
6. Care in feminist welfare state analysis: The Unfinished Agenda

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INTRODUCTION

Care is central to feminist theorizing of welfare states and their influence on gender relations (Ciccía and Sainsbury, 2018; Jenson, 1997). Early feminist scholarship viewed care as a contested source of social citizenship and a route to women's emancipation. Subsequent research moved on to investigating the ways in which societies are organized to deliver and finance care (i.e. care regimes). Despite considerable conceptual differences within and between these strands of the literature, they generally conceded that the disproportionate amount of care time borne by women as compared with men is at the origin of persisting gender inequalities. Accordingly, how the care-gender nexus might be altered is the core issue confronting much feminist theorizing of welfare states (Sainsbury, 2013).

Feminist scholarship has produced many conceptual innovations (starting with the relationship between the welfare state, gender and care) and brought new relevance to issues relating to the gendered division of labour and care work in the analysis of welfare systems. However, the treatment of care in these analyses also poses some problems. For all their emphasis on care, the concept itself has remained underspecified in feminist analysis of social policies and especially when considering the different dimensions of caregiving and care-receiving (and the great deal of diversity within these categories) (Leira and Saraceno, 2002). The prominence afforded to the informal care provided by women in the home relegated the analysis of care from the perspectives of those needing it and those providing it in exchange for wages at the margins of those analyses. Thus, this scholarship mostly provides a one-sided view on care that neglects the complicated interdependencies between formal and informal carers and care-receivers (Fine and Glendinning, 2005; Folbre, 2008; Saraceno, 1984). Consequently, our understanding of care has remained informed by several implicit assumptions, which emphasize conflict and tensions in relations of care, especially when they involve adult dependants. Overall, this scholarship demonstrates difficulties in incorporating notions of dependency, interdependency, power, and the relational nature of care in gender analyses of welfare states and systems of care provision.

This chapter provides an overview of the key theoretical approaches used to study care and its relation to gender inequality in comparative welfare state studies. Its scope is limited to scholarship on Europe and North America concerning the influence of welfare policies on gender relations and identifying cross-national variation. Studies of care almost invariably begin by acknowledging the complexity of care (Anttonen and Zechner, 2011; Daly and Lewis, 2000; Leira and Saraceno, 2002) and the lack of consistency in the ways it is defined in academic research (Duffy, 2011). In this chapter, rather than providing an overarching definition, I interrogate the literature to analyze how care is defined in different research traditions and what consequences this bears for the conceptualization of the relationship between those

providing and receiving care. The chapter groups existing studies into two main approaches based on the level of analysis they adopt: the macro level of the welfare state and the meso level of policy fields or care regimes. In revisiting the two approaches, it asks the following questions: How is care defined? Which concepts/theories are used to frame care? How is gender equality defined in relation to care? What kind of consideration is given to formal and informal caregivers and care-receivers? How is the nature of their relationship conceived? The chapter concludes by offering some considerations about the future agenda for care research focusing on the need to develop a relational perspective that places the interdependence of the needs and rights of care givers and care-receivers at the centre of analysis of social care and welfare states.

CARE IN FEMINIST WELFARE REGIME ANALYSIS: UNPAID WORK AND THE PRIMACY OF WOMEN FAMILY CAREGIVERS

The first efforts to bring care into comparative welfare state studies originated from feminist critique regarding the use of notions of welfare regimes centred on production and an ideal male worker, which concealed the duality of welfare systems in terms of women's and men's entitlements (Nelson, 1990; Orloff, 1993). In developing alternative comparative frameworks, feminist scholars brought care to the fore. Care was defined as unpaid work performed by women in the family and analyzed through the lens of citizenship. While this scholarship introduced the family and care as constitutive elements of welfare state analysis, it worked with a limited notion of care that privileged the perspectives of women as family caregivers (see also Chapter 2 by Daly in this volume for a discussion about this in a Nordic and UK context). Furthermore, feminist conceptualizations of care as an entitlement or social right remained contested and incomplete (Leira and Saraceno, 2002). The source of controversy between authors stemmed from conflicting visions of gender equality and the prominence of ideas that favoured women's economic independence, autonomy, and participation in the public sphere.

Feminist comparative welfare state scholars commonly referred to care as 'unpaid work in the family'. This notion encompassed numerous activities normally taking place in homes – including cleaning, shopping, cooking, and tending to the physical, emotional and relational needs of children, the sick and the elderly – which are not formally retributed but rather dispensed on the basis of personal relations of 'obligation, commitment, trust and loyalty' (Daly and Lewis, 2000: 283). The category of unpaid work was thus constructed quite broadly; it was used synonymously with terms such as 'domestic work', 'non-market work' and 'social reproduction'; and was in opposition to the productive work performed by men in exchange for wages (Jenson 1997). By emphasizing its feminized nature, feminist scholars used unpaid work as an analytical construct to bring to light the large gender disparities in the division of labour and the ways they limited both women's ability to take up paid employment and to make claims to welfare entitlements for an independent income. The intent of this literature was to elaborate solutions that would either eradicate those disparities or make them inconsequential for women's life opportunities. As a result of, and despite several authors in this period theorizing care as inherently defined by relations (Daly and Lewis, 2000; Leira and Saraceno, 2002), these studies maintained a singular focus on women as family caregivers

– particularly in their role as mothers and wives (Lewis, 1992) – and on care as the activity of the informal carer for the cared for (Barry, 1995)

This scholarship viewed care through the lens of citizenship and considered its exclusion from the realm of social rights as the main mechanism through which welfare states enforced women's dependence on men (Hobson, 2000; Lister, 1997). Caregiving did not bring women social entitlements or, if it did, they were meagre and inferior to those attached to other statuses and activities, in particular paid work. In many countries, access to social security programmes normally available to men (e.g. unemployment, pension) was severely restricted for women, who could only claim some second-order benefits attached to their caregiving roles (as mothers and wives) (Orloff, 1993). Therefore, feminist scholars forcefully argued for the need to incorporate care as a form of welfare provision and an additional source of social rights' entitlements alongside those of need, work and citizenship (Lewis, 1992; Sainsbury, 1994, 1996). However, care was not so much an object of the analysis per se, but rather a means of studying the influence of welfare states on the traditional division of roles between men as earners and women as carers.

The construction of the welfare state in most countries had been underpinned by social rights designed to reflect maternalist and male-breadwinner family ideologies; that is, women's obligation to care (Koven and Michel, 2013). This view of the welfare state as inevitably patriarchal began to shift as the state increasingly became an arena for women's activism, and as feminist scholars started to pay attention to important differences between national contexts. Given the scant attention that had been paid to gender in standard comparative analysis, feminist scholars began to elaborate new frameworks and ideal types of welfare arrangements, focusing on their consequences for gender relations (Lewis, 1992; Orloff, 1993; Sainsbury, 1996). Although not limited to care, these studies emphasized several relevant dimensions, such as the role of the family as a provider of welfare, social reproduction, dependence within the family and the gender division of labour (Sainsbury, 2013). Among the various frameworks developed in this period, defamilialization has acquired a prominent position in the field and strongly influenced its subsequent development – both within and outside feminist perspectives. Lister (1997) originally developed the concept to highlight the existence of relationships of dependence within the family, particularly in relation to care provisioning and access to financial resources. Just as the breadwinner was called upon to redistribute income (the family wage) among economically dependant family members, women were required to redistribute care to family dependants and other adults in the household in their roles as mothers, wives and adult daughters (Saraceno, 1994). Lister developed the concept of defamilialization to bring attention to these processes and defined it as the ability to uphold a socially acceptable standard of living independent of family relationships, either through paid work or social security provision. This framework has found wide application in comparative empirical analysis but also greatly contributed to normative debates. Underpinning this concept were different ideas of citizenship – the citizen-wage-earner vs. the citizen-carer – and the struggle to surpass this dualism by developing an alternative ideal of the citizen worker-carer which would shift the responsibility for care from women to men and from individuals and families to the state (Fraser, 1994; Lister 1997).¹ Therefore, feminist scholars used the idea of care as a source of social rights entitlement not only for analytical purposes, but also normatively to elaborate about different principles of gender equality and paths to women's emancipation.

Authors located within this research tradition offered a common diagnosis of gender inequality (Sainsbury, 2013). However, how this situation might best be rectified was the object

of considerable debate. Some viewed it as an issue of freeing women from caring responsibilities through the socialization of care activities by the state, and others as a problem of valuing care and advancing the demand that it should be properly compensated (Ciccia and Sainsbury, 2018). Despite significant controversy and efforts to combine the two strategies, individualized entitlements based on citizenship (or residence) rather than care were generally considered to produce a superior form of social rights for women that neutralized the discriminating influence of marriage and motherhood (Lister, 1997; Sainsbury, 1996). Several of these studies viewed social rights based on caregiving as problematic since, where they exist, they often take the form of poorly paid benefits which tend to perpetuate rather than lessen women's dependence on men (Lewis, 1997; Orloff, 1993). At the core of these studies is a vision of gender equality that favours women's economic independence, notions of autonomy and participation in the public sphere. As pointed out by Jane Jenson (1997: 184), efforts to deal with care developed a parallelism with paid work and were informed by the notion that caregiving should either mimic paid work for social security purposes, bringing similar recognition and benefits, or be transformed in waged occupations and moved to the formal sector. Thus, the conceptualized care as an entitlement or social right remained contested (Leira and Saraceno, 2002).

Although care is central to feminist understandings of the welfare state, care remained under-researched, underspecified, and under-theorized in those first efforts to gender comparative welfare state analysis. It was under-researched because, similarly to standard welfare regime analysis, feminist scholars also privileged the analysis of cash transfers over services (Knijn and Ungerson, 1997; Shaver, 2002). Therefore, differences in institutional arrangements for care provisioning in societies remained marginal in much of the early scholarship (Jenson, 1997). Care was mostly investigated as a source of social rights, or the extent to which caregiving roles granted access to social security and other income benefits. This emphasis on income support programmes went hand in hand with the exclusive focus on national provisions and a failure to consider all the messy variations occurring at the sub-national level in terms of constellations of actors, governance, funding and availability of social care services (Evers et al., 2005; Saraceno, 1994).

Care was, in turn, underspecified because the equation of care with unpaid work in the family had effectively excluded paid care work – both inside and outside the family – from the analysis, as well as obscured differences in the types of activities that were lumped together under this category (e.g. housework, paid domestic work, formal and informal caregiving; see also Chapter 3 by Zechner and Anttonen in this volume). This exclusion had several important implications. On the one hand, it overlooked the fact that family care was sometimes paid work because of the expansion of welfare states in social reproduction and the growing number of benefits attached to caregiving and care needs (maternity and parental benefits, care allowances, benefits for solo mothers, and social security credits) (Jenson, 1997; Ungerson, 1995). On the other hand, the emphasis on unpaid work concealed the importance of paid care work and care occupations in the formal economy. While many countries already had long histories of commodified housework (e.g. domestic work, childminding), as welfare states expanded in areas such as education and long-term care, a growing number of women found employment in new care occupations such as nursing, teaching, and child and elder care (Folbre, 2006; Saraceno, 1984). The exclusion of care occupations from much of the analysis concealed differences in the types of activities and forms of care, as well as the structure of care markets and the characteristics of the labour process and types of beneficiaries (Folbre, 2006)

The care sector is often identified as an enclave for low-paid feminized and racialized work (Budig and Misra, 2010; England et al., 2002), but it is also a highly heterogeneous sector which includes both occupations that are viewed as skilled and unskilled (Duffy, 2005; Kofman and Raghuram, 2006). Thus, while domestic care workers are often excluded from social security benefits and employment protections attached to ‘proper’ employment (Anderson, 2000; Blofield, 2012), those in occupations that require formal qualifications and involve relational and emotional skills (e.g. teachers, nurses, childcare workers) are a group that is dominated by white women, more professionalized and relatively better paid (Duffy, 2005). Budig and Misra (2010) found a significant variation in the care-work wage penalty across countries, gender, worker characteristics and national and policy context. The multi-layered nature of the care sector, its persistent feminization and the concentration of women and people of colour in those occupations that are lower paid and less protected raises important questions about the kinds of relationships that exist between the social rights of unpaid and paid workers (Leira and Saraceno, 2002; Williams, 1995). However, the emphasis on family caregivers in comparative feminist analyses of welfare states eclipsed the way racial and class divisions are embedded in the organization of care work (Folbre, 2008; Graham, 1991; Williams, 1995).

Finally, the concept of care was under-theorized in relation to the perspective of care-receivers, their needs, and the nature of care relations (Williams, 1999). In much of this scholarship, care was considered as the direct response to the objective needs (dependency) of care-receivers, who were viewed as a relatively undifferentiated and passive group of consumers (Barry, 1995).² The co-produced and negotiated nature of care relations was not widely acknowledged (Fine and Glendinning, 2005; Williams, 1999). This scholarship espoused the view that, ‘for many women, being dependant is synonymous not of receiving care but giving it. Economic dependence and poverty are for women the cost of caring’ (Graham et al., 1983: 25 in Lister, 1990). Therefore, the positive emphasis attached to (women’s) independence and the negative connotations attached to (their) dependency ended up creating a separation between the analysis of the rights of the (family) carer from those of the cared for.

CARE IN THE ANALYSIS OF CARE REGIMES: GENDERING THE WORKING (MOTHER) FAMILY AND THE PUBLIC–PRIVATE DIVIDE

The study of care regimes grew out of earlier feminist scholarship on welfare regimes (Jenson and Sineau, 2003; Leira, 1992; Mahon, 2002), and over time gained considerably in importance. The point of departure for this research tradition is the family and the shifting boundaries between public and private responsibilities for providing and resourcing care. The fundamental questions addressed by studies of care regimes are: Who cares? Who pays for care? Where is care provided? At the core of this scholarship is an interest in the social organization of care and the ‘normative, cost and social frameworks within which this work is assigned’ (Daly and Lewis, 2000: 6). This research tradition gave a new prominence to care as a domain of welfare state activity, and to the right of families (i.e. women) not to be the sole carer for children and dependant adults. Nonetheless, debates about gender equality have become more implicit in studies of care regimes than in earlier scholarship (Ciccia, 2017). They also paid little attention to the implications of different mixtures of private and public care provision for the rights and needs of dependant persons (Meagher, 2006), the quality

of caring relationships and the ways they may create new conflict lines between formal and informal carers (Leira and Saraceno, 2002; Saraceno, 1984).

Anneli Anttonen and Jorma Sipilä's (1996) analysis of European models of social care services for children and older people is one of the earliest works in this tradition. Despite relying on limited information, this work has been instrumental in highlighting the importance of social services and establishing the notion of care regimes as a distinct construct. Several subsequent works identified ideal typical models to cluster countries based on the extent to which caring obligations were constructed as a responsibility of the state (i.e. a social right) or the family, and later of the market, the community sector or reliant on global care chains of migrant workers (Bettio et al., 2006; Bettio and Plantenga, 2004; Ciccica, 2017; Rostgaard, 2002; Saraceno, 2010, 2011; Saraceno and Keck, 2010; van Hooren, 2012; Williams, 2012). The first analyses of care regimes included policies concerning both child and elder care, but in time the dual working family and the working mother have become a particular focus of this research.

Despite their focus on care, care is seldom explicitly defined in studies of care regimes. However, an analysis of this literature reveals that care possesses both a narrower and broader meaning compared to earlier definitions used in feminist analysis of welfare states. The emphasis on caring for children and frail older people makes clear that scholarship on care regimes refers to care as the activity of tending to the emotional and physical needs of children and family dependants, now excluding other (non-dependant) adult members in the household (Anttonen and Sipilä, 1996; Rostgaard, 2002; Saraceno and Keck, 2010). The focus is on those activities that involve 'caring for' rather than housework or other reproductive work. Given the attention of this literature to the shifting boundaries between private and public responsibilities for care, the concept of care is no longer applied only to the private domain of the family but now straddles the public–private, formal–informal and paid–unpaid divide. This also enabled studies of care regimes to address one of the gaps in previous research; that is, taking into consideration payments to family care givers, particularly parental leave benefits.³ Despite this expansion of the places and forms of care considered, the family is still the starting point of much analysis of care regimes. The key concern of this literature is on the need for both support and alternatives to familial care, and that the family should not be left alone in resourcing and providing care (Bettio and Plantenga, 2004; Leitner, 2003). Therefore, much of this literature continued to take the perspective of women as providers of care in the family as its point of reference.

The social organization of care or the public–private division of caring responsibilities and its gendered consequences are the key area of interest of research on care regimes (Anttonen and Sipilä, 1996; Rostgaard, 2002; Saraceno, 2011; Saraceno and Keck, 2010). In terms of analytical constructs, several studies were influential in establishing familialism (and the closely related familialization and defamilialization) as the main point of reference for comparative research on childcare policies (Leitner, 2003; Saraceno, 1997; Saraceno and Keck, 2010). Leitner's work is emblematic of many of the features of this approach. She redefined the concept of familialism to focus on the extent to which welfare states support families' caring function, and distinguished between policies that relieve families from care work (e.g. childcare services) and policies that instead facilitate and at the same time enforce familial care (e.g. parental leaves). The way these policy instruments combined in different national contexts gave rise to four different logics of familialism. Many subsequent studies have continued to use the idea of varieties of familialism, and this concept has quickly become the

dominant framework in cross-national analyses of childcare policies in Europe and beyond (An and Peng, 2016; Javornik, 2014; Szelewa and Polakowski, 2008). This research has produced a great number of typologies, and several new types. Among them, ‘optional familism’, defined as widespread provision of both formal services and payments for family carers, is often pointed out as the favoured model because it would ensure that ‘the family’s right to care is not equated with the family’s obligation to care’ (Leitner, 2003: 359). In sum, the optimum policy mix would be one that unburdens the family of some (but not all) care responsibilities, while also recognizing and supporting its remaining caring functions through financial and other means.

Looking at research on care regimes, we can observe that while normative concerns about gender inequality are still present, they have generally become more implicit than in earlier scholarship. This is apparent, for instance, in the use of concepts that have families as their main point of reference and, indeed, several of these studies need to draw in additional dimensions – e.g. genderization/degenderization (Leitner, 2003; Finch, 2021) – to make women and gender inequalities in the division of labour visible in the analysis of care regimes. However, the normative underpinnings of these concepts are seldom explicitly addressed: Is the end goal a genderless society (Wright, 2011), or some form of gender symmetry (Orloff, 2009a)? And what about differences in women’s preferences and ability to make meaningful choices about work and care (Hobson, 2013)? These questions are rarely discussed in analyses of care regimes. Rather, we observe a shift in the understanding of gender equality from women’s economic independence to greater emphasis on freedom of choice and the equal distribution of care work between men and women and the family, the market and the state. While the effort of bringing men into discussions of care is valuable, in practice, it generally remains circumscribed to emphasizing the importance of incentives for fathers to take up some leave during the first year of the life of the child.⁴

Choice, in turn, is a problematic concept (Lewis, 2006; Olson, 2002). This literature tends to view choice as being shaped by the number of policy options in place – particularly formal services and payments for familial care – so as to meet the diverse preferences of families (women) regarding work and care and between different types of care options (Leitner, 2003; Saraceno, 2010, 2011). This emphasis on choice represents an effort to accommodate differences among women and overcome the long-standing tension in the literature between the desire to value and enable care, whilst empowering women so that they are not forced or morally obliged to care. Nonetheless, this view does not fully recognize the ambiguity inherent in the liberal notion of choice,⁵ which has often been used politically as a discursive device to support conservative family values and reforms, or to push for the marketization of social care (Brennan, 2007; Ellingsæter, 2007; Lewis and Campbell, 2007; Rostgaard, 2006). It also neglects the difficulties inherent in making judgements about freedom of choice from the analysis of policy design and outcomes without further considering how those choices are shaped by various socio-economic conditions, cultural norms and preferences, policy feedback, the details of policy implementation, labour market and workplace functioning (Ciccia and Lombardo, 2019; Ellingsæter et al., 2017; Hobson, 2013; Lauri et al., 2020).

Studies of care regimes have addressed some of the limitations of earlier feminist scholarship on welfare regimes by, for instance, putting social services and other measures aimed at supporting care at the centre of analysis. However, they also share some of its weaknesses and biases when it comes to their understanding of the relationship between those in need of care and those providing it. While their emphasis on alternatives to familial care could have easily

accommodated concerns that children and frail older individuals are not rendered dependant on family members for their care needs, this point was rarely acknowledged (Saraceno, 2010, 2011). They also paid little systematic attention to the differences in the nature and quality of care relations when care is provided in the family, in public institutions, or the market. Leitner and Lessenich (2007) provide one of the few discussions of the meanings of de/familialization from the perspective of persons receiving and giving care, but this innovation was not widely picked up in subsequent studies. Conversely, over time, we have witnessed a growing emphasis within research on care regimes on the right of family care givers to exit the care relation (for instance, by seeking professional help), and sometimes also on their right to engage in care. Therefore, scholarship on care regimes too gives primacy to the perspective of family (women) caregivers, and especially that of the working family (mother).

The relationship between the needs and rights of those receiving and providing care was not widely theorized in studies of care regimes, but several implicit assumptions seem to inform this literature. The frameworks developed to study care regimes were mostly developed thinking of the care of children and tended to assume a natural alignment between the interests and needs of the mother and the child who would, for instance, both benefit from the use of childcare services in terms of psychosocial development (the child) and freed time for labour market participation and leisure (the mother).⁶ However, the study of adult care seems to work under a very different set of assumptions. Here, the literature highlights several inherent tensions between family carers and receivers around the time, place and tasks of care. This is the case, for instance, of residential services which, while relieving family members from the responsibility to care, may conflict with the desire of a frail older person to be cared for in their own home (Costa-Font et al., 2009; Lehnert et al., 2019). This research also paid little attention to how care itself, and ensuing definitions of care needs, are transformed by changing cultural norms and material realities of care (Duffy, 2011).

A further potential line of conflict runs between different groups of providers of care. Here, the literature has often noted the ambivalent relationship or conflict of interest between family caregivers and care workers (particularly domestic ones) because of the role that a cheap and flexible supply of care labour plays in the emancipation of upper- and middle-class women in contexts of scarcity of care resources (Andall, 2000; Blofield, 2012; Saraceno, 1984). The literature on 'care chains' also seems to favour a similarly negative interpretation but expands its reach to the international division of labour and the extraction of reproductive labour from the global south to the global north (Hochschild, 2000; Yeates, 2004; see also Chapter 12 by Ranci et al. in this volume).⁷ Thus, the neglect of paid care workers effectively leaves out from the analysis many important sources of intersectional disadvantage in the organization of care work and the influence of social inequalities beyond gender (Folbre, 2008).

CARE ACTORS, RELATIONS, DEPENDENCE AND INTERDEPENDENCE: A RESEARCH AGENDA

Feminist analyses of care have greatly contributed to deepening our understanding of the complex relation between welfare states, policy configurations and gender relations and inequalities. This scholarship has been incredibly productive, generating considerable conceptual and theoretical innovation which have greatly influenced the development of the field beyond gender perspectives and issues. Nonetheless, the conceptualization of care in feminist analyses

of welfare states and care regimes has remained incomplete (Leira and Saraceno, 2002). The prominence afforded to the perspective of women family caregivers has left care-receivers and paid care workers at the margin. As a result, research on care from the viewpoints of those receiving and those providing it has developed in siloed ways, along different lines of inquiry and disciplinary areas (disability studies, gerontology, developmental psychology).

Why did this occur? In 2009, Ann Shola Orloff wrote that mainstream comparative welfare state analysis still had difficulties assimilating feminist notions of care, power, dependency and interdependency (Orloff, 2009b). Today, the same could be said of feminist analyses. The emphasis on independence, emancipation and autonomy that characterizes much feminist scholarship has led to the creation of a negative bias towards dependency and a view of welfare states as being mainly about reducing care – and other – dependencies (Jenson, 1997), rather than dependence and interdependence being the normal condition of the human life (Fraser and Gordon, 1994; Lister, 1997; Tronto, 1993). Similar conclusions though could be reached about related areas of research such as disability studies and social gerontology (Fine and Glendinning, 2005; Walker, 1980). However, other scholars have tried to put forward a more positive view of the dichotomy of dependence/independence and argued from either an ethical or citizenship perspective that the right to give and receive care are interconnected as a matter of social justice (Knijn and Kremer, 1997; Lister, 1997; Sevenhuijsen, 2003; Tronto, 1993; Williams, 1999).

As long as the emphasis remains on one form of care – unpaid family care – and a unitary category of women as defined only by structural divisions of gender, the research agenda of gendering comparative welfare state analysis will remain unfinished. The last decades have witnessed much progress. Feminist research has expanded its focus to encompass paid care work, particularly in relation to the working conditions and social rights of migrant domestic and care workers (Anderson, 2000; Duffy, 2011; Leon et al., 2014; van Hooren, 2012; Williams, 2012), and also now pays some attention to the rights of care-receivers (Daly, 2020; Rummery, 2022). However, these developments have not deeply transformed the main analytical frameworks used to study care policies, nor have they altered the perceived desirability (and moral superiority) of independence and autonomy as the end goals of care policies. Research on care-receivers and caregivers still rarely overlaps and has continued to develop almost in parallel to each other. As a result, our understanding of the relation between the needs and rights of those receiving and those providing care (in their diversity) has remained informed by a number of implicit assumptions emphasizing tensions and trade-offs between the rights of paid and unpaid caregivers, and those of caregivers and receivers of care.

There are several reasons why a relational perspective, which simultaneously considers the needs and rights of all those actors in the analysis of social care and welfare systems, would be desirable. First, it would contribute towards more balanced attention being directed towards different types of actors in the analysis of care policies, while also making visible the interdependence of their rights (Knijn and Kremer, 1997). This would also require to update our standards of ‘good care’ from these multiple viewpoints (Williams, 1999). Such an approach would contribute to addressing pressing questions about the exact sources of tension – as well as those that create synergies and positive externalities – in specific contexts. Secondly, a relational perspective would help to overcome the limitations of a single-inequality approach which gives priority to gender and conceals the multiplicity of inequalities imbricated in relations of care (e.g. age, able-bodiedness, class, race/ethnicity, citizenship) and the ways they are differently institutionalized across welfare states. Therefore, it would move the analysis of

care policies closer to an intersectional approach to gender, which has been a long-standing theme in feminist debates about equality (Collins, 1995; Verloo and Lombardo, 2007). Finally, relational analysis could also be used to complement the static nature of the main analytical frameworks. It would allow us to connect care policies to the power dynamics and diverse mobilizations, as well as struggles that take place around care and influence the politics of care policy reform (Dahl, 2017; Perrier, 2022).

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NOTES

1. This move towards a synthesis also represented an effort to incorporate critiques from care ethicists to liberal notions of citizenship centred on individuals (Sevenhuijsen, 2003; Tronto, 1993).
2. One of the most powerful critiques of this view has come from disability scholars and activists (Morris, 1993; Shakespeare, 2000).
3. The analysis of payment for care has over time become a major area of investigation inasmuch that research on parental leave and cash-for-care schemes have generated their own analytical frameworks and considerable conceptual innovation, establishing themselves as fields of comparative inquiry in their own right (Dobrotić et al., 2022; Ranci et al., 2019; Ungerson, 2004).
4. This shift creates a danger that the re-familialization of care could be understood as advancing gender equality as long as care work is equally shared within the family. Several policy measures enacted in the last decades (e.g. shared parental leave in the UK) seem to point in this direction.
5. Feminist scholars of care regimes were well aware of the limitations of naive conceptions of choice which they tried to overcome by stressing how welfare states should give families a ‘genuine’ or ‘real freedom’ to choose. This opened up new avenues for the later application of the capability approach in care research (Hobson, 2013; Lewis and Giullari, 2005).
6. This view also extends to ideas of modern or active fatherhood in Nordic care regimes, where parenting is increasingly seen as gender neutral (Eydal and Rostgaard, 2016).
7. Duffy (2011) rejects the idea that white middle- and upper-class women have transferred their care work onto the backs of minority and immigrant women on the basis that racial-ethnic divisions of reproductive labour existed well-before the large-scale entrance of women in the workforce. Several historical studies come to similar conclusions (Sarti, 2014) Nonetheless, studies of the domestic workers political activism have also amply documented their difficult relations with women and feminist organizations in several countries and regions (Andall, 2000; Blofield, 2012; Ciccia and Roggeband, 2021).

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