

# A Retracting Welfare State : Some Reflections on the Issues of Citizenship and Family in Relation to the Dutch Care Policy

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フィールドはスリランカ、ケニア、インドにまたがり、エスニシティ、家族／親族、コミュニティ、世代間関係の比較研究に取り組むほか、国内外の開発機関や NGO との協力、スリランカやケニアにおけるドキュメントフィルムの制作など、多面的な研究活動を展開している。近年では、ジェンダーの視点に立った「ケア」の社会文化的な意味とネットワークの検討を行い、オランダを例とした北欧福祉国家の縮小など、グローバル化と社会政策に関わる多数の論文を発表している。

主な著書には、*The Wrong End of the Rope. Women Coir Workers in Sri Lanka* (1981)、*The Fish Don't Talk about the Water: Gender Transformation, Power and Resistance among Women in Sri Lanka* (1991) がある。

2002年4月から12月まで、お茶の水女子大学ジェンダー研究センター外国人客員教授として赴任。本稿は、その間行われた公開シンポジウムで発表された原稿をもとに、ご寄稿いただいたものである。

North European welfare states are currently undergoing rapid reform and retraction involving new criteria of exclusion. The Dutch policy offers a specific case, portrayed as progressive on welfare provisions, but coupled unexpectedly with traditional notions of gender and of nuclear family, which enter into the practice of gender-neutral concepts of “citizenship” and “equality.”

## Introduction

In this paper, I will address the specific case of the Dutch welfare state in relation to the issue of private and public care, an issue which is of specific concern in many industrialized countries due to two main sets of reasons :

-One set involves the rapidly rising numbers of ageing citizens coupled with underdeveloped facilities of public care, based on past lack of planning and of political will attached to the issue. Child-care services, next to senior facilities, are also under-resourced.

-The second set involves the increasing pressure of paid work for growing numbers of (female) citizens, which influences the time availability for private care-taking.

In the Netherlands these two realities take place in a cultural setting which did not “traditionally” problematize the overemphasis of women as public and private care-takers, and maybe even more importantly, a cultural setting which did not problematize the issue of (day-to-day) care all people need at some time of their lives. In other words, in practice, while nobody talked about it, care provisions had to be somehow undertaken by women during their unpaid time.

While public care-provisions were not planned and expanded in time (as I will elaborate below), the private care provisions seemed without much effort to remain a politically non relevant or – at best – side-issue. During the last decade this situation started to change, due to changing economic factors, altered notions of citizenship, as well as the rising numbers of those requiring care (seniors and children).

Compared to other North European welfare states, as for instance the Scandinavian countries, where private and unpaid care-taking has a political visibility and has led to gender-neutral forms of public and private care, the case of the Netherlands is striking. While the Netherlands has a well developed civil society, it has been continuously ruled by political coalitions coupled with a notion of citizenship which goes back many centuries (see “Citizenship in the Netherlands”), this social space for debate seems seldom to have focused on the issue of care.

In this article, I will ask the question as to how to explain the fact that the Dutch welfare policy did not systematically incorporate its notion of citizenship into welfare and care policies, leading to a current interpretation which is not only gendered but also at times relies heavily on notions of (nuclear) family.

Thus there is something contradictory between the international progressive image of the Netherlands and its local practice. On the one hand, within the international media the Netherlands is portrayed as an (over) generous and wealthy welfare state, soft on crime and drugs, with progressive forms of citizenship, expressed in the recent legislation of euthanasia and gay marriages, on the other hand, its comparatively low rate of working (and high-positioned) women and the problematic care policy are seldom, and sometimes never, specifically mentioned. Thirdly, when relatively late – in comparison to neighboring welfare states – issues of “citizen-to-citizen-care” is discussed and policy formulated, it is striking to what degree citizenship as a central point of departure is replaced by that of the nuclear family.

Gay marriage became legal, as individual citizens should have the right to publicly sanctioned partnerships/marriages, just as they have the right to state benefits and the duty to pay taxes. Euthanasia became legal on the basis of the independent choice a citizen should be allowed to make in case of terminal illness and suffering. While there is much to be said on policy and practice on the above issues, my point here is that the basis of these “progressive” legislation was the notion of the individual citizen vis-a-vis his/her state. In both cases – after extensive lobbying and parliamentary debate – the state intervened in cultural and religious norms existing in (part of) society.<sup>1</sup>

The Netherlands has a relatively active civil society and a long history of party-coalitions. Political

differences between citizens find expression in many political parties (15 and over), different daily and weekly newspapers, TV associations, all from various religious and political starting points. City councils have a certain independence from the central government and are often ruled by different party coalitions. The society knows many action groups and organizations initiated by citizens, as well as the so-called tri-partite ruling of government, employers' and employees' organizational bodies.

Further, the fact that the Netherlands is a relatively small country has facilitated this process of an active civil society. Most leading parties have an increasing number of non-born Dutch citizens (known as "Allochtonen") in their party-ranks and as Parliament representatives.

New emphasis on the issue of multicultural society and the position of non-white migrants, recently (albeit too late) also gained access to this civil society and debate. This led to the formation of a new political party which, after the last election, gained a substantial number of ministerial posts and was classified new right wing in many of left and liberal/right media.<sup>2</sup>

On the other hand, quite apart from one's evaluation of these new issues and debate, this process did show that, in a relatively short time frame, a formerly unheard political voice could gain political space. As this government fell within three months, the coming elections planned in the third week of January 2003 will shed new light on the political positions in the country.

Nevertheless, in respect to the issue of care policy as well as issues of gender and family, the Netherlands, in spite of its wealth, cannot be called one of the progressive North European welfare states. How is this contradiction to be explained? How is it to be understood? Also the fact that in the multicultural debate and migrant policy, one finds related notions of family and gender returned. This negatively affects the position of migrant women and places them in a more vulnerable position than their male counterparts, as well in practice, offering them a completely unequal citizenship, as I will describe later.

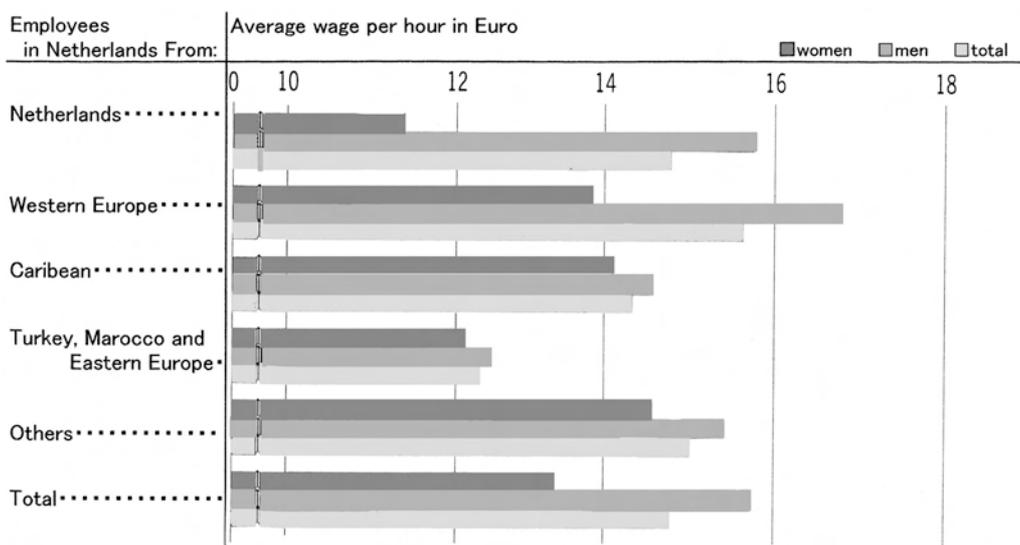
But the question remains why this is possible and why the issue of care and gender, for which different feminist groupings (female and male) have lobbied within civil society as well as (semi-) political bodies has not yet gained an comparable level of public legitimacy as in many other European countries, while roughly over a comparable time-frame, lobby groups for other so-called controversial issues as "euthanasia" and "gay-marriage" were marked by success.

Two recent statistics reflect this question :

As is shown in recent published statistical data on gender, ethnicity and work in the Netherlands, in spite of legislation of equal pay for equal work, there is still a gap of 15% between payment for equal jobs by sex among white Dutch nationals. Further, Dutch born male employees also earn 3% more than employees from the Caribbean, and 15% more than employees from Turkey, Morocco and Eastern-Europe. Non-white migrants also appear to have fewer chances on promotion and are more frequently offered temporary contracts (see also NRC : 25-10-2002).

Table no.1 : Difference in payments for men and women’s work, by different ethnic groups in the Netherlands

Wages per hour for women and non-born Dutch wokers remain low



NRC, 25-10-2002

Source : Amsterdam Institute for Labor Studies (AIAS)

Likewise figures on percentages of 65-plus citizens receiving government funded “Home-Care” in different European countries, indicate how the Netherlands (9.5%) is, in contrast to Sweden (16.6%) and Denmark (24%), not leading on this issue (Kremer, 2000 :37). Denmark provides three times more home care than the Netherlands, and Sweden’s figures nearly double the Dutch figures. There are no figures on ethnicity in this respect.

Table no.2 : percentage of home-care services used by those over 65 in different European countries.

Home Care in Europe

	Receivers & Home Care in % 65+	Average weekly hour
Denmark	24.0	5.0
England	5.5	5.2
Finland	12.0	1.5
France	0.6	6.8
Germany	6.5	
Netherland	9.5	3.8
Sweden	16.6	6.0

For an extensive and thorough overview on gender and equality in the Netherlands, see further the CEDAW report on the Netherlands : Rikki Holtmaat, 1999 (on website : [www. E-quality.nl](http://www.E-quality.nl)).

### **Culture and Welfare : the Netherlands within Europe**

Initially, social policy, was analyzed mainly as the outcome of political debate and struggle. More recently an interest has been shown in the historical development of policy as well as the cultural factor in it.

Apart from approximately one million Jews and seven million Muslims, the Western European states are characterized by a shared religious background of Christianity (Davie, 1994 and Nielson, 1992, cited in Hornsby-Smith, 1999 : 174).

Scholars have pointed out how the differences within the religious Christian heritage can operate as a first indication for the broad differences in current social policies. The European Union has seven Catholic members (Spain, Portugal, Italy, Ireland, Belgium, France and Austria), five further substantially Catholic member countries in Central and Eastern Europe (Slovenia, Poland, Lithuania, the Czech Republic and Hungary), three other member countries consist of Catholic as well as Protestant faith (Netherlands, Germany and Northern Ireland),<sup>3</sup> and three member countries are Protestant (Denmark, Sweden and Finland)<sup>4</sup> (Hornsby-Smith, 1999, 174).

Social historians have argued that “Christian Humanism” has deeply influenced the shaping of the welfare project within the European states, in which many of the keyfigures (male) are said to have been of the Catholic faith. (Hornsby-Smith, 1999 ; Papini, 1997 and van Kersbergen, 1995). In the Netherlands the Catholic population was estimated to be just over 50% during much of history and van Kersbergen, whose well-known book analyzes the Dutch case, argues that: “*the notion of solidarity as harmony is an intrinsic component of the Christian democratic tradition and it alternately paraphrased as “integration, compromise, accommodation and pluralism.”* (1995 : 184) During the 1990s, the same phenomenon became known as “the Dutch Polder-model.”

The development of social policies in Europe have been marked by these religious cleavages and the domineering effort of Catholic statesmen to overcome past political differences and form wider than national alliances, in their search for a so-called “Third Way” between liberal capitalism and state socialism. (Hornsby-Smith, 1999 : 176). The Catholic tradition was marked by a strong element of charity, social service, next to the above mentioned corporate tradition stressing compromise and coalition (Coman (1977, pp47-59); Whyte, (1981) and van Kersbergen (1995 : 146). Further, it carried explicit ideas on the dignity of an individual human being deeply connected to “labor,” for which “one” had to earn “a just wage to maintain a family.” These premises were coupled with convictions on the “proper” role of women and their special capacity and task in child rearing. Further parental rights in the education of children were conceived as central, over that of an involvement of the state. As also the well-known scholar of welfare states, Esping Anderson, has expressed it: “Catholicism’s particular brand of social policy... consisted of ... a willingness to subsidize family-well-

being, but not to guarantee employment” (1990 : 131).

These values can be traced in much of the history of Dutch politics and debate, influencing the lives of men, women and children. Within religion it is the Protestant faith that is historically credited for promoting issues of secularization and individualization and for laying the base of what is now termed an un-gendered notion of citizenship (van Kersbergen, 1995, 194/5 ; Hornsby-Smith, 1999 : 176). In other words, it is in the traditional Protestant states that one finds the greatest political legitimacy for and practice of a citizenship which works out equally for men and women in the public and the private sphere.<sup>5</sup>

These historical religious differences in Europe have not only led to differing positions of men and women in society, but have also been marked by differing “family policies.” Broadly speaking, countries with mainly Catholic traditions are said to tend to have relatively coherent and extensive policies supporting families, while Protestant or mixed (Protestant and Catholic) states tend to be characterized by less explicit family policies. In the Catholic case, family allowances tend to be conceived as part of the wage package, while in the Protestant case one finds more individual taxation and the most extensive child care provisions within Europe. These latter countries (Denmark and Sweden within the EU, and beyond : Norway and Iceland) are currently marked by the highest rate of female labor participation, also among women in the second half of their fifties and above : a category of workers among which one usually finds the highest number of unemployed in “family policy countries” (Simpson and Walker, 1993 and Kiely and Richardson, 1991, cited by Hornsby-Smith, 181).

In the context of this article I have drawn but a broad picture of what social historians have argued on the origins of European welfare states. There are of course many nuances, van Kersbergen, for instance, points to the difference of the “grand” tradition of Vatican social teaching versus the “little” tradition of Social Catholicism, which managed to go beyond pure charity and provided the Christian democratic movements of Western Europe with a social concern and practical theory of social policy (1995 : 229-30). There is also the marked exception to the above line of thinking in the case of the secularity of Catholic France. It is not an argument of closure in the sense of religion being the sole factor of historical influence. But social historians do seem to have reached a certain accord on their interpretation of early 20<sup>th</sup> century socio-religious influence on the shaping of policy in “the welfare-states to be.”

### **Culture and Welfare in the Netherlands**

Next to historians, an American political scientist, R. Cox, who studied the development of the Dutch welfare state, also concluded that the welfare state was built under Catholic influence over that of Socialists. He points to the specific character of the Dutch state, built as it was in the first half of the 20<sup>th</sup> century on ideology rather than on nationalism. The ideological pillars of Dutch

society, known as “Pillarisation,” involved major and articulate divisions in society between Protestants, Catholics, Socialists and Liberals. On all levels of society these Pillars had their own forms of organization, including specific religious-based schools, political parties, organizations etc.

Within this setting Cox points to the specific culture of political decision making, characterized by the often unseen political ideological struggles within a consensus world of many diverse Dutch corporatist bodies involved in advising, implementing, and supervising welfare programs (1993 : 29 ; 45) – a way of governing which often excluded public accountability (“binnenskamer-politiek”).

Over time the culture of accommodation of political interests led to the well-known Red-Roman coalition governments, rather than a political culture of articulated party opposition. Slowly the involvement of the Socialists consolidated their influence on Dutch politics. Their most famous political leader, Willem Drees (in power from 1948 to 1956), managed to pass the law on a universal old age pension, known as the AOW (“Algemene Ouderdoms Wet”). Herewith firmly extracting universal citizen-rights from charity and welfare alone.<sup>6</sup>

Historically religious forces in the Netherlands were not focused on the creation of a welfare state. They gave preference to the welfare needs of citizens being supplied by non-state organizations (Cox, 1993 : 206).

Within the often unarticulated power struggle (unseen to public scrutiny) between religious and socialist elements in government, the Dutch welfare state emerged later than in surrounding countries, but became full blown in the 1960s when Pillarisation began to fade (See also SCP 2000 : Introduction).

All over Western Europe, this period was marked by many forms of protest and challenge, so also the Netherlands. Religions lost a substantial part of their support, while new political insights were translated into new political parties, new social movements, and changing cultural life-styles. It was a period of substantial generational conflict as the young chose different life-trajectories than their parents.

Nevertheless the culture of consensus has remained a marked overall characteristic of Dutch politics, which continues to be ruled by coalitions. Nor have the four former ideological pillars disappeared, although other parties gained prominence next to them. Socialists and Liberals remained, while due to social-cultural change of the 1960s, the Protestants and Catholics saw themselves forced to join into one political party, the CDA. This move proved successful and within Dutch politics a substantial Christian party participation remained ensured. Until today the Dutch political scene has only known two governments (both led by the socialist Wim Kok, in 1994-98 and 1998-2002 respectively), in which the Christian party was forced into opposition and for the first time in its history had no governing power. It is during these two governmental periods that, hesitatingly, legislation based solely on citizenship, rather than on “a citizenship seen through the gendered matrix of the nuclear family,” was proposed and at times passed. It was during the second so-called “Purple coalition” led by Wim Kok, that the legislation was prepared and passed on “euthanasia” and

“gay-marriage.” However, it was also the period in which the first legislation was passed on something unknown in the Netherlands till then: “Care-Leave.” It involved the right of a citizen to take leave from work at certain circumscribed periods in order to look after someone very ill or dying. Here however, as will be discussed below, citizenship was not the final criterion, but remained seen through the perspective of the nuclear family.

I will now continue with a more specific look at the issue of care and citizenship, before continuing with the historical and cultural notions of gender, family, and citizenship in the Netherlands, which continue to play a role within legislation and policy also in relation to migrant women and men.

### **Citizenship and (Informal) Care in the Netherlands**

Next to developing an eye for the wider morality and cultural premises within which a policy of welfare gains shape and meaning, as was indicated above, one can also look at such factors at a lower level of abstraction. Also in terms of the implementation of care-services, both formal and informal, there is a social cultural world in which meaning is given to the interaction between carers and those cared-for, as well as to formal policy-making and the social sphere where formal care is administered.

Between and within the European welfare states, substantial differences are found in the conceptualization and practice of care-giving and care-receiving. Chamberlayne reports such differences on the basis of her research on carers in three large cities in Europe: Bremen, Leipzig and London (1999). She points to the differing cultural family-dynamics of closure coupled with a relatively higher prevalence of non-working housewives in West Germany, versus women with paid labor, coupled with a strong web of informal networking, which produced a cultural dynamic of outer-connectedness in East Germany (1999, 159).<sup>7</sup>

The evaluation of care services can be deeply influenced by the wider, often taken for granted assumptions on society, family, community expectations, and degrees of trust, continuity and interaction, which vary culturally. The following is one example. Between 1996 to 2002 two Indian anthropologists, one economist, and myself were part of a research-team on the theme of “Citizenship, care and gender: renegotiations of the public and the private in the Netherlands.” As an intercultural research team, we hoped to highlight specific cultural moments in policy-thinking, its implementation as well as the individual actors experiences (Palriwala, 2002; Krishnaraj, 2002; Risseeuw, 1999; other major publications forthcoming).

When, shortly after her first arrival, one of my Indian colleagues visited an old-age home, her evaluation was most positive. Poverty was banned and every person had a single room away from the noisy and forever interfering family. After some time she began to notice that, in quite a number of cases, the single room, especially when the occupant was coupled with ill-health, could also entail a certain isolation and loneliness, as not only was her/his family not interfering, but also be not present or not involved. As an Indian she had assumed an extensive family and kin network

instead of the socially secluded Dutch nuclear family. It is easier to undertake research on the visible aspects of formal care services than the often unseen and unarticulated and shifting (informal) domain of people actually providing and receiving care. It takes qualitative research to understand what the primary networks of such an older inhabitant of an old-age home can be expected to be, and to understand what they are in practice and how this is evaluated by the actor(s) involved.

Next to an economic and political analysis of care,<sup>8</sup> attention should also be given to this informal, day-to-day domain. Recently such perspectives have also found expression in several publications.<sup>9</sup> Such publications successfully demanding more attention for the (re) negotiations of care relations within family and/or community settings have already appeared earlier (Finch J. et al., 1983; 1990; 1993; Ungerson, C., 1987; Bonnerjea, M., 1982; Willmott, P., 1987; Qureshi, H., 1989). Also in the Netherlands, this informal domain and the practice of maintaining interconnections between people, at times termed “social capital,” beyond the direct dyad of caring and/or support, has recently gained more academic and policy interest (Hortelanus en Machielse 2001 a and b; Komter et al., 1999; Rademakers, 2001; Putnam, R. 2000).

It is in this context that I will discuss some findings of the Dutch feminist researcher Monique Kremer on citizenship and informal care in the Netherlands, which she placed in a European comparative perspective (2000), as well as findings of the Social Cultural Planning Bureau of the Netherlands (SCP, 2000).

First I will return to the three types of welfare states made by the well known researcher on the European Welfare State, Esping Anderson (1990), on the basis of a large number of institutional characteristics, but will now connect these distinctions to the domain of care :

- a. The Corporate Welfare states, including Germany, Belgium and France, which have a high level of provision, although entitlements are allocated more selectively than in the social-democratic type of welfare. Characteristics include a link between benefit entitlements, the contributions paid, and the claimant's working history ; separate schemes for certain occupational groups, such as civil servants, protection for families with children, with no attempt being made to afford both partners with economic independence and a low labor market participation rate among women and older men.

In relation to care issues these states are characterized by their breadwinner advantages within social security and taxation, which enables the financial caring for spouse, children and parents. In other words, the corporate welfare state enables its citizens to care for each other. Nevertheless, in practice, there are substantial differences between these types of states.

- b. The Social-Democratic states, including Denmark, Finland and Sweden are characterized by relatively high, virtually accessible benefits, a relative expensive active labor market policy, high labor market participation among women that corresponds with a larger number of jobs in the social sector, and by relatively high taxes and social security premiums.

In relation to care issues, these states are marked by the anchoring of the right to receive care as a citizenship-right, coupled with well-developed child-care services. This has led to comparatively well functioning home-care services and the above mentioned high number of employed women.

- c. The Liberal Welfare states, include the United Kingdom, the United States, Canada, Australia, and beyond. The states are characterized by a much lower level of provision and more stringent eligibility criteria than other countries. The replacement rate is lower, benefits are paid for a shorter time and there is much more targeting of those most in need, through means testing and strict eligibility requirements for disability benefits (when not caused at work). Few funds are spent on activating labor market policy, and assistance in support of family care is also low. These countries spend less on collective social security than the above two types, although this is to some extent compensated for by higher private expenditure.

In relation to care issues the United Kingdom is not a specific example of a liberal welfare state. Since the 1950s a well developed concept of a national responsibility for (social) care has been known and executed on a local basis.

Nevertheless in the United Kingdom and all other European countries, the development of commercial-based care-services is being promoted. Currently France, Netherlands and United Kingdom are characterized by the highest percentages of commercial care services in Europe (Kremer, 2000 : 32).

The Netherlands is generally regarded as a hybrid welfare state, falling between the social democratic and corporate types (SCP, 2000 : 46). In the early 1990s the Dutch system combined universal target group provisions (particularly the social insurance schemes), generous conditions and high funding costs of the social democratic model with the low incentive to work, low market participation rate among women and protection of achieved standards of living of the corporatist mode. I will discuss one major example of the right to receive state care within senior residence and-developed-home care policy, next to one example of the area where public and private care meet : the formulation of Care-Leave, which concerns the right to give care as one private citizen to another.

### ***The Shift from Public Senior Residencies to Home Care Services in the Netherlands***

Within the European welfare states, the care policy of the Netherlands offers an unusual example in certain respects. With the care policy on society's seniors in the 1950s and 60s, the government seemed to aim for a citizen-centered policy, devoid of family as direct source of care. The policy chosen seemed a social-democratic one, in which all senior citizens, if necessary, had the right of access to an "old age home" as it was then called. It was formulated as a "right to rest for all," after a life of much hard work. Many homes were built during this period, as well as the 1970s, reflecting

the usual divisions of society in various religious and income groupings, next to units led by city councils. An old-age home for artists was also established, while during the second half of the 90s specific public homes and services were initiated for the various cultural migrated groups in the Netherlands (including Indonesian), although their actual numbers are still few.

But by the end of the 1960s voices were heard of this policy to provide an independent space, service and a social setting (“gezelligheid”) would be far too expensive in the long run. The policy shifted to mainly focusing on the elders who needed this state support. Waiting lists for entry had started to emerge. This did not only depend on health criteria, but also on whether family members were available to provide care. Half-way through the 1980s, the universal right to a place in an old-age home was further curbed. By 1985, 8% of those over 65 years of age lived in such a home, and 2.5% in a so-called “Verpleegtehuis” (Homes providing long term care). By 1995, the latter figures had not changed, but the number of people over 65 in old age home had dropped to 5.5%. Further, the after-war pressure on housing had slowly lessened and the policy to remove elders from their home became less urgent.

Thus, slowly government policy had changed from one which claimed that the top-priority for elders was to live in joint senior residences, to one which prioritized the ability for elders to remain independent in their own home. On the whole, this was a comparable development to other European countries.

The difference to this overall European development in the Netherlands was two-fold. One was on the initial straight out policy for old-age homes, and secondly, the fact that when policy was shifted to a more corporate welfare position, the financial scope of the home services was not expanded. Denmark for instance, did shift its financial budget for residential institutions to home care (Hansen, 1992). Together with Sweden, Denmark spent the highest percentage of the gross national product on home care in Europe (Rostgaard en Fridberg, 1998). Other countries tried hard to cut down on home-care budgets, although they were not always successful. During the 80s home care budgets rose in nearly all European countries, as for instance, England, France and Germany. According to Kremer, this did not happen in the Netherlands, even when the percentage for home care within the total health budget was reduced from 27.7% to 26.9% during the 80s (Tester, 1996). Further substantial budget cuts on home care took place in 1980 and 1983, amounting to a total of more than 455 thousand Euro (Goewie en Keune 1996. The figures of this last section are cited from Kremer, 2000, 38).

Next to a controlling of budget, one sees a growing emphasis mobilizing family care. By 1994, the governmental policy was explicit on the involving of “the family” in care. One major government publication (“Regeringsnota Gezond en Wel”, 1994) advised care of the long-term sick to be – as far as possible – undertaken at home. Most of the care needed was to be supplied by the “direct surroundings of the patient,” without this requiring payment. Only when informal help was not enough could professional help be claimed. Also in a following governmental publication on care in

1996/7: “Thuiszorg en Zorg Thuis,” it was clearly stated that home care was only to support the “direct surroundings of the patient,” which had by then become known as by the term “Mantelzorg” (Kremer, 2000 : 43). The word “Mantelzorg,” translated as “a cloak of care,” was used to mean those who were daily and directly involved in looking after ill or aged family members. (It does not refer to child-care.)

This shift of policy moved the Dutch state far away from the original orientation towards a social democratic state, and made it more akin to the corporate model of welfare. By 1995, it was assessed that half the people who needed care in the Netherlands received “Mantelzorg” only. (Officially such people were termed “Mensen met beperkingen” or “People with limitations.”) In 1994, for instance “Mantelzorg” undertook four times as much care as the home care services did. It was only people without partners and then mostly single men, who appeared to receive Home Care Services (Kremer, 2000 : 43).

Next to the erosion of financial support and the foregrounding of family help, commercial care services have also been promoted and developed in a high speed. In 1997 the commercial care services in the Netherlands encompassed 33% of all care given to those over 60 years of age. In Great Britain, a country classified as a liberal state, comparable figures during this period amount to 21% (Walker and Maltby, 1997).

So in practice the Netherlands has succeeded in switching its care policy quite rapidly from a social democratic democratic type of welfare state to a corporate welfare state, while it simultaneously developed a strong liberal component, making the Netherlands indeed earn its classification of “a hybrid welfare state.” As one Dutch feminist scholar has evaluated the implication behind this process: “It seems as if the right to home care is not a citizenship-right in the Netherlands, as the government leaves the responsibility to either the family or the market” (Knijn, 1999).

One consequence of this political shift in emphasis has been that the quality of care services, home care, but also hospitals (suffering from long waiting lists) and General Practitioner’s (GP) facilities (inadequate for the number of patients) have been much criticized by the public. At the 1998 election, care was the number one primary issues of political campaign. It was only in 2002 that this issue was overtaken by the migration policies and issues of security (unfortunately mainly conceived in relation to white, Dutch born nationals), although care remained high on the political agenda. Part of this criticism can be put to the people’s changing expectations of health and care. People are expecting to live longer and are developing a more active interest in their health than former generations. Further government health planning has had certain set-backs it could “not have expected.” For instance, the planned number of GP’s trained over the last ten years, were planned under the premise of all working full-time. Planners had not expected many doctors to be women, who subsequently “chose” to work part-time. Thus shortages of personnel have also been the result of factors like these.<sup>10</sup>

But on the whole the analysis developed and cited above seems to hold. Not only is the domain of

public and private care services within society facing severe current and future problems, but it has also been underestimated and undervalued by planners and politicians concerned. The full contradiction of the past shift in policy towards involving “a gendered notion of family” in care services, especially in home care-taking, along side with another labor policy of promoting women to participate in the labor market, does not seem to have been met with serious analysis. The specific Dutch policy trajectory in this respect becomes more apparent when comparing it to that of other European Welfare States (SCP, 2000: Introduction 1-61).

Other European countries have followed different policies, which in the context of this article can only be shortly mentioned. While in the Netherlands in 44% of home care is primarily undertaken by “family”, in Denmark 44% of home care is primarily undertaken by home-care services (OECD, 1994: Kremer, 2000: 45). One of the difficulties emerging with this policy is the fact that public home care services tend to become involved too late, after the “mantelzorger” breaks down or has severe health problems her/himself; 75% of Mantelzorgers are (older), relatively lowly educated women. Further 4% of women combines paid work with more than 15 hours of senior care. In the case of men this figure is 2% (Dykstra 1997, cited in Kremer, *ibid*: 21).

Sweden has followed a comparable development to Denmark. This does not imply that the Scandinavian home care services do not involve assistance of family or patient’s network, but it does mean they do not have the right to ask for it nor involve family members (parents, children) against their will. It is only the partner who is expected to be involved. These two countries have provided their citizens with the most well developed right to receive care in Europe. In Sweden, in 1982, it was determined by law that any citizen had a right to care, irrespective of family circumstances (Rostgaard and Friber, 1998, cited in Kremer, 2000: 46).

In England, a liberal welfare state, another trajectory of development is seen. A movement towards the support of home-carers was initiated already in the 1960s with the establishment of the “National Council of Single Women and her Dependents.” Well known, politically active women demanded political attention for an issue they were themselves experiencing. This over the years led to the further formation of several organizations: the Carers National Association (CNA), which is the largest (private) home care association in Europe. British Home Carers have subsequently been given certain tax cuts, followed by a certain financial compensation. Due to a 1976 intervention of The European High Court, the Invalid Care Allowance (ICA) was also extended to married women (Initially it had only been meant for single women and married men). Further, the 1995 “Carers (Recognition and Services) Act” is the first Act in Europe to recognize private home carers, their work, their own need of support, and also the need to involve them in the decision-making of the public home care services.

Next to the right to receive care, I will now turn to the citizen’s right to provide care for others.

### ***The Development of the Provision of Care-Leave***

This provision of Care-Leave has been debated upon during the last cabinet-period of Wim Kok (1998-2002) and, after extensive debate, has been finally accepted by parliament. Care-leave was a new issue in the Netherlands. It was preceded by the 1998 legislation on the possibility to interrupt one's employment career ("Wet op Loopbaanonderbreking"). According to this law, an employee (working part-or full-time) can take a maximum leave for six months for care or education.

Before this leave can be taken, the employer has to agree and the post has to be filled for this period with a former unemployed. The leave-taker receives a relatively small financial compensation, but no salary. If the leave-taker needs to take care of a terminal ill person, the requirement of a replacement was dropped.

This law was partly a copy of a comparable Belgium law from 1985 (also termed 'Wet of Loopbaanonderbreking'). The Belgium law did not include specific conditions for taking leave. Employers have the right to take such leave five times during their career for six months maximum at a time, while one of these five periods may last for one year. Initially, they also required the employer's approval, but this has recently been changed into a right for the employee, provided not more than one percentage of employees request this leave at the same time. Further, in the case of required home-care, the right of the employee is un-negotiable.

In comparison to this law in Belgium, the Dutch version has not met with much success. In 1999, 205 people in the Netherlands took such leave. By contrast, in Belgium approximately 50.000 people yearly take this leave (Kremer, 2000 :80). The sex-differential is noticeable in both cases: the majority of employees involved are women. This is explained by the low financial compensation and the fact that women are the second earners in most homes. Germany and the Scandinavian countries both have more elaborate provisions (see Kremer, 2000 and SCP, 2000 : 1-61).

So the Netherlands is literally surrounded by countries that have developed leave and care-leave facilities to a varying but further extent.

Returning to the Care-Leave Act which explicitly addressed the right to care and followed the above described law, certain progress can be noted. In this case, 70% of the salary is paid, which is a major shift, aiming at involving working men in the target group, next to women. But this leave can be taken for ten days only and also requires the employer's permission, although the latter has to specify his/her objections. Any loss of premium security payments during this period is shared by employer and the state. But certain problems remain. For one, a period of ten days is not usually adequate to look after someone's serious illness. In view of my argument in this article, another limitation is also relevant. The law stipulates that one may only take leave for illness of family members, and only those with whom one shares a house at the moment of requesting leave. This means the partner and in-living children. It does not include parents, non-living children or anyone else, such as neighbors, friends, non-married partners.<sup>11</sup> Here one sees the notion of nuclear family interfering with the right of citizenship.

One could, for example, not have “family” involved at all and proposed the rule that each citizen has to register two or three other citizens for whom one – should the need arise – would take care-leave. Administratively this would be a more efficient solution than the current one, which requires the inspection of actual household members. It would also seem to make potential costs more predictable as no family of ten living-in kids could rock the budget!

Nevertheless, it is only from this economic angle that the stipulation of “household” over “nuclear family” makes sense in this context. As only 1/3 of Dutch households currently consist of nuclear families and 1/3 of partners and 1/3 are single, the new introduction of “household” in care legislation does curb costs to some extent, as more citizens are excluded from the option of care-leave. Further demographers expect families to grow smaller in future. Thus not only the notion of “nuclear family,” but also that of “household” is in practice introduced to curb the citizen’s newly acquired right to care-leave. One could call this narrow focus which aim at a relatively small budget saving, politically shortsighted, in relation to the high pressure on care services and the predicted future of societal arrangements. Allowing citizens to take care of each other is cheaper than state institutional facilities. On the whole one can say that the Dutch care-policy has regularly blurred the lines of “family” and “citizenship,” adding “household” to the stir, when attempting to curb the costs of state-care.

Although beyond the topic of this article, within the labor policy, gender biases are also noted in the Dutch case, in spite of globalization and change.

Several major Dutch and European sources are on agreement on this issue. The Dutch Central Bureau of Statistics (CBS) summarizes its 2002 findings as the husband being the main breadwinner in 85.5% of the families running on more than one income. It is termed “the breadwinner plus model” (CBS, 2002: Volkskrant, 30-5-2002).

Although the numbers of women entering the job-market have substantially increased over the last decade, and of couples under 65 years, approximately 75% both hold jobs, the women’s working hours involved are few and “by far the shortest in Europe” (SCP, 2000: 220, also CBS report, 2002). But change is noted: in 1977, 75% of the households had one breadwinner. (CBS; Volkskrant *ibid*).

Further, from a comparative perspective, the country has a relative underdeveloped system of creches and after-school arrangements, as much of the bargaining is left to the employer and employee. (SCP, 2000: 224). Child-care services have risen from 98.000 places in 1989 to 183.000 in 1998, but this still leaves Holland far behind France, Belgium and Scandinavia (SCP, 2000: 61).

This obviously curbs the possibilities of women seeking work. Secondly and maybe more importantly, the taxation policies and subsidies privileging the (male) breadwinner in the Netherlands, estimated to involve more than 8.6 milliard Euro per year (De Bruin en Verhaar 1999, cited in Kremer, *ibid*: 21), until very recently made it extremely uneconomical for their wives to seek work.

A recent OECD report, “Babies and Bosses” (November, 2002), analyzed how working parents in Denmark, Austria and the Netherlands combined work and care. In Denmark 76% of women

undertake paid work, mostly full-time, while in the Netherlands and Austria, this figure is 65% and concerns women working mostly part time. Only 20% of parents with young children make use of child-care facilities. Others rely on paid help, family and friends. According to the OECD this is partly due to the continuing lack of child care facilities, but also due to a cultural outlook which centralizes nuclear family life and exclusive motherhood. In its conclusion the OECD states that although both spouses work, contrary to the assumption of this leading to 1.5 income level per couple, it is more realistic to speak of 1.25 income per family (NRC : 4-11-2002). Moreover the women have the lowest paid part-time jobs. Thus, like Austria, the women's contribution to the family income remains relatively low, which decreases the women's individual financial security, while it provides no outlook to better paid jobs, once the children are grown up. Secondly, men's contribution to household tasks is only very slowly shifting although a certain generational change is expected.

The conditions of part time work are covered by labor legislation, thus basically offer comparative wage-rates and contract continuity like with full-time jobs. It is also forbidden to discontinue employees if they refuse to accept longer or shorter working hours (SCP, 2000 : 223). Nevertheless not all legislation incorporates social security in this respect and women's own pensions will be low and their career prospects absent.

The SCP also mentions the difficulties this gives young married couples, leading to young women postponing the age of having their first child (up to nearly 32 years of age : SCP, 2000 : 60/61).

Further the SCP points out that in relation to task sharing by spouses within households, "while the Dutch are just as keen on equality as, say the Swedes, this is not reflected in the division of tasks between the sexes" (SCP, 2000 : 61).

But there are also specific cultural and historical factors in relation to gender and family which have influenced a certain lack of urgency to develop a practice of a gender-neutral and non-familial based citizenship, in spite of the notion of citizenship being an old and well-defended one in the Netherlands.

Before going into this (historical development of) citizenship and its accessibility to outsiders and also women, I will shortly discuss some indications of these cultural and historical factors influencing the cultural meaning of gender and family in the Netherlands.

### **Gender and Family in the Netherlands, an Historical Perspective**

Historically and when viewed within Europe, the Netherlands is already marked by a relatively low female involvement in paid work. Between 1900 and 1940, the percentage of working women (un- and married) was 20 to 25% of the total population, compared to 30% in England and 35 to 40% in France (Tilly and Scott, 1978 : 70 ; De Regt, 1984). Historians gave several reasons for this: the relatively high wages which were paid to men in the first half of the 20<sup>th</sup> century, related to the strong presence of the so-called homely ideology ("Huiselijkheidsideologie"), which stressed the

female task of making their home a “homely and nurturing environment.” Both elements were said to have been more strongly developed in historical Netherlands than in its neighboring countries. Further, the earlier mentioned “Pillarization” facilitated religious influence on gender and family norms, while the fact that the country was not involved in the First World War meant that family life was exposed to less change than other countries. Dutch women, for instance, did not take over employment and factory work, after their husbands went to war.

In the first half of the 20<sup>th</sup> century, the Netherlands was marked by the established formation of the so-called bourgeois family as a dominating family construct, termed “gezin” in Dutch, as mentioned above. This construct emphasized the homely mother, who perfected her household tasks and spent a lot of time on cleaning the house and its surroundings, as well as improving the interior of the house. During this period husbands, were also successfully influenced to spend more of their free time at home as well as reduce their alcohol intake. The emphasis on family and motherhood can also be deduced from the fact that birth figures consistently remained higher than that of neighboring countries from the 1870s to the Second World War (de Regt, 1993 b: 222).<sup>12</sup> In contrast on divorce figures, the Netherlands scored consistently lower than neighboring countries during this period.

Social and especially family historians like Ali de Regt (1993 a) have well described the emergence of the bourgeois Christian morality with the notion of “fatsoen” (decency): the strict separate responsibilities of the breadwinner and his housewife, slowly developed into a cultural pattern of a homely, privatized family life, although a tradition of religious associations and involvement in the neighborhood “to keep up its standards,” must also be noted (de Regt, 1993 b: 222). Pillarization provided many societal organizations and played a prominent role in stimulating and influencing social change. Ali de Regt describes the newly emerging society at the end of the 19<sup>th</sup> century as ‘A Moral Nation,’ in which Pillarisation played an important role in influencing this new moral project. Working class families were slowly influenced to incorporate the bourgeois, middle class morale, which implied a certain life-style of involving shifts in housing, privacy, dealing with the body as well as an exclusive linking of sexuality to procreation. Sexuality outside marriage became deeply condemned. De Regt also mentions the so-called Morality Laws of 1911 (“Zedelijkheidswetgeving”), which can be seen as the culmination of the Christian morality offensive. With these laws, brothels became prohibited as Christian men should be able to control themselves, followed by punishments for abortions and prohibition of public display of birth control methods. Selma Sevenhuysen provided an insightful study on the 1870-1900 debate on the responsibilities of fatherhood beyond marriage (1987). The strict Christian convictions provided the feminist movement at the time with the momentum to hold men responsible for “their offspring out of wedlock.” Not that they were fully successful, but the debates and positions articulated by leading male contributors to the debate provide a fascinating insight into this historical period’s “habitus” of non-disputed male superiority, which unexpectedly had to articulate its justification.

The political arena of the early 20<sup>th</sup> century was strongly colored by this religious offensive, which also involved a greater state involvement in family affairs. But also neighborhoods were ‘cleaned up and improved’; girls were allowed to school by 1920s (10%).

Between the two World Wars, maybe slower than neighboring countries, but also in the Netherlands, change started, which as a large overarching theme involved the demand for a greater social space and liberty for citizens to give shape to their personal lives and relationships. This also implied a renegotiation of “family morality,” in which marriage slowly was reshaped and the undisputed male headship of marriage very gradually was countered (not overtaken) by a notion of partnership.

It was only after World War Two, in the economical wealthy period of the 1960s, that this process culminated into a period of geographical job mobility and major socio-cultural change (including the so-called “Sexual Revolution,” the feminist struggle for abortion-rights (Outshoorn, 1986) and growing availability of birth control methods).

These cultural changes did not imply equality between the sexes. It was only in 1957 that women were accorded legal and independent property rights within marriage (G.v.d. Bergh, 1999). Only since 1985 has Dutch citizenship independent of a woman’s marriage, a right long held by their male counterparts (Everard and Aerts, 2002 : 225).

Further, the extensive financial support to the (male) breadwinner within the Dutch wage-earning and taxation-system is the clearest and – until very recently – completely undisputed heritage of this specific socio-cultural construct.

On the surface this seems to contrast with the Dutch marked long history of relatively egalitarian citizenship. But at closer scrutiny the above described heritage can be traced to its limited and conditioned inclusion of women as well as “strangers.”

### **Citizenship in the Netherlands**

Western European welfare states all incorporate a developed notion of citizenship, often marked by a substantial history. In the Netherlands, the notion of citizenship is traced to the early Middle Ages, where it signified membership of an organized political community of a town, not a (rural) landlord (Kloek en Tilmans, 2002 : 2). Many of these early citizens (known as “poorter” or “borger”) were business men, succeeding in making their living outside the rural realm of an aristocracy and its hierarchical labor relations. Historian Pleij describes the typical business man of this early time as a clever adventurer of a “lower” social background, who through the successful claiming of his strict individual autonomy, provoked the society of his time (2002 *ibid*, 4). Thus citizenship initially referred to a town-membership with rights and duties, and not beyond. It was only by the 17<sup>th</sup> century that citizenship came to imply membership to a political community of a city, state, republic or monarchy. As this process was consolidated certain citizens gained more control over the town regulations than others. Thus, under the concept of equality of citizens and their equal rights and

duties to maintain the town, another practice emerged. A practice of inequality between established families of the larger business firms and their control over the city (“de bestuurders”) on the one hand, versus the ordinary citizens (small business men) on the other.<sup>13</sup> By then, “citizenship” had acquired a legal status, which contrasted to the position of “strangers”: newcomers to town, not holding citizenship.

How did one obtain citizenship? Men could inherit it from their fathers; women could obtain it through marriage to a citizen; and thirdly, it could be purchased. One could also lose citizenship through “unworthy behavior.” It is only by the late 18<sup>th</sup> century, under the influence of the “Enlightenment,” that the ideal of citizenship would acquire a national quality and reach beyond the town borders.

This start and growth of the concept of citizenship is relevant as it influenced the later form of national citizenship. This latter citizenship emerged out of a relative egalitarian political tradition together with a growing social-cultural dimension as to how the citizen should behave. It was characterized by a tradition of conflict solving (between citizens) through negotiation and (legal) arbitration, rather than through the military conquest of aristocratic leaders. The inclusive form of moral citizenship equated with interpretations of humanity, deeply prevailed over hierarchy, military power or economic means alone. This specific history also means that the Netherlands is not known for revolutions or violent shifts of power, nor is its manhood characterized by militarism.

Historically, it was only during the 1960s – marked as it was by cultural change and lessening of religious influence – that for the first time citizenship in the Netherlands acquired a mainstream negative evaluation involving critical judgments on its suffocating “reasonableness,” sedateness and lack of initiative and/or courage. Currently with the emergence of the European Community (Maastricht agreement of 1992), it is to be seen what this (European) citizenship will entail in future. In the 90s, however, certain political parties, among which the Christian CDA, have reclaimed the importance of ideals of citizenship, family and “civic” behavior and overall strongly opposed the 1960 values.

After this sketch of citizenship, a short mention of the forms of exclusion, this inclusive form of citizenship had historically acquired. As said this exclusion concerned women and a category called “strangers.” After substantial (feminist) struggle, Dutch women finally achieved the right to vote in 1919, which also involved a step forward in relation to realizing their full citizenship. During the centuries before this date, the women’s right to citizenship had been ambiguous and prone to differing interpretations and change (Everard and Aerts, 2002). Citizenship acquired through marriage was in danger of being lost after separation of or death of the spouse. Single women applying for citizenship in towns where they had found employment and were often accorded temporary citizenship only. It was renewable after certain periods, but remaining conditional on their access to independent employment (ibid: 176). Women could also be born as citizens, but at marriage they would find their status equated to that of their husbands. Widows could at times continue the

husband's business venture as citizens, but in other cases widows lost the citizenship as soon as they remarried. During the two periods of relative upheaval in the Netherlands has known (one being the influence of the French Revolution in 1798), the demand of equal citizenship for women was articulated but short-lived.

In the 19<sup>th</sup> century, the upcoming of religious and socialist organizations did not have leaders prone to address the issue of women's participation in society. They emphasized their important role of motherhood and home-making. Without much doubt or debate well-known Dutch socialists as Troelstra and van der Goes claimed that class struggle came first (ibid : 212).

Various feminist movements, with the – at the time – famous figure of Wilhelmina Drucker, actively pursued certain issues. One being the women's right to citizenship and the vote. She was also deeply involved the earlier mentioned debate of the fatherly recognition of children born out of wedlock between 1870-1900.

In relation to citizenship and the issue of "strangers," those who had come to the town, the strategy was one of providing registration, not citizenship. When these strangers, usually Jewish, but also Catholics, attempted to acquire citizenship, it was nearly always met with certain limitations, such as higher costs, never granted access to political or ruling powers, and their citizenship could not be transferable to their offsprings (ibid : 183).

In view of the current controversial issues of immigration and a multi-cultural society in the Netherlands, this start of the relation between citizenship and outsiders is worth mentioning. Currently it is the women exponents of the Dutch non-born nationals who have articulated the specific brand of "family thinking," in relation to Dutch citizenship policy and how it works out for men and women of the so-called ethnic minorities. A Somali-born political scientist, Ayaan Hirsh Ali, is one of the most well-known spokeswomen within the Islamic Dutch communities. On the one hand, she pointed to the lack of political and social will in certain Islamic circles to become part of the Netherlands society. On the other hand, she pointed out how Dutch legislation and policy privileged migrant males over their wives. The traditional Dutch values on the centrality of family and the gendered male prominence left migrant women in an extremely vulnerable position vis-à-vis their future Dutch citizenship. If divorced before acquiring citizenship, the wife had to leave the Netherlands and return to the country of origin. This procedure applied whether the husband was employed or received social benefits. If migrant women needed support in their attempts to enter the local job-market, join educational facilities or experienced domestic violence, they received little to no support of Dutch authorities in view of the latter's conviction to respect "culture," "religion" and "family norms" (NRC : 4-10-2002). In this way the gender-neutral concept of citizenship surfaced its resilient gendered and family-based practice once again. The threatening moment in this process is that this discrimination against migrant women seems to occur without any political consciousness or will to do so. It happens as a matter of course, without articulation or intention, while in practice providing a deeply different deal to migrant men and women in Dutch society.

## Care Policy, Citizenship and the Continuity of the Notion of Family

Over the recent years, the concept of “care” as a theoretical concept has gained attention of feminist authors. Western feminist authors have criticized the implications of Euro-American (state) ideologies which viewed care as a private, gendered and above all apolitical issue, undervalued next to the over-evaluation of public accomplishment, rationality and autonomy combined with a far right image of care-receivers being viewed as helpless and pitiful.

For example the work of Joan Tronto (1993) offered a first definition and discussion of the topic.<sup>14</sup>

Her formulation involved a broad definition: including environment, objects next to human beings; does not conceive of care-giving as dyadic; insists caring is an ongoing process and is largely defined culturally, although this latter point is underdeveloped in her work.

In the Netherlands, Selma Sevenhuijsen (1996) has developed the issue, and it is the American feminist economist Nancy Folbre, who further attempted to “globalize” the issue of care as a political issue (2001): If capitalism is now to be considered global, it cannot just be seen as a mainly economic process. One has to start thinking about the global social obligations that accompany it.<sup>15</sup>

These authors also noted a specific characteristic of the domain/field of care: namely the fact that the most powerful sections of society are usually absent from actual care-giving, while they can tap care-services when in need. Tronto terms this phenomenon “privileged irresponsibility,” which has a second characteristic: It is also prone to ignore the needs of others. This can often take the form of “sincere” ignorance. They do not have to recognize the problems of the weak and vulnerable and often sincerely “don’t know” (Tronto: 1993, 120/2). This is an interesting insight, as it takes the issue of care away from a concern for woman alone and of viewing caring solely as a burden. One can often be grateful to at least have been available, when loved ones needed care. The problem lies in the fact that women are morally “expected” to undertake a larger share, and secondly, that adequate outside support often cannot be found. Folbre has emphasized this same issue. Not only are men often the privileged in this case, the wealthy sections of society also share in this privilege.

But the Netherlands is an example of a welfare state. It has long thought about and practiced state social obligations, developing taxation – and insurance – systems to protect the employed against economic down turn. It also has a limited financial security paid directly to those outside the system of employment.

It further has a concept of citizenship which has emerged out of an egalitarian context from its initiation in the Middle Ages. Relatively few countries can claim a historic tradition linking citizenship and democracy in this fashion. Next to migrants, termed “strangers,” there was virtually no other social category excluded from this citizenship in society, apart from women. For centuries women’s access to citizenship depended on its unproblematic linking of the woman to (the men in) her family.

Within the current welfare state, citizenship is the basis for much social legislation. Unemployment benefits and child-allowances are provided on the basis of individual citizenship and are not

linked to family members with financial means to support you or your children. Further, Old Age pensions (the earlier mentioned AOW) are paid to every citizen, irrespective of their (high) income level or that of their family members. Thirdly, the 1965 “Bijstandwet” offered every unemployed citizen a minimal income, irrespective of family relations and private income.<sup>16</sup> In fact the law at the time stipulated that (non-nuclear) family members would not be held legally responsible for supporting family members (de Regt, 1993 a:47-51). Looking back, this seems a remarkable and unrepeated legislation enforcing citizenship over family.

But most benefits are, however, work-related and it is here that a breadwinner (mostly male) for a family, but also for a partner alone, gains access to the many forms of breadwinner’s financial privileges.

In contrast to the above citizenship-legislation, since the 1980s in relation to forms of state care services, the citizen is directly asked on his/her family relations. In this way state support is dependent on this family context. As we have seen European welfare states differ on their care policies in this respect. In an era of globalization and change, the Dutch government emphasizes the need of paid labor participation, also for women. But simultaneously it has developed a policy of curbing state costs in care systems as well as stimulating the participation in the caring of those “in the surrounding of the patient, while this does not lead to payment” (see above: Labor Policy in section on Care-leave). It is an interesting use of euphemisms, but no one can fail to understand it is the same women to whom this is appealed. In practice, 75% of this “surrounding” help is provided by women. It is important to realize in this latter case that women are not targeted as citizens or individuals on the basis of their sex, but as (unemployed) members of their families.

As was described above the social fabric of Dutch society changed enormously in the 20<sup>th</sup> century, especially after the 1960s. During Pillarisation and the Christian moral offensive of the end 19<sup>th</sup> century, family had gained central importance. In the sixties there was a culmination of the contrary swing. It aimed at a private domain from the state in family and in “private relationships,” which could also exclude marriage and official family all together. Sexual liberation became paramount, probably understandable, after the former era of tight Puritanism. But also marriage itself changed: the undisputed male head of family in practice shifted to a negotiated headship, which relied on negotiation and compromise with spouse and offspring. A well developed political tradition of negotiation and compromise seemed incorporated into the modern family. But further alternatives to the traditional marriage were formed in the so-called “couples living together” and “couples living apart together” (LAT). Next the gay rights activists started their assertion, creating yet another form of “partnership” in the new age. Divorce and serial monogamy became more acceptable. This led the period between 1960 to 1990 to experience a remarkable shift of households: the “modern nuclear family” which had formed a 3/4 majority of households up to the 1950s, shrank to 1/3 of all households by 1988 (Zwaan, 1993: 258, table 4<sup>17</sup>).

In this process of change, the ideological concept of family itself became fully seen as a relic from

the narrow-minded, petit bourgeois past (“kleinburgerlijk”) and of no relevance to this modern era (v. d. Brink, 1997).

In 1995 however, due to growing atheism, drugs-problems and crime among youth, the issue of family returned on the political agenda and was debated upon in society (v. d. Brink 1997). Some wanted to return to traditional family values and found themselves hotly contested by others, who claimed any social form was preferably than returning to the narrow-minded moral project of the past. Within this debate the concept of family proved a powerful metaphor, which due to its cultural strength, was prone to be used a-historically. Authors often acclaimed that the (nuclear) family as the deeply natural form of living together had been unchanged since the Stone Age. Support for this essence of the “natural” family form was even found in the animal world. Its specific, resilient end 19<sup>th</sup> century/early 20<sup>th</sup> century socio-cultural construct of nuclear family was often overlooked. A fairly mono-cultural society tended to facilitate such a perception, showing also how deeply ingrained the specific cultural and historic form of family lives on in the mind, long after the 1960s momentum of change.

The “natural” family remained conceived as nuclear, monogamous and life-long, with economic dependent wives primarily concerned with motherhood and care, and men primarily offering protection from the outside world. Seldom to no recollection was, for instance, made to the pre-bourgeois/industrial era of agriculture and shared work activities of husbands and wives or to forms of more extended family forms.

In spite of the apparent breach of the 1960s, it is the historical continuity of the concept of family, even if gender tasks within became disputed, that has contributed to the underdeveloped political relevance of the domain of care in the 1990s. In this respect the 1960s or the current globalization, seem to contain less explanatory value. Increasing work pressures, job mobility and ageing population, made the issue of state-care provisions rise rapidly on the political horizon, but this process did not provide it with the political will of support nor recognition. It is the temporarily outlawed specific, historic form of nuclear family, returned to the debate in the 1990s debate as a “natural” (and universal) family form, which explains the Dutch government’s successful appeal to a model of family care in the 1990s.

Further the selective choice of leaving certain arrangements on child-care and care-leave to the employer and employee, coupled with the slow speed of dismantling the breadwinner advantages, culminate in a successful strategy of weighing the new issues down, instead of pushing them forward with forceful state legislation.

The lack of perceived urgency in this approach is a striking example of the earlier mentioned and historically grown phenomenon of “privileged irresponsibility.” Research on gender and care in the Netherlands therefore remains an important issue. This research would further benefit from an additional and explicit targeting of the specific form this “privileged irresponsibility” takes. Research should also give attention to the various actors (involved in policy) themselves. Here the

focus would be on the arguments developed and the specific ideas giving shape to the logic and debate within policy formation on care, as found within the manytypical Dutch-corporate boards and committees.<sup>18</sup>

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### Notes :

1. In the latter case the government has taken an enormous responsibility in view of the overworked and overburdened health-care, which often cannot take much time to discuss a decision of euthanasia with the patient and family. In such cases the patient is obviously left with quite a vulnerable form of newly acquired autonomy, affecting those more, with little education or family/friends to support them (NRC : 29-4-2002).
2. This party was led by Pim Fortuyn, who was assassinated just before the elections in May, 2002.
3. As well as non-members Switzerland and Latvia.
4. As three non-members : Norway, Iceland and Estonia.
5. Other differences between Protestant and Catholic nations are said to be found in the differing degrees of state-intervention in the economy and the level of centralism, and secondly in the degree of institutional coherence: universalism versus fragmentation. (van Kersbergen, 1995 : 194/5).
6. The older people fondly remember Willem Drees and use "family terms" to express their gratitude for receiving – for the first time in history – an old age security based on citizenship! He is known as "Vadertje Drees," which is an endearing way of describing him as "A father to them all."
7. Research undertaken before the unification of East and West Germany.
8. See note 14 on Tronto's definition.
9. "Welfare and Culture in Europe, Towards a New Paradigm in Social Policy", ed. P. Chamberlayne, A. Cooper, R. Freeman and M. Rustin, (1999) or beyond the exclusive sphere of welfare in 'The Anthropology of Policy, Critical Perspectives on Governance and Power', ed. by C. Shore and S. Wright," (1997).
10. It would be relevant to assess the planning bodies concerned with the future scenarios of the country on gendered representation of Dutch born and non-Dutch born specialists.
11. In Dutch one has two words for "family: first gezin," referring only to mother, father and children and second "familie" referring to all those to whom one is bilaterally related, with an emphasis on older parents and siblings. Below I will describe how historically this form of bounded "gezin" became very much part of the bourgeois, religious project in the first half of the 20<sup>th</sup> century.
12. In Holland the birthrate was 36 in 1875; by 1919 it was 25 and remained just over 20 till the Second World War. In France it was down to 20 in 1920 and 14 by 1938. In England and Germany the figures between the two World Wars remained far below 20 (de Regt, 1993 b : 222).
13. This phenomenon of at times too large grown differences between equal citizens, is also said to have caused the recent popularity of Pim Fortuyn.

14. Tronto's definition: "We suggest caring to be viewed as a species activities that includes everything that we do to maintain, continue and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web." (1993: 103).
15. As a first success within international policy was the chapter on care in the UNDP report of 1999, taking to the concept to an international UN forum of debate, although the chapter on care was not integrated at all in the conclusions of the report (1999).
16. Supported by the only female minister, Marga Klompe, in the Dutch government of that time.
17. Second half 1990s, the constellation of family and households seemed that transformed that debates arose among government authorities as to how to satisfactorily define a "family unit" or a "living unit" Het Gezinsrapport, van Praag, C.S. and Niphuis-Nell, M. ed., SCP, 1997, section 4.1.
18. Family systems of non-Dutch born citizens and their societies, likewise remain not represented in government research policy and in practice are often seen as inferior. Their specific cultural ways of coping with care services and supportive family strategies within their societies remain relatively unknown to Dutch policy makers.

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