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Gender Symmetry in the Reform of European Welfare States

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ABSTRACT

This article identifies important economic differences between the three main models of Welfare State, ("Anglo-Saxon", "Nordic", "Continental", the latter with a characteristically "Latin" variation). They differ with respect to the main source of financing for care (private purchase, income taxation, pay-roll taxation), the main place where care takes place (private services, public services, the family), and the amount and the channels of resources directed to the needy (cash transfers or transfers in kind by the State, private intra-family transfers).

This paper shows how "Liberal" and "Nordic" models, albeit very different in design and in final outcomes with respect to income distribution, are similar because they foster more "symmetric" gender relations. Men and women are similarly situated with respect to production and redistribution of resources. The Continental and Latin models are "asymmetric", because they direct people of different sexes towards specialisation in different types of work, unpaid care work if they are women, paid non-care work if they are men. Thus they create and reinforce dependency of women on male family members for monetary resources, reduce free time available to women, and produce care of very high quality but of very uneven distribution.

Quality of care in asymmetric Welfare regimes may be quite high because the traditional pattern is capable of providing "person-specific" services: services whose quality depends on the specific individuality and personal relations of the caregiver and the cared for. I argue that there is no necessary economic trade-off between symmetry and person-specificity, if the issues are clear and correctly framed.

GENDER SYMMETRY IN THE REFORM OF EUROPEAN WELFARE STATES

1. Symmetric and asymmetric Welfare regimes

The set of practices and institution that we call the Welfare State plays a key role in reallocating money and time between people of different age, wealth, sex, thus allowing them to achieve a given standard of living. It does this either by providing cash transfers, or by providing public services, thus affecting the proportion of paid care work versus unpaid. By such redistribution the Welfare State has contributed to reshaping women's role, to changing the traditional division of labour within and outside the family, and has affected gender relations between men and women in a variety of ways. The social notions of gender have changed as a result of these processes [1]. We may therefore discuss not just a "Welfare State", but a "Welfare regime", i.e. the configuration of practices producing care, including care produced in the home and by the market.

Redistribution between the rich and the poor is a classical topic of the debate on the Welfare State: its original purpose is to create a safety net, insuring against the risk of becoming poor due to illness, accident, or old age. Redistribution between generations, young versus old people, is a more recent and less fully debated topic, which emerged among economists when some financial pitfalls of existing pension schemes were subject to analysis by means of overlapping generations models based on identical "representative agents"[2].

In this paper I will leave aside these two topics. I will focus instead on redistribution of time and money between people of different sexes, a topic that has not been fully explored yet. In order to understand it, we need an analytical framework that explicitly takes account of the economic value of the services produced within the household, mostly by women. Transfers of resources by the Welfare State may be in cash or in the form of services. Cash may be used to purchase care, and public services may substitute for domestically produced ones. In both cases, care givers will be hired to provide care, and paid work will substitute unpaid work. Thus, the size and the form of the public transfers determine gender relations. They produce a particular configuration in the distribution of work, between paid and unpaid, between public employment and private employment. How much care will be provided domestically, purchased on the market, or provided by public services is the joint result of individual choices and public policy choices. Public policy, and in particular social policy, therefore, is one of the main factors determining the status, economic independence, and relative power of men and women.

Issues of redistribution between the sexes, and its effects on gender, may be obscured in many ways (Orloff, 1996): first, there is a long tradition of measuring poverty and of redistributing wealth using families, as opposed to individuals, as the relevant reference unit. This implies the assumption that within each family resource allocation would be by definition equitable, and not an object of policy intervention. Resources accruing to individual members are not even measured. This "patriarchal" assumption has been challenged in the economic literature (Ferber and Nelson, 1993).

Second, often only money and goods are taken into account when measuring welfare: time is not. An equal sharing of money and goods could still mask an uneven distribution of welfare due to an uneven distribution of free versus working time, and time spent in domestic work is not accounted as time spent working[3].

Third, often Welfare provisions make reference to one particular model of family taking it as typical, and by doing that assigns it normative value. Families and gender relations that do not correspond to the norm are not supported, while behaviour corresponding to the model is rewarded. Often, but not always, this model is the traditional family, an heterosexual family where the parents are married, the father is the exclusive breadwinner and the mother the exclusive housekeeper. Gearing provisions to this particular model of the family, as it is done in Italy, means that those who break with this model, and in particular, women who want to be both workers in the market AND mothers and care givers, are penalised (even though working women as such are not, and full time housekeepers are not). Women who wish to enjoy a "double presence" in the home and on the job, end up carrying a "double burden" instead (Plantenga, 1998).

In the last decade, a growing body of literature examined the most important aspects of the relation between sex, gender and Welfare policies[4], contributing to penetrate this obscurity. My discussion below draws on that literature, summarising some of the finding in a general scheme in order to provide tools for the evaluation of public policies from this point of view.

Redistribution by wealth and by sex are very different in each of the three main models of Welfare State, i.e. "Anglo-Saxon", "Nordic" and "Continental", identified in sociology and political science following the seminal work of Esping - Andersen (1990 and 1996). These models differ with respect to the main source of financing for care (private purchase, income taxation, pay-roll taxation), the main place where care takes place (private services, public services, the family) and the amount and the channels of resources directed to

the needy (cash transfers or transfers in kind by the State, private intra family transfers)[5].

Each model has to provide the basic functionings that constitute care, once produced entirely within families: the final stages in the provision of food, clothing, and clean shelter for all the members of the family, care for the children, education, care for the sick, care for the frail elderly, resource transfers in the event of lack of income. This care may be home produced, state produced, or market produced[6], and substitution between the three modes of care provision happens all the time. The chosen mix determines the condition of the care giver: he or she may be a public employee, a private employee, or a relative with no formal employment ties.

Each model has a chosen way – preferred, but not unique – to provide for care: each model operates under a "mix". A model is only a basic scheme, but each country uses all three ways of funding, all three channels of redistribution, and all three places of care, each in different proportions. The liberal model is centred upon the market, care may be purchased, thus funding is private and care is provided in privately owned, but not domestic, premises. Transfers of resources to the needy may be private (charities), and when public they are in cash rather than in the form of services. The Nordic model is centred on the State, uses income taxation to provide care, which is provided in public premises, and transfers by the State are preferably in kind. The Continental model is centred on the family, care is provided in the home, and may use public or private sources of financing, because public transfers are in cash rather in kind, so public funds become private funds. Each model developed with and within a corresponding political culture, liberalism, social democracy, and catholic social thinking (social-market economics) respectively.

Each model is a "regime", i.e. a set of coherent practices, fitting together in different ways to satisfy care needs. The concept of "Welfare regime" is useful in that it underlines the fact that in each regime the parts fit together in a coherent way. This has strong implications for the possibilities of reform. It means that it is not always possible to copy "best practices", to import single welfare programs from other countries. When doing this, policy makers should consider spill-over effects on the entire regime. Such spill-overs shift the burden of adjustment to policy reforms from some subset of citizens on to some other. When budget cuts decrease cash and services available to families, adjustment also takes the form of substitution of market produced or state produced care with home produced care.

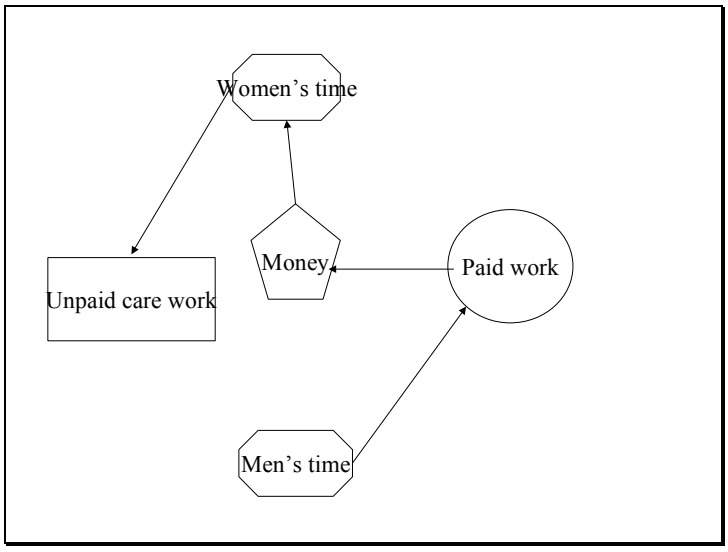
"Nordic" and "liberal" welfare regimes, albeit very different in size and in other dimensions of equity, are similar in one thing: they are relatively more

"symmetric", while continental regimes are "asymmetric". By "symmetric" I mean that they treat men and women alike – differently in each regime, but alike to each other. Continental regime are "asymmetric", in that they try to induce people of each biological sex towards different work: domestic, unpaid fork for women, paid work in the labour market for men.

Some important pathologies of the Latin welfare States are due to this asymmetry. On the other hand, this asymmetry has some positive by-products that produce strong resistance towards its reform. Attempts to reform the continental welfare regimes mimicking reforms enacted in symmetric welfare regimes, may worsen the asymmetry of the Continental regimes, with unwelcome results in terms of equity, in terms of efficiency, and in terms of financial soundness.

To make clear what I mean by symmetric, I am going to resort to a graphic presentation of the flows of economic resources, warning the reader to keep in mind that graphs are models that necessarily simplify the complexity of an argument. The first graph represents traditional social reproduction, after industrialisation but before the introduction of Welfare provisions. We may think of the rural household in pre-industrial times as a place where people of both gender provided goods and services in kind to other family members, and sold some of the family's surplus products. Industrialisation and urbanisation changed the work and care arrangements. Young people and men sold their labour for a wage, women of reproductive age specialised in domestic production of care, in exchange for an informal intrafamily transfer of resources, what we label as "unpaid work". This arrangement is the one portrayed in the first graph.

Graph 1. No Welfare State



This arrangement became so widespread in the industrial societies in the last two centuries to shape the notion of what we now call "traditional", even though it reflects the arrangements that prevailed for a relative short period of time in a relative small part of the world. It may even be that in its pure form it may have never actually existed: young working class women always worked for money, and men always provided some of the care. Yet, its archetypal form lives in the minds of most people, and is a very powerful mental attractor even to people who reject it as a normative model.

The graph was drawn still keeping as a focal point unpaid care work and use of time of men and women. "Unpaid Care Work" is defined loosely as to include all those activities needed to keep people fed, clean, attended physically and psychologically accordingly to a commonly accepted standard. It is the activity that is needed to transform goods into well being, production into consumption.

In this arrangement, care is produced within the family, using as an input women's time and men's money. Men's time is used on the job market, to earn money to purchase the goods that are then used by the women to produce actual welfare, for the kids, for the adults, for anybody who needs care. There is no Welfare State. This arrangement is called "familist" because care is produced within the family. It is also "patriarchal", because men earn all the money and therefore have a greater power to decide how resources are allocated than the other members. Within the family, there is bargaining, and there is exchange. Money, earned by the men in paid work, is exchanged for time devoted by women to unpaid work, by combining her time and market purchased goods. Children and the frail elderly, who cannot provide for themselves, are the recipients of care, as are the adult men who provide the household with the money.

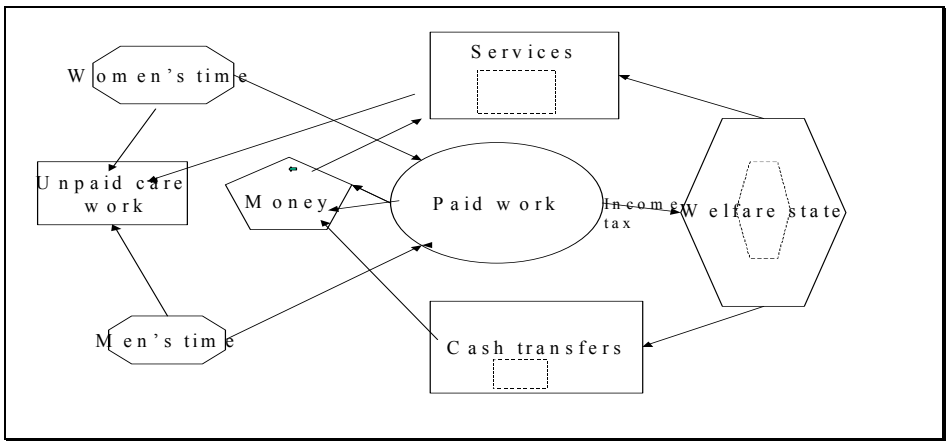
The arrangement is completely asymmetric: women perform all the unpaid work, men all of the paid work. Only men earn money, and therefore they may have more say on how it is spent. However, not much care is available outside of the household. The situation is one of co-dependency; women are very dependent for money resources on their family men and men are very dependent for care provision on family women. Women and men are very different social and economic actors; each specialises in one kind of work.

The arrangement has been changed dramatically by the introduction and the expansion of public expenditure devoted to the satisfaction of care needs, and by the parallel development of a "thick" market for personal services – by "thick" meaning that a large amount of choices become available and affordable

by most of the population. Part of the unpaid work once performed by women within the household is now performed by women and men who are either public or private employees. Women entered paid employment, in the public or private sector.

The second graph represents a Welfare regime where reproduction and care are produced by unpaid work of men and women, public services (provided by men or women who are public employees), or bought on the market. Money earned by family members of both sexes who are in paid employment is used to purchase market services and "convenience" commodities.[7]

Graph 2. Symmetry in Welfare States



The graph shows how the arrangement for care provision changed dramatically with the parallel developments of market provided personal services and the expansion of public expenditure devoted to the satisfaction of care needs. In the graph, the square shape "services" represents public or private services. The Welfare State is represented by the hexagonal shape, can finance itself by income taxes or by payroll taxes, and can deliver either cash or services. Part of the unpaid work once performed by women within the household is now performed by women and men who are either public or private employees. Care is provided within the "public sphere", where the relevant definition of public includes the market, – an institution regulated by the law to which any citizen is free to participate either as buyer or seller according to agreed norms – as opposed to the "private sphere" of the family. Women enter paid employment, in the public or "private" i.e. market as opposed to "public" sector. Their labour force participation rates climb up to become almost equal to men's in some countries. They have some independent access to money through their own earnings or through cash transfers. The economic exchange of money for care that once happened only within the household now moved to the public sphere, and the economic value of time spent in household production became more evident .

Nordic and Anglo-Saxon Welfare states are undoubtedly very different from each other if we look at size, and even more if we look at the relative size of market provided versus public service provided care, and in many other respects. Yet they are very similar in one respect: they can both be represented by graph two, just by altering the relative size of the two shapes that represent the Welfare state, and the relative size of public versus private services[8].

When personal services, no matter whether public or marketed, are available as an alternative to domestically produced care, the position of men and women becomes more symmetric: they both perform paid work, they both earn money, they both can purchase part of the care. The time of both has an economic value, and so both may be required to perform some domestic production. Both can choose not to perform unpaid care work directly.

Children and frail elderly still require money that they cannot earn, and has to come either from the State or from adults of either sex. The inter-generational arrangements may be very different depending on how this is done. But the economic reasons for the internal exchange of money for care between adult men and women weakens.

The road is open for a more diversified set of personal choices, by people of either sex. Care can be shifted out of domestic production. The specific productive skills of the housekeeper – how to clean well, how to cook well — go the way the skill of spinning and embroidering went, and the core of the care work – responsibility for the well being of somebody else — can be more easily requested and performed independently of the sex of the care-giver. The "single" lifestyle, where a single person is capable of earning enough and provide enough care for her-himself is the product of this new arrangement. The data on the use of time show most clearly the difference. In symmetric countries time spent in unpaid work by women decreases, and time spent in unpaid care work by men increases, even though it never completely converges to women's. (Gershuny, 1995).

Care work does not disappear. First of all, (Campanelli, 2000), the standards of care change; what is commonly understood as being properly fed, clean and so on shifts with technological and social change. Second, there is a managerial aspect of care that cannot totally be avoided, even by the more advanced of the professional two-incomes family that cleans all the laundry out of the house and buys prepared meals in gourmet shops every night. In the end, somebody has to make sure, to take responsibility for the final outcome of the caring process of those people, who cannot do it by themselves. The need to

care and the need to be cared for are strong stuff, in that respect. Personal relations are also exchanges of reciprocal care.

How much care will remain within domestic production, and how much will be allocated respectively to the market and to the State, depends on the details of the institutional arrangements, mainly, a) the method of financing of public provisions, (income taxes, payroll taxes levied on earnings, fee-for-service) b)the method of disbursement (cash or in kind), and c) the entitlement to the benefits.

a) The method of financing matters.

Mandatory contribution levied on earnings (payroll taxes) in particular, have two important features. First, it acts as a tax on the use of labour, increasing labour costs and reducing employment. Take two economies with the same features, one of which finances public expenditure with general income taxation the second with payroll taxes. In the second economy, the same amount of money must be raised on a narrower base – workers only, rather than the economy at large. Labour cost is made up of net wage in the pocket of the worker, plus payroll taxes. So labour cost will be higher in the second country, and therefore, in that country, only jobs with a higher productivity will be undertaken. This means that fewer people, overall, will be employed, occupation rates of the overall population will be lower, and fewer women will be attracted into the labour force. It also means that low productivity jobs, [as private sector care jobs are perceived to be], will nor be undertaken. So employment opportunities will be fewer for all, and in particular for women.

Second, with pay-roll taxes, entitlement in the welfare regime often belongs to the worker, rather than to the citizen. Therefore, usually, to the male head of the household, whose wife and children are construed as "dependents". Whether or not distribution within the family is then fair, and whether care needs of all the members are met, becomes a private family matter, which does not concern the State. On one hand this regime foster family unity. Italian out-of wedlock rates are extremely low in comparison with those prevailing in Anglo-Saxon and Nordic countries. On the other hand, if the family is dysfunctional, there is no safety whatsoever (Bimbi 1997). The weak members of dysfunctional families – battered spouses, abused or neglected children – have nowhere to go.

b) The method of disbursement also matters:

If the transfers are cash, they may be used either to finance the woman in the family to be full-time or part-time housekeeper, or purchase care outside of the home, to substitute for domestically provided care. If it is in kind, this choice is not open, but the care-giver will be public employees, with the benefits of that status.

So, who will ultimately provide the care – clean the nose of the child and clean the bedpan of the frail elder – most likely will still be a woman. If the transfer is in kind, she will be either a housekeeper, — entitled to the benefits either directly or through her husband — or a "private" employee, subject to whatever employment protection exist in her country for private employees, and the prevailing wage rates, which may be high or low depending on the kind of care, the labour market situation etc. If the transfers are in kind, i.e. a public service is provided free of charge to the user, or at subsidised below cost rates, then the person providing care will most likely still be a woman, a public employee subject to employment protection and wages prevailing in the public sector, where protection is usually higher, and wages have a more compact distribution than in the private sector.

The condition of the caregiver and, therefore, her social status, is likely to be more secure and better rewarded in the Nordic regimes, second in the Anglo-Saxon, where they depend on the labour market conditions and may be affected by discrimination, while in the continental regimes the amount of monetary resources and the status of the care-giver depends on the functionality of her family, and in practice, may be anywhere between very high and very low.

c) Other institutional details matter

First of all, we have what economists call "traps"[9]. Particular features both of taxation and of disbursement designed having in mind the traditional arrangement create peculiar "traps" which reproduce that same arrangement, fostering women's dependency. Tax allowances for those who have a non-earning spouse create incentives for spouses to remain non-earning. Income thresholds for access to benefits calculated in terms of joint earnings of the family, which make the family lose the benefit when, with the additional income of the second earner, they overcome the threshold also cause women to exit the labour force. Many econometric studies in different countries documented the presence of these effects, which Tindara Addabbo and Massimo Baldini (2000) measured for Italy.

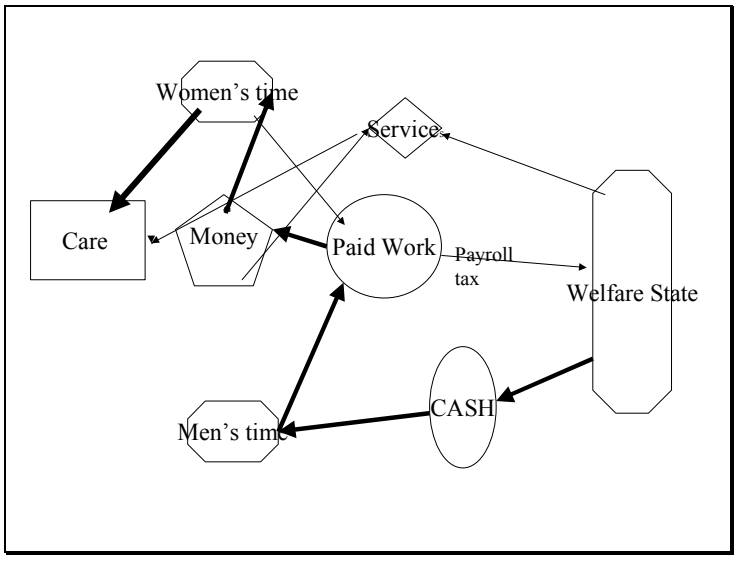
Under the heading of “family policies”, different provisions transfer resources for families with children. Relevant in evaluating these policies from a gender point of view, is the concept of “vulnerability” to poverty, developed by Ann Orloff(1996). The idea here is that people may enjoy a given level of material well being using resources provided by the Welfare State, without having direct entitlement to them. Thus, young unemployed people who live off their parents high pension are not poor — they may be even quite rich if we look at lifestyles and consumption standards — yet they are vulnerable to poverty should the parents decide to cut the funding. Family policies may be quite effective in transferring resources to the family, yet they may still be quite ineffective in making the care givers in the family non vulnerable to poverty, if the entitlement of the benefit belongs to the male breadwinner.

Family policies under which the caregiver depends for cash on the male breadwinner reconstruct that inner link of "care in exchange for money" characteristic of the traditional arrangement. They lift the family as a whole out of poverty, but do not make the caregiver feel safe an non-vulnerable to poverty. This concept of vulnerability to poverty is extremely important in relation to fertility.

Labour market policies also matters, as they influence the length of time that is spent in paid work and how much money it is obtained by it. If the standard labour contract calls for a weekly working time of nearly 40 hours, and no part-time or other “friendly” flexibility is available, mothers may drop out more easily from the labour force. If mandatory retirement is too early, they may never re-enter[10]. Even administrative arrangements about opening hours of shops and offices matter: if they are strictly regulated they may make conciliation of working life and family life impossible for men and women.

Thus, by a particular mix of institutional details, Continental and Latin Welfare Regimes have tried to preserve and superimpose the traditional arrangement of care provisions over the modern one. Using pay-roll taxes rather than income taxation, cash disbursement rather than in kind provision, and other policies riddled with traps, or provisions that eliminate poverty but leave vulnerability to poverty fully in place, they create an incentive to an arrangement that may be represented as in the third graph.

Graph 3. Pathologies of the Continental Welfare State



The old, asymmetric structure is artificially preserved, including the exchange of care for money internal to the family. There is an evident attempt to recreate the specialisation – women in unpaid care work, men in paid work — of the traditional arrangement.

The "structures of constraint" – as Nancy Folbre (1994) brilliantly defines them – are very different in each of the three models of Welfare. Men and women make daily choices – choices about how to spend their time and their money. These choices are made under a complex set of constraints, created by the available resources and by the alternatives that are effectively in place. The constraints are the result, among other things, of the political choices made by men and women on how large public spending should be and how it should be allocated. And today they are very different in Sweden, in Italy, and in the USA. In symmetric regimes, women and men are, to an extent, more free not to provide care. If they have money enough and-or are willing to pay enough taxes, they need not perform care directly and personally. In asymmetric regimes, either the public provision is insufficient in amount and quality, or the market for care is not thick enough, or both. Therefore, if you will not care personally for your relatives, nobody will; and in such conditions, women do.

The symmetric/asymmetric distinction is most relevant from the gender viewpoint. Gender is the set of physical and mental characteristics, and the proper, normal, behaviour that each culture attributes to people on the basis of their biological sex, and we know that it changes widely between cultures and times. Gender, today, in industrialised advanced democracies, is the result of the political choices about how much to tax , how much to spend, and the institutional details

of how it is spent. There is very little that is "natural", or "traditional" in how much unpaid work women do, relatively to men. It is not only a matter of individual choices: it is a matter of how constraints are set by public policy, and how they operate, for men and women[11].

Though different symmetric regimes put different structures of constraint on people, a symmetric regime puts the same set of constraints to men and women, within which they are then "free to choose". Only in symmetric regimes men and women similarly located in so far as income age etc. get the same opportunities. Symmetry in the welfare arrangements is a prerequisite of the existence, in the society, of equal opportunities for men and women[12].

2. Person-specific care in welfare production.

While we can imagine an archetypal world in which all of the care is provided by the family, it is very hard to envisage a world where all of the care is provided either by the market or the State. Some of the care most likely will be exchanged voluntarily between people sharing a home, by free choice of most people. Human relations are made up also of reciprocal unpaid care, and care that is freely given among people who have time and money tend to be of very high quality. There is an element here that is under-researched, what I call the need for "person-specificity"[13] of some of the care. For many people to receive care by a specific person has an higher value than to receive the same care from a public or private employee who is not that specific person. For some other people, to care for a specific person is a pleasure, to provide the exact same care to other people is a burden. Care can be given professionally by a public or private employee, but tender, loving care is that which is given for free because of an emotion called affection, or, love, that run reciprocally between some people.

The wishes for "person-specific" services may be different for the care giver and the cared recipient. Asymmetric regimes enforce a particular kind of person-specific care, by the woman of the house towards everybody else. This in some cases, may be a gentle or not so gentle coercion of the will both of the care receiver and of the caregiver. In other cases it corresponds to what the care receiver want, even if the requested caregiver, the woman of the house, does not. In other cases still, it correspond to a reciprocal, person-specific need. The need for a child to be attended by his/her own parents, and of the parents to attend their own child, or of a frail elderly to be attended by his/her own children, and for them to do so.

In the traditional model, the main provider of person-specific care was the women of the house, who spent all of their working time, unpaid, in doing so,

while the men specialised in paid work, and spent all of their working time performing it. If both men and women spend all of their working time in doing paid work, person-specific care shrinks and eventually disappears. Most, or all of the care work is done by professionals, in an exact exchange of time for money. The opportunity cost of person-specific care becomes too high for people to indulge in it[14]. Care is commodified. There is no more time to provide free of charge, person-specific care.

This fact is of some relevance from the gender point of view. To be the free care provider was one of the characteristic attributions of the feminine. Being properly female was being the unpaid caregiver of one's family. If unpaid care shrinks or disappears, one characteristic formerly considered feminine disappears. The lives of men and women become more similar; both are as men's lives used to be. All of their working time is spent in paid employment, often in a competitive working environment where the values and the skills that are rewarded are those traditionally associated with the masculine. Gender roles converge, but they do not converge to some average, in which both genders perform some unpaid and some paid work, in equal proportions. They converge towards the old male gender figure. Assimilation, understood as women fitting in with the male model, is a process under way in other sectors the society as well –women soldiers, policewomen, all welcome and positive advancement for women — but it does not so far seem to correspond with a parallel assimilation of men to female models and values[15]. Society, as a whole, becomes more "masculine"[16]. The real world evolves towards the one depicted in the old model of neoclassical economic theory, a world and a model where there is only paid work and leisure. Unpaid and yet productive domestic care work disappears.

Unpaid working time produces person-specific services, services that are of higher quality because of the special emotional relationship existing between two human beings, and build and maintain special relationships between human beings (on this point see author, 1997). In this framework, the shifting up of the standards of care, some of it still provided by unpaid women – may be interpreted as the result of the need for person-specific care by the cared for, coupled with women's desire to still maintain an identity, somewhat different from men's, and to create, keep and restore personal relations.

Allowing for person-specific care, if willingly chosen by cared and caregiver, is, according to many, a positive characteristic of a Welfare arrangement, because it satisfies a human need, and in addition produces care of extremely high quality. Leaving some time available for person-specific unpaid care, may well be a positive characteristic of a Welfare regime from a feminist point of view. The traditional arrangement, bad as it is and was for women's independence, may be preferred not only by many men, but also by many women,

over a symmetric arrangement where person-specificity and the availability of time to care are squeezed too much. The existing Welfare regimes, in a gender perspective, are either lacking symmetry, or lacking person-specificity**.**

3. Welfare regimes in comparison: is there a trade off between symmetry and person specificity?

A little exercise in taxonomy may help us evaluate regimes and show us that there is no necessary trade-off between the symmetry and person specificity. In the end, a Welfare regime must be judged by its financial soundness, by the various dimensions of equity, by how well caregivers fare, and by how well people who receive care fare. How do the different prevailing modes of providing care – market, family, public services — compare in terms of quality of care?

Quality of care provided in rich and in poor households is likely to be very different, as care is a combination of time, skills and goods, and the rich get better goods. In addition, if they like person-specific care, the rich can always choose to perform more unpaid work, and give up some income. The poor do not have this choice. Their time must be spent in paid work to earn the money to purchase the goods. Quality of care is very different in functional families and in dysfunctional families. The quality of personal relationships matters. In well to do, loving families, the quality of care provided may be extremely high. It may be very low otherwise. In regimes that are asymmetric, family care that is of low quality is the only available alternative. So care provided through unpaid work is of uneven quality, touching the extremes of very high and very low. The condition of the caregivers in the family depends on the symmetry of the regime. If the regime is symmetric, they can opt out of care giving and buy the care outside the home or resort to public services. If it is asymmetric, they are trapped.

Care that is given outside of the household is by definition not person-specific, although one may choose one's restaurant, one's physician, or the school for one' children, and usually more so through the market than through the State. The quality of care provided in Welfare regimes that act principally through the market depends on the wealth of the purchaser. It is very high for the rich, and very low for the poor, so it is also very uneven. The condition of the caregivers who sell care through the market as employees of some care providing firm depends on the conditions of the labour market. In tight labour markets where they can obtain an higher wage it will be better than when there is high unemployment. In highly regulated labour markets workers can enjoy excellent work conditions, as long as the labour market does not split into insiders versus outsiders. Then, the outsiders may end up in a position even worse than the average condition in unregulated labour markets. The condition

of the caregivers who act independently – as maids, at-home-nurses etc. – is usually at the lowest end of the scale of desirable jobs, in terms of earnings and job protection.

The quality of the care provided by public services usually does not depend on the wealth of the cared for, it is uniform along the wealth dimension. However this quality may be very good, average, or bad. Believers in the positive effects of competition claim that lack of it, in the long run, would undermine the quality of public services. Although there is certainly a grain of truth in this claim, the quality of care in some of the Nordic countries and in some parts of the Continental regime is such that one may believe that, with proper administrative policies and political pressure at the local level, an excellent quality of care may be achieved. On the other end, it is undeniable that parts of public systems at times provide substandard care and facilities – queues, crumbling buildings, rigidities to the user – that do not appear in markets.

Whether for lack of appropriate culture or for lack of appropriate administrative procedures, one of the distinguishing features of the Latin version of the Continental model is what Ferrera (1998 and Ferrera e Gualmini 1999) labelled lack of "statualità" (statuality). What is lacking is a consciousness that public services belongs to all and should be performed according to the wishes of the cared for. Lack of statuality makes public employees slack in doing their duty, and lowers the quality of the care users get. Thus, Latin regimes in a time of financial crisis have a built in tendency to move away from public services and towards family or market care, in the search for quality care. If the quality of public services is uniform for rich and poor at the about the same standards that the market can provide for the rich, all is fine. If the quality of care in public services deteriorates for all, then letting the rich have better care becomes Pareto optimal, demand for family or market provided care grows, and the welfare regime moves away from the Nordic and towards one of the other models. The very high quality of some of the home provided care becomes an element of resistance to the introduction of a prevailing public or market oriented regime.

Although the quality of services from the user point of view may be of variable quality, the condition of caregivers who are public employees is usually good in terms of salary, job protection, and working conditions. Excess protection of the caregivers in some situations may interfere negatively with the quality of care. Therefore, providing care by public services creates the need of an efficient regime of checks and balances between the status of the caregiver and the quality of care. The lack of statuality is not only the characteristic of individual behavior: it translates into lack of appropriate institutions and organization of the public administration.

What discussed until now can be used to build a grid of parameters that characterise different models of the Welfare State. Though keeping in mind that such a grid cannot contain many nuances of a complex reality , I believe it is useful to evaluate the performance of different Welfare Regimes and to focus on needed changes.

The table below, representing such grid, classifies the three models of Welfare, plus the Latin variation. Consider initially only the first four columns of table A. They represent the existing models of Welfare. The first three rows (Financing, Disbursement, Where and who cares) are purely descriptive. The rows from the fourth on are my evaluation of these regimes along a series of relevant parameters. The condition of the caregivers is evaluated according to the prevailing mode in each regime, according to the level of autonomy, earnings, and job protection. Where the family prevails as a mode of giving care, and caregivers are the women in the family, their autonomy is low, earnings uneven, high for wives of rich husbands and low for the wives of the poor, on the job protection is regulated by customs and marriage laws. Earnings, autonomy and on the job protection of the caregivers are best in Nordic regimes. Quality of non-domestic care depends on wealth in market regimes, and is high both in the Nordic and continental regimes. The difference between the continental and the Latin models best emerges in the quality of non-domestic care. The "lack of statuality" characteristic of the Latin models implies that the quality of public services tends to be uniformly bad for the rich and the poor, rather than uniformly good, while the market regime remains underdeveloped.

Table 1. Taxonomy and evaluation of Welfare regimes.

		Anglosax. (liberal)	Nordic (sociald.)	Continental (bismarckian)	Latin (catholic)	Regime X (feminist)
Financing	Source	Private	Public	Public	Public	Public
	Channel	Purchase	Income taxation	Contribution	Contrib.	Income taxation
Disbursement		Cash	Services	C&S	C&S	C&S
Where and who cares	Prevailing Institution [1]	M,S, F	S, F, M	F, S, M	F, M, S	F,M,S
	Sex[2]	F	F/M	F	F	F/M
Condition Of Caregivers	Autonomy	High	High	Low	Low	High
	Earnings	Uneven	Even	Uneven	Uneven	Even
	On the job protection	Low	High	Uneven	Uneven	Even
Quality Of non-domestic care	For the rich	High	High	High	Low	High
	For the poor	Low	High	High	Low	High
Symmetry in gender relations		Yes	Yes	No	No	Yes
Vulnerability to poverty		High	Low	High	High	Low
Person-specificity allowed		Low	Low	High	High	High
Freedom not to care	For the rich	High	High	High	High	High
	For the poor	Low	High	Low	Low	High
Freedom to care	For the rich	High	High	High	High	High
	For the poor	Low	Low	Uneven	Uneven	High

[1] M stands for market, S for State. F for family

[2] M for Male F for female

Nordic and Anglo-Saxon regimes score high in symmetry, while continental and Latin regimes give incentive to asymmetry. The latter two, however, score high on person-specificity, whilst, especially in liberal, Anglo-Saxon regimes people of both sexes spend a very large amount of time in paid employment, making person-specific care expensive and hard to get, especially for the poor[17] . Anglo-Saxon and continental regimes leave more people vulnerable to poverty, although for different reasons: the Anglo-Saxon regime because it is stingy in benefits and fearful of poverty traps, the continental and Latin regimes because the security net is for families: women and young people are left vulnerable.

Freedom not to provide care is high in symmetric regimes, and low in the others, except for the very rich. Freedom to care is high in Continental and Latin regimes, but only for people to choose to devote their entire working time to unpaid care, or retire early, but it is very low for women who choose to enter paid employment, and have to carry the "double burden", so it is unevenly distributed between people of different sex, age and gender.

The exercise conducted in this table may be useful because it allows us to focus on what the characteristics would be of a Welfare regime equitable from the gender point of view. Such regime should be respectful, at the same time, of women's equal rights and of women's "difference", i.e. of those value that in the traditional gender division of attributes, were associated to the feminine. It should, therefore, be at the same time symmetric and allowing person-specificity**.** The characteristics of such regime would be, roughly speaking, those described by column 5.

Even though existing welfare regimes are either too asymmetric or too lacking person-specificity, there is no reason for it should be so. There is no necessary trade-off between person-specificity and symmetry. Imagine a Welfare regime suitably large, based on income taxation, rather than pay-roll taxes, and redistributing through a proper mix of cash and in kind, with market and public services in a competitive framework. It should moreover avoid the perverse incentives that induce asymmetry, with connected disadvantages for women of lack of autonomy, vulnerability to poverty etc. Such model of Welfare does not need to have any internal unbalance[18]. Existing Welfare regimes offer to women either assimilation to the male model, or continuing civil inferiority, but this is not a necessary evil. It is possible to design a Welfare regime openly keeping in mind the necessity of person-specificity, that gives incentive to time spent in giving care by people of both sexes. This regime, however, must be symmetric, otherwise the attempt to induce person-specificity will reinforce the traditional pattern with related problems.

Even though such a regime is not a utopia, in the sense that it is a coherent structure and its elements fit together in such a way that such a system could function, its political feasibility, nowadays, is not very high. For many reasons beyond the scope of this paper, the political climate is working strongly against it[19]. One of such reasons, in my opinion, is the lack of clarity on these issues, even among actors whose interests are at stake, with the consequent inability to frame them properly in the political arena. In many countries, as in Italy in the last five years, women continue to be willing to give up symmetry in exchange for person specificity, and in other countries they give up person specificity for symmetry and autonomy. The left remains stuck in defending an asymmetric welfare as it is, thus loosing the ability to speak of novelty and improvement, according to old equity values, to key sectors of the electorate. To such clarification I hope to have contributed with this paper.

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NOTES

[1] I use "gender" to indicate the set of physical and mental characteristics, and the proper, normal, behavior that each culture attributes to people on the basis of their biological sex. Gender, therefore, changes widely in time and space, through history and in different cultures and civilizations. For a thorough discussion of the concept of "gender" see Nelson (1996).

[2]On age redistribution in Italy, see the very influential work by Rossi, (1997). There are, of course, many other dimensions of redistribution, between the healthy and the sick, between the lucky and the unlucky, between regions, or ethnic groups, etc. that may need to be considered in a full evaluation of the performance of a Welfare. For a classical discussion of the various dimensions of equity and of gender equity see Sen (1990 and 1992)).

[3] On the economic evaluation of unpaid working time see Bonke, 1993, Goldschmidt-Clermont Luisella and Pagnossin-Aligisakis, Eleni (1995).

[4]Among the main contributions to this literature see Borchorst, (1994), Brocas, Cailloux and Oget, (1990), De Leonardis, (1998), Fraser, (1997),Gordon and Fraser, (1994), Gustavsson and Stafford (1994), Hobson, (1990), Jenson, (1986), Knijn and Ungerson, (1997), Lewis, (1992), O'Connor (1993), O'Connor, Orloff and Shaver, (1999), Ostner and Lewis, (1995), Sainsbury, (1993 and 1996), Saraceno (1994 and 1997) Trifiletti, Rossana (1996) Ungerson, (1997).

[5] In order to classify models, the kind of industrial relation system is also relevant, with centralised or decentralised wage setting, and with cooperation or conflict as the prevailing wage setting mode. We choose not to deal with these differences because they are not relevant to our theme.

[6] By market provided care I mean the purchase of a service that was formerly available within the household: child care, a warm meal, laundry. Purchasing the time of a domestic worker is a short-cut by which home produced services are purchased in the market.

[7] Commodities that incorporate saved time, like shelled beans or frozen meals.

[8] It is this similarity that produces roughly similar high female participation rates to the labour force in Nordic and Liberal regimes. Continental and latin regimes as a group lag well behind.

[9] Traps are perverse incentives due to the "moral hazard" that may be created by of insurance schemes. An often used example is that of a person who has unemployment insurance, and therefore will not look for a job as long as the insurance payment lasts.

[10] On these issues, see also Gornick, Mayer and Ross,(1997).

[11] Which implies that analyses based on rational choice theories, albeit useful, have clear limitations for comparative and evaluation purposes, as they take the structures of constraints as given.

[12] In formerly published work (Author 1999) I described with more institutional detail how the Italian Welfare works with respect to gender. The general framework of Italian Welfare penalises women's paid work, and gives recognition to women's unpaid work only if it is an exclusive choice made as a "dependent" of a man. Benefits are linked to the job[12], but only the job of one earner. I analysed how family policies, pension policies, unemployment policies, and newly introduced means testing worked together in depressing female activity rates, giving incentive to dependent housekeeping as a lifelong choice, shifting care towards the family, forcing traditional roles on an otherwise "mature" society.

[13] An item is called “personalised” when it is built to custom, unique, and fit specifically one’ person need, though it does not matter who build it. With person-specificity I tried to find a word indicating the opposite concept. A service, roughly similar in its material content, has a different value according to who performs it, not because it is done better according to some standard, or because or the skills of the performer. For a child is not the same to be fed by a parent or by a teacher; for a frail elderly is not the same to be cleaned by a nurse or by a her own child.

[14] The issue of commodification of care was analyzed in detail by Ungerson (1997).

[15] See Gershuny, (1995).

[16] A "neutral but male" society emerges , competitive, hierarchical, aggressive and rigid - turning away from the values that women have historically been the depositaries of. Solidarity, meekness, mediation and caring abilities loose value and become ever rarer in both men and women.

[17] The tendency towards long working schedules, documented by Schor,(1991) has been reinforced by the workfare provisions of the Welfare reform at the end of the nineties.

[18]Whether it is competitive with other national systems depends on how you measure the economic benefits of enjoying time to care.

[19]On the political setting of recent European Welfare reforms, see also Addis (2000).

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