

**Care for the elderly:  
Welfare system, professionalisation and the question of inequality**

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**Abstract**

Since the 1960s, the health system has seen the professionalisation of a new occupation, carer of the elderly. The form and result of this process differs between countries according to their welfare systems. In this paper, the differences will be analysed in a comparison between two countries, Germany and Sweden, the representatives of two prototypical welfare systems. Sweden is renowned for its state-oriented universal welfare system, whereas Germany is considered to be an example of a conservative, family-oriented system. The process of professionalisation and its consequences for the carer and the care receivers will be looked at from the perspective of gender and social inequality.

On a theoretical basis, this paper includes gendered and mainstream welfare state approaches and thus combines issues of gender and social inequality, as well as theories in the area of professionalisation. Empirically, the development of the new occupation is examined in two phases. In the first step, it looks at the time-period between the 1960s and 1980s, when the state-oriented vs. family-oriented principles of care for the elderly were established. The 1990s brought about change in both countries. In Germany, with the introduction of the Long-term Care Insurance, a new mode of care has developed, shared between informal family care, and public or private providers. In Sweden, budget restrictions in the 1990s in this area led to a reorganisation, restructuring and reduction of the role of the welfare state. The consequences of the different processes in both countries will be discussed from the perspective of the predominantly female employees and the receivers of care. The results reveal a complex interaction between patterns of gender and social inequality and welfare state policies for the carers and care receivers.

**Introduction: Welfare state, gender relations and the organisation of social care**

The impact of the welfare state on women—and later on gender relations—has been a major issue on the agenda of scientific feminist debate since the end of the 1970s (cf. O' Connor, 1996). While most research in the 1970s focused on the relationship between the position of women in society and the modelling of the welfare state, since the end of the 1980s most research has emphasised gender relations within the context of the welfare state.

For a long time, welfare state research was dominated by two contrasting positions. One school of thought saw the welfare state as a 'women-friendly state', which delivered the possibility of improving the position of women within society. Its opponents emphasised the patriarchal continuity of the welfare state, which strengthened the discrimination of women in society (Hernes, 1987; Kreisky 1994, 1995). Distinctive of both positions is their contradictory assessment of the state as an employer and as the supplier of social services.

Despite criticism on gender segregation of labour market areas the advocates judge the labour market possibilities for women and the access to systems of social support as the basis for a change towards more egalitarian gender relations, whereas the opponents critically highlight the emergence of gender-segregated labour market areas and the dependence of women on state activities.

Since the 1990s, the results of empirical comparative welfare state research has increasingly questioned this dichotomous assumption. In the comparison, different concepts and realities of gender relations, which are embedded in country-specific relationships have emerged between society and the (welfare) state, as well as the distinctive political impact and power of different social actors, including the feminist movement (Sauer, 1997). The empirical analysis of welfare state variations with their own distinct influence on gender-relations was developed in a critical review of the comparative mainstream welfare state research of the 1980s. Esping-Andersen's (1990) concept of welfare state regimes plays a prominent role in this critical debate. In his concept, he distinguishes between three welfare state regimes; the liberal, the conservative and the social-democratic, each characterised by qualitatively different arrangements made between state, family and market. These regime-specific regulations of state, family and market form distinct patterns of social rights, social stratification and employment regimes.

Feminist criticism turned its attention to the situation of the implicitly male employee, with the emphasis on paid work, the privileged position of social class in modelling welfare states and the preference for social insurance instead of social services and thus the neglect of gender issues (c.f., e.g., Sainsbury 1994, 1996, 1999 Lewis & Daly 1998). This criticism led to two alternative approaches. First, attempts were made to extenuate Esping-Andersen's concept by including gender-sensitive variables. Orloff (1993), for example, added two variables which are fundamental to women's 'economic independence' and 'access to paid work' to adapt the concept to women's situation in society. Secondly, independent approaches came to the fore, which show the mutual impact of gender relations and welfare state development. Lewis (1992) and Lewis & Ostner (1994) created their own theoretical concept—the breadwinner model—on the basis of gender relations both within and between the labour market and the family. By including paid and unpaid work they were able to distinguish between three basic types; the strong, the moderate and the weak breadwinner-models. Each model is characterised by different policies regarding the desirable form of integration of women in paid and unpaid work.

Although feminist scholars have criticised mainstream analysis for the neglect of gender aspects, only a few of them maintain that gender should replace such factors as class, race and ethnicity in the study of welfare state policies and their consequences (cf. Korpi 1999; O'Connor, Orloff & Shaver 1999). 'Instead since the middle of the 1990s there appear a growing consensus that gender as well as class, race and ethnicity are all socially constructed properties and that each of them must be brought into the analysis without excluding the others.' (Korpi 1999, p.1 )

In this contribution the mutual interaction between patterns of gender and social inequality and specific welfare state policies will be elucidated. Current research indicates that the mode of organisation of social care, which is specific to different types of welfare states, constitutes a key element in the mutual interaction. Social care can be produced within the family but also as a paid social service on the market or under the direction of the state. The contribution draws on the hypothesis that the welfare state specific mode of organisation of social care as a family, state, or market-oriented activity is decisive for the emerging patterns of gender and social inequality. Furthermore, a mutual interaction will be assumed, i.e. ideas about gender and social inequality will have an impact, not only on processes of

establishment and changes of a specific organisation of social care but also as existing modes of organisation that influence patterns of inequality.

Empirically, the establishment since the 1960s of a new occupation, caring for the elderly, will be used to show the impact of different modes of organisation of social care work and forms of inequality. Germany and Sweden were chosen as representatives to show the mutual interaction of family-oriented and a state-oriented welfare policies, respectively. The analysis of the development between the 1960s and the mid-1990s allows us to include the processes and consequences of changes in both countries towards a more market-oriented system since the 1990s.

### **1. Welfare state debate: Issues of Gender and class**

A common analysis of the impact of welfare state policies on both gender and social inequality calls for a framework which combines mainstream research on issues of class or social relations and gender sensitive research which focuses on issues of gender relations. Despite the prominent role of Esping-Andersen's (1990) concept of welfare state regimes as a starting point for gender-sensitive international comparative research, a gap has opened between mainstream and gender sensitive research. The incompleteness of the approaches came to the fore in the mid-1990s and there have been efforts since then to bridge the gap, i.e. to invoke issues of gender relations in mainstream welfare state approaches and, conversely, to encompass issues of class, race or nationality using gender-sensitive approaches.

Gottfried and O'Reilly (2000) extenuate Lewis & Ostner's (1994) concept of the breadwinner model with the example of the strong breadwinner model in Japan and (West) Germany. In their analysis the specific form of class compromise proved to be embedded in a specific form of gender compromise. The interaction of class and gender compromise in both countries is reflected in the concept of a family wage or priority of men's employment possibilities and the incentives for women to reduce their labour force participation and take over the main bulk of family responsibilities—features that can be recognised as key elements of the strong breadwinner model. As a result of their study they claim that a fruitful analysis should include elements of the gender- and class compromise in a given society, while the complex and mutual interaction between the two can only be shown by an investigation of paid and unpaid work from a gender perspective.

In their study Gottfried and O'Reilly describe a single German or Japanese model of gender and class compromise, whereas empirical results indicate that neither country has just a single model. Instead, there appears to be specific models valid for different groups of women. One line of the debate emphasises the impact of women's educational background on the extent and form of their labour market participation. OECD-statistics show a high cross-border employment rate for highly-qualified women, while the proportion of middling or poorly-qualified women on the labour market differs considerably between countries (OECD, 1997). Furthermore, more detailed analysis describes differences between women according to their level of education, even in the pattern of labour market participation.

The interpretation of this emerging pattern of female labour-market participation has become a controversial issue in gender-sensitive research. Hakim (1996), who divides the women into two groups, more family-oriented part-time workers and full-time, more career-oriented women, claims that women choose this pattern of work voluntarily. In contrast, Crompton & Harris (1998) stress the importance of structural constraints on women's employment opportunities. In their view, the emerging pattern of differences in female employment are the outcome of both individual choice and structural constraints.

In a comparison of welfare policies in some liberal welfare states O'Connor et al. (1999) examine the interactions of forms of gender, class, race, nationality and inequality while attending to social differences across different groups of women. They found that the possibility of combining paid and unpaid work is decisive for social differences in labour force participation across women groups. Thus, they emphasise access to child care as one of the most important reasons for class differences among women in the labour force, which, moreover, reinforces the good/bad jobs division between women in the compared countries.

The possibility for women to combine paid and unpaid work is strongly connected to the mode of organisation of social care in a society. Furthermore, as a mainly female activity the organisation of social care itself as paid or unpaid work influences women's labour market opportunities. Thus, feminist researchers claim the importance of social care instead of social insurances as a main topic for a 'gendering' of welfare state research (for the following, cf. Lewis & Daly, 1998). Social care—whether provided as paid work on the labour market or unpaid work in the family—cuts across private and public borders and enables the analysis of the interconnection between paid and unpaid work from a gender perspective. The broad analytical potential of the concept of social care allows both the inclusion of macro-level relations, indicated by the care infrastructure and distribution of provision between the state, market and the family, and illuminates care activities on a micro-level among individuals within the family or on a community level. The most important topics here are the conditions under which paid and unpaid care is carried out, inherent in a complex relationship in the normative framework of obligations and responsibilities divided up between the state, the family and the market. Empirical results confirm that not only is social care a mainly female activity, but also show the influence of social stratification on both carers and the care receivers. The conditions under which different types of care-work are carried out vary considerably and reveal a complex interaction between gender and the position of women in society (Baldock & Ungerson 1994; Ungerson 1997).

The approaches described above mainly analyse the consequences of different welfare states policies on gender and social relations or on inequality but do not address the question of their development—the issue of politics. Both mainstream and feminist research on welfare states have developed concepts for an analysis of the question of politics, i.e., the impact of individual and collective actors in the development of policies (cf., e.g., Esping-Andersen 1990; Kulawik 1997). In the following, elements of an analytical framework that include gender and social politics will be outlined starting with gendered welfare state theory.

Pfau-Effinger (1994, 1998a, 1998b, 2000) created an approach which allows the inclusion of both the structural conditions for gender relations and underlying norms, as well as the influence of male and female actors in the analysis and thus the consideration of policy and politics. She draws on Connell's (1987) idea of gender order but defines three basic concepts—gender culture, gender order and gender arrangement. The concept of gender culture is defined as, 'common assumptions about the desirable 'normal' form of gender relations and the division of labour between women and men (Pfau-Effinger 1998b, p. 178)'. The concept of gender order refers to the structure of gender relationships, e.g. division of labour and power in a society and different societal institutions. Gender arrangement is defined as 'generally binding forms' of gender relations, which encompass both gender culture and gender order. The distinction between gender culture and gender order, on the one hand, and gender arrangement on the other, enables the exposure of inequalities, infringements and constraints that develop between norms, societal institutions and their practice in society. In her approach, these inequalities, infringements and constraints are viewed as a basis for (re)negotiation of gender relations in different areas of a society, and thus reveal a potential for change in the patterns of gender relations. Pfau-Effinger sees gender arrangements as

resulting from on-going negotiations between male and female actors on different levels and in different areas of society.

Theoretically, the concepts of (gender) culture—or norms, (gender) order—or structure and (gender) arrangements as the resulting forms of relations can also be used to analyse social relations in a society. But issues of gender and social relations must both be adapted to social care policies in order to use them as a unit of analysis. For the following, gender and social norms are defined as ideas about the responsibility for the provision and forms of access to social care. The structure dimension corresponds to the division of labour and power between different societal institutions in a gender and social perspective. Finally the arrangement concerns the emerging pattern of gender and social inequality embedded in a given interplay of gender and social relation. On the basis of Korpi's (1999) empirical results an ambivalent relationship will be assumed and the subsequent development of both forms of inequality. Korpi maintains that the realities and the development of gender and class inequalities are affected by multiple sets of relatively independent factors and processes. In his empirical material he found indications that, on the one hand, an ideological stance and political interventions in favour of decreasing class inequality may have in fact supported gender equality. On the other hand, he states that the forces driving the development of policies and inequalities in these two areas may partly have worked at cross-purposes.

## **2. Development in the welfare state context: Care professions**

The process of professionalisation of care occupations will be used to show, in an exemplary manner, the mutual influence of welfare state development and gender and social inequality. Care services, formerly produced within the family but increasingly carried out as paid activities, are firmly embedded in welfare state debates on the definition of and solution to important social problems. A new definition of paid and unpaid work arose, which fundamentally changed the form of access to social care and labour market possibilities for women. The changes in the production of social care, albeit a mainly female activity in both paid and unpaid care work, questioned the previous gender order and new definitions of gender order and gender culture had to be negotiated. Gainfully employed women entered the public arena, making gender inequality increasingly visible (Hirdman, 1990). Furthermore, welfare state development, with its strong ties to the definition and solution of social problems, reveals a strong connection to the question of social inequality. The established rules for access to paid social services, e.g., the decision of who and to what extent social services can be used, thus contributes fundamentally to the social structuring of a society.

In theories on the process of professionalisation this arena of public opinion, with its debates on the meaning of different societal problems, is viewed as one central arena where a profession can demonstrate the importance of its expert knowledge in solving societal problems, building images that pressure the legal system and, subsequently, claiming jurisdiction over specific tasks (for the following see Abbott 1988). In claiming jurisdiction, a profession asks society to recognise its expert knowledge through exclusive rights in the legal system. Furthermore, the process of professionalisation includes even the actual professional work where the jurisdiction to a set of work tasks has to be established.

A characteristic of the care professions is their contradictory position between paid and unpaid work. Thus the establishment of care professions includes two steps: This means that the border between paid and unpaid, informal care work and the furthering of the process of professionalisation (i.e., the establishment of professional jurisdiction to conduct specific work tasks on the basis of expert knowledge) must be redefined. Both the development of a market for social services and protection against professional status find their conditions and

limitations within the political-economic framework of the state and thus in the negotiations of important actors in the society (Kühn 1994). The contradictory position of social care between paid and unpaid work and the frequently re-negotiated borders on a political level create a structural barrier to the professionalisation of care work. The motivation of a specific expert competence for doing certain tasks can be repeatedly called into question.

Evertsson (2000) proved the importance of the emergence of a centrally planned welfare state for the professional development of female-dominated health and care occupations in Sweden. 'The welfare state created a stable labour market, which had provided good conditions for union-related and professional organising [...] The state has actively shaped different welfare state professions jurisdictions and provided each with a niche that is protected from inter-professional competition [...] The group's close relationship to the state has brought them closer to becoming professions, albeit weak ones and without the problem-defining privilege characteristic of professions (Evertsson 2000, p. 239)'.

In comparative research on the welfare state, Sweden is regarded as the social democratic prototype of the expansion of social services and professionalisation of care tasks planned and controlled by the state. In his welfare state regime concept, Esping-Andersen (1990) compares this state-orientated approach with the market-oriented development in the Anglo-Saxon countries and the still family-oriented conservative regimes. He raised the differences in the development of social services and the impact of state activities to a distinct central issue between welfare states. In his analysis, he describes a close relationship between the structure and extent of female labour market participation and the social stratification in different countries.

Recent research results elaborate this proposition, because they indicate different developments according to specific types of social services. In his empirical study Navarro (1999) shows that most developed capitalistic countries have built up a universal social service sector—mainly in health care and education. Discrepancies between countries, however, emerge from the expansion of the family-oriented social services such as child-care, care for the elderly and for handicapped people. He maintains that discrepancies directly influence the country-specific employment rates of women. In their analysis Anttonen & Sipilö (1996) found that both child care and care for the elderly seem to be the main reasons for the differences in the female employment rates specific to each country.

Neither approach specifies the educational attainment levels of women who are gainfully employed in different segments of the social services. Szebehely (1998) emphasises the importance of care for the elderly in the high labour market participation in Sweden of women with low or average levels of education. A detailed comparison of the female employment rate in Sweden and Germany dispels the considerable influence of the educational attainment level on women's labour market participation (Theobald 1999, Theobald & Maier 2002). Whereas both in Sweden and Germany the social services are important for the occupational opportunities of highly qualified women, it applies in Sweden to a far greater extent than in the low and middle strata. Statistical analysis reveals a strong correspondence to the expansion in different areas of social services—education or even health care—as a sector employing more highly qualified staff, and to the family-oriented social services with a higher proportion of female employees having less than a tertiary level of educational attainment.<sup>1</sup>

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<sup>1</sup> Own calculations based on Bundesinstitut für berufliche Bildung, 1995; Hoem, 1991.

### **3. Social care for the elderly across the public private border**

The results necessitate an elaboration of the assumption of the mutual interaction between the expansion of social services and female labour market participation. Family-oriented social services proved to be not only a typical female labour market activity, but appear also to be connected to the educational attainment levels of women and further, to their hierarchical position within the labour market. In addition, access to this service is closely tied to gender and to the position of care receivers in the social strata.

The following research proceeds from the assumption that the difference between welfare state must thus be analysed in terms of social and gender inequality. On an empirical basis, I shall outline the consequences of the country-specific expansion of family-oriented services for female employment using the example of home help services for the elderly in Germany and Sweden. The analysis covers two periods, firstly between the 1960s and 1980s, when the state, respectively the family-orientated principles of the welfare states were established, and secondly the 1990s, when the Swedish welfare state underwent restructuring according to market-principles and Long-term Care Insurance was introduced in Germany. The consequences of the expansion of the family-oriented services for women's occupational opportunities will be assessed in an analysis of the working conditions of the carers, the extent and process of professionalisation and the caring activity from the perspective of the elderly, who are the main care receivers. The research considers the effects on the carers and the elderly people according to their gender and their level of educational attainment and their position in the social strata, respectively.

#### **3.1 Sweden: Professionalisation of social services and universal social rights**

In Sweden, public home help services for the elderly began in the 1950s and quickly became an important component in the Swedish universal welfare state. Until then, support in the household and family work was fairly common in middle-class families and paid for on a private basis. In the public debate in the 1950s, certain social needs were increasingly accepted as decisive for state allocation of the services instead of the buyer/seller relationship of the market with its dependency on individual economic purchasing power. Access to social services should become a basic right for all citizens in need of social care and this should be paid for and organised by the state.

Even the changing gender relations after the 1960s played a part in the expansion of social services. The debate on the issue of women's labour market participation gradually fostered a new definition of the role of women, men and society at large. Men and women should act as two economically independent individuals and both participate in paid and unpaid work as well as political life. The society should play an active role and deliver the necessary social support systems. Gradually social care, starting with child care, was transferred from the family to the social service sector on the labour market.

Starting in the early 1960s, public subsidies for services led to calls for regulations, which in turn resulted in a definition of the qualifications needed for specific tasks and the development of a distinctive field of activity with its own hierarchy (Gough 1994: Johansson, 1997, Szebehely 1995, 1996). The tradition of the occupation as home help for middle-class families, its beginning as a voluntary activity oriented to the poorer classes in society and its low formal training requirements impeded the status and professionalisation of this occupation. Home care of the elderly was not recognised as a skilled job but as a symbolically paid personal help which was not to be disturbed by abstract principles and bureaucratic regulations. In addition to low status, the range of services delivered proved to

be a barrier to professionalisation; these were provided free within the family or bought cheaply on the grey market (Gough 1994; Johansson 1997).

Despite different welfare state regulation and re-organisations of home help services, over a long period household tasks dominated the range of delivered services and the corresponding requirements on the employees. The recruitment basis was mainly women without formal qualifications looking for employment possibilities after a family break of a year or more. No noticeable step of professionalisation of the occupation took place until the 1980s. Traditional housework was then replaced by tasks promoting rehabilitation and active participation in social life for the elderly people. The catchword became 'help to self-help'. The development of the new tasks ran parallel to a newly defined work situation. With the advent of long-term contracts, longer working hours and formal occupational training home help services were to gain more occupational status. This newly defined occupation was intended to create a more attractive work area for the better educated younger generation. Similar to social work and health care, home help services for the elderly were to be based on scientific knowledge. Today, the higher positioned employees usually have a degree and have gained professional status (Johansson, 1997). Thus, at the end of the 1980s, the efforts made to establish a more professional home help service resulted in a new field of professional work which was characterised by co-operation between some highly-qualified (mostly) women who made up about 10% of the staff and a large number of low or medium qualified women paid at the rate of equally qualified women in other areas of the labour-market.<sup>2</sup> The establishment of this new mode of delivering social care was only possible within the context of a general acceptance of public social services which meant paying high taxes. The views of the elderly clearly demonstrate a corresponding change towards this new form of social care. While in the 1960s they had preferred to be cared for by relatives, in the 1980s, they assessed the public social care as their favourite form (Johansson, 1997).

In the 1990s economically founded arguments urging the necessity of cost saving prevailed on the political level and came to fruition with the abolition of the state monopoly in the production of social services and the admission of private service providers (Äldreupdraget 1996, 2000). The new regulations were decisively determined by norms and realities which had arisen since the 1960s. The tax-based finance, the idea of universal social services and the norm of labour market participation of women was not called into question. Changes should be introduced instead in the mode of production. By unleashing competition between private and public service providers the social service sector would become more effective and more economic. Furthermore, the care receivers would have the possibility to choose between different services.

The new political guidelines led to personnel reductions in the social services and to a corresponding restructuring of the workforce. In contrast to the areas of childcare and health service, reductions in home help service were quite modest, at about 5% from 1990–1995, and revealing strong differences according to the educational attainment levels of the women involved. Those without formal training were badly hit, while women with formal training or tertiary education were increasingly employed. In the course of the restructuring process, the proportion of women without formal training fell from 32% in 1990 to 20% in 1995.<sup>3</sup> The aim of the restructuring process was that, on the basis of the higher-qualified staff and fewer personnel, the quality standards should be kept on the same high level (Gonäs, Johansson & Svård, 1994). Higher demands on formal qualification levels were fostered by the

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<sup>2</sup> Own calculations on the basis of SCB, 1990, 1993, 1995.

<sup>3</sup> Own calculations on the basis of SCB, 1990, 1995.

reorganisation in the health care system with the extension of out-patient treatment. The home helpers now had to have at least basic health care training (Johansson, 1997).

Szebehely (1998, 1999) analysed the consequences of the restructuring process from the perspective of the elderly. She found that the changing process, which had already begun in the early 1980s in home care services, was accelerated during the 1990s. The most characteristic feature of the development is the dramatic reduction in the number of elderly people receiving services. The decline is only partly due to a rise in taxes for the services paid for by the elderly themselves. New regulations on the local (municipal) level are more important. The home help services concentrated on frail elderly people, who now get more services, while the need for merely basic household services often no longer qualifies one for home care services. The municipalities refer the elderly people to their relatives or even recommend private firms if the income of the suppliant is above a certain level. In both cases, there is a dismissal of the universal principles so far inherent in the Swedish welfare system: Instead of the individual, the family becomes the unit as regards allocation and the right to benefits on the basis of income runs the risk of being seen as poor relief.

The stricter allocation of resources affects both the carers and the cared-for, not only according to class but also from a gender perspective. The results of a project on the life situation of elderly people in a suburb of Stockholm show that all people, irrespective of their educational attainment levels get the same, but now less, public services. This reduction in services has produced different coping strategies. While higher educated people in better financial situations are able to purchase services on the market, the less educated people seem to be more dependent on the support of relatives. In consequence, the burden of unpaid work becomes heavier for the women (wives, daughters etc.) in the lower strata of society. From the perspective of the care receivers women are also hit harder by the reduction in services than men. On the one hand, women have a higher life expectancy and so more frequently live alone when they grow older and, on the other hand, they typically take care of their frail husbands—under the new arrangements with even less support from home help services (Szebehely 1999, 2000). From the perspective of the carers there is a risk of a growing 'grey market' where women with insecure labour market participation become the 'caring-proletariat' outside the regulated labour market. This is mainly a risk for women who have no formal qualifications and formerly often found employment within the publicly funded social service sector.

### **3.2 Germany: Contradictory professionalisation: Social care in between family and societal obligations**

In contrast to Sweden, until the 1990s, the elderly in Germany were usually cared for by mainly female relatives—wives, daughters, or daughters-in-law. This reality is a reflection of gender norms and ideals on the shared responsibility for social care and division of labour between the families and society. The principle of subsidiarity, the guiding norm on social care in Germany, ascribes the responsibility for the provision of social care to the family first. If the family cannot cope, either state subsidised or voluntarily organisations will step in, but such help is still partly paid by the family itself. The concept of family must not to be understood as gender neutral, because it was invariably the female members of the family who took over the care tasks, financially protected and supported by their husbands.

Corresponding to the emphasis put on the informal, family-oriented care in Germany, social services in this area, at least up to the 1990s, failed to reach a professional status (Ostner, 1998). The replacement of nuns at the beginning of the 1970s with secular female employees had not led to the establishment of an independent, professional care service. Until

the end of the 1980s, the local centres providing home care (Sozialstationen) usually hired casual labour with different educational attainment levels, often students, housewives and former nurses (Landenberger, 1994).

It was not until the 1990s that care for frail elderly people became an important issue in the German social-political debate (cf. Ostner, 1998).<sup>4</sup> The necessity for new regulations in this area of the social services was motivated by social and demographic changes, i.e. low birth rate, increasing longevity of the population, increasing number of divorces and growing female employment, thus reducing the informal networks of social support. The level of services and the professional competence of the carers was relatively poor and efforts to rehabilitate or activate the elderly were very rare. The high cost of long-term care, especially in the institutions, moved very quickly to the centre of the debate on new regulations. In the case of long-term care even the middle-classes were impoverished and left dependent on social benefits or they became increasingly dependent on their children. Local municipalities, who had to finance social assistance, complained of the heavy budget constraints due to increasing costs. In 1991, about one third of the total social assistance expenditure was used to cover the costs of long-term care.

In the end, the high costs at local levels were decisive for the introduction in 1995 of a new and compulsory 'fourth pillar' in the German social insurance system. In sharp contrast to the already established social insurance, this Long-Term-Care Insurance guaranteed the social right to basic care provision but it was by no means adequate to cover existing needs. This insurance model, therefore, only reduced but did not abolish the risk of poverty for frail elderly people. In this model, so-called care dependants have to undergo detailed medical assessment and may then decide either to accept cash to pay the carers themselves, to accept professional care packages or even to choose a combination of both.

Gender norms and the corresponding gender order, the division of labour between men and women, are clearly reflected in the construction of the insurance (Behning 1999). The possibility to choose between cash and professional packages is meant to encourage care within the family, i.e. mostly to be carried out by women, strengthen informal networks and reduce costs. Paid care work within the family, even on a symbolical level, also meets the demand held by certain actors within the feminist movement. Care work should be recognised and be paid for and not be protected/financed by a husband. Women in different life situations, even as carers within the family, could thus become more independent of their husbands and not only have the status as a wife.

Since the introduction of the insurance, the vast majority of care receivers has preferred cash (82% in 1995 and 71% in 1997) (Evers, 1997). Evers explains the high proportion of those who qualified for benefits preferring cash, as corresponding to the specific culture of caring, which existed even before the introduction of insurance and which includes care provided by relatives, neighbours or on a private basis by paid domestics. The benefits are used to secure arrangements enabling the elderly to pay—at least nominally—relatives or neighbours and also to facilitate the purchase of private service. Professionalised organisations are faced with the problem of establishing attractive services in competition to the informal help of family, neighbours or privately paid domestics, which is usually cheaper. Elderly people generally have more confidence in people whom they already know or who have been recommended to them on a personal basis. Nor do they rate professional competence as very important for their daily care. Evers (1997) sees only two areas where the professional services can create a market. The first is on the basis of their specific competence where they can advise and support the carer family in their caring activities. The

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<sup>4</sup> If not otherwise stated, the following is based on Ostner's article 1998

second is that wealthy elderly people may be interested in buying a spectrum of household tasks.

Both the form of the insurance and the prevalent pattern of care for the elderly form a specific mixture of public and private services. These reveal considerable differences for carers and care receivers according to their relative social position and gender. The drafting principle for the Long-Term Care Insurance covers benefits for basic needs only and strengthens the polarisation of the life situations of the elderly (Ostner 1998). Wealthy people could and can stay at home even with severe health problems and are able purchase the necessary services on the private market while the poor more often move into an institution. The gulfs are widened by social inequality in health care. People in the lower strata often have not only more severe health problems, but have them earlier (Rosenbrock 1998). As in Sweden, higher life expectancy and their life situations leave women more dependent on developed social services.

The professionalisation of the occupation was furthered by the conditions of cost and budget restrictions in the social area in the 90s, and the prevailing norms of freedom of choice for women between working in a family or on the labour market is accompanied by a social distinction of the employment possibilities for women. On the labour market the higher demand for home help services was met with a rise in employment rates mostly for qualified labour, despite the low status of the working area (Ostner 1998; Gerste & Rehbein 1998). On a political level, state subsidies ran parallel to requests to develop and assure high quality standards, albeit with the condition of limiting emerging costs. This is a contradictory request, which tends to be solved by an increasing social distinction between different groups of care workers according to their educational attainment level. Less qualified women are over represented within marginal, part-time employment, which very often leaves them without any type of basic social security cover. They even risk finding themselves outside the primary labour market on the so-called grey market. Furthermore, women's readiness to accept care tasks within the family seems to have a strong correlation to their actual educational attainment levels. Research results show that low-qualified women tend to retreat from the labour market and take on the only symbolically paid care within the family. In contrast to this, higher-qualified women tend to stay on the labour market and pay for needed care services (Evers 1997, Giese & Wiegel 1999)

#### **4. Conclusions: Social care between gender and social inequality**

The connection between the welfare state and gender relations has been on the agenda of feminist research since the 1970s. While in the beginning research concentrated on the impact of welfare state regulations on the social position of women in society, recent international comparative research results reveal a picture of the mutual impact of gender relations and welfare state development. Inspired by a critical discussion with mainstream welfare state theories, gendered welfare state research questioned and analysed, in particular, the prominent position of social class. Instead, feminist researchers emphasised the interrelationship between welfare state regulations and the emerging gender relations, as well as the importance of the gender question as a driving force in the process of definition and re-definition of welfare state regulations. Only recently have efforts been made to combine issues of welfare state policies and politics and gender and social inequality in a common analytical framework.

The results in this paper confirm that welfare state development has to be looked at outside the gender and social perspective and elucidate their relationship. The definition of social care as a state-oriented versus family-oriented activity, which crosses the boundary of

paid and unpaid work, proved to be an adequate area to define the complex interaction of both forms of inequality in a society. The working-situation of the predominantly female carers and the access of care receivers to social care are determined by existing norms and their realisation. Germany and Sweden, which represent two prototypical welfare states, were chosen as an empirical basis for clarifying this complex interaction.

On the normative level, clear differences can be seen between the two countries. While in Sweden women and men have to participate in the labour market, in Germany women still have the freedom of choice between family work and labour market participation. Correspondingly in Germany, the family is viewed as the central instance in the provision of social care for children and the elderly, whereas in Sweden social care is mainly seen as a societal obligation and access to social care is defined universally as a citizen's right. The Long-Term Care Insurance in Germany, introduced in the 90s, guarantees only basic benefits and still leaves the care receivers and their families with the main responsibility for social care.

In their realisation, norms of gender relations and the responsibility for the provision of social care produce their own interaction between gender and social inequality in both countries. The welfare state as an employer, the access to social care and the different process of the professionalisation of care occupations embedded in the distinct welfare state context are revealed as important areas in this analysis.

In both countries, social care in the private and in public sphere is still a predominantly female activity. However, the definition of social care for children and the elderly as paid work is connected to country-specific differences in labour market participation rates of women. In both countries, the high employment rate of women with tertiary educational certificates, especially for university graduates, is closely linked to a corresponding growth in high-level jobs in specific areas of the labour market, e.g. education or health care. In Sweden, however, in contrast to Germany, the expansion of public provision of child care and care for the elderly creates even higher employment possibilities for middle or low qualified women (see Theobald 1999, Theobald & Maier 2002).

Specific normative definitions of social and gender inequality inherent in both societies also influence the situation of the care receivers. Both the higher life expectancy and their typical life situation leave women in both countries far more dependent on social services for adequate social care. At the same time, people in the low or even middle strata are less able to purchase social services on the regular market. From the perspective of the elderly people in Germany, the low level of the benefits, which serve only basic needs, strengthens inequality in the form and amount of care available. A parallel reference to informal family-based social care increases the responsibility of female family members in the provision of social care. Both lead to a growing polarisation of the wealthy, on the one hand, and the poorer people, on the other, and enlarge the burden of women in the middle and low strata of society.

In Sweden, the norm of universal social services equalises the accessibility of social care for all members of a society and lowers the burden of women in the provision of social care. But even in Sweden, the role of the home help services in guaranteeing an adequate level of social services on a universal basis and in creating a regulated area on the labour market has been faced with rising difficulties, especially since the 1990s. New working tasks and budget restrictions have resulted in stricter allocation of home services and a restructuring of personnel. Care receivers coped with the reduction of some services, e.g. household work, by developing their own strategies, increasing the gulf between classes. From the perspective of the carers, there is a risk that the individually paid grey market is growing and building up

a 'caring proletariat' of women with insecure labour market participation outside the regulated labour market.

The creation of a regulated labour market for care social services aiming to reach social-political goals in Sweden since the 1960s, was a precondition for the professionalisation of care occupations. State subsidies, together with regulations for qualification, working-tasks and working-situation, supported the establishment of care for the elderly as paid work based on specific work tasks, corresponding knowledge and qualification of the carers. The development in the 1990s, shows, however, a revised picture. An increasing professionalisation of the occupation is accompanied by high-standard social services but also by restricted accessibility to social services for care receivers and increased labour market problems for less qualified care workers. A consequence has been higher levels of social inequality in the groups of care workers and care receivers.

In Germany, the introduction of Long-Term Care Insurance in the 1990s, resulted in a noticeable movement towards the professionalisation of care activities. The expansion of social care services is accompanied by requests to develop and maintain higher quality standards. Parallel to this, the emphasised economic principle of cost limitation impedes the professionalisation of the occupation and shows contradictory results. In contrast to Sweden, social care for the elderly is still seen as a private and public activity, which impedes the establishment of an occupational status of the activity. From a social-political perspective, the form of expansion and professionalisation of social care for the elderly is accompanied by social inequality within the group of predominantly female carers and care receivers.

The Swedish welfare state has been characterised since the 1960s by the goal to combining both a high level of social and gender equality. Welfare state expansion created a stable labour market for the predominantly female care workers and thus emanating the possibility of professionalising the activity. Recent developments question this goal. An increasing professionalisation is accompanied by an increase of social and gender inequality and questions thus a fundamental pillar of the Swedish welfare system. In Germany, the expansion of the social services under the premises of cost limitations impedes the establishment of a regulated labour market area and the professionalisation of the care occupation. From a social-political perspective, social distinctions in the group of the carers and the care receivers are enhanced.

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