POLICY PRESS **SHORTS** POLICY & PRACTICE

# WHAT WORKS IN IMPROVING GENDER EQUALITY

## International Best Practice in Childcare and Long-term Care Policy

KIRSTEIN RUMMERY, CRAIG MCANGUS AND ALCUIN EDWARDS

KIRSTEIN RUMMERY
CRAIG MCANGUS
ALCUIN EDWARDS

# WHAT WORKS IN IMPROVING GENDER EQUALITY

## International Best Practice in Childcare and Long-term Care Policy

POLICY PRESS SHORTS POLICY & PRACTICE

First published in Great Britain in 2021 by

Policy Press, an imprint of
Bristol University Press
University of Bristol
1-9 Old Park Hill
Bristol
BS2 8BB
UK
t: +44 (0)117 954 5940
e: bup-info@bristol.ac.uk

Details of international sales and distribution partners are available at
policy.bristoluniversitypress.co.uk

© Bristol University Press 2021

The digital PDF and ePub versions of this title are available Open Access and distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 license (http://creativecommons.org/licenses/by-nc/4.0/) which permits adaptation, alteration, reproduction and distribution for non-commercial use, without further permission provided the original work is attributed. The derivative works do not need to be licensed on the same terms.

British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library

ISBN 978-1-4473-3048-6 paperback
ISBN 978-1-4473-3050-9 OA ePub
ISBN 978-1-4473-3049-3 OA PDF

The right of Kirstein Rummery, Craig McAngus and Alcuin Edwards to be identified as authors of this work has been asserted by them in accordance with the Copyright, Designs and Patents Act 1988.

All rights reserved: no part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise without the prior permission of Bristol University Press.

Every reasonable effort has been made to obtain permission to reproduce copyrighted material. If, however, anyone knows of an oversight, please contact the publisher.

The statements and opinions contained within this publication are solely those of the authors and not of the University of Bristol or Bristol University Press. The University of Bristol and Bristol University Press disclaim responsibility for any injury to persons or property resulting from any material published in this publication.

Bristol University Press and Policy Press work to counter discrimination on grounds of gender, race, disability, age and sexuality.

Cover design: Dave Worth
Cover image credit: TW2XJ2 (Alamy)
Bristol University Press and Policy Press use environmentally responsible print partners.
Printed and bound in Great Britain by CMP, Poole

Thanks to our families, and to Julia Lawrence for editorial support.

To the memory of Craig McAngus, a talented scholar and colleague who sadly passed away in 2020.

# Contents


| | | |
|---|---|---|
| List of tables | | vii |
| one | Gender equality and care policy: why look comparatively? | 1 |
| two | The Universal Model of care policy | 17 |
| three | The Partnership Model of care policy | 35 |
| four | Childcare and gender equality | 53 |
| five | Long-term care and gender equality | 79 |
| six | What are the issues with care policy and gender equality? Views from the stakeholders | 103 |
| seven | Which model of care is fairest to women? | 139 |
| References | | 163 |
| Index | | 169 |

# List of tables


1.1 Cost of childcare in OECD countries 9
1.2 Aims and methods 13
2.1 Universal Model characteristics 21
2.2 Fraser's seven principles of gender equity and the Universal Model 31
3.1 Partnership Model characteristics 41
3.2 Fraser's seven principles of gender equity and the Partnership Model 48
4.1 Features of successful policy transfer 68
4.2 Mitigating circumstances in policy transfer 69
4.3 Characteristics of the policy necessary for the successful transfer of the Universal Model of childcare to the UK 70
4.4 Conditions which could mitigate against the successful transfer of the Universal Model of childcare to the UK 73
4.5 Characteristics of the policy necessary for the successful transfer of the Partnership Model of childcare to the UK 74
4.6 Conditions which could mitigate against the successful transfer of the Partnership Model of childcare to the UK 77
5.1 Features of successful policy transfer 93
5.2 Mitigating circumstances in policy transfer 93
5.3 Characteristics of the policy necessary for the successful transfer of the Universal Model of long-term care to the UK 95
5.4 Conditions which could mitigate against the successful transfer of the Universal Model of long-term care to the UK 97
5.5 Characteristics of the policy necessary for the successful transfer of the Partnership Model of long-term care to the UK 98
5.6 Conditions which could mitigate against the successful transfer of the Partnership Model of long-term care to the UK 101
6.1 The potential to change cultural attitudes to welfare and gender equality 112
6.2 The potential to tackle governance issues in care policy 121

| | | |
|---|---|---|
| 6.3 | The potential to link care policies to gender equality outcomes | 134 |
| 7.1 | Measures and scores of anti-poverty achievements in the Universal Model of childcare | 141 |
| 7.2 | Measures and scores of anti-poverty achievements in the Universal Model of long-term care | 142 |
| 7.3 | Measures and scores of anti-poverty achievements in the Partnership Model of childcare | 142 |
| 7.4 | Measures and scores of anti-poverty achievements in the Partnership Model of long-term care | 143 |
| 7.5 | Measures and scores of anti-exploitation achievements in the Universal Model of childcare | 143 |
| 7.6 | Measures and scores of anti-exploitation achievements in the Universal Model of long-term care | 144 |
| 7.7 | Measures and scores of anti-exploitation achievements of the Partnership Model of childcare | 145 |
| 7.8 | Measures and scores of anti-exploitation achievements of the Partnership Model of long-term care | 145 |
| 7.9 | The Universal Model of childcare and income inequality | 146 |
| 7.10 | The Universal Model of long-term care and income inequality | 147 |
| 7.11 | The Partnership Model of childcare and income inequality | 147 |
| 7.12 | The Partnership Model of long-term care and income inequality | 148 |
| 7.13 | The Universal Model of childcare and leisure time equality | 149 |
| 7.14 | The Universal Model of long-term care and leisure time equality | 149 |
| 7.15 | The Partnership Model of childcare and leisure time equality | 150 |
| 7.16 | The Partnership Model of long-term care and leisure time equality | 151 |
| 7.17 | Measures and scores for equality of respect in the Universal Model of childcare | 151 |
| 7.18 | Measures and scores for equality of respect in the Universal Model of long-term care | 152 |
| 7.19 | Measures and scores for equality of respect in the Partnership Model of childcare | 153 |
| 7.20 | Measures and scores for equality of respect in the Partnership Model of long-term care | 154 |
| 7.21 | Measures and scores for anti-marginalisation in the Universal Model of childcare | 154 |
| 7.22 | Measures and scores for anti-marginalisation in the Universal Model of long-term care | 156 |
| 7.23 | Measures and scores for anti-marginalisation in the Partnership Model of childcare | 157 |

7.24 Measures and scores for anti-marginalisation in the Partnership Model of long-term care 157
7.25 Measures and scores for anti-androcentralisation in the Universal Model of childcare 158
7.26 Measures and scores for anti-androcentralisation in the Universal Model of long-term care 159
7.27 Measures and scores for anti-androcentralisation in the Partnership Model of childcare 160
7.28 Measures and scores for anti-androcentralisation in the Partnership Model of long-term care 161
7.29 Gender equity and policy transferability of both models of care policy 161

# ONE

# Gender equality and care policy: why look comparatively?

## How to use this book

In this chapter, we will begin to examine the links between gender equality, childcare, and long-term care policy. We will explain:

- why we have chosen to focus on these policy areas in examining how to achieve gender equality; and
- why it is useful to carry out comparative research in this area.

We will also describe our methodology, explain our data analysis and show that our findings are robust and, therefore, useful to develop policy in various contexts.

The rest of this book is divided into six chapters, and each is intended to stand alone. Readers can choose to read chapters individually:

- In Chapter Two we describe the features of the Universal Model of care policy, drawing on case study examples of Denmark, Iceland and Sweden. We discuss the advantages and disadvantages of that model, and discuss which elements

of that model led to its success in promoting and supporting gender equality. We also look at which features of the model might be amenable to transfer to other policy contexts.
- In Chapter Three we describe the features of the Partnership Model of care policy, based on evidence from Germany and the Netherlands. We discuss the advantages and disadvantages of that model, and discuss which elements of that model led to its success in promoting and supporting gender equality. We also look at which features of the model might be amenable to transfer to other policy contexts.

Both Chapters Two and Three finish with a summary outlining the main characteristics of the models under discussion and present easy-to-use data and findings.

The next part of the book focuses on presenting the evidence for distinct policy areas:

- In Chapter Four we look at what makes a good childcare system, and which policies in particular contribute to better gender equality.
- In Chapter Five we look at what makes a good long-term care system, and which policies in particular lead to fair treatment of service users, formal and informal carers.

In both Chapters Four and Five we examine which kind of policies could be implemented at each level of government, and what the outcome might be. We raise questions and offer some solutions to policymakers and practitioners based on research evidence and theories about the applicability and feasibility of policy transfer across different contexts. We do not advocate any one particular model as being the 'best' at achieving gender equality as each have their own benefits and drawbacks and not every element would work in a UK context. This section is also intended for policymakers outside the UK to use as a reference point for how to identify policies and practices in childcare and long-term care that can

realistically be developed outside of specific political, social and economic contexts.

The final part of the book looks at comparing the Universal and Partnership Models of care policy in the light of issues raised by stakeholders, and how feasible and effective transferring policies might be in solving these issues:

- In Chapter Six we draw on evidence concerning what the major issues concerning gender equality in childcare and long-term care policy were perceived to be by stakeholders in the UK.
- In Chapter Seven we carry out some quantitative analysis drawing together all of the evidence provided in this book, measuring care policies as to how gender equitable they are and how amenable they are to policy transfer. We use these scores to answer which models work best for gender equality in which policy areas.

## What do we mean by gender equality?

There are commonly two different approaches to defining gender equality:

- One takes a 'sameness' approach: in other words, it presumes that gender equality happens when women are the same as men.
- The other takes the more complex 'equity' or 'fairness' approach advocated by Fraser (1997).

The first approach is taken by many supra-national bodies such as the UN and European Union – for example, the European Employment Strategy gives specific guidance on targets to address the gender pay gap and to increase rates of women's employment to match that of men, even though many member states have distinct histories and ways of framing the gendered division of labour between paid and unpaid work (Goetschy,

1999). Gender equality in this approach means that men are the 'unit of assessment', and that gender equality is achieved when women are approaching equality with the male norm.

Plantenga et al (2009) used this approach to develop the European Gender Equality Index. They found that existing indices of inequality were unhelpful because they did not separate gender inequality from other sources of inequality (such as poverty and age) and did not usefully allow for comparisons across countries at the European level. Other indicators – for example, the UN Gender Development Index – were limited to longevity, educational attainment and access to resources, which only captures some (easily measurable) facets of inequality. Moreover, the purpose of an index should be not just to rank countries, but to identify successful policies and practices: an aim shared by the authors of this book. They therefore used Fraser's Universal Caregiver Model (see later) (1997) to separate out the different elements of gender inequality and developed those which were amenable to measurement using available indicators: this meant that they had to use data which directly compared men and women. They chose four indicators which they felt epitomised the range of areas which were both pertinent to gender equality, but also had identifiable policies associated with them. We have summarised here the areas chosen and the reasoning behind them:

*Equal sharing of paid work* is vital to women's economic independence, and a specific part of the European Employment Strategy. Data for this was drawn from the European Labour Force Survey, using indicators such as the gender employment and unemployment gaps.

*Equal sharing of money* was chosen to reflect the importance of valuing traditionally 'male' and 'female' work equally: particularly important in the field of care policy. Data for this was drawn from the Statistics on Earning and Living Conditions survey and measured using the absolute

poverty gap for single households, using indicators such as the gender pay gap and the gender poverty gap among single-headed households.

*Equal sharing of decision-making power* is seen as a requirement for an egalitarian democracy which takes women's needs into account. Data for this was drawn from the Inter-Parliamentary Union (political power) and the European Labour Force Survey (socio-economic power).

*Equal sharing of time* is predicated on the idea that in a gender equal society, there would be equal distribution of both paid and unpaid work, and therefore equal distribution of leisure time. Data for this was gathered from a harmonised set of time-use surveys published by Eurostat, using indices such as the gender gap in caring time for children, and in leisure time. (Plantenga et al, 2009: 23–25)

However, this approach is not without its problems. It assumes that the standard that men have set is unproblematic. Using men as the norm ignores the social and economic advantages enjoyed by a society that overvalues their paid work in comparison to that of women (paying plumbers in the UK £12.17 per hour compared to child-carers who earn an average of £6 per hour – does this mean we value our plumbing twice as much as our children?). It also ignores the overrepresentation of women in those that undertake unpaid work (such as childcare) which means that they are not able to participate full-time in the labour market. Factors such as these lead to occupational segregation which is partially responsible for the fact that the gender pay gap in the UK is still around 18% nearly 50 years after the Equal Pay Act (ONS, 2019a). Even the most conservative estimates put the economic cost of women's under-participation in the labour market at around £23bn lost revenue per annum (Marlow et al, 2012).

It also ignores the fact that while the market may not recompense women adequately for the unpaid care work they undertake, that does not mean that this work is unvalued by

society. Indeed, one approach to equality advocates that there should more equitable sharing of paid and unpaid work across the genders, rather than trying to recompense carers which has the result of reinforcing gendered divisions of labour.

These debates within feminism are commonly referred to as the 'equality versus difference' debate: do we try to make women equal to men, or do we try to accept that they are different and try to change the way in which they are valued? This is not an easy problem to solve. Fraser (1997) and others have advocated using the idea of 'equity' (fairness) rather than 'equality', and recognising that this is a complex idea. For Fraser, gender equity should take neither the route of making women equal to men, nor compensating them for undertaking care, but find a way of achieving seven principles:

1. anti-poverty
2. anti-exploitation
3. income equality
4. leisure time equality
5. equality of respect
6. anti-marginalisation
7. anti-androcentralisation.

Fraser proposes that women's, instead of men's, current life-patterns should become the 'norm' expected, so that people spend less time in the marketised labour force, and devote more time to other kinds of labour such as care, activism and civic and political participation (Fraser, 1997), a model she calls the 'universal caregiver' model of society.

While as authors we share Fraser's concern with equity between the genders, we are, however, not necessarily convinced that such a model is either universally desired or achievable within contemporary UK society. We share the view of Plantenga et al (2009) who contend that Fraser's vision is not that practical or quantifiable. Nevertheless, it contains the useful idea that the equal distribution of paid and unpaid

work is not enough for equality. Therefore, we have chosen in this research to try and operationalise it by using it as a framework to analyse childcare and long-term care policies. Plantenga et al (2009) use the idea of gender equality as being one which encompasses an equal sharing of assets, such as paid work, money, decision-making power and time, which they operationalise to use comparatively by developing the European Gender Equality Index, and we have used that framing to choose our case study countries to examine in more depth.

## Childcare and gender equality

A focus on childcare is not new in policy or gender equality terms. Of women with children, 49% currently work, and their underemployment due to childcare commitments is estimated to cost the UK treasury around £23 billion pa in lost tax revenue (WWC, 2006). It contributes to the gender pay gap, which is currently at 11.5% (comparing men's full-time hourly earnings with women's full-time hourly earnings, using the mean) or 32.4% (comparing men's full-time hourly earnings with women's part-time hourly earnings, using the mean) (ONS, 2015). This is because caring responsibilities contribute to both horizontal occupational segregation (where women are concentrated in the lower levels of seniority due to career breaks, lower skill and experience levels, and part-time working) and vertical occupational segregation (where women are concentrated in lower-paid occupations, such as cleaning, catering and caring which reflect not just gendered expectations of appropriate work for women, but also enable flexible working to combine paid work and childcare).

The penalty for taking career breaks for childcare in terms of lost earnings, lost career progression and lower pensions in later life, is most severe among low-earning women (Joshi et al, 1999), so there is a double-risk factor of poverty for this group. Moreover, the lack of high quality, available childcare is

a barrier to returning to work for many women, and childcare costs in the UK are among the highest in the world as shown in Table 1.1.

So, the lack of affordable high quality childcare has an impact on women's participation in paid work, their income and their risk of poverty. Moreover, because time spent on childcare is work but is undervalued and not paid, a lack of investment in childcare impacts on women's equality in at least six of Fraser's (1997) domains: anti-poverty; anti-exploitation; income equality; leisure time equality; equality of respect; and anti-marginalisation. However, much as we agree with Fraser, and feminists, who argue that childcare is key to women's equality, these arguments have been used for decades in the UK without having much power with policymakers.

Childcare, particularly early years childcare, has only received a sustained policy focus in recent years because of links with tackling child poverty, educational and economic under-attainment and income inequality in later life (Lister, 2006). For example, the most successful policy intervention at getting low-income mothers into work under the New Labour administration in the UK was Sure Start, which although it was not specifically aimed at reducing unemployment in workless households, was aiming to reduce by 12% the number of 0–3-year-old children in Sure Start areas living in households where no one is working (RSM McClure Watters (Consulting), 2015). However, other, more important policy objectives were to improve outcomes for *children* in disadvantaged areas: to focus on early intervention, getting deprived children ready for school, supporting at-risk parents, and integrating services. This meant that the design of the services, left to local authorities to reflect local need, often focused around services that were not necessarily accessible (in terms of location, transport and so on) to parents who were working or trying to work.

The evidence on addressing child poverty and under-attainment is clear: if mother's poverty and access to work

**Table 1.1: Cost of childcare in OECD countries**

| Country | Net cost as % of average wage | Cost as % of net family income | Childcare spending as % of GDP | Pre-primary spending as % of GDP |
|---|---|---|---|---|
| Greece | 4.9 | 3.2 | 0.1 | 0.1 |
| Belgium | 5.8 | 4.7 | 0.2 | 0.8 |
| Hungary | 6.2 | 4.2 | 0.1 | 0.6 |
| Estonia | 6.6 | 3.7 | 0.0 | 0.3 |
| Poland | 7.1 | 4.8 | 0.0 | 0.3 |
| Sweden | 7.1 | 4.7 | 0.6 | 1.1 |
| Slovak Republic | 7.4 | 3.9 | 0.1 | 0.4 |
| Portugal | 7.7 | 4.8 | 0.0 | 0.4 |
| Iceland | 7.9 | 5.0 | 0.2 | 0.9 |
| Spain | 8.2 | 4.7 | 0.5 | 0.5 |
| Luxembourg | 8.7 | 5.4 | 0.4 | 0.4 |
| Czech Republic | 10.6 | 6.6 | 0.1 | 0.4 |
| Denmark | 11.2 | 8.9 | 0.8 | 1.3 |
| Finland | 12.2 | 8.4 | 0.7 | 0.9 |
| Netherlands | 13.2 | 10.1 | 0.3 | 0.7 |
| Germany | 14.1 | 11.1 | 0.1 | 0.4 |
| Korea | 15.2 | 8.5 | 0.2 | 0.3 |
| France | 16.5 | 10.4 | 0.4 | 1.0 |
| Norway | 16.8 | 10.8 | 0.7 | 1.0 |
| Austria | 16.8 | 11.8 | 0.3 | 0.3 |
| Israel | 18.3 | 11.0 | 0.1 | 0.7 |
| **OECD, all** | **18.4** | **11.8** | **0.2** | **0.6** |
| Slovenia | 19.9 | 13.7 | .. | 0.5 |
| Australia | 22.5 | 14.5 | 0.2 | 0.4 |
| Japan | 28.1 | 16.9 | 0.2 | 0.3 |
| New Zealand | 28.6 | 18.6 | 0.1 | 0.8 |

**(Continued)**

**Table 1.1: Cost of childcare in OECD countries (Continued)**

| Country | Net cost as % of average wage | Cost as % of net family income | Childcare spending as % of GDP | Pre-primary spending as % of GDP |
|---|---|---|---|---|
| Canada | 29.5 | 18.5 | .. | 0.2 |
| USA | 38.1 | 23.1 | 0.1 | 0.4 |
| **UK** | **40.9** | **26.6** | **0.4** | **1.1** |
| Ireland | 45.2 | 25.6 | 0.3 | 0.3 |
| Switzerland | 77.7 | 50.6 | 0.1 | 0.2 |

Source: OECD, 2017a

is addressed, that is the most effective route to addressing children's poverty (Goodman and Gregg, 2010). Therefore, our focus in this book remains on addressing *gender* inequality through childcare, as children's life chances are inextricably linked with those of their parents, particularly their mothers.

## Long-term care and gender equality

Long-term care is often neglected from a gender equality perspective but it matters in several important ways. First, the ideology and theoretical approach adopted by a country towards its long-term care provision have directly and indirectly gendered implications:

- If a country presumes that the family should have the primary responsibility for providing long-term care, then it is placing that burden disproportionately on women. Most intra-generational family care, particularly intimate personal care, is carried out by women. Mothers and daughters fall into gendered expectations and this is at a great cost in terms of their labour market participation, risk of poverty and ill-health, lack of independence and control over resources, and placing serious strain on kinship ties.

- In contrast, if a country expects the state to be the main provider of long-term care, then it removes that burden from the family, and there is little or no gendered impact or cost to providing care, women tend to be less disadvantaged in the labour market and to be at less risk of poverty and ill-health. They also have greater control over their resources and play a much more prominent role in public life.

Almost all of the countries who have better gender equality than the UK (and Scotland) have more extensive public/state provision of long-term care than the UK does.

The second reason why long-term care matters to gender equality is that where care is provided by paid carers, these tend to be a) disproportionately (but not exclusively) jobs done by women, and b) considered to be relatively low-skilled, and therefore, attract low rates of pay in the market. This reflects the low value given to care work precisely *because* it is gendered – it is a job that is done by women. For example, at the time of writing, personal assistants and home carers employed by local authorities in the UK earned on average £6.33 per hour – or slightly less than minimum wage. In contrast the average hourly rate for a refuse collector was £8.74 (ONS, 2019b). Do we value our disabled and older people less than our bins?

## Why look at policies comparatively?

It should be noted, of course, that the gendered division of both paid and unpaid labour differs substantially across different countries, which is attributable not just to different policies but also different cultural and social norms about gender, work and care (Lewis, 2009; Craig and Millan, 2011). For example, even in egalitarian societies both women and men who made claims for equal pay and sharing of housework may still make gendered claims to childcare: the way women with young children are far more likely than men to work part-time or flexible hours, for example (Craig, 2007), and mothers may, in fact, limit fathers'

(and others', including grandparents' and formal carers') access to an involvement in childcare to retain control over the quality of the care provided (Bianchi and Milkie, 2010). Moreover, these social and emotional norms may be so embedded as to be invisible to those living with them.

Comparative research can be very helpful in making the invisible visible in two important ways. First, by looking across different policy, social and political contexts it is possible to identify patterns that are context-specific and patterns that develop across different contexts. It is also possible to identify the nature of the context and see whether it is something that is amenable to change, if that is what is desired. So, for example, much comparative research in social policy is concerned with identifying groups or clusters of welfare regimes (Esping-Andersen, 2009) to identify what those groups share in common, and what makes them different from other groups. It enables us to make patterns and trends visible that would otherwise go unnoticed in single countries.

Second, comparative policy research enables us to look back at our 'own' context with fresh eyes, as if we were a 'stranger in a strange land'. Observing patterns and differences in other contexts that match or deviate from our own enables us to make visible the things we take for granted as 'given', such as cultural and social norms, political processes and structures, and legislative frameworks. For policymakers trying to develop new policies, it is sometimes difficult to see what policies might work in different contexts because the context is all-pervasive. Comparative research gives us the chance to step outside of our own world and see it afresh, making things visible that have been hidden because we see them every day and do not notice their significance.

## A note on methods and findings

This book is based on our findings from the research project 'Fairer, Caring Nations: care policy and gender inequality'

funded by the ESRC as part of the programme of work undertaken by the Centre on Constitutional Change (www.centreonconstitutionalchange.ac.uk). The aim was to identify countries which had good gender equality and to examine how they had used their childcare and long-term care policies to help achieve gender equality; and then to see which elements of these policies could be applied in Scotland and the wider UK under the present constitutional arrangements.

The research took place in the context of a referendum of Scottish independence from the rest of the UK held in September 2014. The timing of data gathering and analysis was from 2013 to 2016, was interrupted by a prolonged period of sick leave, and some further analysis took place in 2019. For validity and reliability all relevant scores and data (OECD (Organisation for Economic Co-operation and Development) and EGEI (Economics of Globalization and European Integration) in particular) are from the first period of fieldwork and analysis and have not been updated to reflect 2019 scores. We used the following methods, as described in Table 1.2.

**Table 1.2: Aims and methods**

| Aim | Method |
|---|---|
| A. To check how valid and reliable our research findings were, and to see how transferable our findings would be to the UK and Scottish context | 1. We appointed an Advisory Group of international and UK academics, policymakers and stakeholders in the Scottish and UK governments (see acknowledgements).<br>2. We held several workshops and seminars at different stages of the project with different kinds of stakeholders (policymakers, practitioners, third sector organisations and academics) to help us develop and test our findings and models.<br>3. We presented our interim findings to different international academic conferences to check the theoretical and empirical validity, and the reliability of our findings.<br>4. We appointed academic Country Experts to write country reports on the countries and regions chosen for our case studies. |

**(Continued)**

**Table 1.2: Aims and methods (Continued)**

| Aim | Method |
|---|---|
| | 5. We invited the Country Experts to present their case studies directly to our Advisory Group and other stakeholders and to respond to queries from them.<br>6. We carried out semi-structured interviews with a range of stakeholders (academics, policymakers, practitioners and third sector organisations) at the interim stage (when choosing our case studies) and during the final analysis (when testing our findings). |
| B. To find suitable case studies | Using academic search engines, and snowballing of grey literature, we looked for case study countries and federal/sub-federal regions with the following characteristics:<br>1. Good gender equality outcomes – measured using an adapted version of the European Gender Equality Index (Plantenga et al, 2009) with additional data from the OECD.<br>2. Developed welfare states.<br>3. Similar 'dependency ratios' (that is, percentage of employable workforce to children/older/disabled people needing care and support) to the UK and Scotland.<br>4. A high degree of formal (state) involvement in childcare and long-term care.<br>5. A variety of governance and constitutional arrangements to reflect the possibilities open to Scotland and the UK (for example, different roles for the state, market, communities and individuals; different roles for central versus local government; different roles for state versus sub-state/federal agencies).<br>The case studies chosen as a result of this process were: Denmark, Germany, Iceland, the Netherlands and Sweden. |

**(Continued)**

**Table 1.2: Aims and methods (Continued)**

| Aim | Method |
|---|---|
| C. To find policy elements that would be transferable to a UK and Scottish context | As well as the methods described in A in this table, using Comparative Qualitative Analysis methods we synthesised the empirical evidence into two models which shared dominant, relevant characteristics, and tested which characteristics were non-context specific (that is, transferable). This produced two simple models from which policymakers can choose different elements, rather than a complex descriptive account of many case studies. The different models we refer to as:<br>1. The Universal Model (Denmark, Iceland, Sweden)<br>2. The Partnership Model (Germany, the Netherlands). |

# TWO

# The Universal Model of care policy

## Introduction

The Nordic states are commonly held up as an example of universal state provision of services leading to high levels of gender equality. This is slightly misleading: there is no one 'Nordic model' of welfare, and even those states with high levels of state control over welfare, childcare and long-term care services have introduced forms of market and individual involvement in the provision of services. Nevertheless, the three case study examples discussed in this chapter, namely, Denmark, Iceland and Sweden all share common features that make them examples of 'good practice' in this field: they all have gender equality at the heart of their constitutional framework and policy values; they all score highly on the Gender Equality Index; they all adopt a universal 'social rights' approach to the provision of services; and they all have high levels of state involvement in the provision of (or commissioning of) childcare and long-term care services.

## Denmark

Ninety per cent of 1–2-year-old Danish children are in public day care, and this rises to 97% of 3–5 year olds (NOSOSCO,

2009). Parental leave of 52 weeks is available, although there is no specific father's quota within that. Childcare services are either formally provided in centres or through home-based services, and parents contribute to costs that are tailored according to income. Recent developments include the provision of direct payments to parents to help stimulate a private market, although the majority of provision continues to be publicly provided and regulated.

Around 1 in 6 older people receive home care services in Denmark, which is provided free of charge. Recent changes include a reablement assessment and service before people are eligible for home care, and a very small direct payments scheme. Informal care is used but always considered to be supplemental to formal care.

As with all the countries in this model, Denmark scores relatively well on all gender equality indices. It works with a dual earner–carer model, whereby the assumption is that both paid work and unpaid care are equally shared between the genders. However, this is more successful in long-term than in childcare policy: most parental leave is used by mothers, contributing in part to a gender pay gap of around 16% (NOSOSOC, 2009). Denmark, Finland and Iceland are commonly seen as the most 'marketised' or 'neoliberal' of the Universal Model countries, although the commitment to gender equality and universal social services remains strong.

### Iceland

Eighty-two per cent of 1–2-year-old Icelandic children are in formal preschool/day care, and this rises to 97% of 3–5 year olds (NOSOSCO, 2009). Recent developments include three months' separate paid parental leave for mothers *and* fathers (non-transferable) with three months' additional leave which can be shared or transferred. Although mothers take most of the shared/transferable leave, most fathers do use their three months' paid leave option, and research indicates that they

continue to be more fully involved in childcare after using this leave than fathers who did not (Arnalds et al, 2013). The 'care gap' (that is, the unpaid three months before children start formal day care at the age of 1 year) is usually covered by mothers.

Until the early 1980s, most state care for older and disabled people was provided through institutional care (that is, residential and nursing homes), but since 1982 policy changes have led to the development of home care services that are provided by municipalities (local government). User fees are charged for the non-health parts of the services – these vary but are modest (and income-related), so only 9.4% of the total expenditure on home care services comes from these fees. Unpaid care by relatives plays a significant part in the provision of help and support for older people (Sigurðardóttir and Kåreholt, 2014) with very small numbers receiving a working-age carer's allowance. The main caregiver is usually a spouse (roughly gender-equal) but in 27% of cases, this informal care is provided by daughters (Sigurðardóttir et al, 2012).

Iceland has one of the lower gender equality scores of the Universal Model countries, in part because of the segregated nature of the labour market, the 'care gap' of unpaid leave taken by mothers, and the reliance on unpaid care from daughters. The gender pay gap is 18% – slightly higher than the EU average – but still significantly lower than in the UK at the time of fieldwork. Moreover, indices that combine different elements of gender equality consistently put Iceland at or near the top of the league tables (European Commission, 2013).

## Sweden

Seventy per cent of Swedish children aged between 1 and 2 years old are in day care, which rises to 97% of 3–5 year olds (NOSOSCO, 2009). There is almost no formal day care available for the under-ones due to generous parental leave

provision – 480 days, of which 90 are reserved for fathers, and fathers take around a quarter of the available parental leave. Gender equality policy since the 1970s has focused specifically on parental leave and publicly financed childcare – but also on improving women's access to work as paid carers (around 20% of employed women work in publicly financed childcare and long-term care). The right to childcare is linked to employment status.

However, the same commitment to publicly funded services to support gender equality has not necessarily extended to long-term care. Of older people, 14% use home help services, and there has been a shift since the 1980s away from institutional towards home-based services, and a rise in marketisation and the involvement of for-profit providers in both residential and home-based services. At the same time, there has been a rise in daughters – particularly low-income daughters – providing unpaid care for their parents: higher-income families are more able to pay for home-based and institutional care (NOSOSCO, 2009).

Sweden has had a sustained policy focus on gender equality since the 1970s with the result that it scores highest among our Universal Model case studies on all the gender equality indices apart from equal sharing of leisure time. This is probably because it relies on mothers to provide at least 75% of the childcare of younger children and on lower-income women to provide unpaid care to disabled and older relatives.

## Childcare, long-term care and gender equality

Comparative social policy experts have always questioned whether there really is one 'Nordic model' of welfare and whether the difference between that and other models is as marked as is often claimed (Mahon et al, 2012). Although for this project we were not using welfare state typology as a sampling frame, it is notable that all the 'Nordic' states met our sampling criteria of having good gender equality outcomes and

**Table 2.1: Universal Model characteristics**

| Country | Population | EGEI score* | % of GDP spent on services (OECD data) |
|---|---|---|---|
| Denmark | 5.614m | 0.86 equal sharing of paid work<br>0.63 equal sharing of money<br>0.52 equal sharing of power<br>0.76 equal sharing of time | 2% on childcare<br>0.6% on pre-primary care<br>2.4% on long-term care |
| Iceland | 0.323m | 0.81 equal sharing of paid work<br>0.82 equal sharing of money<br>0.65 equal sharing of power<br>0.95 equal sharing of time | 1.6% on childcare<br>0.9% on pre-primary care<br>1.7% on long-term care |
| Sweden | 9.593m | 0.94 equal sharing of paid work<br>0.68 equal sharing of money<br>0.7 equal sharing of power<br>0.57 equal sharing of time | 1.6% on childcare<br>1.1% on pre-primary care<br>3.6% on long-term care |
| (UK) | 64.1m | 0.82 equal sharing of paid work<br>0.39 equal sharing of money<br>0.46 equal sharing of power<br>0.58 equal sharing of time | 1.2% on childcare<br>0.4% on pre-primary care<br>2% on long-term care |
| (Scotland) | 5.295m | Not available | |

*Source: Based on Plantenga et al (2009), using EU/OECD data

state involvement in the funding and/or provision of childcare and long-term care services.

Countries that fell into this model had normative policy frameworks that were heavily focused on gender equality. Aspirations towards gender equality informed the constitutions of the countries and also underpinned the development of welfare services. All of the case studies fall into the 'social democratic/Nordic' welfare model (Esping-Andersen, 2009). This means that they provide public services on a universal basis, without stigma or loss of status. The twin commitment to gender equality and universality means that comprehensive childcare and long-term care services have always been part of state provision.

## Responsibilities of the state, the market, communities, families and individuals

*The state* plays the biggest role in the Universal Model of all the models under discussion. It is the primary funder and provider of services at both a national and local level. Most services are funded through a mix of national and local taxation. The state also plays a significant role in the provision of training and quality assurance for workers and services, which offers protection to both those who provide and use the services. High levels of state involvement mean that the costs and risks of funding and providing services are shared equally across the population, while the benefits are also felt equally by all regardless of income.

*The market* plays a reduced role in the Universal Model, but it is not absent altogether. Higher-income parents and users of long-term care services can purchase additional help and services from a limited range of for-profit providers. There is some private sector involvement in the provision of childcare and long-term care services which are funded or commissioned by the state. There is also a limited 'internal market' of providers being developed whereby state providers are encouraged to

use marketised means to compete for contracts to improve the quality of provision, and limited use of direct payments for childcare and long-term care to enable individuals to exercise more choice in service provision. These are not popular: take-up of direct payments is low, and marketisation, particularly in long-term care, is met with discontent from both providers and service users. Furthermore, there is no evidence that it substantially reduces costs or improves quality (Eydal and Rostgaard, 2011).

*The community* does play an informal role in providing and supporting childcare and long-term care, as it always has, but there is very little development of third sector providers or user-controlled services. It is not the case that where the state is heavily involved in the provision of services that civic involvement in the community is underdeveloped: levels of volunteering, civic organisation and individual participation in third sector organisations is as high, if not higher, in social democratic/Nordic countries as it is in other types of political and welfare regime (Immerfall and Therborn, 2010). However, community organisations are less involved in the direct provision of core childcare and long-term care services and more in the provision of additional, special interest groups, for example, self-help and self-care groups, sports and leisure groups, and training and advocacy.

*Families* take primary responsibility for the care of very young children (and this is gendered in favour of mothers) but tend to see themselves as working in partnership with the state, or as the providers of low level help and support, rather than the main providers of long-term care. Very high levels of institutional day care/preschool for children aged 1 year and upwards means that there is an expectation that mothers will return to work, or will be caring for more than one young child (NOSOSCO, 2009). Grandparents, and other family members, do not tend to be very involved in the direct provision of childcare for pre-school children, although social and family networks do play an important role in supporting school-age children

and providing 'wraparound' childcare; for example, for shift workers and during school holidays for older children. There is some involvement of unpaid carers in inter-generational care of older parents, particularly in Iceland and Sweden (and Finland, another country which fits the Universal Model), and this is gendered, with the burden falling disproportionately on daughters (particularly low-income daughters) (Mahon et al, 2012).

The primary responsibility for *individuals* in the Universal Model is to take part in paid labour and share in the burden of paying, through taxation, for the provision of universal childcare and long-term care services. Services are universally available (although contributory fees are tailored to reflect income levels) and so there is no perceived difference between those paying for and receiving the service: everyone pays into the pot and everyone benefits (even those without children will benefit eventually from the provision of long-term care as they grow older). However, there are gendered expectations for individual women to provide some kinds of care: to be at home with young children and to provide unpaid care for older parents.

### Advantages

- This model features case studies that are consistently high in gender equality indices, using a variety of measures.
- Gender equality is a given normative aim, regardless of the political, social or economic context of policy development.
- Services are available universally which adds to social cohesion.
- There is little or no stigma associated with accessing services.
- Services support women's employment in both the private and public sectors.
- Public investment in infrastructure (buildings) and supply (staff) means that the costs, risks and benefits of the

services are equally shared, rather than the costs falling disproportionately on lower-income families and the benefits being felt disproportionately by higher-income families.

- Universal use of preschool/day care improves educational outcomes for all children, mitigating against educational and income inequality in later life.
- Formal childcare and long-term care workers (the majority of whom are women) are highly trained and their labour is highly valued.
- Shared parental leave means more egalitarian sharing of unpaid childcare labour and more sustained involvement of fathers in the care of young children.
- A good work/life balance is achievable for working families.
- Service provision is valued as one of the 'core' features of social policy (like health and education).
- Women and children are at a much reduced risk of poverty due to high levels of labour market participation across all income and education levels.
- Cultural and social expectations are geared towards equitable sharing of paid and unpaid work.
- There are usually high levels of bonding between mothers and young children – with associated physical and mental health benefits for both.
- Different policy tools are used to complement each other to achieve equitable gender outcomes: for example, the use of shared parental leave, which reduces the 'motherhood penalty' and gendered roles in childcare, along with the substantial public provision of formal, high quality day care for children from a young age.
- The burden of caring for children is shared between the state and families, and across different genders.
- Universal provision of high quality long-term care services reduces the burden on families, enabling them to participate in paid work for longer and reducing the risk of carer poverty.

- Less pressure on families to provide long-term care means better family relationships, and those that provide personal care do so out of choice rather than because of the lack of high quality alternatives.

## Drawbacks

- A 'motherhood' penalty over the life course, due to the expectation that mothers will provide the first year of care means that there is an element of occupational segregation and a persistent gender pay gap.
- Relatively high levels of state involvement and investment with a high percentage of GDP spent on the infrastructure, which may not be politically desirable in other political contexts.
- A legal, social and cultural commitment to gender equality has been sustained over a substantial period: this is not easy to reproduce in a different context.
- Gendered policy machinery (for example, women's equality ministers at Cabinet level, gender mainstreaming of budgetary decisions and social policy) is required to sustain the normative commitment to gender equality that drives policy development.
- High expectations of 'good mothering' and potential isolation of mothers with young children due to their non-participation in the workforce.
- Universal provision can lead to fewer opportunities and a heteronormative and homogenous approach to services that are not always responsive to individual needs and circumstances.
- Gendered expectations for who will step in when the state does not provide services persist (for example, unpaid care of older parents, unpaid care of children when paid parental leave ends) and the burden of providing unpaid care falls disproportionately on women (particularly mothers and daughters).

## Key lessons and transferable features

1. **All of the case study countries in the Universal Model have gender equality enshrined into their legislative and policymaking structures.** Where countries have formal written constitutions, gender equality is one of the key values that underpin the aspirations of those constitutions. However, a written constitution is not the only place where a commitment to gender equality can be evidenced: key statutes and common laws can provide a similar level of commitment, particularly when backed up by gendered policy machinery to implement and police gender equality. Equalities ministers at Cabinet level in both the UK and devolved parliaments would be possible, as would a commitment to gender mainstreaming in budgetary processes, public commitment to European and UN objectives on gender equality, and power given to existing bodies such as human rights commissions to hold both national and local government to account for the provision of services which support gender equality.
2. **All of the countries in the Universal Model have universal coverage of day care/preschool from the age of 1.** Using both national and local taxation they have invested heavily in the supply side so that there is formal, full-time childcare available for nearly every child once mothers (and fathers) return to work after parental leave. This is a substantive commitment, but it is an investment that more than pays off in terms of levels of women's employment, mothers' return to employment after parental leave, women's income (and hence their contribution to the tax base, the wider economy and their lower risk of poverty), and outcomes for children (both in terms of child poverty and educational attainment). These commitments are seen not just as morally and ethically right, but as long-term social investments in gender equality and the long-term social and economic development of the country, particularly in

creating a highly skilled flexible workforce and addressing inequality across income and gender lines.

3. **The Universal Model provides universal, not targeted services.** This is crucial in tackling not just gender inequality but also inequality over the life course between those who work and those who are unable to work due to age (either being too young or too old) or impairment, illness and disability. Higher levels of workforce participation among women, particularly low-income women, address child poverty as well as the poverty experienced by older women as a result of underemployment over the life course. Greater social cohesion and social solidarity results in societies that are more egalitarian and less divided. Childcare and long-term care services are treated in the same way as the NHS and education in the UK: as core parts of a universal, fair welfare state, with clear sharing of risks and benefits.
4. **Care, and thus women's work, is valued in the Universal Model.** Formal carers are relatively highly skilled and well paid; there is an investment in their skills and training, and they are a highly valued and respected sector of the workforce. Although these jobs remain highly gendered (particularly the care of younger children and unpaid care of older parents), the fact that care services are universally available and staff are respected means that women's labour, both paid and unpaid, is valued.
5. **Policy change led to cultural change.** Although there have always been strong women's movements in the Nordic countries, the gendered division of paid and unpaid labour and women's inequality were features of the social, political and cultural context until substantial policy shifts happened in the 1970s and 1980s. The formation of legislation, backed up by formal gendered policy machineries led to social and political change in which gender equality became a key substantive policy driver. Recent policy changes also have a significant effect on social and cultural norms: for example, the introduction of non-transferable paid parental leave for

fathers in Iceland has led not only to greater involvement of men in the care of young children but greater involvement of fathers in family life beyond the paid period of leave. There is a belief that gender inequality is so strongly ingrained in British social and cultural norms that it is impossible to change. The Universal Model demonstrates quite clearly that changes in policy and legislation can and do lead to changes in gendered norms and behaviour.

6. **Policies need, wherever possible, to 'join up' to be most effective.** The Universal Model works effectively to support gender equality because it tackles it on many levels. For example, generous and non-transferable leave entitlements encourage both mothers and fathers to spend time at home caring for young children, which reduces the impact of the 'motherhood penalty' for women. This, coupled with the universal provision of high quality childcare from the age of 1 year upwards means that the return to work for parents is relatively seamless, and the costs of working are shared across wider society rather than borne by parents alone. Similarly, the lack of tax incentives or support for unpaid carers coupled with the universal provision of high quality long-term care means that there is reduced financial pressure on women to undertake high levels of unpaid long-term care. Moreover, investment in the provision of childcare and long-term care means there are many jobs available for women that are highly valued and support their long-term career development. All of these 'joins' are possible if policymakers are willing to use gender equality as a normative core for all policy development and implementation, and are willing to work with employers, the education sector and the treasury – as well as across national and local government.

## Notes of caution

It should be noted that countries in the Universal Model are not necessarily a feminist utopia. Investment in the universal

provision of high quality childcare and long-term care services reduces women's risk of poverty and ensures that their paid and unpaid work is valued. However, levels of violence against women and domestic abuse are as high in this model as in others (Gracia and Merlo, 2016). While political participation is high, there is still not gender parity in positions of power in national or local government. Occupational segregation and gender pay gaps persist, as do low levels of women in very senior positions in business and the judiciary. Universal childcare and long-term care services can only address some elements of inequality.

## Achieving gender equity?

Table 2.2 examines how the Universal Model measures up to Fraser's (1997), framework of universal care and gender equity, the universal caregiver model.

## Summary

- The Nordic states (Denmark, Finland, Iceland, Norway and Sweden) are often held up as a model of universal state provision of services but there is no single 'Nordic model':
  - the degree to which the state controls welfare varies from country to country;
  - even where there is a high level of state control there are varying degrees of market or individual involvement in childcare and long-term-care services.
- The three states we have chosen to study (Denmark, Iceland and Sweden) are effective as examples of 'good practice' because:
  - all have gender equality at the heart of their constitutional frameworks;
  - policies are built around gender equality;
  - all score high on the Gender Equality Index;

**Table 2.2: Fraser's seven principles of gender equity and the Universal Model**

| **Principle** | **Progress (substantial; good; neutral; poor; very weak)** |
|---|---|
| Anti-poverty | • **Substantial**, due to women's increased labour market participation and the universal provision of services |
| Anti-exploitation | • **Good**, due to income protection and value placed on care work<br>• More equitable sharing of unpaid care across genders needed |
| Income equality | • **Good**, due to women's increased labour market participation over the life course, the reduction of the 'motherhood penalty' and the low reliance on unpaid long-term care<br>• More progress needed on occupational segregation and low-income women's provision of unpaid long-term care |
| Leisure time equality | • **Good**, due to universal provision of full-time childcare and high levels of provision of long-term care<br>• More progress needed on equitable sharing of unpaid care between genders |
| Equality of respect | • **Substantial**, due to the high value placed on women's work, both paid and unpaid |
| Anti-marginalisation | • **Substantial**, due to high levels of women's participation in public life |
| Anti-androcentralisation | • **Neutral**, due to heteronormative models of family life and enduring gendered expectations around the care of young children and formal and informal care work |

  - all have high levels of state involvement in the provision (or commissioning) of childcare or long-term care services;
  - all adopt a universal 'social rights' approach to the provision of services.
- While Denmark (along with Finland and Iceland) are seen as the Nordic countries with the greatest market involvement, the commitment to gender equality and universal social care is nevertheless high.
- Although scoring higher than the UK, Iceland has the lowest score on the Gender Equality Index and the highest gender pay gap. Reasons include:
  - high levels of gender divisions within the labour market;
  - unpaid leave taken by mothers to look after babies;
  - reliance on unpaid long-term care by daughters.
- Sweden has the highest score on all indices on the Gender Equality Index except for equal sharing of leisure time. This last is probably because:
  - 75% of childcare for younger children is provided by mothers;
  - women on lower incomes provide most of the care for their elderly or disabled relatives.
- Despite the differences between the three 'Nordic models' we can still talk about a Universal Model based on our findings.
- The state plays the biggest role as primary funder and provider of services at both a national and local level:
  - most services are funded through a mix of national and local taxation;
  - the state also provides training and quality assurance for workers and services;
  - this offers protection to both those who provide and use the services;
  - costs and risks of funding and providing services are shared equally across the population;
  - the benefits are shared by all regardless of income.

- The market plays a reduced role but is not absent altogether:
  - those who can afford it can buy extra help and services from a limited range of for-profit providers;
  - the state commissions some childcare and long-term care services from the independent sector;
  - there is a limited 'internal market' being developed;
  - there is limited use of direct payments but these are not popular and take-up is low.
- The community plays an informal role as it always has but the voluntary sector and community self-help organisations are less involved in direct provision of care and more in advocacy.
- Families take primary responsibility for very young children but see themselves as working in partnership with the state.
- Individuals' roles are largely as paid carers and taxpayers and there is no stigma attached to receiving universally available services.

# THREE

# The Partnership Model of care policy

## Introduction

Countries that fall into a Partnership Model do see gender equality as an important policy driver but it is not necessarily the main, or even most important, factor underpinning the development of childcare and long-term care policies. They have developed welfare states, but do not view the state as being necessarily the only or main provider of services. The state is seen more as a driver of policy: setting a legislative framework and in some cases providing funding and services, but doing so in partnership with the market, with communities and families, and with individuals. There is a greater role played by municipal authorities than in the Universal Model, and thus sometimes a greater variation in the availability and quality of services. However, the state does play a strong regulatory role, and individuals do have important rights to access services.

There are two case study examples discussed in this chapter, namely, Germany and the Netherlands. As stated previously we did not use pre-existing welfare state models for sampling but carried this out inductively based on the nature of care policies and gender equality outcomes. Nevertheless, it is noteworthy that both countries in our sample that are

examples of the Partnership Model of care policy fall into what Esping-Andersen (1990) would deem 'corporatist' and Daly and Lewis (2000) would term 'family breadwinner' welfare state types.

## Germany

Thirty-three per cent of children under the age of 3 have access to a childcare place (either in nursery facility or with a family-based childminder), but demand outstrips supply. Only 41.5% of these attend full-time, whereas demand in 2014 was 68.2% (Jurczyk and Klinkhart, 2014). Additional childcare hours are either purchased by working parents, shared between parents or supported by grandparents. A key difference in childcare use is between mothers who return to work full time after parental leave who mostly use public childcare, and the majority who return part-time, who are more often supported by grandparents or other informal forms of childcare (Kluve and Tamm, 2009). This has implications for the risk of poverty and underemployment of low-income mothers, and of their children – educational outcomes are poorest for those children who do not attend formal day care prior to school (Esping-Andersen, 2009). Recent changes to parental leave include a move away from a flat-rate benefit for mothers after a year's parental leave, towards an earnings related benefit for a year followed by job protection which can be paid for up to 3 years (OECD, 2017b). This has had the effect of reinforcing incentives for mothers, particularly low-income/low-skilled mothers, to stay at home until their children reach 3 years or older, and reinforces the gendered division of parenting labour.

The most significant recent change to long-term care policy occurred with the introduction of long-term care insurance. This is a national scheme that offers benefits based on three levels of need with fixed lump-sum benefits, along with cash

payments for carers which can be supplemented by means-tested benefits. The purpose is to enable those who need care and support to purchase their own services from a mix of formal and family carers, using insurance-based state benefits topped up either through their own means or additional benefits. Eligibility and levels of payment are decided at a federal level according to national guidelines, but the structure of fees payable for services is highly variable across different local contexts.

Unlike countries in the Universal Model, Germany has opted to support women's care labour in both parenting and long-term care by reimbursing them through cash payments, rather than encouraging women into the labour market and providing universal formal care services. Although cash benefits to recompense mothers were heralded as supporting and valuing care work undertaken by women, they have been criticised for leading to greater gender inequality, particularly among low-paid/low-skilled women for whom the cash benefits incentivise remaining away from the formal labour market for longer periods.

Moreover, higher-income women are more likely to make use of formal publicly funded day care services for younger children, creating further social division. However, this does mean that higher-skilled women are less likely to take long career breaks, meaning that employers are likely to benefit from their re-entry into the workforce and income inequality between genders in higher-income families is reduced. This pattern (of higher-income women having more ability to use state benefits to avoid having to leave work to provide care themselves than lower-income women) is mirrored in the results of the long-term care insurance policy (Theobald and Kern, 2011). Lower-income women are more likely to have a financial incentive to provide care to family members because they can receive payments through the long-term care insurance scheme and cash benefits directed at them.

## The Netherlands

Around 62% of Dutch children aged 0–4 years are in formal childcare (either a public day care centre or in-home care), with that rising to 90% of 2–3 year olds (Plantenga, 2012). Private childcare centres provide full-time care for children whose parents are employed, but most working mothers in the Netherlands work part-time. Publicly funded playgroups provide around ten hours of care per week for 2–4 year olds and tend to be used more by lower-income families. Playgroups are not used much by working parents because the hours are so limited, but they do provide a formal introduction to schooling that is at least as effective as full-time day care in aiding the cognitive development of children (Akgündüz and Plantenga, 2015). The state provides subsidies for working parents through reimbursements to allow them to choose formal care (which can include in-home childminding and grandparent care as well as formal day care), rather than subsidising providers. The most recent changes to policy involve formal childcare being financed by three parties: central government, employers and parents, with the goal of increasing female labour force participation.

Long-term care in the Netherlands has recently undergone substantial change, separating those with medically-related chronic health problems (who are entitled to care within a health funded institution) from those with less severe needs (who are now eligible for support to help them stay in their own homes and participate in society). This is coupled with a reduction in eligibility for direct payments for disabled people, which enabled those living at home to employ their own carers (including family members). These changes are part of an ongoing policy drive to reduce costs by moving responsibility for the provision of long-term care from the public to the private purse (Grootegoed and Dijk, 2012).

The Netherlands has always operated a shared care/shared work approach to combining work and care, presuming that

parents with young children will combine flexible working with part-time formal childcare. However, it is overwhelmingly mothers rather than fathers who take advantage of part-time and flexible working, and there is no non-transferable parental leave to encourage more fathers to work fewer hours and take greater responsibility for parenting of young children. While high-income women can use market means as well as government subsidies to purchase full time childcare, this is less feasible for low-skilled/low-income women who are more likely to work fewer hours. While a move towards familial/ private care and away from publicly provided long-term care is presented as a gender-neutral policy option (focusing on risk-sharing and social responsibility) in reality gendered norms of care provision, combined with gendered patterns of part-time work to combine work and childcare, mean that the burden of social responsibility is likely to fall more heavily on women than on men.

## Childcare, long-term care and gender equality

In contrast to the Universal Model, gender equality was not a dominant norm driving welfare provision in the Partnership Model, and consequently, women's unpaid labour as mothers was taken for granted. Childcare was therefore not a central feature in the design of welfare systems in countries in this model, but they have nevertheless carried out reforms of their childcare systems comparatively recently, in response to three kinds of pressure. The first was economic pressure to increase women's participation in the labour force, both to improve economic performance and enhance the tax base. The second was pressure from the European Union and other supra-national bodies to improve women's equality through greater labour market participation (Tomlinson, 2011). The final pressure was a concern to extend preschool education to deal with a perceived relative educational underperformance from children, particularly those from poorer backgrounds.

This was particularly the case following the reunification of Germany amid concerns about differences in educational outcomes between East and West German children.

In contrast to childcare, the provision of long-term care in the Partnership Model has always been seen as the responsibility of the state to a certain extent, and the Netherlands, in particular, has seen relatively high spending in this area. Social rights to long-term care provided by municipalities have been a feature of this model since the mid-1980s, but both of our case study countries underwent substantial revision in the 1990s and again in recent years, reflecting the growing demand for these services from an ageing population (Grootegoed and van Dijk, 2012). In both childcare and long-term care the state is seen as having an important role, but not being the sole provider of services and support. Instead, support is seen as being funded and delivered in a partnership between the state, employers, the community, families and individuals.

In both childcare and long-term care, policy in the Partnership Model has the effect of recognising and valuing women's labour as carers: mothers and informal carers. It creates incentives for women, particularly low-income women, to provide care and rewards them for doing so: no mother or carer is left without an income because she is providing care and support. However, this is at the cost of women's labour market participation and equality in the public sphere, and there is little incentive towards a more equitable sharing of care labour across genders.

## Responsibilities of the state, the market, communities, families and individuals

In the Partnership Model, *the state* acts more as a commissioner than a direct provider of services. It provides a regulatory framework for the quality of the delivery of care, including regulating who can provide the care and how payments to individuals to purchase care can be spent. It also plays some

**Table 3.1: Partnership Model characteristics**

| Country | Population | EGEI score* | % of GDP spent on services (OECD data) |
|---|---|---|---|
| Germany | 80. 62m | 0.79 equal sharing of paid work<br>0.47 equal sharing of money<br>0.51 equal sharing of power<br>0.58 equal sharing of time | 0.6% on childcare<br>0.1% on pre-primary care<br>1.25% on long-term care |
| The Netherlands | 16.8m | 0.8 equal sharing of paid work<br>0.56 equal sharing of money<br>0.53 equal sharing of power<br>0.7 equal sharing of time | 1.0% on childcare<br>0.5% on pre-primary care<br>3.7% on long-term care |
| (UK) | 64.1m | 0.82 equal sharing of paid work<br>0.39 equal sharing of money<br>0.46 equal sharing of power<br>0.58 equal sharing of time | 1.2% on childcare<br>0.4% on pre-primary care<br>2% on long-term care |
| (Scotland) | 5.295m | Not available | |

*Source: Based on Plantenga et al (2009), using EU/OECD data

role in directly providing services at both a national and a municipal level. However, services are not simply provided through taxation, as in the Universal Model, but through a combination of taxation, insurance, employer and employee contributions. Compared to the Universal Model there is a greater role for local and municipal authorities in this model, both in directly providing services and regulating the quality of local market provision. However, eligibility for services

and the level of cash benefits is set nationally, not locally, which provides an equitable and uniform level of subsidy regardless of location. The local market rates for the provision of services can differ substantially leading to considerable regional variation.

*The market* plays a significant role in providing formal care services in both childcare and long-term care. Private day care for children is the only feasible option for parents who work full-time in the Netherlands, and makes up a significant portion of the supply because public provision cannot meet demand in Germany. Recent changes to long-term care policy in both Germany and the Netherlands have been specifically designed to allow greater choice for service users and to involve the market in the direct provision of services where appropriate. This is ostensibly a gender-neutral policy move: users are meant to be free to combine formal and informal care provided by the state, the market and family in ways which best meet their needs and circumstances, and in theory, this could be from equal numbers of men and women in both the formal and informal spheres. However, we know that women are hugely overrepresented as carers in both formal and informal settings, and in childcare and long-term care. The reality of a large reliance on the market to provide care effectively means a continuing reliance on the paid and unpaid labour of women and does not address gender inequality in the provision of care. Moreover, it creates a two-tier care system between higher-income women who can afford to supplement formal care through the market, and return to and remain in the labour market, and lower-income women who cannot afford to supplement insufficient formal provision other than through their own labour, and thus are more likely to work part-time or withdraw from the labour market, increasing their risk of poverty.

*Communities* also play a more significant role in providing services and support in the Partnership Model than in the

Universal Model. Often the third sector is drawn into the market of providing formal services, and there is sometimes a great reliance on informal social networks to provide low levels of support (for example, after-school care, befriending services, housework and monitoring). Families, particularly women, who do not have access to these social networks are at a disadvantage in this model, as they are more likely to have to fill in the gaps themselves or to have to pay for formal support. However, social networks and social capital can be strengthened by community involvement in the provision of care, with carers who might otherwise be isolated building and sustaining emotional as well as functional support networks.

*Families* are perhaps the most important partner in the Partnership Model. It relies heavily on collaboration between parents and wider families (particularly grandparents in the case of childcare and children in the case of long-term care) to take the responsibility both for providing care and support and for arranging, coordinating and integrating with the formal delivery of services. Reliance on 'family' care usually hides the fact that such care is usually (but not always) provided by women. Cultural preferences for mothers over fathers, and for daughters over sons, coupled with a lack of family leave or other incentives to make increased participation in care work attractive financially to men, mean that care work remains gendered.

The responsibilities of *individuals* in the Partnership Model are first, to participate in the paid labour market and contribute to the tax and insurance base which funds the formal provision of services. Second, individuals have a great responsibility to provide some or most of the care themselves: in the care of children before they start school, in the low-level support of disabled and older relatives, and in the coordination (and sometimes provision) of higher level long-term care. The state acts more as a broker of support in partnership with individuals than a direct provider in this model.

## Advantages

- The Partnership Model offers a great deal of flexibility and choice to parents and people needing long-term care. It enables people to put together packages of care and support that reflect their individual circumstances and can be adapted to changes in those circumstances.
- The care work of women as mothers and family carers is valued and supported. Women (and some men) who choose to undertake childcare and long-term care have access to an income and are not necessarily reliant on their partners for access to resources.
- Access to benefits is tailored to individual circumstances but is also universal (nationally set) and fair**.** While municipalities play a significant role in providing services, they do not set the level of cash benefits to which parents and service users are entitled.
- There is significant scope for municipalities to develop care services that are flexible and accommodate local needs and circumstances**.** Because services are not homogenous there is the ability to deal with variations in demand for and supply of formal services, and to harness local community resources to provide support.
- There is the potential for community and kinship networks to be developed and strengthened**.** Because this model relies heavily on inter-generational care (grandparents providing care for young children, and children providing care for their parents) as well as intra-generational support (between spouses, siblings and friends) there is the potential for strengthened social networks and social capital. This can lead to emotional as well as practical support for carers, reducing isolation and the mental and physical burden of providing childcare and long-term care.
- This model is robust and able to deal with fluctuations in demand, particularly the rising demand for long-term care. Individuals have a significant responsibility

to arrange their own long-term care through insurance. Directing subsidies at parents rather than providers enables economic and social policy to be flexible to respond to changes in economic and political circumstances (it is far easier to make changes to subsidies and tax benefits than to withdraw funding from large scale publicly funded capital infrastructure).
- The Partnership Model ensures that the risks and benefits of care provision are shared between the state, employers and individuals. Rather than the state being the main provider and commissioner of services, and therefore having the sole responsibility for protecting against social risks, employers and the market share the risks and benefits with the general population. Therefore, there is an incentive for employers to develop family- and care-friendly policies and to support a flexible and well-trained workforce.
- Formal care for some workers, particularly those working in the public sector, is highly valued. There is strong competition for qualified workers, and clear educational and training routes to both childcare and long-term care. Pay and conditions are thus relatively generous.

## Drawbacks

- This model reinforces gendered patterns of labour. It provides little or no incentive for fathers to become more involved in the care of young children, or for men (unless they are relatively low paid) to become more involved in the formal or informal provision of long-term care.
- The Partnership Model relies heavily on the family and this masks its reliance on women's labour. By presenting the policy frameworks as gender-neutral and enabling choice, this model hides women's unpaid care and relies on cultural norms that expect women to provide care.
- This model offers significantly more choice and flexibility to higher-income women. The use of the market to

provide services, and linking receipt of childcare benefits to participation in the labour market, means that higher-income women will be able to benefit from exercising choice and supplement state benefits with bought-in care. Lower-income women are more likely to have financial incentives to withdraw from the labour market and provide care themselves, or to be trapped in low paid part-time work because of the need to combine paid and unpaid work. This reinforces inequality *between* different groups of women. It also means that lower-income women are at far greater risk of poverty over the life course due to their underemployment.

- The lack of universal early years formal care mitigates against egalitarian outcomes and life chances for children. Although part-time provision of playgroups does enable cognitive development, it does not enable low-income women to work and raise their income, which means that access to material resources is limited for low-income families. The opportunities for formal support to mitigate against the effects of child poverty are limited, and it is therefore highly likely to translate into greater inequality in later years.

## Key transferable features

- **Providing cash benefits directly to parents and service users is fairly simple to do.** In fact, cash benefits, tax credits and childcare benefits already form a significant part of social policy provision in most developed welfare states, including the UK.
- **This model could easily be adapted for different governance, legislative and political contexts.** Federal and devolved government and municipalities can develop their own versions if they have sufficient tax raising and social policy powers. A strong centralised social democratic

state is not needed to deliver this model, and it can adapt to different political and ideological priorities.

- **Long-term care insurance is widely seen as one of the most important tools in preparing for the growing demand for services in developed welfare states.** Present systems of taxation and/or asset-based funding, or increasing reliance on unpaid informal care, are not tenable and will not deal with the growing crisis in long-term care funding and provision.

## Notes of caution

It is difficult to say how much of the Partnership Model's success is reliant on existing good relationships between the respective partners. Certainly, employers have been willing to be engaged in providing tax breaks and benefits for working parents and in contributing to long-term care insurance schemes for a variety of reasons, including seeing the economic and social benefits of employee retention. However, workers in the Netherlands have always worked fewer hours and expected a good work–life balance than their UK counterparts, and healthcare in Germany is funded through insurance schemes which are partially funded by employer contributions, so long-term care insurance was not a significant departure or change in policy. Moves towards more flexible working, shorter working hours, parental and carers' leave, and employer-funded care insurance may be more difficult in countries that do not have these as part of their social, economic, political and cultural contexts.

## Achieving gender equity?

Table 3.2 examines how the Partnership Model measures up to Fraser's (1997) framework of universal care and gender equity, the universal caregiver model.

## Table 3.2: Fraser's seven principles of gender equity and the Partnership Model

| Principle | Progress (substantial; good; neutral; poor; very weak) |
|---|---|
| anti-poverty; | • **Good**, because care which removes women from the labour market is compensated for.<br>• However, it would be better if women were either encouraged to remain in the labour market to increase their income or if compensation for care were at full market rates. |
| anti-exploitation; | • **Good**, because care which removes women from the labour market is compensated for. |
| income equality; | • **Neutral**. Compensation for care work is set at a level that does not encourage men into taking a greater role in parenting or care of older relatives. It also encourages low paid women to withdraw from the labour market to provide care and increases inequality between low- and high-income women.<br>• However, greater encouragement (through shared and non-transferable parental leave) for men to share care work and for women to remain in the labour market, as well as addressing occupational segregation would further reduce income inequality. |
| leisure time equality; | • **Good**, due to support for flexible working for both genders (particularly in the Netherlands) and formal provision of preschool. The availability of market alternatives to family-provided long-term care prevents overburdening informal carers. |
| equality of respect; | • **Substantial**, due to recognition of and compensation for women's care labour. Formal care workers are also supported as part of the labour market. |
| anti-marginalisation; | • **Good**, due to value being given to women's care work.<br>• However, greater encouragement to remain in the labour market and for men to take a greater share of care work would reduce the risk of marginalisation for lower-income women. |
| anti-androcentralisation | • **Poor**, due to the reinforcement of the gendered division of labour.<br>• More equal sharing of care work across genders would improve this. |

## Summary

- We have chosen to look at two countries that fit into the Partnership Model, namely Germany and the Netherlands.
- Germany supports women's care labour in both parenting and long-term care by reimbursing them through cash payments. These benefits are seen to support and value the previously unacknowledged care work of women but have been criticised because:
    - they encourage low-paid, low-skilled women to stay out of formal paid work for longer;
    - higher-income women are more likely to use formal publicly funded day care services for younger children, creating further social division;
    - however, this does mean that higher-skilled women are less likely to take long career breaks meaning that employers are likely to benefit from their re-entry into the workforce, and income inequality across the genders in higher-income families is reduced.
- Private day care for children is the only feasible option for parents who work full time in the Netherlands, and makes up a significant portion of the supply because public provision cannot meet demand in Germany.
- The Netherlands makes much more use of formal childcare with about 62% of Dutch children aged 0–4 years in formal childcare (either a public day care centre or in-home care), with that rising to 90% of 2–3 year olds (this compares with 33% of German children aged under 3).
- Long-term care in the Netherlands has recently changed as part of an ongoing policy drive to reduce costs to the state:
    - those with medically-related chronic health problems are entitled to care within a health funded institution;
    - others are now eligible for support to help them stay in their own homes and participate in society;

    - eligibility for direct payments for disabled people has been reduced, which enabled those living at home to employ their own carers (including family members).
- In the Partnership Model the state:
    - acts both as a commissioner, rather than a direct provider of services, and as a broker of support in partnership with individuals;
    - provides a regulatory framework for the quality of the delivery of care including regulating:
        - who can provide the care;
        - how payments to individuals to purchase care can be spent;
        - who is eligible for long-term care.
    - plays some role in directly providing services at both a national and a municipal level. However, services are not funded through taxation, as in the Universal Model, but through a combination of taxation, insurance, employer and employee contributions.
- The market plays a significant role in providing formal care services in both childcare and long-term care. This results in:
    - a system that relies on unpaid work which tends to be most often that of women; and
    - a two-tier care system benefiting higher-income women who can afford to supplement formal care through the market, and return to and remain in the labour market.
- Communities play a more significant role in providing services and support in the Partnership Model than in the Universal Model:
    - often the voluntary sector is drawn into the market of providing formal services;
    - the Partnership Model often relies on informal social networks to provide low levels of support and families, particularly women, who do not have access to these social networks are at a disadvantage;
    - these social networks and social capital can be strengthened by community involvement in the provision of care.

- Families are perhaps the most important partner in the Partnership Model. It relies heavily on collaboration between parents and wider families both for providing care and support, and for arranging, coordinating and integrating with the formal delivery of services. Reliance on 'family' often means reliance on women.
- Individuals are involved in the Partnership Model:
  - to contribute to the tax and insurance base that funds services;
  - to provide some or most of care themselves; and
  - in the coordination (and sometimes provision) of higher level long-term care.
- In comparison with the Universal Model, the Partnership Model relies much more on women's unpaid labour although this is sometimes mitigated through the need to involve women in the workforce, particularly in more highly-skilled, highly-paid positions.
- The state plays an important regulatory role in countries that fit into the Partnership Model but is not necessarily the main provider or even commissioner of services.
- In Partnership Model countries, while the state provides the legislative framework, the welfare state involves a more important role for municipal authorities, which allows for a greater variability of availability and quality.
- Gender equality is seen as a major driver in the development of social policy in countries that fit into the Partnership Model but it is not necessarily the most important factor in the development of childcare or long-term care policies in such countries.
- The United Kingdom fits with the Partnership Model more closely than the Universal Model, as does Scotland at present. However, both the case studies discussed here score more highly overall on the EGEI than the UK.

# FOUR

# Childcare and gender equality

## Introduction

In this chapter, we will look in more detail at the Universal Model and Partnership Model of providing childcare. We will seek to answer three main questions:

1. What is it about these models of childcare that leads to better gender equality?
   a) How do the different elements work?
   b) What are the ideas, institutions and actors that make it work?
   c) What could make these models of childcare *not* work to improve gender equality?
2. What aspects of these models of childcare could be transferred to other national contexts?
   a) What do we know about policy transfer? Which policies are likely to fail or succeed in different contexts, and why?
   b) Which elements of these models of childcare could be successfully transferred and lead to improved gender equality?
   c) What could make it likely that transferring these models of childcare would fail to deliver improved gender equality?

3. Which model, and which aspects of that model, should policymakers invest in to stand the greatest chance of improving gender equality?

## Universal Model of childcare provision

The Universal Model of childcare is one in which the state is at the heart of provision. Universal coverage of childcare is a national policy, but the provision itself is usually down to municipalities. The state provides universal childcare services itself, and does not expect families to provide preschool childcare: indeed, children are expected for pedagogical reasons to be in state rather than family care from the age of 2 (NOSOSCO, 2009). It is coupled with generous maternity leave provision (and sometimes, but not always, transferable parental leave provision) for young babies and an expectation of full employment for women. It is a normative expectation that the costs of childcare are shared across society rather than falling on individual families or mothers.

Gender equality as a principle underpins the foundation and provision of services in the welfare state in all three example countries (namely, Denmark, Iceland and Sweden) that fall into this model. In some cases, the right to access childcare and work as a social citizenship right predated universal suffrage. The constitutional right to gender equality is an important one: it sends a powerful normative and symbolic message as well as being a useful legislative device to protect women's services and those that disproportionately benefit women.

## Partnership Model of childcare policy

The Partnership Model of childcare provision is one in which the state plays a central role in funding services but does not necessarily directly provide them itself. Instead, it works in partnership with employers, the community and families to fund and provide services. In many cases, this model has

evolved from a more family-based approach to childcare towards one of a mixed economy of provision. Gender equality is an important policy aim, but not necessarily the normative core of nation-state policies.

## How do these models lead to better gender equality?

### *How do the different elements of these models work?*

*The Universal Model*

This model provides state-funded (or subsidised) childcare to everyone *universally*, regardless of their ability to pay or their work status. Services are funded through taxation and provided directly by the state, usually in formal settings that form part of pre-school educational provision after a certain age. There is no presumption that the family, or the market, will provide childcare, or that women will remove themselves for long periods from the labour market to care for children. There is an explicit acknowledgement that if the burden of childcare falls on families this means on women, and this is directly responsible for their absence from the labour market, the gender pay gap and their increased risk and experience of poverty over the life course.

There is a presumption of **equal sharing of paid and unpaid work across the genders**. Therefore, the Universal Model scores relatively well on **equal sharing of time**: Iceland scores 0.95 and Denmark scores 0.76 compared to the UK at 0.58, although countries with a less generous maternity leave provision (whereby women often take on the 'bridge' between maternity leave and full-time childcare), such as Sweden score lower, at 0.57, on par with the UK. That longer time spent providing childcare seems to embed maternal habits that mean that working mothers spend more time on childcare than working fathers: Iceland's high time-sharing index is attributable to shared parental leave rather than generous maternity leave, meaning that fathers stay home

with young children, and therefore, are more likely to share childcare more equally when they return to work.

The third element underpinning the Universal Model of childcare (and linked to the first two) is the presumption and encouragement of **equal participation in paid work**. As there is not the assumption of the provision of childcare by families, which falls disproportionately on women because of gendered presumptions about maternal obligations, women who would otherwise be expected to be caring for children are instead able (or in some cases, expected) to engage in paid work. Crucially, this is linked with generous long-term care provision, because if women do not withdraw for lengthy periods from the labour market to provide childcare they are less likely to do so again later in life to provide long-term care. This has profound implications for gender equality, not just when children are young, but over women's life course. However, participation in paid work alone is only part of the equation: both Iceland and the UK show a 0.82 Gender Equality Index of **participation in paid work**, during the respective time period, but for Icelandic women, this leads to a much greater **equal sharing of money** (0.82) than in the UK (0.39). Denmark and Sweden also show lower sharing of money (0.63 and 0.68 respectively) than Iceland, but this is still far higher than in the UK.

The fourth element is the **valuing of childcare as skilled work**. The state provision of childcare is overtly gendered: it is overwhelmingly (but not exclusively) women that work as childcare providers. However, their pay and conditions are higher than childcare workers in the Partnership Model, and in the UK. For comparison, an average hourly wage at the time of writing for an Icelandic nursery worker is £10 compared to £7.59 in the UK (OECD figures for 2009). One reason for gender wage gaps is not necessarily that men and women are paid differently for the same work, but that men and women are segregated occupationally, with women being clustered into lower-paid work. This includes an overrepresentation of women in public sector work such as childcare. This

occupational segregation does take place in the Universal Model – over 90% of childcare workers in Iceland are women, a similar proportion to the UK. However, the higher wages paid to workers in the public sector generally and to childcare workers in particular mean that the female workforce is at much lower risk of poverty: at the time of analysis Iceland scored 0.82 on equal sharing of money, compared to the UK's 0.39.

*The Partnership Model*

The Partnership Model **values the care that parents (usually mothers) provide**. It seeks to support that care by encouraging rather than expecting women to return to the paid labour market after having children. Therefore, support for childcare is offered in a range of ways designed to be flexible and offer working parents choices about whether and when they engage in paid work. Although not as high as the Universal Model, both Germany and the Netherlands score relatively higher on **equal sharing of money** (Germany at 0.47 and Netherlands at 0.56, compared to the UK at 0.39) because the state subsidises the cost of childcare and encourages women to return to work after having young children.

This support is, however, not predicated on an expectation that women will engage in paid work on an equal basis to men: their role as a primary caregiver to young children is both accepted and encouraged, which mitigates slightly against their equality in the workplace. This is why although Germany, at 0.79 and the Netherlands at 0.8 score slightly lower than the UK (0.82) on **equal sharing of paid work** on the EGEI. Although taking part in the labour market is important for women, both in normative and material terms (because they are then seen as part of the public world and have access to and control over their own income), critics of routes to gender equality that rely on women's participation in paid work point out that unpaid childcare is as important a social and economic contribution as paid work, and should be

valued. Moreover, many families value flexibility and choice in childcare arrangements and do not necessarily want to use full-time institutional care as is provided in the Universal Model.

The Partnership Model of childcare relies on involvement from **employers, the state and families**. Therefore, it encourages the sharing of the risks and benefits of childcare across different sectors, recognising particularly that employers benefit from women's ongoing involvement in the labour market. This, in some ways, mitigates against the risk of childcare being seen as the responsibility of only one sector: this model is flexible enough to be able to adapt to changing economic and political circumstances. However, it does mean that the availability of childcare is not necessarily guaranteed for all. In the example of the Netherlands, the fact that the norm for working hours is more likely to be part-time than full-time means that the economic and time penalties experienced by women combining work and childcare have less of an impact on gender equality than might otherwise be the case. This is why the Netherlands has a higher EGEI score for **equal sharing of time** (0.7, compared to 0.58 for both Germany and the UK).

### *What are the ideas, institutions and actors that make these models work?*

#### *The Universal Model*

There are three main ideological and normative presumptions supporting the Universal Model of childcare. The first is that of **gender equality** as an overt state value and as a policy driver: and this involves a commitment to equality in both public and private life. Article 65 of the Icelandic Constitution guarantees equal treatment before the law and basic human rights regardless of gender. Equal citizenship in the Danish Constitution extends to the right to work, the right to vote, to access education, and the right to state assistance to all citizens and enshrined equal opportunities legislation in 1920, alongside major welfare reforms including access to

childcare. These reforms were heavily influenced by the 'first wave' of the Danish feminist movement from 1900 to 1920. The Swedish Constitution is predicated on equality between women and men: a fundamental constitutional norm and an explicit policy objective. In the Universal Model, women and gender equality issues were part of the legislature relatively early, and norms of gender equality informed constitutional arrangements and the foundations of the welfare state broadly, including access to work, childcare and education. In some cases, access to work and childcare actually predated access to full political citizenship and universal suffrage. Nevertheless, it is interesting to note that despite constitutional protections for gender equality, **sharing of public political power** is lower on the Gender Equality Index for countries in this model than other indices, such as sharing of money and time: Iceland is at 0.65, Denmark at 0.52, and Sweden at 0.7. However, this still compares favourably with the UK at 0.46.

The second main ideological framework which underpins the Universal Model of childcare is that of **social citizenship** that involves the universal sharing of welfare risks and benefits through state mechanisms. Universal access to childcare is seen not only as a gender equality mechanism but also as one which prevents class and educational inequality for children. State provided childcare tends to lead seamlessly into state-provided early years' education, and be supported by the same universal and pedagogical frameworks: family care is seen as reinforcing class inequalities beyond infancy and to be avoided. Services are largely provided directly by the state, although childcare services ask for co-payment from working parents. This presumption that social citizenship should be available universally and not differentiated according to gender is responsible for the high scores for countries using the Universal Model of childcare on **equal sharing of time**: Iceland scores 0.95; Denmark scores 0.76 – compared to Sweden at 0.57 and the UK at 0.58. Sweden's low score compared to other countries in this model is probably due to the nature of its

maternity policies, which give mothers longer time at home with younger children and does not permit sharing of parental leave, which embeds gendered expectations and actions around caring over the life course.

The third main ideological support for the Universal Model of childcare is that of **universal access to work**. This demonstrates itself in two main ways: the first is support for women's work generally, underpinned by access to childcare. The provision of universal childcare is to explicitly encourage women to return to work after having children, to reduce their risk of inequality and particularly their risk of poverty and unequal income. Interestingly, the Universal Model does not score much higher than the UK in the EGEI on **equal access to work**: Sweden scores the highest on 0.94, followed by Denmark at 0.86, the UK on 0.82 and Iceland on 0.81. However, for women living with the Universal Model of childcare, that access to work translates into access to higher wages and **equal sharing of money** due to lower childcare costs on the EGEI: Iceland scores 0.82, Sweden scores 0.68 and Denmark scores 0.63, compared to the UK's 0.39.

The **institutions** that make the Universal Model of childcare work at achieving gender equality are directly linked to the ideologies that underpin the model. The first is the **direct universal provision of childcare by the state**. At the time of analysis, 90% of Danish children, 82% of Icelandic children and 70% of Swedish children aged 1–2 were in publicly provided childcare – rising to 97% of 3–5 year olds in all three nations. This compares favourably with only 10% of UK under-3s in formal childcare settings and a further 5% in in-home childcare, rising to 71% of 3–5 year olds (NOSOSCO, 2009; ONS 2009 figures). Of that 71%, most only receive funding for a part-time place, leaving working parents who require full-time childcare to pay the difference themselves. These co-payments for formal care are a major contributory factor to low-paid women's poverty, partially responsible for the low scores on **equal sharing of money** referred to earlier.

The second institution is linked to the first: **the childcare workforce** itself is an important part of the support for the Universal Model of childcare. The direct provision by the state also provides direct employment for women (provision of childcare remains gendered). Childcare workers work largely in formal, not in-home, settings, and are expected to be qualified. They also enjoy a high degree of employment protection, access to training and workplace benefits, and are considered to be highly skilled workers (with pay levels on par with trainee teachers and nurses).

The third institutional support for the Universal Model is the fact that direct universal provision joins up (relatively) seamlessly with **workplace policies** that protect women's tenure and the right to return to work after maternity leave. These are underpinned by strong support from **trade unions** to protect the rights of working parents. These are more successful when they include an element of non-transferable paternity leave, which encourages more gender equality in the sharing of caring responsibilities across the life course. This is one reason why Iceland, with non-transferable paternity leave as well as generous maternity leave, scores more highly on the EGEI score for **equal sharing of time** (0.95) than Sweden (0.57), which does not have transferable leave and expects mothers rather than fathers to take maternity leave and cover unpaid leave for the childcare of young children.

Finally, several key **actors** play a significant role in supporting the Universal Model of childcare. The first group are **elected policymakers**: at a national level, there is a significant and ongoing commitment to the universal provision of childcare. Despite countries in the Universal Model being susceptible to the same global pressures on welfare as other developed welfare states, and some minor experimentation with marketisation in other areas of provision, political commitment to universal, state-provided childcare has remained steadfast. Moreover, they have been willing to introduce and extend universal childcare provision against political opinion in some cases: public support

for the institutional rather than family care of young children rose after the introduction of comprehensive childcare policies, it was not always necessarily a strong part of the 'Nordic' ideology of welfare and social citizenship.

The second group of actors are **working parents**. By not withdrawing from the labour market to provide childcare, and by returning to work after parental leave, parents have demonstrated their political support for the Universal Model of childcare provision. Moreover, parents appear to support the pedagogical arguments for institutional care and early years' education, rarely using family care for young children and almost never for preschool children. This means that the Universal Model of childcare has become, both ideologically and practically, a taken-for-granted aspect of welfare provision with high public support. Challenges to provision – particularly those which would reduce coverage or change the nature of its delivery – are therefore difficult to mount.

The final group of actors are **childcare workers** (supported by **trade unions**). By choosing to undertake the training, work in childcare, and continue working in childcare, workers have ensured that the Universal Model of childcare provides high-quality services that are acceptable to parents. Moreover, the support of trade unions to ensure that childcare workers' pay and conditions remain good and that efforts to marketise provision, reduce qualifications or salaries, or rely on family care for young and pre-school aged children have been resisted, mean that qualified workers are likely to stay in the profession. This has implications for gender equality over the life course because the childcare workforce is overtly feminised, and the ability of women not just to access but to remain in skilled employment as they age is crucial to reducing their risk of poverty and inequality.

*The Partnership Model*

Several ideological positions support the Partnership Model. The first is the overarching assumption that **the provision of**

**childcare is not solely the responsibility of the state or the family**. Instead, the Partnership Model is predicated upon cooperation between the state, the market (both as employers of people using and purchasing childcare services, and providing the services) and families/individuals (both in the paying for the services, and in the provision of childcare themselves).

The second ideological position that underpins this model is the neoliberal emphasis on the importance of individual **choice**. Crucially, childcare policies in the Partnership Model are not based on the assumption that the state *or* the family *or* the market will provide care, or that there is any one model of providing childcare that will suit every family. Instead, policies are designed so that individuals and families can choose who provides childcare, including, where desired, parents and grandparents. However, this model is also underpinned by an unquestioning acceptance of the overrepresentation of the **gendered nature of care**: it is overwhelmingly women (and most often low-income women) who choose to withdraw from the labour market or work part-time in order to provide childcare themselves. The reliance on the market also means that there may not be enough provision to cover demand: for example, in rural areas, or areas where high costs prevent the market from providing enough affordable quality services. Nevertheless, this model does explicitly value and compensate women for carrying out childcare work. Although both the Netherlands and Germany score roughly equal to the UK on the EGEI for **equal sharing of paid work** (0.8) they score better for **equal sharing of money** (0.56 and 0.47 respectively, compared to 0.39 in the UK): this is due partly to subsidised childcare and partly to state compensation for maternal care.

The Partnership Model of childcare relies institutionally on there being a developed **market of childcare providers** at a local level, at a level of quality and flexibility that is acceptable to working parents. If families cannot choose to have childcare provided by high-quality service providers then their choice to provide care themselves (either through

parents or grandparents) is constrained, even if that care is compensated. This model also relies on the labour of formal **childcare workers being valued**. Thus, childcare work needs to be formalised, with good pay, training and prospects for it to be attractive, regardless of whether this is in a home or an institutional setting. Both Germany and the Netherlands offer childcare qualifications and favourable rates of pay for workers compared to the UK (at the time of writing, average market hourly pay adjusted for cost of living for childcare workers was £14.65 in Germany, £10.34 in the Netherlands and £7.51 in the UK) (OECD figures for 2019). Even where childcare is provided in an at-home rather than an institutional setting, it is heavily subsidised by the state. According to OECD figures, UK parents spend 53% of their income on childcare costs, compared to 56.6% in the Netherlands and 21.5% in Germany.

This would appear to indicate that despite generous subsidies, working parents in the Partnership Model do bear a substantial portion of the costs of childcare themselves, but it should be remembered that this data is not broken down by income or gender of parents.

### *What could make these models* not *work to improve gender equality?*

#### *The Universal Model*

Although there appears to be sustained commitment to the Universal Model of childcare among the countries that use it, there are some issues that could make this model fail.

First, if the **social and political commitment to gender equality** became less powerful, there would be less powerful levers to support the universal provision of childcare. If, for example, an ideological change took place that meant that support for family care of young children became more powerful than support for gender equality, that care would by default fall overwhelmingly on women even in the Universal Model. Families themselves also have to be committed

culturally and practically to using institutional childcare for young children and to mothers of young children participating in paid work.

The Universal Model does require considerable **investment in the infrastructure of childcare**: particularly in the formal provision of state-run institutions and in the training, pay and conditions for childcare workers. An economic or political challenge that undermined the ability of the working population to continue to pay the relatively higher rates of taxation needed to sustain this investment might undermine the stability of the Universal Model of childcare. Countries in this model are investing more of their GDP in childcare than the UK: at the time of analysis, according OECD figures, Denmark spent 2% of its GDP, Iceland and Sweden 1.6% compared to the UK's spend of 1.2%. However, recent estimates indicate that investment in childcare pays off: for every £1 invested a country can expect a return of around £5, and this rises to £7 for investment in the childcare of children at risk or living in poverty (Alexander and Ignjatovic, 2012). The evidence suggests that investment in childcare and early years schooling shows far higher social and economic returns than almost any other type of state investment in infrastructure, such as transport (De Henau et al, 2016).

*The Partnership Model*

The Partnership Model relies on **political support for maternal employment**. Childcare is seen as an investment in the female workforce. If that ideological support failed it would be fairly easy under this model to withdraw financial support for childcare, and that would seriously undermine the success of the Partnership Model. It would be likely that policies and practices would be put in place to re-familiarise childcare without providing adequate compensation: this would support women providing care for their families, usually by removing themselves from the labour market to do so. At

the same time, women's paid work would be undervalued, particularly if it was care work or other work of a gendered nature. This would result in a huge increase in women's risk of poverty and gender inequality. Most of the countries that score lower than the UK on the EGEI rely on women's domestic care labour, particularly childcare, and do not facilitate entry into the labour market for women. This also has knock-on effects in terms of the lack of provision of long-term care, again because reliance is placed upon women's unpaid care work rather than investing in providing care.

The Partnership Model would also be undermined by a **failure to support the childcare market**. This could happen through failure to invest in the infrastructure of formal provision, or failure to subsidise childcare costs and reducing the power of consumers (parents). This relies on a combination of ideological commitment to the involvement of the market in the provision of childcare *and* the support and valuing of family childcare *and* an ideological commitment to the exercise of **choice** by individuals and families. All three are necessary to invest in the range of provision that makes this model a flexible choice for families, while at the same time working to ensure that childcare itself does not increase women's risk of poverty, either by being unaffordable or by penalising families (that is, women) who choose to provide it themselves. It also involves state and trade union support for paid childcare workers (who are overwhelmingly women) to ensure that their work is valued and their wages and conditions of work are such that the supply of workers is ensured.

The Partnership Model of childcare relies heavily on ideological support from **women and families**. Navigating choices (to work or provide childcare; if working, to work full or part-time, to use institutional or family childcare) places a great deal of responsibility and associated emotional labour with families and the bulk of that responsibility is borne by women. This model reinforces the **gendered division of labour** and women must be willing to undertake the

additional labour demanded of them: either to provide or choose care for their children and to take up opportunities to work in formal childcare settings. There is little incentive in the Partnership Model to challenge the gendered division of labour.

Finally, the Partnership Model would be threatened by a loss of support from **employers and wider society**. Employers have to be committed to supporting maternal employment – for example, through maternity leave and through facilitating subsidised access to childcare and flexible working – to make this model work. Some of the costs of enabling flexibility and choice are borne by the employers in the Partnership Model of childcare (that are not, for example, a feature of the Universal Model).

## What aspects of these models could be transferred to other national contexts?

### *What do we know about policy transfer? Which policies are likely to fail or succeed in different contexts, and why?*

Policy transfer is a type of diffusion of ideas from one context to another. It can take place across different municipalities in the same nation-state, across different regions, and across different nation-states. For the purpose of this discussion, because most (but not all) of the features of the Universal Model rely on nation state-level legislation, policies, practices and ideas, we will focus on the prospect of inter nation-state policy transfer.

The literature on policy transfer tends to divide the determinants of whether a policy can be successfully transferred or not into internal and external factors. Internal factors include features of the adopting organisation: such as its size, wealth, resources, where there is a correlation with successful adoption; and the centralisation and formalisation of decision making, and lack of propensity for innovation, where there is a correlation to resist adoption or for it to be

unsuccessful. Further internal factors associated with successful policy transfer include: the severity of the problem; the availability of 'spare' resources; institutional capacity (including availability and expertise of key personnel); ideology (states are more likely to adopt policy innovations from states that share their political ideology); and political culture, including support of policy entrepreneurs (see Wolman, 2009). External factors include geographic proximity and connections through knowledge communities (for example, policy entrepreneurs and cross border academic groups). Table 4.1 summarises research findings on what types of policies are more likely to transfer successfully.

What, in turn, does the research tell us about the conditions that might mitigate against successful policy transfer? Table 4.2 summarises current theories and empirical evidence in this area.

**Table 4.1: Features of successful policy transfer**

| | |
|---|---|
| **Relative advantage** | Policies which are perceived to be better than those currently in place |
| **Compatibility** | Policies perceived as being consistent with existing values, policymakers' experiences, the institutional setting, and other issues |
| **Complexity** | Policies which are easy to understand |
| **Testability** | Policies which can be tested – for example, in pilots and rolled out |
| **Observability** | Policies which have positive outcomes which are observable and measurable externally |
| **Cost** | Policies deemed to be cheaper or more cost-effective than those currently in place |
| **Communicability** | Policies which can be easily communicated to others |
| **Profitability** | Policies which are expected to show a profit |
| **Social approval** | Policies which improve the social status of policy entrepreneurs |

Source: Summarised from Rogers (2003); Dolowitz and Marsh (2000); Tornatzky and Klein (1982)

**Table 4.2: Mitigating circumstances in policy transfer**

| | |
|---|---|
| **Context** | Policies which are highly dependent on political or institutional structure |
| **Interdependence** | Policies which are reliant on other linked policies to succeed |
| **Complexity** | Policies which have multiple goals, where it is unclear what causes their success, where objectives are vague, which are perceived as new or untested, and where results are unpredictable |
| **Coverage** | Policies which are only relevant to specific, minority parts of the population |
| **Lack of diffusion** | Policies that are not supported from the top-down, for example, from supra-national to national level |

Source: Summarised from Rose (1993) and Nicholson-Crotty (2009)

### *Which elements of the Universal Model could be successfully transferred and lead to improved gender equality?*

The Universal Model is often criticised for being non-transferable. Critics argue that welfare states that use this model have an embedded history of commitment to high taxation and state provision, and these elements do not transfer to welfare states which take a more neoliberal approach. In this section we will examine the evidence on policy transfer, looking carefully at what makes policies successfully transfer across different contexts, and which elements are likely to lead to the failure of policies to transfer. We will then use that knowledge to assess which elements of the Universal Model could be successfully transferred to other political and socio-economic contexts and whether they would still lead to improved gender equality.

In order to evaluate which elements of the Universal Model of childcare could be successfully transferred, we need a hypothetical situation where we know where they are being transferred to: for the purpose of this discussion, Table 4.3 will examine whether they could be transferred into the current UK context.

**Table 4.3: Characteristics of the policy necessary for the successful transfer of the Universal Model of childcare to the UK**

| | |
|---|---|
| **Relative advantage** | There are clear advantages to the Universal Model of childcare over the current system of childcare provision in the UK: better coverage; better gender equality; better social cohesion; better outcomes for children (particularly low-income and at-risk children); better employment conditions for childcare workers; better access to work for women; lower risk of women's poverty; reduced gender pay gap. |
| **Compatibility** | There are already some elements of UK childcare provision that are universal and state-funded, for example, provision of part-time preschool education for 3–5 year olds. There has already been some investment in the infrastructure of childcare, for example, workplace nurseries and tax benefits to support payment for nursery places. However, a move to truly comprehensive and universal childcare would require considerable state investment, an extension of present schemes for 3–5 year olds to provide full-time places, and an extension of universal provision to cover 1–3 year olds. |
| **Complexity** | This is a clear rights-based model with universal access for all. It is relatively easy to understand: for example, there are parallels with the provision of preschool education. |
| **Testability** | This model could be easily tested within a group of local authorities or a devolved administration, such as Scotland to measure the effect on women's employment: the effects on educational and attainment outcomes for children would take longer to demonstrate. However, in some respects, this model does not need testing: the benefits are clearly demonstrable in countries where it is used. |

**(Continued)**

**Table 4.3: Characteristics of the policy necessary for the successful transfer of the Universal Model of childcare to the UK (Continued)**

| | |
|---|---|
| **Observability** | This is relatively simple: we already see better outcomes for women's employment, gender equality, economic returns and outcomes for children in countries that use the Universal Model of childcare. If it were to be piloted in a group of local authorities or a devolved administration, such as Scotland it would take several years to show the full population-based improvements, but they would be almost guaranteed to occur. Every country that has improved women's access to and participation in employment has seen improvements in gender equality, reductions in child poverty and improved economic growth: the Universal Model of childcare is one of the simplest and most cost-effective ways to improve women's access to work. |
| **Cost** | Adoption of the Universal Model of childcare would involve raising the percentage of GDP spent on childcare (for example, from the current UK level of 1.2% to the Icelandic/Swedish level of 1.6%). However, most economic modelling demonstrates a return on the investment of around 1:5 (1:7 on investment for children living in poverty or at risk), which is higher than other state investment projects (OECD figures for 2014). |
| **Communicability** | This is a relatively simple policy that could be easily communicated to elected policymakers and the general public/electorate. |
| **Profitability** | Evidence from both middle- and high-income states demonstrates clearly that investment in childcare increases women's participation in paid employment, and this, in turn, leads to a significant reduction in gender inequality, poverty and an increase in economic growth. |
| **Social approval** | As both economic and social justice benefits can be clearly demonstrated, policymakers across the political spectrum would secure social approval for advocating this model. |

#### *What could make it likely that transferring the Universal Model would fail to deliver improved gender equality?*

In order to assess whether the Universal Model of childcare could fail to be transferred to the UK context, Table 4.4 evaluates which elements of the model itself make it unlikely to be transferable.

#### *Which elements of the Partnership Model could be successfully transferred and lead to improved gender equality?*

In order to evaluate which elements of the Partnership Model of childcare could be successfully transferred, we have used the hypothetical situation where we know where they are being transferred to: for the purpose of this discussion, Table 4.5 will summarise our examination of whether they could be transferred into the current UK context.

#### *What could make it likely that transferring the Partnership Model would fail to deliver improved gender equality?*

In order to assess whether the Partnership Model of childcare could fail to be transferred to the UK context, Table 4.6 presents our evaluation of which elements of the model itself make it unlikely to be transferable.

### Which model, and which aspects of that model, should policymakers invest in to stand the greatest chance of improving gender equality?

If we were to ask ourselves, 'Which model should be adopted in the UK?', the answer is not as simple as it may appear. It really depends on which policy outcomes we most want to achieve. If, on the one hand, gender equality is our overarching aim, then the Universal Model of childcare has clear advantages over both the Partnership Model and the present UK system of childcare. It results in more universal coverage and higher gender equality outcomes than the Partnership Model and

**Table 4.4: Conditions which could mitigate against the successful transfer of the Universal Model of childcare to the UK**

| | |
|---|---|
| **Context** | The ideological context of a long-term commitment to gender equality and social citizenship is linked to the context of the Nordic welfare states which are examples of the Universal Model of childcare provision. However, the structural context of universal national eligibility for childcare is not unique to the Nordic states and could be replicated in the UK, particularly if it was linked to the extension of early years education. |
| **Interdependence** | The success of the Universal Model of childcare relies on state provision, employment policies regarding parental leave, and employment support and protection for childcare workers. However, elements of all three of these are already present in the UK context and could be relatively simply developed. Moreover, the separate development of each element would in itself lead to some improvement in gender equality, although it would be more effective if they were developed together. |
| **Complexity** | The policy itself is not very complex, its goals are clear and similar in scope to present childcare policy, employment, equalities and economic policies (supporting economic growth, reducing the gender wage gap, improving outcomes for children – particularly those living in poverty or at risk). |
| **Coverage** | This would need to be universal, country/state-wide coverage to fully succeed. It could be piloted in low-income areas, or where there is devolved economic and legislative capacity. |
| **Lack of diffusion** | Adoption of the Universal Model of childcare would need ministerial support to succeed, and for the greatest success equalities, education and employment would have to be fully supportive. |

**Table 4.5: Characteristics of the policy necessary for the successful transfer of the Partnership Model of childcare to the UK**

| | |
|---|---|
| **Relative advantage** | There are not necessarily persuasive and clear advantages over the current system of childcare provision in the UK. The Partnership Model does lead to better outcomes in terms of equal sharing of money for women, and both Germany and the Netherlands spend less of their GDP on childcare (0.6% and 1% respectively) than the UK (1.2%) – so they achieve some better gender equality outcomes for less. However, only the Netherlands scores better than the UK on equal sharing of time – and unequal access to time is not a particularly powerful political motivation for change. In terms of access to paid work, a specific economic and social policy goal in the UK, the Partnership Model of childcare does not have any substantial advantage over current policy and practice in the UK. |
| **Compatibility** | The Partnership Model of childcare would be highly compatible with the UK system. All that would be needed would be a slightly more generous subsidy of present provision and the ability to pay family members to provide childcare, as well as more generous rates of pay and employment conditions for childcare workers. |
| **Complexity** | This is an easy model to understand: in fact, it could be said that the UK already has a Partnership Model of childcare provision. |
| **Testability** | This model could be piloted and tested in different local authorities or devolved administrations before being rolled out. However, it would be difficult politically to justify improving pay and conditions for childcare workers in one area and not another, although it would be easier to justify the increased provision of formal institutional childcare. It has already been done to a certain extent under policies such as Sure Start under the 1997–2010 Labour administration in the UK and showed positive outcomes in terms of reduction in child and maternal poverty (RSM McClure Watters (Consulting), 2015). |

**(Continued)**

**Table 4.5: Characteristics of the policy necessary for the successful transfer of the Partnership Model of childcare to the UK (Continued)**

| | |
|---|---|
| **Observability** | There is already evidence that investment in childcare leads to improved outcomes for gender equality and child poverty. However, the improvements that would be seen by developing a Partnership Model of childcare would be unlikely to be substantive, as it does not differ significantly enough from the current provision. The most observable improvements would be to women's income and access to money: we would expect to see at least a 0.2 rise in EGEI over a policy cycle. |
| **Cost** | At the time of analysis, Germany spent less of its GDP on childcare (0.6%), as did the Netherlands (1%) than the UK (1.2%). The difference is made up of contributions from employers and families. Given that investment in childcare is a known successful economic stimulus, it makes sense to devote government spending to extending the present system. The system costs of changing to a Partnership Model would likely be much less than changing to a Universal Model, as it more closely resembles the current policy and practice landscape in UK childcare. |
| **Communicability** | Although this model has several constituent parts, each individual change is relatively simple and easy to explain, and does not deviate drastically from the current policy and practice landscape. Moreover, the ideological underpinning of flexibility and valuing family care is broadly in line with current attitudes and policies in the UK. |

**(Continued)**

**Table 4.5: Characteristics of the policy necessary for the successful transfer of the Partnership Model of childcare to the UK (Continued)**

| | |
|---|---|
| **Profitability** | This model relies on the involvement of the market to provide services, and as such would be expected to see improvements in the quality and range of provision due to competition. However, if the competition is based purely on the market price it would drive down women's wages, so some state protection and allowance for additional investment would be needed so that the gender equality gains of this model are not offset or prevented. It would be expected that the reduction in gender inequality would improve the overall economic position and offset or exceed the necessary investment in services, training and wages. Moreover, investing directly in women's wages and benefits is a highly effective way of improving local economies and addressing child poverty: far more effective than investing in infrastructure projects which benefit men at the expense of women. This model would also lead to greater labour force participation by women, improving economic development and gender equality. |
| **Social approval** | Increased involvement of women in the labour market, coupled with choice and flexibility, is politically appealing across different political party contexts. This model would easily secure social approval for policymakers. |

is based on a clear system of universal rights and benefits. It also leads to much bigger improvements in the EGEI equality scores across all domains: in some cases, these improvements are fairly substantial. These improvements would be highly likely to contribute to substantial economic growth as well as reduced educational and class inequalities for children. It would show returns in gender equality across the life course, because women who do not suffer unduly harsh penalties due to childcare are less likely to suffer greater inequality later on

**Table 4.6: Conditions which could mitigate against the successful transfer of the Partnership Model of childcare to the UK**

| | |
|---|---|
| **Context** | The ideological context of a commitment to the market and to family care is fundamental to the Partnership Model of childcare, and so in that respect, there is plenty of mitigation against the failure of this model in the UK. However, improving the wages and conditions of work for childcare workers, as well as providing more generous subsidies for childcare services and financial support for family care would require political will and commitment to improved gender equality and maternal labour market participation. These conditions came from a need to mitigate against the costs of reunification (Germany) and a sustained political commitment to the sharing of paid and unpaid work (the Netherlands). Neither of these 'critical junctures' are present in the UK, although the need to redevelop the economy post-Brexit may provide such a stimulus. |
| **Interdependence** | In the Partnership Model of childcare, marketised institutionalised childcare provision has to run alongside improvements in pay and conditions for childcare workers, and improved benefits for family/maternal carers. Although each of these policies is relatively simple to deliver, they all need to be in place for the gender equality outcomes to be successfully delivered. It may be tempting for policymakers to ignore parts of the model, and thus, not deliver the full equality outcomes. |
| **Complexity** | The individual components of the Partnership Model of childcare are not very complex and are largely extensions of existing policy frameworks. However, their interconnectedness, and the need for support from several different stakeholders whose interests may not align, indicate that this may be a complex model to negotiate. |

**(Continued)**

**Table 4.6: Conditions which could mitigate against the successful transfer of the Partnership Model of childcare to the UK (Continued)**

| | |
|---|---|
| **Coverage** | The improvements to economic growth, gender equality and children's outcomes would be most substantial if this model were developed nationally, but it could also be used to stimulate improvements in local areas. |
| **Lack of diffusion** | Adoption of the Partnership Model of childcare would need ministerial support (across several different departments) to succeed. |

due to family care commitments. However, it is questionable whether there is the political will to make adopting this model feasible in the foreseeable future in the UK, particularly as it runs counter to developments in the UK that are more squarely in the neoliberal policy framework, such as the use of markets and families to deliver welfare, and a commitment to flexibility and choice, as well as public and ideological support for the gendered division of labour in childcare.

If, on the other hand, we favour incremental and achievable change, the Partnership Model of childcare makes sense. Although it achieves lower improvements in gender equality and child equality it is much more achievable within the current UK policy and practice landscape than the Universal Model. It is based on ideological commitments and structures that more closely mirror the UK's current provision of childcare provision, and would be relatively easy to sell both to the electorate and to the stakeholders who would need to be on board for its successful development and implementation. Would it be worth it though, when it is possible to achieve much more substantial improvements by adopting the Universal Model?

# FIVE

# Long-term care and gender equality

## Introduction

In this chapter, we will look in more detail at the Universal and Partnership Models of providing long-term care. We will seek to answer three main questions:

1. What is it about these models of long-term care policy that leads to better gender equality?
   a. How do the different elements work?
   b. What are the ideas, institutions, and actors that make it work?
   c. What could make these models *not* work to improve gender equality?
2. What aspects of these models could be transferred to other national contexts?
   a. What do we know about policy transfer? Which policies are likely to fail or succeed in different contexts, and why?
   b. Which elements of these models could be successfully transferred and lead to improved gender equality?
   c. What could make it likely that transferring these models would fail to deliver improved gender equality?

3. Which model, and which aspects of that model, should policymakers invest in to stand the greatest chance of improving gender equality?

## Universal Model of long-term care provision

The Universal Model of long-term care is one in which the state is at the heart of provision. Both at a local and a national level, the state is the default provider and commissioner of long-term care services. Individuals do, in some cases, make a contribution in practical terms to providing hands-on care, but in most cases, their contribution is through taxation to pay for state-provided or commissioned services. The state provides care services itself or commissions them from non-profit providers.

Gender equality as a principle underpins the foundation and provision of services in the welfare state in all the example countries that fall into this model. In some cases, the right to access long-term care is enshrined in statute as a constitutional or citizenship right. Even without that explicit protection, the constitutional right to gender equality is an important one. It means that there are protections in place: for example, if services are to be withdrawn during a period of welfare retrenchment, a gendered analysis of the impact of the service withdrawal can be requested. If that analysis shows that the service withdrawal will disproportionately affect women, it can be ruled unlawful (NOSOSCO, 2009). Protecting gender equality in this way sends a powerful symbolic as well as pragmatic message.

## Partnership Model of long-term care provision

The Partnership Model of long-term care provision is one in which the state plays a central role in funding services but does not necessarily directly provide them itself. Instead, it works in partnership with employers, the community and families

to fund and provide services. In many cases, this model has evolved from a more state-centric Universal Model to one which underwent substantial institutional and policy change in response to rising demand for services, most notably in the 1990s (Theobald and Kern, 2011). Gender equality is an important policy aim, but not necessarily the normative core of nation-state policies.

## How do these models lead to better gender equality?

### *How do the different elements of these models work?*

#### *The Universal Model*

The clue to the first element lies in its name: this model provides services **universally** to all citizens based on need, rather than on the ability to pay. There is an assumption that all citizens will contribute to paying for the services through taxation, and that all citizens will be entitled to receive long-term care services, particularly as they age. There is no presumption that the family, or the market, will provide care, or that the state will only step in to provide services in the event of a breakdown or failure to provide care from the family. This means that there is no covert assumption that women will provide unpaid care support, hidden behind a purportedly gender-neutral assumption of family responsibility. This is the main reason why at the time of analysis the Universal Model scored relatively well on equal sharing of time: Iceland scores 0.95 compared to the UK at 0.58.

The second element is **participation in paid work**. There is not the assumption of the provision of unpaid care by families, which falls disproportionately on women, women who would otherwise be expected to provide care are able instead to engage in paid work. Crucially, this is linked with generous childcare provision, because if women have withdrawn from the labour market to provide childcare they are more likely to do so again later in life to provide long-term care. This means that women

participate more in the labour market over their life course than in welfare regimes that expect families to provide long-term care. However, participation in paid work alone is only part of the equation: both Iceland and the UK showed a 0.82 Gender Equality Index of participation in paid work at the time of analysis, but for Icelandic women, this led to a much greater equal sharing of money (0.82) than in the UK (0.39).

The third element is the **valuing of paid care work**. The provision of paid care is overtly gendered: it is overwhelmingly women that work in the care sector. However, their pay and conditions are higher than care workers in other models, and indeed than in neoliberal models of welfare provision. For comparison, an average hourly wage at the time of writing for an Icelandic care worker was £21.57 compared to £9.24 in the UK (OECD figures for 2019). One reason for gender wage gaps is not necessarily that men and women are paid differently for the same work, but that men and women are segregated occupationally, with women being clustered into lower-paid work. This includes an overrepresentation of women in public sector work, and caring-related work such as social care, nursing and childcare. This occupational segregation does take place in the Universal Model – 81% of care workers in Iceland are women, compared to 82% of the social care workforce in the UK. However, the higher wages paid to workers in the social care workforce mean that the female workforce is at a much lower risk of poverty: Iceland scores 0.82 on equal sharing of money, compared to the UK's 0.39.

*The Partnership Model*

The Partnership Model **recognises the role that women play in providing unpaid long-term care**. It offers reimbursement for that care for family members without women having to enter the labour market if they prefer not to do so. In doing this the Partnership Model values caring work and women's work, while offering choice and flexibility for

those women who choose not to provide care themselves for family members. Both Germany and the Netherlands score higher on **equal sharing of money** (Germany at 0.47 and Netherlands at 0.56, compared to the UK at 0.39) because the state, through welfare payments, recompenses family carers for providing care, thus addressing income inequalities caused by providing unpaid care.

This state transfer of money is, however, intended to mitigate against women's poverty through their lower labour market participation. This is why Germany, at 0.79 and the Netherlands at 0.8, score slightly lower than the UK (0.82) on **equal sharing of paid work** on the EGEI. Taking part in the labour market is important for women, both in normative terms (because they are then seen as part of the public world and contributing to a capitalist society which still undervalues unpaid care work) but also materially: as we can see in the higher sharing of paid work and sharing of money in the Universal Model, participation in the labour market is more effective than state compensation at addressing women's inequality. Women also need to have access to an income independent of their marital or caring status to protect their autonomy.

For higher-income women, taking part in the paid labour market rather than providing care themselves will make rational economic sense in the Partnership Model. It means that they do not need to give up paid work to provide care on the grounds of there being no acceptable high quality alternative. Therefore, the Partnership Model does give **women wider choices about providing care and support**. However, for lower-income women, the rational economic choice may well be to provide the care themselves and take the state compensation. Decisions about providing care are of course not solely 'rational' (that is, based on economic cost–benefit analysis) but also emotional and value-laden. It makes just as much rational sense for low-income men to choose to provide care, and take state compensation, rather than to engage in the

labour market. However, cultural norms are likely to prevent men from taking up this option in sufficient numbers to address gender inequality without other social measures (for example, persuading men to provide more childcare) being in place.

### *What are the ideas, institutions and actors that make these models work?*

#### *The Universal Model*

Two main ideologies underpin the Universal Model. The first is that of **social citizenship** which involves the universal sharing of welfare risks and benefits through state mechanisms. Long-term care services are seen as a crucial part of the 'cradle to grave' coverage of the welfare state, just as education and healthcare provision are. Services are largely provided directly by the state, although some market and individualised mechanisms for service provision are being introduced in this model. Services are funded through local and national tax contributions. They are not targeted (other than a relatively generous dependency threshold) or means-tested. This commitment to the idea of universalism also engenders a sense of national solidarity: all citizens work, and all citizens grow old, so all citizens contribute to, and benefit from, the provision of long-term care services.

The second main ideology supporting the Universal Model is that of **gender equality**. Article 65 of the Icelandic Constitution guarantees equal treatment before the law and basic human rights regardless of gender. Equal citizenship in the Danish Constitution extends to the right to work, the right to vote, to access education and the right to state assistance to all citizens. These are enshrined in equal opportunities legislation since 1920, alongside major welfare reforms that underpinned the current welfare state. These reforms were heavily influenced by the 'first wave' of the Danish feminist movement from 1900 to 1920. The Swedish Constitution is predicated on equality between women and men: a fundamental

constitutional norm and an explicit policy objective. In the Universal Model, women and gender equality issues were part of the legislature relatively early, and norms of gender equality informed constitutional arrangements and the foundations of the welfare state broadly. Nevertheless, the sharing of public political power is lower on the Gender Equality Index for countries in this model than on other indices: Iceland is at 0.65, Denmark at 0.52, and Sweden at 0.7. However, this still compares favourably with the UK at 0.46.

The **institutions** that make the Universal Model work are directly linked to the ideologies that underpin the model. The first is the nature of the **welfare state** itself. In all three case study examples (Denmark, Iceland and Sweden), the foundations and institutions to deliver comprehensive welfare state services were developed alongside nation-building and constitutional framing of citizenship rights. Although Iceland has the oldest parliamentary democracy in the world, the revision of its constitution and the foundation of its welfare state took place in the early part of the twentieth century, and both processes were informed by a strong women's movement. Recent re-working of the Icelandic constitution in the post-2008 economic crisis has taken the opportunity to reiterate the shared nature of the nation's resources, its commitment to gender equality and its commitment to a comprehensive welfare state. Denmark and Sweden similarly laid the institutional basis for both their universal political, civic and social citizenship in the early part of the twentieth century with universal suffrage, gender equality and a state commitment to welfare underpinning it.

In the Universal Model, there is a difference between **national** and **local welfare**, with national administrations taking responsibility for income provision and municipal authorities for service provision. However, even though long-term care services are provided by municipalities, there is very little variation in eligibility for services, which are generally universal and/or set nationally. This provides important

protection for the universality of rights to access long-term care services. It also means that citizens are protected from variations in local fiscal and economic conditions: their rights to long-term care are not necessarily contingent on their economic status or that of their municipality. However, this does not necessarily protect them from variations in the quality of services and the introduction of market mechanisms, and individuals' care payments does threaten to undermine the universality of services.

The final institutional framework which supports the Universal Model is a strong commitment to workers' rights, in this case, the **rights of care workers**. Although there is some concern that the introduction of marketisation and personalisation of care services (in a very limited way) threatens to undermine this, care workers are highly qualified and relatively well paid in this model. As discussed earlier this is an important contribution to the smaller gender pay gap experienced in this model: but it also means that care work (and by association, women's work) is highly valued in social terms.

Finally, let's consider the key **actors** who play a significant role in making the Universal Model work. The first group is **elected policymakers**: at both a national and municipal level, there has been a political commitment to maintaining the universality of long-term care services over a sustained period of time. Changes to the design of the system – for example, the introduction of relatively minor efforts in marketisation – have not yet significantly undermined this cross-party consensus and political commitment to the maintenance of service provision.

The second group of actors is **potential unpaid/family carers**. By supporting the ideological commitment to women's emancipation through engagement in paid work, this means that on the whole, they are not available to provide long-term care to family members. Therefore, any moves to place greater responsibility on family carers are likely to challenge, not only political and cultural values, but also the material reality that women are not easily available to provide unpaid care. This

is not to say than unpaid carers are absent in the Universal Model: some commentators note that a significant part of the support for older people with low levels of social care needs comes from families, with daughters and daughters-in-law providing the bulk of support (Sigurðardóttir and Kåreholt, 2014). However, once needs increase, the tendency is either for formal, paid care in the home, or for older people to move to residential or nursing home care. Of Icelandic older people, 8% are resident in care homes, compared to 2% of UK older people.

Third, the **long-term care workforce** plays a significant role in ensuring the feasibility of the Universal Model. At the time of analysis, according to national government figures 11.7% of the workforce in Iceland, and 17.9% of the Danish workforce work in health or social care, compared to under 9% of the UK workforce. As discussed previously, the long-term care workforce is relatively highly trained: Danish social care assistants must complete post-secondary training of eight months and be accredited (NOSOSCO, 2009). There are no formal requirements for UK social care assistants to be qualified, although post-secondary school vocational training is available.

**Disabled and older people** who need long-term care services are not necessarily very active actors in the Universal Model. Although they may have contributed towards the funding for services through taxation, only in a relatively small number of cases do they directly employ long-term carers: they usually receive services through municipal agencies, where the level of care and tasks undertaken are decided by the provider, not the user of services. Therefore, service users have relatively low levels of agency to direct or improve long-term care services themselves in the Universal Model.

*The Partnership Model*

Several ideological positions support the Partnership Model. The first is the overarching assumption that **the provision**

**of welfare is not solely the responsibility of the state**. Instead, the Partnership Model is predicated upon cooperation between the state, the market (both as employers of people buying services, and providing the services) and families/individuals (both in the paying for the services, and in the provision of care). The second ideological position that underpins this model is the neoliberal emphasis on the importance of individual **choice**. Crucially, long-term care policies in the Partnership Model are not based on the assumption that the state *or* the family will provide care. Instead, policies are designed so that individuals and families can choose who provides care. However, this model is also underpinned by an unquestioning acceptance of the overrepresentation of the **gendered nature of caring**: it is overwhelmingly women (and most often low-income women) who choose to provide long-term care themselves. Nevertheless, this model does explicitly value and compensate women for carrying out long-term care work.

The Partnership Model of long-term care relies institutionally on there being a developed **market of care providers** at a municipal level. If families cannot choose to have care provided by a high-quality service provider then their choice to provide care themselves is constrained, even if that care is compensated. This model also relies on **care work being valued** when it is provided for pay: there needs to be a pool of labour willing to engage in care work as a viable career. Care work thus needs to be formalised, with good pay, training and prospects for it to be attractive. Crucially, particularly in Germany, this model was developed at a time when a pool of labour from the former German Democratic Republic was available, as well as young men seeking to avoid armed services national conscription in the Federal Republic of Germany until 2011, who could opt to work in long-term care services instead. Both Germany and the Netherlands offer long-term care qualifications and favourable rates of pay for formal carers compared to the UK (at the time of writing, average market hourly pay adjusted

for cost of living for long-term care workers was £11.24 in Germany, £10.02 in the Netherlands and £8.21 in the UK). The Partnership Model of long-term care is also built on strong **union support** for care workers, and relatively good relationships between unions and the state in negotiating terms, conditions and rates of pay.

### *What could make these models* not *work to improve gender equality?*

#### *The Universal Model*

Although countries using the Universal Model have long-established welfare states and are unlikely to deviate substantially from the ideology and political structures supporting the delivery of long-term care, there are potential threats that could make it fail.

First, the **loss of political commitment to universality and social citizenship** could threaten the social contract between citizens and the state. Recently there have been political shifts away from the social democratic consensus that has long characterised welfare state policy in countries using the Universal Model of long-term care. Concerns about immigration and employment, and the pressures placed on the system by an ageing population, could lead to the loss of political support for the Universal Model. Changes to the system at the moment appear to be incremental, rather than fundamental: Iceland, for example, has had to renegotiate its Constitution and economy in the wake of the 2008 banking crisis, but shows no particular signs of loss of commitment to the universal provision of long-term care.

The Universal Model does require considerable **investment in the infrastructure of care**: particularly in the training and wages of the long-term care workforce. An economic or political challenge that undermined the ability of the working population to continue to pay the relatively higher rates of taxation needed to sustain this investment might undermine

the stability of the Universal Model. Countries in this model, however, are not spending that much on their long-term care provision: at the time of analysis OECD figures showed that Iceland, in fact, was spending 1.7% and Denmark 2.4% of its GDP on long-term care, compared to 2% of GDP spent by the UK. The same figures showed that the average Dane contributed £24k in taxes per year, versus the average UK citizen's contribution of £15k: however, average wages are higher, so the average Dane was taking home £238 a month more than the average UK worker. Therefore, people can easily afford the higher levels of taxation and spending needed to sustain the Universal Model: it is not known if that commitment to investment would carry on if wages dropped.

Finally, if the **social and political commitment to gender equality** became less powerful, there would be more pressure to respond to the needs of an ageing population by drawing on family and unpaid labour, rather than on paid care designed to remove that burden from the family (and therefore from women). This commitment to gender equality is also what maintains the level of wages for the social care workforce, who are overwhelmingly female. If that commitment was removed, there would be a significant threat to the sharing of paid work, money and time that makes the Universal Model so successful in achieving gender equality.

*The Partnership Model*

The Partnership Model relies heavily on **political support for the valuing of care work**, both from the family and from paid workers. If that support was not forthcoming it would be difficult to put in place and sustain the policies and practices needed to make this model work for gender equality. Crucially, rates of pay and recompense for care work must be set higher than unemployment benefits as a bare minimum, and ideally above minimum or living wage rates to make care work attractive to skilled workers and/or family carers.

**Failure to support the long-term care market** (either through disinvestment or through favouring state provision over the market) would also undermine the Partnership Model. This relies on a combination of ideological commitment to the involvement of the market in the provision of long-term care *and* the support and valuing of family care work: both sets of values are necessary to invest in the range of provision that makes this model a flexible choice for families that does not increase women's risk of poverty. It also involves practical support from trade unions willing to engage with state funders on behalf of marketised care workers rather than providing preferential support for state-employed care workers.

An ideological **failure to support women's labour market participation** would seriously undermine the success of the Partnership Model. It would be likely that policies and practices would be put in place to re-familiarise the provision of long-term care without providing adequate compensation: this would support women providing care for their families, often removing themselves from the labour market to do so. At the same time, women's paid work would be undervalued, particularly if it was care work or other work of a gendered nature. This would drastically increase women's risk of poverty and gender inequality.

## What aspects of these models could be transferred to other national contexts?

### *What do we know about policy transfer? Which policies are likely to fail or succeed in different contexts, and why?*

Policy transfer is a type of diffusion of ideas from one context to another. It can take place across different municipalities in the same nation-state, across different regions, and across different nation-states. For the purpose of this discussion, because most (but not all) of the features of the Universal Model rely on nation state-level legislation, policies, practices and ideas, we will focus on the prospect of inter nation-state policy transfer.

The literature on policy transfer tends to divide the determinants of whether a policy can be successfully transferred or not into internal and external factors. Internal factors include features of the adopting organisation: such as its size, wealth, resources, where there is a correlation with successful adoption; and the centralisation and formalisation of decision making, and lack of propensity for innovation, where there is a correlation to resist adoption or for it to be unsuccessful. Further internal factors associated with successful policy transfer include: the severity of the problem; the availability of 'spare' resources; institutional capacity (including availability and expertise of key personnel); ideology (states are more likely to adopt policy innovations from states that share their political ideology); and political culture, including support of policy entrepreneurs (see Wolman, 2009). External factors include geographic proximity; and connections through knowledge communities (for example, policy entrepreneurs and cross border academic groups). Table 5.1 summarises research findings on what types of policies are more likely to transfer successfully.

What, in turn, does the research tell us about the conditions that might mitigate against successful policy transfer? Table 5.2 summarises current theories and empirical evidence in this area.

### *Which elements of the Universal Model could be successfully transferred and lead to improved gender equality?*

The Universal Model is often criticised for being non-transferable. Critics argue that welfare states using this model have an embedded history of commitment to high taxation and state provision, and these elements do not transfer to welfare states which take a more neoliberal approach. In this section we will examine the evidence on policy transfer, looking carefully at what makes policies successfully transfer across different contexts, and which elements are likely to lead to the failure of policies to transfer. We will then use

**Table 5.1: Features of successful policy transfer**

| | |
|---|---|
| **Relative advantage** | Policies which are perceived to be better than those currently in place |
| **Compatibility** | Policies perceived as being consistent with existing values, policymakers' experiences, the institutional setting, and other issues |
| **Complexity** | Policies which are easy to understand |
| **Testability** | Policies which can be tested – for example, in pilots and rolled out |
| **Observability** | Policies which have positive outcomes which are observable and measurable externally |
| **Cost** | Policies deemed to be cheaper or more cost-effective than those currently in place |
| **Communicability** | Policies which can be easily communicated to others |
| **Profitability** | Policies which are expected to show a profit |
| **Social approval** | Policies which improve the social status of policy entrepreneurs |

Source: Summarised from Rogers (2003); Dolowitz and Marsh (2000); Tornatzky and Klein (1982)

**Table 5.2: Mitigating circumstances in policy transfer**

| | |
|---|---|
| **Context** | Policies which are highly dependent on political or institutional structure |
| **Interdependence** | Policies which are reliant on other linked policies to succeed |
| **Complexity** | Policies which have multiple goals, where it is unclear what causes their success, where objectives are vague, which are perceived as new or untested, and where results are unpredictable |
| **Coverage** | Policies which are only relevant to specific, minority parts of the population |
| **Lack of diffusion** | Policies that are not supported from the top-down, for example, from supra-national to national level |

Source: Summarised from Rose (1993) and Nicholson-Crotty (2009)

that knowledge to assess which elements of the Universal Model could be successfully transferred to other political and socio-economic contexts, and whether they would still lead to improved gender equality.

In order to evaluate which elements of the Universal Model could be successfully transferred, we need a hypothetical situation where we know where they are being transferred to: for the purpose of this discussion, Table 5.3 will examine whether they could be transferred into the current UK context.

### *What could make it likely that transferring the Universal Model would fail to deliver improved gender equality?*

In order to assess whether the Universal Model of long-term care could fail to be transferred to the UK context, Table 5.4 evaluates which elements of the model itself make it unlikely to be transferable.

### *Which elements of the Partnership Model could be successfully transferred and lead to improved gender equality?*

In order to evaluate which elements of the Partnership Model of long-term could be successfully transferred, we need a hypothetical situation where we know where they are being transferred to: for the purpose of this discussion, Table 5.5 will summarise our analysis of whether they could be transferred into the current UK context.

### *What could make it likely that transferring the Partnership Model of long-term care would fail to deliver improved gender equality?*

In order to assess whether the Partnership Model of long-term care could fail to be transferred to the UK context, in Table 5.6 we summarise our evaluation of which elements of the model itself make it unlikely to be transferable.

**Table 5.3: Characteristics of the policy necessary for the successful transfer of the Universal Model of long-term care to the UK**

| | |
|---|---|
| **Relative advantage** | There are clear advantages to the Universal Model over the current system of long-term care in the UK: better coverage; better gender equality; better social cohesion; better health and social care outcomes for users; better health outcomes for informal/family carers; better pay and conditions for paid care workers; lower risk of women's poverty. |
| **Compatibility** | There are already some elements of UK service provision that are universal and state-funded: for example, health and education, and basic pensions. However, creating a national system of eligibility for long-term care would involve systematic change and removal of some powers from local authorities. |
| **Complexity** | This is a clear rights-based model with universal access. It is relatively easy to understand: for example, there are parallels with the UK National Health Service that can be used |
| **Testability** | As this model requires systematic change across the nation-state to be universal it is difficult to pilot and test. However, devolution does offer the opportunity for Scotland to adopt a Scottish national long-term care service, and for it then to be rolled out across the UK. Politically, however, this would be contentious. |
| **Observability** | This is relatively simple: we already see better outcomes for users of long-term care services and for gender equality in the Universal Model. If it were to be piloted in Scotland it would take several years to show population-based improvements, but they would be highly likely to occur. |

**(Continued)**

**Table 5.3: Characteristics of the policy necessary for the successful transfer of the Universal Model of long-term care to the UK (continued)**

| | |
|---|---|
| **Cost** | Iceland currently spends less of its GDP on long-term care (1.7%) than the UK (2%), and Denmark slightly more (2.4%). Given that the cost of the provision of long-term care is set to rise significantly because of demand, it makes economic and social policy sense to invest in system change to deliver better outcomes before the huge increase in demand. However, additional measures to address the ageing population and declining working-age population would also need to be addressed, probably through immigration and retirement policies. |
| **Communicability** | This is a relatively simple policy that could be easily communicated to elected policymakers and the general public/electorate. |
| **Profitability** | As the involvement of the market is low in the Universal Model it would not be expected to show a profit, as such. However, it would be expected to show better outcomes in terms of coverage, accessibility, women's wages and gender equality for roughly the same investment in services per capita, and so would be a more cost-effective use of public funds. |
| **Social approval** | As the pressure to solve the issue of long-term care is high, policy entrepreneurs with feasible solutions will score highly in social approval. |

## Which model, and which aspects of that model, should policymakers invest in to stand the greatest chance of improving gender equality?

If we were to ask ourselves, 'Which model should be adopted in the UK?', the answer is not as simple as it may appear. It really depends on which policy outcomes we most want to achieve. If, on the one hand, gender equality is our overarching aim, then the Universal Model of long-term care has clear advantages over both the Partnership Model and the present UK system of long-term care. It results in more universal coverage and higher gender equality outcomes than the

**Table 5.4: Conditions which could mitigate against the successful transfer of the Universal Model of long-term care to the UK**

| | |
|---|---|
| **Context** | The ideological context of a long term commitment to universal services is linked to the context of the Nordic welfare states which are examples of the Universal Model. However, the structural context of universal national eligibility for services with local/municipal level delivery, and taxation based provision, is not unique to the Nordic state and could be replicated in the UK if it followed present National Health Service type structures. |
| **Interdependence** | Long-term care policies are interdependent with employment policies in the Universal Model, but that does not necessarily make the policy non-transferable. |
| **Complexity** | The policy itself is not very complex, its goals are clear and similar in scope to present long-term care policy (supporting independence, preventing long-term health issues and use of expensive nursing/residential services). |
| **Coverage** | This would need to be universal, country/state-wide coverage to succeed. |
| **Lack of diffusion** | Adoption of the Universal Model of long-term care would need ministerial support to succeed. |

Partnership Model, and is based on a clear system of universal rights and benefits. However, it is questionable whether there is the political will to make adopting this model feasible in the foreseeable future in the UK, particularly as it runs counter to developments in the UK that are more squarely in the neoliberal policy framework, such as the use of markets and families to deliver welfare.

If, on the other hand, an achievable and demonstrable improvement in gender equality without necessarily redesigning the whole system is our goal, then we would do better to adopt the Partnership Model. Although more complex, and with

**Table 5.5: Characteristics of the policy necessary for the successful transfer of the Partnership Model of long-term care to the UK**

| | |
|---|---|
| **Relative advantage** | There are clear advantages to the Partnership Model over the current system of long-term care in the UK: better coverage; better gender equality; more flexible responsive service provision; better health and social care outcomes for users; better health outcomes for informal/family carers; better pay and conditions for paid care workers; lower risk of women's poverty; better valuing of care work; and better valuing of women's work. |
| **Compatibility** | There are already some elements of UK service provision that are similar to the Partnership Model: for example, Self-directed Support/direct payments, and care allowances. However, these are underfunded and, in the case of Self-directed Support, are provided by local authorities rather than through a system of national eligibility. Nevertheless, the framework for care payments, marketised providers and minimum wage and qualifications standards for paid carers is already either in place or easy to create within the current policy framework of the UK. |
| **Complexity** | This is a clear two-part model: investment in care services and carer pay, and family carer allowances. It is relatively easy to understand: for example, there are parallels with the current provision of long-term care and with childcare provision, as well as the training and support provided to healthcare workers. |
| **Testability** | This model could be piloted and tested in different local authorities before being rolled out. However, for the whole model to work, some parts that are currently under local authority control would need to be nationalised (for example, the eligibility for care payments and care allowances, and the rates of pay, conditions and training available to paid carers). Devolution offers the opportunity to create a national social care system in Scotland that would incorporate the main features of the Partnership Model before being rolled out to the whole of the UK. |

**(Continued)**

**Table 5.5: Characteristics of the policy necessary for the successful transfer of the Partnership Model of long-term care to the UK (Continued)**

| | |
|---|---|
| **Observability** | This is slightly complex because it requires several interlocking ideological changes and policy developments for the model to show its full effect on gender equality. Moreover, it would take a few policy cycles to show long-term improvements in gender equality, although short-term gains in terms of better outcomes for long-term care service users, family carers and care workers would be fairly quick and easy to demonstrate. |
| **Cost** | At the time of analysis Germany was spending less of its GDP on long-term care (1.25%) than the UK (2%), and the Netherlands slightly more (3.7%). Given that the cost of the provision of long-term care is set to rise significantly because of demand, it makes economic and social policy sense to invest in system change to deliver better outcomes before the huge increase in demand. The system costs of changing to a Partnership Model would likely be much less than changing to a Universal Model, as it more closely resembles the current policy and practice landscape in UK long-term care. |
| **Communicability** | Although this model has several constituent parts, each individual change is relatively simple and easy to explain, and does not deviate drastically from the current policy and practice landscape. Moreover, the ideological underpinning of flexibility and valuing family care is broadly in line with current attitudes and policies in the UK. |

**(Continued)**

**Table 5.5: Characteristics of the policy necessary for the successful transfer of the Partnership Model of long-term care to the UK (Continued)**

| | |
|---|---|
| **Profitability** | This model relies on the involvement of the market to provide services, and as such would be expected to see improvements in the quality and range of provision due to competition. However, if competition is based purely on market price it would drive down women's wages, so some state protection and allowance for additional investment would be needed so that the gender equality gains of this model are not offset or prevented. It would be expected that the reduction in gender inequality would improve the overall economic position and offset or exceed the necessary investment in services, training and wages. Moreover, investing directly in women's wages and benefits is a highly effective way of improving local economies and addressing child poverty: far more effective than investing in infrastructure projects which benefit men at the expense of women. This model would also lead to greater labour force participation by women, improving economic development and gender equality. |
| **Social approval** | As the pressure to solve the issue of long-term care is high and this model appeals to ideological support of both the market and family care, policy entrepreneurs with a workable version of the Partnership Model will score highly in social approval. |

slightly lower improvements in gender equality outcomes being predictable, it is much more achievable within the current UK policy and practice landscape than the Universal Model. It is based on ideological commitments and structures that more closely mirror the UK's present provision of long-term care provision, and would be relatively easy to sell both to the electorate and to most (not all) of the stakeholders who would need to be on board for its successful development and implementation.

**Table 5.6: Conditions which could mitigate against the successful transfer of the Partnership Model of long-term care to the UK**

| | |
|---|---|
| **Context** | The ideological context of a commitment to the market and to family care is fundamental to the Partnership Model, and so in that respect, there is plenty of mitigation against failure in the UK. However, the structural context of universal national eligibility for services with local/municipal level delivery, and providing family carers the option of real income for providing care is contrary to the present policies and structure in long-term care services in the UK. |
| **Interdependence** | In the Partnership Model, marketised local long-term care provision has to run alongside national eligibility for care payments, national eligibility for generous benefits for family carers, and substantial reform of the pay and conditions for paid care workers. Although each of these policies is relatively simple to deliver, they all need to be in place for the gender equality outcomes to be successfully delivered. |
| **Complexity** | The individual components of the Partnership Model are not very complex and are largely extensions of existing policy frameworks. However, their interconnectedness, and the need for support from several different stakeholders whose interests may not align, indicate that this may be a complex model to negotiate. |
| **Coverage** | This would need to be universal, country/state-wide coverage to succeed. |
| **Lack of diffusion** | Adoption of the Partnership Model of long-term care would need ministerial support (across several different departments) to succeed. |

# SIX

# What are the issues with care policy and gender equality? Views from the stakeholders

## Introduction

What are the key issues and problems regarding care policy and gender equality from the perspective of policymakers and practitioners? We need to understand this in order to ascertain which, if any, of the policies and models discussed in this book will solve them and lead to better gender equality outcomes. We also need to understand which policies – and which features of the policies – would be amenable to transferring into a different context.

In this chapter we examine the evidence from the interviews and focus groups which we held with key stakeholders working in childcare and long-term care policy and practice. We begin by outlining the methods used and data obtained that we draw on in this chapter. We then discuss the Universal Model and Partnership Model of care policy and discuss whether elements of these models could solve the issues raised by the stakeholders. We then conclude the chapter by returning to Fraser's (1997) framework for gender equity, and how the different models

measure up in the light of what we have learned about the policies, context, transferability and the key issues identified by stakeholders.

## Methods and data

As with the rest of this book, this chapter draws on data from the comparative literature review, the case studies, the reports written by the country experts, the expert focus group discussion, and particularly in this chapter, interviews with 30 stakeholders. Participant responses were anonymised and an anonymous participant code was generated using a number that follows letters allocated as a code to their stakeholder group. Interview participants' stakeholder groups (and codes) include civil servants working in the Scottish government on childcare (SCOC) and long-term care (SCOL) third sector organisations concerned with gender equality (THIG) children and childcare (THIC) and carers and long-term care (THIL), elected politicians and activists (POL), trade unionists (TRA), civil servants in the Welsh Assembly (WAL), academics (ACA) and third sector stakeholders outside of Scotland (THIUK). Interviews were transcribed, inductively and thematically analysed using NVivo, and the validity of the findings checked through a series of events and discussions with stakeholders who had not taken part in the interviews. The three themes that emerged from the data as being the most pressing for stakeholders were: cultural issues to do with gender equality and the role of the state; governance (that is, which level of the state or wider society should take responsibility for care policy); and the links between care policy and gender equality more generally. For each of these themes, we have presented evidence from the Universal and Partnership Models of care policy that could potentially solve some of the issues raised.

## Cultural issues: attitudes towards gender equality and the state

By far the most common issue raised by the stakeholders was that of culture. By this, they meant attitudes and values held by policymakers and by the general population. There was concern that these attitudes were a serious impediment to the adoption of care policies that could lead to improved gender equality.

### *Attitudes to gender equality and care work*

The need to rebalance ideas about paid work and unpaid caring/parenting across the genders, and the structural changes that this would mean, was noted by several participants:

> 'In terms of gender equality and rights-based stuff, if you commit to that, then one of the things would be around parenting, around being a child-friendly nation, what does that mean? Well maybe what it means is we stop doing parent classes during working time without giving men the right to time off to attend them.' (THIC1)

The gendered norms that underpinned women's care work were noted, as well as the limitations that were put on women's lives and choices:

> 'Women bear the brunt of caring responsibilities, they bring up the next generation, they can't walk away from their responsibilities, men can walk away from their responsibilities at any point, women can't.' (POL1)

The cultural significance of gendered expectations around care, and how policies both reproduce and reinforce those expectations and teach them to the next generation was a concern for participants:

> 'It's not just about access to the labour market and childcare, it's to do with the messages we give from day one of our children's lives and to each other as adults about whose job it is to parent and care.' (THIC2)

Participants noted the link between gendered expectations of care and the undervaluing of women's paid work, which contributes to gender inequality through the gender pay gap:

> 'Childcare, child-rearing, in general, is just deemed to be women's work… You need to take the stigma out of men taking time out. So although the research tells us men do want to spend more time with their children, they are not. If more men were able to do that then there would be a wider recognition about the value that we attach to care work in particular because it's like, you know, it comes as second nature to women because they're used to caring, they're used to doing this which is the premise of all the undervaluing of women's work that involves cooking, cleaning, caring, well, they're doing all that anyway so there's no point remunerating them fairly.' (THIG1)

It was noted how a strong cultural attachment to gendered norms of caring could be implicit, rather than explicit, in policy, and nevertheless exert a powerful influence over expectations and policy developments:

> 'There's not much of a normative discussion… we are quite liberal, in the sense that there isn't "all mothers have to stay at home", but there is also not particularly strong support in society for the employment of mothers, particularly mothers of small children, so I think there is still a bit of mummy culture in the sense of why shouldn't mums be home with their kids at least until they start school? Quite a bit of reluctance to actually even talk

> about work and particularly full-time work of mothers of smaller children… quite a strong sense still that mums should be home.' (ACA1)

The negative impact of gendered stereotypes and norms associated with caring on men as well as women was a key theme for many participants:

> 'Gender equality as a concept is important because it recognises that the way things stand, although men are privileged within the system, that privilege comes with disadvantages as well, so men who are minded to do care work will experience the same low pay, poverty wages and lack of regard as women who do care work. Men who want to substantially engage themselves with their family life will find that culturally unacceptable within their workplace.' (THIG2)

Cultural norms and practices that have become accepted through gendered approaches to childcare also translated over the life course to women being more likely to provide long-term care, and also to combine caring with working:

> 'There's always been a higher proportion of women providing [family] care… with elderly parents it's more likely to be the daughter that does that more in-depth care… men are more likely to give up work entirely whereas women are more likely to be able to maintain part-time work alongside a caring role… that possibly reflects that women have already done that part-time work looking after children.' (THIL1)

Some participants drew a link between cultural norms and the political discourse around policy options, which placed limits on the kind of approaches to childcare that were considered to be politically acceptable:

> 'Scotland is a very female country… it's disproportionately women who are portrayed with a mum with a kid doing very traditional female things, it's always that middle-class white woman with a child fulfilling that kind of role, we want to support you as mothers, and then after that, we'll still kind of support you in the workplace.' (POL2)

Gendered norms also affected the options for part-time or full-time paid work available to men, and thus the nature of their involvement in unpaid care work:

> 'It's rarer for a man to give up work to care for family members, it's all about who's the breadwinner, it's a cultural thing and also it's a societal thing and there's the nature and nurture type of thing about it… women will be the ones who are taking on that role in the family.' (THIL2).

There was an explicit link drawn between the involvement of men in caring, particularly in paid childcare, and the cultural attitudes that support the gendered division of caring labour:

> 'It's only when we can make early years provision an attractive place to work, making it a requirement for men, that we are going to see a substantial difference in attitudes.' (THIC3)

Finally, many participants also drew an explicit link between the cultural expectation of gendered caring and how women's labour more generally was undervalued by society:

> 'There's insufficient value attached to unpaid care work, we've attached insufficient value to what women primarily do in the home, often on top of a full-time job doing something else, it means the whole conversation

> leads into care not having a financial value attached to it.' (TRA1)

### *Attitudes to state provision of welfare, childcare and long-term care services*

It was not only cultural attitudes to gendered divisions in caring and work that were perceived to affect the acceptability of certain policy approaches. Participants also pointed out that norms and perceptions that were concerned with the role that the state should play in the provision of welfare generally fed into ideas about how acceptable state intervention in the form of childcare and long-term care policies were, both to society generally and to policymakers in particular:

> 'There's a sort of political and cultural thing there about how do we all buy into this… but we're a long way from having that conversation.' (TRA1)

Normative and cultural values also were embedded into different government departments that would need to work together to develop appropriate policies. For example, while the evidence indicates that social services and education need to collaborate to develop effective childcare policies, entrenched differing values and ways of working were perceived as being obstacles to this happening:

> 'Political priorities are the biggest barrier around cultural questions about the way we do things. I think we've got into some quite entrenched ways of working and thinking about some of our social services and education, there are a number of cultural barriers built into that process.' (THIC3)

Participants raised questions over whether the UK was prepared to pay higher taxes in order to secure better public services, particularly in the case of long-term care for older people:

> 'We have to ask ourselves as a society what do we value and what are we prepared to pay for. Homecare is generally for older people and we're just not prepared to pay as a country for that kind of service.' (SCOL1)

> 'Whether Scotland is a country that would say we are happy to pay significantly higher taxes if it means we're going to have a decent income if we need to care, but I am not certain we are.' (THIL1)

The idea that taxpayer's money was spent on 'residual' welfare for stigmatised groups, rather than a sense of having shared universal payments and services, was felt by participants to be a powerful cultural norm regarding state-led policies:

> 'In the UK there is a strong sense of them and us, them: that is the state and the civil servants and all the people that don't work hard and us: we're the hard-working people being robbed by the state.' (ACA1)

The cultural sense that the state should not be 'interfering' in private lives was particularly obvious when it came to attitudes towards the provision of childcare:

> 'I'd get a stupid argument at a meeting I was at a while ago where they were saying "well we don't think children should be left from eight in the morning til eight at night" and all we're saying is the facility should be open.' (TRA1)

Participants pointed out that the political culture of the UK – being a predominantly neoliberal rather than universal/social democratic welfare state regardless of the political party in power – limited the kinds of arguments that could be used in favour of increased provision of childcare:

> 'Everything's gone very much to the right… All the childcare policies in the UK are about free-market principles and not about transformational change.' (THIC4)

Finally, participants voiced the concern that not understanding or valuing the human cost of providing unpaid care was leading to an unwillingness to provide state-funded long-term care services:

> 'I think we have a general empathy towards folk that provide family care but I don't think there's a real understanding… I am not sure that even within local authorities that there is a true understanding of the unpaid carers, the impact on them.' (THIL2)

In Table 6.1 we summarise our views on which solutions from the evidence discussed in this book would be suitable to solve the issues discussed earlier.

## Governance issues

### *The role of gender equality in the constitution*

Although none of the participants were living in a country with a written constitution with gender equality embedded within it, at the time of the fieldwork taking place preparations were in place to hold a referendum on Scottish independence from the rest of the UK which took place on 18 September 2014. Scotland voted by 55% to remain as part of the UK, but our interviews took place before the referendum. As we knew from our literature review, the case studies used to develop both the Universal and Partnership Models of care provision had gender equality explicitly stated as a normative value and as a policy aspiration. Therefore, we took the opportunity of the timing of the fieldwork to ask our participants to reflect on the possible strengths and weaknesses of a constitutional

**Table 6.1: The potential to change cultural attitudes to welfare and gender equality**

| | |
|---|---|
| Solutions from the Universal Model | The evidence suggests that countries that use the Universal Model of care provision have cultural expectations of gender equality rather than gendered divisions of caring and paid work. They also have clear expectations of state delivery of services, and of universal eligibility for services. State services are seen as a citizenship right and non-stigmatising.<br>However, there is still a gendered division of caring labour within the Universal Model. A lack of shared parental leave means that women rather than men are expected to undertake the parenting of very young children, and although rates of the provision of unpaid family care are low, when they are provided it is overwhelmingly women undertaking the care.<br>It should, of course, be noted that the Universal Model has been in place for a long time, in many cases pre-dating the post-war design of many welfare states. There has therefore been a much longer political and cultural commitment to the values of gender equality and state provision of universal services than would be possible if this model was developed or transferred for use in contemporary welfare societies.<br>It should also be noted, however, that policy change does not necessarily have to wait for cultural change to be possible: the introduction of 'use it or lose it' paternity leave has demonstrably changed the behaviour and involvement of fathers in the care of young children, and support for the universal provision of healthcare rose after its instigation in post-war UK welfare, not before. Universal services are popular in some areas of welfare provision in the UK and other non-Universal Model states: notably health, education, pensions and so on. If care provision was moved from being selective (for example, only for working parents, or only for very frail older people) to being universal (for all children, or for all older people) it could change cultural attitudes towards the gendered division of labour and the provision of services if the political will were there. |

| Solutions from the Partnership Model | In the case of childcare, many non-universal welfare states models are already operating with cultural values close to those underpinning the Partnership Model. For example, centring the values of parental/family choice and flexibility in the provision of services, rather than a Universal Model of provision, is very close to the values of individualism and low levels of state involvement in family life in the UK and other neoliberal welfare states. Therefore, it is highly likely that the cultural concerns mentioned earlier which prevent progress on gender equality would not be radically changed by adopting a Partnership Model of childcare provision.<br>The case of cultural change in long-term care provision is slightly different. Here the participants point out that the state reliance on the family to provide unpaid care, and to undervalue and underprovide formal social care provision, prevents efforts to develop formally provided care services. In this case, the provision of services developed on a Partnership Model basis – so long as the coverage was universal – would be a fairly significant change to existing provision, but based on ideologies and cultural expectations that were in tune with policymakers and the general population. For example, a right to access a payment and then use it to pay either formal *or* family carers (and to have to level of payment set in line with at least minimum wages rather than welfare benefits) would encourage take-up and reduce gender inequality by recompensing family carers (who are overwhelmingly women) for work they are doing for free or for a very low welfare benefit. If wage levels were set more generously to allow for qualified care staff to provide services the value attached to such work would increase, and it would be likely to attract more men, thus addressing gender inequalities and the gender pay gap, as well as reducing pressure on families. |
|---|---|

approach to gender equality, and whether it could prove useful in achieving policy change:

> 'If the constitution deals with power and where it sits it would be about things like equal representation, but it could say "women *will* be treated equally to men"… you could reverse the burden from the individual to the structural and say to employers "you *will* pay women the same as men" and make it more of a structural thing rather than the onus always being on individual women.' (POL3)

For some participants, the opportunity to reframe a constitutional settlement in the Scottish context offered a significant opportunity to articulate values of gender equality:

> 'I think a constitution is to be welcomed, absolutely better to have it than not, and if there is a constitution then we want gender equality to be right across it very, very clearly.' (THIG2)

Others were more sceptical about the possibilities of constitutional change, pointing out that in their view institutions rather than aspirational legislation were important in developing and implementing policies that would lead to gender equality:

> 'The institutions matter. In a liberal state, people say it is a private matter, people who can afford it can afford gender equality and those [who] can't, there's less gender equality. It's very much linked to equality, but whether writing it into a constitution is going to change it?' (ACA1)

Participants made the point that the links between values embedded within constitutions and the importance of those values spreading outwards to inform everyday life were vital to achieving gender equality:

> 'What is interesting about Finland is they were the first country to give women the vote in 1907 and gender equality is enshrined in their constitution and that is something we could learn in terms of any constitutional arrangements for the future… because if it's not embedded in the whole system for gender equality, it can't just be added on, it needs to filter through to every other aspect of life.' (THIC4)

Indeed, gender equality was mentioned by many participants as being a relatively uncontentious value and aspiration to see within a new constitutional settlement:

> 'I think we could get a political consensus on gender equality in the constitution – there are other aspects that people float as being in the constitution that we might not be able to get consensus for.' (POL4)

Others asserted that it would be important to link gender equality and women's rights to the rights of other groups – for example, children – to effect meaningful political and social change:

> 'One of the key things in terms of gender equality, there's the representative stuff that you would put in a constitution, you look at how you address gender inequality indirectly, and the rights of children and women are absolute key and linked.' (THIC1)

### *The role of national and regional/municipal policy*

The intersection of different levels of policymaking (national, regional and local) was held by participants to be problematic in achieving complex or joined-up policy that was needed:

> 'The big question and barrier we come up against is the question of "Well we can't do that within the powers that

> we currently have" [in Scotland] and a lot of the points we raise come back to that, which is frustrating.' (THIC3)

A particular problem highlighted by participants was the diffusion of policy across different municipalities and local authorities, who have some responsibility for the provision of childcare and long-term care policies:

> 'The agreement is that local authorities do their own thing as long as they meet certain outcomes – that's a good and a bad thing, but in areas where you've got huge rural communities maybe they are best placed to manage their own issues.' (THIL3)

Local authorities were often at the mercy of changes elsewhere in the governance process that could undermine progress towards gender equality:

> 'Under the change of childcare strategy, the local authorities got control of the budget, there was no longer this separate money for childcare, they weren't accountable for it in any way and many of them have just stopped using it for childcare.' (THIC4)

One possible solution to the tensions between different levels of governance was to have a clear difference between national and local eligibility for services and support:

> 'In the Universal Model [Sweden] services are highly decentralised. So you have this national framework, every child has the right to a childcare place from age 1 and all those kinds of things which are all a kind of legal framework, but it is the municipality that manages, organises and implements the policy. There's no ring-fencing for the financing of childcare, the municipality has the overall budget for social services, but they have

> to fulfil these requirements and every child has the right to a full-time place from the time they are 1 year old and the municipality has to provide it.' (ACA1)

The huge variations in policy and practice across different municipalities and local authorities in the case of long-term care were seen as particularly problematic, not just in achieving gender equality, but also in achieving equitable outcomes for service users, paid and unpaid carers:

> 'There's a postcode lottery for long-term care, some local authorities don't charge for care and give very good support, some city authorities you have far more people asking for support and so the cake is getting cut smaller and smaller and smaller. But you can also have huge differences within local authorities if you've got the right person fighting your corner, you can actually get more, whereas if you don't really know what you can get – we get family carers saying all the time that it's the people that shout loudest get the best support.' (THIL1)

The perceived democratic deficit in local authority democratic decision-making processes which mitigated against progress on gender equality was held to be a significant problem:

> 'We have massively powerful local authorities that seem very remote from the populous and making a lot of decisions on things that very much affect women's lives. Resourcing of violence against women services and social care are hugely important. So while a women's committee reporting to the First Minister might be a good idea, we want women's voices in local spaces, that's critical, that women be the architects of their own democracy at that level as well.' (THIG2)

Given that the timing of the fieldwork included ongoing civic and political debates about Scottish devolution and independence, the ability to control different levers of governance and policymaking to effect real change towards gender equality was pertinent to many participants:

> 'For example, childcare policy: the Scottish government has devolved responsibility for social services which includes childcare, but then argues in order to implement its policy on childcare infrastructure it requires control of tax revenues and everything in order to have a more holistic approach.' (THIG1)

#### *The relationship between the state and providers*

Participants noted that a marketised relationship between the state and service providers could prove problematic:

> 'Nobody can hold a UK private provider to account… when we look at Sweden, originally all social services like childcare were public, so there's a very comprehensive system of childcare, the way it was developed was as a public service so the municipalities who could do that through the tax money and through block grants from the government. Now there are also private providers but they are funded to the same extent through the municipalities as every public provider – so the childcare system works because it is 90% funded by the state.' (ACA1)

Funding – and the perceived limits to change that this led to – was seen to be a significant barrier to policy and practice innovation that could lead to demonstrable change or improvements in outcomes:

> 'The local authorities are under pressure for the amount of money they've been given, and that could lead to just

> extending hours, rather than actually thinking properly about the best service and the best way to provide it.' (THIC3)

Models of service provision that were not meeting needs, particularly in long-term care, were held to be problematic in terms of poor outcomes for people using the services, and for their family carers:

> 'Older people are very unlikely to be able to access private services, they were most likely to get a council or council commissioned service where they come and get you up in the morning and maybe come in at lunchtime and then put you to bed, whereas what people need is to be able to go to the library or the community centre or meet friends at night, your service is around the timing of an organisation rather than what you need.' (THIL1)

The complexity of the policy issues, and the different stakeholder groups involved in and likely to benefit from childcare (and long-term care) services made it difficult for clear and achievable outcomes in terms of gender equality to be identified:

> 'We have questions about the childcare strategy: how is it provided, what about quality and flexibility, is it for providers or is it for families? Does it work for children in terms of child development and quality of life, does it work for families and parents in terms of getting and staying in decent work and hopefully the gender equality dimension certainly in terms of changing the structure of the workforce and of family life.' (THIC2)

The 'postcode' lottery of service provision – that is, that it was patchy, and dependent upon different funding streams and

political priorities – was held to be a significant problem in achieving equitable outcomes for all groups of women:

> 'In Scotland, there are three types of childcare services. There's those that are in very deprived areas and their services tend to attract funding of some kind or other, or they can fundraise because they are dealing with a deprived community and deprived children. Then there are the services in more affluent communities where parents will pay the market rate and those fees are enough to run the service – pay the staff low wages, keep the hours part time but it survives. And then there are services in the middle who are not so deprived, they can get extra funding from charitable trusts. They don't have enough parents who are affluent enough to pay the full market price. And so when they lose funding they disappear.' (THIC4)

In Table 6.2 we summarise our analysis of the possible solutions to these issues offered by the Universal Model and Partnership Model of care policy.

## Linking care policies to gender equality

### *Childcare and working mothers*

Participants had a clear understanding of the link between women's poverty and childcare policy:

> 'The average cost of childcare in the UK is £300 a month for a child over two and £740 for a child under two. So when you put into the mix there that women tend to work in lower-paid occupations, it's a significant barrier especially when you add to the cost of it the hassle or the stress of trying to get your child there and then get to work on time, you might not even have a nursery near you particularly if you are in a rural area, or the provision

**Table 6.2: The potential to tackle governance issues in care policy**

| | |
|---|---|
| Solutions from the Universal Model | Adoption of the Universal Model would not, per se, lead to constitutional change. However, the legislation needed to achieve the Universal Model in both childcare and long-term care services could change the roles and responsibilities of the different levels of state provision. For example, a universal right to access services could be set nationally, and responsibility for provision removed from municipalities/local authorities. Another model could be along the lines of the National Health Service, with certain access rights set nationally but services provided locally. |
| Solutions from the Partnership Model | The Partnership Model in itself does not require constitutional change. However, the lack of a focus on gender equality as a specific and desired value and outcome of policies does inhibit the development of sufficient services to meet need. It is likely that for better gender equality outcomes to be achieved under this model than is presently the case, clear rights and responsibilities for different governance levels along gender equality lines would need to be established and strengthened. |

> may be so patchy that it's just not logistically possible and therefore it's easier not to work. If you are a woman once you have taken that time out of the labour market, it's much more difficult to get back in, you're much less likely to get back in at the same level as before you had children.' (THIG1)

However, the way in which discussions about childcare were framed was viewed as being problematic:

> 'The problem is that childcare is a political argument. Instead of regarding childcare not as an issue of parenting but as a social good, a common good and a core element of our economic infrastructure because it opens up

> employment opportunities for women and men as parents but also within a workforce within the labour market that should be invested in.' (ACA2)

Participants noted that often the highlighting of the pedological arguments for early-years childcare often meant that issues of equalities were side-lined:

> 'There's obviously a clear role for early learning and childcare around children's development and inequalities, and overcoming some of those early disadvantages, as well as supporting parents to take up and remain in work… The important thing is that it's about enabling families and individuals to make choices that best suit their needs and their family's needs, and that to me would be supportive of tackling socio-economic inequalities as well as gender inequalities.' (THIC3)

Indeed, some participants maintained that making an argument in favour of childcare based on its effect on gender inequality could be counterproductive:

> 'Childcare obviously has gender implications, but when it is proposed the discussion immediately moves from gender inequality to other things. So there's the economic growth, but then onto the impact on children, which is absolutely interesting and helpful to discuss, but the impact on women and the transformation to women's lives that there might be made possible gets slid past.' (THIG2)

Participants also drew clear structural and policy links between investment in childcare and women's equality:

> 'A country that doesn't have a comprehensive childcare system is not doing very well on gender equality and a

> country that doesn't put gender equality very high on the agenda probably doesn't do very well on childcare.' (ACA1)

Some participants asserted that basing ideological arguments for childcare around women's increased participation in the labour market was not, per se, an argument in favour of gender equality:

> 'A lot of government policies relating to the development of childcare has always been based in the marketplace, the economic need to get women out to work. It's been based partly on gender equality but far more on the economics, the basis of it is not necessarily the equality for women, it has been the fact that we need more workers in the workplace.' (THIC4)

> 'Childcare is now seen as an economic infrastructure argument rather than a women's issue, in enabling both parents to work and making work affordable: it's as important as roads and bridges, it's a major part of your infrastructure in terms of if you want to be a successful, wealthy nation.' (THIC1)

Others asserted that investment in childcare was a significant part of policies designed to address child poverty rather than gender equality:

> 'The fundamental drivers of child poverty are far too many people not accessing the number of hours they want to work and being paid too little… and access to work is partly about access to childcare and the quality of the labour market, low pay, security, the hours of work that are available, education, access to childcare and social security… we need to support lone parents [mothers] by making sure that the infrastructure is there that childcare

> is in place to enable mothers to take up work and increase their hours at work.' (THIC5)

A broad commitment to reducing inequalities was held to be important for childcare policies to be invested in:

> 'In Scotland, we've set very clear objectives in terms of closing the inequalities gaps, in terms of women's issues childcare is allowing us to raise the rates of female participation in the workforce, we need to make sure there's not the glass ceiling either for women, either because of age-old attitudes or barriers around having children or other caring responsibilities that are stopping women progress.' (POL5)

Some participants pointed out that it was not a good idea to only focus on the arguments for childcare for very young children and those under school age:

> 'I support the economic argument, the social welfare arguments, and the child development arguments in it all, but every one of these arguments also applies to care of older children, especially older children in poverty and children with disabilities and rural children. They all have different needs and they don't stop at five or four and a half when they go to school. That's what is disappointing: the Universal Model doesn't stop at five.' (THIC4)

Finally, participants drew a link between women's inequality and child poverty:

> 'The more you look at issues of gender, a child's future is very much dependent on its mother, if its mother is in poverty that child is going to have less – poorer health, poorer education… Equality is not just a women's issue, it's society's issue because in order to have a fair society

> where we tackle inequalities, where we tackle health inequalities, where we tackle poverty, where we tackle all those things, we need to go to the root cause of all these things and that is actually by dealing with the inequality of women because they are the people who influence future generations… the only way we can stop children growing up in poverty and changing all those inequalities is actually to deal with their mum.' (POL1)

### *The need for formal social care*

The arguments that participants made in favour of the state provision of long-term care were different from those in favour of childcare. In some cases, it was about supporting unpaid family carers to continue to provide care and support rather than changing the expectation that they would provide care:

> 'Family carers, to continue in that role, to provide the support, they themselves need support, they need some kind of recognition, they need recognition from employers, they need recognition from local authorities, the right kind of support and guidance.' (THIL2)

However, other participants drew an explicit link between investment in formal, paid care services and the benefits for unpaid carers who could then participate in paid work:

> 'It's important to invest local authority funds in social care because not only do you enable and support disabled people and elderly people but if you put effective support in place carers are able to work and you've got money coming into your local economy.' (THIL1)

Participants also drew links between investment in the formal provision of long-term care and benefits to the wider local economy:

> 'If you invest in the local social care market, these are small businesses, women's businesses, you could help the local economy by encouraging more people to be self-employed and run businesses.' (THIG3)

However, some participants were concerned that even if formal long-term care services were providing support, that the large amount of unpaid family care taking place could remain hidden and undervalued:

> 'We find that adult support social care services might be going in and finding a person up and dressed and medicated, and they are going in between nine and five, so they don't see the scramble that has happened before that, where a family carer, a young carer, has done all that work because they've gone to school, or work.' (THIL3)

Participants also made the point that they felt that care work should be valued and paid, even if the boundaries between unpaid and paid care work done by family carers remained unclear:

> 'It's not that everyone wants to be paid every time they go shopping for their mum, but there needs to be a good accessible state system, regardless of income, that becomes the norm, that you are not stigmatised for accessing it, you need to know it's there and that is what we should be paying to provide.' (TRA1)

### *Pay and conditions for care workers*

As it is overwhelmingly women who work in childcare and long-term care provision, participants drew clear links between the pay and conditions of workers and the quality of the service provided:

> 'You have got to have enough staff, enough to cover holidays, proper training, proper personal development. There are real issues with people who have been working in the sector a long time, no support for further training and development, or they can't access childcare themselves, the service is run at capacity so there's no spare.' (ACA2)

Participants asserted that formal long-term care workers, in particular, were likely to be under-trained and not have ongoing learning and training opportunities for career progression:

> 'We discussed the regulation of social care support staff, whether personal assistants working with disabled people, with mental health problems, and it's a political choice not to regulate them. And there is also the issue of learning because these people stay in the workforce longer, the workforce is ageing, and they have no support to learn. We have started work with home carers, women who were averse to training, but they love it now.' (SCOL1)

Some participants drew clear links between the undervaluing of care-work as gendered, the need for women to combine paid and unpaid care work, and the gender pay gap:

> 'Undervaluing of women's work is a big part of the gender pay gap, particularly when you look at the type of work that women are doing, so jobs like caring and cooking and cleaning and catering, these are the jobs that women are clustered in, part-time jobs because what we know is that women who still do the majority of caring, whether that is for children but also for older people and sick relatives or friends, then they will often have to look for part-time work in order to balance these caring responsibilities, but part-time work is generally low paid

> and low status, it's much more difficult to find part-time work at senior levels.' (THIG1)

The nature of women's paid work being disproportionately in the care sector, and therefore reliant upon public funding, meant that their employment could be precarious in a time of cuts to public spending:

> 'Women are disproportionately stuck in the same lower-paid, menial jobs that are disproportionately affected by cuts to government because they are likely to be public sector, work in care, which is always one of the first things to get cut.' (POL2)

There was also concern about investing in an educated and skilled workforce in childcare but not being able to pay them salaries commensurate with their education, compared to other sectors:

> 'The managers have degree-level qualifications and we need a better educated workforce because that is about the quality of care for children, but what are we going to pay people who have to get a degree in these circumstances? If I pay someone £9 an hour to manage a very complex childcare service they will soon go onto other work, perhaps as a teacher.' (THIC4)

Reductions in public sector provision of long-term care were seen to be having a direct effect on the pay and conditions of women who were providing paid and unpaid care:

> 'The experience of women in social care is that they are being asked to provide more unpaid care, they are having to give up work because of it, or if they are being paid then their terms and conditions in the workforce are getting worse; there are more zero-hour contracts.' (POL6)

Some participants pointed out that even within the public sector, gendered valuations of different types of work led to different levels of pay and conditions of work for different occupations who, in theory, have broadly similar levels of training and skills:

> 'If you are a police officer, you train for 26 weeks and you get paid a hell of a lot more than a nurse or a carer. Now you could argue that the dangers and the skills of both jobs are equal, but the training and education that goes into one is not valued. Now, if you based it on risk and training, then the nurse should be paid a lot more, but she's not because it's gendered, and we need to break down the gendering of occupations so that women's jobs like social care, make sure that people are being paid fairly.' (POL1)

Finally, some participants wanted an ambitious political and economic strategy to recognise, value and invest in long-term care services as part of an investment in the workforce and infrastructure, rather than a negative 'spend':

> 'We could be a world leader in innovative social care that is people-centred but it absolutely needs to be invested in so that the people who work in it earn decent salaries, that we value practical qualifications as much as sending people to university because some of the best carers are people who don't want to study for degrees but have a real aptitude for caring… Because if you see an economic strategy devoted to social care, the impact of something like that on gender equality would be huge because it would be looking at wages, it'd be looking at conditions, it'd be looking at qualifications for the workforce, but it would also be looking at women's roles as unpaid carers and whether it's right for us as a society to basically offload caring responsibilities to an unpaid army largely of female carers.' (THIC1)

### *Funding and political priorities*

Participants were of the view that a change in political priorities was needed to see more investment in universal childcare:

> 'The current UK government are clearly setting a different path to the one that we think is the most effective, although they are throwing hundreds of millions targeting the 2%, but that's not going far enough in terms of what is needed. They are looking at workers, and workers who can afford it.' (THIC3)

When childcare was provided in a marketised system, the issue of under-investment and lack of long-term development of the sector was held by participants to be problematic:

> 'Childcare providers tell us – and this is a well-rehearsed problem – that the money they get from what people pay is really quite small to be able to run a good quality service and so childcare services are operating on the tightest of margins and unable to absorb any shocks at all really. On the other hand, women tell us that it's immensely expensive to pay for childcare, it's really inflexible, there seems to be an over-demand for childcare and demand exceeding supply.' (THIG2)

In particular, the gap between the strategic vision – the political rhetoric – and the implementations – the reality – was held to be particularly stark in childcare services:

> 'I think the government has a fairly good vision, it's just how we make that happen. There's no specific money attached to the strategy, there's no indicators for monitoring progress, no robust framework for delivery.' (THIC3)

Gender equality in itself not being seen as a political priority was held by some participants to be a significant barrier to investment in services, such as childcare and long-term care services, that could help achieve it:

> 'So for the [Universal Model] countries, it is clear that gender equality always was and always will be a political priority, but for the UK that simply isn't the case.' (ACA1)

> 'Gender budgeting and gender mainstreaming has a huge potential for changing policies and priorities, but if it isn't backed up with political will, then you are a hostage to fortune, there's little you can actually achieve.' (ACA2)

A political ideology that saw service provision in terms of markets and the need to see a 'return' on investments, rather than a commitment to universal provision as part of social citizenship, was seen to be a particular issue in long-term care:

> 'There's a strong sense in the UK that you need to see a return on your investment in policy terms. And it is difficult to see that with social care, when you are looking at the UK as a whole, it seems that we would need to pay huge taxes to see the kind of universal social care services that we need, and that just isn't a political priority.' (THIL2)

Some participants pointed out that universal childcare could be seen as a convenient political vote-winning strategy – particularly for middle-class women, who are often seen as 'swing' voters – rather than a long-term strategy to address gender inequality:

> 'Childcare is held up as a universal policy that will appeal to women, to win votes, it's an easy policy, we just copy the Scandinavian countries, but that's a convenient thing

> to do to engage women. But whether that is strategic, or whether they do actually believe it, will it really be a long-term policy that they will be able to afford?' (POL2)

The ideological commitment to markets, and seeing a 'return' on investments, was also perceived to limit the broad policy developments across different sectors that were needed to achieve comprehensive childcare provision and see the equality outcomes from that:

> 'A lot of work has gone into getting childcare onto the agenda, and it is on the agenda. There's a real understanding that some sort of state-funded investment in childcare is about the welfare of the children and not a choice. But they have missed the need for the expansion in the workforce, and seeing the care sector as a growth sector in a positive sense: it's seen as a negative drain on the economy.' (TRA1)

Equality, particularly gender equality, was held to be pretty low on the list of political priorities compared to other, more pressing issues:

> 'There's a good game talked about equality, but it dissipates very quickly and women lose their seat at the table quite quickly, the big boy stuff of the economy becomes, in its most limited sense, the focus of all the attention. Social justice and equalities becomes marginal – you talk over there while we discuss the really important issues of the day.' (THIG2)

Commitment to marketised delivery of services was seen as resulting in short-term investment which prevented the development of a sustainable childcare sector:

> 'There's not enough funding for places. There's always new providers, through government funding or charities, but they don't always survive, because the funding doesn't continue, and it's seen as a market.' (THIC4)

Participants pointed out that the competition for resources, particularly in overstretched municipalities and local authorities, could lead to long-term care being seen as politically unimportant:

> 'Sometimes what is allocated to social care is the bare minimum, and it's down to lack of will and lack of resources. And that is to do with not the right value being placed on social care and that it's a really important thing for government to invest local government funds in.' (THIL1)

In the Table 6.3 we summarise our analysis of the way in which the Universal Model and the Partnership Model of care policy, if adopted, could strengthen the links between care policies and gender equality outcomes.

## Summary

**Cultural attitudes to gender equality and care work, and what the appropriate level of state involvement in the provision of care should be, are very entrenched and gendered in UK society**. In particular, the idea that care work should be done by the family, and ideally by women, contributes to it being undervalued and to a reluctance to letting the state interfere in 'private' matters.

- *The Universal Model* would require significant social and cultural commitment to gender equality and to state involvement in the provision of care to work. However, policy change can precede cultural change, and if the

**Table 6.3: The potential to link care policies to gender equality outcomes**

| | |
|---|---|
| Solutions from the Universal Model | The Universal Model, particularly in childcare, would be the most effective solution to the lack of attention paid to gender equality outcomes in policies. This is because it would involve fairly substantial investment and a change of policy direction, it would need to be justified on numerous levels. Addressing child poverty, inequality and under-attainment would only be part of the argument for the Universal Model.<br>It would need supporting arguments demonstrating the wider economic benefits and gender equality outcomes (both in terms of economic performance and 'return on investment' and in terms of social justice). The process of making these arguments would enable gender equality to take a much more prominent role in the ideological arguments for certain policy options.<br>Similar arguments can be made for the Universal Model of long-term care. As this would require a substantial ideological and practical policy change, there would need to be cross-cutting political and normative arguments to support it. In particular, the arguments about freeing up unpaid family carers to engage in paid work, and the reduction in inequality and poverty, as well as the economic growth that would result from that, would have to play a significant part of the normative core of a Universal Model of long-term care provision. |

**(Continued)**

**Table 6.3: The potential to link care policies to gender equality outcomes (Continued)**

| | |
|---|---|
| Solutions from the Partnership Model | In the case of childcare policy, it is difficult to see how an extension to this policy would address these issues satisfactorily. The flexibility of the model means that it will naturally reinforce existing inequalities: those with more resources will be able to exercise greater choice, which means that wealthier women will benefit much more than poorer women. Structural constraints, such as the need to combine paid and unpaid work and the unaffordability of services for the lower-paid and part-time workers would need a substantial commitment from policymakers to address. They may well see addressing gender inequality as part of that commitment: but there are no particular levers to strengthen that commitment in the face of competing policy priorities.<br>The case of long-term care is slightly different. As providing more extensive coverage and a rights-based approach to services (alongside a flexible approach to delivery) would involve a change of the ideological basis of policy, gender equality would need to be part of the reframing of the arguments to strengthen them. There would need to be economic and social justice arguments made, and in both cases, gender equality forms an important part of those arguments, on both an ideological and practical basis. In particular, relieving unpaid family carers of the need to provide unpaid care would make a significant difference to the normative foundation of long-term care services, and gender equality arguments would be necessary to underpin that normative change. |

political will to implement it and the benefits of it were clear, adoption of the Universal Model could help achieve the changes needed.
- *The Partnership Model* would require less of a leap in cultural change, because its ideological basis and views on gender equality and the role of the state versus family in providing care already closely mirrors that in the UK. It is predicated on an idea of individual choice, and yet achieves better gender equality outcomes than the UK. It would therefore be feasible that the Partnership Model could achieve incremental change in the value given to gender equality and the acceptability of state/private provision of care.

**Governance issues, including the role of gender equality in the constitution, horizontal level of state involvement, and the relationship between the state and providers were a significant concern.**

- *The Universal Model* does not in itself provide for constitutional change, or for fundamental restructuring of the responsibilities of national versus local government. However, its adoption would most likely be due to a significant political shift, and that in itself would provide an opportunity for the constitutional reframing of rights.
- *The Partnership Model* would be more easily achievable without fundamental political change, and therefore without a framing of the constitutional right to gender equality or service levels. Incremental change could achieve smaller, but arguably more achievable improved outcomes in gender equality, particularly if individual legislation had specific gender equality targets embedded within it.

**Stakeholders felt that the link between care policy and gender equality remained underdeveloped and unarticulated in the UK: particularly with regards to**

**childcare and working mothers, the need for formal rather than informal social care, pay and conditions for care workers, and that funding for care was often of low political priority.**

- *The Universal Model* would require the most fundamental change to be implemented in UK policy. This would mean that it would require a range of justifications: gender equality, child poverty, economic development and welfare state restructuring would all need to be part of the reasons put forward to support the changes needed. It would be important to open windows of opportunity for these arguments to gain traction: these windows are available – such as significant constitutional change (such as Scottish independence), exogenous economic and social shocks to the system (such as Brexit or rebuilding after COVID-19). However significant question marks remain over whether the policy systems will respond to these challenges by adopting a universalist approach to services.
- *The Partnership Model* does not offer much opportunity for the re-articulation of policy priorities and underpinning values. It is predicated on similar value systems and approaches to the UK, where gender equality is not generally seen as a high political priority. However, there are pressures, in particular to reform long-term care policy as a result of growing demand, and the failure of policies (such as the lack of attention to care home residents and the withdrawal of social care support from disabled people due to underfunding and lack of resilience, capacity and flexibility in the system) that were highlighted in the wake of COVID-19.

In the next chapter, we will return to our initial questions and ask: what model of care policy provides the best gender equality outcomes for women?

# SEVEN

# Which model of care is fairest to women?

## Introduction

In the course of our discussion about different models of childcare and long-term care services, it has become apparent that it is not just gender equality that underpins the design and delivery of these services. Other considerations, such as political and normative attitudes to services, benefits to other stakeholders, such as children and service users, wider economic and social issues and existing governance and policy structures have an impact both on which services are developed, and the outcomes they have in terms of gender equality.

In this chapter, we will, therefore, return to our initial question and ask, which models (and within the different models, which types of services) are likely to give us the best gender equality outcomes for women, and why? We will use Fraser's (1997) framework of the seven principles which should underpin progress towards a 'universal caregiver' model of society:

1. anti-poverty
2. anti-exploitation

3. income equality
4. leisure time equality
5. equality of respect
6. anti-marginalisation
7. anti-androcentralisation.

It should be noted that we are using Fraser's (1997) framework with a healthy degree of caution: we maintain that while Fraser's vision is not necessarily that practical or quantifiable, it does nevertheless encapsulate the useful idea that the equal distribution of paid and unpaid work is not enough for equality. Plantenga et al's (2009) idea of gender equality as being one which encompasses an equal sharing of assets, such as paid work, money, decision-making power and time which they operationalised to use comparatively in the European Gender Equality Index will, therefore, guide our assessment of the outcomes.

We will do this by taking our assessment of the achievement of each model from Chapters Two and Three (on a Likert scale of 5 to 1 for progress, with 5 being excellent and 1 being poor) and multiplying it by the average relevant EGEI for the case study countries chosen as representatives of that particular model. It should be noted, of course, that had we chosen different case studies we might have been working with slightly different results, as there are some variations within models.

We then add another scale: the transferability of the different policy options, which we have marked on an inverse Likert scale for how serious or insurmountable we judge the different barriers to policy transfer to be based on our analysis in Chapters Four and Five (1= insurmountable, 2 = difficult to overcome, 3= possible to overcome, 4 = easy to overcome, 5 = no issues). We have done this because no matter how good care policies are, if they cannot be transferred then they are only useful within a particular context. Therefore, the higher the combined figures, the better the gender equality outcome overall.

**Table 7.1: Measures and scores of anti-poverty achievements in the Universal Model of childcare**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of paid work | (0.86+0.81+0.94)/ 3=0.87 | 5 | 3 | 13.05 |
| Equal sharing of money | (0.63+0.82+0.68)/ 3=0.71 | 5 | 3 | 10.65 |

## Anti-poverty

### *Universal Model of childcare*

The main reason this model scores well on anti-poverty is because the provision of childcare enables women to work (and work full-time rather than part-time), and because the women who work in the sector are not underpaid or their work undervalued.

### *Universal Model of long-term care*

This model scores slightly lower than on childcare because it is less transferable to other contexts, although the benefits in terms of women's access to paid work and addressing the low pay of paid carers remain high.

### *Partnership Model of childcare*

This model scores slightly lower on progress towards equity, because it does not necessarily address women's access to work and childcare workers' pay as effectively as the Universal Model, but it is easier to transfer into other contexts.

**Table 7.2: Measures and scores of anti-poverty achievements in the Universal Model of long-term care**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of paid work | (0.86+0.81+0.94)/ 3=0.87 | 5 | 2 | 8.7 |
| Equal sharing of money | (0.63+0.82+0.68)/ 3=0.71 | 5 | 2 | 7.1 |

**Table 7.3: Measures and scores of anti-poverty achievements in the Partnership Model of childcare**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of paid work | (0.79+0.8)/ 2=0.795 | 4 | 4 | 12.72 |
| Equal sharing of money | (0.47+0.56)/ 2=0.515 | 4 | 4 | 8.24 |

### *Partnership Model of long-term care*

This model scores the same on progress towards equity as the childcare model, because of the way it addresses women's access to work and the pay of paid carers, but it is very easy to transfer into other contexts.

## Anti-exploitation

### *Universal Model of childcare*

The main reason this model scores well on anti-exploitation is because the provision of childcare enables women to work

**Table 7.4: Measures and scores of anti-poverty achievements in the Partnership Model of long-term care**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of paid work | (0.79+0.8)/ 2=0.795 | 4 | 5 | 15.9 |
| Equal sharing of money | (0.47+0.56)/ 2=0.515 | 4 | 5 | 10.3 |

**Table 7.5: Measures and scores of anti-exploitation achievements in the Universal Model of childcare**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of paid work | (0.86+0.81+0.94)/ 3=0.87 | 4 | 3 | 10.44 |
| Equal sharing of money | (0.63+0.82+0.68)/ 3=0.71 | 4 | 3 | 8.52 |
| Equal sharing of time | (0.76+0.95+0.57)/ 3=0.76 | 4 | 3 | 9.12 |

(and work full-time rather than part-time), and because the women who work in the sector are not underpaid or their work undervalued. It also enables a more equitable sharing of time, although there is still a gendered division of unpaid childcare.

*Universal Model of long-term care*

This model scores slightly lower than on childcare because it is less transferable to other contexts, although the benefits in terms

**Table 7.6: Measures and scores of anti-exploitation achievements in the Universal Model of long-term care**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of paid work | (0.86+0.81+0.94)/ 3=0.87 | 4 | 2 | 6.96 |
| Equal sharing of money | (0.63+0.82+0.68)/ 3=0.71 | 4 | 2 | 5.68 |
| Equal sharing of time | (0.76+0.95+0.57)/ 3=0.76 | 4 | 2 | 6.08 |

of women's access to paid work and addressing the low pay of paid carers remain high. It also addresses the issue of inequitable access to time – although where there is unpaid family care happening, it is largely women undertaking this labour.

### *Partnership Model of childcare*

This model scores slightly lower on progress towards equity because it does not necessarily address women's access to work and childcare workers' pay as effectively as the Universal Model, but it is easier to transfer into other contexts. It does not score as highly on the equal sharing of time, because where there are gaps in provision these are almost always filled by the unpaid labour of women (although less so in the Netherlands with an expectation of part-time rather than full-time paid work from both genders).

### *Partnership Model of long-term care*

This model scores the same on progress towards equity as the childcare model, because of the way it addresses women's access to work and the pay of paid carers, but it is very easy to transfer into other contexts.

**Table 7.7: Measures and scores of anti-exploitation achievements of the Partnership Model of childcare**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of paid work | (0.79+0.8)/ 2=0.795 | 4 | 4 | 12.72 |
| Equal sharing of money | (0.47+0.56)/ 2=0.515 | 4 | 4 | 8.24 |
| Equal sharing of time | (0.58+0.7)/ 2=0.64 | 4 | 4 | 10.24 |

**Table 7.8: Measures and scores of anti-exploitation achievements of the Partnership Model of long-term care**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of paid work | (0.79+0.8)/ 2=0.795 | 4 | 5 | 15.9 |
| Equal sharing of money | (0.47+0.56)/ 2=0.515 | 4 | 5 | 10.3 |
| Equal sharing of time | (0.58+0.7)/ 2=0.64 | 4 | 5 | 12.8 |

**Table 7.9: The Universal Model of childcare and income inequality**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of paid work | (0.86+0.81+0.94)/ 3=0.87 | 4 | 3 | 10.44 |
| Equal sharing of money | (0.63+0.82+0.68)/ 3=0.71 | 4 | 3 | 8.52 |

## Income inequality

### *Universal Model of childcare*

The main reason this model scores well on income inequality is the same as anti-poverty: because the provision of childcare enables women to work (and work full-time rather than part-time), and because the women who work in the sector are not underpaid or their work undervalued – particularly with regards to other similar occupations in terms of skills, experience and training.

### *Universal Model of long-term care*

This model scores slightly lower than on childcare because it is less transferable to other contexts, although the benefits in terms of women's access to paid work and addressing the low pay of paid carers remain high. Income inequality also scores well because paid workers are valued and have opportunities to access training and career progression in line with similar workers.

### *Partnership Model of childcare*

This model scores slightly lower on progress towards equity, because it does not necessarily address women's access to

**Table 7.10: The Universal Model of long-term care and income inequality**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of paid work | (0.86+0.81+0.94)/ 3=0.87 | 4 | 2 | 6.96 |
| Equal sharing of money | (0.63+0.82+0.68)/ 3=0.71 | 4 | 2 | 5.68 |

**Table 7.11: The Partnership Model of childcare and income inequality**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of paid work | (0.79+0.8)/ 2=0.795 | 3 | 4 | 9.54 |
| Equal sharing of money | (0.47+0.56)/ 2=0.515 | 3 | 4 | 6.18 |

work and childcare workers' pay as effectively as the Universal Model, but it is easier to transfer into other contexts. Income inequality is addressed partially by improved pay and conditions for workers in the sector, and by women's greater access to career development in other sectors.

### *Partnership Model of long-term care*

This model scores the same on progress towards equity as the childcare model, because of the way it addresses women's access to work and the pay of paid carers, but it is very easy to transfer into other contexts. It also is relatively good at addressing

**Table 7.12: The Partnership Model of long-term care and income inequality**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of paid work | (0.79+0.8)/ 2=0.795 | 3 | 5 | 11.925 |
| Equal sharing of money | (0.47+0.56)/ 2=0.513 | 3 | 5 | 7.695 |

income inequality because of the better pay and conditions enjoyed by paid workers as well as lower numbers of women in the workforce working part-time or taking career breaks to provide unpaid care.

## Leisure time equality

### *Universal Model of childcare*

The main reason this model scores well on access to leisure time is because there is a clear expectation that the state will provide full-time childcare and there will be very few ‘gaps’ that need to be filled by the unpaid care of women. However, where there are gaps – for example, between maternity leave and the beginning of childcare – these are almost always filled by women with the exception of the Icelandic ‘use it or lose it’ transferred paternity leave scheme.

### *Universal Model of long-term care*

This model scores slightly lower than on childcare because it is less transferable to other contexts, although the benefits in terms of women’s access to leisure time are good because the default position is that the state, not families or individual women, provide long-term care. However, where there are

**Table 7.13: The Universal Model of childcare and leisure time equality**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of time | (0.76+0.95+0.57)/ 3=0.76 | 4 | 3 | 9.12 |

**Table 7.14: The Universal Model of long-term care and leisure time equality**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of time | (0.76+0.95+0.57)/ 3=0.76 | 4 | 2 | 6.08 |

gaps, these are almost always filled by women (for example, daughters or daughters-in-law).

### *Partnership Model of childcare*

This model scores slightly lower on progress towards equity, because where there are gaps in provision these are almost always filled by the unpaid labour of women (although less so in the Netherlands with an expectation of part-time rather than full-time paid work from both genders).

### *Partnership Model of long-term care*

This model scores the same on progress towards equity as the childcare model, because of the way it does not rely on the unpaid care of women to provide long-term care, but it is very easy to transfer into other contexts.

**Table 7.15: The Partnership Model of childcare and leisure time equality**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of time | (0.58+0.7)/ 2=0.64 | 4 | 4 | 10.24 |

## Equality of respect

### *Universal Model of childcare*

The main reason this model scores well on anti-exploitation is because the provision of childcare enables women to work (and work full-time rather than part-time), and because the women who work in the sector are not underpaid or their work undervalued. It also enables a more equitable sharing of time, although there is still a gendered division of unpaid childcare. In addition, there are follow-on benefits for women in terms of access to political power: because they do not experience significant barriers due to their caring responsibilities public equality in terms of work and money also means public power. Overall, women's work is respected and valued.

### *Universal Model of long-term care*

This model scores slightly lower than on childcare because it is less transferable to other contexts, although the benefits in terms of women's access to paid work and addressing the low pay of paid carers remain high. It also addresses the issue of inequitable access to time – although where there is unpaid family care happening, it is largely women undertaking this labour. Nevertheless, the willingness of the state to recompense women for care even if it is family care indicates valuing

**Table 7.16: The Partnership Model of long-term care and leisure time equality**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of time | (0.58+0.7)/ 2=0.64 | 4 | 5 | 12.8 |

**Table 7.17: Measures and scores for equality of respect in the Universal Model of childcare**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of paid work | (0.86+0.81+0.94)/ 3=0.87 | 5 | 3 | 13.05 |
| Equal sharing of money | (0.63+0.82+0.68)/ 3=0.71 | 5 | 3 | 10.65 |
| Equal sharing of time | (0.76+0.95+0.57)/ 3=0.76 | 5 | 3 | 11.4 |
| Equal sharing of power | (0.52+0.65+0.7)/ 3=0.623 | 5 | 3 | 9.345 |

women's labour overall, and this translates into better pay and access to power.

### *Partnership Model of childcare*

This model scores slightly lower on progress towards equity, because it does not necessarily address women's access to work

**Table 7.18: Measures and scores for equality of respect in the Universal Model of long-term care**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of paid work | (0.86+0.81+0.94)/ 3=0.87 | 5 | 2 | 8.7 |
| Equal sharing of money | (0.63+0.82+0.68)/ 3=0.71 | 5 | 2 | 7.1 |
| Equal sharing of time | (0.76+0.95+0.57)/ 3=0.76 | 5 | 2 | 7.6 |
| Equal sharing of power | (0.52+0.65+0.7)/ 3=0.623 | 5 | 2 | 6.23 |

and childcare workers' pay as effectively as the Universal Model, but it is easier to transfer into other contexts. It does not score as highly on the equal sharing of time, because where there are gaps in provision these are almost always filled by the unpaid labour of women (although less so in the Netherlands with an expectation of part-time rather than full-time paid work from both genders). However, this model values women's work – both paid and unpaid – and does not by default expect women to be carrying out childcare, and this translates into access to power.

### *Partnership Model of long-term care*

This model scores the same on progress towards equity as the childcare model, because of the way it addresses women's access to work and the pay of paid carers, but it is very easy to transfer into other contexts. It values the paid and unpaid work of women and does not expect women to carry out

**Table 7.19: Measures and scores for equality of respect in the Partnership Model of childcare**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of paid work | (0.79+0.8)/2=0.795 | 5 | 4 | 15.9 |
| Equal sharing of money | (0.47+0.56)/2=0.513 | 5 | 4 | 10.26 |
| Equal sharing of time | (0.58+0.7)/2=0.64 | 5 | 4 | 12.8 |
| Equal sharing of power | (0.51+0.53)/2=0.52 | 5 | 4 | 10.4 |

long-term care work unpaid. This translates into improved access to public power in terms of work and political power.

## Anti-marginalisation

### *Universal Model of childcare*

The main reason this model scores well on anti-marginalisation is because the provision of childcare enables women to work (and work full-time rather than part-time), and because the women who work in the sector are not underpaid or their work undervalued. It also enables a more equitable sharing of time, although there is still a gendered division of unpaid childcare. This translates into a lower risk of being marginalised from public power and from social citizenship. Women are included in all walks of life and their roles in public and private are respected. However, greater encouragement for men to take on paid and unpaid care work would improve this area of gender equity.

**Table 7.20: Measures and scores for equality of respect in the Partnership Model of long-term care**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of paid work | (0.79+0.8)/ 2=0.795 | 5 | 5 | 19.875 |
| Equal sharing of money | (0.47+0.56)/ 2=0.513 | 5 | 5 | 12.825 |
| Equal sharing of time | (0.58+0.7)/ 2=0.64 | 5 | 5 | 16 |
| Equal sharing of power | (0.51+0.53)/ 2=0.52 | 5 | 5 | 13 |

**Table 7.21: Measures and scores for anti-marginalisation in the Universal Model of childcare**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of paid work | (0.86+0.81+0.94)/ 3=0.87 | 5 | 3 | 13.05 |
| Equal sharing of money | (0.63+0.82+0.68)/ 3=0.71 | 5 | 3 | 10.65 |
| Equal sharing of time | (0.76+0.95+0.57)/ 3=0.76 | 5 | 3 | 11.4 |
| Equal sharing of power | (0.52+0.65+0.7)/ 3=0.623 | 5 | 3 | 9.345 |

### *Universal Model of long-term care*

This model scores slightly lower in long-term care than in childcare because the long-term care policies are less transferable to other contexts, although the benefits in terms of women's access to paid work and addressing the low pay of paid carers remain high. It also addresses the issue of inequitable access to time – although where there is unpaid family care happening, it is largely women undertaking this labour. Improving that would improve the progress towards gender equity. Nevertheless, the willingness of the state to recompense women for care even if it is family care indicates valuing women's labour overall, and this translates into better pay and access to power. However, the overall gendered nature of caring work (both paid and unpaid) still needs to be addressed, but women's participation in public life is very high.

### *Partnership Model of childcare*

This model scores slightly lower on progress towards equity, because it does not necessarily address women's access to work and childcare workers' pay as effectively as the Universal Model, but it is easier to transfer into other contexts. Risk of poverty – particularly for low income-women – remains high and can lead to marginalisation. It does not score as highly on the equal sharing of time, because where there are gaps in provision these are almost always filled by the unpaid labour of women (although less so in the Netherlands with an expectation of part-time rather than full-time paid work from both genders). Women's risk of exclusion from public life – paid work and political power – can be increased particularly if they are on low incomes and cannot afford childcare without working reduced hours. However, this model values women's work – both paid and unpaid – and does not by default expect women to be carrying out childcare, and this translates into access to power.

**Table 7.22: Measures and scores for anti-marginalisation in the Universal Model of long-term care**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of paid work | (0.86+0.81+0.94)/ 3=0.87 | 5 | 2 | 8.7 |
| Equal sharing of money | (0.63+0.82+0.68)/ 3=0.71 | 5 | 2 | 7.1 |
| Equal sharing of time | (0.76+0.95+0.57)/ 3=0.76 | 5 | 2 | 7.6 |
| Equal sharing of power | (0.52+0.65+0.7)/ 3=0.623 | 5 | 2 | 6.23 |

### *Partnership Model of long-term care*

This model scores the same on progress towards equity as the childcare model, because of the way it addresses women's access to work and the pay of paid carers, but it is very easy to transfer into other contexts. It values the paid and unpaid work of women and does not expect women to carry out long-term care work unpaid. This translates into improved access to public power in terms of work and political power. However, for some women, particularly low paid women, it makes more economic sense to provide long-term care themselves, which prevents them from access public paid work and public political power.

## Anti-androcentralisation

### *Universal Model of childcare*

The main reason this model scores fairly well on anti-androcentralisation is because it does not assume that the care

**Table 7.23: Measures and scores for anti-marginalisation in the Partnership Model of childcare**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of paid work | (0.79+0.8)/ 2=0.795 | 4 | 4 | 12.72 |
| Equal sharing of money | (0.47+0.56)/ 2=0.513 | 4 | 4 | 8.208 |
| Equal sharing of time | (0.58+0.7)/ 2=0.64 | 4 | 4 | 10.24 |
| Equal sharing of power | (0.51+0.53)/ 2=0.52 | 4 | 4 | 8.32 |

**Table 7.24: Measures and scores for anti-marginalisation in the Partnership Model of long-term care**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of paid work | (0.79+0.8)/ 2=0.795 | 4 | 5 | 15.9 |
| Equal sharing of money | (0.47+0.56)/ 2=0.513 | 4 | 5 | 10.26 |
| Equal sharing of time | (0.58+0.7)/ 2=0.64 | 4 | 5 | 12.8 |
| Equal sharing of power | (0.51+0.53)/ 2=0.52 | 4 | 5 | 10.4 |

**Table 7.25: Measures and scores for anti-androcentralisation in the Universal Model of childcare**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of paid work | (0.86+0.81+0.94)/3=0.87 | 3 | 3 | 7.83 |
| Equal sharing of time | (0.76+0.95+0.57)/3=0.76 | 3 | 3 | 6.84 |
| Equal sharing of power | (0.52+0.65+0.7)/3=0.623 | 3 | 3 | 5.607 |

of older children is women's work. However, it does assume that the care of younger children is women's work: generous maternity leave means that the expectation is for mothers to be at home with very young children. There is not much incentive to increase men's care, either paid or unpaid. However, the high levels of public participation of women in paid work and political life indicates that this is not held to be 'men's work'.

### *Universal Model of long-term care*

This model scores slightly lower than on childcare because it is less transferable to other contexts, although the benefits in terms of women's access to leisure time are good because the default position is that the state, not families or individual women, provide long-term care. Therefore, gendered expectations of unpaid care are reduced but not removed altogether: where there are gaps, these are almost always filled by women (for example, daughters or daughters-in-law). Men do not take part in unpaid or paid care in nearly the same numbers as women so gendered expectations of care still prevail. Nevertheless, the

**Table 7.26: Measures and scores for anti-androcentralisation in the Universal Model of long-term care**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of paid work | (0.86+0.81+0.94)/ 3=0.87 | 3 | 2 | 5.22 |
| Equal sharing of time | (0.76+0.95+0.57)/ 3=0.76 | 3 | 2 | 4.56 |
| Equal sharing of power | (0.52+0.65+0.7)/ 3=0.623 | 3 | 2 | 3.738 |

high percentage of women accessing public work and public power indicate that this is not necessarily seen as 'men's work' in the same way.

### *Partnership Model of childcare*

This model scores slightly lower on progress towards equity, because where there are gaps in provision these are almost always filled by the unpaid labour of women (although less so in the Netherlands with an expectation of part-time rather than full-time paid work from both genders). There is a clear expectation that women will be caring for very young children, and correspondingly lower percentages of women accessing public work and power: these are still seen as 'men's jobs'.

### *Partnership Model of long-term care*

This model scores the same on progress towards equity as the childcare model because although it does not rely on the unpaid care of women to provide long-term care, care work is still overtly gendered: very few men take on significant unpaid

**Table 7.27: Measures and scores for anti-androcentralisation in the Partnership Model of childcare**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of paid work | (0.79+0.8)/ 2=0.795 | 2 | 3 | 4.77 |
| Equal sharing of time | (0.58+0.7)/ 2=0.64 | 2 | 3 | 3.84 |
| Equal sharing of power | (0.51+0.53)/ 2=0.52 | 2 | 3 | 3.12 |

or paid caring roles. Although it is easy to transfer into other contexts, access to public work and political power remain gendered, with men being overrepresented in the workforce and political positions.

## Overall care equality policy index

In Table 7.29 we draw together for comparison the total scores for gender equity and policy transferability for the Universal and Partnership Models of childcare and long-term care.

Overall, the Partnership Model of care policy provides the best gender equality outcomes when you take into account the transferability of policies into diverse welfare contexts. However, the Universal Model of childcare policy provides better outcomes for children and women, whereas the Partnership Model of long-term care policy provides better outcomes for women and service users: significantly better.

When looking at 'which policies to adopt', however, policymakers would do best to read the earlier chapters in

**Table 7.28: Measures and scores for anti-androcentralisation in the Partnership Model of long-term care**

| EGEI measure | Average EGEI score | Progress towards equity | Transferability | Total score |
|---|---|---|---|---|
| Equal sharing of paid work | (0.79+0.8)/ 2=0.795 | 2 | 5 | 7.95 |
| Equal sharing of time | (0.58+0.7)/ 2=0.64 | 2 | 5 | 6.4 |
| Equal sharing of power | (0.51+0.53)/ 2=0.52 | 2 | 5 | 5.2 |

**Table 7.29: Gender equity and policy transferability of both models of care policy**

| | |
|---|---|
| Universal Childcare Model | 189.027 |
| Universal Long-term Care Model | 126.018 |
| **Universal Model Total** | **315.045** |
| Partnership Childcare Model | 178.698 |
| Partnership Long-term Care Model | 228.23 |
| **Partnership Model Total** | **406.928** |

this book for a more fine-grained analysis of 'what works well for whom, and why', and consider carefully the ideological, political and pragmatic reasons why they might want to adopt certain policies. If, for example, other outcomes than gender equality are important (for example, those concerning child wellbeing and educational outcomes as well as gender equality in the case of childcare policy; outcomes for disabled and older people as well as gender equality) then they should look carefully at the evidence surrounding those outcomes

as well as gender equality. We have not incorporated these outcomes into this analysis, but they should be subject to the same robust analysis as we have undertaken for gender equality, particularly with regards to the transferability of policies across contexts.

# References

Akgündüz, Y.E. and Plantenga, J. (2015) 'Equal access to high-quality childcare in the Netherlands', in L. Gambaro, K. Stewart and J. Waldfogel (eds) *An Equal Start? Providing Quality Early Education and Care for Disadvantaged Children*, Bristol: Policy Press, pp 101–120.

Alexander, C. and Ignjatovic, D. (2012) 'Early childhood education has widespread and long lasting benefits', *TD Economics Special Report*, https://www.td.com/document/PDF/economics/special/di1112_EarlyChildhoodEducation.pdf

Arnalds, A.A., Eydal, G.B. and Gislason, I.V. (2013) 'Equal rights to paid parental leave and caring fathers: the case of Iceland', *Stjórnmál & Stjórnsýsla*, 9(2): 323–344.

Bianchi, S.M. and Milkie, M.A. (2010) 'Work and family research in the first decade of the 21st century', *Journal of Marriage and Family*, 72: 705–725.

Constitution of Denmark, https://www.thedanishparliament.dk/-/media/pdf/publikationer/english/the_constitutional_act_of_denmark_2013,-d-,pdf.ashx

Constitution of the Republic of Iceland, https://www.government.is/Publications/Legislation/Lex/?newsid=89fc6038-fd28-11e7-9423-005056bc4d74

Constitution of Sweden, https://www.riksdagen.se/globalassets/07.-dokument--lagar/the-constitution-of-sweden-160628.pdf

Craig, L. (2007) *Contemporary Motherhood: The Impact of Children on Adult Time*, Aldershot: Ashgate Publishing.

Craig, L. and Mullan, K. (2011) 'How fathers and mothers share childcare: a cross-national time-diary analysis', *American Sociological Review*, 76(6): 834–861.

Daly, M. and Lewis, J. (2000) 'The concept of social care and the analysis of contemporary welfare states', *British Journal of Sociology*, 51(2): 281–298.

De Henau, J., Himmelweit, S., Łapniewska, Z. and Perrons, D. (2016) 'Investing in the care economy: a gender analysis of employment stimulus in seven OECD countries', *Brussels: International Trade Union Confederation*, https://www.ituc-csi.org/IMG/pdf/care_economy_en.pdf

Dolowitz, D.P. and Marsh, D. (2000) 'Learning from abroad: the role of policy transfer in contemporary policy-making', *Governance*, 13(1): 5–25.

Esping-Andersen, G. (1990) *The Three Worlds of Welfare Capitalism*, Cambridge: Polity Press.

Esping-Andersen, G. (2009) *The Incomplete Revolution: Adapting to Women's New Roles*, Cambridge: Polity Press.

European Commission (2013) *Tackling the Gender Pay Gap in the European Union*, Luxembourg: Publications Office of the European Union.

Eydal, G.B. and Rostgaard, T. (2011) 'Towards a Nordic childcare policy – the political processes and agendas', in I.V. Gislason and G.B. Eydal (eds) *Parental Leave, Childcare and Gender Equality in the Nordic Countries*, Copenhagen: Nordic Council of Ministers, pp 147–172.

Fraser, N. (1997) *Justice Interruptus: Critical Reflections on the Post-Socialist Condition*, New York: Routledge.

Goetschy, J. (1999) 'The European employment strategy: genesis and development', *European Journal of Industrial Relations*, 5(2): 117–137.

Goodman, A. and Gregg, P. (eds) (2010) *Poorer Children's Educational Attainment: How Important are Attitudes and Behaviour?*, York: Joseph Rowntree Foundation.

Gracia, E. and Merlo, J. (2016) 'Intimate partner violence against women and the Nordic paradox', *Social Science and Medicine*, 156: 27–30.

Grootegoed, E. and van Dijk, D. (2012) 'The return of the family? Welfare state retrenchment and client autonomy in long-term care', *Journal of Social Policy*, 41(4): 677–694.

Immerfall, S. and Therborn, G. (eds) (2010) *Handbook of European Societies*, London: Springer.

Joshi, H., Paci, P. and Waldfogel, J. (1999) 'The wages of motherhood: better or worse?', *Cambridge Journal of Economics*, 23(5): 543–564.

Jurczyk, K. and Klinkhart, J. (2014) *Vater, Mutter, Kind? Acht Trends in Familien, die Politik heute kennen sollte*, Gütersloh: Verlag Bertelsmann Stiftung.

Kluve, J. and Tamm, M. (2009) *Now Daddy's Changing Diapers and Mommy's making her Career: Evaluating a Generous Parental Leave Regulation using a Natural Experiment*, Bonn: Forschungsinstitut zur Zukunft der Arbeit (IZA Discussion Paper No. 4500).

Lewis, J. (2009) *Work-Family Balance, Gender and Policy*, Cheltenham and Northampton, MA: Edward Elgar.

Lister, R. (2006) 'Children (but not women) first: New Labour, child welfare and gender', *Critical Social Policy*, 26(2): 315–335.

Mahon, R., Anttonen, A., Bergqvist, C., Brennan, D. and Hobson, B. (2012) 'Convergent care regimes? Childcare arrangements in Australia, Canada, Finland and Sweden', *Journal of European Social Policy*, 22(4): 419–431.

Marlow, S., Hart, M., Levie, J. and Shamsul, M.K. (2012) *Women in Enterprise: A Different Perspective*, Edinburgh: RBS Group, https://strathprints.strath.ac.uk/41940/1/Women_in_Enterprise.pdf

Nicholson-Crotty, S. (2009) 'Politics and management: revisiting the politics/administration dichotomy in order to build a more complete understanding of public management', *Public Performance and Management Review*, 32: 610–617.

NOSOSCO (2009) *Social Protection in the Nordic Countries 2007–2008: Scope, Expenditure and Financing*, Copenhagen: Nordic Social-Statistical Committee.

OECD (2017a) *Childcare Support in OECD Family Database*, http://www.oecd.org/social/family/database.htm

OECD (2017b) *Dare to Share: Germany's Experience Promoting Equal Partnership in Families*, Paris: OECD Publishing, https://doi.org/10.1787/9789264259157-en

ONS (Office for National Statistics) (2015) *Annual Survey of Hours and Earnings (ASHE) 2014 to 2015 – Gender Pay Gap by Employer Size Band*, London: Office for National Statistics.

ONS (Office for National Statistics) (2019a) *Gender Pay Gap in the UK: 2019*, https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/genderpaygapintheuk/2019

ONS (Office for National Statistics) (2019b) *Employee Earnings in the UK: 2019*, https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/annualsurveyofhoursandearnings/2019

Plantenga, J. (2012) 'Local providers and loyal parents: competition and consumer choice in the Dutch childcare market', in E. Lloyd and H. Penn (eds) *Childcare Markets: Can they Deliver an Equitable Service?*, Bristol: Policy Press, pp 63–78.

Plantenga, J., Remery, C., Figueiredo, H. and Smith, M. (2009) 'Towards a European Union Gender Equality Index', *Journal of European Social Policy*, 19(1): 19–33.

Rogers, E. (2003) *Diffusion of Innovations*, New York: Free Press.

Rose, R. (1993) *Lesson-Drawing in Public Policy*, Chatham, NJ: Chatham House Publishers.

RSM McClure Watters (Consulting) (2015) *Independent Review of the Sure Start Programme: Final Report*, https://www.education-ni.gov.uk/sites/default/files/publications/de/final-report-review-of-sure-start.pdf

Sigurðardóttir, S.H. and Kåreholt, I. (2014) 'Informal and formal care of older people in Iceland', *Scandinavian Journal of Caring Sciences*, 28: 802–811.

Sigurðardóttir, S.H., Sundström, G., Malmberg, B. and Ernsth Bravell, M. (2012) 'Needs and care of older people living at home in Iceland', *Scandinavian Journal of Public Health*, 40: 1–9.

Theobald, H. and Kern, K. (2011) 'The introduction of long-term care policy schemes: policy development, policy transfer and policy change', *Policy and Politics*, 39(3): 325–342.

Tomlinson, J. (2011) 'Gender equality and the state: a review of recent EU developments', Special Issue: Bringing the State Back: The State and Human Resource Management, *International Journal of Human Resource Management*, 22(18): 3755–3774.

Tornatzky, L.G. and Klein, K.J. (1982) 'Innovation characteristics and innovation adoption-implementation: a meta-analysis of findings', *IEEE Transactions on Engineering Management*, 29: 28–45.

Wolman, H. (2009) *Policy Transfer: What we Know about What Transfers, How it Happens, and How to do it*, The George Washington University Institute of Public Policy Papers, working paper 038.

WWC (Women and Work Commission) (2006) *Shaping a Fairer Future*, http://webarchive.nationalarchives.gov.uk/20100212235759/http:/www.equalities.gov.uk/pdf/297158_WWC_Report_acc.pdf

# Index


## A

aims of research 13–15
anti-androcentralisation principle
  Partnership Model 48
    childcare 159, 160
    long-term care 144, 145
  Universal Model 31
    childcare 156, 158
    long-term care 159–160, 161
anti-exploitation principle
  Partnership Model 48
    childcare 144, 145
    long-term care 144, 145
  Universal Model 31
    childcare 142–143
    long-term care 143–144
anti-marginalisation principle
  Partnership Model 48
    childcare 155, 157
    long-term care 156, 157
  Universal Model 31
    childcare 153, 154, 158
    long-term care 155, 156
anti-poverty principle
  Partnership Model 48
    of childcare 141, 142
    of long-term care 142, 143
  Universal Model 31
    of childcare 141
    of long-term care 141, 142
attitudes *see* cultural attitudes, views of stakeholders

## C

'care gap', unpaid leave 19
care model fairest to women *see* fairest care model
care policies-gender equality link, stakeholder views 136–137
  care workers' pay and conditions 126–129
  childcare and working mothers 120–125
  formal provision of social care, need for 125–126
  funding and political priorities 130–133
  solutions from Partnership Model 135
  solutions from Universal Model 134
care workers
  overrepresentation of women 56–57
  pay and conditions 88–89, 126–129
  rights of, Universal Model 86
  trade union support 62, 89
  training 61, 87, 127
  valuing of
    Partnership Model 57, 64, 90
    Universal Model 28, 56, 82, 150–151, 155
career breaks, penalty for taking 7–8

Centre on Constitutional Change 13
child poverty
  fundamental drivers of 123–124
  link with women's inequality 124–125
  and mother's poverty and access to work 8, 10
childcare costs and spending, OECD countries 9–10
childcare and gender equality 7–10
  Partnership Model 39–40, 54–55
    and better gender equality 57–58
    and failure to improve gender equality 65–67
    ideas, institutions and actors 62–64
    transferability 72, 74–78
  Universal Model of 54
    and better gender equality 55–57
    failure to improve gender equity 64–65
    ideas, institutions and actors 58–62
    policy transfer 69–72, 73
childcare work *see* care workers
choice, Partnership Model offering 42, 44, 45–46, 63, 66, 82–83, 88
communities
  informal role in Universal Model 23, 33
  significant role in Partnership Model 42–43, 44, 50
comparative policy research 11–12
  methods and finding 12–15
constitutions, formal written 27
  Danish 58–59, 84
  Icelandic 58, 84, 89
  role of gender equality in 111, 114–115
  Swedish 59, 84–85
cost of childcare in OECD countries 9–10
countries for research, method of finding 14
cultural attitudes, views of stakeholders 105–111, 133, 136
  to gender equality and care work 105–109
  to state provision of welfare, childcare and long-term care services 109–111
  to welfare and gender equality, potential to change 112–113

## D

Daly, M., 'family breadwinner' welfare state 36
day care, formal provision
  Partnership Model 49
    Germany 36, 37
    Netherlands 38, 42
  Universal Model 27–28
    Denmark 17–18
    Iceland 18–19
    Sweden 19–20
decision-making power, equal sharing of 5
Denmark, Universal Model of care 17–18
  equal access to work score 60
  equal sharing of money score 56, 60
  equal sharing of time score 55, 59
  % of GDP spent on services 21, 65, 90
  gender equality and the Constitution 58–59, 84
  public provision of childcare 60
  sharing of public political power 59
  workforce in social care and health 87
diffusion of ideas *see* policy transfer
disabled people
  actors in the Universal Model 87
  care for, Iceland 19
  direct payments for, Netherlands 38, 50

## E


early years childcare 8
  lack of universal, impact of 46
  leading into early years education 59
  social and economic returns from investment in 65
educational (under)attainment 4, 8
  and use of day care/preschool 25, 36, 39–40
elderly people *see* older people
elected policymakers, actors in Universal Model 61, 86
equality of respect principle *see* respect equality
'equality versus difference', feminist debate 6
'equity' between genders, Fraser 6–7
  seven principles of 139–140
    care model fairest to women 140–162
    and Partnership Model 47–48
    and Universal Model 30, 31
Esping-Andersen, G., 'corporatist' welfare state 36
European Employment Strategy 3, 4
European Gender Equality Index 4–5, 7, 140
  Nordic states 30, 32
  participation in paid work 56, 82
  sharing of public political power 59, 85


## F


failures
  Partnership Model 90–91
  Universal Model 89–90
fairest care model 139–140
  anti-androcentralisation 156–160
  anti-exploitation 142–146
  anti-marginalisation 153–156
  anti-poverty 141–142
  equality of respect 150–153
  income inequality 146–148
  leisure time equality 138–150
  overall care equality policy index 160–162
family care/carers
  Iceland 19
  Partnership Model 43, 51
  Sweden 20
  Universal Model 23–24, 86–87
Finland 115
flexible working, Netherlands 39, 47, 48
formal social care, need for 125–126
Fraser, N., gender equity 6–7
  seven principles of 139–140
    care model fairest to women 140–162
    and the Partnership Model 47–48
    and the Universal Model 30, 31
funding of services
  stakeholder views 118–120, 130–133
  state provision, Universal Model 22, 32, 55, 84
  through tax and insurance, Partnership Model 43, 47, 51


## G


gender equality
  and childcare 7–10
  and long-term care 10–11
  meaning of 3–7
gender pay gap 5
  Denmark 18
  due to undervaluing of women's work 106, 127–128
  Iceland 19
  'motherhood' penalty contributing to 26
  and occupational segregation 56–57, 82
  smaller in Universal Model 86
gendered division of labour 3–4, 11–12
  cultural attitudes toward 108–109

Partnership Model's ideological support for 66–67, 78
gendered expectations of unpaid care 105–108, 158
*see also* family care/carers
gendered valuations of occupations 129
Germany, Partnership Model of care 36–37
care workers valued more 64, 88–89
cash benefits for women's care labour 37, 49
childcare 36
EGEI scores 41, 57, 58, 63, 83
% of GDP spent on services 41, 74, 75, 99
healthcare, insurance schemes funding 47
long-term care insurance 36–37
market choice 42
private day care 49
governance issues, stakeholder views 136
national and regional/municipal policy 115–118
relationship between the state and providers 118–120
role of gender equality in the constitution 111–115
solutions for dealing with 121


## H


higher-income women
Germany 37
Netherlands 39
Partnership Model benefiting 42, 45–46, 50
home care services
Denmark 18
Iceland 19


## I


Iceland, Universal Model of care 18–19
equal access to work score 60
equal sharing of money score 56, 60
equal sharing of time score 55, 59
% of GDP spent on services 21, 65, 90
gender equality and the Constitution 58, 84
public provision of childcare 60
sharing of public political power 59, 85
ideologies of Partnership Model 62–63, 65–67, 78, 87–89, 91
ideologies of Universal Model
gender equality 58–59, 84–85
link to institutions 60
social citizenship 59–60, 84
universal access to work 60
income inequality principle
Partnership Model 48
of childcare 146–147
of long- term care 147–148
Universal Model 31
of childcare 146
of long-term care 146, 147
individuals, involvement/responsibility of
in Partnership Model 43, 51
in the Universal model 24
infrastructure of care, public investment in 24–25, 65, 89–90, 129
institutional support for Partnership Model 63–64
institutions of Universal Model 60–61
national vs local welfare 85–86
nature of welfare state 85
rights of care workers 86
insurance schemes, Germany 36–37, 47
inter- and intra-generational care 10, 24, 44


## K


key actors, Universal Model 61–62, 86–87
childcare workers 62
disabled and older people 87
elected policymakers 61–62, 86

long-term care workforce 87
potential unpaid/family carers 86–87
working parents 62
kinship networks 44

## L

leisure time equality
Partnership Model 48, 149–150, 151
Universal Model 31, 148–149
Lewis, J., 'family breadwinner' welfare state 36
local authorities
funding issues 118–119, 125, 133
role of 116–117
long-term care and gender equality 10–11, 79–80
Partnership Model of 40, 80–81
and better gender equality 82–84
failure to improve gender equality 90–91
ideas, institutions and actors 87–89
transferability of policy 94, 97–100, 101
Universal Model of 80
and better gender equality 81–82
failure to improve gender equality 89–90
ideas, institutions and actors 84–87
policy transfer 92–94, 95–96, 97
lower-income women
financial incentive to provide family care, Germany 37
market forces creating poverty risk 42, 46
and publicly funded playgroups, Netherlands 38
rational economic choice to provide care, Partnership Model 83–84
underemployment of 28, 36, 46
unpaid care of elderly and disabled relatives, Sweden 20, 32

## M

market provision of formal care services
reduced role in Universal Model 22–23, 33
significant role in Partnership Model 42, 50
maternity leave *see* parental leave
men's earnings 7
men's involvement in caring
gendered stereotypes preventing 106, 107, 108
low-income men not choosing to 83–84
Partnership Model not encouraging 45, 48
to avoid conscription 88
*see also* anti-androcentralisation principle
money, equal sharing of 4–5, 21, 41
Partnership Model 57, 63, 83
Universal Model 56, 60, 82

## N

national vs local eligibility for services, policymaking 116–117
national vs local welfare, Universal Model 85–86
neoliberalism
Partnership Model 63, 87
political culture of UK 78, 97, 110–111
Netherlands, Partnership Model of care 38–39
care work valued more 64, 88–89
EGEI scores 41, 57, 58, 63, 83
% of GDP spent on services 41, 74, 75, 99
long-term care 38, 40, 49–50
market choice 42
private childcare 38, 42, 49

Nordic states
welfare model 20, 22, 30, 73, 97
*see also* Denmark; Iceland; Sweden
norms of care
cultural 28–29, 84, 107, 110
gendered 39, 105, 106–107, 108
social and emotional 12

## O

occupational segregation 5, 7, 30, 56–57, 82
OECD countries
cost of childcare 9–10
older people
actors in the Universal Model 87
attitudes to state provision of long-term care for 109–110
care for, Iceland 19
family support for 87
home-based services, Sweden 20
home care services, Denmark 18
needs of, services not meeting 119
*see also* long-term care

## P

paid work, equal sharing of 4
Partnership Model 41, 57, 63, 83
Universal Model 21, 56, 81–82
parental leave
benefits of shared 25
Germany 36
Iceland 18–19, 28–29, 55–56, 61
Sweden 19–20, 55, 61
Partnership Model of care policy 35–36, 49–51
advantages 44–45
childcare 39–40, 54–55
and better gender equality 57–58
and failure to improve gender equality 65–67
ideas, institutions and actors 62–64
transferability 72, 74–78
drawbacks 45–46
Germany 36–37, 41
linking to gender equality outcomes 135, 136
long-term care 40, 80–81
and better gender equality 82–84
failure to improve gender equality 90–91
ideas, institutions and actors 87–89
transferability of policy 94, 97–100, 101
the Netherlands 38–39, 41
notes of caution 47
progress in achieving gender equity 47–48
role of the state, the market, communities, families and individuals 40–43
transferable features 46–47
paternity leave *see* parental leave
pay and conditions for care workers 126–129
Plantenga, J. 6–7
European Gender Equality Index 4–5, 140
playgroups, publicly funded, Netherlands 38
policy change leading to cultural change, Universal Model 28–29
policy transfer 67–68, 160–161
features of successful 68, 93
Partnership Model 72, 74–76, 98–100
Universal Model 69–71, 95–96
key transferable features
of Partnership Model 46–47
of Universal Model 27–29
mitigating circumstances/ conditions 69, 93
Partnership Model 77–78, 101
Universal Model 72, 73, 97
model to adopt in the UK 72, 76, 78
political priorities, change required 130–133

poverty
  of women
    Partnership Model increasing 36, 46
    Partnership model's aims at reducing 82–83
    Universal Model reducing 25, 28, 30
  *see also* anti-poverty principle; child poverty
pre-primary care, spending on 9–10
private childcare centres, Netherlands 38, 42

## Q

qualifications, Germany and Netherlands
  for childcare 64
  for long-term care 88

## R

regional/municipal policy 115–118
regulatory framework, partnership Model 40–41, 50
respect equality
  Partnership Model 48, 151–153, 154
  Universal Model 31, 150–151

## S

Scotland
  childcare services in 120
  commitment to reducing inequalities 124
  independence referendum (2014) 13, 111
  lack of tax revenue control 118
  long-term care workers 89–90, 127
  stakeholder views 108, 110, 114
shared care/shared work approach, Netherlands 38–39
social capital, communities 43, 44, 50
social care
  funding and political priorities 131, 133
  investment in 129
  need for state provision of 125–126
  overrepresentation of women in 82
  pay and conditions worsening 128–129
  training and regulation 87, 127
social citizenship 59–60, 84, 89
social networks, support provided by 43, 50
stakeholder views 103
  cultural issues 105–111
    attitudes to gender equality and care work 105–109
    attitudes to state intervention in care services 109–111
  governance issues 111–120
    relationship between the state and providers 118–120
    role of gender equality in the constitution 111–115
    role of national and regional/municipal policy 115–118
  linking care policies to gender equality 120–133
    care workers' pay and conditions 126–129
    childcare and working mothers 120–125
    formal social care, need for 125–126
    funding and political priorities 130–133
  methods and data 104
  summary 133–137
the state
  attitudes to state provision of care services 109–111
  relationship with service providers 118–120
  role of in Universal Model 22, 54, 60
  role in Partnership model 35, 40–42, 45, 50, 51, 54–55, 63, 88
Sure Start, UK 8
Sweden, Universal Model of care 19–20
  equal access to work score 60

equal sharing of money score 56, 60
equal sharing of time score 55, 59–60
% of GDP spent on services 21, 65, 90
gender equality and the Constitution 59, 84–85
public provision of childcare 60
sharing of public political power 59, 85

## T

third sector providers 23, 43
time, equal sharing of 5
and equality of respect 150, 152
Iceland 55–56, 59, 61
leisure time 148–150, 151
trade union support
Partnership model 66, 89, 91
Universal Model 61, 62
training
childcare workforce 61
and gendering of occupations 129
long-term care workers 87, 127
two-tier care system, market providing formal care 42, 50

## U

UK
childcare and gender equality 56–57, 58, 59, 64, 65
policy transfer 70–78
comparison with Partnership Model 41
comparison with Universal Model 21
long-term care and gender equality 82, 87, 88–89, 90
policy transfer 94–101
stakeholder views
childcare costs as barrier to work 120–121
gender equality not a political priority 131
increased taxes for better public services 109–110, 131
investment in universal childcare, need for more 130
neoliberal political culture 110–111
underemployment of women, reasons for 7, 28, 36, 46
undervaluing of women's labour 106, 108–109, 127–128
universal caregiver model, Fraser (1997) 4, 6, 139–140
how the Partnership Model measures up to 48
how the Universal Model measures up to 31
Universal Model of care policy 17, 30–33
advantages 24–26
childcare 54
and better gender equality 55–57
failure to improve gender equity 64–65
ideas, institutions and actors 58–62
policy transfer 69–72, 73
drawbacks of 26
linking to gender equality outcomes 133–134
long-term care 80
and better gender equality 81–82
failure to improve gender equality 89–90
ideas, institutions and actors 84–87
policy transfer 92–94, 95–96, 97
Nordic states: Denmark, Iceland and Sweden 17–22
notes of caution 29–30
progress in achieving gender equity 31
role of the state, the market, communities, families and individuals 22–24
transferable features 27–29
unpaid care/carers *see* family care/carers

unpaid and paid work, equal sharing of 5, 6, 55, 77, 140

## V

valuing of care work
  Partnership Model 57, 64, 90
  Universal Model 56, 82, 150–151, 155

## W

welfare state
  as institution for Universal Model 85
  national vs local 85–86
women's labour
  reliance on as carers, Partnership Model 40, 45
  undervaluing of 91, 106, 108–109, 127–128
  valued, Universal Model 28, 150–151, 155
working mothers
  and care policies 120–125
  and childcare costs 120–121
  part-time in Netherlands 38
  and unequal time sharing 55–56

"This book is unique as it is based on international comparative research and it builds an innovative framework for the analysis of gender equality outcomes of childcare and long-term care policies."
*Teppo Kröger, University of Jyväskylä*

"An important contribution to the evidence base on how to improve gender equality in childcare and long-term care. It carefully takes the reader through reform options and assesses which are most applicable in the UK. A useful resource for those looking to shift policy on care towards more a gender equal approach."
*Catherine Needham, University of Birmingham*

"With a comparison of the best childcare and long-term care policies across countries, this book constitutes an excellent guide to face gender inequality and to promote a caring society, some of the biggest challenges of the near future."
*Claude Martin, Université de Rennes*

---

**Kirstein Rummery** is Professor of social policy at the University of Stirling, Senior Fellow of the Centre on Constitutional Change, and Co-Director of the Centre on Gender and Feminist Studies.

**Craig McAngus** was a research fellow at the University of Stirling and fellow of the Centre on Constitutional Change.

**Alcuin Edwards** has worked for over 25 years as a policy officer and advisor to the UK government on health policy and children's policy.

---

EPDF and EPUB available Open Access under CC-BY-NC licence.

Drawing on comparative research from five countries, *What Works in Improving Gender Equality* provides an accessible analysis of what gender equality means and how we can achieve it by adapting best practices in care policies from other countries.

Realistic policy solutions are reached by examining the contexts in which childcare and long-term care policies are developed, and what difficulties might need to be overcome in applying the lessons from different international models.

POLICY PRESS SHORTS POLICY & PRACTICE

Policy Press
PUBLISHING WITH A PURPOSE
@policypress PolicyPress
policy.bristoluniversitypress.co.uk

ISBN 978-1-4473-3048-6