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Dedomestication and childcare policy:

A comparison of care service provisions of fifteen welfare states

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The aim of the paper

The aim of this paper is to develop a new conceptual approach for comparative care research, being influenced by both mainstream welfare state research and feminist theoretisations, and to experiment this approach in comparing childcare service systems of fifteen different welfare states. The paper starts from a brief review of existing perspectives used in the research field and then goes on by taking a close look on the concepts of decommodification and defamilialization before it moves on to draft and apply the conceptual approach of dedomestication.

Conceptual approaches in comparative research on social care

Comparative research on social care systems has partly followed the same lines of development as the mainstream of comparative welfare state research, partly developed in unique directions (Kröger 2001). Traditional comparative analyses of welfare states have focused on social expenditures and social security systems, in particular on the coverage and replacement levels of pension systems and sickness and unemployment benefits. It was exactly these three systems of welfare benefits that also Gøsta Esping-Andersen (1990) chose to be included in his famous dedomestication score, which laid the foundation for his three regimes of welfare capitalism. Ever since, welfare regime thinking has characterised almost all comparative social policy research. Comparative studies made during the last two decades refer almost without an exception to Esping-Andersen's original categorisation

of welfare states, often in a critical tone but nonetheless starting from his regime conceptualisations, adding new regimes, deconstructing old ones or developing alternative criteria for clustering welfare states.

The same is largely true concerning efforts to compare social care policies of different countries. Until the mid-1990s comparative studies of care were mostly limited to national descriptions of either child care or eldercare systems of various countries. Jens Alber (1995) was one of the first to develop a framework of his own for the comparative study of social care services, proposing a set of variables for the mapping of variations, focusing on the modes of regulation, financing, and service delivery as well as on the influence of consumer interests. He also applied his framework to comparing care services for older people in Denmark, the Netherlands and Germany. Alber said that his inspiration came primarily from Rokkan, not from Esping-Andersen, but in any case his approach was clearly carried by the increased interest in comparative analyses and thus linked to Esping-Andersen.

Even more visible is the path to Esping-Andersen in another well-known article by Anneli Anttonen and Jorma Sipilä (1996) where they compared services for both children and older people in a number of European countries, using basic statistical information on coverage rates and showing some discrepancies between their results and Esping-Andersen's three regimes. They were probably the first researchers to speak expressly about 'social care regimes'. Later a number of other European comparisons of care services have been performed by several other welfare state researchers (e.g. Kautto 2002; Rauch 2007; Jensen 2008). In addition to direct service provisions, their analyses have often included welfare state spending on care services. Some texts have been looking simultaneously at both welfare state transfers and services and asked whether these different social policy fields produce different regime categorisations.

Another way to go forward in international comparisons on care has been adopted by feminist researchers, focusing in particular on childcare. Even before Esping-Andersen's book, there were some comparative studies on childcare issues, showing especially the importance of the availability of formal childcare provisions to lone mothers (e.g. Kamerman & Kahn 1981; Borchorst 1990). Furthermore, the launch of *The Three Worlds of Welfare Capitalism* was followed by intensive counter argumentation from a number of feminist scholars. Esping-Andersen's approach was claimed to be gender-blind and one-dimensional, focusing only on 'the men's welfare state', on those welfare benefits that serve men who are already firmly embedded in the full-time labour

market, and disregarding welfare benefits and services that are used and needed by women, in particular by mothers of young children. It was argued that decommodification, freedom from paid labour, is not of primary interest for women – that, on the contrary, women need welfare states to relieve them from family dependencies and get their equal place in the world of paid employment. Esping-Andersen's discussion of Western welfare states was denounced as biased also because it is mainly based on analysing the interrelationship between the state and the labour market, ignoring the third aspect of the welfare triangle, the family, and its relations to the welfare state. (E.g., Anttonen 1990; Langan & Ostner 1991; Lewis 1992; O'Connor 1993; Orloff 1993; Daly 1994.)

A number of new concepts were soon developed to lead a more gender-sensitive comparative analysis of welfare states. Jane Lewis (1992) created her typology of breadwinner models to analyse the position of women in relation to different welfare states. Diane Sainsbury (1996) spoke about 'the maximum private responsibility model' and 'the maximum public responsibility model' in reference to national variations in childcare policies. In connection to labour market participation of lone mothers, Jane Lewis and Barbara Hobson (1997) drafted two ideal types of care regimes ('parent/worker model' vs. 'caregiving model') that have later become modified by others (like Kilkey 2000). Some writers raised the concepts of personal autonomy and independence (of women) as the primary yardsticks in comparing social policies of different nations (O'Connor 1993; Orloff 1993). However, the feminist concept that has received the widest use in comparative welfare research is most probably defamilialization, which was developed by Ruth Lister (1994) expressly as a counter concept to Esping-Andersen's decommodification.

Decommodification and defamilialization: profoundly different, profoundly similar

In order to understand the differences – but also the similarities – between these two de-concepts, it is necessary to look once more at the original content of decommodification. Inspired by Marx and Polanyi who associated the process of human commodification with capitalism, Esping-Andersen (1990, 3, 21-23, 37) presents his concept as the basic criterion for the existence and scope of social rights in a society. According to him, the concept expresses 'the degree to which social policies permit people to make and maintain their living at a socially acceptable level independent of market forces, without having to sell their labour power on the labour market'. Decommodification thus represents the degree that citizens' status as 'pure commodities' is diminished by existing social rights. He emphasizes the word 'degree', he does not presume to find a total eradication of labour as

a commodity in any welfare regime. The focus on the livelihood of people has led Esping-Andersen to concentrate his empirical analysis on financial welfare benefits, in particular on social insurance programmes, which provide citizens with economic opportunities to ‘opt out of work’. According to Esping-Andersen (2000, 353, 357), the concept of decommodification ‘captures one important dimension of freedom and constraint in the everyday life of advanced capitalism’ – by decreasing market dependency, decommodifying social policy ‘creates greater space for individuals to control their lives’.

Operationally Esping-Andersen (1990, 54) took three central social insurance programmes – old-age pensions, sickness benefits and unemployment benefits – and analysed the breadth of each of them with four indicators. For the latter two benefit systems these indicators included replacement rates, number of weeks of employment required prior to qualification, number of waiting days and number of weeks the benefit could be maintained. In the case of old-age pensions, the indicators were slightly different. For each indicator and each of the 18 Western welfare states that Esping-Andersen compared, he gave a value 1 (low), 2 (medium) or 3 (high decommodification). In order to ‘take into account the singular importance of replacement rates for people’s welfare-work choices’, he gave replacement rates extra weight (multiplied them by 2). After this scoring procedure, the values of the four indicators were counted together and weighted by coverage (or take-up) rates. Adding the final scores of the three benefit systems together gave Esping-Andersen the total decommodification score of each individual welfare state – that is, the numerical foundation for putting countries in a ranking order. The ranking list was then cut into three parts, which is how ‘the three worlds of welfare capitalism’ came into being. Since then, the ‘liberal’, ‘conservative-corporatist’ and ‘social democratic’ welfare regimes have got a life of their own and only few remember how they were originally created.

As an index of the generosity and breadth of social insurance schemes, Esping-Andersen’s decommodification score has proved robust. His score has attracted some criticism of the arbitrariness of choice of its indicators, followed with claims that a different choice would have brought different results. Every summary score or index can in principle be questioned on a similar basis but, on the other hand, if all the chosen indicators are relevant, measuring substantial dimensions of the phenomenon under study, then summing them up does not make them any less appropriate. This holds true for the decommodification score as it is evident that all the indicators that are included in it do address features of primary importance for the concerned social insurance systems. Giving each indicator only a rough value (from 1 to 3) also managed to decrease the risks

that are caused by possible limitations of comparability of the original data. The decommodification score has become a firm criterion for evaluating the level of social insurance schemes of a welfare state.

Decommodification and its creator have however become heavily questioned on the issue whether it is these benefit schemes that welfare state research should actually focus on, arguing that the decommodification score may work well as such but that it measures 'wrong' issues. Particularly from a feminist perspective, it is not dependency on the labour market but dependency on the family that has been seen as the primary problem that social policy should solve. Feminist welfare research has brought up that patriarchal family structures cause many women to be economically dependent on their husbands (or fathers or brothers) and the solution is not to be found from decommodification but from the opposite direction, from commodification of women, that is, from welfare states actively supporting women's entrance to the labour force. Instead of 'opting out of work' women need support from social policy to 'opt out of family' and to 'opt in work'. Social rights that guarantee only the opportunity to 'opt out of work' are inadequate in a situation where women are overburdened by family responsibilities and where their inclusion in paid labour meets many obstacles. (Langan & Ostner 1991; O'Connor 1993; Orloff 1993; Borchorst 1994; Bussemaker & van Kersbergen 1994; Daly 1994; Hobson 1994.)

The concept of 'defamilialization' was soon developed to replace decommodification as a more gender-sensitive or woman-friendly benchmark for comparative welfare state research. The formulation of this concept has close relatedness with the one of Esping-Andersen's as defamilialization stands for 'the degree to which individual adults can uphold a socially acceptable standard of living, independently of family relationships, either through paid work or through the social security system' (Lister 1994, 37). Here Esping-Andersen's 'market participation' as the source of dependency has been replaced straightforwardly by 'family relationships'. However, unlike Esping-Andersen, Lister defines her concept to apply solely to individuals and not to families as well. This is consistent with the non-familistic general tone in feminist social policy literature – and certainly it would be hard to imagine how families could be 'independent from family relationships'. All in all, even though her wording is close to the definition of decommodification, the perspective of defamilialization is profoundly different. Esping-Andersen's concept promises freedom from the market to individuals and families, whereas Lister's concept calls for freedom from families to individuals, sponsored not only by welfare states but by the market, as well. The market turns from a source of dependency to a source of independence while the family turns from

a receiver of independence into the source of dependency. While Esping-Andersen was searching for 'politics against the markets', Lister's concept hints about 'politics against the family'. Her view point is not totally opposite to the one of Esping-Andersen – as the welfare state still remains a liberating force; neither decommodification nor defamilialization speak of welfare dependency – but concerning its policy goals, defamilialization seems to be thoroughly incompatible with decommodification.

Lister does not speak of women in her definition of defamilialization, but it is evident that the 'individual adults' in need of 'a socially acceptable standard of living' and independence from families, whom she has in her mind, are not men. In this case it is rather the family that has a male face. When looking for 'independence from family relationships', it is actually independence from male economic domination that is in question. In a consumer society economic independence really is a precondition for equal opportunities. If women do not have opportunities to participate in paid work on equal terms with men and earn their own living, they become dependent on the incomes of male members of their families, usually their male partners. Defamilialization strives to disengage women from this dependence. Paid work and the social security system are the two suggested routes to independence. As an alternative and a substitute for earned income, welfare benefits may free women from dependence on men but only if the benefits are tied to the individual, not to the family (Sainsbury 1996, 36).

Even though defamilialization and decommodification locate the sources of dependency in opposite directions, they also share a lot. It has already been mentioned that both look for solutions from the welfare state – which is not surprising as both writers are social policy scholars – even though for Lister, social policies manifest themselves only as a secondary and supplementary source of freedom, needed only in cases where women do not receive their livelihood from the primary source, that is, from the labour market. However, there is an even more significant parity between the two concepts than just looking towards the welfare state for solutions: in the heart of both decommodification and defamilialization is economic independence. Esping-Andersen is looking for economic independence from the market, Lister from the family, but both aim to promote financial autonomy of citizens. In their concentration on economic independence, the two concepts are identical.

Dedomestication: why another de-concept?

From the perspective of comparative social care research, the problem with both decommodification and defamilialization is that they direct their attention to cash, not to care. For care research, the original difficulty with decommodification was exactly that it so centred on welfare benefit systems that it did not recognise at all the other major part of welfare state policies, those addressing formal social services and informal care. In Anttonen's (1990) terms, decommodification was fully about 'the social insurance state', and thus it could not function as a yardstick for 'the social service state'.

Surprisingly, the same goes to Lister's defamilialization. Even though it is developed as an alternative concept to focus on women's interests from the welfare state, it is (in addition to highlighting the importance of women's labour market participation) via its focus on economic independence likewise centred on social security and income protection, not on care policies. This diminishes its usefulness for research on care and also reduces its applicability on studying women's relations with social policy. Around the same time with the launch of the defamilialization concept, Jet Bussemaker and Kees van Kersberger (1994, 24) warned that although economic independence covers a major part of women's interests, it is not sufficient to cover all of them. A few years later Jane Lewis (1997, 173-174) stated expressly that the search for gender-centered welfare policies is a more complicated business as in addition to women's right to engage in paid work (defamilialization), it is also necessary to consider their right to engage in unpaid work as well as their right to do the opposite, not to perform unpaid work – and that even their right not to engage in paid work (that is, decommodification) needs to be recognised. This comes rather close to Trudie Knijn and Monique Kremer (1997) who around the same time argued that citizens' rights to receive care (in the case of mothers, for their children) need to be supplemented by a right to give care. The income-focused concept of defamilialization is unable to cover neither of these care-related rights and needs.

The comment from Lewis shows also that citizens' right to participate in paid work is not synonymous with their right not to engage in unpaid informal caring. These two issues are certainly connected as (at least full-time) paid work becomes problematic to perform if the same person is also having an extensive informal caring responsibility – though also such combinations do occur in the real life as research on 'working carers' has proved (e.g. Yeandle et al. 2007; Leinonen 2009). In any case, the two issues are not identical and rather they form two individual – though linked –

policy fields. The right not to engage in caring full-timely is usually a precondition, step one, for the realization for the right to participate in paid work.



Figure 1. De/domestication and de/commodification linking the family and the labour market in social policy

Here the concept of ‘dedomestication’ is introduced to stand for the role of social policies in making possible a life outside the domestic sphere. In relation to commodification (and thus, defamilialization), dedomestication is a necessary first step (figure 1). Dedomestication is defined as ‘the degree to which social care policies make it possible for people to participate in society and social life outside their homes and families’. It is suggested that this concept could function as an approach in analysing and comparing the outcomes of care policies of different welfare states. Dedomestication does not represent ‘politics against the family’ – anymore than ‘politics against the markets’ – but ‘politics against an involuntary confinement in the domestic sphere’. The approach is based on the thought that, as a result of taking up extensive informal care responsibilities for children, older or disabled family members or other close persons, the life of the caregiver becomes easily limited to domestic activities. When being the only option available, this process of ‘domestication’ produces harmful social consequences, just like ‘commodification’ does if paid labour remains the only possible way to achieve ‘a socially acceptable standard of living’. ‘Domestication’ makes participation in paid work and, more generally, in social life difficult. The suggestion here is that offering other opportunities for caregivers, that is in practice, taking away a part of their caring responsibilities could be seen as a fundamental policy goal for social care policies and the concept of dedomestication could be seen to encompass such welfare state measures.

Both de-concepts, decommodification and dedomestication, represent the efforts of the welfare state to counterbalance the forceful social processes of commodification and domestication, offering some choice for citizens that are under heavy pressure to be either commodified or domesticated (figure 1). As is well known from the feminist scholarship on ‘separate spheres’, these opposite

tendencies have traditionally very often taken gendered characters, resulting in men becoming commodified ‘within the public sphere’ of work and women becoming domesticated within ‘the private sphere’ of home. The role of social policy is to counterweight such gendered processes of commodification and domestication and to broaden the opportunities of citizens. The citizens need care as well as income and the availability of both needs to be protected by the welfare state. Dedomestication can thus be seen as a field and a goal for social policy as essential as decommodification and, accordingly, it is necessary to evaluate welfare states in both respects.

Some writers have used the term of defamilialization to refer to partly similar issues that are here encapsulated under the term dedomestication. Also Lister (1994, 40) herself perceives the importance of care in this connection – and in her many other writings. Around the same time when Lister introduced her definition of defamilialization, also Eithne McLaughlin and Caroline Glendinning (1994) used the same term but in a different meaning, to represent the degree to which a person can resign from care giving, knowing that that attention is going to be provided by other social agents. As can be immediately seen, this version of the concept, focusing expressly on care, is very different from the one launched by Lister. In research that has been published during the last 15 years, these two competing definitions of defamilialization have often become mixed with each other. For example Esping-Andersen (1999, 51), when replying to the feminist criticism on his decommodification, understands defamilialization to refer to ‘the degree to which households’ welfare and caring responsibilities are relaxed either via welfare provision, or via market provision’. And he is not the only one to put both social security and care policies, and both public and market provision under the concept. Defamilialization has become one of the most regularly used concepts in welfare state research and very rarely authors make any distinction between the two different original meanings of the concept, one focusing on economic independence and the other one on relieving care givers from a part of their care responsibilities. Among others, Dietmar Rauch (2007) uses both meanings but, as he is focusing his study on the social service system, he picks up only ‘the care relief route’ and develops a defamilialization score to measure ‘the capacity of service systems to defamilialize care’. This score is constructed by calculating first a standardised indicator (full-time equivalency) value for each of the involved six countries, both for childcare and elderly care service fields, and then multiplying these values by coverage levels, ending up with ‘FTE coverage levels’.

All in all, McLaughlin and Glendinning’s (and Rauch’s) defamilialization comes significantly closer to the approach of this paper than the one sketched by Lister that focuses solely on economic

independence. In a way this paper is building on their original concept and trying to go further in defining the approach and its methods. Conceptually dedomestication is here preferred to defamilialization as the former tries also to capture the process (domestication) that is inherent in family care and that corresponds with the process of commodification. The double meanings of the defamilialization concept that are both used in the recent welfare state literature, unfortunately often in a mixed way without adequate distinction, also limit its current usefulness as an analytical concept. Furthermore, it is emphasized that dedomestication is explicitly planned to measure only welfare state action, that is public provisions, and even though market provisions may also lessen the ‘domestication’ of care givers, such provisions are not included in the concept.

Data and method

The lack of comparable and reliable data has been the Achilles’ heel of comparative social care research. Even Esping-Andersen (2000, 356) has mentioned that the comparative welfare state literature has been too much focused on income maintenance schemes ‘perhaps because it is much easier to quantify’ than the field of welfare state services. It has proved to be considerably more complicated to construct comparable statistics on the service side of the welfare states as the essential features of services can not be simplified into money or compensation rates like in the case of welfare benefits. Care services are a complex and ever-changing formation of dozens of different kinds of activities that are labelled differently in different countries and that is divided by many administrative and functional boundaries – like the one that is drawn between health care and social care – that are positioned dissimilarly in different societies. Getting this multitude and complexity captured in figures in an internationally standardised way has turned out arduous. Without reliable international data bases, comparative care research has lagged methodologically behind comparative social security research. (Kröger 2001.)

Gradually the situation has been changing, though. From international organisations especially OECD and Eurostat have invested considerable resources in the construction of comparative data that aim to cover care provisions. Childcare in particular has recently become an object for intensive statistics-building, due to its heightened position on the political agenda, being constructed as part of both ‘the social investment state’ and ‘the reconciliation of work and family’ (e.g. OECD 2006 & 2007a). This paper uses childcare statistics that are gathered and harmonised by OECD and included in the OECD Family Database (see, www.oecd.org/els/social/family/database) or in the

publication *Starting Strong II* (OECD 2006). However, it is still necessary to remain cautious about possible flaws in the data. Also OECD is dependent on national authorities and sources and, as the number of involved countries increases, so do also the risks of statistical errors and inconsistent categorisations.

An index that involves several of variables is nevertheless not so vulnerable to an occasional flaw in the data, compared with an approach that uses one single variable to compare welfare states with each other. The potential problems in reliability and comparability of the data are also limited by following Esping-Andersen's procedure of using indicators that each receive only a rough value (from 1 to 3), instead of using the supposititiously exact figures that are given in data bases. As a consequence, smaller inaccuracies that may be hidden in the original data become less harmful.

Also more generally, Esping-Andersen's (1990, 54) operationalisation procedures in the construction of his decommodification score are followed here as closely as possible. Like his score, also the dedomestication index includes four main factors:

- 1) time replacement rate,
- 2) accessibility,
- 3) affordability, and
- 4) acceptability.

These four indicators have been chosen in order to capture the most essential dimensions of care service systems. Time replacement rate is self-evidently the functional equivalent of replacement rate of social security benefits. It refers to the temporal coverage of the concerned care service and is here operationalised as average hours of attendance per week. Like replacement rate in the decommodification score, this indicator is given double weight also in the dedomestication index as it really makes a difference whether the average weekly hours of service use are 17 (like in the Netherlands) or 40 (like in Portugal). Accessibility is understood here as the breadth of universal access to childcare and countries are rated according to whether they offer a right to childcare for all families or not. Affordability is another major factor determining the use and the usefulness of childcare provisions of a country. Affordability is measured here as the proportion of net costs (after child care benefits, tax benefits and other benefits that reduce the costs of childcare services) of family income. Even if families have universal access to full-day childcare services but the user charges are too high for them, the provisions remain worthless. The same goes to the last of the four indicators, to acceptability. Acceptability refers here to the quality of the service. If the quality of

childcare is unacceptably low, families will not use them if they have any other way to organise the care of their children. From many possible yardsticks of quality of childcare, data on child-staff ratios is used here. (For a detailed description of these four indicators and of the procedures how their values were determined, see Appendix and Appendix Table.)

The study compares dedomestication within childcare service provisions for under-3-year-old children in fifteen countries. The selection of countries as well as the selection of the service field is based on the availability of data. The OECD Family Database includes information about childcare services all together from almost 40 countries but only from 15 countries are there data available concerning each of the four chosen indicators plus take-up rates. On the other hand, the data base includes several variables concerning childcare services also for the over-3-year-old age group but unfortunately all necessary factors are not covered in the case of this age group. This is why the analysis is here limited to childcare services offered for the 0-2-year-old age group.

Dedomestication in childcare service systems of fifteen welfare states

All 15 countries that are involved in the study were defined a value for each of the four indicators included in the dedomestication index. The indicators focus on different features of childcare systems and the variation of their values shows how individual welfare states are stronger in some respect and weaker in another (table 1). Concerning time replacement rate, the temporal coverage of the service, Canada, Denmark, Finland, Norway and Portugal are providing the largest service and Australia, Austria, Ireland, the Netherlands and the United Kingdom the most limited service. On the other hand, Australia, Austria, France, Ireland, the Netherlands, Norway, Portugal, the United Kingdom and the United States do not offer a right to a formal care service for under-3-year-old children while Finland is the only among the fifteen welfare states to offer an unlimited access to all families with young children.

In Belgium, Hungary, Norway, Portugal and Sweden childcare services are most affordable, while the other end of the spectrum is represented by Austria, Canada, Ireland, the UK and the US. Concerning the acceptability and quality of care services for under-3-year-old children, measured by the child-staff ratio, the weakest performances come from Austria, Belgium, Canada, Norway and Portugal, whereas there are considerably more staff working with children in formal day-care in Denmark, Finland, Ireland, the Netherlands and the UK.

Table 1. Dedomestication index indicator values, childcare services for under-3-year-old children in 15 countries, ca 2005

	Time replacement rate	Accessibility	Affordability	Acceptability	Sum	Take-up rate
Australia	2	1	2	2	7	25
Austria	2	1	1	1	5	10
Belgium	4	2	3	1	10	42
Canada	6	2	1	1	10	24
Denmark	6	2	2	3	13	70
Finland	6	3	2	3	14	25
France	4	1	2	2	9	43
Hungary	4	2	3	2	11	10
Ireland	2	1	1	3	7	25
Netherlands	2	1	2	3	8	54
Norway	6	1	3	1	11	35
Portugal	6	1	3	1	11	44
Sweden	4	2	3	2	11	44
United Kingdom	2	1	1	3	7	40
United States	6	1	1	2	10	31

Sources: OECD 2006; 2007b; 2007c; 2009.

For the scoring procedure, see Appendix and Appendix Table.

When counting the values of the four indicators together, distinctive variations emerge between the fifteen welfare states. Finland and Denmark receive the highest total value, being very close to the maximum value possible. They are followed by a large group of countries that receive almost identical values with each other including Belgium, Canada, France, Hungary, Norway, Portugal, Sweden and the US. The remaining group of countries rates less well. Australia, Austria, Ireland, the Netherlands and the United Kingdom are the five welfare states that receive the lowest summed values of the four indicators.

However, the summed values do not yet represent the final dedomestication index. Esping-Andersen weighted the values of his indicators with take-up rates and also here the summed value of the four indicators will be multiplied by the coverage rate. Thus, the last factor to influence the final index is the take-up rate of formal day-care services among children who are younger than three years of age. This rate varies significantly among the fifteen countries and, interestingly, this variation is dissimilar with the variation of the four before-mentioned indicators (table 1). Denmark does have the highest take-up rate but it is followed, more surprisingly, by the Netherlands and Portugal. The following Sweden, France and Belgium are less unexpected but the UK that comes next rates here considerably better than with the four previous indicators. Take-up rate in Finland is noticeably low compared to its indicator ratings. Take-up rates in all English-speaking countries are

rather high (24-40 %) while they received only low indicator values. It is very probable that particularly in these countries take-up rates include also private childcare services that were originally planned to be excluded from this study – as dedomestication is trying expressly to evaluate the activity level of the public sector – and this needs to be taken into account when interpreting the results. The lowest take-up rates are situated in Austria and Hungary, whereof Austria also had the lowest indicator values possible. All in all, compared with the four earlier indicators, take-up rates show a largely dissimilar picture about the state of childcare policies within the fifteen studied countries.

Only by putting both parts of the jigsaw puzzle together, the four indicators of childcare policy and the take-up rates, the picture becomes complete. The final dedomestication index organises the countries into a ranking order, condensing all five analysed dimensions into a single figure (table 2).

Table 2. The degree of dedomestication of childcare service provisions for under-3-year-old children in 15 countries, ca 2005

<i>Country</i>	<i>Dedomestication index</i>
Denmark	9.1
Portugal	4.8
Sweden	4.8
Netherlands	4.3
Belgium	4.2
France	3.9
Norway	3.9
Finland	3.5
United States	3.1
United Kingdom	2.8
Canada	2.4
Australia	1.8
Ireland	1.8
Hungary	1.1
Austria	0.5
Mean	3.5

Sources: OECD 2006; 2007b; 2007c; 2009.
For the scoring procedure, see Appendix.

The dedomestication index describes the capacity of social care policies of welfare states to support people's opportunities to participate in society and social life outside their homes and families, in practice by taking over of a part of their care responsibilities. In this case it is parents, above all mothers, of young children whose participation in society – in particular their commodification within the labour market – is made possible by the service provisions. The dedomestication index aims to offer a compact tool for an interpretation of the basic qualities of a multi-dimensional phenomenon, that is, social care service provisions of a welfare state.

The results show Denmark as forming 'a welfare regime of its own', being overwhelmingly superior to any other welfare state in liberating the parents of young children to have a life also outside the walls of the family home. The childcare service provisions of no other country come even close to those of Denmark, having its total index value at 9.1. Looking at the original data this is not such a surprise because Denmark rated extremely well on every dimension and had a much higher take-up rate than any other country. It is nevertheless striking that Denmark's advantage to all other countries proves so wide.

It is a matter of discretion where the boundary lines between other groups of countries are drawn but seven following countries can in any case be said to be close each other, all having their dedomestication index values between 3.1 and 4.8. This 'cluster' includes three Nordic nations, that is, Sweden, Norway and Finland. More unexpectedly, the group also encompasses countries from both Southern Europe and Continental Western Europe. In comparative welfare studies these countries are usually placed in the 'Latin rim' or the 'conservative-corporatist' regimes, which are not supposed to be so active in the building of their formal care services as the 'social democratic regime' countries. On the other hand, a number of earlier comparative studies of social care regimes (e.g. Anttonen & Sipilä 1996) have emphasised that France and Belgium have developed broad formal childcare services that are rather universally available also for the youngest children. It is more unanticipated that also the Netherlands joins now the same group of nations, as it offers predominantly part-time childcare services. Time replacement rate and accessibility of the Dutch childcare provisions are actually very low but the country fares better on affordability and acceptability. It is finally the second highest take-up rate among the 15 countries that in the end elevates the position of the Netherlands in the list.

Portugal is probably an even more unusual suspect to be placed in this group of welfare states, receiving actually the second highest dedomestication index value together with Sweden. Being a

Mediterranean nation whose social policies started their expansion actually only in the 1980s, Portugal's position in the ranking order is an extraordinary achievement. When looking more closely at the indicator values, it can be seen that families do not have a legal right to childcare services in Portugal and also the quality of its day-care services is not high, measured with the child-staff ratio. However, the temporal coverage of formal childcare is the highest of all countries and also the affordability is on a good level. When this is complemented with a take-up rate that is at the same level as those of Sweden, Belgium and France, Portugal's position becomes well-grounded.

All English-speaking countries of the study are situated in the remaining group of countries. Not just the UK and the US but also Canada, Australia and Ireland are placed in the latter part of the list. Dedomestication index values of the US and the UK are not actually much lower than that of Finland, but on the other hand it is probable that their take-up rates include also non-publicly provided and funded childcare services, which means that their index ratings may represent overestimations. On the other hand, North American countries seem to differ from other English-speaking nations in offering full-day coverage, while Australian, British and Irish formal provisions are very part-time. There are also other variations within this group of countries, Ireland for example having a much lower take-up rate than others, but accessibility and affordability of childcare services are low in all English-speaking countries included in the study.

However, the lowest dedomestication scores do not come from within 'the liberal regime' but from Central Europe. Neighbouring countries Austria and Hungary are placed in the bottom when the capacity of welfare states to support (both) parents to participate in the wider society is counted for. Austria received the minimum values for every indicator and its take-up rate was also the lowest, 10 per cent. Hungary shared the lowest take-up rate with Austria but otherwise all of its indicator values were considerably higher. For affordability Hungary even received full points. When its take-up rate stayed so much lower than those of the other countries, the final position of Hungary nevertheless remained second lowest.

Conclusions

Conceptually, this paper has aimed to draft an alternative approach for the comparative study of social care service provisions, being influenced by the concepts of decommodification and

defamilialization. Both mentioned concepts are however focused on economic independence, which reduces remarkably their applicability for the study of care services. As a way forward, the concept of dedomestication was drafted to measure the degree to which social care policies make it possible for people to participate in society outside their homes and families, including the sphere of paid work as well as social life in general. It was argued that such dedomestication is a necessary precondition for making commodification of women (and other people with care responsibilities) and thus their defamilialization/economic independence possible.

Empirically, this paper represents an experiment to follow the procedures through which the decommodification score was around twenty years ago created by Esping-Andersen, trying to apply these to a comparative study of childcare service provisions of different welfare states. Like decommodification, also dedomestication focuses on outputs of welfare states, not on their inputs. Social expenditures spent on childcare services are therefore not included in the index; the focus is instead on trying to measure the different dimensions of the existing childcare service provisions. The evaluation of these different features of formal care services is combined in the analysis in the same way as the decommodification score combined the assessment of the most significant dimensions of social insurance benefit systems. The indicators that were deemed most essential and chosen to be included in the dedomestication index are time replacement rate, accessibility, affordability and acceptability of the childcare services, multiplied in the end by their take-up rates. Combined these factors constitute 'the dedomestication index' that is meant to measure the capacity of welfare states to support people to participate in society by taking over a part of their caring responsibilities.

The operationalisation of these indicators was limited in practice by the availability of comparative international data. For example, the only comparable data that was available on the quality of childcare (and thus, its acceptability) reported child-staff ratios. The data that are used in the study have originally been gathered and harmonised by OECD but, as the numerous footnotes in the original data source publications show, the data still include a number of limitations in its comparability, being collected from various European and national sources. As social care in its complexity and changeability is an extremely challenging field for those who are trying to build international statistical data bases, the current situation with the data remains far from perfect but in any case represents a step forward.

The end result of this empirical experiment is a ranking order of welfare states, based on the level of dedomestication of their formal childcare provisions for under-3-year-old children. It can be questioned if such ranking lists have any theoretical or practical significance. Compared with studies that use a single variable (like the level of social expenditures), the dedomestication index nevertheless tries to cover several non-negligible dimensions of social care provisions and to offer a more comprehensive view of the state of childcare policies in fifteen different welfare states.

This paper does not look at the level of dedomestication among care provisions for over-3-year-old children or for older or disabled people, mostly because comparable international data on the four chosen indicators is not yet available on these care service fields. It is hoped that the situation will be different in the future and it will become possible to compare dedomestication levels also within these areas of care services.

Finally it is necessary to state that this paper does not argue that dedomestication is the only significant policy goal or the only appropriate yardstick for the evaluation of social care systems. The above-mentioned quote from Lewis (1997, 173-174) states expressly that there is no single policy criterion – and thus, no single valid ranking order of welfare states – that is alone sufficient for the comparative study of social policy. From her four-fold approach, dedomestication aims to analyse people's right not to engage in unpaid work, whereas decommodification focuses on the right not to engage in paid work and commodification (e.g. active labour market policy) promotes the right of women and men to participate in paid work. There is still one more policy dimension left, people's right to engage in unpaid work or, in Knijn and Kremer's (1997) terms, the right to give care and to have time for care. Consequently, domestication is a necessary policy goal among others. Social policy measures like parental leave benefits or carers' allowances support the opportunities of people to offer informal care to their close persons within the domestic sphere. Even though such policies may have unwanted gendered consequences and side-effects, in particular weakening women's position in the sphere of paid work, in some life situations domesticating social care policies are requisite.

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Appendix. Procedures how indicator values and the dedomestication index for childcare service provisions for under-3-year-old children were determined.

Indicator 1 (time replacement rate): countries were organised into a ranking order based on average hours of attendance per week, countries 1-5 providing the largest number of hours were given value 3, countries 6-10 were given value 2 and countries 11-15 were given value 1. After this all values were multiplied by 2 (due to the importance of this indicator).

Indicator 2 (accessibility): those countries that offered a legal right to childcare for all under-3-year-old children were given value 3, countries where this right was limited to some age or user groups or to certain regions were given value 2, countries that offered no right for the service were given value 1.

Indicator 3 (affordability): countries were organised into a ranking order based on childcare costs for dual earner and sole parent families (childcare costs as percentages of family net income of dual earner families were added to childcare costs of sole parent families and the sum was divided by 2), countries 1-5 where the cost level was lowest were given value 3, countries 6-10 were given value 2 and countries 11-15 were given value 1.

Indicator 4 (acceptability): countries were organised into a ranking order based on child-staff ratios in formal care provisions for under-3-year-old-children (if staff levels were different for 0-, 1- and 2-year-olds, these were added together and the sum was divided by 3), countries 1-5 having the lowest child-staff ratio were given value 3, countries 6-10 were given value 2 and countries 11-15 were given value 1.

Dedemostication index was counted as the sum of the values of indicators 1-4 multiplied with the take-up rate (and divided by 100).

Appendix Table. Data used in determining indicator values for the dedomestication index for childcare provisions for under-3-year-old children in 15 countries, ca 2005

	Average hours of attendance per week 2006 (time replacement rate)	Right for childcare place 2005 (accessibility)	Childcare cost for dual earner family, % of family net income 2004 (affordability)	Childcare cost for sole parent family, % of family net income 2004 (affordability)	Child-staff ratio in formal childcare, 0-2 year-olds 2005 (acceptability)
Australia	18	no	9.7	6.6	5.0
Austria	23	no	14.9	9.3	8.7
Belgium	30	only over 2.5-y-olds	4.2	3.5	7.0
Canada	32	only in Quebec	22.0	44.5	6.5
Denmark	34	only in 87% of municipalities	7.8	8.5	3.3
Finland	35	yes	7.2	4.1	4.0
France	30	no	11.3	8.8	5.0
Hungary		only working parents of over 0.5-y-olds	6.5	0.0	6.0
Ireland	25	no	29.2	51.7	4.0
Netherlands	17	no	11.5	3.0	4.3
Norway	31	no	7.7	-5.8	8.0
Portugal	40	no	4.2	2.0	11.0
Sweden		only working/ studying parents of over 1-y-olds	6.2	4.8	5.5
United Kingdom	18	no	32.7	14.4	3.3
United States	31	no	19.4	6.2	5.0
Mean	28	..	13.0	10.8	5.8

Sources: OECD 2006; 2007b; 2007c; 2009.