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Can we identify intergenerational policy regimes in Europe?*

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Abstract

This paper examines whether specific patterns of institutionally regulated downward (toward children) and upward (toward the old) intergenerational obligations with regard to care and financial support may be detected, identifying specific country profiles and clusters of countries in Europe. Based on the threefold conceptualization of familialism by default, supported familialism and de-familization and on a complex set of indicators, it presents how the various countries, through their policies, allocate intergenerational responsibilities between families and the state, with an attention also for their gender impact. It includes all 27 EU countries, offering for the first time a comparative overview of a diversified set of policies with regard to both children and the old. It concludes that, while specific policy profiles emerge with regard to the two sets of obligations, they do not always coincide. Furthermore, contrary to a widespread opinion, supported familialism and defamilization are not always opposite policy approaches. In some country, they are rather part of an integrated approach to public support of intergenerational obligations. Also the gender impact of supported familialism may be different and even opposite, depending on the specific instrument. Finally, once the road of over simplification is excluded, only one statistically sound cluster of countries emerges. It is however possible to detect groups of countries which are similar. They only partly overlap with prevalent welfare regime types.

Key words: intergenerational obligations, intergenerational regimes, social policies, care, transfers, gender

1. Premise

In this article, we examine how social policies and civil law regulate the division of public and family caring and financial responsibilities towards the very young and the old in the 27 European Union countries. Our work develops the pioneer one by Anttonen and Sipilä (1996) in three directions. It includes all present EU countries. It distinguishes between levels and modes of coverage. Combining Anttonen and Sipilä's approach with that of Millar and Warman's (1996) concerning family obligations, it considers not only policies, but also civil law regulations.

In the following, we first present our conceptual framework, followed by the description of indicators and method. We then present and discuss our results, separately for downward and upward obligations. In the conclusion, we argue that although only "weak" intergenerational regime types may be identified, our conceptual framework allows to detect important cross country as well as intra-country differences.

2 A conceptual framework to identify institutional patterns of intergenerational obligation

The existence of a "welfare mix" is obvious when intergenerational relations are involved. Intergenerational responsibilities are, in fact, shaped and implemented in the interplay between collective and private forms of provision, both for care and financial support (Lewis 1998, Anttonen et al 2003). In order to understand the division of intergenerational responsibilities between the state and the family, elaborating on Korpi's (2000), Leitner's (2002), Leitner and Lessenich's (2007) and Saraceno's (2004) conceptual framework, we propose to distinguish four different patterns along the familialism/de-familization continuum. 1) *Familialism by default*, or unsupported familialism, when there are neither publicly provided alternatives to nor financial support for family care. It can be implicit, but also explicit, as in the case of financial obligations within the generational chain and kinship networks prescribed by law. 2) *Supported familialism*, when policies, usually through financial transfers - including taxation and paid leaves - support (specific) family members in keeping up their financial and caring

responsibilities. 3) *De-familization*, when individualization of social rights (e.g. with regard to minimum income provision, or entitlement to higher education, or to receiving care) reduces family responsibilities and dependencies. There may be also a fourth variant, offering an option between supported familialism and de-familization.. But it is a rare case.

In principle, de-familization may occur through both state, or state financed, and market provisions. The two ways to de-familization, however, have not the same conceptual status, not only from the point of view of social justice, but also from that of the role assigned to the family. Recourse to the market of services is inevitably mediated by family resources. De-familization *via* market may be the result both of familialism by default and of supported familialism. De-familization may occur also through volunteer and third sector intervention. In many countries, they are an important part of the overall welfare mix. If they are formally integrated into public policies, as it happens for instance for care services provided within the long term care insurance in Germany, we include them in the system of public provision. Otherwise, we consider them as intervening in the area left to familialism by default.

It is important to clarify that de-familization, particularly in the case of children, is never total. Furthermore, meanings and extent of acceptable de-familization in the case of young children and of old persons may differ. Finally, as many studies have documented, de-familization is not in contrast with family and intergenerational feelings of responsibility and solidarity (e. g. Künemund and Rein 1999, Künemund 2008, Keck 2008).

In general, the higher familialism by default, the higher are not only family intergenerational responsibilities, but also their gender specificity, with women prevalently responsible for care and men for financial support. To a lesser degree, this also may happen with supported familialism (see also Korpi 2000), in so far, given prevalent gender scripts and division of labour, women rather than men are more likely to take advantage of leaves and of different payments for care. Supported familialism, however, may on the contrary offer incentives for rebalancing gender responsibilities in child care. It is the case when fathers are encouraged to take parental leave by reserving a quota of leave time for them.

3 Indicators and method

In order to operationalize our conceptual framework, we consider the following dimensions: a) to what degree and in what circumstances parents have full responsibility for the cost of children as consumers of goods and to what degree and in what circumstances part of this responsibility is taken up by the state through public transfers; b) to what degree mothers and fathers have full responsibility to provide directly or indirectly child care for pre-school children and to what degree and in which form (supported familialism or services) part of this responsibility is taken up directly or indirectly by the state; c) to what degree the elderly are entitled to a minimum pension irrespective of their work history or on the contrary their financial support, in case of need, is more or less explicitly their children's responsibility; d) to what degree (non health) care needs of older people are left to their own and family's (spouses' and children's) resources and to what degree and by what means (services or payments for care) responsibility for them is taken up by the state.

The indicators¹ we have selected for the first dimension are child allowances and child-related tax allowances. We have also considered the age at which legal parental financial obligations end. For the second dimension, we have selected duration and level of compensation respectively of maternity and parental leaves, whether fathers are encouraged to take parental leave and in what form, as well as childcare coverage through services respectively for children under three and children three to six. For the third dimension, we have considered the presence and conditions of a minimum non contributory pension and the level of income it grants, as well as the presence of legal financial obligations of children towards their parents. Finally, for the fourth dimension, we have considered the coverage (in reference to the total elderly population) offered by residential and home care services. We have also considered whether there are care allowances for family carers and how they are regulated, in order to be able to distinguish between forms of supported or optional familialism and forms of de-familization or

¹ Data for the indicators have been collected through a variety of comparative and national sources, in many cases also with the help of national informants. [REDACTED]

supported commodification. Unfortunately, however, information on this last indicator is not sufficiently robust in a comparative perspective.

Given the complexity and heterogeneity of the relevant indicators, and their not easy comparability,² we decided not to use synthetic indexes. Although such indexes provide easy to read figures, in most cases they hide the underlying complexity and tend to oversimplify the data, without providing reliable and robust measures (see Scruggs and Allan 2008, Atkinson et al. 2002). We keep, therefore, each indicator distinct and consider separately the provisions and obligations towards children and towards the elderly. Subsequently, we verify whether within country patterns of support along the familialism-defamilization continuum are similar or on the contrary different for the two directions of obligations.

In order to verify whether countries might be grouped in clear clusters on the basis of their overall policy approach, we implemented both cluster analysis and qualitative comparative analysis (QCA), based on the fuzzy set approach (Ragin 2000). Running several variants of cluster analysis, however, we found only one robust country cluster. The fuzzy set analysis resulted very sensitive to the definition of the turning point of 0.5, at which an observation is more in or out of the set of characteristics. A large number of countries resulted separated into different configurations, although they are very similar. Moreover, fuzzy set configurations allow only a dichotomous split of the observations into insiders and outsiders of the set characteristics. Considering that, for most of the indicators we used, a large share of the countries are located around the cross countries mean, the result is an agglomeration of cases into few configurations, depending on whether the high proportion of observations dispersed around the mean value is ascribed to the set or not. For these reasons, we do not present the results of these analyses here. Rather, we present the country specific intergenerational policy profiles which emerge in responsibilities respectively towards children and towards the elderly and in their combination. Although partial cross country similarities may be detected, we avoid forcing them in actual clusters, distinguished by clear cut regime types.

Countries are ranked according to the relative distribution of the indicators for all countries. The ranking of a country as low, medium or high in a particular dimension is

² On the “dependent variable problem” in comparative research see e.g. Clasen and Siegel 2007.

based on the mean and the standard deviation (STD) of the respective indicator. “Low” means that the country figure is lower than 0.5 STD below the mean. “Medium” means that the country figure is between 0.5 STD below and 0.5 STD above the mean. “High” means that the country rate is higher than 0.5 STD above the mean. Indicators on financial benefits are always related to the average net earnings in the country.

4 Responsibilities towards children

Responsibilities towards children concern both caring and financial needs. Care may be provided to children in pre-school age by the family with no kind of public support (familialism by default), by the family with financial support, as in the case of maternity and parental leaves (supported familialism), or partly by the family and partly by publicly supported services (partial de-familization). These different forms may also be in sequence, depending on the children’s age.

Three aspects of maternity and parental leaves are relevant for our analysis: duration, level of income replacement and whether fathers are entitled to it and in what form (e.g. whether there is a “take it or leave it” reserved quota or other specific incentives).³ Length of leave and income replacement are two quite distinct dimensions. In order to assess the degree to which family care is actively supported through public resources, following Plantenga et al. (2007), we construct an indicator of “effective parental leave”: the length of paid maternity and parental leave in weeks is weighted by the income replacement rate (measured in relation to the average net wage).⁴ In all countries, leaves concern only officially working parents. In some country, there may be a flat rate means-tested measure targeted to non working mothers in low income households for a period equivalent to the duration of maternity leave.

In order to measure the degree of de-familialization through the provision of services, we take the coverage rates respectively for children aged under three and three up to six

³ We consider only fathers’ entitlement to parental leave, not the few days of paternity leave that in many countries fathers may take soon after child birth

⁴ Differently from Plantenga et al. (2007), we have chosen the average and not the minimum wage, as offering a more realistic approximation of the actual compensation rate.

years.⁵ We translate them into a time measure by calculating the number of weeks each child in the respective age bracket might attend a (publicly supported) child care facility based on the available places.

Figure 1 presents the time covered by each of these three policy measures and the remaining un- or under-supported time left to what we define familialism by default. Countries are ranked according to their overall child care support for children younger than 3 – through supported familialism or de-familization. Not surprisingly, since we are considering children up to school age, what makes the largest difference in overall coverage is the degree of de-familialization, not that of supported familialism. Even in the countries with the longest effective parental leave, in fact, this covers less than three years.

Insert figure 1 about here, full page

Three groups may be distinguished. First, a group of countries with high de-familization through public child care services. It includes the Scandinavian countries, as well as Belgium and France. With the exception of Belgium, these countries have also a substantial - around one year – period of supported familialism through paid parental leave. Belgium, Norway and Sweden reserve a quota of parental leave for each partner, thus providing incentives for fathers to take over caring responsibilities if parents wish to take full advantage of the available paid leave time. In this perspective, we may speak of supported familialisation for both fathers and mothers. In Denmark and France, there is no reserved quota.

The second group of countries is characterised by long and generously paid parental leaves. This group comprises only countries from Central and Eastern Europe: Estonia, Czech Republic, Hungary, Lithuania and Bulgaria, with the first three having the longest effective leave. In all these countries, there is no quota of parental leave reserved for fathers, thus no encouragement for a rebalancing of gender responsibilities in child care.

⁵ Statistics on child care provisions should be interpreted with caution (Eurostat 2004). Coverage rates may depend on the types of care provision which are considered in a given source. Also, the distinction between market and public (or publicly financed) services is not always clear in the sources and sometimes also difficult to detect in practice.

In some of these countries, also another relative can take the leave instead of the parent, accentuating the supported familialism aspect of this policy approach. Childcare coverage for children under three is overall low in Bulgaria, Czech Republic and Lithuania and moderate in the other two countries. Finland is a special case, somewhat located between these two groups. In addition to the parental leave, there is also (as in Norway) the option of a child rearing benefit, which is paid to parents who decide to stay home until their child is three. At the same time, there is a legal right to a child care place as soon as the child is 10 months old. Hence, Finland might seem to offer an option between supported familialism and de-familization, as suggested indirectly by Anttonen et al. (2003) and Gilbert (2008). Child care coverage for both toddlers and children aged three to six, however, is low to moderate. And the child rearing benefit is nearer the social assistance benefit than to the average wage. Both actual choice and financial support seem to be limited. Furthermore, there is no specific incentive for fathers to take part of the leave.

The third group of countries is characterised by low public support in any form, in particular for children under three. They are, therefore, characterized by a high degree of familialism by default. This group is highly heterogeneous, including countries, such as Greece Poland and Portugal which have low coverage rates for children both under and above three, and countries, such as Cyprus, Italy, the Netherlands, and Spain, which have almost universal child care provision starting from the age of three. Ireland is also near to this group, with a high degree of familialism by default with regard to care for the very young and medium range child care coverage for the 3 to 6 year old. In this group of countries, only in Italy and Portugal there is an incentive for fathers to take part of the leave; but the low level of compensation acts as a disincentive.

The last group comprises Austria, Germany, Latvia, Luxembourg, Slovakia, Slovenia and United Kingdom. These countries have a medium coverage in some form for children under three and, with the exception of Slovakia, also medium public childcare provision for children aged three to six. In Germany and Luxembourg a quota of the leave is reserved for fathers.

Child related income transfers may be interpreted as a form of supported familialism, helping parents in their role as income providers. In most, but not all, European countries, these benefits are granted to all families with young children independent of the

household income. Within the variety of benefits, tax allowances and credits for families with children (Bradshaw 2006), we consider only periodical, child-linked cash transfers and tax allowances. Both in taxation and in child benefits, different criteria may be used to take account of the number and age of children, as well as of different household types (e.g. dual parent and lone parent households). For the sake of comparison, we have calculated, on the basis of the Euromod tax benefit model published by Eurostat, the additional disposable income provided by the combination of direct child benefits and tax allowances for a dual parent household with two young children having an income of 133 percent (100+33) of national average income, compared to a couple with the same income but without children (Fig. 2). We are aware that the picture we present here is a snapshot focusing on a standard family type. Individual countries may be more generous towards large households or lone parent households.⁶

Insert figure 2 about here, half page

Cross countries variation in financial support is smaller than income support during maternity and parental leave. At the lower end of financial support there are both countries which provide income tested or categorical support – as Cyprus, Greece Spain and Poland – and countries with universal schemes but with low levels of support, such as Malta and the Netherlands.

At the opposite end, Luxembourg stands out as the most generous, followed by Hungary, Austria, Hungary, Bulgaria, the Czech Republic, Belgium, Slovakia, Germany, and Estonia.

In fourteen countries – Bulgaria, Czech Republic, Estonia, Finland, France, Hungary, Ireland, Latvia, Malta, the Netherlands, Portugal, Slovenia, Sweden, the United Kingdom- there is a maximum age above which parents have no longer any legal obligation to provide for their children. This age is usually 18; but in most of these countries it can be raised in case the child is still in education. In the remaining

⁶ Bradshaw (2006) and Fagnani and Math (2008) have calculated the support received by 16 different kinds of households, differentiated by composition, income level, number of earners and so for, for a limited number of – Western European – countries.

countries,⁷ obligations persist until the child reaches economic independence (European Judicial Network 2009 and national informants)

If we look at the overall support provided to families with children, it is apparent that all countries offer a combination of supported familialism and de-familization. Yet, both the combination and the intensity of these two forms differ, shaping different patterns of family intergenerational obligations. Denmark, France, Sweden and Norway offer high to medium support *via* both de-familization and supported familialism. Belgium differs from these countries, since it offers low support to parental care for infant children. Bulgaria, Czech Republic, Estonia, Hungary and Slovakia have high levels of supported familisation, and low to medium levels of de-familization. In Estonia, Latvia and Slovenia there is medium level of de-familization of care. In the remaining countries, the space left to familialism by default at all levels is greater, although with internal variations. They comprise all Mediterranean countries as well as Poland, the Netherlands and Ireland. Austria, Finland, Germany, Luxembourg, and United Kingdom rank in a middle position in almost all dimensions.

5 Responsibilities towards the old

Responsibilities towards the elderly may concern conditions of physical or mental dependency, or insufficient income. Public policies may allocate to the state all or part of these responsibilities. They may also explicitly prescribe family obligations in this field, in the form of the definition of “obliged kin”.

With regard to (non health) care policy, in principle three important dimensions should be considered for our purposes. The first is whether (non health) support is income tested or universal. The second is the threshold of dependency above which one is entitled to receive support. The third is how much of the individual need is covered. These dimensions define who is entitled and under what conditions, and what is left to his/her own and family resources. They can, therefore, be used as a first indicator of the degree of de-familization versus familialism by default. Two other important dimensions of program design must be added: whether support is offered in kind or in money or a combination of the two (see also Jensen 2008); and, in case it is offered in money,

⁷ Data on Cyprus are missing.

whether there are specific rules on how it should be spent. These two further dimensions allow distinguishing between de-familization via publicly provided services, de-familization via market services supported by public money and supported familialism. Unfortunately, no sound comparative data exist all these dimensions. Fig. 3, based on existing comparative sources integrated with national sources, often through the help of informants, gives only a very general idea of diversities in the degree as well the composition of public effort in care provision. Furthermore, coverage rates of care services for older people cannot be calculated as clearly as in the case of childcare provision. When and if an old person needs care or financial support depends on his/her personal, gendered and cohort specific biography, not on having reached a specific age. Only the Nordic countries and the Netherlands have comparatively high levels of both residential and home care, with Denmark and Norway being clearly outliers in the degree of de-familization, followed at a great distance by the Netherlands, Sweden, Finland, Belgium and France. Among the other countries, Estonia⁸, Austria, Malta and the UK stand out for comparatively high home care coverage, followed by Germany, the Czech Republic and Portugal. In most of the Central and Eastern European EU member states, but also in Greece, Italy and Spain, coverage is minimal and therefore the degree of familialism by default is high. Missing, unfortunately, is information on the intensity of care provided by these services, particularly in the case of home services. We agree with Rauch (2007) that this information would be necessary to assess the actual degree of de-familization, as in the case of child care. Yet, in order to have this information, detailed studies of each country would be necessary, grasping the complexity of rules which not only vary across countries and even regions or municipalities, but also vary with the degree of dependence. Existing studies, including OECD 2005 and Rauch (2007) as well as our national informants suggest that, considering only home care, intensity is comparatively high in the Scandinavian countries, Finland, and the Netherlands, low to very low in most other countries.

Insert figure 3 about here, half page

⁸ The Estonian figure on home based care, provided by our national informants, seems to be very high compared to all other Centra and Eastern European Countries.

Cash for care allowances are present in several countries, although under different conditions. In some case, they are meant to substitute services, in others to pay for services of own choice. Or, as in the case of Germany, an option may be given between receiving cash or services. Allowances may be more or less generous, flat rate or varying with the degree of dependence. In most countries, they are paid to the care dependent person, but in some (e.g. the UK) they are paid directly to the family carer (see e.g. Pavolini and Ranci 2007, Timonen, Convery and Cahill 2006, Ungerson 2004). Looking at fig 3 and tab. 1 together, it seems that cash for care allowances bounded to buying care favour the development of home services more than those which are of free use. Since not all the necessary details concerning the different features of care allowances are available for all countries, we cannot really evaluate their impact and their status in the familialism-de-familization continuum. Generally, unbounded cash for care may result both in supported familialism and in unregulated marketization, as in the case of the migrant market of care in Italy.

<i>Insert table 1 about here, quarter page</i>
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Differently from child allowances, we consider public financial support for pensioners a form of de-familization, in so far it is aimed at granting the old financial autonomy. Specific minimum income provisions for the old exist in all EU countries, including those where children have a legal obligation to provide financially for their parents in case of need. This obligation exists in the majority of the countries considered. It does not exist in Bulgaria, the Czech Republic, Denmark, Estonia, Finland, Hungary, Ireland, Norway Sweden, the Netherlands and the UK (European Judicial Network 2009 and national informants).⁹ Apparently, however, this obligation intervenes only on top the minimum pension provision and it is mostly called upon when at issue is the payment of care services.

Minimum old age pensions may be part of a universal basic pension provision, as in Denmark, or be a social assistance measure. The distribution by level of generosity (fig 3)

⁹ Data for Cyprus is missing.

is quite different from that found in the case of child allowances, and in several cases even the opposite. Malta and the Netherland provide low financial support for children but offer a generous minimum security in old age. In Estonia, Germany and Hungary the image is reversed: low minimum pensions contrast high public transfer for children. None of the Central and Eastern EU member states provides high financial support for the old; and only the Czech Republic, Slovakia and Slovenia rank in a middle position. In the Nordic countries, Denmark and Sweden provide high and Finland low minimum pension benefits. As in the case of children, some of the poorer countries provide a better coverage than some of the richer ones. Countries, however, differ in the incidence of the old needing a minimum pension, as well as in the incidence of poverty among the old.

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6 Conclusion: country specific intergenerational policy regimes, but no clear country clusters.

We have explored how public policies and legal frameworks shape intergenerational responsibilities between the state and the family and whether specific intergenerational regimes may be identified along three dimensions: familialism by default, supported familialism and de-familization. Due to a different availability of adequate comparable indicators, however, we have been able to assess the degree of supported familialism more precisely for obligations toward children than towards the old.

In all countries, a combination of the three policy approaches is present with regard to both downward and upward obligations. But there is substantial variation not only across countries, but across areas of need and kind of obligations, as shown in the Synopses in figure 5 and 6. Very few countries show a similar approach in both downward and upward obligations and across care and financial support. Thus, at the individual country level, policy regimes are mostly mixed and in some case located at the opposite side of the familialism/de-familization spectrum, depending on whether children or the elderly

are involved. And few countries may be grouped together as having similar approaches across all, or most dimensions.

The absence of an overarching intra-country policy approach in most of the countries is not surprising, for at least two reasons. First, children and the elderly have a different legal and social status. Individualisation of entitlements is greater for the latter than for the former. Furthermore, young children may not be totally and not even largely de-familialized without depriving them of the possibility to develop meaningful and loving relationships. Second, different policy instruments belong often to different policy settings and depend from different institutional actors. In addition, the various policy instruments were introduced at quite different points in time.

These different factors explain why it is difficult to detect both fully coherent policy profiles and robust country clusters identified by similar policy approaches. It is, however, possible to identify similarities, as shown in figure 5 and 6. These display the distribution of countries respectively along three dimensions concerning obligations towards children (leaves, childcare coverage for children under three and child related income transfers)¹⁰ and two dimensions concerning obligations towards the older people (minimum pension and care services). This distribution only very partly overlaps with prevalent welfare regime types.

A clear group (the only one which can be identified robustly through cluster analysis) comprises the Scandinavian countries plus France. It is characterized by a high degree of de-familialization with regard to both sets of obligations, but also, in the case of young children, of supported familialism. Belgium differs from this group because its supported familialism in presence of children is skewed towards financial support rather than parental leave. In the Scandinavian countries, de-familization is also inscribed in civil law, in so far legal obligations to support are restricted to parents of underage children only.

¹⁰ For the sake of simplicity, we excluded services for children above three, because cross countries differences in this field are less relevant. In the case of the elderly, we considered only institutional care because too many countries had missing information on home care. We know, however, that there is usually a strong positive correlation between the two. The only strong exception is Estonia. We also had to exclude cash for care for the above mentioned limitation of the available information. Notwithstanding this simplification of indicators, not all countries can be included in both charts because of missing information.

An opposite group of countries is characterized by a high degree of familialism by default with regard to both obligations. It comprises Poland, Italy, Spain, Greece and Bulgaria. Latvia and Slovakia are also near to this profile, although they are more generous in one or another dimension. Portugal is an outlier in this group, due to the higher level of defamilization for the old. All these countries have also a cash for care measure for the old, with no limitation in its use (a form of implicit supported familialism)

Hungary and the Czech Republic, followed by Estonia, have the highest degree of supported familialism through both leaves and transfers in the case of children. But in the case of the old, they are nearer to the familialism by default approach. In the case of Estonia and the Czech republic, however, respectively the relatively high coverage through home care and the presence of cash for care bounded to hiring a carer point to a de-familization trend in the case of the old. Austria the Netherlands, Ireland and Luxembourg are in the de-familization quadrant with regard to the old, but in the familialism by default one with regard to children, although Austria and Ireland provide generous child transfers. Germany and the UK are just outside the familialism by default quadrant in both sets of obligations, with Germany characterized by a higher degree of supported familisation for children (and partly the old), the UK by a higher degree of de-familization in both cases.

Insert figure 5 about here, half page

Insert figure 6 about here, half page

From this complex picture, some indication emerge on how intergenerational obligations are framed in the European countries. First, with regard to small children, there seems to be a convergence towards a shared responsibility through a mixture of supported familialism (leaves and child benefits) and partial de-familization. Distinctions concern length of parental leaves, as well as incentives to fathers to take part of them: that is, duration and gender specificity of supported familialism in the area of child care and, symmetrically, degree of (partial) de-familization for very young children. Interestingly, the countries with the longest leaves do not offer any encouragement to fathers to take it,

thus de facto encouraging a feminization of child care responsibilities which is very similar to that implicit in familialism by default. Second, care needs of the old seem to be overall less acknowledged as a public responsibility than those of children. At the same time, financial autonomy is less universally granted to the old than one might expect. Furthermore, also family care is less clearly supported in their case. In particular, the leave instrument, which is the cornerstone of supported familialism in the case of children, in the case of care for an old relative is present in only few countries – Austria, Belgium, Germany and Italy - and it is mostly unpaid. The relative higher individualization of the old and of their social entitlements may paradoxically result in a lower acknowledgement not only of their care needs, as it is indicated by the high number of countries with very little care provision, but also of the care performed by family members.

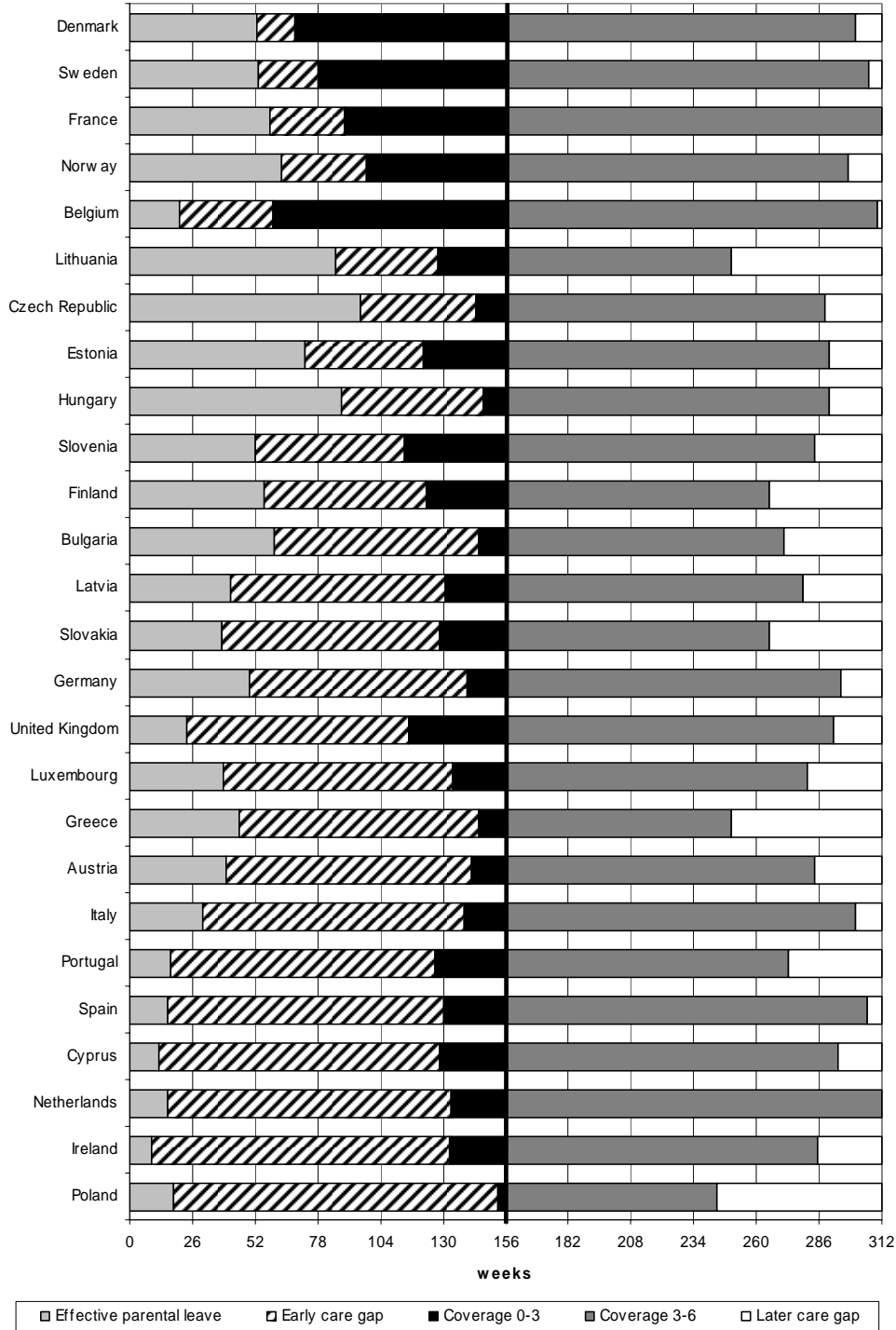
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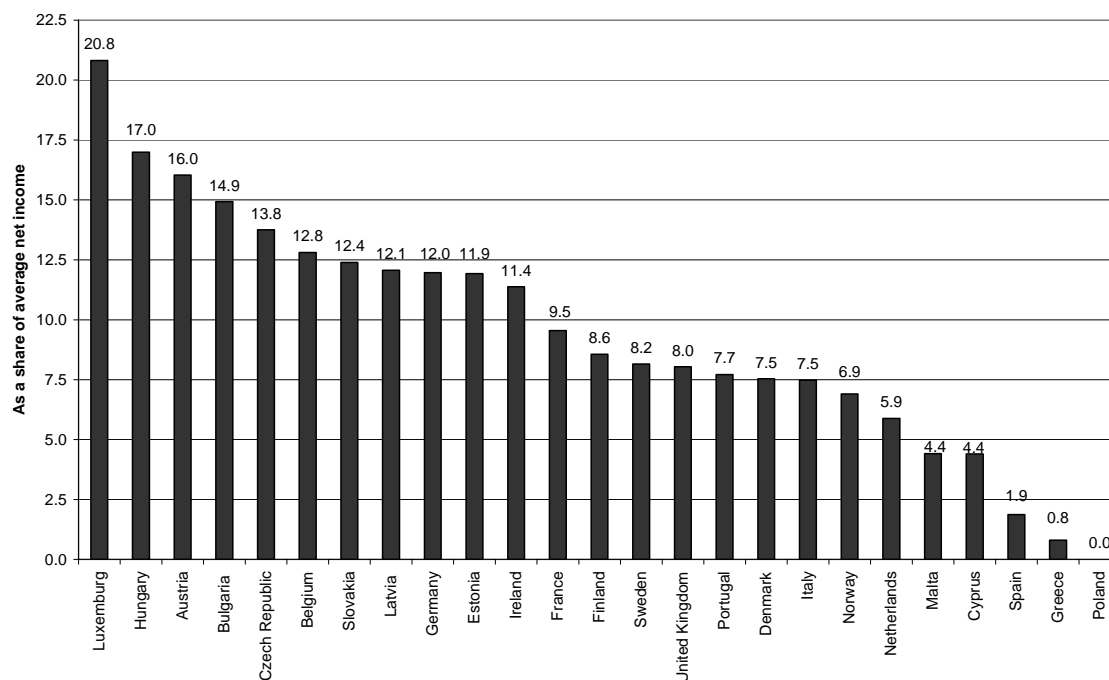
Figures:

Figure 1: Distribution of caring responsibilities toward children up to the age of six



Sources: Various. See Saraceno and Keck 2008. Malta and Romania are not included because data on childcare for the under three are missing. Malta has a short and Romania a medium effective parental leave. And both have low child care coverage for children above three.

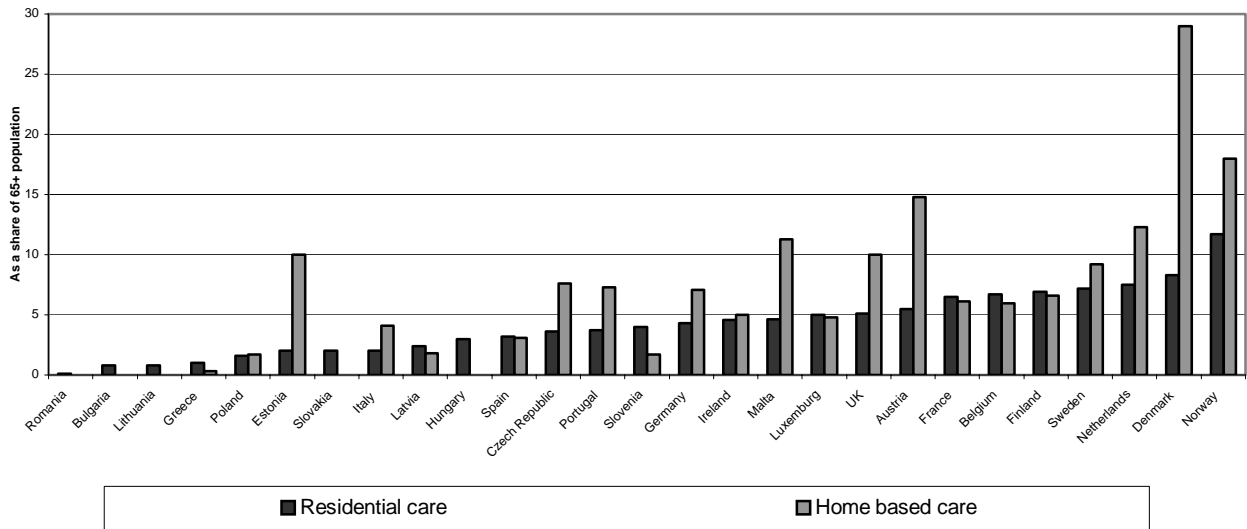
Figure 2: Public financial support for a couple with two children, by country



Note: The amount of support is calculated as the sum of tax allowances and transfers a couple with two children receives compared to a couple without children. Both couples have the same income of 133 per cent of the average income. Data for Romania and Slovenia are missing. We did not consider Lithuania due to inconsistency in data. It should be considered that in Italy only wage workers may receive it, on the basis of an income test.

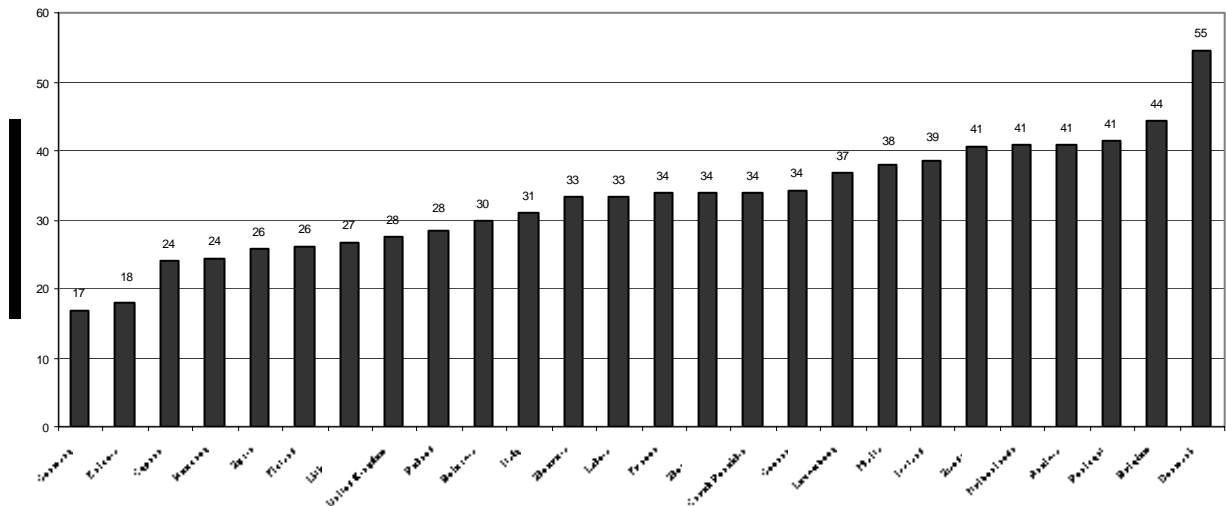
Source: Eurostat 2009, own calculations

Figure 3: Service provision for elderly care



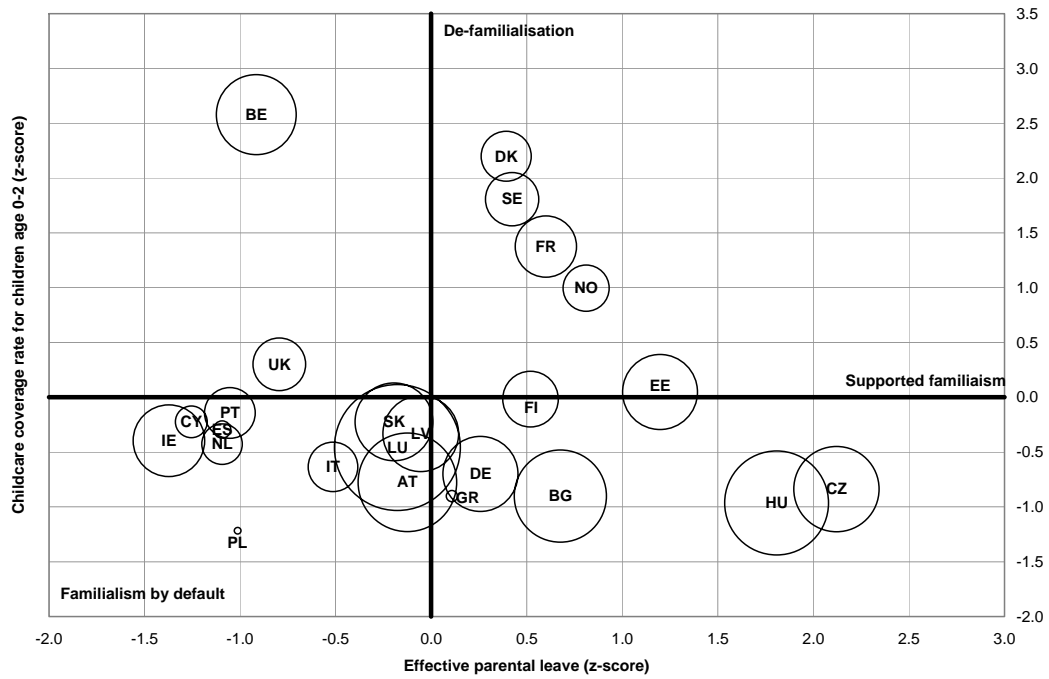
Note: No information for Cyprus. No data for home based services are available in Romania, Bulgaria, Russia, Slovakia, and Hungary. In all of these countries national experts have mentioned that the public social service sector for the elderly is not developed. Therefore the rates should be in a lower range.
Sources: National reports of the Eurofamcare project, Stakes, OECD 2005 and national informants, various years (1999-2007)

Figure 4: Minimum pension provision as a share of average net income (2006)



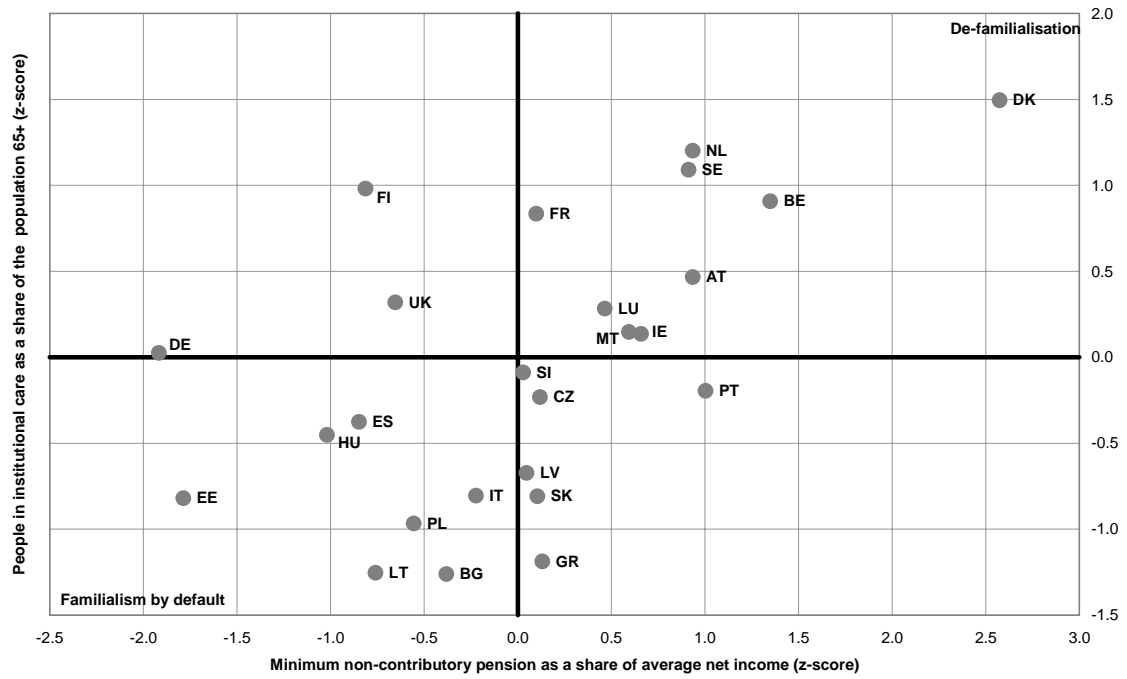
Source: European Commission 2006 and Eurostat 2009

Figure 5: Synopsis: Responsibilities for children



Note: The circles represent the extent of public financial support for families with children. The larger the diameter the higher the direct and indirect family transfers (for details see figure 2)

Figure 6: Synopsis: Responsibilities for elderly



Tables

Table 1: Cash for care payments

Cash for care payments	Countries
No	Greece, Latvia
Yes, unbound	Austria, Belgium, Bulgaria, Estonia, Finland, Germany, Lithuania, Italy, Poland, Portugal, Slovenia, Spain
Yes, formally bounded	Cyprus, Czech Republic, Denmark, France, Hungary, Ireland, Luxembourg, Malta, Netherland, Norway, Romania, Slovakia, Sweden, United Kingdom

Note. National informants say that in Spain in principle it should be used to pay for services, but since the offer of services is still low, a range of discretion is allowed. The same seems to be happening in Portugal.