

GENDERED INTERGENERATIONAL REGIMES



A. Three patterns in legal and policy arrangements

To understand to what degree country-specific institutional frameworks support the desire to be responsible towards one's children and frail old parents and/or support individual autonomy,⁴ thereby partially lightening intergenerational dependencies and the gender division of labour, three patterns in legal and policy frameworks have recently been distinguished (Saraceno, 2010):

⁴ *The Portuguese delegate emphasized that caring for children and caring for frail elderly persons should not be treated as separate policy issues. The split between policy communities addressing the young and their families and those focusing on the old, have led to a neglect of similarities and interdependencies between young and old. In pursuing careers in elderly care. The measures will of course*

(a) Familialism by default: no publicly provided alternatives to family care and financial support;

(b) Supported familialism: policies, usually through financial transfers, support families in keeping up their financial and care responsibilities;

(c) Defamilialization: needs are partly answered through public provision (services, basic income).

This categorization goes beyond the public/private responsibilities dichotomy, showing that public support may both be an incentive for and lighten private, family responsibilities (Saraceno, Keck, & Dykstra, 2009). Generous parental leaves support parental care and, in the case of the presence of a father's quota, support the caring

role of fathers, thus de-gendering family care while supporting the “familialization” of fathers (Brandth & Kvande, 2009). Childcare services instead lighten — without fully substituting — parental care and education responsibilities. At-home care, day care or institutional services for the frail elderly partly substitute for family care. The same occurs when payments for care for the frail elderly partly substitute for family care. The same occurs when payments for care can only be used to hire someone in a formal way. Non-earmarked payments for care support informal family care but also encourage recourse to the informal sector for paid caregivers, as is happening in some Southern European countries (Ayalon, 2009).⁵

B. Legal and policy arrangements are not neutral

The packaging of gendered intergenerational obligations varies greatly across countries, as it has varied across time, shaping different contexts in which intergenerational family relationships are played out. Legal norms and social policies are not neutral. They impose dependencies that limit the autonomy of men and women, or on the contrary, support the choice to assume intergenerational obligations (Leira, 2002; Saraceno, 2010). For instance, long parental leaves might strengthen the gendered nature of family care, given the prevalent gender division of care tasks and the differential wages of men and women. They might also further

polarize women of different social classes and income resources because women who opt for extensive leaves tend to have poorer prospects on the labour market. However, generously paid leaves, with a reserved father’s quota, support the desire to provide care to family members and at the same time can help de-gender it (Brandt & Kvande, 2009). The issue therefore is not long leaves versus services, but rather the balance between the two, together with flexibility in the use of leaves.

As another example, childcare services are not only a conciliation measure helping parents (mothers) to remain in the labour market. Good quality services are also a resource for children themselves, helping them to widen their relationship with other children and other adults in an ageing society and to overcome the impact of social inequalities on cognitive development (McLanahan, 2004).

With regard to elder care, over-reliance on the family via either supported familialism or familialism by default crystallizes the gender division of labour also in the third age (Saraceno, 2010). It may prove inefficient in the middle and long term, since population ageing — combined with women’s labour market participation, marriage instability, low fertility and childlessness — is creating a caring deficit within families. Furthermore, exclusive or primary reliance on family care is in contrast with the goals of higher women’s labour force participation and longer working lives for both men and women (Esping-Andersen, 2009).

⁵ *The Italian delegate described several policy measures aimed at improving the situation of migrants providing care in private households.*