FAMILY PLATFORM

Existential Field 6:

Social Care and Social Services

Working Report (April 2010)



Marjo Kuronen, Kimmo Jokinen & Teppo Kröger

Family Research Centre & Department of Social Sciences and Philosophy/Social Work
University of Jyväskylä

EUROPEAN COMMISSION
European Research Area

SEVENTH FRAMEWORK PROGRAMME

Funded under Socio-economic Sciences & Humanities

FAMILYPLATFORM (SSH-2009-3.2.2 Social platform on research for families and family policies): funded by the European Union's 7th Framework Programme for 18 months (October 2009 – March 2011).

Working Reports

Funded by the European Commission's Seventh Framework Programme and co-ordinated by Technical University Dortmund, FAMILYPLATFORM gathers a consortium of 12 organisations working together to articulate key questions about the family for the *European Social Science and Humanities Research Agenda 2012-2013*.

There are four key stages to the project. The first is to chart and review the major trends of comparative family research in the EU in 8 '*Existential Fields*' (EF). The second is to critically review existing research on the family, and the third is to build on our understanding of existing issues affecting families and predict future conditions and challenges facing them. The final stage is to bring the results and findings of the previous three stages together, and propose key scientific research questions about families to be tackled with future EU research funding.

This *Working Report* has been produced for the first stage of the project, and is part of a series of reports, as follows:

EF1. Family Structures & Family Forms

EF2. a) Family Developmental Processes

b) Transition into Parenthood

EF3. Major Trends of State Family Policies in Europe

EF4. a) Family and Living Environment

b) Local Politics – Programmes and Best Practice Models

EF5. Patterns and Trends of Family Management in the European Union

EF6. a) Social Care and Social Services

b) Development of Standards for Social Work and Social Care Services

EF7. Social Inequality and Diversity of Families

EF8. Media, Communication and Information Technologies in the European Family

CSO Civil Society Perspective: Three Case Studies

Contents

List of tables and figures

Country codes used in the report

EU15 15 EU Member States prior to enlargement in 2004 (Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, the Netherlands, Portugal, Spain, Sweden and the United Kingdom)

NMS12 12 New Member States, 10 of which joined the EU in 2004 (Cyprus, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia and Slovenia) – and are sometimes referred to as the NMS10 – and the remaining two in 2007 (Bulgaria and Romania)

EU27 27 EU Member States

CC3 3 candidate countries (Croatia, the Former Yugoslav Republic of Macedonia and Turkey)

EU27

AT Austria
BE Belgium
BG Bulgaria
CY Cyprus
CZ Czech Republic
DK Denmark
EE Estonia
FI Finland
FR France
DE Germany
EL Greece
HU Hungary
IE Ireland
IT Italy
LV Latvia
LT Lithuania
LU Luxembourg
MT Malta
NL Netherlands
PL Poland
PT Portugal
RO Romania
SK Slovakia
SI Slovenia
ES Spain
SE Sweden
UK United Kingdom

Candidate countries

HR Croatia
MK1 The Former Yugoslav Republic of Macedonia
TR Turkey

Social Care and Social Services
Literature review on existing European comparative research

FAMILYPLATFORM
WP1 - Major trends of existing research on family life and family policies
Existential field 6

Summary

Introduction

Social care has since the mid-1990s transformed from a marginal to core issue in social policy and in social research. Amount of research in this field has expanded in the first decade of this century, and social care research has become a specific research field in social policy and family policy research. Social care has also very strongly become a public and political issue.

In this report, the concept of social care is used as an integrated concept, meaning that social care is defined as the assistance and surveillance provided in order to help children or adults with the activities of their daily lives. Social care can be paid or unpaid work provided by professionals or non-professionals, and it can take place within the public as well as the private sphere. Formal service provision from public, commercial and voluntary organizations, as well as informal care from family members, relatives and others, are here included within social care. (Kröger 2004, 3)

In addition to social care, this review covers more targeted and means tested social welfare services and support for children and their families with special needs and in specific demanding life situations (e.g. social work, family support, child welfare/protection, services for disabled children and adults). These services are usually provided for individuals related to their specific needs and circumstances, in contrast to standardised services provided to people as members of categories.

This report concentrates on previous research since the mid-1990s where social care and social services have been studied from a comparative perspective between European (EU) countries, either between all EU member states or between a more limited numbers of countries.

Existing research on social care and social services is reviewed from the perspective of families and family members. The focus is in the care needs of families and family members but also in families as care providers. In this research review, family is not only defined as a “nuclear family” based on heterosexual relationship between adult family members and existence of

young children but family is understood more widely including all family forms and intergenerational kin relations.

Two important pairs of concepts used in studies analysing social care provision and differences between countries are familialisation vs. de-familialisation and crowding in vs. crowding out. The former is describing the division of care responsibilities between families and the state, the role of informal and formal care in certain countries or care regimes, and the change in balance between them over time. The latter is also referring to the care division between informal and formal care but the emphasis is in whether formal care is replacing or rather compensating informal care.

The report is based on a systematic literature review on European comparative, cross-national research on social care and social services. It covers studies published since 1995. Key words used in the literature search have been different combinations of the words: social care, social care regimes, elderly care, older people, disability, child care, social services, social work, family, family policy, intergenerational, family support, child welfare, child protection, Europe, comparative, cross-national.

The results of the research review

Chapter 3 of this report identifies major substantial themes in recent comparative social care research. Four major themes or approaches have been identified in the European comparative research on social care since the mid-1990s (Chapters 3.1-3.4): 1) possibility to identify social care regimes, 2) childcare policies, 3) social care for older people, and 4) intergenerational care relations. In addition to comparative social care research, this research review covers cross-national research on social welfare services for children and families with special needs or in special challenging life situations (chapter 3.5).

Social care regimes

First, the most general discussion concerns the possibility to identify different social care regimes and to classify individual countries into these. The aim is to develop further previous classifications of welfare state regimes from a social care perspective and to add social care (and gender) dimension into them. Several researchers have introduced their own typology on social care regimes (e.g. Anttonen & Sipilä 1996; Daly 2001; Bettio & Plantenga 2004).

One specific theme is raised up in this section, namely whether the Nordic social care model actually exists and can be seen as an “ideal case” as often done in international comparisons. Many researchers have shown recently that the Nordic countries are not following the same path but there are clear differences between their policies.

The research review shows that in spite of national differences, *European countries seem to turn more similar in their social care systems* and also what comes to the problems related to them. Many researchers emphasize similarities rather than differences in future developments of social care. Anttonen, Sipilä and Baldock (2003) have even suggested an analytical idea of linear development where countries do not represent different social care models but are at the

different stages in their progress. Most researchers agree that the main differences in social care arrangements can be found between Southern and Northern parts of Europe, other countries locating in between them, but there is no agreement on whether these can be called as separate social care regimes.

Childcare policies

Most widely studied topic in relation to social care has been childcare arrangements and policies (so called "policy packages") including parental leave schemes, cash benefits, and (publicly provided) day care services for children. This theme include research concerning the division of labour and responsibilities between families (parents/mothers) and the state, but also gender division within families in childcare (e.g. Gerhard, & Weckwert 2001; Gerhard et al. 2005; Ellingsæter & Leira 2006; Crompton et al. 2007; Lister et al. 2007; Lewis et al. 2008), with special emphasis recently on "father-sensitive" policies (e.g. O'Brien 2009; Hobson & Fahlén 2009). Many researchers have analysed statistical data, using figures of (formal) childcare provision showing the differences between European countries (e.g. Saraceno and Keck 2008, 32-38; Lister et al. 2007, especially chapter 4; Plantenga et al. 2008; Plantenga & Remery 2009).

Several researchers have argued that most Western welfare states are moving away from the male breadwinner model family towards what they have named adult worker model family, and from "passive" to "active" welfare (activation policies). Thus, the major issue is how care work is to be organised in this model where it is assumed that all adults, including mothers of young children, enter full-time work.

In order to remove disincentives to female labour force participation, the Barcelona summit in 2002 agreed on the goals of providing, by 2010, childcare to at least 33% of children under 3 years of age and to at least 90% of children between 3 years old and the mandatory school age in each EU Member State. Plantenga and Remery (2009, 54-55) have studied how individual countries have met the Barcelona targets and show that in the age category 0–2 years, the use of formal childcare arrangements varies from 73 % in Denmark to only 2 % in the Czech Republic and Poland. Seven EU Member States (Denmark, Netherlands, Sweden, Belgium, Spain, Portugal and United Kingdom) and Iceland and Norway had already met the Barcelona target in 2006. The use of formal care arrangements increases with the age of children for the children over 3 years.

In research on childcare and reconciliation of work and family life there has been a heavy emphasis on the role of the family policies, in the options that are officially available for the parents. A variety of other factors shape the take-up patterns of these options. These include the financial and legal conditions of the statutory parental leave system, the prevailing gender division of labour, access to measures aimed at reconciling work and family life (such as the provision of public childcare services and opportunities for reduced working hours). It is also important whether parental leave is accepted and supported by the employers and within the company's organisational culture, and in labour market conditions with regard to wage levels, job security and unemployment. (European Foundation 2007, 6.) In addition to the formal care policies and workplace cultures, several studies show that informal care arrangements are important in explaining mothers' (and fathers') employment behaviour and options available for them.

Social care for older people

Research on social care for older people concentrates on informal care and family carers and either financial or service support available for them. In addition, there is quite lot of research on care for older people from medical and health care perspective, which are excluded from this report, because there is hardly any family dimension in these studies.

According to the EUROFAMCARE project results, the reasons for family carers to provide care are most often physical illness, disability or other dependency of the old person. Emotional bonds constitute the principle motivation for providing care followed by a sense of duty, personal sense of obligation or having no other alternatives. The findings show that, women were predominantly both the main carers (76%) and the main older person cared for (68%). Nearly 50% of carers were adult children of the cared-for old person. Over half of carers lived in the same household or in the same building as the cared-for person. Family carers had less than average disposable income because of caring. This is the result of co-payment for services and a reduction in employment. Only 4% of all carers and 37% of the old people received care allowances, though there were large cross-national variations in coverage and in amounts paid. (EUROFAMCARE 2006, 4-14.)

Some researchers have analysed changes that have taken place over time in care policies and provision in different countries. For example, Simonazzi (2009) has studied how different countries have tried to reduce increasing social and economic costs of the care for the older people, simultaneously trying to ensure both the quantity and quality of care. According to her (also Behning 2005; Pavolini & Ranci 2008), *all countries are moving towards home care, private provision of professional formal care and cash transfers* in care for older people. One of the major issues and trends in many countries in care for old and disabled people (also in childcare) has been payments for informal care, so called 'cash-for-care' schemes.

Care for older people is mainly discussed in very different terms from childcare issues using concepts such as "integrated care" (how to combine health and social care services) and "long-term care" (see e.g. Huber et al. 2008). Often it is also analysed under the concept of intergenerational care relations. According to Anttonen and Sointu (2006, 80-81) important issues in care for older people in the future are institutional care and its organisation, quantity and quality of home care services, and support for the care provided by family members and other informal carers. Furthermore, the coordination, planning, and follow-up of the service packages are important questions. Several researchers seem to suggest that all over Europe, in spite of national differences, there are at least two similar and simultaneous trends in social care for older people: on the one hand privatisation and marketisation of formal, professional care, and on the other, (re-)familialisation of care either with or without financial compensation.

Intergenerational care relations

More and more often researchers are interested not only in division of care responsibilities/ provision between family and the state or between women and men, but between generations as well. Most often studied question is related to care for older people; how and to what extent adult children provide care for their old parents, but increasingly also how grandparents/ -

mothers provide care for their grandchildren. More recently, researchers have recognised that care relations exist both ways (also old parents can take care of their adult children) and can be mutual and mixed and related to the provision of formal care services. This perspective aims at combining questions of informal and formal care and breaking the boundaries between different care receiver and provider groups.

According to Saraceno and Keck (2008), a number of studies have found, contrary to many stereotypes and common sense discourses, that intergenerational solidarity is alive and strongly reciprocal in all countries, both at the two and at the three generational level, with the middle generation in the "Janus position" (Hagestad & Herlofson 2007) of redistributing both upwards (mostly care) and downwards (care and income). Both long-standing family cultures and welfare state arrangements affect the shape of this solidarity, as well as the overall social care package – as a mix of family, volunteer, public provisions - available. Hagestad and Herlofson (2007, 345) have shown however that "double front care" is not as common as sometimes assumed. Cases of coinciding responsibilities for older parents and children at the same time are relatively rare. Only 4 per cent of men and 10 per cent of women had overlapping responsibilities for young children and old parents who required care. If competing needs arise, it is more likely to be between grandchildren and own elderly parents.

The role of families and especially women in families is still remarkable in providing care for children, old people and other family members. Several researchers have been interested in whether formal care replaces (crowd-out) informal care or whether those rather complement (crown-in) each other. There seem to be no strong evidence for the crowding-out hypothesis. For example, Brandt et al. (2009, 594-595) conclude in relation to care for older people that "professional providers take over the more challenging, intensive, and essential care of the elderly, whereas children tend to give voluntary, less intensive, and less onerous help." Hank and Buber (2009) have got similar results in relation to grandparental care of their grandchildren. Also Raeymaeckers et al. (2008; also Kröger forthcoming) have found that especially for lone mothers social networks fulfil an important complementary role in childcare.

Social welfare services for children and families with special needs

In addition to comparative social care research, this research review covers cross-national research on social welfare services for children and families with special needs or in special challenging life situations e.g. interventions and services such as family support, parenting education, child welfare/child protection, social services for children with special needs, and for family members with disabilities (chapter 3.5). However, this area is much less developed than the field of social care research.

Child welfare services and child protection seem to be the area where there is an increasing interest in cross-national comparisons. What is interesting is that quite many of these studies have been done in (and between) the Nordic countries. Many of these cross-national studies concentrate on working practices of social workers in child welfare (e.g. Blomberg et al. 2010; Forsberg & Vagli 2006; Križ & Skivenes 2010; Soydan et al. 2005), multi-professional cooperation (Glad 2006), or specific working methods like Family group conference (Heino 2009), not so much on how children and parents experience the services provided, whether they receive help, or what are the outcomes of the services provided.

There were no cross-national studies found concerning needs of and services for children (or adults) with disabilities and for their families. These studies cover a small number of countries – most often Nordic and/or English speaking countries, concentrating on local settings, using small qualitative sets of data, which does not allow systematic comparison. Still, they provide interesting and important views into national and cultural differences in the role of professionals, service systems, and the state in the lives of families in situations that require more targeted support and intervention than what is possible with social care services. Lack of comparative research in this field is certainly a major gap in existing research on social care and social services for families.

Methodological discussion

Within the field of cross-national, comparative research, there are different methodological orientations as can be found also from this research review. The main division goes between macro-level multi-national comparisons using quantitative data and micro-level, small-scale studies using qualitative or mixed methods. Comparative social care research is often based on or related to welfare state regime thinking. Either the countries compared are selected to represent different welfare regimes or social care researchers have developed new regimes based on social care systems in different countries (see Chapter 3.1).

During the last 10 years, collection of European statistical information and survey data has been developed. Most of the large multi-national comparative studies introduced in this report have used either national statistical information, statistics provided by Eurostat, and/or large multinational surveys and databases, such as The European Community Household Panel (ECHP), Gender and Generations Surveys (GGP), Survey of Health and Retirement of Europe (SHARE), and the European Social Survey (ESS). Some of the projects have also designed and collected their own surveys (e.g. EUROFAMCARE 2006; European Foundation for the Improvement of Living and Working Conditions 2007)

The main problems with the large survey databases is that the data available is not necessarily suited to the specific research interests of the project, national data are not always comparable, and such data gets old rather quickly especially what comes to formal care and social service systems in individual countries. There might be also problems in whether people in different countries and from different backgrounds understand and interpret certain concepts in similar way. One problem in European comparative studies is related to the selection of the countries studied. New EU member states in Central and Eastern Europe are still under-represented in comparative studies, but there are also other countries that are less often included.

Qualitatively oriented studies are more small-scale in number of countries, studied usually including 2-5 countries. SOCCARE research project accomplished in the early 2000s is still one of the largest qualitatively oriented comparative studies on social care in Europe (Kröger 2004). In qualitative cross-national comparisons there are some innovative methodological approaches used e.g. combination a systems approach with individual user case studies (Blackman et al. 2001), and the use vignette method (Hetherington et al. 1997; Soydan et al. 2005).

To conclude, there are rather many existing large survey-based data sources available to be used in comparative social care research but they do not cover all the important issues. Data should be also collected on a regular basis to be updated and to allow longitudinal analyses. To get more in-depth cross-national analyses, qualitative comparative research is needed from a larger number of countries than is the case today.

Gaps in existing comparative research on social care and social services

What comes to the existing gaps in comparative social care and social services research, many of the gaps that were identified in earlier research reviews (Kröger 2001; Hantrais 2006) still exist. Privately (commercially) provided care is still largely ignored in comparative studies even if its importance is clearly growing. In the care of older people administrative, organisational and professional boundaries, especially between health and social care still make it difficult to study the whole range of services, and even research in this field diverges between disciplines. There is also need for more comparative local studies and recognition for local differences in social care and social services within individual countries e.g. between urban and rural areas. One of the future issues is certainly the use of technology both in formal and informal care. Perspective of the care receivers and service users is also still largely missing. There is very little comparative research on social care for family members with disabilities, both children and adults. Lack of comparative research in the field of social welfare services for children and families is certainly a major gap in existing research.

Major trends in social care and social services

Some *major trends* can be identified in social care and social services across Europe based on the research reviewed in this report. These trends are discussed further in the concluding chapter of the report (Chapter 5):

- The trend described as “social care going public”, formalisation, institutionalisation and professionalisation of care work and services will continue especially in the field of childcare. This does not necessarily mean that social care is provided as public service but rather as a mixture of public and private, market-based services.

- Social care still remains a combination of formal and informal care where the role of families and especially women in families is remarkable in providing care for children, old people and other family members. This also means increasing political and academic interest in different combinations of formal and informal care including intergenerational care relations.

- Childcare will remain in the core of social care policy related to the needs of the economy, labour market, and gender equality policy, but more attention will be paid also to the quality of services and the educational aims and contents of formal childcare services.

- Globalization and internationalization of care and care work with its various forms and consequences will be one of the future trends. This means e.g. that care relations cross national boarders as global care chains and transnational care, increasing numbers of migrant care workers both in formal and informal care work, and international market of care services.

- In spite of different care regimes and national differences across Europe, many researchers emphasize similarities rather than differences in future developments of social care.

1. Introduction

Social care has since the mid-1990s transformed from a marginal to core issue in social policy and in social research (Anttonen & Sointu 2006, 4). Amount of research in this field has expanded in the first decade of this century, and social care research has become a specific research field (Anttonen et al. 2009, 238). In addition, care has very strongly become a public and political issue.

Social care has many dimensions, which makes this research field broad and complex. Work and responsibilities related to care can be divided between family members, between generations, and between family and the state (social institutions) (Anttonen & Sointu 2006, 14). Public care provision, "care going public" (Anttonen & Sipilä 2005) or processes of "formalisation of care work" (Geissler & Pfau-Effinger 2005) has been one of the key issues in social care research.

Usually social care is divided into public and private (or family-based), formal and informal care. In this distinction formal care refers to professional care services provided in public, commercial and/or voluntary sectors, and informal care refers to care provided by family members, relatives and others, such as neighbours and friends. (Kröger 2004, 3.) The distinction between public and private is not necessarily very clear and useful, because 'private' might mean either family-based informal care or commercial care services, and the definition of 'public' is not always quite clear either; it does not necessarily mean publicly organized social care services but also public responsibility for caring or publicly provided rights for caring (e.g. legislation on care leaves and payments for care). For example Geissler and Pfau-Effinger (2005, 8) have criticised that this distinction into two opposites is too crude and does not leave space for examining the more recent developments especially in informal care work. They distinguish two new main types: semi-formal family-based care work and informal care employment. The former refers to welfare state constructed care relationship e.g. payments for caring, such as home care allowance. By informal care employment, they refer to paid work where households are employers but often this is a kind of "grey work" outside legal regulations of employment e.g. the use of illegal migrants as care workers in private homes. Some researchers also distinguish care and help, especially in relation to informal support given for older family members (Igel et al. 2009).

In this report, the concept of social care is adopted from the EC funded SOCCARE project, which used it as an integrated concept, meaning that social care is defined as the assistance and surveillance provided in order to help children or adults with the activities of their daily lives. Social care can be paid or unpaid work provided by professionals or non-professionals, and it can take place within the public as well as the private sphere. Formal service provision from public, commercial and voluntary organizations, as well as informal care from family members, relatives and others, are here included within social care. (Kröger 2004, 3)

In this definition, as often in social care research, care is defined as (women's) work, either paid or unpaid. It has been criticized, especially in disability studies (Kröger 2009), sociological childhood studies and in critical gerontology, that people needing care, as care receivers have often been ignored in care research. (Anttonen et al. 2009, 238-240.) In this report, *existing research on social care and social services is first of all reviewed from the perspective of families and family members* - and not e.g. from the perspectives of employment and labour market, publicly organised care services and professional care workers, or not even from the perspective

of gender equality if it's not related into family perspective. *The focus is in the care needs of families and family members but also in families as care providers* (family carers, role of grandparents, intergenerational care relations, etc.). (Chapter 3)

There are differences between countries in their public care services and in the role of families as care providers. *This report concentrates on previous research where social care and social services have been studied from a comparative perspective between European (EU) countries*, either between all EU member states or between a more limited numbers of countries. This means that research concentrating on individual countries as well as "purely" theoretical and conceptual discussions on social care and social services are excluded. Often comparative studies are a kind of 'snapshots' of a certain point of time but some researchers have also tried to identify longer processes and changes over time (e.g. Anttonen et al 2003; Pfau-Effinger 2005; Szeleva & Polakowski 2008). Research questions and perspectives also seem to vary according to the social and cultural context of the researchers' own country e.g. in the Nordic countries there has been more research on formal care services whereas in countries with less extensive formal care system, unpaid, informal care has been more at stage.

In addition to the division between formal and informal care, social care research often concentrates on care provided to a certain group of care receivers, most importantly to care for children or old people. For some time, childcare, especially day care services for young children, has been one of the key areas for development in Europe. Main reason for this is the political and economical aim to get women more actively into the labour market and to support gender equality and equal opportunities both at the labour market and within families (see e.g. Webster 2007). Political concern is also one of the reasons for the wide research interest in childcare and reconciliation of work and family life.

Care provision for children and for older people have partly developed to different directions, and social care for old people is more fragmented. (Anttonen & Sointu 2006, 6-7.) Care needs and provision for the older people has also been studied less than childcare, this area has been developed later, and often in the context of health care rather than social care. It has been studied as a separate issue from childcare, and even not as a family issue. (From this critique, see e.g. Hagestad & Herlofson 2007, 350.) Even less has been studied care needs of other adult family members (people with disabilities, people with mental health problems and so on). It is also important to recognise that all adults might need care and support at some point of their life. Thus, in this report, care needs are not only an issue of specific groups of people, but people are seen as interdependent.

In addition to social care, there are more targeted/means tested services for special occasions and needs (e.g. social work, family support, child welfare/protection, services for disabled children and adults). In this report, these questions and service needs are studied under the concept of *social welfare services*. Even more than social care services, these vary from one country to another and are more difficult to define exactly. The term social services might also refer to a whole range of social security schemes and services (e.g. European Commission 2006a, 7), but that is not how it is used here. The report prepared by a group of social services specialists for the Council of Europe, reminds of the difficulty to produce a definition of "(personal) social services" that is universally accepted across Europe, and which accurately represents the variety of services and organisational patterns. (Munday 2007, 10.)

In spite of its indefiniteness, the concept of social welfare services is used in this report to refer to services and support provided for individuals related to their specific needs and circumstances paying special attention to research on social services for children and families with special needs and services and support for families in specific demanding life situations. (Chapter 3.5)

Wideness and indefiniteness of both the practical field and definition of social welfare services is probably one of the reasons why there are only few comparative studies available. Furthermore, these needs and services only meet a more limited number (and often a more marginalised group) of people compared with childcare and social care for older people, and are thus politically and academically less interesting. Existing research in this field is often qualitative and descriptive, including a small number of countries, which is probably partly because of the lack of proper harmonized data, and research resources.

One more remark is still needed. In this research review, family is not only defined as a "nuclear family" based on heterosexual relationship between adult family members and existence of young children – although this is the family, on which most studies on social care and social services are focusing. There is quite a lot of research concerning lone mothers and their children. Intergenerational family and kin relations in social care are also interesting researchers more than before. However, hardly any studies (from the social care perspective) exist looking at families without (underage) children, divorced and/or reconstituted families, gay and lesbian families, and so on.

***

The report is based on a *systematic literature review* on European comparative, cross-national research on social care and social services. It covers studies published since 1995. Most relevant and extensive international data bases in social sciences; such as Sociological Abstracts, Social Services Abstracts, Academic Search Elite (EBSCO), Social Sciences Citation Index, EBSEES (Slavic and East European Studies), Web of Science have been used together with the Finnish university library databases (LINDA, ARTO) to find relevant previous studies on this field. In addition, Eurostat is providing statistical information among other themes on families and social care (e.g. Eurostat 2009). First step in this literature review has been careful search of the European Commission Socio-economic Sciences and Humanities Research (SSH) website (http://ec.europa.eu/research/social-sciences) in order to find relevant finalized and ongoing EC funded research projects and their major findings, because largest projects in this field are usually EC funded. All the relevant final reports available at the website (2004-08) and other deliverables available from the EC funded research projects have been used, including project web pages. This search has then been extended to journal articles and books.

Key words used in literature search have been different combinations of the words: social care, social care regimes, elderly care, older people, disability, child care, social services, social work, family, family policy, intergenerational, family support, child welfare, child protection, Europe, comparative, cross-national. Studies included in this literature review are primarily found based

on the title, abstract, and keywords of the publications. When these have been relevant to the topic, the full report, article or chapter in a book has been read through.

Three previous research reviews were found from this field, which have been used in this report. In 2001, EC funded SOCCARE project published a comprehensive state of the art concerning comparative research on social care (Kröger 2001). This report relies on that already existing state of the art concerning social care research done in the 1990s. In 2004, a Mid-Term Assessment Report was published that assessed research projects funded under the EC 5th framework, Key Action 6: The Ageing Population and Disabilities 1999-2002. The study was conducted on the initiative of the External Advisory Group led by Director General Vappu Taipale. (European Commission 2004) and covered all (then ongoing) EC funded research projects on aging and (social) care for older people. This report is used in Chapter 2.2.3. Thirdly, Linda Hantrais (2006) has prepared for the European Commission a policy review on family and welfare, which examined the policy implications of a series of socio-economic research projects funded by the EC under FP4 and FP5. Her review covers 10 projects and 3 networks. This policy review is used here to recognize the most relevant ones of these projects, to identify the main themes, and partly it is used instead of reviewing all the original research reports (some of which are not available anymore at the webpages).

2. EU supported policy and research on social care and social services

2.1. EU policy on social care and social services

When looking at the EU policy on social care and social services, it is heavily connected to employment and economic issues and to promotion on gender equality. This leaves out many important aspects of social care and social services, which are not directly connected to employment and economic growth but rather to organization of the daily life. In their Social policy and development programme paper for the United Nations Research Institute for Social Development, Susy Giullari and Jane Lewis have done a review on EU policy on gender equality and care. They criticise that the main emphasis is in employment growth, and policies that address care are assessed and promoted primarily according to whether they promote an adult worker (or dual earner) model family (Giullari & Lewis 2005, 5; see also Hantrais 2006).

This is the case especially in what comes to the childcare issues and its connections to women's labour market participation, and reconciliation of work and family life (e.g. Mahon 2002; Haataja 2005; Leira & Saraceno 2008; 14-16; León 2009; Knijn & Smit 2009). In order to support equal opportunities at the labour market, at the Barcelona Summit 2002, the European Council set concrete targets of providing childcare by 2010 to at least 90% of children between 3 years and the mandatory school age and at least 33% of children under 3 years of age.

Commission Staff Working Document Biennial Report on social services of general interest, the crucial role of childcare services are emphasised for a number of policy targets, not only employment and economic growth directly but also socialisation of children and social inclusion: "Quality childcare can foster the healthy and sound development as well as the socialisation and education of children, and help parents to reconcile work and family life. They also help to

strengthen social cohesion and inclusion, to promote gender equality, to raise female labour market participation and to improve quality and productivity at work. Thus, access to childcare services is essential for the well-being of children, for their families and for the community as well as for a productive and growing economy. While the policy debate on childcare has mainly focused on facilitating the participation of women in the labour market, in recent public discussion childcare seems to have shifted from being considered as an instrument of labour market policy towards being perceived as a goal in itself, playing an important role in the development of children and adding value to childcare at home. Furthermore, improving social cohesion and integrating children from disadvantaged socio-economic backgrounds are gaining importance as issues across Europe. Ensuring suitable childcare services is high up on the social agenda of the European Council and the European Commission and represents a policy priority in practically all Member States." (Commission staff working document 2008, 51.)

Formal social care and social services are also seen as an employment issue: "Health and social services have contributed strongly to job creation and structural change in the European Union, in particular to the increase in female employment and the employment of older workers." (Commission staff working document 2008, 25.)

It is more difficult to identify specific EU policy concerning social care for older people even if ageing of population is identified as one of the most important future social trends and policy issues, also seen to require more research with new questions and perspectives. At the early 2000s based on literature review done for the SOCCARE project, Teppo Kröger summarised that "deinstitutionalization and community care are commonly adopted policy preferences all over Europe but individual countries still have very distinctive provisions" (Kröger 2001, 2).

Chapter on aging, in the recent Expert group report on emerging trends in socio-economic sciences and humanities, begins with the notion of demographic changes and change in dependency rates with its consequences. The report also emphasises new understanding of active aging instead of seeing old people as "unproductive" population. It identifies four major themes for future research, services, and care being one of them. However, these are described in terms of health care and health services related strongly to economic issues but also families as care providers are mentioned: "Services and care will provide an important focus of research, as the development of senior centred health care and health services is a growing economic sector. Efforts may also be made to understand the underlying logic of the current re-privatisation of care (from the state to the family)." (European Commission 2009, 47.)

Commission staff working document (2008) refers to the analysis in the SHSGI study (The Situation of Social and Health Services of General Interest in the European Union, see Huber et al. 2008) in identifying ongoing trends in EU member states in (long-term) care for older people. The document recognised changes in the needs for care with the increase in the number of dependent people, and the level of dependence and the "poly-pathologies" of the elderly, where long-term care services are increasingly called upon to provide more professional and often more medical services to a broader and more differentiated segment of the population. The document also emphasises increased need for combining formal and informal care and reminds that the ageing of the population is taking place in a social context where the structure and the role of the family have evolved in most of the member states. Next point mentioned is user orientation from public to private provision of services, where the increased focus on user

empowerment is accompanied by the introduction of market-based regulatory mechanisms and the increased involvement of the private sector in service provision. The document further emphasises the importance of integration of health and social services to improve the coordination of care packages for dependent people. The last point is decentralisation, a trend towards transferring more responsibility to local levels in the organisation of social services. (Commission staff working document 2008, 41-42).

People with disabilities and their care needs are widely ignored in comparative social care research and care policies. Anne Waldschmitdt (2009) has studied EU disability policy from 1958 until 2005 based on documents provided by different EU bodies. She defines disability policy s a "policy mix" of social protection, labour market integration, and civil rights policy, a combination of social policy and non-discrimination policy. Waldschmitdt divides EU disability policy historically into five periods and describes the most recent one, since the 2000, as follows: "Common aims for social policy and equal rights policy are formulated. With the Treaty of Nice (2001), the European Council adopts the human rights charter. It also agrees upon a European social agenda, and decides to implement an ambitious social policy action programme for the next ten years to come. Mainstreaming the issues of non-discrimination into all policy areas becomes a prominent objective." (ibid. 17; see also Shima & Rodrigues 2009.) In her analysis (Waldschmitdt 2009), nothing is said about social care or family issues, which might also be due to the chosen non-discrimination perspective of the researcher. Care policy is only one hidden aspect related into other social policy issues. According to Teppo Kröger (2009, 399) "many disability researchers have even rejected the concept of care, claiming that the notion carries an understanding of disabled (and older) people as passive and dependent recipients and that this kind of perspective makes it impossible to really comprehend and promote empowerment and an independent life."

What comes to children with disabilities the Council of Europe Committee of Ministers has this year, 2010 given Recommendation (CM/Rec(2010)2) on deinstitutionalisation and community living of children with disabilities. In this recommendation for the member states, Committee of Ministers emphasize, that disabled children have the same rights to family life, education, health, social care and vocational training as all children, and all disabled children should live with their own family unless there are exceptional circumstances which prevent this, and parents have the primary responsibility for the upbringing and development of the child. If a family or a service fails to work in a disabled child's best interests, or if a child is being abused or neglected, the state should intervene to protect the child and make sure that his or her needs are met. If care is provided outside the family, such care should be welcoming, well regulated and designed to maintain family ties. Finally, the Recommendation underlines that the state has a responsibility to support families so that they can bring up their disabled child at home and, in particular, to create the necessary conditions to implement a better reconciliation of family and working life. The state should therefore finance and make available a range of high-quality services from which the families of children with disabilities can choose assistance adapted to their needs. In addition, the Recommendation emphasizes national and local policies to support the process of deinstitutionalization. There are new political attempts to recognise the rights of the children, including children with disabilities, in policymaking. However, comparative research concerning the situation of children with disabilities and their families and the care and social services available for them in the EU member states is almost nonexistent.

2.2. EC funded social care research by the mid-2000

Since the late 1990s, European Commission has funded several comparative research projects, which have studied different dimensions of social care.[1] One of these projects was EC funded SOCCARE Project (2000-03) which as its first task published a comprehensive state of the art concerning comparative research on social care (Kröger 2001). According to this review, the majority of research done in the 1990s aimed to describe national patterns of provision, mainly utilizing statistical data, and concentrated on publicly funded care services. The author further reminded that due to constantly ongoing changes in service provisions, this kind of data becomes outdated in a short time. Another trend in the 1990s social care research was debating with the welfare regime theory bringing social care into this model. In feminist research, the close connections between the organization of social care and the opportunities of women to participate in paid labour have become particularly highlighted. (ibid. 39-40.)

At that time, at the early 2000s, the report identified *remaining gaps* in comparative social care research as following:

1. Privately provided and funded care services and informal care have been largely ignored in comparative research. (lack of statistical data)
2. Comparisons have been made difficult by sectoral boundaries e.g. between health and social care.
3. Prevailing research has been remarkably limited in its methodological scope (developed quantitative methods, comparative survey studies, and comparative qualitative research is largely missing)
4. Comparative local studies are missing
5. Social care is understudied as a specific form of (under) paid work. (working conditions, wage levels and occupational training of care workers need to be studied comparatively)
6. The perspectives of people in need of care as well as people giving care have been mainly absent from prevailing comparative research. (Kröger 2001, 40-41.)

Linda Hantrais in her policy review based on 13 EC funded research projects (*see table 1 at page 9*) or networks on the theme 'family and welfare' (2006, 30) summarises that EU political interest in caring concerns with either sustaining the labour force or promoting equal opportunities (reconciliation of work and family responsibilities). This reflects also to the research that has been funded. According to her review, several of the family and welfare projects and networks singled out childcare among family-friendly policy measures as the key variable determining whether parents, and more especially mothers, are able to remain economically active when they have young children. Caring of young children has been the major issue. (e.g. research projects such as W&M: Working and Mothering: social practices and social policies, see Gerhard, & Weckwert 2001; TSFEPS: Changing Family Structure and Social Policy: childcare services in Europe and social cohesion, see TSFEPS 2006).

[1] Overview of all funded projects until the mid 2000s can be found at the European Commission report 'European Union –supported research on social sciences and humanities 1998-2005' (European Commission 2006b).

According to Hantrais, most of the projects examined the family–employment relationship from either a labour market or a gender perspective, less often from a family perspective, and, least of all, from a childhood perspective. She continued that few of the projects examined the views of parents about the caring arrangements they made. The IPROSEC (Improving Policy Responses and Outcomes to Socio-Economic Challenges: changing family structures, policy and practice, see IPROSEC 2003) and SOCCARE (New kinds of families, new kinds of Social Care: shaping multi-dimensional European policies for informal and formal care, see Kröger 2004) according to her were exceptions in this before the mid-2000s (Hantrais 2006, 31).

She continues, that during that period, SOCCARE project was one of the few, if not the only one, EC funded project that studied care provided to different dependant family members, not only for children, and analysed both formal and informal care and the combination of these. (Hantrais 2006, 37) DynSoc –project 2000-03 (Understanding the long-term changes in people's lives in Europe) was at that time also one of the first studies paying attention to intergenerational relations (Hantrais 2006, 38). Since then intergenerational care relations have received more research interest.

As her conclusion, Linda Hantrais (2006) writes that the research findings constitute a heterogeneous body of material, in which a number of gaps and inconsistencies can be identified. Much of the secondary analysis and new empirical research carried out during that period tended to be confined to a limited selection of EU member states, or a narrowly focused aspect of the topic. According to her judgement, the projects on care were among the most innovative methodologically and demonstrated the interest of conducting in-depth analysis of the experience of paid and unpaid care workers and the mixed economy of care in a context where issues surrounding care work have become a central concern for welfare provision. (ibid. 39-40.)

As future research needs Hantrais (2006, 39-40) identified the following:

1. Selection of the countries and wider coverage
   Few of the new EU member states were covered by the projects on caring and should be included in the future (CEE countries, also countries like Denmark, Finland, Ireland or Portugal were included in very few projects), EU-wide comparisons were missing
2. Constant monitoring is needed to capture the dynamics of the changing relationship between family and welfare and the impacts of whole rafts of public policies over time (in-depth analysis of the policy formation and delivery process).
3. Studies providing the perspective of care receivers

TABLE 1 **Policy relevance of FP4 and FP5 Family and Welfare projects and networks**

Project/Network acronym and title	*Participating countries*	*Policy relevance*
Caring (FP5) Care work in Europe: current understandings and future directions	UK (CO), DK, ES, HU, NL, SE	Contribution to the development of good quality employment in caring services
DynSoc (FP5) The Dynamics of Social change in Europe	UK (CO), DE, DK, IR, IT, NL	Contribution to understanding of socio-economic change
FADSE (TSER) Family Structure, labour market participation and the Dynamics of Social Exclusion	UK (CO), AT, DE, EL, NO, PT, UK	Contribution to understanding of dynamics of social exclusion Evaluation of policy measures
FARE (TSER) Family Reunification Evaluation Project	IT (CO), DE, FR, SE, UK,	Contribution to understanding of family reunification policy in Europe Production of policy recommendations and handbook for practitioners
FENICs (FP5) Female Employment and family formation in National Institutional Contexts	UK (CO), DE, ES, FR, NL	Contribution to understanding of relationships between socio-economic change and institutional structures
HWF (FP5) Households, Work and Flexibility	AT (CO), BU, CZ, HU, NL, RO, UK	Contribution to knowledge and understanding of variations in flexibility and its impacts
IPROSEC (FP5) Improving Policy Responses and Outcomes to Socio-Economic Challenges: changing family structures, policy and practice	UK (CO), DE, EE, EL, ES, FR, HU, IR, IT, PL, SE	Contribution to the efficacy of policy responses
Men (network) (FP5) Thematic Network on the social problem and societal problematization of Men and masculinities	UK (CO), DE, EE, FI, IT, LV, NO, PL, RU, UK	Contribution to knowledge and understanding of change Identification of gaps in policy
MoCho (FP5) The rationale of Motherhood Choices: influences of employment conditions and of public policies	BE (CO), EL, FR, IT, NL	Contribution to the understanding of the relationship between policy and motherhood choices
NIEPS (network) Network for Integrated European Population Studies	BE (CO), AT, CZ, DE, EE, FI, HU, IT, LV, NL, PL	Critique of the case for policy effects Identification of policy needs
SocCare (FP5) New kinds of families, new kinds of Social Care: shaping multi-dimensional European policies for informal and formal care	FI (CO), FR, IT, PT, UK	Contribution to policy development Identification of gaps in policy
TSFEPS (FP5) Changing Family Structure and Social Policy: childcare services in Europe and social cohesion	FR (CO), BE, BU, DE, ES, IT, SE, UK	Contribution to the knowledge base and understanding of the welfare mix for social cohesion
W&M (TSER network) Working and Mothering: social practices and social policies	DE (CO), DE, FR, IT, NL, NO, UK	Contribution to the understanding of policy impacts

Table 1: Policy relevance of FP4 and FP5 Family and Welfare projects and networks (Hantrais 2006, 1-2)

3. Major issues in social care and social services research

Previous chapter was based mainly on earlier research reviews, and concentrated on the situation in the 1990s and in the early-2000s. This chapter aims at identifying more closely some major issues in recent comparative social care research. Most general discussion concerns the possibility to identify European care regimes, on classifications of some major differences in care provision between European countries. One specific theme is raised up in this section, namely whether the Nordic social care model actually exists and can be seen as an "ideal case" as often done in international comparisons. The next two chapters discuss the main care receiver groups, children and old people and the perspectives and results of studies concentrating on childcare and social care for older people. The last chapter discusses the topic that has become more and more popular among social care researchers namely care provided between family members from different generations and its connections to formal care services.

Two important pairs of concepts used often in studies analysing social care provision and differences between countries need to be defined here. Those are familialisation vs. de-familialisation[2] and crowding in vs. crowding out. The former is describing the division of care responsibilities between families and the state, the role of informal and formal care in certain countries or care regimes, and the change in balance between them over time (e.g. Leitner 2003; Saraceno & Keck 2008, 8-9). The latter is also referring to the care division between informal and formal care but the emphasis is in whether formal care is replacing or rather compensating informal care (e.g. Motel-Klingebiel et al. 2005).

3.1. Is it possible to identify European social care regimes?

One of the major themes in comparative social care research in the last 10-15 years has been the possibility to identify and classify different social care regimes (following the previous identification of welfare state regimes by Esping-Andersen 1990 and thereafter). Anttonen and Sointu (2006, 16-21) have made a review of some previous studies that have classified different European care regimes.

One of the first openings in this field was the article by Anneli Anttonen and Jorma Sipilä (1996) '*European Social Care Services: Is It Possible To Identify Models?'*, which is still often referred to. The authors clustered (Western European) countries based on the degree to which the state assumed caring responsibility for the welfare of children and of the frail elderly. The indicators were: 1) children under three in day care as a proportion of all children in the age group; 2) children aged 3-5 in pre-school as a proportion of all children in the age group; 3) elderly people over 65 in institutional care as a proportion of the whole group; and 4) elderly people above 65 receiving home help as a proportion of the age group. They distinguished the countries studied as: a) generous towards the elderly but not towards children, as the Netherlands, Norway and

[2] Some researchers refer to these concepts as familisation-defamilisation. (Saraceno & Keck 2008, 8-9)

Great Britain; b) generous towards children but not towards the frail elderly, as France, Belgium and Italy; c) generous towards both children and the frail elderly, as Denmark, Finland and Sweden; d) generous neither towards children nor towards the frail elderly as Portugal, Greece, Spain, Ireland and Germany.

Thus, Anttonen and Sipilä (1996) concluded that European countries can be divided into care regimes, but these do not necessarily follow the widely known welfare state regime typology by Esping-Andersen (1990). Furthermore, they pointed out that care for the children and for older people have developed unevenly; more has been invested into childcare. Their typology consists of four regimes:

1. Nordic public care regime
2. Southern European family care regime
3. British or anglosaxon meanstested model
4. Central European countries situating in-between these

Mary Daly (2001) has divided European countries also in four groups:

1. caring states (Nordic countries)
2. pro-family caring states (most continental European countries)
3. hot and cold states (Italy, Ireland and the UK), which are characterised by a kind of a irregularity and wavering in their policies of care, and finally
4. non-caring states (Spain, Greece and Portugal).

Francesca Bettio and Janneke Plantenga (2004, *see table 2, page 11*) are among those few researchers who have included both formal and informal care into their categorisation. One of their conclusions is that inter-country differences seem to be diminishing in certain aspects of care provision, but probably not completely disappearing. They have divided European countries into five regimes or clusters:

1. Southern European countries and Ireland where caring is family responsibility,
2. The Netherlands and the UK where informal care is an important resource
3. Austria and Germany where informal care is also important but is subsidised
4. Belgium and France with a considerable amount of services
5. Nordic countries with their public responsibility of care and universalism

Table 3 Identifying care strategies in Europe

		Care strategies for children			Care strategies for the elderly		
	Informal care	*Index of leave facilities*	*Index of financial provisions*	*Public services for children 0–3*	*Index of public pension schemes*	*Residential care*	*Community care*
Italy	High	Medium	Low	Low	High	Low	Low
Greece	High	Low	Low	Low	Low	Low	Low
Spain	High	Low	Low	Low	Low	Low	Low
Portugal	Low	Low	Medium	Low	Low	Low	Low
Ireland	Medium	Low	Low	Low	Low	Medium	Medium
UK	High	Low	Medium	Low	Medium	High	–
Netherlands	High	Low	Medium	Low/Medium	High	High	Medium
Austria	Medium	Medium	n.a.	Low	High	Medium	Low
Germany	Medium	Medium	Medium	Low	Medium	Medium	Low
Belgium	Medium	Medium	High	Medium	Medium	Medium	Low
France	Low	Medium	High	Medium	Medium	Medium	Low
Denmark	Low	High	Medium	High	Medium	High	High
Finland	Low	High	n.a.	Medium	Medium	Medium	Medium
Sweden	n.a.	High	n.a.	High	Medium	Medium	High

Source: See Figures 1, 4, 5, and 6, and Tables 1 and 2.

Table 2: Identifying care strategies in Europe (Bettio & Plantenga 2004, 100)

Bettio and Plantenga (2004, 107) further argue that traditionally research on care provision has concentrated strongly on the caring capacities of families, e.g. issues such as quality of care provided by the families, the risk of poverty, and more effective policy measures to support families in their caring role. Only recently (because of the increased labour market participation of women and the aging of population) there has been a shift in interest into alternatives to family care. This is not the case in all countries, and research issues and perspectives probably depend on researchers' own culture and society. Anttonen, in the context of comparative research (Anttonen & Sointu 2006, 19-21) has an opposite view that it is more common to compare only formal care services. According to her informal care is more difficult to investigate because of the missing data and differences in social and cultural definitions and understanding, and difficulties to measure informal care. She mentions two studies where this has been done with different data and questions: One of them is the above-mentioned study by Bettio and Plantenga (2004) and the other one is the study by Alber and Köhler (2004) on health and health care in Europe, which in its care section concentrates mainly on care for older people. However, in recent years, there has been more interest in intergenerational family relations within families, family carers and in different combinations of formal and informal care. **(**E.g. EUROFAMCARE 2006; Saraceno and Keck 2008.)

Anttonen and Sointu (2006) themselves have compared 12 European countries representing different welfare regimes: Nordic countries Iceland excluded, large central European EU countries Netherlands, France and Germany, Spain and Italy from Southern Europe, UK also representing large EU countries. Third group consists of new EU countries represented by Poland and Hungary. Their comparison concentrates on changes in public responsibility for care (state and local authorities as providers or funding sources of care), but also in division of public and private responsibilities, and the possibility of identifying care regimes. They refer to Daly (2001) who has divided public responsibility into financial support, actions that allow time for caring and away from paid work, public services, and support for employment or private services. In their comparisons, they have used several databases and statistics provided by EU

and OECD. According to Anttonen (and Sointu 2006, 19), clearest division is between Nordic and Southern European countries, other countries locating somewhere between them. (Anttonen & Sointu 2006, 122)

Instead of classifying different care regimes as such, some researchers have been interested in how those have changed over time. For example, Pfau-Effinger (2005) has done cross-national historical study of eight countries from the beginning of the 1970s until the end of the 1990s concentrating on childcare arrangements. She has made a classification into two categories of different development paths of care arrangements. First, she identifies countries with a relatively high contribution of the family to the welfare mix in relation to childcare (Great Britain, Norway, the Netherlands, Western Germany) and secondly, countries with a more moderate contribution of the family to the welfare mix in relation to childcare (France, Denmark, Sweden, Finland).

Anttonen, Sipilä and Baldock (2003) have made a more extensive analysis of how social care policies and provisions change over time. They have compared five countries: Finland, Germany, UK, Japan, and US. They suggest an analytical idea of linear development where countries do not present different social care models but are at different stages in their progress. Authors distinguish three relevant dimensions of change: a) an increasing trend of "care going public"; b) a move from family entitlement to individual entitlement, process of individualization; and c) from selectivity to universality in publicly funded or provided services. They also point out that there are different dimensions in social care in different countries, which are not developed evenly, and thus it is difficult to identify general models of social care. (Anttonen et al 2003, 171-172.)

Saraceno and Keck (2008, 60-61) find the synthesis of trends made by Anttonen et al. (2003) problematic and possibly misleading for several reasons. Firstly, they argue that it is applicable neither to all EU nor to all OECD countries (i.e. among the former communist countries divergent paths may be detected). Secondly, "care may go public" in that there is some public financial support to those who need it and/or to those who provide it, but this may also strengthen, incentive, or allow, its familialisation. Thirdly, according to Saraceno and Keck, the forms which public support may take are not gender neutral (payments for care are likely to strengthen gender divisions more than services). Fourthly, they are also not neutral with regard to the market (see e.g. the Mediterranean case where transfers are used to pay for cheap migrant labour). "Having said this, the lesson we may learn from that conclusion is that it is necessary to take a carefully contextualized approach and, particularly for the theme at hand, instead of starting from some kind of typology …" (ibid. 61.)

Saraceno and Keck (2008, 58) want to develop the care regimes further and ask if it is possible to identify gendered intergenerational regimes (which is one of the aims in their still ongoing Multilinks project). According to them attention for the gendered dimension of welfare regimes has developed to a large degree separately from that concerning the intergenerational dimension, and theoretical and empirical work is more developed with regard to the gender dimension than to the intergenerational one. Only quite recently substantial attempts at integrating the two perspectives have been implemented, although mostly focusing on a small group of countries.

The Multilinks project aims at providing a new social care regime typology recognising the dimensions of familisation-defamilisation. (Saraceno & Keck 2008, 8-9) but the project is not yet completed. Partly re-formulating Leitner's (2003) varieties of familialism typology, the authors speak of four different patterns along the familisation-defamilisation continuum, which should be taken into count when categorising different countries or care regimes:

1. Familialism by default, or unsupported familialism, implicit or explicit, where there are no publicly provided alternatives to family care and financial support
2. Supported familialism, in so far policies, usually through financial transfers (including taxation and paid leaves), support families in keeping up their financial and caring responsibilities at the intergenerational level
3. Optional familialism, in so far, particularly in the area of care, some kind of option is given between being paid to provide care to a family member and using publicly supported care
4. De-familisation, in so far individualization of social rights reduces family responsibilities and dependencies

Most researchers agree that the main differences in social care arrangements can be found between Southern and Northern parts of Europe, but there is no agreement on whether these can be called as social care regimes. In these comparisons, classifications, and discussions on social care regimes, new EU countries are usually missing (mostly Eastern European Countries). Care regime discussion is also often referred one way or another when analysing social care for a certain group of care receivers or some specific aspects of social care.

Nordic welfare state model as an ideal case for formal social care and defamilialisation?

In the discussion concerning European social care regimes, there has been a strong assumption of a distinct Scandinavian/Nordic model of the welfare state and social care, which is most generous in its public care services, most women friendly, and also most successful in tackling poverty (e.g. child poverty) (see e.g. Ostner & Schmitt 2008; Lister 2009). In addition, Nordic countries have also been described as child-centred welfare paradises for children (Forsberg & Kröger 2010, 1). Two aspects of this model are constantly being stressed, its universalism and its capacity to facilitate gender equality by means of a defamilialisation of care responsibilities (Rauch 2007, 250).

Recently there have been discussions and analyses on the differences between the Nordic countries, whether they are developing into different directions instead of following the same path. For example Rianne Mahon (2002) in her analysis of childcare policies from the gender equality perspective writes that "in Europe, there are three rival models: the "third way" design, inspiring child care policy reforms in the Netherlands and the United Kingdom, the neofamilialism turn taken in Finland and France, and the egalitarian horizons of Danish and Swedish child care policy." (Mahon 2002, 344.) In her classification, three Nordic countries, Finland on the one hand and Denmark and Sweden on the other are located in different categories in their recent childcare policies and developments.

The Finnish case is interesting because in the last 20 years a rather rapid change has taken place in childcare policies and practices and in employment of mothers with young children. Finnish

women have been traditionally described as full-time working mothers. Furthermore, employment rate of lone mothers used to be even higher than for married or cohabiting mothers. Full-time motherhood has now become more popular and the youngest children are taken care of at home mostly by their mothers. In the early 2000, maternal employment rate of under 3-year-old children was shockingly low in Finland (32%) compared to the European, not to even mention the Nordic level (Lister et al. 2007, 126). In this respect, Finland is moving to opposite direction from most countries of Europe. Reasons for this are a complex mixture of political decisions, changes in economic situation and in the working life, in gender relations, and ideological changes in society.

In Finland, ever since the 1980s, there have been two simultaneous but contradictory trends in childcare policy: gradual expansion of public day care provision but also financial support for parental care. (Eydal & Kröger 2010) However, it needs to be mentioned that for Finnish women full-time motherhood still represents a temporary life-phase. A vast majority of mothers return to paid employment at the latest when their youngest child turns three, that is, when their eligibility for child home care allowance runs out. (Haataja 2005.)

Financial support for home care does not alone explain the rapid change. Deep economic recession at the early 1990s strongly influenced the employment rate and left lasting consequences to the Finnish labour market. Changes have also happened in attitudes. Many feminist researchers talk about new familialism (Mahon 2002, 150-3) or a turn towards a new kind of full-time mother society (Anttonen 2003, 178-9), where the rhetoric of "the best interest of the child" and "parental choice" has made the general attitudes towards paid work of mothers with young children more negative than before. This is rather new and unique phenomenon in the Finnish society.

Rauch's (2007) piece of comparative research provides another example of critical analysis of the Nordic model. He focuses on the two major service fields of childcare and care for older people in a comparison of three Scandinavian countries – Denmark, Norway, and Sweden – with three continental European countries – France, Germany, and the Netherlands. He assessed and compared the level of social service universalism across the six countries with the help of four main indicators: the existence of service guarantees, the absence of certain admission tests, the share of client co-payments, and the level of service coverage. The analyses undertaken in Rauch's study draw on both qualitative and quantitative data collected in mid-2000s. The qualitative comparisons focus on legal documents and secondary sources in discussing institutional aspects of service provision in the respective countries. The quantitative data are mostly assembled from national statistics. These data aim to provide comparable information on actual service outcomes.

Rauch concludes that Norway demonstrates a universal service admission in care for older people but not in childcare; consequently, its childcare coverage is relatively low. In Sweden, universal service admission is only provided in childcare, whereas care services for older people are assigned selectively. Because of this, Swedish care for older people coverage is poor. At the same time, the continental European countries of France and the Netherlands in part exceed Scandinavian countries in terms of service universalism. France reaches a comparatively high overall childcare coverage level, which equals with Sweden and is far beyond Norway. As regards care for older people, in France coverage level is even higher than in Sweden, even

though only on an average European level. In the Netherlands, the coverage level is surprisingly above average for both childcare and care for older people.

According to his analysis (Rauch 2007), in defamilialisation, only Denmark reaches high levels in both service fields. Thereafter Sweden, Norway and France follow as countries with an above average value in one of the two service fields and a below average value in the other. Norway's social service system only manages to contribute to a comparably high defamilialisation of care for the elderly, but not for pre-school children. In Sweden, a converse situation appears, with a high defamilialisation capacity regarding childcare and a medium one regarding care for older people. The situation for France resembles the one for Sweden. The Netherlands is the only country in this sample, which changes its position considerably when defamilialisation rather than universalism is taken as the criterion of distinction. As a result, the care defamilialisation capacity is low in childcare and slightly below average in care for older people. Finally, among the countries of the sample, only Germany seems to have remained stereotypically 'continental European', with a very low defamilialisation capacity in both fields.

Rauch concludes that this picture does not encourage the notion of a particular Scandinavian social service model. According to him, the Scandinavian countries are currently neither unique nor do they form a coherent group what comes to social service universalism and care defamilialisation. Thus, even if Nordic countries can still be identified as one group with similar features, these are possibly diminishing, and their care policies are differentiating from each other.

3.2. Child care arrangements, working mothers and reconciliation of work and family[3]

Most widely studied topic in relation to social care has been childcare arrangements and policies (so called "policy packages", e.g. Lister et al. 2007, 119-130) including parental leave schemes, cash benefits, and (publicly provided) day care services. This theme include research concerning the division of labour and responsibilities between families (parents/mothers) and the state, but also gender division within families in childcare (e.g. Gerhard, & Weckwert 2001; Gerhard et al. 2005; Ellingsæter & Leira 2006; Crompton et al. 2007; Lister et al. 2007; Lewis et al. 2008).

There are several reasons for the popularity of this topic. First, childcare and motherhood has been one of the main issues in feminist (social policy) research and childcare has been seen as an issue of gender equality. Secondly, during the 2000s increasing the employment rate of women and gender equality in working life have been important political aims in many European countries, and in the EU, with special emphasis on mothers of the youngest children, aged 0-2 years. This has also motivated and promoted research in this topic (see e.g. Giullari &

[3] This theme is overlapping with the Existential Field 5 "Family Management and Family Relationships" by Zsuzsa Blasko and Veronika Herche, analyzing the division of paid and unpaid work between genders, and to some extent also Existential Field 3 "State Family Policies" by Sonja Blom and Christiane Rille-Pfeiffer that includes a chapter on care services. That is why this review is mainly concentrating on research concerning provision of formal childcare services and does not extensively include research on the division of labour between women and men as parents in families, on leave schemes, or reconciliation of work and family life.

Lewis 2005, 3-4; Plantenga et al. 2008; Plantenga & Remery 2009; about Gender equality Webster 2007).

Several researchers have argued, including Giullari and Lewis (2005) that most Western welfare states are moving away from the male breadwinner model family towards what they have named adult worker model family, and from "passive" to "active" welfare (activation policies). Thus, the major issue is how care work is to be organised in this model where it is assumed that all adults, including mothers of young children, enter full-time work. They point out the importance of a genuine choice for women, not that women 'ought' to make some decisions according to the dominating policy. They emphasise sharing of care between women and men and valuing of care work as the key issues (and not only or primarily provision of extensive public care services): Gender equality requires care to be shared at the household level, as well as between the collectivity and the individual. Otherwise, women will still carry the responsibility of unpaid care.

The authors also remind that the choices women (and men) have are socially embedded, they depend on educational level and conditions of employment available, and on the assumptions of what is the "proper thing to do" for women and men in different cultures. They further emphasise that care cannot be fully de-familialized or commodified. (Giullari and Lewis 2005, 12.) Thus, Lewis and Giullari argue that care must be conceptualized as both a "legitimate" choice, and as a necessary human activity, which in turn provides the basis for arguing that it must be shared between men and women. The authors argue that positive incentives for men to care must be built into the kinds of measures that are required to underpin the "real" choice to care: time to care, cash for care, care services and the regulation of working hours. (Giullari & Lewis 2005, iii-iv.)

In recent years, more academic and political attention has been paid to options that family policies offer for men in childcare (e.g. Ellingsæter & Leira 2006; O'Brien 2009; Hobson & Fahlén 2009). Margaret O'Brien (2009) has compared fathers' patterns of leave-taking across twenty-four, mostly European countries between 2003 and 2007, drawing on the evidence provided by the three international audits in 2005, 2006, and 2007 (most recent audit see Moss 2009). Main dimensions used in her analysis are leave duration and level of income replacement.

O'Brien (2009, 194) has clustered these "father-sensitive leave models" as follows:

1. Extended father-care leave with high-income replacement: Finland, Germany, Iceland, Norway, Portugal, Quebec, Slovenia, Spain, Sweden
2. Short father-leave with high-income replacement: Belgium, Canada, Denmark, France, Greece, Hungary, the Netherlands
3. Short/minimalist father-care leave, with low/no income replacement: Australia, Austria, Czech Republic, Estonia, Ireland, Italy, Poland, and United Kingdom
4. No statutory father-care sensitive parental leave: United States

The typology introduced by O'Brien suggests that fathers' use of statutory leave is greatest when high-income replacement (50 percent or more of earnings) is combined with extended duration (more than fourteen days). Father-targeted schemes heighten usage. It is interesting that this typology does not seem to correspond to any of the social care regime classifications presented earlier. For example in the most generous cluster there are all Nordic countries,

Denmark excluded, but also some Southern European countries, which are otherwise located into opposite care regimes.

Many researchers have analysed statistical data, using figures of (formal) childcare provision showing the differences between European countries (e.g. Saraceno and Keck 2008, 32-38; Lister et al. 2007, especially chapter 4; Plantenga et al. 2008; Plantenga & Remery 2009). Eurostat is providing extensive statistical information on childcare provision and care systems in different countries (most recent statistics see Eurostat 2009, chapter 4.1).

In order to remove disincentives to female labour force participation, the Barcelona summit in 2002 agreed on the goals of providing, by 2010, childcare to at least 33% of children under 3 years of age and to at least 90% of children between 3 years old and the mandatory school age in each EU Member State. In their report based on Eurostat statistical information and national reports, Plantenga and Remery (2009, 54-55) summarize "In the age category 0–2 years, the use of formal childcare arrangements varies from 73 % in Denmark to only 2 % in the Czech Republic and Poland. It appears that seven EU Member States (Denmark, Netherlands, Sweden, Belgium, Spain, Portugal and United Kingdom) and Iceland and Norway have already met the Barcelona target." However, the use of formal care arrangements increases with the age of children for the children over 3 years. The authors also emphasize quality and affordability of the services, and remind for the need of day care for school age children, which is something that the EU does not specifically target.

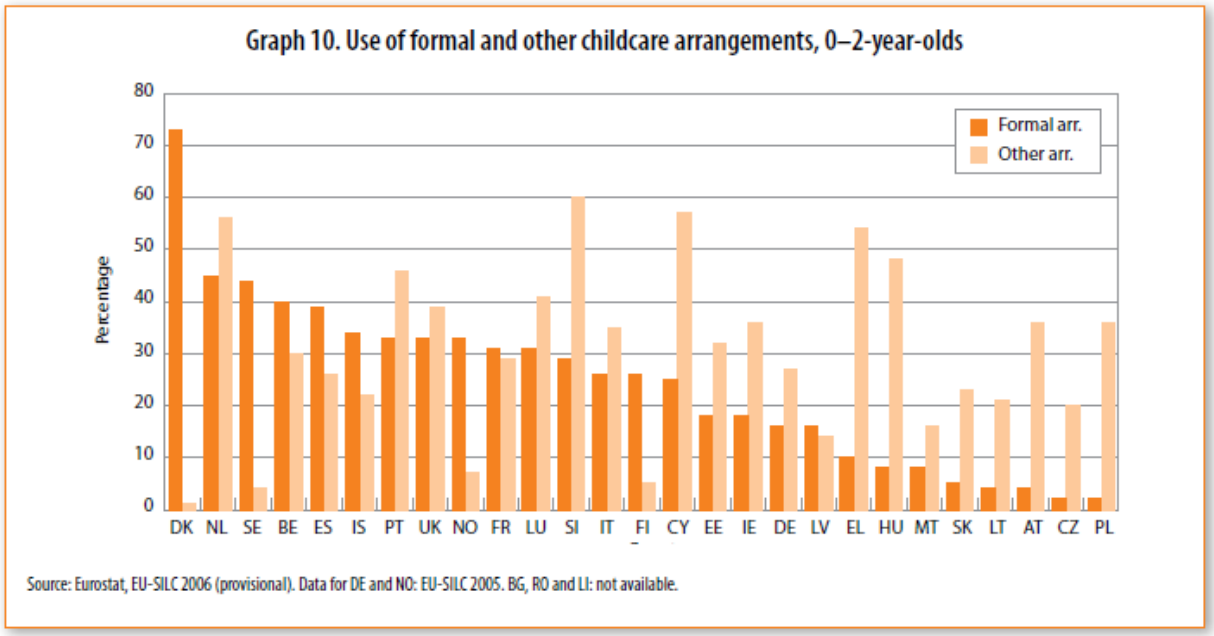
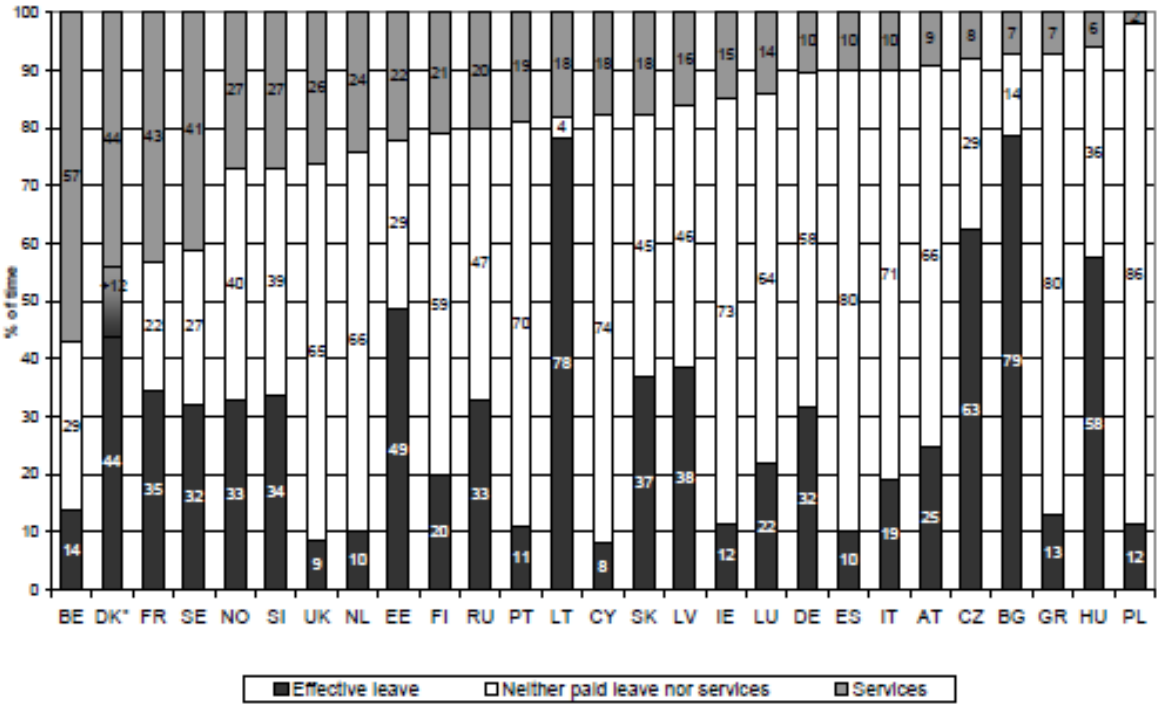


Figure 1: Use of formal and other childcare arrangements, 0-2-year-olds (Plantenga & Remery 2009, 31)

Plantenga and Remery (2009, 55) continue that when comparing and interpreting the national figures "it should be noted that the use of childcare facilities does not answer directly the question of whether demand is fully met. The actual demand for childcare is influenced by the participation rate of parents (mothers), levels of unemployment, the length of parental leave,

the opening hours of school and the availability of alternatives like grandparents and/or other informal arrangements. More specifically, a score above the Barcelona target may be compatible with a large uncovered demand, just as a score below the Barcelona target may be compatible with full coverage. A clear example of the latter case is provided by Finland, where the coverage rate of formal arrangements for the youngest age category is 26 %, which is well below the Barcelona target of 33 %. Yet childcare facilities are not in short supply. In fact, since 1996, Finnish children under the school age are guaranteed a municipal childcare place, irrespective of the labour market status of the parents."

Saraceno and Keck (2008, 36-38) have combined official leave arrangement and care services. They have studied what is the coverage of parental leaves and childcare services in 27 EU countries for children under 3 years of age. Adding the two together, they have a measure of the time/weeks left totally to family resources on the overall population (*see figure 2, page 19*). According to their results, in most countries over half of the time is not covered in any form (services, paid leave). Only in a handful of countries – Lithuania, Belgium, Bulgaria, France, Sweden, the Czech Republic - the number of uncovered weeks is less than 30, while in Denmark there is a small overlap. They also remind that the same coverage may be reached through quite a different combination of leaves and services, both of what they have named supported familisation and de-familisation. This has different consequences for children (families, women, and men).



Note: effective leave is calculated as the number of weeks paid at the average level; service coverage is calculated as the number of weeks per child available on the total number of children 0-2
* Denmark is the only country in which there is even an overlap between childcare service provision and effective leave time.
Source: Own calculation on the basis of various sources (see Appendix B)

Figure 2: Division of childcare responsibilities between supported familisation, defamilisation and familisation by default, EU 2003-2007 (Saraceno and Keck 2008, 38)

In research on childcare and reconciliation of work and family life there has been a heavy emphasis on the role of the welfare state with its public day care services and parental/maternal leave schemes, in the options that are officially available for the parents. However, the European Foundation for the Improvement of Living and Working Conditions (2007) in its Establishment Survey on Working Time in 21 European countries and in more than 21 000 establishments emphasises the role of companies, employers and organisational culture in the workplaces in how parents are able to use the options available. It looked especially at the leave schemes with a special emphasis on take-up rates by men. The survey was accomplished by interviewing personnel managers and, where available, formal employee representatives. The report based on the survey addressed the issues of parental leave but also other forms of extended leave, such as leave to care for sick children or other adult family members. It also analysed problems expressed by the companies caused by leave arrangements.

The authors conclude that in addition to the variation between countries in official leave schemes available for mothers and fathers, a variety of factors shape the take-up patterns of parental leave. These include the financial and legal conditions of the statutory parental leave system, the prevailing gender division of labour, access to measures aimed at reconciling work and family life (such as the provision of public childcare services and opportunities for reduced

working hours). Furthermore, it is important whether parental leave is accepted and supported within the organisational culture, as well as the establishment's human resources practices, and labour market conditions with regard to wage levels, job security and unemployment. (European Foundation 2007, 6.) Whether the organisational culture in the workplace supports or discourages employees from taking parental leave is important, perhaps even more so for fathers. However, according to this study, what comes to the parents', especially mothers' behavioural patterns after parental leave; it is the country variable, which is by far the most decisive, reflecting the societal differences in the wider institutional package of family policy and welfare state regimes, and national economic conditions in which companies and households operate. (ibid. 40.)

In addition to the formal care policies and workplace cultures, informal care arrangements are important in explaining mothers' employment behaviour and options available for them. Arnlaug Leira, Constanza Tobio and Rossana Trifilletti (2005) offer an interesting comparison between three countries - Norway, Italy and Spain - showing the process of how mothers with young children have moved into employment, and the importance of kinship and informal support in childcare in this process. They provide case studies of the first generation of working mothers in these three countries from different periods, in Norway at the 1960s and 70s, in Spain since the late-70s and in today's Italy where the process is still on its way with the lowest employment rates for mothers in Europe. They conclude: "Despite the differences in the national economic and cultural settings of first-generation working mothers in the three countries, certain common aspects of the mothers' situation are noteworthy: for this generation, the welfare state has not made any impressive contribution towards facilitating the combination of work and childcare. Generally, motherhood change has preceded social policy reform. … For the three cases, informal support for childcare in the early stages of changing the gender balance of employment has been more important than the services provided by the welfare state." (Leira et al. 2005, 93-94.)

Most studies on childcare only cover Western European countries. Dorota Szeleva and Michal Polakowski (2008) instead have concentrated on the patterns of childcare in the new member countries of the EU in Central and Eastern Europe (the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia, and Slovenia) during the period 1989–2004. These countries are less often studied in international comparisons. Authors criticise previous studies either for ignoring these countries or for treating post-communist family policies as a monolith emphasising the common trend of refamilialisation. Instead, the authors demonstrate the existence of cross-country variation of childcare policies within the region. Their analysis covers both cash benefits and childcare services.

They have used a new methodological approach, fuzzy set ideal types analysis developed by Ragin, which according to them, allows a comparison of many cases without losing focus on their complexity and also discovering *new* policy mixes instead or trying to fit them into existing typology developed for the Western countries. They also make comparisons not only between countries but also through time. In their comparison, they use four dimensions: a) the extensiveness of childcare services (children between 3-6 years); b) the quality of childcare services (pupil-teacher ratio); c) the generosity of parental leave; and d) its universality.

According to the authors (Szeleva & Polakowski 2008, 126), this complex analysis show that instead of a unified tendency towards familialisation of policies, many of the post-communist countries followed different paths of familialisation while some of them strengthened the defamilializing components of their policies. They distinguish between four policy-types: *implicit familialism (*Poland) and *explicit familialism* (the Czech Republic, Slovakia, and Slovenia), *comprehensive support (*Lithuania and Hungary) and *female mobilizing* (into labour market) (Estonia and Latvia). (*see table 4, page 21*)

Year	*1989*	*1991*	*1993*	*1995*	*1997*	*1999*	*2002*	*2004*
Czech	Female mobilizing	Female mobilizing	Female mobilizing	Female mobilizing	Explicit familialism	Explicit familialism	Explicit familialism	Explicit familialism
Estonia	E*Q*g*u	E*Q*G*U	e*Q*g*U	Female mobilizing	Female mobilizing	Female mobilizing	Female mobilizing	Female mobilizing
Hungary	Explicit familialism	Explicit familialism	Explicit familialism	Explicit familialism	E*q*G*u	Explicit familialism	Comprehensive support	Comprehensive support
Latvia	e*Q*g*u	E*Q*g*u	e*Q*G*U	e*Q*g*U	e*Q*g*U	Female mobilizing	Female mobilizing	Female mobilizing
Lithuania	e*Q*g*u	E*Q*G*u	e*Q*G*u	Comprehensive support	Comprehensive support	Comprehensive support	Comprehensive support	Comprehensive support
Poland	Implicit familialism	Implicit familialism	Implicit familialism	Implicit familialism	Implicit familialism	Implicit familialism	Implicit familialism	Implicit familialism
Slovakia	Female mobilizing	Female mobilizing	E*Q*G*u	e*q*G*u	Explicit familialism	Explicit familialism	Explicit familialism	Explicit familialism
Slovenia	Implicit familialism	Implicit familialism	E*q*G*U	Explicit familialism	Explicit familialism	Explicit familialism	Explicit familialism	Explicit familialism

Table 3: Classification of childcare policies in Central and Eastern Europe (Szeleva & Polakowski 2008, 128)

Lone mothers especially are vulnerable both financially and in combining employment and childcare. Raeymaeckers et al. (2008) have focused on the influence of employment-supportive policies on the childcare strategies of a specific subgroup of divorced mothers. Researchers have used longitudinal data from seven waves (1995–2001) of the European Community Household Panel (ECHP), to evaluate the influence of a variety of macro-level indicators referring to the formal and informal care provision on the use of different types of childcare after divorce. Their analysis includes 13 countries: Denmark, the Netherlands, Belgium, France, Ireland, Italy, Greece, Spain, Portugal, Austria, Finland, Germany, and the United Kingdom. Their empirical findings point at the existence of a crowding-in effect (meaning that mothers use a mixture of strategies in search of an optimal combination between formal and informal childcare). They found that while the use of both formal and informal childcare is mainly driven by the available formal arrangements, social networks fulfilled an important complementary role. In countries with limited formal childcare provision, the more divorced mothers had access to formal childcare facilities, the more they also made use of unpaid childcare arrangements. In order to make adequate use of formal childcare facilities, they were to a certain extent dependent on practical help from informal caregivers. In welfare states with generous formal childcare, divorced women needed less help from informal caregivers, although the latter were still essential for mothers in order to synchronize work and formal childcare. (Raeymaeckers et al. 2008, 127.)

Kröger (forthcoming) has received rather similar results using very different data, namely qualitative interviews with 111 working lone mothers from Finland, France, Italy, Portugal, and the UK. He has studied their childcare patterns and day-to-day strategies. According to his results, formal provisions have their limitations in all the countries, including Finland and France that have rather generous public childcare provision. Heavy expectations are still placed on informal childcare with grandparents and ex-partners in particular often providing essential contributions of supplementary childcare, covering the gaps in formal services. However, the availability of grandparental care cannot be taken for granted in any country, not even in Southern Europe where it has been seen as an important resource for working mothers (see e.g. Leira et al. 2005). Kröger continues that within each national sample, there were lone mothers whose informal and formal resources did not adequately meet their childcare needs. Referring to his empirical results, the author comments previous studies and discussions on social care regimes by underlining similarities rather than differences between care arrangements of lone mothers in different countries, classified in different care regimes.

Karsten Jensen (2009) in his study has taken a different perspective from most previous studies analysing the provision of public childcare services and stability or changes in investment into childcare (childcare spending as percentage of GDP) in 13 European countries, Australia, Canada, and the United States. He emphasises the analysis of political processes and not only outcomes of childcare policies, and criticises most studies in this field of having only analysed the latter. According to his results, change or stability in investment is possible to explain with non-material institutional factors and it is determined by curriculum traditions and not by the size of vested interests (political and professional support) or ceiling effects ('growth to the limits'). He identifies two different curriculum traditions and shows with his regression analysis that countries belonging to the so-called readiness-for-school-curriculum tradition have expanded their provision considerably more than countries belonging to the socialpedagogical-curriculum tradition. He argues that the reason is that the former conceptually matches the political preference for generation of human capital and investment in future labour force, much better than the latter. Following the same argumentation, Ruth Lister (2008) criticises the new welfare policy paradigm in many countries, using the UK as her example, where children are seen as profitable investment for the future and in human capital. According to her, in this model, the quality of childhood itself is largely overlooked and childcare and education policies are more oriented towards employment priorities – current and future – than towards children's wellbeing here and now.

Most comparative studies on childcare concentrate on the question of reconciliation of work and family life, especially for mothers with young children. Plantenga et al. (2008, 42-43) make an important critical comment that care services are not only services for working parents but good, high-quality services are services for children. According to them, effective childcare strategy should not be about quantity but also, or even primarily, about quality of services addressing needs of children, parents, families and communities. They should not just to be seen from the economic perspective. Also in comparative childcare research, the perspective and needs of children should be addressed when studying childcare arrangements in different European countries and the EU childcare and employment policy.

3.3. Social care for older people

In this report, *the focus in the care for older people lays on home based care and services, and on the role of families as providers of care and support.* Research concerning institutional care for the older people is not included, if it is not referring to the role of families.

Care for older people is often studied in the framework of health/medical rather than social care, or instead of a broader and more multidisciplinary framework. This was also one of the conclusions of the expert group set up by the EC to assess its 5th framework, Key Action 6: The Ageing Population and Disabilities 1999-2002 (Mid-Term Assessment Report 2004). Main issues of the Key action included: improving service delivery at the interfaces between primary, acute, and residential care; home care services; support for disabled older people and their lay carers; assessing predictors and health outcomes; and care of the minority older people. All the assessed research projects are listed in the Assessment Report.

In its Mid-term Assessment Report, the expert group concluded for example that:
"In the field of health and social care there remains an inevitable need for new approaches to social care, welfare and pensions systems which take into account the ageing of European populations. … Future research should therefore be encouraged in this essential area, taking into account the varieties of experience and approaches in health and social care, while focusing on common problem areas and development possibilities." (European Commission 2004, 11)

Many of these research projects aimed at developing the service systems emphasising cost-effectiveness and quality of services. For example, the thematic network of research and service-delivery organisations (CARMEN) examined the management of integrated care in 11 EU countries: Belgium, Denmark, Finland, Germany, Greece, Ireland, Italy, the Netherlands, Spain, Sweden, and the United Kingdom. The key question was, how health and social services for older people can be better managed by exploring the efficiency, quality and user-acceptability of different modes of care, focusing on the interfaces between primary care, acute hospitals and long and short stay residential care and the home, and the consequent policy issues. Care for older people in this project was mainly studied from the perspective of the service systems and their management (see Nies 2006). AD HOC research project aimed to develop the first evidence-based home care service model. The research project CARE KEYS aimed to develop, validate, and disseminate methods and performance indicators for evaluation of the quality, cost-effectiveness, and equity of the care of older people.

Some of the projects concentrated on a specific group of older people. For example, INFOPARK project aimed to improve standards of support, services, and care for older disabled people by studying empirically the views and experiences of the old people and their lay carers, and to compare them with the perceptions of professionals, using Parkinson's as the model disease. MEC research project aimed to support policy making in how to manage the delivery of health and social care to the minority elderly in terms of quality, efficiency, and user acceptability.

Integration of health and social care was one of the key issues in many of these projects. PROCARE research project aimed at defining improved concepts of integrated health and social care for older people by comparing and evaluating different modes of care delivery, and

validating research methods to evaluate long-term care services, in particular at the interface between health and social care, and between institutional and community care. The study also aimed to develop performance indicators for use in evidence-based policymaking and in quality assurance of health and social services. The project consisted of empirical fieldwork and a cross-national analysis of nine participating EU Member States: Austria, Denmark, Finland, France, Germany, Greece, Italy, the Netherlands and the UK. (Leichsenring 2003; also Billings & Leichsenring 2005.)

In his European overview for the PROCARE project, Kai Leichsenring (2003, 4-5) points out three major questions in integrating care, first in between health/medical care and social care, and secondly between formal care services and families. According to him (ibid. 6), the general trend of care provisions in the countries studied is to allow for cash payments to the person in need of care and/or their family carers as a way to acknowledge the role of family care and the fact that a complete professionalization of long-term care will not be feasible. Furthermore, he argues that such schemes offer persons in need of care the possibility to decide more independently what kinds of services to use. Even if the role of the family is raised up as one of the key points of integrated care for older people, it is still mentioned rather briefly in the report and in its conclusions (Leichsenring 2003, 20-25). The main emphasis is in the development of the service systems and their better integration.

Even if there is a heavy emphasis on formal (health) services in these research projects mentioned above, some of them also studied home based care and family carers. The research project CARMA (webpage of the project no longer exists) aimed to help re-integrate the aged and prevent marginalisation by doing comprehensive studies on care services that help older people to stay in their spontaneous social networks. In addition, the OASIS project analysed mixes of informal and formal support by elders and family carers, and the way different family cultures and welfare systems promote quality of life and delay dependency in old age. (Findings of the OASIS project are discussed later in chapter 3.4)

One of the most extensive EC funded research projects on care for older people is the project "Services for Supporting Family Carers of Elderly People in Europe: Characteristics, Coverage and Usage" (EUROFAMCARE)**,** also funded within the 5th Framework Programme of the EC, Key Action 6. It has provided a European review of the situation of family carers of older people in relation to the existence, familiarity, availability, use, and acceptability of supporting services. (See EUROFAMCARE 2006; Mestheneos & Triantafillou 2005; also Lamura et al. 2008)

Research results of EUROFAMCARE are based on six National Surveys from Germany, Greece, Italy, Poland, Sweden, and the UK, a socio-economic evaluation, and on 23 National Background Reports, summarised in a Pan-European Background Report. Expertise, knowledge and background information from different European countries about the support, relief and expertise of family carers was collected by using reviews and expert interviews. The national surveys were based on personal interviews with about 6000 European family carers. Each country collected data from about 1000 family carers who cared at least four hours a week for their dependent old (65+) family members in different regional sites. The family carers were interviewed face-to-face at home using a joint family care assessment. The views of service providers involved were obtained in 2004. Quantitative and qualitative data of these interviews were entered in National Data Sets and a European database for cross-national analysis.

(EUROFAMCARE 2006, 9) The project has provided an extensive summary of its main findings (EUROFAMCARE 2006, 3; full version available in Mestheneos & Triantafillou 2005). Full version of the report also has an extensive appendix including e.g. a matrix of home based services (Annex 8) from all the countries studied.

According to the EUROFAMCARE project results, the reasons for family carers to provide care are most often physical illness, disability or other dependency of the old person. Emotional bonds constitute the principle motivation for providing care followed by a sense of duty, personal sense of obligation or having no other alternatives. The findings show that, women were predominantly both the main carers (76%) and the main older person cared for (68%). Nearly 50% of carers were adult children of the cared-for old person, although there was national variation in this. Over half of carers lived in the same household or in the same building as the cared-for person. Researchers described family care as a dynamic but long-term commitment: the average length of time of care giving was reported as 60 months at the time of the interview.

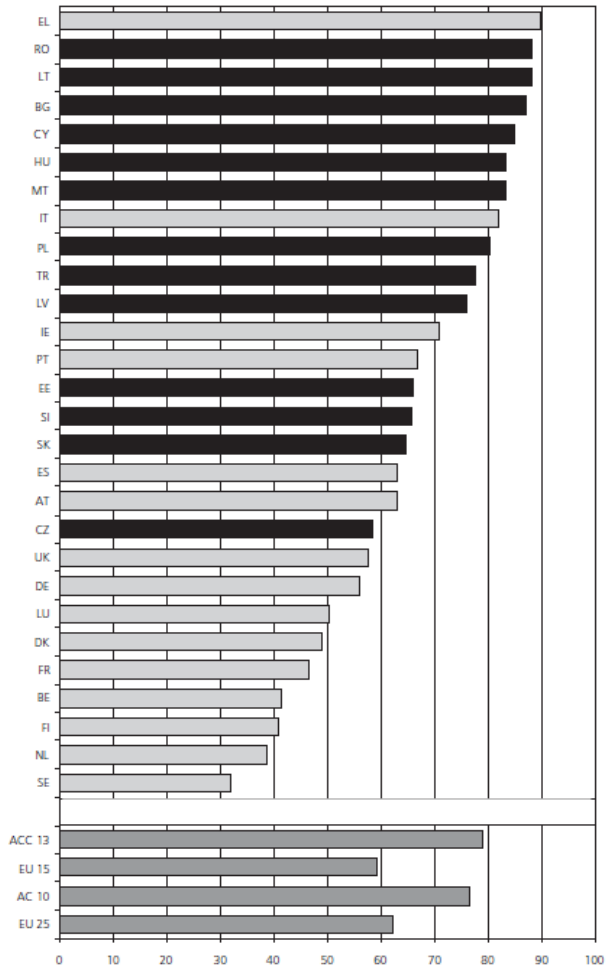
What comes to financial implications, family carers had less than average disposable income because of caring. This is the result of co-payment for services and a reduction in employment
Only 4% of all carers and 37% of the old people received care allowances, though there were large cross-national variations in coverage and in amounts paid. Particularly in countries with significant care allowances, (Denmark, Italy, and UK) equivalent net income of carers is less than for the general population. However, employed carers represented a significant proportion of all family carers. (EUROFAMCARE 2006, 4-14.)

The project also studied informal and formal support for family carers and the old people cared for. Social networks including kin, friends, neighbours, and volunteers were associated with lower levels of carer stress and burden. Less than one third of family carers had used a support service in the previous 6 months. Only Sweden, Denmark, and the UK had at that time systematic and regularly used respite, sociopsychological and information services for family carers. Of the cared-for old persons, 94% used at least one care service in the previous 6 months, highest percentages were in Sweden, Italy, and Denmark, lowest in Greece. In all countries, services had problems in distribution, especially in rural areas, and in covering hours when carer may be working. The greatest help in accessing services was through health professionals except for Sweden where it was social services. Users and non-users of care services saw main barriers for service use as the bureaucratic and complex procedures to get access to them, their high financial costs, lack of information on available support, low quality, inadequate coverage, and the refusal of the old person to accept existing services. (ibid.)

In the European Foundation for the Improvement of Living and Working Conditions report *Health and care in an enlarged Europe* (2004), care for older people is also related into health care. The study examined quality of life in 28 European countries using evidence from various Eurobarometer surveys and for the acceding and candidate countries (ACC) Eurobarometer 2002. The report has one chapter on informal care for children, the elderly and disabled persons, and on responsibility for care, mainly looking at family care situations. It looks at public–private solutions in the sector of care, examines the strength of mutual family support in various countries and explores to what extent the care preferences of various nations and social

groups are similar or different, with special emphasis of the comparison between the EU15 countries and the then acceding and candidate countries.

These surveys confirm that women deliver care more frequently than men throughout Europe, but the gender differences were surprisingly small in the light of previous research results. On average, 28% of women and 25% of men in the ACC, as compared to 23% and 21% within the EU, reported rendering informal care. (European Foundation … 2004, 62.) However, it was not specified what was meant by informal care in this study. Respondents were also asked about their attitudes toward informal care; whether they would consider it a good or a bad thing if in future years working adults would have to look after their elderly parents more than nowadays. In this question, according to the report, there were clear differences between Western and Eastern European countries, with rather opposite views concerning the desirability of future family care for the elderly. (European Foundation … 2004, 64, *see also the figure 3, page 26*)



Source: Eurobarometer 50.1, Q33; Candidate Countries Eurobarometer 2002.1, Q18: *'If in the future, working adults would have to look after their elderly parents more than they do nowadays, would you say that this would be rather a good thing or rather a bad thing?'*

Figure 3: Perception of future family responsibilities for elderly care (% of respondents advocating that working adults should look after their elderly parents) (European Foundation for the Improvement of Living and Working Conditions 2004, 65)

In addition to these rather specific studies concentrating on certain aspects of care for older people, there are also more general analyses, often exploring changes that have taken place over time in care policies and provision in different countries. For example, Annamaria Simonazzi (2009) has studied increasing social and economic costs of the care for the older people, and how different countries have tried to reduce them, simultaneously trying to ensure both the quantity and quality of care. Her starting point is four different elderly care regimes in the EU at the late 1990s, which she has named as Northern Europe Beveridge-oriented (Sweden, UK, Ireland, Denmark, Finland), Continental Europe Bismarck-oriented (Germany, Austria, France, Luxembourg), Mediterranean (Greece, Italy, Spain, Portugal), and Central-Eastern European (Hungary, Poland, Bulgaria) regimes. (*see table 4 at page 27*)

Country groups	Northern Europe Beveridge-oriented	Continental Europe Bismarck-oriented	Mediterranean	Central-Eastern European
Characteristics	State responsibility for dependency through social and health services funded from general taxation	Dependency as a new form of risk, to be covered through a new form of insurance or universal cover	Based on a principle of social assistance	Families legally or implicitly bound to care
Countries (selection)	Sweden, UK, Ireland, Denmark, Finland	Germany, Austria, France, Luxembourg	Greece, Italy, Spain, Portugal	Hungary, Poland, Bulgaria

Source: European Commission (1999); National Reports.

Table 4: Elderly care regimes in the EU, at the end of the 1990s (Simonazzi 2009, 214)

In the search for cost effectiveness/reduction Simonazzi (2009) has observed a convergence in how the care market is organised. According to her, *all countries are moving towards home care, private provision and cash transfers*. She argues that the way in which care for older people is provided and financed entails considerable differences in the creation of a formal care market. Secondly, national employment models shape the features of the care labour market, affecting the quantity and quality of care labour supply, the extent of the care labour shortage, and the degree of dependence on migrant carers. Her comparative analysis of various European models shows how these two factors combine to shape the characteristics of elderly care regimes, and their differing capacity to meet increasing demand for care either by using native workers or, alternatively, by turning to immigrant workers in order to cope with labour shortages.

Simonazzi (2009, 231) concludes that: ”The most difficult challenges will be improving wages, benefits and training opportunities, and enhancing the image of long-term care work, without negatively affecting the demand for care (or the access to care services) of lower income families. These are the challenges facing the more mature welfare states with fairly developed universal elderly care systems, but struggling with increasing costs and budget constraints. Mediterranean countries, with care regimes still dependent upon the family and a smaller tax basis both because of lower activity rates and a large grey economy, face even more difficult challenges. Here too, however, there is increasing awareness that the cost of elderly care must

be shared more evenly within society; that the increasing complexity of the care sector requires coordination and regulation by the state; and that long-term, viable solutions must be found to guarantee an adequate supply of labour."

Ute Behning (2005) has analysed changes that have taken place in six countries (UK and Canada, Austria and Germany, and Denmark and Sweden) during the period 1973-97. The countries studied are chosen to represent the three welfare state regimes by Esping-Andersen, liberal, conservative, and social democratic respectively. Her comparison is based on previous research available from these countries. She has two main questions: Did policy changes occur in the provision of care on a national level, and in which direction are the policy changes pointing (Behning 2005, 75). She concludes that in the UK and Canada in the early 1970s the provision of long-term care rested upon private households and to a lesser extent on public institutions. In the 1990s, the major emphasis was still on private households but with public cash provision, while private institutions had replaced public ones in institutional care. In the two countries belonging to conservative regime (Austria, Germany), change occurred in the early 1990s when the state tried to retain the traditional family based care provision by allowing care receivers to employ carers on a semi-paid basis in private households. In the social democratic countries, Denmark and Sweden in the early 1970s public institutional care dominated the field. According to the interpretation by Behning, by the late 1990s de-institutionalisation, privatisation and localisation had occurred in both countries. She concludes that surprisingly the developments in these six countries belonging to three different welfare state regimes show certain similarities in their re-organisation of the provision of long-term care for older people even if they started from a different point of departure in the early 1970s. She identifies three similarities: *shifting of the responsibility from national to local level*, secondly, *from public to private provision of formal, professional care*, and thirdly, *towards home-based provision of care*.

Emmanuele Pavolini and Costanzo Ranci (2008) have also analysed new policies that European countries have adopted to achieve a better balance between the need to expand social care for older people and to reduce public spending. By using previous literature as their data, they have studied six European countries (France, Germany, Italy, the Netherlands, Sweden, and the UK), some of which are the same as in Behning's (2005) analysis above. The authors present the most significant reforms recently introduced in long-term care and analyse their impact in different levels. According to Pavolini and Ranci, these new policies share some characteristics: 1) a tendency to combine monetary transfers to families with the provision of in-kind services; 2) the establishment of a new social care market based on competition; 3) the empowerment of users through their increased purchasing power; and 4) the introduction of funding measures intended to foster care-giving through family networks. They also found a general trend in these six countries towards convergence in social care, where two different models of long-term care, what they call as the service-led model and the informal care-led model, have become closer to each other and converted to more mixed models.

One of the major issues and trends in many countries in care for old and disabled people (also in childcare) has been payments for informal care, so called 'cash-for-care' schemes, as shown also in studies by Behing and Pavolini and Ranci above. Kirstein Rummery (2009) has analysed gender implications of these schemes looking at different cash-for-care schemes in six countries: UK, the Netherlands, Italy, France, Austria, and the US. According to her analysis:

"The six cash-for-care schemes … appear to fall into three groups: schemes whereby some protection against the potential negative gender-effects of the policy is offered by the relatively high degree of formalization (France and the Netherlands); schemes whereby some degree of protection against abuse is offered by a degree of scrutiny and limits on paying family members, but the high degree of discretion and variability in operation offer the potential for some negative gendered impacts (the UK and the USA); and schemes whereby existing significant gender inequalities are likely to be exacerbated by the low levels of state governance (Austria and Italy). Interestingly, the most positive outcomes for disabled and older people would appear to be in the most formalized schemes (France and the Netherlands), which would lead us to conclude that what is good for gender equality and equity is good for other groups of society too, and that a benign-but-powerful welfare state has an important role to play in protecting the citizenship rights of women, disabled people and older people." (Rummery 2009, 646)

Usually social care has been studied from the perspective of the care provider, whether it is an individual, organisation, or the state. Tim Blackman's (2000; also Blackman et al. 2001) study from the late 1990s of social care for older people in six European countries is one of the few comparative studies that analyses social care from the perspective of care receivers, older people in this case. Even in this study, however, information was collected from professional experts from the countries compared. According to Blackman "whilst all European countries have established universal coverage of their populations by organized medical services, the coverage of social care services varies greatly from country to country, and shows substantial variation within countries because of discretion at local level about what is provided." Personal care and domestic help for older people who cannot manage these activities of daily living themselves remain largely family responsibilities.

Blackman and the research team (2001) from these six countries have included institutional and community care in their comparison, focusing on vulnerability, empowerment, and the gatekeeping of resources. Social care in this study was defined as help with activities of daily living, including personal care and domestic help. The six countries include the family-oriented systems of Ireland, Italy, and Greece, and the individual-oriented systems of Denmark, Norway, and England.

They consider the position of older people in each care system by presenting individual case studies, combining a systems approach with individual user case studies. According to the author, it is used because data are not available that could be used to compare what older people receive in each country, given their needs and circumstances. The approach is to use informed judgment to demonstrate what an older person would typically receive. Four contrasting cases of older people were selected, taken from actual case files held by the Social Services Department of Oxfordshire County Council in England, and selected to be broadly representative of the variety of needs and circumstances. After agreeing that the case descriptions were also valid in the five other countries, experts in each country described how each case's needs were likely to be addressed. Advice was also sought from practitioners known to the authors. (Blackman et al. 2001, 122-123) An example of their analysis of one of these selected cases (Mrs A) is presented in the following table (*table 5, page 30*)

Based on his (and the multinational research team's) results he states that the most significant factor in understanding approaches to the care of older people across Europe is the very

different attitudes to the respective roles of the state and the family (or, more specifically, women). (Blackman 2000, 186) "Denmark, Norway, and England can be distinguished from the other three countries because of their procedural rights to social care services, and the national network of service provision, despite the more residualist features of the English system. The extensive professionalization of care work in Denmark and Norway has left older people with the best formal social care provision in Europe, but also dependent upon a service that is often rationed to a few hours a week and selective in what is provided. Rights of a kind also exist in Greece, Italy and Ireland, but in the form of a family duty to care. … Both kinds of rights are under pressure – from rising financial costs in Denmark, Norway, and England, and from women's increasing participation in the public spheres of education and work in Greece, Italy, and Ireland. … In Greece, Ireland and Italy the priority is support for the needs of family carers and investment in services for very dependent older people. In Denmark and Norway, the main issue is how to achieve a high quality of life for dependent older people living outside institutional settings, especially people with dementia. England shares both kinds of challenge because private and family care remains significant due to the very selective gatekeeping of access to formal care services." (Blackman 2000, 189.)

	Denmark	Norway	England	Ireland	Italy	Greece
Mrs A: 75, with severe osteo-arthritis, discharged from hospital after heart attack following sudden death of her husband. Lives in low income housing with son who often works away. Sister lives nearby and helps with housework.	Assessment at home by community nurse. Free home help for housework once a fortnight and bathing once a week (not shopping). Free loan of walking frame and alarm. Weekly nurse visits if necessary. Son expected to offer some practical help.	Assessment at home by community nurse. Home help for housework once a fortnight (small charge). Bathing assistance only if very frail. Safety alarm (small charge). Free bereavement coun-selling. Weekly nurse visits for 4-6 weeks. Son and sister encouraged to continue their help.	Assessment by hospital social worker. If informal support judged adequate, only offered alarm and telephone. If not adequate, could be offered 2 hours a week home care and possibly day care once a week. Occupational therapist would assess needs for technical aids. Help from a voluntary bereavement counsellor may be available.	Assessed in hos-pital by doctor. GP and a public health nurse would be notified of discharge and nurse would manage the case. Son, sister and neighbours likely to provide home care supported by care attendant or home help from the health board or voluntary services. Day centre place, meals on wheels and technical aids may be available from local voluntary services.	Considered by doctors and nurses in hospital. Referral to district social worker who would decide whether needs are health or social, why she cannot afford private help and why her daughter and son cannot help. If poor she will be offered a little home help but depends on social worker's discretion and financial circumstances of son and daughter. May be offered some free rehabilitation.	Sister and neighbours very involved. Family would probably hire immigrant worker to help daily or live-in. If she is 67 plus and disabled, financial assistance will be available. In Athens, she would be offered Greek Red Cross home care and an alarm. If she lives near a KAPI (day centre) she is likely to have a wide range of support.

Table 5: Examples of social care services offered to Mrs A (Blackman 2000, 184)

To conclude, care for older people is mainly discussed in very different terms from childcare issues using concepts such as "integrated care" (how to combine health and social care services) and "long-term care" (see e.g. Huber et al. 2008). Often it is also analysed under the concept of intergenerational care relations, which is studied as a separate issue in the next chapter (3.4.). According to Anttonen and Sointu (2006, 80-81) important issues in care for older people in the future are institutional care and its organisation, quantity and quality of home care services, and support for the care provided by family members and other informal carers. Furthermore, the coordination, planning, and follow-up of the service packages are important questions. Several researchers referred to above seem to suggest that all over Europe, in spite of national differences, there are at least two similar trends in social care for older people: on the one hand

privatisation and marketisation of formal, professional care, and on the other, (re-)familialisation of care either with or without financial compensation.

3.4. Intergenerational family obligations and care relations

More and more often researchers are interested not only in division of care responsibilities/ provision between family and the state or between women and men, but between generations as well. Most often studied question is related to care for older people; how and to what extent adult children provide care for their old parents, but increasingly also how grandparents/ -mothers provide care for their grandchildren. More recently, researchers have recognised that care relations exist both ways (also old parents can take care of their adult children) and can be mutual and mixed and related to the provision of formal care services. This chapter reviews previous research concentrating on care relations between family generations, and their connections with formal (public) care provision.

It is important to recognise that care needs and arrangements are different in different family types and for different family members. SOCCARE project (see Kröger 2004; also Kröger & Sipilä 2005) studied social care arrangements in five different socio-economic and cultural environments that represented the variety of European welfare states (Finland, France, Italy, Portugal, and the UK). It focused on four family types: 1) lone parent families, 2) dual-career families, 3) immigrant families and, 4) "double front carer" families (that have young children and, at the same time, older family members in need for care).

The study had a qualitative approach based on interviews of almost 400 European families in detail about their opportunities and difficulties to make flexible and responsive care arrangements and to combine these with participation in paid employment. The interview data was analysed mostly at the national level and reported in national reports. Based on the information available in these national reports, care arrangements and their flexibilities in that particular family type were compared in the five European countries. (Kröger 2004, 2)

Main results of the project were presented in relation to each family type studied. Here findings are presented only concerning care arrangements in multi-generational, so-called "double front carer" families, that is families that face special challenges in confronting care responsibilities on "two fronts": the care of children, and the care of elderly relatives (Kröger 2004, 72-86). This is the most interesting situation in relation to intergenerational care relations.

The results showed that in "double front carer" families, the emphasis is on the care for older family members whereas the care of children is generally described as less problematic and more "natural". Families in Finland, France, and the UK used most often combinations of informal care and publicly provided formal care. Only Portuguese and Italian families used mostly third sector and private care facilities. The informal non-professional paid sector was found to be wide and varied in Italy, France, and Portugal, offering a range of types of assistance. Some types of this non-professional care were light and temporary but others entail daily or weekly assistance with housework, bathing, and personal hygiene. In some occasions these carers even lived with the elderly person, providing around-the clock services in exchange

for room, board, and a small amount of money. These workers were usually women, and in Italy and Portugal, they were typically immigrants coming from outside of the EU. Their working conditions are often inadequate, but for the families this solution was less expensive than an intensive formal home care service or a residential home. There were marked differences between Italy, Portugal, and France in the relationship between families and paid services. In Italy and Portugal, private assistance, especially for the older people, was used to substitute public services, but in France, it was used only to complement them. In Finland and the UK where access to formal services is easier, and care provision is more generous, non-professional extra-family care work was mainly provided by volunteers, usually free of charge. However, its coverage is limited. In concerning the general organisation and control of the care arrangement, the family and in particular the main caregiver remains everywhere the most important resource.

Based on the findings of SOCCARE project as a whole, Sipilä and Kröger (2004) conclude that the results affirm the common belief that European social care cultures are diverse, but, on the other hand, they are not completely different. Second, they underline the importance of formal care services to needy families. This should be the leading aim for social care policies. Third, one of the main results is that social care services are strongly intertwined with informal care. From the viewpoint of families, service organizations should never be isolated institutions but flexible and capable of meeting specific human needs in individual ways. Fourth, they emphasize that caring needs time; the idea of quality care is immediately associated with the availability of sufficient time. Carers need to be able to combine working and caring, both simultaneously and sequentially. Finally, when neither working life nor services are flexible enough, the flexibility is ultimately taken from informal sources. In practice, this means women and, at worst, exploitation of women. As their general conclusion, the researchers wanted to emphasise that it is highly necessary that policies avoid strict dichotomies. Citizens of Europe are not either workers or carers. They are both at the same time. Children, people with disabilities, and older people are not in need of either informal or formal care. Both are essential and practically always, there is a need to integrate both at the level of everyday family life. To face the challenges of the future, an integrated policy perspective on work and care is required in Europe. (Sipilä & Kröger 2004, 562-564; also Kröger 2004, 100.)

The ongoing Multilinks project (2008-11) funded in the EC 7th framework, is aiming to study how demographic changes shape intergenerational solidarity, well-being, and social integration. It also studies the legal and policy frameworks regulating intergenerational obligations in EU27 countries to offer a contextual basis for the comparative analysis of patterns of intergenerational relationships. One of its aims is to identify intergenerational care regimes (that is, combinations of childcare provisions and provisions for the frail old) (see chapter 3.1.)

The approach of the project builds on three key premises. First, ageing affects all age groups: the young, the middle-aged, and the old. Second, there are critical interdependencies between family generations and between men and women. Thirdly, they distinguish different analytical levels: the individual, dyad (parent-child, partners), family, region, historical generation, and country. Building on these premises, the project has taken a challenging task to examine multiple linkages in families (e.g. transfers up and down family lineages), multiple linkages across time (measures at different points in time, at different points in the individual and family life course). Furthermore, it analyses multiple linkages between, on the one hand, national and

regional contexts (e.g. policy regimes, economic circumstances, normative climate, religiosity), and on the other, individual behaviour, well-being, and values.

Multilinks project has already published several papers that are available at their webpage. Chiara Saraceno and Wolfgang Keck (2008) have prepared an extensive conceptual and methodological overview of the project, which concentrates on the different dimensions of institutional regulation of intergenerational obligations. They criticise previous research in this field of being too fragmented and narrow in its perspective. They continue that only recently, and mostly only within the research on social care from a gender perspective, issues concerning the allocation of responsibilities for care for children and for the elderly to the family, the state, the community and so forth are starting to be addressed jointly." (Saraceno & Keck 2008, p.5)

Saraceno and Keck (2008) write, that a number of studies have found, contrary to many stereotypes and common sense discourses, that intergenerational solidarity is alive and strongly reciprocal in all countries, both at the two and at the three generational level, with the middle generation in the "Janus position" (Hagestad & Herlofson 2007)[4] of redistributing both upwards (mostly care) and downwards (care and income). Both long-standing family cultures and welfare state arrangements affect the shape of this solidarity, as well as the overall social care package – as a mix of family, volunteer, public provisions - available.

However, Hagestad and Herlofson (2007, 345) have reminded that in fact this Janus position is not as common as sometimes assumed. According to them, data suggest that cases of coinciding responsibilities for older parents and children at the same time are relatively rare. They refer to Dykstra's (1997) overview of 12 European Union countries, showing that only 4 per cent of men and 10 per cent of women had overlapping responsibilities for young children and old parents who required care. In general, by the time parents are frail and need help, children have grown up. If competing needs arise, it is more likely to be between grandchildren and own elderly parents.

Corinne Igel et al. (2009) have studied what they define as intergenerational time transfers (or intergenerational solidarity patterns and support types between family members including provision of grandchild care by their grandparents) in 11 Western European countries. The authors identify and focus on three main types of support making a distinction between help and care: 1) help, 2) personal care of (from the adult child to the parent), and 3) help with grandchild care (to adult children). The analyses of this study are based on the Survey of Health, Ageing and Retirement in Europe (SHARE). This is a survey including information from about 28 517 people in 11 European countries: Austria, Belgium, Denmark, France, Germany, Greece, Italy, the Netherlands, Spain, Sweden, and Switzerland with respondents aged 50 and older. (Igel et al. 2009; see also Brandt et al. 2009.)

Igel et al. (2009) recognise three models of how caring can be divided between the family and the state: "firstly, both private and public providers fulfil the same function together and stimulate each other, secondly family and state substitute for each other, and a strong family coincides with a minor provision of social services and vice versa. Thirdly, the two sources of support may be complementary and both providers specialize in certain dimensions of support,

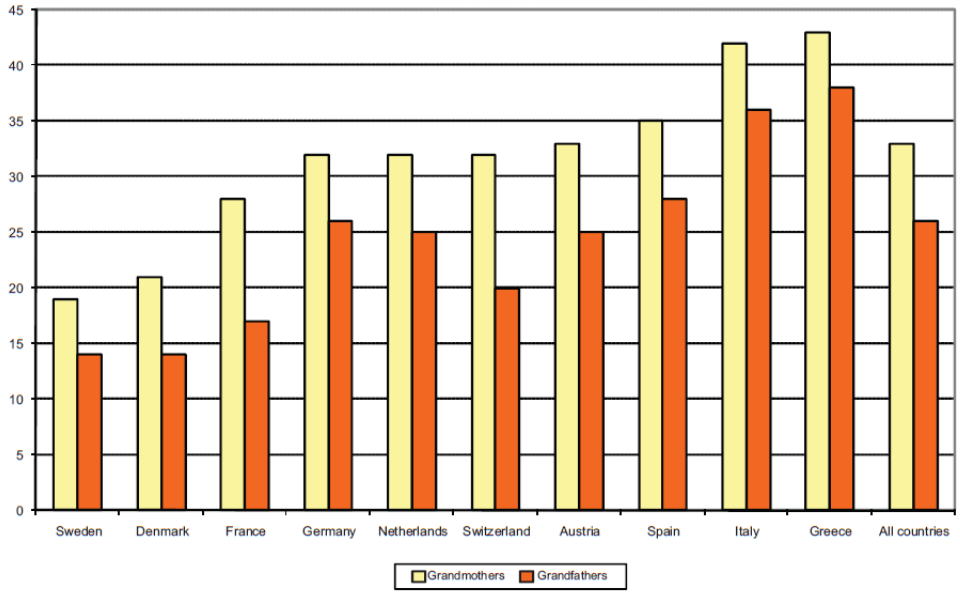
[4] SOCCARE project is talking about "double front carer" families (Kröger 2004).

a process which is recently discussed as "functional differentiation" or "mixed responsibility"". Based on their analysis the authors conclude that norms of responsibility and the institutional context are closely related to family support levels. In countries where support is seen as family responsibility, intergenerational help levels are low but care levels are high. In countries with developed social care sector (measured here only by percentage of employees in social services – mk) help levels are high but care levels are low. In this project, help is defined as help with home repairs, gardening, transportation, shopping, household chores, and help with paperwork, such as filling out forms, settling financial or legal matters.

In another article from the same project (Brandt et al. 2009, 594-595) the authors conclude: "help and care each follow their own mechanisms, not only on the individual and family but also on the societal levels. Whereas care is frequently a necessity, the performance of which is determined by the needs of the heavily dependent recipient, help services are less obligatory and can more easily be performed by children on a voluntary basis. Public provisions, which make it easier for the family to look after the elderly, therefore, have completely different effects on these two types of support. Public and private sector services stimulate familial help activities ('crowding in') but tend to displace intensive care activities ('crowding out'). This supports the specialization hypothesis: Professional providers take over the more challenging, intensive, and essential care of the elderly, whereas children tend to give voluntary, less intensive, and less onerous help."

The same data (the Survey of Health, Ageing and Retirement in Europe, SHARE) from 11 countries has also been used in an article by Klaus Haberkern and Marc Szydlik (2010). They concentrate on children's care of older parents and its connections to state care provision and societal opinions. Based on their analysis using logistic multilevel models they show that care by children is influenced by the individual characteristics of both parents and children, and by family structures, welfare-state institutions, and cultural norms. Intergenerational care is more prevalent in southern and central European countries, where children are legally obligated to support parents in need, and care is perceived as a responsibility of the family, whereas in northern Europe, the wider availability of formal care services enable adult children, particularly daughters, to have more choice about their activities and use of time. This result repeats in several studies.

The same survey data (SHARE) has been used to study grandparental care for their grandchildren (Hank & Buber 2009). Authors investigated cross-national variations in grandparent-provided childcare as well as differences in characteristics of the providers and recipients of care in 10 continental European countries.



Source: Survey of Health, Ageing, and Retirement 2004 (Release 1), weighted data, authors' calculations.
Note: Countries are sorted in ascending order for grandmothers.

Figure 4: Grandmothers and grandfathers who provided child care almost weekly or more often in the past 12 months (in percentages) (Hank & Buber 2009, 63)

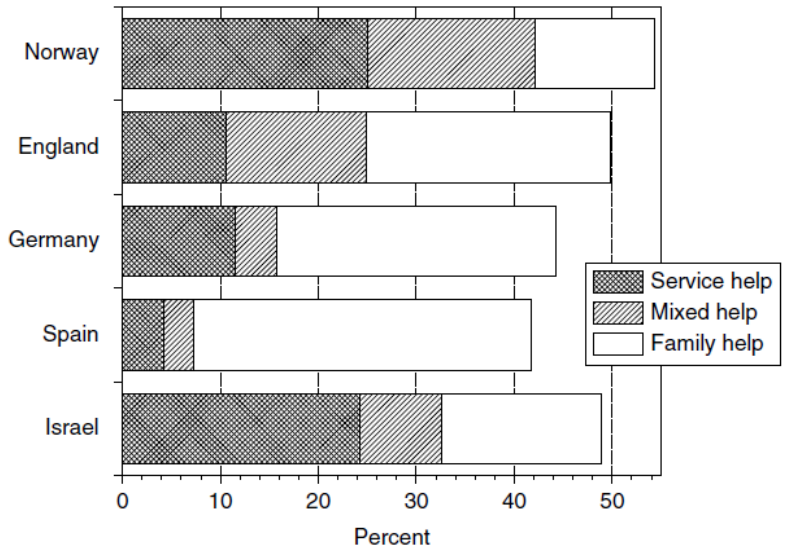
According to the results, across all countries, 58% of grandmothers and 49% of grandfathers provided some kind of care for a grandchild aged 15 or younger during the last 12-month period. The lowest shares were found in Spain, Italy, and Switzerland, whereas the highest prevalence was in Sweden, France, the Netherlands, and Denmark. However, the order of countries changed remarkably, when the researchers made a distinction between regular care (almost weekly or more often) and occasional care. Sweden, Denmark, and France, had below-average levels of regular childcare by grandparents, whereas the respective share in Greece, Italy, and Spain was almost twice as high as in the Scandinavian countries. Austria, Germany, the Netherlands, and Switzerland had an average position. Among regular carers, the gender division of carers also changed with grandmothers having a more intensive involvement. (ibid. 60-62, *see also figure 4*)

In searching for explanations for the national differences in regular and occasional care, the authors provide three suggestions: The first one is the more common co-residence of generations in the Southern Europe. Second is related to possible methodological problems of how 'looking after grandchildren' is understood in different countries. Finally, they suggest the variation of childcare and female/maternal employment regimes, which they offer as the most prominent explanation combined with cultural differences. (ibid. 68-69.)

EC funded OASIS (Old age and autonomy: The role of service systems and intergenerational family solidarity) research project studied issues concerning the bonds of obligations and expectations between generations, types of support exchanged between adult children and older parents across societies. OASIS was a five-country (Norway, England, Germany, Spain and Israel) study, accomplished at the early 2000s, which collected data from a representative, age-stratified sample of 6 106 people aged 25–102 from urban population. (Lowenstein & Daatland

2006; Motel-Klingebiel et al. 2005) In the OASIS questionnaire, help and support were measured by three items about a) household chores (such as cleaning or washing clothes), b) transport or shopping, and c) personal care (such as nursing or help with bathing or dressing). Participants were asked if they had received any help during the last 12 months with these tasks and, if so, whether it came from family members (inside or outside the household), from formal services (public sector, charity or for-profit organisation), or from other sources (e.g. friends or neighbours). (Motel-Klingebiel et al. 2005, 869.)

Motel-Klingebiel et al. (2005) have concentrated on the relationship between formal and informal care; whether formal services provided by the state 'crowd out' (diminish) family care, encourages it, or create a mixed responsibility. They call these three as hypotheses of 'substitution', 'mutual encouragement' and 'mixed responsibility'. Based on their analysis the researchers (Motel-Klingebiel et al. 2005) conclude: "The total quantity of help received by older people is greater in welfare states with a strong infrastructure of formal services. When measures of the social structure, support preferences and familial opportunity structures were controlled, no evidence of a substantial 'crowding out' of family help was found. The results support the hypothesis of 'mixed responsibility ', and suggest that in societies with well-developed service infrastructures (in this case Norway), help from families and welfare state services act accumulatively, but that in familistic welfare regimes (Spain in this comparison), similar combinations do not occur." (ibid. 863.)



Source: OASIS (Lowenstein and Ogg 2003), n = 2033.

Figure 5: Sources of help and support for those aged 75 or more years by country (Motel-Klingebiel et al. 2005, 873)

This result, which is supported by some other studies on intergenerational care relations cited above, could be seen as rather surprising and unexpected against the trend of "care going public" identified by many researchers. (e.g. Anttonen et al 2003, 171-172.) However, it becomes more understandable when different forms of care and its intensity are specified. In a case of more regular and demanding care services, "care going public", its professionalization

and institutionalisation, seems to take place in the care for older people. However, it is still more dominating trend in childcare.

There are also studies showing different results even when using the same data. Ariela Lowenstein and Sven Olav Daatland (2006; also Daatland & Herlofson 2003) used the same OASIS project data, when they studied the bonds of obligations and expectations between generations. They asked, to what extent are different types of support exchanged between generations, and what are the impacts of filial norms, opportunity structures, and emotional bonds on the exchange of intergenerational support. According to them, the older generation mainly provided emotional and financial support, not care. That is why, their analysis also concentrated on help, support, and care that adult children provide for their older parents. The findings indicate that solidarity was in general considerable although there were variations in the strength of its dimensions in the different countries. Filial obligations were expressed more in Spain and Israel than in the three northern countries. The respondents in England and Norway emerged as the least 'familistic', perhaps reflecting their emphasis on independence between the generations and the lack of a legal obligation to provide support for aged parents. In this study, the role of formal services was not taken into account. It also shows that expressed obligations or attitudes might differ from actual behaviour in intergenerational family relations.

Gunhild Hagestad and Katharina Herlofson (2007) have written an excellent, critical review for the UN concerning intergenerational relations and transfers in Europe based on previous research. Their report covers most of the issues discussed above and partly using same literature, especially SHARE and OASIS studies. They use the term *transfers* in a broad meaning including the provision of different kinds of resources: material, emotional and practical support, and the sharing of knowledge and skills. Their starting point is the notion that co-longevity has greatly increased the duration of family ties. The parent-child relationship may last 6-7 decades and the grandparent-grandchild bond, 3-4 decades. (ibid. 341.) According to them, there are two contrasting contexts to interpret differences between societies in intergenerational care relations (e.g. differences found between Southern European and Nordic countries): culture and social policy. The culture argument refers to differences in family types and in the level of familism in countries studied whereas the social policy argument concentrates on the interrelations between formal and informal care provision, differences in generosity of public provision and between the welfare state regimes.

They summarise, "Contrasts between societies are particularly clear when we focus on their youngest and oldest members. All nations assign financial and care responsibilities to the parents of young children, although there are differences in the degree to which care, material provision, and education are shared by the family and the State. However, it is in scholarly work and political discussions on transfers across generations of adults and the relative balance of State and family responsibility for making the life of older people secure that we find the strongest contrasts and the most heated debates." (Hagestad & Herlofson 2007, 348.)

Hagestad and Herlofson (2007, 350) also criticise both previous research and care policies, because care provision for old people and children are addressed in quite a separate research communities, with one emphasizing families with young children and the other focusing on older persons and adult offspring. Policy discussions reflect a similar demarcation: "Family policy" usually refers to young families and much of the discussion is carried out under the

heading of “work-family interface”. Writing on adult generations of parents and children carries headings such as “ageing policies”, “long-term care policies” or “caregiver burden”. According to the authors, this neglects the fact that in today’s ageing societies, adults typically spend decades when they are both parents and children. According to Hagestad and Herlofson: ”The separation of young and old families in research and policy partly reflects institutional age segregation which, in turn, is related to modern life-course organization.” This is certainly one of the challenges of the future research and policy in this area.

3.5. Research on social/welfare services for children and families with special needs

In this report, as already mentioned in the Introduction, social welfare services for families are differentiated from social care services, unlike for example in the Study on Social and Health Services of General Interest in the European Union (Huber et al. 2008, 27-28). *Research related to social welfare services is here reviewed paying special attention to services for children and families with special needs or in special, demanding life situations* (e.g. interventions and services such as family support, parenting education, child welfare/child protection, social services for children with special needs, and for family members with disabilities).

The Council of Europe (2009) Committee of Experts on Social Policy for Families and Children developed in 2008-09 a comprehensive questionnaire on national family policies and collected information from 40 European countries, which form a large database with detailed quantitative and qualitative data (see http://www.coe.int/t/dg3/familypolicy/Database/default_en.asp). In the questionnaire, there are two sections relevant to welfare services for families and children titled: *Policies for dealing with family stress and difficulty*; and *Policies aimed at strengthening family life and personal development for parents and children.* First one of these covers issues concerning violence in families, services helping family members to deal with problems (e.g. counselling services), child protection (legislative situation and the power of authorities in removing parental authority). The latter section covers issues of parental education and support (parenting programmes/parental counselling/training sessions) and possible obligations to attend parenting programmes in cases of vulnerability (e. g. abused children, domestic violence, adolescent pregnant women, parents serving prison sentences, etc.).

However, this data has not been systematically studied and analysed so far. In the expert report written by Karin Wall with Lia Pappámikaail, Mafalda Leitão and Sofia Marinho only a brief summary is provided on these sections (The Council of Europe 2009, 59-60). They conclude that: “A general overview of the data shows that in almost all countries women, children and young people are legally protected against violence and abuse[5], either outside or within the family. … This legal framework provides both health care and social services for the victims and also criminal law protection. In each country, welfare social services and legal frameworks have their own particularities but, in general, they all provide financial assistance, shelters, counselling, mediation and therapy centres for women and children, and also foster families or care institutions for children. Some countries also mention emergency victim support helplines.

[5] Violence in families is a theme covered in Existential Field 7 ‘Social Inequality and Diversity of Families’ by Karin Wall, Mafalda Leitão & Vasco Ramos. That is why; research on this topic is not reviewed in this report.

Others have counselling programs for aggressors as well. In addition to support services for women and children who are victims of violence or abuse, in most countries there are also guidance services for children and young people, and parenting and family guidance and counselling services as well. Lastly, it is important to underline the important role that the NGOs have in complementing these services, by creating and running shelters or support centres for victims of violence or abuse, and for families, parents or children and young people needing guidance, in almost all countries." (Council of Europe 2009, 59.)

Concerning the second section, Karin Wall and her colleagues (2009) continue, "The questionnaire provided a very rich set of information on policies aimed at strengthening family life for parents and children. In fact, the first remark is precisely on the wide range of programs, services, objectives and institutions involved, as described by respondents, thus revealing that this is an increasingly significant issue across the majority of European countries. For a significant number of respondents it was difficult to separate parenting programs from regulated care services, as these are seen as being closely related to each other. Only a few countries, on the other hand, provide support beyond the period of family life covering birth and the rearing of small children. In fact, concern over strengthening family life and parenting when children are very young is mentioned by a majority of the countries." (ibid. 59-60.)

The authors suggest that in order to get more transparency into this diverse field of actions and services, a distinction should be made between programmes and policy measures for families/parents "at risk", that it *concerns related to basic skills of parenting* (e.g. negligence, abuse and/or violence against children, behaviour problems, or risks due to poverty or substance abuse), and those targeting families in general, that is *enhancement of parental skills and practices*. (ibid. 60.)

This brief summary already shows the great variety and complexity of these programmes, service provision, actions taken, and terminology used in this field in different countries. At least partly, that probably explains why there is much less comparative research in this field compared to social care research. There is national research available in different countries on these topics but comparative research seems to be almost nonexistent. Besides, comparative studies available concentrate on a certain specific issue or service provided, and are usually only comparing two or three countries using mainly qualitative, descriptive methods and data.

In many countries in recent years, there has been increasing concerns over changes in family structures and life and parents' competence to take care of their children and thus, interest in family support in its different forms, but there are hardly any cross-national studies on that (see e.g. Kuronen & Lahtinen 2010; also Walker 2002). Only one piece of comparative research was found on parent education and support. The study by Boaz Shulruf, Claire O'Loughlin and Hilary Tolley (2009) reviews parenting support and education policies within eight OECD countries (the UK, Ireland, the Netherlands, Finland, the US, Canada, Australia, and New Zealand), four of which are EU countries. Their analysis includes financial, educational and social support services to families, such as concrete support e.g. transport or financial support, parenting skills training, stress and anger management, knowledge of child development and needs, social networking, psychological support for parents, health screening and basic health services, and childcare services that aim to help parents. However, no systematic data was collected but the researchers used all available documents, research reports, or government publications that

provided information on government policies specifically addressing parents from 1996 onwards. Thus, the results are not necessarily very reliable considering the wide variety of different support services covered and the data sources available.

The aim of this study (Shulruf et al. 2009) was not primarily to systematically analyze similarities and differences between the countries. However, they identified three similarities: First, none of the countries had a specific policy targeting parents and their support, but these policies were administratively connected with other national policies relating to health, education, welfare, and family and youth affairs. Secondly, the primary focus of the governments was on the needs of disadvantaged, 'at risk' or vulnerable families. They identified two exceptions to this, namely Finland and the Netherlands. Third similarity was that the implementation of parenting education and support took place through local bodies. Typically, governments provided the framework and the budget, but the responsibility for implementation rested with local governments or municipal authorities. (ibid. 528-529.) The authors conclude that over the last decade, there has been an increasing focus by governments on parenting, but none of these countries had a specific policy targeting parents and their support, and in many cases parenting rights and responsibilities were not well defined. Again, they identified Finland as an exception, where parents' responsibilities and rights in relation to their child's upbringing are defined in law. (ibid. 531.)

Child welfare services and child protection seem to be the area where there is an increasing interest in cross-national comparisons but existing research is done mainly in a small number of countries. What is interesting is that quite many of these studies have been done in (and between) the Nordic countries.

One of the pioneering and widest comparative studies in this area is Rachel Hetherington's and her colleagues' research project (1998; Hetherington et al. 1997) on the working practices of child protection social workers. The study included six nations (Belgium, France, Germany, Italy, Netherlands, and the UK) and eight child protection systems. The main questions were how do social workers translate their legal and administrative frameworks of child protection into action, and what problems do they have in doing this? Main aim was to 'learn a lesson' to improve child protection in England. Results were mainly provided as thematic case descriptions from these countries and systems compared. As a general conclusion, the researchers summarize, "The phrase 'child protection' is understood differently in different parts of Europe. In general, it is given a wider meaning in continental Europe, and would frequently be understood to refer to matters such as employment legislation, protecting children against exploitation, and the protection of children outside the family rather more than within the family. We have not found elsewhere a phrase that equates to 'child protection' meaning intra-familial protection, as it is used in the UK." (Hetherington et al. 1997, 160.) Therefore, they argue that in England children are primarily protected from their parents whereas elsewhere protecting children is a broader social issue. Also Jeff Hearn et al. (2004) have argued when comparing child welfare services in England and Finland that even the same concept 'child protection' cannot be used because the systems and ideologies behind them are so different. This well shows the difficulty of comparative research in this field.

Many of these cross-national studies concentrate on working practices of social workers in child welfare (e.g. Blomberg et al. 2010; Forsberg & Vagli 2006; Križ & Skivenes 2010; Soydan et al.

2005), multi-professional cooperation (Glad 2006), or specific working methods like Family group conference (Heino 2009), not so much on how children and parents experience the services provided, whether they receive help, or what are the outcomes of the services provided.

Helena Blomberg and her Scandinavian research team (2010) have studied local child welfare social work services in four Nordic capital cities: Copenhagen, Helsinki, Oslo, and Stockholm. The starting point of their analysis is the notion of a distinctive Nordic model of social work and child welfare system following "family service orientation"[6] in contrast with "child protection orientation" of many English-speaking countries (ibid. 32-33). Their main question is if there is something "Nordic" in the Nordic child welfare social work, but at the same time, they analyse variation between these four local systems. Methodologically they want to turn the more common "macro top-down" perspective in comparative research into "meso from-below" perspective. Special attention is paid to the question of how child welfare problems are understood and handled. They have analysed the legal and organisational frameworks of these four local child welfare offices, numbers and contents of child welfare referrals, and the number and nature of interventions for children from different age groups. According to the researchers, this empirical analysis shows that the Nordic child welfare system reflects a family service orientation and emphasises preventive intervention. Indicator of this is that referrals concerning abuse and neglect of the child do not predominate but a more general concern of the welfare of the child and thus, social work practices focus on supervision, guidance, and cooperation rather than "harder" controlling measures. (ibid. 43.)

Katrin Krizˇ and Marit Skivenes (2010) have studied how child welfare workers in Norway and England experience and cope with communication problems caused by cultural differences with minority parents. They also identify the difference between child welfare systems based on family service orientation and child protection orientation. One of the major differences according to their findings was related to perceptions of the problems "While Norwegian social workers thought that differences in perceptions of children's needs were a barrier for dialogue [with the minority parents], English social workers thought that it was ethnic minority carers' child rearing methods, especially physical abuse, that were the major problems." (Krizˇ & Skivenes 2010, 15.)

Haluk Soydan and his research team (2005) have also studied child welfare social work practices and assessment processes in two individual cases comparing Denmark, UK, Sweden, Germany, and the US (Texas) in 1999-2003. The two cases were presented as vignettes – a short description of a person, a situation, or a course of events with references to what are thought to be important factors in decision-making or judgment-making processes (Soydan et al. 2005, 47). Data was collected from 133 social workers in Denmark, 178 in the UK, 202 in Sweden, 156 in Texas, and 202 in Germany. A special emphasis was in the child's place in the process, in multi-professional cooperation, and in how social workers work with service users from ethnic minority groups. The researchers conclude (Soydan et al. 2005, 42-43, 47):

[6] Family service orientation is marked by a social or psychological approach to child abuse problems, the first intervention is focused on the needs of the family, the relations between family and the state are characterised by cooperation, and placements are mainly made with the family's consent (see Gilbert 1997, 232-234).

- There are differences between the social workers within the countries in assessing the information and the case. There seems to be a lack of a common set of concepts agreed upon by the social work profession.
- Interventions in the countries differ between educational and psychological focus. In all countries there is a lack of common understanding about when to use serious interventions, such as removing a child from the home.
- Although there are international agreements about children's right to be heard and looked upon as full worthy citizens, they were not seen in these cases, especially young children.
- There is a need of a critical research on "culturalism" in the multicultural social work practice.
- There are neither joint national nor international concepts for different efforts and interventions.

Tarja Heino (2009) has reported a Nordic research and development project analyzing a specific method of child welfare, Family group conference (FGC), from children's perspective. FRC was first invented in New Zealand more than 20 years ago in order to increase formal involvement of families in decision-making in child protection. Major aim of the FGC model is to bring together the family, including the extended family, and the professional network systems in a family-led decision-making forum. FGC has since then been adopted and developed in many countries, including the Nordic countries where a lot of development work and research have been done in this field. The research was carried out in a child protection context in Denmark, Finland, Iceland, Norway, and Sweden. It brings together five small qualitative studies that focus upon the child's perspective within the FGC process. In the Nordic research, the dialogues between researchers formed an essential part of the material and the analysis in the research (ibid. 60-65). The Nordic research project does not actually compare the use of FGC in the countries studied (small qualitative data do not even allow that) but instead, it brings together the results of the national studies. In this respect, it cannot be seen as a comparative study. Still, it is a good example of a child perspective adopted in child welfare research in recent years.

To summarize, it is difficult to find comparative research on social welfare services for children and families with special needs or in special challenging life situations. There were no cross-national studies found concerning needs of and services for children (or adults) with disabilities and their families. The field most often studied is child welfare /child protection and to some extent family support. However, these studies cover a small number of countries – most often Nordic and/or English speaking countries, concentrating on local settings, using small qualitative sets of data, which does not allow systematic comparison. Still, they provide interesting and important views into national and cultural differences in the role of professionals, service systems, and the state in the lives of families in situations that require more targeted support and intervention than what is possible with social care services. Lack of comparative research in this field is certainly a major gap in existing research on social care and social services for families.

4. Methodological discussion

Within the field of cross-national, comparative research, there are different methodological orientations as can be found also from this research review. The main division goes between macro-level multi-national comparisons using quantitative data and micro-level, small-scale studies using qualitative or mixed methods. Deborah Mabbett and Helen Bolderson (1999) divide comparative social policy research into following categories: First, there are *evaluative studies* that compare a narrowly defined sets of intervention, social policies in a specific field mainly using statistical data. Secondly, *'grand theorising' is developing either common factor analysis or welfare regime theories* where welfare states are compared as a whole. Thirdly, there is *case study approach* that examines the specific institutional, historical and political features of each country covered. Anneli Anttonen (2005) has further modified and developed this division. She divides comparative research in social policy into *cross-national statistical comparison, case-oriented comparison, regime theory,* and *cross-cultural qualitative comparison*. From these four types, formulation of welfare regime theory, along with statistical comparisons, has dominated the field since the early 1990s.

Also comparative social care research is often based on or related to regime thinking. Either the countries compared are selected to represent different welfare regimes or social care researchers have developed new regimes based on social care systems in different countries (see Chapter 3.1).

In the early 2000s, Teppo Kröger in his research review on social care research concluded that prevailing research had been remarkably limited in its methodological scope. At that time, according to him, developed quantitative methods, comparative survey studies, and comparative qualitative research was largely missing. Since then collection of European statistical information and survey data have been developed further. What comes to data used in comparative studies introduced in this report, most of the large multi-national projects have used either national statistical information, statistics provided by Eurostat, and/or large multinational surveys and databases, such as The European Community Household Panel (ECHP)[7], Gender and Generations Surveys[8] (GGP), Survey of Health and Retirement of Europe[9] (SHARE), and the European Social Survey[10] (ESS).

---

[7] **The European Community Household Panel** (ECHP) is a panel survey in which a sample of households and persons have been interviewed year after year. These interviews cover a wide range of topics concerning living conditions. They include detailed income information, financial situation in a wider sense, working life, housing situation, social relations, health, and biographical information of the interviewed. The total duration of the ECHP was 8 years, running from 1994-2001 (8 waves).

[8] **Generations and Gender Survey** is a panel survey from the member countries of the United Nations Economic Commission for Europe (UNECE). It consists of a nationally representative sample of 18-79 year-old resident population in each participating country with at least three panel waves and an interval of three years between each wave. The contextual databases are designed to complement micro-level survey data with macro-level information on policies and aggregate indicators.

[9] **The Survey of Health, Ageing and Retirement in Europe** (SHARE) is a multidisciplinary and cross-national panel database of micro data on health, socio-economic status and social and family networks of more than 45,000 individuals aged 50 or over. 11 countries contributed data to the 2004 SHARE baseline study. The second wave of data collection took place in 2006–07. The survey's third wave collected detailed retrospective life histories in sixteen countries in 2008–09. (see http://www.share-project.org/)

[10] **The European Social Survey** (the ESS) is an academically driven social survey designed to chart and explain the interaction between Europe's changing institutions and the attitudes, beliefs and behaviour patterns of its diverse populations. Now preparing for its fifth round, the survey covers more than 30 nations and employs the most rigorous methodologies. A repeat

Some of the projects have also designed and collected their own surveys. For example, EUROFAMCARE project accomplished six national surveys based on personal interviews with about 6000 European family carers, using a joint family care assessment, and additionally collected 23 national background reports by using reviews and expert interviews. (EUROFAMCARE 2006, 9.) Also the European Foundation for the Improvement of Living and Working Conditions (2007) accomplished its own questionnaire-based, representative sample survey on working time arrangements and work–life balance issues at the workplace by interviewing personnel managers and, where available, formal employee representatives. The survey was conducted in 21 European countries and in more than 21 000 establishments (companies). (ibid., 1-2.)

The main problems with the large survey databases is that the data available is not necessarily suited to the specific research interests of the project, national data are not always comparable, and such data gets old rather quickly especially what comes to formal care and social service systems in individual countries (see also Anttonen and Sointu 2006, 25). Furthermore, there might be problems in whether people in different countries and from different backgrounds understand and interpret certain concepts in similar way, e.g. the distinction between care and help (see Chapter 3.4. in this report on intergenerational care relations).
Quite many of the comparative studies on social care and social services rely on national expert reports from individual countries, expertise of the research team and/or previous research available (e.g. Leira et al. 2005; Behning 2005; Pavolini & Ranci 2008). Methodological problem with these kinds of data sources is first of all its reliability and coverage. Using these kinds of data is probably somewhat easier and more reliable when studying formal care provision rather than informal care. Expert reports might still vary depending on who's the expert consulted and there might be problems in finding previous research and other written documents, especially from smaller language areas (e.g. Finland).

Availability of data is maybe also one reason for a problem in European comparative studies identified by Linda Hantrais (2006, 39-40) related to the selection of the countries studied. One clear gap is that new EU member states are still under-represented in comparative studies, but there are also other countries that are less often included. Today, large survey-based studies already cover a large number of member states (often 20 or more), but in more detailed and focused comparisons there are still some "favourite" countries like Germany, the UK, Sweden, France, quite often also the Netherlands, Italy and Spain. In addition to the availability of data, the reasons for that might be the activity and existing networks of the research teams and institutions and the fact that countries studied are chosen to fit into (and to test) some regime classification.

Qualitatively oriented studies are usually more small-scale in number of countries studied including 2-5 countries. SOCCARE research project accomplished in the early 2000s is still one of the largest qualitatively oriented comparative studies on social care in Europe. It was based on interviews of almost 400 European families in detail about their opportunities and difficulties to make flexible and responsive care arrangements and to combine these with participation in paid

cross-sectional survey, it has been funded through the European Commission's Framework Programmes, the European Science Foundation and national funding bodies in each country.

employment. The interview data was analysed mostly at the national level and reported in national reports. (Kröger 2004, 2.)

In some qualitatively oriented cross-national comparisons there are innovative methodological approaches and data used. One example is Tim Blackman's and his research team's (Blackman et al. 2001) approach in studying services for older people that combines a systems approach with individual user case studies. The idea was to use informed expert judgment to demonstrate what an older person would typically receive. Four contrasting cases of older people were selected, taken from actual case files and selected to be broadly representative of the variety of needs and circumstances. According to Blackman, this method is not completely reliable, both because of different individual judgements and because all countries have local differences to varying degrees in the services available. A further limitation is that it does not enable the countries to be compared in terms of the extent of unmet needs among older people who do not come to the attention of care services. (Blackman et al. 2001, 122-123.) Still it gives a much-needed addition to statistical or survey-based comparison and analyses the service systems from the users' (and not carers) point of view - although the assessment was made by the professional experts and not by the users of services. This method comes close to vignette method that has been used in some cross-national comparisons on child welfare services (Hetherington et al. 1997; Soydan et al. 2005). Vignette is a short description of a person, a situation, or a course of events (Soydan et al. 2005, 47). Usually professionals in different countries and settings are then asked to describe and assess how they would act or what should be done in this situation.

Both Kröger (2001) and Hantrais (2006) reminded in identifying methodological gaps and problems in previous research, that studies providing the perspective of care receivers is missing in comparative research. This still seem to be the case in more recent comparative research projects. More and more interest is paid into informal care but mainly from the perspective of the carers. Rauch (2007) further reminds that most comparative analyses of social (care) services concentrate on coverage levels (of formal services). Qualitative methods could provide more information about the contents and quality of services, but probably also some quantitative measurements could be developed in order to compare these.

Teppo Kröger has further criticised that comparative local studies are missing in comparative social care research (Kröger 2001, 40-41), and this still seems to be the case. Also Kai Leichsenring (2003, 4) has reminded in the context of care for older people, "As we are dealing with personal social services, the local often becomes more important than the national or the European context. Still, we have to take into account national frameworks and their differences, in particular with respect to financing, systemic development, professionalization and professional cultures, basic societal values (family ethics), and political approaches." This notion still speaks for research that would be able to recognise local differences in service provision, and also differences between urban and rural environments.

In the 2000s, there has been quite a wide interest in comparative research in social care for children and older people, covering both formal care services and more and more often also informal care and the combination of these. What are still mostly missing in the field of (European) comparative research are comparisons on social welfare services. Existing studies are mainly from the field of child welfare and even those cover a very small number of countries

and very limited research questions. There are also no comparative databases available on this field.
The Council of Europe (2009) Committee of Experts on Social Policy for Families and Children developed in 2008-09 a comprehensive questionnaire on national family policies and collected information from 40 European countries, which form a large database with detailed quantitative and qualitative data (see http://www.coe.int/t/dg3/familypolicy/Database/default_en.asp). Some parts of this database could be used also in more extensive comparisons on social welfare services for families but so far, this has not been done.

Another area of comparative social care and social services research, which is very much ignored, is care for people with disabilities. In 2008, Wim van Oorschot provided an introduction to the availability of comparative disability data for the Academic Network of European Disability experts (ANED). He searched for the opportunities for national comparisons between European countries regarding quantitative data on the situation of disabled people. He identified two broad categories of data sources: social surveys (whether opinion surveys or socio-economic surveys) and statistical databases. He identified many areas that are not covered in these data sources. According to him, only a few contain questions on disability, and where surveys do address disability issues, they are mostly concerned with the respondent's care for disabled persons. (http://www.disability-europe.net/en/themes/DataSources/data-sources-presentation-van-OorschotEN.jsp)

To conclude, there are rather many existing large survey-based data sources available to be used in comparative social care research but they do not cover all the important issues. Data should be also collected on a regular basis to be updated and to allow longitudinal analyses. To get more in-depth cross-national analyses, qualitative comparative research is needed from a larger number of countries than is the case today. The concluding chapter still goes further to analyze existing substantial gaps in comparative research on social care and social services.

5. Conclusions

Based on this research review, it can be argued that comparative social care research has established its place in the field of social policy and family policy research during the last 10-15 years. Four major themes or approaches were identified in the European comparative research on social care since the mid-1990s (Chapters 3.1-3.4). The most general discussion concerns the possibility to identify different social care regimes and to classify individual countries into these. The aim is to develop further previous classifications of welfare state regimes from a social care perspective and to add social care (and gender) dimension into them. Secondly, there are two separate research themes concentrating on major care receiver groups, namely children and old people. These two areas of research have adopted rather different perspectives and research questions. Childcare research mainly concentrates on public family policy measures that allow parents, especially mothers to combine paid employment with parenting and family responsibilities; the main issues concern public day care provision, care leave options, and cash benefits for parents in different countries, with special emphasis recently on “father-sensitive” policies. Research on social care for older people, on the other hand, concentrates more on informal care and family carers and either financial or service support available for them. In

addition, there is quite lot of research on care for older people from medical and health care perspective, which are excluded from this report, because there is hardly any family dimension in these studies. The most recent research theme in this field is analysing intergenerational care relations and their connection to public care provision. This perspective aims at combining questions of informal and formal care and breaking the boundaries between different care receiver and provider groups. So far, the main emphasis in intergenerational care relations has been in the informal care provided for older people, but the aim is to analyse care relations as mutual and interdependent.

In addition to comparative social care research, this research review covers cross-national research on social welfare services for children and families with special needs or in special challenging life situations (chapter 3.5). However, this area is much less developed than the field of social care research; comparisons are usually done between a small number of countries, and most of the existing studies examine specific aspects of child welfare/child protection. However, this research field seems to be developing and there is a lot of interest in cross-national comparisons, and important questions to study also from a comparative perspective.

Some *major trends* can be identified in social care and social services across Europe based on the research reviewed in this report:

One of the trends in social care that has been identified by many researchers is *"care going public", formalisation, institutionalisation and professionalization of care* (e.g. Anttonen & Sipilä 2005; Geissler & Pfau-Effinger 2005). For example, Anneli Anttonen argues that in the last 15-20 years public responsibility for caring has increased, especially in childcare. Care going public might mean several things: First, it means that the place of care has partly changed from the households into public or private (commercial) sectors, and secondly, that citizens more often have rights for care as part of social citizenship. Care has also professionalised and monetarised, and become a public, political, and also juridical issue. (Anttonen & Sointu 2006, 14-15.) However, this trend of care going public looks somewhat different when looking at care for the children on the one hand and care for older people on the other.

The trend of care going public is clearer in childcare than in the care for the older people, and it is strongly supported also in EU policy. However, there are still remarkable differences within the EU countries in public childcare provision (see e.g. Saraceno and Keck 2008, 32-38; Lister et al. 2007, especially chapter 4; Plantenga et al. 2008; Plantenga & Remery 2009). Furthermore, some researchers have recognised trends of (re)familialisation or neofamilialism in some individual countries in their childcare policies e.g. in France and Finland (Mahon 2002, 344). There is also a tendency towards familialisation of childcare in some new EU member states, most clearly in the Czech Republic, Slovakia, and Slovenia (Szeleva & Polakowski 2008, 126-128). In addition to the public day care provision for children, care going public might also mean financial compensation for parents or options for care leave, which instead of increasing public responsibility can be understood also as a trend towards familialism. For example, Saraceno and Keck (2008) argue that public financial support may strengthen, incentive, or allow familialisation of care responsibilities. They further remind that the forms that public support may take are not gender neutral (e.g. payments for care are likely to strengthen gender divisions more than services). (ibid. 61.) Thus, 'care going public' is not a straightforward trend and it might have different consequences even in childcare policies.

The trend of care going public is less clear in social care for older people. For example, Simonazzi (2009) concludes that in the search for cost effectiveness/reduction, *all countries are moving towards home care, private (commercial) provision of formal care and cash transfers*. Her view is shared by some other researchers e.g. by Behning (2005) and Pavolini and Ranci (2008). Again, if care going public is also understood as public recognition of informal care (e.g. cash-for-care schemes), then it can be argued that this trend also exists in social care for older people. Furthermore, home care does not necessary mean only informal care provided by family members but it might also mean professional home care services or private (non-professional) care provided e.g. by female migrant workers. Several researchers referred to in this report seem to suggest that in all over Europe, in spite of national differences, there are at least two similar and simultaneous trends in social care for older people: on the one hand privatisation and marketisation of formal, professional care, and on the other, (re-)familialisation of care either with or without financial compensation.

Birgit Geissler (2005, 311) concludes: "Although there has been an expansion of state commitment for care, this does not mean a one-dimensional development towards a formalisation of care as paid work. One the one hand, there are processes of formalisation and professionalisation of informal care in which care work is organised as formal paid work in a market-oriented manner. However, parallel to this there are also processes of modernisation within the area of informal care work that are proceeding in the direction of semi-formal forms supported by the welfare state on the one hand, and precarious forms of undeclared work on the other."

Discussion above already points out to the second trend, that even if there are differences between individual countries, *social care remains a combination of formal and informal care* where the role of families and especially women in families is still remarkable in providing care for children, old people and other family members. This raises an increasing political and academic interest in different combinations of formal and informal care including intergenerational care relations. Important role of informal care has been recognised especially in care for older people, but also in childcare the role of grandparents and other close relatives and friends is still remarkable.

Several researchers have been interested in whether formal care replaces (crowd-out) informal care or whether those rather complement (crown-in) each other. There seem to be no strong evidence for the crowding-out hypothesis. For example, Brandt et al. (2009, 594-595) conclude in relation to care for older people that "professional providers take over the more challenging, intensive, and essential care of the elderly, whereas children tend to give voluntary, less intensive, and less onerous help." Hank and Buber (2009) have got similar results in relation to grandparental care of their grandchildren. Also Raeymaeckers et al. (2008; also Kröger forthcoming) have found that for lone mothers social networks fulfill an important complementary role in childcare.

It seems quite evident that, even if the aging of population has been recognised as one of the biggest future challenges all over Europe and worldwide, *childcare will remain in the core of social care policy* because it is related to the needs of the economy, labour market, and gender equality policy (see e.g. Mahon 2002; Haataja 2005; Leira & Saraceno 2008; 14-16; León 2009;

Knijn & Smit 2009). The main emphasis has been on the coverage levels of child care services that would allow the reconciliation of work and family life. More research would be needed also on the possibilities that parents actually have in their daily life in using the options available e.g. the role of employers and workplace cultures in reconciliation of work and family.

Plantenga et al. (2008, 42-43) have made an important critical remark that childcare services are not only services for working parents but good, high-quality services should be also seen as services for children. Effective childcare strategy should not be only about quantity but also, or even primarily, about quality of services addressing the needs of children, parents, families and communities. Children's perspective – and service users' perspective in general - into services provided for them has been largely missing from the social care policy and research. So far, the only measurement for the quality of services both in childcare and in the care services for older people has been the staff ratio. More sensitive measurements, both quantitative and qualitative, should be found for evaluating the quality of services.

There are also some indications that the educational aims and contents of formal childcare services will gain more political interest in the future. Karsten Jensen (2009) argues that different curriculum traditions in individual countries can explain their investment in childcare services. According to his empirical results, countries that belong to the so-called readiness-for-school-curriculum tradition have expanded their provision considerably more than countries belonging to the socialpedagogical-curriculum tradition because the former conceptually matches the current political preferences. Ruth Lister (2008) has criticised this political thinking, where children are seen as profitable investment for the future and in human capital. According to her, the quality of childhood itself is largely overlooked and childcare and education policies are more oriented towards employment priorities – current and future – than towards children's wellbeing here and now. This new kind of an interest in children and childhood can be seen a part of the 'politicisation of childhood', meaning increasing public interest and intervention into problems of children and parents, new social risks, early childhood education and care, child poverty, childcare as investment into future, and social capital perspective (e.g. Jenson 2008).

In spite of national differences, *European countries seem to turn more similar in their social care systems* and also what comes to the problems related to them. Many researchers emphasize similarities rather than differences in future developments of social care. Anttonen, Sipilä and Baldock (2003) have even suggested an analytical idea of linear development where countries do not represent different social care models but are at the different stages in their progress. Most researchers agree that the main differences in social care arrangements can be found between Southern and Northern parts of Europe, but there is no agreement on whether these can be called as separate social care regimes.

It is also important to recognise future issues and openings in the developments of social care and social services, and gaps in existing research. *Globalization and internationalization of care and care work with its various forms and consequences will be one of the future trends*. There is still rather little comparative research done in this field but it is certainly an issue, which is becoming more and more important. Globalisation and internalisation of care means that care relations cross national boarders in the forms of global care chains and transnational care, and in increasing numbers of migrant care workers both in formal and informal care work.

Furthermore, it means that caring is increasingly becoming an international business where multinational companies are providing care services. (Anttonen et al. 2009.) The EU is now both in its policy and research funding investing on migration issues, but relations between care, gender and migration issues are not yet clearly emphasised in the research projects recently funded (see Moving Europe: EU research on migration and policy needs 2009). So far, the only issue discussed in social care research has been the role of migrant care workers, mainly in Southern European countries. There is some research done in this field (e.g. Augustin 2003; Bettio et al. 2006; Kröger & Zechner 2009; Yeates 2009) but more is certainly needed. Internationalisation of care takes different forms in different parts of Europe and is an important topic for cross-national comparisons.

A recent trend in care policies in several countries (like in the UK and the Netherlands) has been *a move towards 'direct payments' or 'personal budgets'*. These changes represent a tendency where the user of care services is given considerably more say on the way her/his needs are being met. Typically the user is given a choice between using traditional publicly provided care services or receiving a payment with which s/he can organize her/his own care, purchasing services from different public, non-profit and for-profit providers and/or compensating for informal care that s/he receives from close persons. The same kind of policy tendencies is gaining popularity in many countries. However, there does not exist yet practically any comparative research on this *'personalisation of care' trend*. (See e.g. Glasby & Littlechild 2009.)

What comes to the existing gaps in comparative social care and social services research, many of the gaps that were identified in earlier research reviews (Kröger 2001; Hantrais 2006) still exist. Privately (commercially) provided care is still largely ignored in comparative studies even if its importance is clearly growing. In the care of older people administrative, organisational and professional boundaries, especially between health and social care still make it difficult to study the whole range of services, and even research in this field diverges between disciplines. There is also need for more comparative local studies and recognition for local differences in social care and social services within individual countries e.g. between urban and rural areas. One of the future issues is certainly the use of technology both in formal and informal care. Perspective of the care receivers and service users is also still largely missing in comparative research. There is very little comparative research on social care for family members with disabilities, both children and adults. Lack of comparative research in the field of social welfare services for children and families is certainly a major gap in existing research. And this list could be continued.

References

ACTIVAGE project (2007) Overcoming the Barriers and Seizing the Opportunities for Active Ageing Policies in Europe (ACTIVAGE) Final report. Funded under the Key Action 'Improving the Socio-economic Knowledge Base' of FP5. European Commission.

Alber, Jens & Köhler, Ulrich (2004) Health and care in an enlarged Europe. Dublin: European Foundation for the Improvement of Living and Working Conditions.

ANED Academic Network of European Disability Experts webpage http://www.disability-europe.net/en/home [cited 24.3.2010]

Anttonen, Anneli (2005) 'Vertailut ja sosiaalipolitiikan uusi suunta' [New Trends in Social Policy Research: Comparative Approach to Social Policy]. Janus. The Finnish Journal of Social Policy and Social Work Research 13 (3): 268-288.

Anttonen, Anneli (2003) Lastenhoidon kaksi maailmaa [Two worlds of child care] In Hannele Forsberg & Ritva Nätkin (eds.) Perhe murroksessa. Helsinki: Gaudeamus, 159-185.

Anttonen, Anneli & Sipilä, Jorma (2005) Comparative approaches to social care: diversity in care production modes. In Birgit Pfau-Effinger & Birgit Geissler (eds.) Care and Social Integration in European Societies. Bristol: Policy Press, 115-134.

Anttonen, Anneli & Sipilä, Jorma (1996) European Social Care Services: Is It Possible To Identify Models? Journal of European Social Policy, 6 (2), 87-100.

Anttonen, Anneli, Sipilä, Jorma & Baldock, John (2003) Patterns of social care in five industrial societies: Explaining diversity In Anneli Anttonen, John Baldock & Jorma Sipilä (eds.) The young, the old, and the state: Social care systems in five industrial nations. Cheltenham: Edward Elgar, 167-198.

Anttonen, Anneli, Sointu, Liina, Valokivi, Heli & Zechner, Minna: Lopuksi. In Anneli Anttonen, Heli Valokivi & Minna Zechner (eds.) Hoiva. Tutkimus, politiikka ja arki [Care: Research, policy and everyday life] Tampere: Vastapaino, 238-254.

Anttonen, Anneli & Sointu, Liina (2006) Hoivapolitiikka muutoksessa. Julkinen vastuu pienten lasten ja ikääntyneiden hoivasta 12 Euroopan maassa. [Care politics in transition. Public responsibility on the social care of young children and old people] Hyvinvointivaltion rajat – hanke. Stakes: Helsinki.

Augustin, Laura M. (2003) A Migrant World of Services. Social Politics 10 (3), 377-396.

Behning, Ute (2005) Changing long-term care regimes: a six-country comparison of directions and effects. In Birgit Pfau-Effinger and Birgit Geissler (eds.) Care and Social Integration in European Societies. Bristol: Policy Press, 73-91.

Bettio, Francesca & Plantenga, Janneke (2004) Comparing care regimes in Europe. Feminist Economics 10 (1): 85-113.
Bettio, Francesca, Simonazzi, Annamaria & Villa, Paola (2006) Change in care regimes and female migration: the 'care drain' in the Mediterranean. Journal of European Social Policy 16 (3), 271-285.

Billings, Jenny & Leichsenring, Kai (eds.) (2005) Integrating Health and Social Care Services for Older Persons. Evidence from Nine European Countries. Aldershot: Ashgate.

Blackman Tim (2000) Defining responsibility for care: approaches to the care of older people in six European countries. International Journal of Social Welfare 9 (3): 181–190.

Blackman, Tim, Brodhurst, Sally & Convery, Janet (2001) Social Care and Social Exclusion A Comparative Study of Older People's Care in Europe. Palgrave Macmillan: Basingstoke & New York.

Blomberg, Helena, Corander, Clary, Kroll, Christian, Meeuwisse, Anna, Scaramuzzino, Roberto & Swärd, Hans (2010) A Nordic model in child welfare? In Hannele Forsberg & Teppo Kröger (eds.) Social work and child welfare politics. Through Nordic lenses. Bristol: Policy Press, 29-45.

Brandt, Martina, Haberkern, Klaus and Szydlik, Marc (2009) Intergenerational Help and Care in Europe. European Sociological Review 25 (5), 585–601.

CM/Rec(2010)2E / 03 February 2010. Recommendation of the Committee of Ministers to member states on deinstitutionalisation and community living of children with disabilities. Adopted by the Committee of Ministers on 3 February 2010 at the 1076th meeting of the Ministers' Deputies. Available at: http://www.coe.int/t/cm/home_en.asp [cited 18.3.2010]

Council of Europe (2009) Family Policy in Council of Europe Member States. Two expert reports commissioned by the Committee of Experts on Social Policy for Families and Children. Council of Europe. Available at:
www.coe.int/.../familypolicy/.../Family_Policy_in_Council_of_Europe_member_states_en.pdf

Crompton, Rosemary, Lewis, Suzan and Lyonette, Clare (eds.) (2007) Women, Men, Work and Family in Europe. Basingstoke: Palgrave Macmillan.

Daatland, Svein Olav & Herlofson, Katharina (2003) Lost solidarity' or 'changed solidarity': a comparative European view of normative family solidarity. Aging and Society 23 (5), 537-560.

Commission staff working document (2008) Biennial Report on social services of general interest {COM(2008) 418 final} Commission of the European Communities, Brussels, 2.7.2008.

Dykstra, Peter (1997). Employment and caring. Working paper No. 7. Haag: NIDI.

DYNSOC project - Understanding the long-term changes in people's lives in Europe. Available at: http://ec.europa.eu/research/social-sciences/projects/017_en.html

Ellingsæter, Anne Lise & Leira, Arnlaug (2006) Politicising parenthood in Scandinavia: gender relations in welfare states. Bristol: Policy Press.

EUROFAMCARE consortium (2006) Services for Supporting Family Carers of of Elderly People in Europe: Characteristics, Coverage and Usage. Summary of main findings from EUROFAMCARE. Written and edited by Judy Triantafillou and Elizabeth Mestheneos on behalf of the EUROFAMCARE Group. European Commission.

European Commission (2009) Emerging Trends in Socio-economic Sciences and Humanities in Europe. The METRIS report. A report by an expert group set up by the European Commission Directorate-General for Research. Socio-economic Sciences and Humanities. Luxembourg: Office for Official Publications of the European Communities.

European Commission (2006a) Social services of general interest in the European Union Luxembourg: Office for Official Publications of the European Communities.

European Commission (2006b) European Union supported research on social sciences and humanities 1998-2005. Luxembourg: Office for Official Publications of the European Communities.

European Commission (2004) Mid-Term Assessment Report 2003. Key Action 6: The Ageing Population and Disabilities 1999-2002. Directorate-General for Research 5th Framework Programme. Quality of Life and Management of Living Resources. Luxembourg: Office for Official Publications of the European Communities.

European Foundation for the Improvement of Living and Working Conditions (2007) Parental leave in European companies. Establishment Survey on Working Time 2004–2005. Authors Dominique Anxo, Colette Fagan, Mark Smith, Marie-Thérèse Letablier and Corinne Perraudin. Luxembourg: Office for Official Publications of the European Communities.

European Foundation for the Improvement of Living and Working Conditions (2004) Health and care in an enlarged Europe. Authors Jens Alber and Ulrich Köhler. Luxembourg: Office for Official Publications of the European Communities.

Eurostat (2009) Reconciliation between work, private and family life in the European Union. Eurostat statistical books. Luxembourg: Office for Official Publications of the European Communities.

Evers, Adalbert (2003) Current strands in debating user involvement in social services. Discussion Paper for the “Group of Specialists on User Involvement in Social Services (CS-US)". Council of Europe. Available at: http://www.coe.int/t/dg3/socialpolicies/socialrights/source/SocServEversRep.doc [cited 3.2.2010]

Eydal, Guðny Björk & Kröger, Teppo (2010) Nordic family policies: constructing context for social work with families. In Hannele Forsberg and Teppo Kröger (eds.) Social Work and Child Welfare Politics: Through Nordic Lenses. Bristol: Policy Press, 11-27.

Forsberg, Hannele & Kröger, Teppo (2010) Introduction. In Hannele Forsberg and Teppo Kröger (eds.) Social Work and Child Welfare Politics: Through Nordic Lenses. Bristol: Policy Press, 1-9.

Forsberg, Hannele & Vagli, Åse (2006) The Social Construction of Emotions in Child Protection Case-Talk. Qualitative Social Work 5(1), 9–31.

Geissler, Birgit (2005) Welfare state and the family in the field of social care. In Birgit Pfau-Effinger and Birgit Geissler (eds.) Care and Social Integration in European Societies. Bristol: Policy Press, 307-315.

Geissler, Birgit & Pfau-Effinger, Birgit (2005) Change in European care arrangements. In Birgit Pfau-Effinger & Birgit Geissler (eds.) Care and Social Integration in European Societies. Bristol: Policy Press, 3-19.

Gerhard, Ute, Knijn, Trudie & Weckwert, Anja (eds.) (2005) Working Mothers in Europe. A Comparison of Policies and Practices. Cheltenham & Northhampton MA: Edward Elgar.

Gerhard, Ute & Weckwert, Anja (2001) Thematic Network: "Working and Mothering: Social Practices and Social Policies" Final Report. TSER Programme of the European Commission Area III: Research into Social Integration and Social Exclusion in Europe. Available at: http://ec.europa.eu/research/social-sciences/projects/117_en.html [cited 22.1.2010]

Gilbert, Neil (1997) Conclusion. A Comparative Perspective. In Neil Gilbert (ed.) Combatting Child Abuse. International Perspectives and Trends. Oxford: Oxford University Press, 232-240.

Giullari, Susy & Lewis, Jane (2005) The adult worker model family, gender equality and care: the search for new policy principles, and the possibilities and problems of a capabilities approach. Social policy and development programme paper No. 19. Geneva: United Nations Research Institute for Social Development.

Glad, Johan (2006) Co-operation in a child welfare case: a comparative cross-national vignette study. European Journal of Social Work, 9 (2), 223 -240.

Glasby, Jon & Littlechild, Rosemary (2009) Direct Payments and Personal Budgets: Putting Personalisation into Practice. Bristol: Policy Press.

Grassman, Eva Jeppsson, Whitaker, Anna & Larsson, Annika Taghizadeh (2009) Family as failure? The role of informal help-givers to disabled people in Sweden. Scandinavian Journal of Disability Research, 11 (1), 35-49.

Haataja, Anita (2005) Family leave and employment in the EU: transition of working mothers in and out of employment. In Birgit Pfau-Effinger and Birgit Geissler (eds.) Care and Social Integration in European Societies. Bristol: Policy Press, 255-278.

Haberkern, Klaus & Szydlik, Marc (2010) State care provision, societal opinion and children's care of older parents in 11 European countries. Aging & Society 30 (2), 299-323.

Hagestad, Gunhild & Herlofson, Katharina (2007) Micro and macro perspectives on intergenerational relations and transfers in Europe. Report from United Nations Expert Group Meeting on Social and Economic Implications of changing Population Age Structures. New York: United Nations / Department of Economic and Social Affairs, 339-357.

Hank, Karsten & Buber, Isabella (2009) Grandparents Caring for their Grandchildren: Findings From the 2004 Survey of Health, Ageing, and Retirement in Europe. Journal of Family Issues 30 (1), 53-73.

Hantrais, Linda (2006) Family and Welfare Research, Policy Review Series nr 1, Brussels, European Commission.

Hantrais, Linda and Mangen, Sten (1996) 'Method and management of cross-national social research', in Linda Hantrais and Sten Mangen (eds.) Cross-National Research Methods in the Social Sciences. London: Pinter, 1-12.

Hearn, Jeff, Pösö, Tarja, Smith, Carol, White, Sue and Korpinen, Johanna (2004) 'What is child protection? Historical and methodological issues in comparative research on *lastensuojelu*/child protection'. International Journal Social Welfare 13 (1), 28-41.

Heino, Tarja (2009) Family Group Conference from a Child Perspective. Nordic Research Report. Report 13/2009. Helsinki: National Institute for Health and Welfare.

Hetherington, Rachel, Cooper, Andrew, Smith, Philip and Wilford, Gert (1997) Protecting Children: Messages from Europe. Lyme Regis: Russell House Publishing.

Hetherington, Rachael (1998) Issues in European child protection research. European Journal of Social Work, 1 (1), 71- 82.

Hobson, Barbara & Fahlén, Susanne (2009) Competing Scenarios for European Fathers: Applying Sen's Capabilities and Agency Framework to Work Family Balance. The ANNALS of the American Academy of Political and Social Science 624, 214-233.

Huber, Manfred, Maucher, Mathias & Sak Barbara (2008) Study on Social and Health Services of General Interest in the European Union. Final Synthesis Report. Vienna: European Centre for Social Welfare Policy and Research. Available at: http://ec.europa.eu/social/main.jsp?catId=794&langId=en [cited 10.2.2010]

Igel, Corinne, Brandt, Martina, Haberkern, Klaus and Szydlik, Marc (2009) Intergenerational Help and Care. Specialization between Family and the State Intergenerational Time Transfers in Western Europe. Journal of Comparative Family Studies. 40 (2), 203-226.

IPROSEC –project (2003) Improving Policy Responses and Outcomes to Socio-Economic Challenges: changing family structures, policy and practice. Final report. Available at: http://ec.europa.eu/research/social-sciences/projects/066_en.html [cited 6.2.2010]

Jensen, Carsten (2009) Institutions and the politics of childcare services. ESPAnet/JESP Doctoral Researcher Prize Essay. Journal of European Social Policy 19 (1), 7-18.

Jenson, Jane (2008) Children, new social risks and policy change: A LEGO™ future? In Arnlaug Leira & Chiara Saraceno (eds.) Childhood: Changing Contexts. Comparative Social Research, Volume 25. Bingley: Emerald JAI, 357-381.

Knijn, Trudie & Smit, Arnoud (2009) Investing, Facilitating, or Individualizing the Reconciliation of Work and Family Life: Three Paradigms and Ambivalent Policies. Social Politics: International Studies in Gender, State and Society 16 (4), 484-518.

Križ, Katrin and Skivenes, Marit (2010) 'We have very different positions on some issues: how child welfare workers in Norway and England bridge cultural differences when communicating with ethnic minority families', European Journal of Social Work, 13 (1), 3 -18.

Kröger, Teppo (forthcoming) Lone mothers and the puzzles of daily life: do care regimes really matter. International Journal of Social Welfare. Early View, Date: August 2009.

Kröger, Teppo (2009) Care research and disability studies: Nothing in common? Critical Social Policy 29(3), 398-420.

Kröger, Teppo (ed.) (2004) New kinds of families, new kinds of social care. Families, Work and Social Care in Europe. A qualitative study of care arrangements in Finland, France, Italy, Portugal and the UK. SOCCARE Project. Final report. European Commission 5th Framework Programme.

Kröger, Teppo (2001) Comparative research on social care. The state of the art. SOCCARE Project Report 1. Written for European Commission. 5th Framework Programme.

Kröger, Teppo & Zechner, Minna (2009) Migration and Care: Giving and Needing Care across National Borders. Finnish Journal of Ethnicity and Migration 4 (2), 17–26. Available at http://www.etmu.fi /fjem/ [cited 9.2.2010]

Kröger, Teppo & Sipilä, Jorma (2005) (eds.) Overstretched. European Families up Against the Demands of Work and Care. Oxford: Blackwell.

Kuronen, Marjo & Lahtinen, Pia (2010) Supporting families - The role of family work in Finnish child welfare. In Hannele Forsberg and Teppo Kröger (eds.) Social work and child welfare politics. Through Nordic lenses. Bristol: Policy Press, 65-81.

Lamura, Giovanni, Mnich, Eva, Nolan, Mike, Wojszel, Beata, Krevers, Barbro , Mestheneos, Liz & Döhner, Hanneli on behalf of the EUROFAMCARE Group (2008) Family Carers' Experiences Using Support Services in Europe: Empirical Evidence From the EUROFAMCARE Study. The Gerontologist 48 (6), 752–771.

Leira, Arnlaug & Saraceno, Chiara (2008) Childhood: Changing Contexts In Arnlaug Leira & Chiara Saraceno (eds.) Childhood: Changing Contexts. Comparative Social Research, Volume 25. Bingley: Emerald JAI, 1-24.

Leira, Arnlaug, Tobio, Constanza, & Trifiletti, Rossana (2005) Kinship and informal support: Care resources for the first generation of working mothers in Norway, Italy and Spain. In Ute Gerhard, Trudie Knijn & Anja Weckwert (eds.) (2005) Working Mothers in Europe. A Comparison of Policies and Practices. Cheltenham & Northhampton MA: Edward Elgar, 74-96.

Leichsenring, Kai (2003) Providing integrated health and social care for older persons – A European overview. European Centre for Social Welfare Policy and Research. PROCARE project. Available at: http://www.euro.centre.org/procare/ [cited 10.2.2010]

Leitner, Sigrid (2003) Varieties of familialism. The caring function of the family in comparative perspective. European Societies, 5 (4), 353-375.

León, Margarita (2009) Gender Equality and the European Employment Strategy: The Work/ Family Balance Debate. Social Policy & Society 8(2), 197–209.

Lewis, Jane, Campbell, Mary & Huerta, Carmen (2008) Patterns of paid and unpaid work in Western Europe: gender, commodification, preferences and the implications for policy. Journal of European Social Policy 18(1), 21–37.

Lister, Ruth (2009) A Nordic Nirvana? Gender, Citizenship, and Social Justice in the Nordic Welfare States. Social Politics 16 (2), 242-278.

Lister, Ruth (2008) Investing in children and childhood: A new welfare policy paradigm and its implications. In Armlaug Leira and Chiara Saraceno (eds.) Childhood: Changing Contexts. Comparative Social Research, Volume 25. Bingley: Emerald JAI Press, 383-408.

Lister, Ruth, Williams, Fiona, Anttonen, Anneli, Bussemaker, Jet, Gerhard, Ute, Heinen, Jacqueline, Johansson, Tina, Leira Arnlaug, Siim, Birte, Tobio, Constanza with Gavanas, Anna (2007) Gendering Citizenship in Western Europe: New Challenges for Citizenship Research in a Cross-national Context. Bristol: Policy Press.

Lowenstein, Ariela & Daatland, Svein Olav (2006) Filial norms and family support in a comparative cross-national context: evidence from the OASIS study. Ageing & Society 26 (2), 203-223.

Mabbett, Deborah & Bolderson, Helen (1999) Theories and methods in comparative social policy. In Jochen Clasen (ed.) Comparative Social Policy: Concepts, theories and methods. Oxford: Blackwell, 34-56.

Mahon, Rianne (2002) Child Care: Toward What Kind of "Social Europe"? Social Politics: International Studies in Gender, State & Society 9 (3), 343-379.

Mestheneos, Elizabeth & Triantafillou, Judy on behalf of the EUROFAMCARE group (2005) Supporting Family Carers of Older People in Europe – the Pan-European Background. Manuscript available at: http://www.uke.de/extern/eurofamcare/publikationen.php [cited 10.2.2010]

Moss, Peter (ed.) (2009) International review of leave policies and related research 2009. Employment relations research series No.102. Department of Business Innovation and Skills. London: Employment Market Analysis and Research. Available at: http://www.bis.gov.uk/employment/research-evaluation/errs/index.html [cited 9.2.2010]

Motel-Klingebiel, Tesch-Roemer, Clemens & Von Nondratowitz, Hans-Joachim (2005) Welfare states do not crowd out the family: evidence for mixed responsibility from comparative analyses. Ageing and Society 25 (6), 863-882.

Moving Europe: EU research on migration and policy needs (2009) Directorate-General for Research. Socio-economic Sciences and Humanities. European Commission.

Multilinks project webpages http://multilinks-project.eu/info/project-info [cited 28.1.2010]

Nies, Henk (2006) Managing effective partnerships in older people's services. Health & Social Care in the Community 14 (5), 391–399.

O'Brien, Margaret (2009) Fathers, Parental Leave Policies, and Infant Quality of Life: International Perspectives and Policy Impact. The ANNALS of the American Academy of Political and Social Science 624 (1), 190-213.

Ostner, Ilona & Schmitt, Christoph (eds.) Family Policies in the Context of Family Change. The Nordic Countries in Comparative Perspective. Wiesbaden: VS Verlag für Sozialwissenschaften.

Pavolini, Emmanuele & Ranci, Costanzo (2008) Restructuring the welfare state: reforms in long-term care in Western European countries. Journal of European Social Policy 18(3), 246–259.

Plantenga, Janneke & Remery, Chantal (2009) The provision of childcare services. A comparative review of 30 European countries. European Commission's Expert Group on Gender and Employment Issues (EGGE). European Commission Directorate-General for Employment, Social Affairs and Equal opportunities. Luxembourg: Office for Official Publications of the European Communities.

Plantenga, Janneke, Remery, Chantal, Siegel, Melissa & Sementini, Loredana (2008) Childcare services in 25 European Union member states: The Barcelona targets revisited. In Armlaug Leira and Chiara Saraceno (eds.) Childhood: Changing Contexts. Comparative Social Research, Volume 25. Bingley: Emerald JAI Press, 27-53.

Pfau-Effinger, Birgit (2005) Development paths of care arrangements in the framework of family values and welfare values. In Birgit Pfau-Effinger and Birgit Geissler (eds.) Care and Social Integration in European Societies. Bristol: Policy Press, 21-45.

Pfau-Effinger, Birgit & Geissler, Birgit (eds.) Care and Social Integration in European Societies. Bristol: Policy Press.

Raeymaeckers, Peter, Dewilde, Caroline , Snoeckx, Laurent & Mortelmans, Dimitri (2008) Childcare Strategies of Divorced Mothers in Europe: A Comparative Analysis. European Sociological Review 24 (1), 115–131.

Rauch Dietmar (2007) Is There Really a Scandinavian Social Service Model?: A Comparison of Childcare and Elderlycare in Six European Countries. Acta Sociologica 50(3), 249–269.

Rummery, Kirstein (2009) A Comparative Discussion of the Gendered Implications of Cash-for-Care Schemes: Markets, Independence, and Social Citizenship in Crisis? Social Policy & Administration 43 (6), 634–648.

Shulruf, Boaz, O'Loughlin, Claire & Tolley, Hilary (2009) Parenting education and support policies and their consequences in selected OECD countries. Children and Youth Services Review 31 (5), 526–532.

Saraceno, Chiara and Keck, Wolfgang (2008) The institutional framework of intergenerational family obligations in Europe: A conceptual and methodological overview. The first deliverable of WP1 of the Multilinks project funded by the European Commission under the 7th framework programme. Available at www.multilinks-project.eu [cited 15.12.2009]

Shima, Isilda & Rodrigues, Ricardo (2009) The implementation of EU social inclusion and social protection strategies in European countries with reference to equality for disabled people. Report prepared for the Academic Network of European Disability Experts (ANED). Available at: http://www.disability-europe.net/en/themes/Social%20inclusion [cited 24.3.2010]

Simonazzi, Annamaria (2009) Care regimes and national employment models. Cambridge Journal of Economics 33 (2), 211–232.

Sipilä, Jorma & Kröger, Teppo (2004) Editorial Introduction. European Families Stretched between the Demands of Work and Care. Social Policy & Administration 38 (6), 557–564.

Soydan, Haluk, Jergeby, Ulla, Glad, Johan, Nybom, Jenny & Williams, Charlotte (2005) Bedömning av ett barnavårdsärende – en studie i fem länder. [Assessment in child welfare cases – A study of five countries] Institutet för utveckling av metoder i socialt arbete. Lindesberg: Socialstyrelsen.

Szelewa, Dorota & Polakowski, Michal P. (2008) Who cares? Changing patterns of childcare in Central and Eastern Europe. Journal of European Social Policy 18(2), 115–131.

TSFEPS (2006) Transformations des structures familiales et évolution des politiques sociales: les services de la petite enfance comme services de cohésion sociale. Final report. Funded under the key action 'Improving the socioeconomic knowledge base' of FP5. Issued in September 2005. European Commission: EU RESEARCH ON SOCIAL SCIENCES AND HUMANITIES Available at: http://ec.europa.eu/research/social-sciences/project-reports2006_en.html [cited 22.1.2010]

Yeates, Nicola (2009) Globalizing Care Economies and Migrant Workers, Hampshire: Palgrave Macmillan.

Waldschmitdt, Anne (2009) Disability policy of the European Union: The supranational level. ALTER European Journal of Disability Research 3(2009), 8-23.

Walker, Steven (2002) Family support and the role of social work: renaissance or retrenchment? European Journal of Social work 5 (1), 43-54.

Webster, Juliet (2007) Changing European Gender Relations: Gender Equality Policy Concerning Employment and the Labour Market. EU research in social sciences and humanities.
Policy Synthesis of EU Research Results. Series no 6. European Commission. Available at: http://ec.europa.eu/research/social-sciences/policy-review-series-02_en.html [cited 28.1.2010]

technische universität dortmund

coface

ifb Staatsinstitut für Familienforschung an der Universität Bamberg

UNIVERSITY OF JYVÄSKYLÄ

Instituto de Ciências Sociais da Universidade de Lisboa

TALLINN UNIVERSITY

LSE THE LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE

ÖIF universität wien
Österreichisches Institut für Familienforschung
Austrian Institute for Family Studies

NÉPESSÉGTUDOMÁNYI KUTATÓ INTÉZET NKI DEMOGRAPHIC RESEARCH INSTITUTE

UNIVERSITÀ DEGLI STUDI DI MILANO BICOCCA

Mouvement Mondial des Mères Europe
World Movement of Mothers Europe

www.familyplatform.eu

Email info@familyplatform.eu