had, in many cases, little to do with mothers’ employment-related commitments. The main implication of this finding is that care arrangements – far from being solutions to parents’ and especially mothers’ work-life conflicts – should be seen as functions of a *bundle of parental* (rather than solely maternal) concerns, the main one being children’s best developmental interests (see also section 9.4. below)

9.2. Refining explanatory frameworks about the making of care arrangements: hierarchies of care ideals

Chapter 5 revealed that parental decisions about care arrangements were closely linked to, but ultimately different from mothers' employment-related decisions. It was the recognition of this fact also that rendered the explanatory potential of existing theoretical frameworks incomplete. As outlined in Chapter 2, the covariate analyses of mostly American scholarship on mothers' "childcare choices" (Beaujot, 1997; Pungello and Kurtz-Costes, 2000; Tam, 2001; Peyton et al., 2001; Fram and Kim, 2008) were not able to provide explanations about *how* individual mothers (or parents) decided on their care arrangements once delegation was settled (for a review of this argument, see section 2.2. in Chapter 2). Therefore the second research question that has underpinned the analysis in Chapter 6 was formulated thus: how did parents and other familial carers in this study decide on their preschool aged children's care arrangements and what factors shaped their decisions? Using an inductive analytic approach (see Chapter 4 for a detailed account), an alternative explanation to the making of childcare arrangements was developed, one that should be seen to complement or refine existing explanatory frameworks, briefly mentioned above.

Carers' narratives in the study revealed that individual parents and grandmothers operated with idealised, abstract imageries of carer identities and their caring, i.e. a series of care ideals. Most care ideals tended to be similar in content across individual carers' narratives, suggesting the possibility that these care ideals might be more enduring and widespread cultural artefacts. In addition, care ideals were

ordered into distinct hierarchies: hierarchies of care ideals. Some variations notwithstanding, age-variant hierarchies of care ideals were also more or less widely shared among the carers in the study. Individual parents relied on hierarchies of care ideals as points of reference when pondering about childcare possibilities and when making choices between childcare options deemed feasible in the light of subjectively defined internal and external opportunities and constraints. Age, for instance, was sometimes considered a constraint on choosing formal childcare services (in particular age two-to-three or younger), while at other times it was seen as the key determinant for choosing formal childcare (especially age three or older). This finding seems to reiterate Hobson and Fahlén's (2009) argument about the importance of accounting for what the authors call "conversion factors", i.e. the resources that individual parents might feel they can make use of to achieve well-being, e.g. work-life balance as one type of well-being.

Care ideals and hierarchies of care ideals offered valuable informational shortcuts to individual parents because they seemed to act as "knowledge", having emerged from carers' life-long experiences. Care ideals and hierarchies of care ideals – likely culturally specific and reflective of individual parents' socio-economic positionings – were expressed as individually held and relied upon. They acted as idealised sets of care options when trying to make decisions about the best childcare arrangement possible, but also as justifications for care arrangements once these were made. Hierarchies of care ideals emerged as complementary to gendered moral rationalities (Duncan and Edwards, 1999), observed in mothers' (and less frequently in fathers') narratives in this study also.

Hierarchies of care ideals may be considered culturally specific, more or less coherent expressions, at the individual level, of what Pfau-Effinger (2005a: 328-330; 2005b: 8-9) theorised as family values and welfare values, influential in shaping care arrangements, i.e. the divisions of caring labour between different care actors at the macro level, as well as inside the household. In other words, hierarchies of care ideals – through defining the *degree to which, by whom, when and where* maternal caring would be substituted and *why* during children’s early years – may be conceptualised as the expression of family and welfare values that individual familial carers hold. If so, these were found to be indeed influential for the ways in which childcare needs were tackled by different households in the study.

The explanatory framework centring on hierarchies of care ideals represents an agency-centred model useful to explore household-level processes relating to the organisation of childcare especially. To be more precise, hierarchies of care ideals offer an insight into how *individual* parents – prior to and/or during discussions with other familial carers – thought about and foregrounded decisions about care arrangements. Hierarchies of care ideals informed individual parents’ (and other familial carers’) thought process about the making of care arrangements and, as such, in real life situations they formed the backdrop against which intra-household “discussions” about the actual implementation of care arrangements took place, the latter the subject of Chapter 8 (reviewed in section 9.4. below).

The theoretical question and the potential subject of future research is, of course, whether these hierarchies of care ideals are, indeed, culturally widespread. Another

issue that may be pursued further is whether the explanatory model proposed in Chapter 6 operates across households with young children in Romania more generally, as well as in other national contexts.

9.3. Childcare policy provisions and care arrangements

The analysis in Chapter 7 was driven by the third research question, namely in what ways, if at all, did childcare policy provisions matter to parents' (and other familial carers') decisions underpinning their young children's routine care arrangements? This research question in effect complements the previous one by drawing special attention to the *design* and *implementation* of childcare policy provisions as potential determinants of the outcomes of the process whereby care arrangements were decided.

Organised on a benefit-by-benefit basis, this chapter explored the range of childcare policy provisions available to Romanian families with young children especially during 2010 through the lens of eligibility criteria, rules and actual experiences of access. These provisions were paid leave policies for mothers and fathers, childcare service provision and, not least, the range of universal and means-tested direct cash transfers and tax allowance available. The analysis aimed to focus on carers' perspectives on and perceptions of these benefits and in particular on the ways in which these benefits were said to be factored into parents' decisions about the daily organisation of childcare.

One key finding of this chapter was that different types of childcare policy provisions had differentiated influence on the ways in which parents thought about and then made decisions about the routine organisation of children's care on typical weekdays. In other words, age-related policy provisions did intervene in parents' (and more generally familial carers') ponderings and decisions about childcare arrangements in a sequential, age-related way. Regulations about paid parental leave were most influential for the ways in which parents thought about opportunities and constraints in relation to different care solutions during children's first two years of life; rules of access into formal childcare became relevant once children turned two and many parents were 'gearing up' for their child's transition into kindergarten (around age three). What were universally perceived as insubstantial direct or indirect cash benefits – universal or means-tested – appeared to have no direct bearing on parents' thinking about and deciding on their preschool aged children's care arrangements. This finding begs the question, therefore, whether analyses engaging with the influence of policy provisions on household behaviours in relation to caring – for instance the work-life balance / work-family reconciliation literature – should focus on *policy packages* (regimes) as an explanatory factor for care arrangements in particular ways (as many comparative studies have done, e.g. Korpi, 2000; Bettio and Plantenga, 2004; Lewis and Giullari, 2005; Pfau-Effinger, 2005a; Kremer, 2007; Lister et al., 2007; Bygren et al., 2011) or rather on the *distinct policy provisions* relevant for particular phases of children's early years. The findings of this study seem to indicate the need for distinguishing between households with differently aged children and the policy provisions relevant for the respective age groups for both methodological, as well as analytic purposes. This, however, may prove a valid recommendation only in policy

contexts where childcare policy provisions are as strictly age-related as in the Romanian case.

Another finding was the influence that the long-standing formal institutionalisation seemed to have on parental perceptions of different types of childcare, especially formal services: crèche and kindergarten services. Comparisons of carers' care ideals in relation to different types of care, each with its own particular history of provision in terms of quality and coverage, revealed that long-term *formal* institutionalisation, buttressing constancy in availability, coupled with *professionalisation* generated widely shared positive care ideals. Crèche services, which practically disappeared during the 1990's and inherited a poor image from the socialist era, remained distinctly distrusted by most carers in the study even in the absence of direct contact or first-hand experience. Paid informal care services, lacking a regulatory and institutional framework for accessing this type of care, were similarly regarded with distrust by many parents. By contrast, the part-time and full-time care services offered through an historically enduring network of kindergartens, with trained staff, were almost universally regarded as the most desirable care context for children older than three despite understaffing, difficult access into full-time kindergarten and the disadvantages of part-time tuition (among parents who could not access full-time kindergarten services for their children).

A third finding was that the design of childcare policy provisions, particularly the singling out of cut-off points in eligibility criteria, had what appeared to be a direct influence on the age-related character of care ideals and the age-variant nature of hierarchies of care ideals (see also Chapter 6 and section 9.2. above). With paid

parental leave available “until the reference child’s 2nd birthday” and with the relatively generous 200 RON universal child allowance available, similarly, “until the reference child’s 2nd birthday”, age two seemed to be perceived by the majority of the carers in the study as some kind of *developmental* milestone. Similarly, age three – stipulated by law as the minimum age for entering kindergarten – resonated with most parents as another milestone in children’s development in spite of the fact that half of the children who were attending kindergarten at the time of interviewing had started going around age two and a half (and some around age two). In short, the findings in Chapter 7 seemed to suggest that policy provisions framed parents’ thinking about childcare options by directly influencing the content of different care ideals. It was not by coincidence that ages two and three emerged in carers’ narratives as developmentally significant: these ages were distinctly marked by Romanian childcare policy provisions as relevant.

9.4. Household-level decision-making in relation to caring: analytic and methodological implications

A final preoccupation of the thesis has been to delve into the intra-household processes surrounding decisions about children’s routine care arrangements, formulated as the final research question thus: through what decision-making process(es) did parents in the study arrive at their care arrangements and how did they manage conflicting perceptions, if these existed, about their children’s care needs in this process?

The starting point and analytic justification for this issue was what seemed to be a widespread tendency in the literature focusing on the organisation of childcare to rely on mothers' narratives only or mostly to discern agency-centred explanations about (constrained) choices in relation to childcare choices during the early years. As outlined in Chapters 2 and 8, reliance on mothers' narratives solely is likely to have the effect of downplaying the nature and influence of intra-household negotiation processes in the making of care arrangements. As a result, in most households in the study two narratives, with two familial carers, were captured, most often with the mothers and fathers. The existence of two narratives in most households was exploited most for the analysis in Chapter 8, tackling two main issues. Firstly, the type of concerns or "problems" that childcare arrangements were seen to have to resolve. Secondly, the mechanics of decision-making processes underpinning care arrangements.

An important finding in this chapter was that care arrangements commanded varying degrees of pondering about care arrangements, discussions among family members and "legwork" (David et al., 1994) for putting desired care arrangements in place. Individual narratives revealed that the vast majority of familial carers spent time thinking independently about children's routine caring and singling out potential solutions for future care arrangement transitions. Most carers in the study also revealed that considered solutions were "discussed", usually by the parents, although – quite interestingly – many mothers also intimated that they themselves decided about care arrangements. Finally, the vast majority of carers in the study talked about the implementation of a particular care arrangement as a joint venture. This, however, did not necessarily mean joint involvement in making the

arrangement happen (e.g. asking the grandmother to routinely become involved in caring, searching for a nanny, signing the reference child up for formal childcare etc.), but rather that care arrangements were put in place after both parents consented.

The exploration of two narratives in the same households revealed what appeared to be a different gender difference in parenting between fathers and mothers. Mothers especially tended to use the first person singular in their narratives in discussing most children-related aspects, including the decisions underpinning their care arrangements. Even mothers who acknowledged and described their husbands as very involved carers often used “I” when describing child-related activities and decisions. In contrast, fathers were more likely to use the first person plural. Even fathers very much involved in routine childcare tended to use “we” to describe routine aspects of their children’s care or decisions about care arrangements.

In effect, both mothers and fathers were narratively constructing agency, but with different biases. By mostly using “I”, mothers appeared to be narratively constructing their primary carer identity, reiterating the primacy that the maternal care ideal seemed to mandate and justify. In many cases, mothers – despite being partnered – were by far the most involved carers. In other situations, however, the use of the first person singular seemed confusing since mothers then explained in detail their partners’ (sometimes substantial) participation in care and decision-making. Fathers’ use of the first person plural often appeared to be a narrative device to hide their own lack of involvement, the “we” meaning – in effect – “my wife”. In other cases, however, the first person plural did signify fathers’ feeling

that both parents were involved (more or less equally) in most (or all) aspects to do with their children.

A second key finding of Chapter 8 was that childcare arrangements were often expressions of a *bundle* of parental concerns in relation to children and they were only in part reflections of mothers' workplace commitments. In other words, childcare arrangements seemed to originate from interlinked, but ultimately two distinct decisions: mothers' decisions about paid work (and determined to a great extent by gendered moral rationalities) and, in addition, the question of what was *developmentally, logistically and familially* best for the reference child especially. In other words, mothers – as it was most often said to be mothers' decision – did make decisions about whether or not to (re)turn to paid work after childbirth and this decision was linked to children's care (and other) needs. As Duncan and Edwards (1999) and others have found, gendered moral rationalities were recognisable in this study, too. However, once the issue of paid work was clarified, carers in the study made another decision: that of *whom* to delegate caring to, *when* and *where* and *for how long*. How this happened was explained in Chapter 6, but the reasons formulated for particular care arrangements (rather than others) were explored in Chapter 8. Developmental arguments, arguments about logistics, the "negotiation" (Finch and Mason, 1993) of relationships with grandmothers especially and, not least, what was interpreted by many mothers especially as children's desires emerged as important opportunities and constraints that shaped what care ideals parents saw as feasible and ultimately realisable.

Finally, Chapter 8 revealed – based on an inductively developed framework pertaining to the mechanics of decision-making in relation to childcare – three real-type models for intra-household discussion and decision-making relating to childcare arrangements especially. This chapter found that the most widespread decision-making model was the so-called consultation model in which mothers decided, but based on advice from their partners and others. A less common model was the unequal decision-making model, featuring a domineering parent and little place for discussion and negotiation. The agreement model, characterised by extensive discussion and the genuine practice of vetoing, was the least common decision-making model among the couples in the study. Discussion and negotiation did happen in most households in relation to young children’s care arrangements and spouses’ descriptions of these tended to match. What is important to remember, however, is that the nature and extent of these discussions and negotiations tended to differ across these models. Interestingly, neither parents’ levels of education, nor income or type of locality of residence seemed to be associated with particular models.

As with the care arrangements in Chapter 5, the question for further research is whether a greater sample of households might yield a different set of decision-making models.

9.5. Final summary

As also stated in Chapter 1, this thesis has aimed to make a contribution to thinking about and engaging with household-level processes regarding childcare from an

analytic vantage point sensitive to the childcare policy environment. With this aim in mind, the thesis critically reflected on a variety of analytic and explanatory tools available in different bodies of literature in some ways related to the topic, namely the organisation of childcare in Romanian households during children's first five years of life. As has been pointed out, the thesis has proposed a new conceptualisation of childcare arrangements, one that reflects how parents tended to think about children's care. The thesis, building on explanatory building blocks of other scholars, has formulated a refined explanation about how individuals within household and adult members of households thought about, engaged in and implemented care arrangements. This explanation – hinging on two heuristic tools: care ideals and hierarchies of care ideals – should be thought of as an adaptation of culturalist, macro-level explanations about care arrangements to the situation of individual households, formulated by Pfau-Effinger (2005a) in particular. The thesis – by focusing on citizen-local welfare institution interactions – also engaged with the role played by the different available childcare policy provisions in shaping care arrangements. It found that in the broader context of parents' familiarity with benefits in cash, in time and services, the eligibility for, the institutional organisation of and the continuity of access to benefits had a direct bearing on what care solutions parents saw as possible, desirable or, indeed, undesirable. Finally, the discussion expanded on a different gender dimension in mothers' and fathers' narratives about the divisions of caring labour and care related decision. To complement this, the thesis also clarified the type of decision that care arrangements were predicated on. Instead of seeing care arrangements as solutions to mothers' work-life conflicts, the thesis explored the nature of the predicaments that care arrangements were said to represent. This way, understandings about the actual

problems that parents often tried to tackle – in addition to work-life conflict – through care arrangements were clarified and refined. By considering adult members of households rather than mothers solely as the decision-makers in relation to childcare, the thesis also outlined three different real-type models of household decision-making in relation to childcare arrangements (and other child-related issues more generally).

This thesis furthers the study of social policies, thereby making contributions to the discipline of social policy, in the following ways. Firstly, the thesis demonstrates the intellectual merits of engaging with existing social policy provisions, in this case childcare policy provisions, through the narratives of their beneficiaries. Perhaps the main analytic contribution of social policy research that engages with policy outcomes through the vantage point of situated private individuals is the recognition of the fact that the same provision can constitute, for different individuals and households, different constraints and different opportunities. Engagement with social policies through users' narratives exposes the differentiated outcomes that the same policy provisions can have at the micro level.

Secondly, the thesis provides evidence that supports the argument that the outcomes of different social policy provisions, at least as regards childcare policies that are explicitly age-related as is the case of most Romanian childcare policy provisions, should be investigated separately from the childcare policy regime they may be a part of. The explanatory potential of childcare policy 'packages' (e.g. Leira and Saraceno, 2002) or 'regimes' (e.g. Bettio and Plantenga, 2004) plays an incontestable role in cross-national research aimed at explaining variations and

similarities in aggregate trends regarding the reliance on various types of childcare. This thesis highlights the need to engage with what often seemed to be a well-defined, direct outcome of individual policy provisions – rather than a implicitly familialist policy regime – on households' care arrangements for their youngest. In other words, the thesis draws attention to the need to always consider the following question when conducting research on the role played by social policies in shaping personal lives: is it individual policies that matter and, if so, how or is it the policy regime, as a whole, that is relevant and, if so, how or is it both individual policies in the broader context of the regime that matter and, if yes, how?

Thirdly, the thesis contributes to the refinement of arguments about the crucial role played by culture in conceptualising and studying social policies and their outcomes. However, the thesis does so not at the macro, cross-national level – as do, for instance, Pfau-Effinger (2005a; 2005b) and Kremer (2007) –, but at the micro level. The thesis refines the concept of care ideals as an expression of (national) culture pertaining to young children's care, evident in childcare policy provisions also, and proposes a new heuristic tool, hierarchies of care ideals, to help expose the ways in which culture – in part through childcare policies – shapes individuals' and households' options and decisions in relation to care arrangements.

The findings and contributions of this thesis should be regarded as a valuable starting point for continuing discussions about the making of care arrangements at the micro level and for formulating new research agendas in a variety of directions. Based on the empirical and analytic contributions of this thesis, research questions and hypotheses may be formulated in relation to the following issues:

- the micro-level organisation of childcare in Romania, but also in other CEE welfare states with implicitly familialist childcare policies also (for instance Poland);
- the existence and explanatory power of care ideals and hierarchies of care ideals in different national context and in families with differently aged children;
- the influential symbolic and deterministic role of certain childcare policy provisions, especially paid parental leave and subsidised childcare services perceived as poor or high quality across policy contexts; and
- the nature and particularities of negotiations between spouses in relation to choosing and pursuing particular childcare arrangements for preschool aged children.

Annex I. Consulted legislative texts pertaining to Romanian childcare policy provisions between 1989 and 2010

I. Direct cash transfers

1.1. The universal birth allowance (Alocația pentru copiii nou-născuți)

- Legea nr. 416/2001
- Hotărâre nr. 2302/2004
- Hotărâre nr. 1770/2005
- Hotărâre nr. 5/2007
- Hotărâre nr. 11/2008
- Hotărâre nr. 1664/2008

1.2. The trousseau (Trusoul)

- Legea 482/2006
- Legea 164/2007
- Ordonanța nr. 5/2010

1.3. The universal child allowance (Alocația de stat pentru copii)

- Legea nr. 61/1993 (republicată)
- Hotărâre nr. 397/1995
- Hotărâre nr. 24/1997
- Legea nr. 261/1998
- Hotărâre nr. 1075/2000
- Hotărâre nr. 1040/2001
- Hotărâre nr. 1360/2002
- Hotărâre nr. 2392/2004
- Hotărâre nr. 1767/2005
- Ordonanța de urgență nr. 148/2005
- Ordonanță de urgență nr. 44/2006
- Hotărâre nr. 54/2007
- Ordonanță de urgență nr. 97/2007
- Hotărâre nr. 577/2008

1.4. The complementary family allowance (Alocația familială complementară)

- Legea nr. 119/1997
- Hotărâre nr. 961/1999
- Hotărâre nr. 989/2000
- Ordonanța de urgență nr. 105/2003
- Hotărâre nr. 1539/2003
- Hotărâre nr. 2395/2004
- Hotărâre nr. 1763/2005
- Hotărâre nr. 4/2007

- Legea nr. 236/2008
- Hotărâre nr. 8/2008
- Legea nr. 161/2009

1.5. The supplementary family allowance for single-parent families

(Alocația pentru familia monoparentală suplimentară)

- Ordonanța de urgență nr. 105/2003
- Hotărâre nr. 1539/2003
- Hotărâre nr. 2395/2004
- Hotărâre nr. 1763/2005
- Hotărâre nr. 4/2007
- Hotărâre nr. 8/2008
- Legea nr. 236/2008
- Legea nr. 161/2009

1.6. The paid parental leave indemnity (Indemnizația pe durata concediului

de îngrijire a copilului)

- Decret lege nr. 31/1990
- Legea nr. 120/1997
- Precizări nr. 754/1997
- Precizări nr. 961/1997
- Legea nr. 19/2000
- Ordonanță de urgență nr. 9/2003
- Ordonanță de urgență nr. 148/2005
- Ordonanță de urgență nr. 44/2006
- Decizie nr. 749/2006
- Decizie nr. 812/2006
- Decizie nr. 937/2006
- Hotărâre nr. 1025/2006
- Legea nr. 7/2007
- Decizie nr. 249/2007
- Decizie nr. 261/2007
- Decizie nr. 1027/2007
- Hotărâre nr. 1682/2008
- Legea nr. 239/2009
- Legea nr. 240/2009
- Legea nr. 254/2009
- Legea nr. 341/2009
- Hotărâre nr. 1016/2009
- Legea nr. 117/2010
- Legea nr. 118/2010 privind unele măsuri necesare în vederea restabilirii echilibrului bugetar

1.7. The stimulant (Stimulentul)

- Ordonanță de urgență nr. 148/2005
- Ordonanță de urgență nr. 44/2006
- Hotărâre nr. 1025/2006
- Legea nr. 7/2007

II. Tax benefits

2.1. The income tax deduction (Deducere pentru minorul aflat în întreținere)

- Legea nr. 571/2003
- Hotărâre nr. 44/2004 (cu modificările și completările ulterioare)

III. Benefits in time

3.1. The paid parental leave (Concediul pentru îngrijirea copilului)

- Decret lege nr. 31/1990
- Legea nr. 120/1997
- Precizări nr. 754/1997
- Precizări nr. 961/1997
- Legea nr. 19/2000
- Ordonanță de urgență nr. 9/2003
- Ordonanță de urgență nr. 148/2005
- Ordonanță de urgență nr. 44/2006
- Decizie nr. 749/2006
- Decizie nr. 812/2006
- Decizie nr. 937/2006
- Hotărâre nr. 1025/2006
- Legea nr. 7/2007
- Decizie nr. 249/2007
- Decizie nr. 261/2007
- Decizie nr. 1027/2007
- Hotărâre nr. 1682/2008
- Legea nr. 240/2009
- Legea nr. 341/2009
- Hotărâre nr. 1016/2009
- Legea nr. 117/2010

3.2. The paternity leave (Concediul paternal)

- Legea nr. 210/ 1999
- Hotărâre nr. 244/2000

IV. Childcare services

4.1. Crèches (Creșele)

- Hotărâre nr. 360/1991
- Legea nr. 236/2007

- Legea nr. 272/2009

4.2. Kindergartens / preschool education (Grădinițele / Învățământul preșcolar)

- Hotărâre nr. 360/1991
- Legea nr. 84/1995 (republicată)
- Legea nr. 268/2003
- Ordonanță de urgență nr. 75/2005
- Ordinul ministerial nr. 4464/2000
- Legea educației naționale nr. 1/2011

Annex II. The Romanian public education system in 2010

Age	Grade	ISCED	Educational levels				Qualification levels
> 19		6 – 2 nd Stage Tertiary 5 – 1 st Stage Tertiary	University education				5 4
		4 – Post-secondary non-tertiary	Pre-university education Post-secondary education (<i>postliceală</i>) Non-university, tertiary education				3
18	13 th	3 – (Upper) secondary				Technological high school	3
17	12 th		Theoretical high school	Art, sport, theological high school	Technological high school	Completion year	2
16	11 th						
15	10 th	2 – Lower secondary	Theoretical education	Military, order and public safety, art, sport, theological education	Technological education	Professional training (<i>Școala de arte și meserii</i>)	1
14	9 th						
13	8 th						
12	7 th						
11	6 th						
10	5 th						
9	4 th	1 – Primary	Comprehensive education				
8	3 rd						
7	2 nd						
6	1 st						
5							
4		0 Pre-primary					
3							

Table I. The Romanian public education system in 2010. **Source:** Ministry of Education, 2010.

Accessed from <http://www.edu.ro/index.php/articles/c215/> and for ISCED categories, UNESCO, 1997. Accessed from http://www.unesco.org/education/information/nfsunesco/doc/isced_1997.htm.

The structure of the Romanian system of (public) education in 2010 was defined in the Law of Education no. 84 of 1995 and subsequent modifying acts of Parliament. (It changed subsequently according to Law no. 1 of 2011.) In its 2010 form, the law stated that mandatory education was 10 grades for youth not older than 18 (see Article 6.). The Romanian system of public education was structured as follows:

0. preschool education included four different levels, from ‘small’ group to ‘preparatory’ group;

1. primary schools included grades 1st to 4th;
2. lower secondary school included grades 5th to 8th , as well as vocational training and the lower grades of high school (grades 9th and 10th);
3. upper secondary school included the completion year for vocational training and the higher grades of high school (grades 11th and 12th or 13th, e.g. in teacher training);
4. post-secondary training included two- and three-year, non-tertiary degrees (e.g. *postliceală* or *colegiu*)
5. higher education included all university and post-university degrees (i.e. undergraduate and post-graduate degrees).

Annex III. The profile of participating households

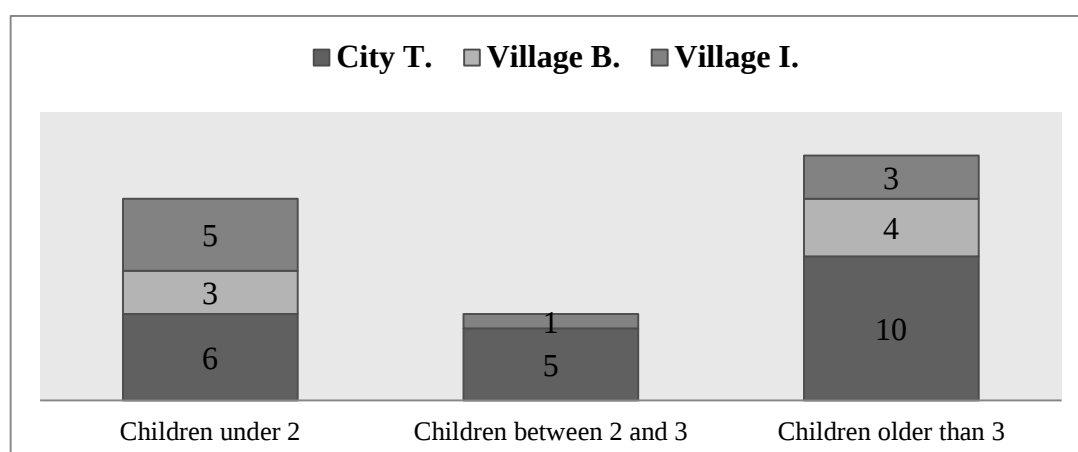


Chart II. The distribution of households based on youngest children's ages.

Of the 37 households included in the study, in six there was a mismatch between parents' respective levels of education. In three cases, mothers' educational levels were higher (or expected to be higher) than that of their husbands'. In two of the other three cases, mothers' educational levels were low, i.e. compulsory education at the most.

The median number of children in the households included in the study is two.

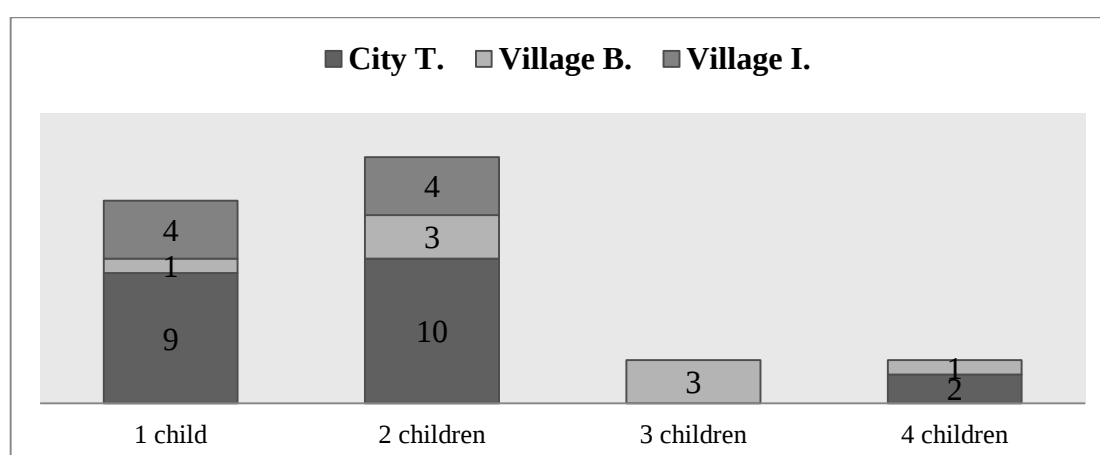


Chart III. Distribution of households based on the number of children according to locality.

In four of all households, the birth of another baby was imminent at the time of interviewing, therefore there are slight differences in the figures indicated in the table above: of the 37 households 20 (not 17) count two children and four (not three) count four children.

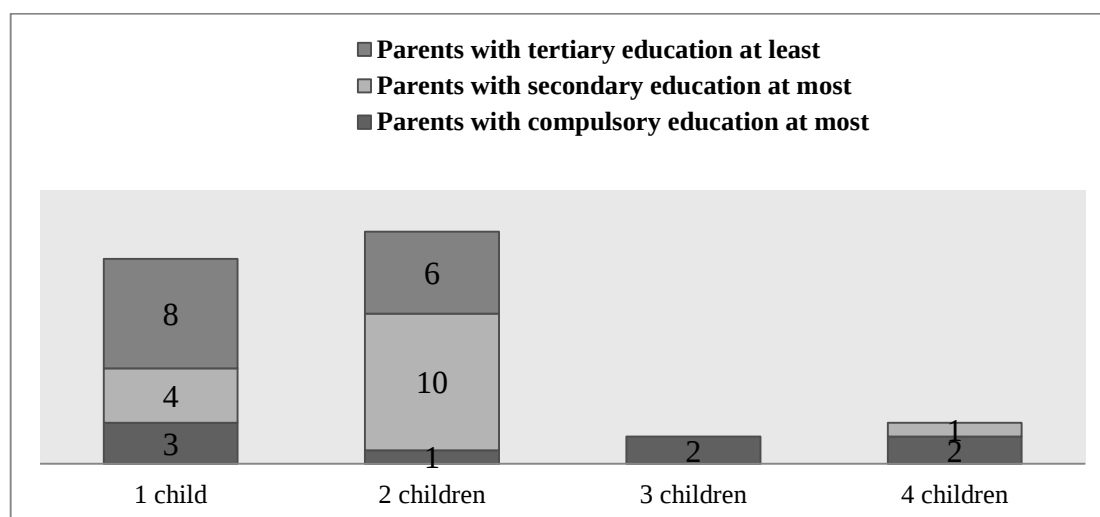


Chart IV. Distribution of households based on number of children and parents' levels of education. Households where parents' levels of education differed were included in the group with the higher level of education.

It is interesting that the greatest variation in the number of children was observed among little educated parents, although interviews revealed that little educated parents (mothers in particular) in village B. and village I. differed in terms of their fertility decisions. In a vast majority of households with one child at the time of the interviews a second child was desired.

Although income was not a selection criterion, the distribution of households in terms of estimated monthly expenses may be seen in Chart V. below. It should be noted that some interviewees estimated their weekly expenses, while others their monthly family expenses. The below figures indicate monthly spending, computed

– where appropriate – as estimated weekly spending multiplied by four. When participants in the same household gave different estimations, the higher figure was taken into account.



Chart V. Households in the sample based on estimated monthly household spending. Thresholds were calculated using as reference the minimum post-tax monthly wage (411 RON)¹¹⁵, rounded down to 400 RON; its double (822 RON), rounded down to 800 RON; the mean monthly post-tax income for August 2010¹¹⁶, 1339 RON, rounded down to 1300 RON; and its double (2678 RON), rounded up to 2700 RON.

The chart indicates that urban households in the study systematically commanded greater incomes and therefore had more expenses than their counterparts, although a vast majority spent not more than two average incomes (by 2010 national aggregates). Rural households' expenses tended to fall below one average income with some exceptions.

¹¹⁵ Based on Decision no. 1051/2008, the minimum pre-tax monthly wage for 2009 and 2010 was 600 RON.

¹¹⁶ According to data published by the National Statistical Institute, the mean monthly post-tax income in Romania in August 2010 was 1339 RON (€330).

Annex IV. Further details about the participants in the study

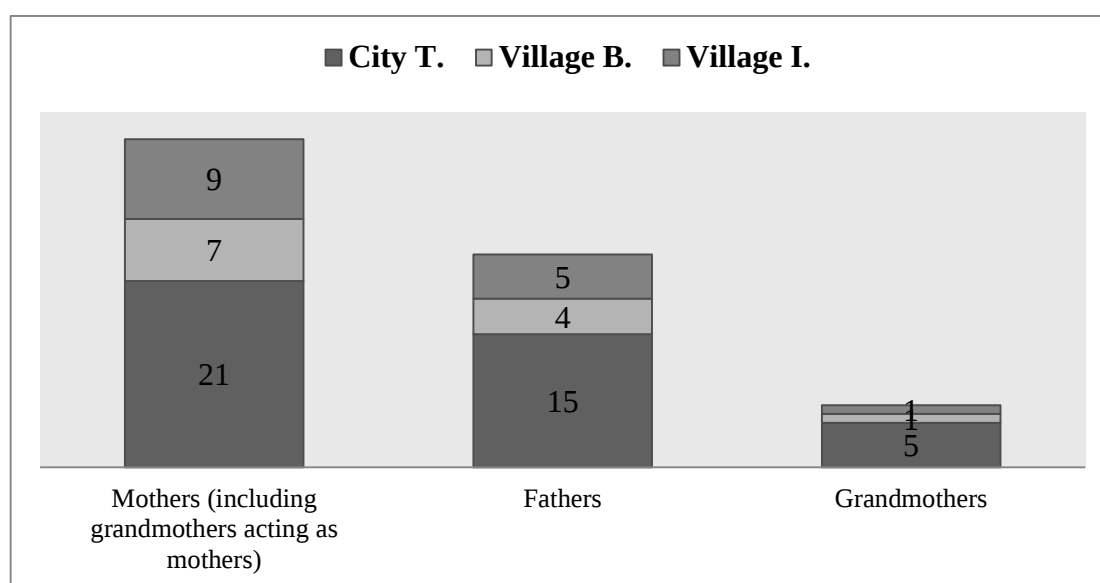


Chart VI. The identity of informal carers included in the study. In two cases – one in the city and one in village I. – paternal grandmothers acted as children’s primary carers as mothers had either lost custody or were deemed unfit for parenting due to mental health reasons.

Although not a selection criterion, the employment status of informal carers interviewed is summarised in the chart below:

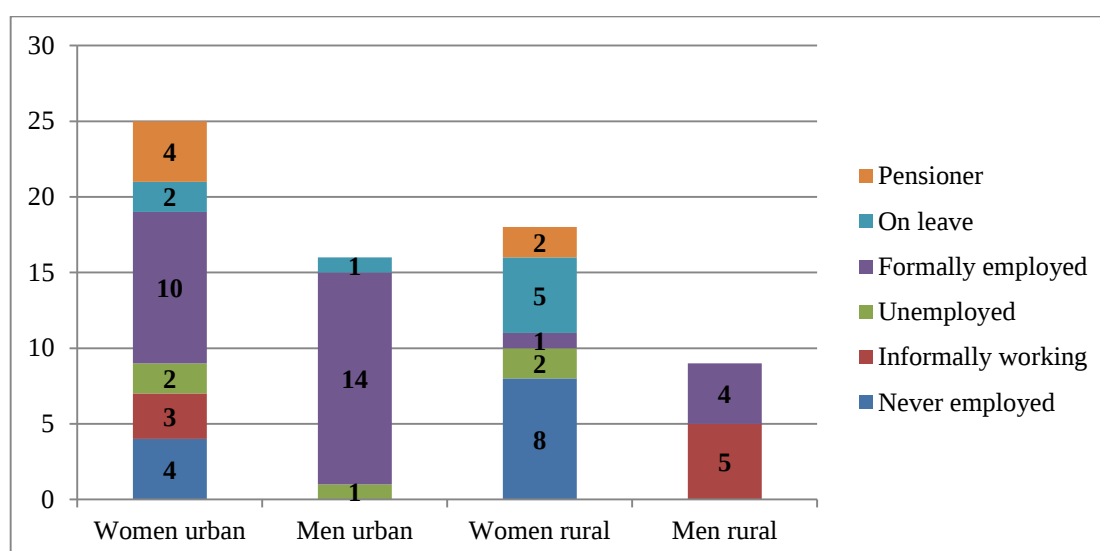


Chart VII. Informal carers’ employment status at the time of interview. The chart does not reflect carers’ official employment status, but their *de facto* relationship with paid work. Company owners are included in the employed, flexi schedule category (one mother and three fathers).

It is interesting to note that the largest group of never employed persons in the sample were rural women, in all cases mothers (also the youngest and poorest group of carers in the sample). Another interesting fact is that *formal* employment was an urban phenomenon, *flexible* (including part-time) formal employment even more so. Fixed schedule employment was characteristic of fathers, irrespective of levels of education: close to half of the men in the sample – all fathers – were employed thus, while only less than one quarter of mothers after excluding grandmothers and mothers on leave worked with similar arrangements. In the city, two-earner households were the most common, although six of the 21 in the study were single-earner households (of which two lone mother households). In the countryside, the most common household type (eight of the 15 rural households in the study) in terms of spouses' employment status was the never employed wife and informally employed/earning husband, i.e. single-earner households, but with no formal employment records. Informal employment meant precarious, seasonal and/or itinerant work, the latter especially amongst little educated men from village I.

Annex V. Price indices and increases in real incomes

Price index and real income increases between 2005 and 2010 in Romania

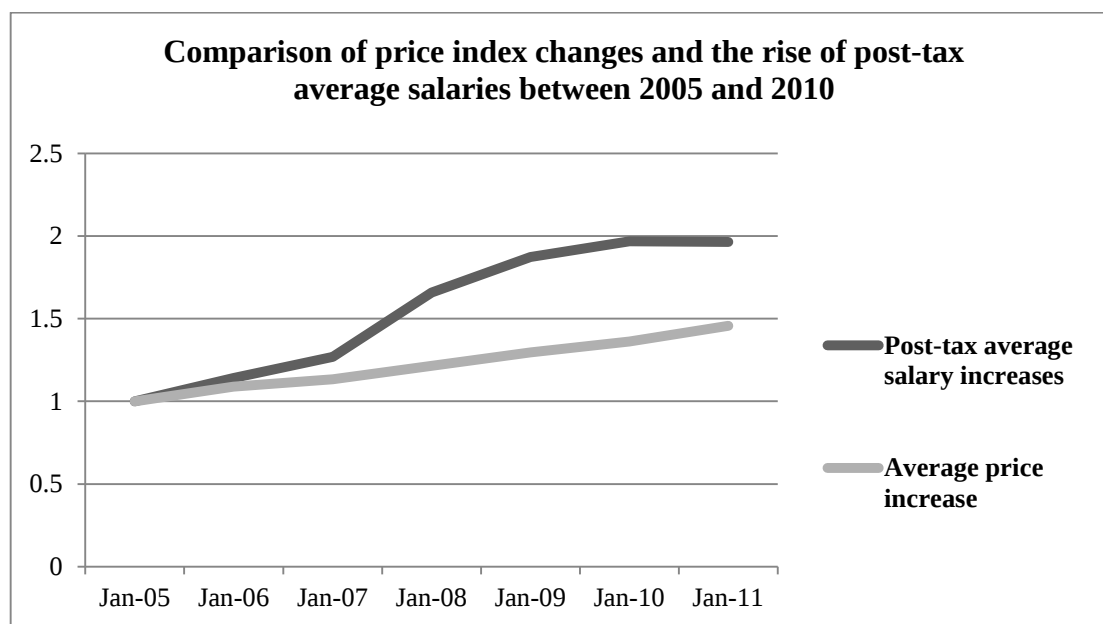


Table VIII.

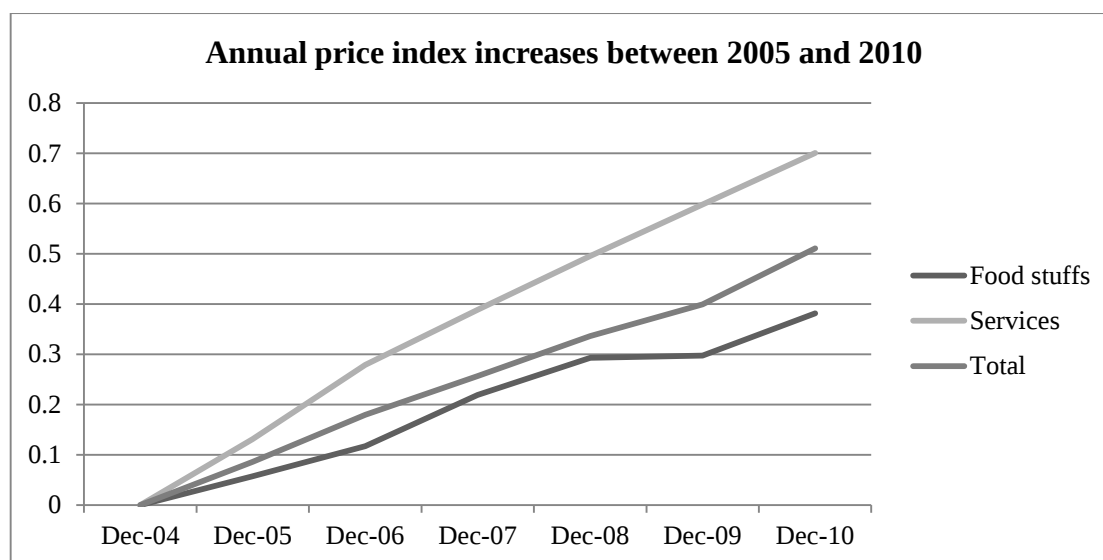


Table IX.

Source: Own calculations based on INSSE data accessed January 20th 2012 from

<<http://www.insse.ro/cms/rw/pages/comunicate/indicele%20preturilor%20de%20consum.ro.do>>.

Annex VI. Benefits in cash for Romanian families

	Universal child allowance (alocația de stat pentru copii)	Means-tested complementary family allowance (alocația familială complementară)	Means-tested supplementary family allowance for single-parent families (alocația familială suplimentară pentru familia monoparentală)	Tax allowance (deducere personală pentru persoane aflate în întreținere)	TOTAL cash benefit / month
Not employed two-parent household, 2 children* (without social assistance)	42 RON/child * 2 = 84 RON	60 RON for two children = 60 RON	not eligible	not eligible	144 RON 72 RON/child/month
Single-earning couple, 1 child (gross earnings, < 1,000 RON/month)	42 RON	50 RON for a single child = 50 RON	not eligible	deduction for two dependents: 450 * .16 = 72 RON	164 RON 164 RON/child/month
Single-earning couple, 2 children (gross earnings < 1,000 RON/month)	84 RON	60 RON	not eligible	deduction for three dependents: 550 * .16 = 88	232 RON 116 RON/child/month
Dual-earning couple, 1 child (one parent's gross earnings < 1,000 RON/month)	42 RON	not eligible	not eligible	deduction for one dependent: 350 * .16 = 56	98 RON 98 RON/child/month
Dual-earning couple, 2 children (one parent's gross earnings < 1,000 RON/month)	84 RON	not eligible	not eligible	deduction for two dependents: 450 * .16 = 72 RON	156 RON 78 RON/child/month
		60 RON	not eligible		216 RON 108 RON/child/month
Single-parent household, 2 children	84 RON	not eligible	80 RON for two children = 80 RON	deduction for two dependents: 450 * .16 = 72 RON	212 RON 106 RON/child/month

Table X. Calculations of benefits in cash (direct transfers and the tax system) for different types of families (2009-2010 legislative framework)

* All children are considered older than two.

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