



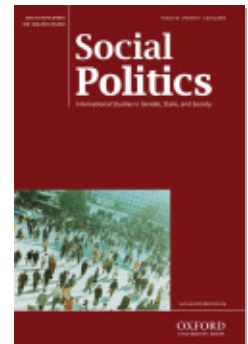
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The Politics of Ideals of Care: Danish and Flemish Child Care Policy Compared

Abstract

Most European welfare states today have said farewell to the male breadwinner–female caretaker model. Still, child care policy has a different pace and shape in each country. This article studies the (late) origins as well as the diversity in Danish and Flemish (Belgian) child care policy. In Denmark, a universal child care provision was made possible because of the advocacy coalition of women with social pedagogues. They promoted the ideal of professional care. To combat the ideal of full-time motherhood, the Flemish Catholic women’s movement strived for subsidizing childminders—the ideal of surrogate motherhood—supported by the Christian Democratic Party. Both strategies led to comparatively high levels of child care provisions, but also to very different contents and shapes. In short, one of the factors that shaped child care policy is the promotion of different (moral) ideals of care by the women’s movement, together with other—often more powerful—allies, and backed up by parental preferences.

European governments are bidding farewell to the once-popular ideal of the male breadwinner model. Except for Scandinavia, this model has been sitting firmly in the welfare state saddle since World War II. But in the new millennium, the governments of Europe no longer expect women to be full-time mothers. See for instance the Lisbon strategy, in which European countries committed

themselves to female employment rates of 60 percent in 2010. In Europe, the icon of the happy housewife is fading and new care alternatives are being promoted. Child care policies are now developing or are already in place. But Europeans still differ over what kind of care should be provided.

This article shows that when the full-time model became outdated—which occurred in different periods in different countries—national welfare states promoted different ideals of care. The need for new ideals was often motivated by economic reasons, but their content was closely related to the wishes and direction of the women’s movement or, more precisely, the care ideals of the advocacy coalitions that included (parts of) the women’s movement, often in alliance with a more powerful partner, such as a party in government or a trade union.

An “ideals of care” approach is fruitful for understanding the differences in care arrangements across Europe and can be seen as an adaptation of the dominant theoretical welfare regime approaches (Esping-Andersen 1990; Lewis 1992a; Sainsbury 1999; O’Connor et al. 1999). To demonstrate the ideals of care approach, this article focuses mainly on Denmark and Flanders (Belgium). Within the conventional welfare regime typology, Denmark and Flanders are seen as Social Democratic and conservative/Christian Democratic, respectively (Esping-Andersen 1999; Cantillon 1999). Yet both countries have the highest numbers of children in state-subsidized child care in Europe. Despite the difference in regimes, this is possible because in both cases the women’s movement was able to ally with other powerful organizations and promote an alternative care ideal that could break through the prevailing moral opposition between women’s and children’s interests. If no alternative ideal of care is proposed, it is hard to move beyond the traditional motherhood practice.

Bringing in Morality and Care: Ideals of Care

The analytical concept of ideals of care emphasizes that the study of child care policy in welfare states is not only about economic or labor market issues. Crucial, too, is the moral discussion of what is supposed to constitute good care. When mothers began expressing a desire to go out to work, moral debates ensued in many European welfare states. Who was going to care for the children? Working mothers, some said, harmed their own children. They were “bad mothers,” egotistical, careless. They placed their own lives, wishes, and demands before their children’s. In many social and political arenas, the debate was framed in moral absolutes: children’s interests were played against women’s (Bussemaker 1993 and 1998; Somers and Peeters 1991; Bertone 2000).

Mothers who wanted to work had to overcome this debate, while advocates of state intervention in child care, such as many (but not all) women's organizations, were prompted to try to find new care solutions that were not considered harmful. Looking at the moral notion of ideals of care can help explain cross-national differences in the development of social policy in the last decades. Care ideals account for why some policy choices can be and have been made, and others have not or cannot.

A care ideal “implies a definition of care, an idea about who gives it, and how much of what kind of care is ‘good enough’” (Hochschild 1995, 333; see also Hochschild 2003). More specifically, it implies something about where it should be given: the child's home, the carer's home, or a child care center; by whom: who is trustworthy and well-equipped for the job; and in what way it contributes to children's upbringing: are children supposed to be socialized with other children, educated individually, cherished, or simply “looked after”? Care ideals identify what is “appropriate care”; they are the answer to the moral predicament between working and caring that many parents—most often mothers—feel they are in.

This notion of ideals of care is derived from the theoretical concept of care that is crucial to describing and understanding the outcomes as well as the (less often studied) origins of welfare states. In this sense, care is seen rather broadly: it can be provided as paid or unpaid work, on a professional or moral basis, and across politically determined boundaries of market, state, and family (Knijn and Kremer 1997; Daly and Lewis 1998). This concept helps explain gender relations in welfare states, as women are often caregivers as well as care receivers (and also important actors in care policy); it also highlights the fact that care has different political, moral, and cultural meanings and contents across societies (see also Ungerson 1990).

In Europe, at least five ideals of care have arisen: full-time mother care, parental sharing, intergenerational care, surrogate mother care, and professional care. Of course, other ideals can be found too, but these five cover most images of good care when it comes to children. These ideals, which I will discuss below, are more precise and detailed about caring practices as well as care policies than the gender models developed elsewhere (Lewis 1992a; Leira 1992 and 2002; Pfau-Effinger 1998 and 1999) or work-life models developed by Hakim (2000). These models are generally based on the work-care balance rather than on differences in care itself. Care ideals not only address the elementary question also often used in value studies of whether women should work or stay at home, but also focus on what is seen—on both the political and societal level—as the appropriate care solutions when mothers are at work. They thus also

contain different moral gendered notions. They are also different from the typology proposed by Hochschild (1995 and 2003), who distinguishes between traditional, postmodern, cold modern, and warm modern ideals of care. These ideals are not only normative *a priori* (she seems to prefer the warm modern ideal), but they cannot explain the differences in origins and outcomes between European countries. The study of caring policy needs analytically distinct moral ideals of care that help explain gender differences in Europe without being *moralistic* in themselves. Hence I have developed a new typology of ideals of care. Care ideals are an existing practice. They are not constructed as Weberian ideal types. Care ideals came into being deductively: they arise out of my study of four countries as well as cross-national studies of care (e.g., Millar and Warman 1996; Rostgaard and Fridberg 1998; Lewis 1997 and 1998).

Ideals of care change over time and are not rigid moral rules: they can be negotiated, are diffuse, and imply some form of negotiation and change. Ideals of care are not hegemonic or mutually exclusive. The moral predicament of work versus care is likely to be solved through a “pick-n-mix strategy,” allowing for a bricolage of ideals. At the same time, it is hard to make some ideals coincide with others. Yet, while countries are not culturally coherent, some ideals are more dominant than others (see Pfau-Effinger 1998).

What’s more, care ideals can be seen as part of an adaptation process to women’s needs and wishes to work on the level of individual mothers (and sometimes fathers), and are also embedded in societal structures such as schools, enterprises, social service agencies, political parties, and social movements, and also in welfare state regulation. In different welfare states, different ideals of care have come into being, for different reasons and with different consequences. This article teases out ideals of care in public policy (as seen in government documents and actual implementation), including those that have been promoted by women’s organizations in alliance with others, and relates them to actual parental practices and preferences. To understand the history of child care policy (which has not always been well documented), I conducted a number of interviews with key political actors (see Kremer 2005).

The first ideal is obviously that of full-time mother care. In this ideal, continuous mother care performed at home is seen as the best way of bringing up children. In the wake of World War II, this ideal became hegemonic in every welfare state, although it disappeared quickly in some Scandinavian countries after the 1950s. The ideal of full-time mother care was strongly reinforced by psychologists, pediatricians, and other children’s professionals, who stressed the importance of a strong mother-child bond as a necessary condition for the

development of a child. The work of the psychologist John Bowlby in the 1950s was important for this theory, which was then popularized, first in the United States, by Dr. Benjamin Spock. From this perspective, the father is seen as having no direct importance to the young child, but only indirectly valuable, as a (main) source of economic support, and for his emotional support of the mother (Singer 1989; Somers and Peeters 1991; Lewis 1992b).

The second ideal is that of parental sharing. This model is based on the assumption that men are able to care for children just as well as women are. Advocates for this model sometimes go as far as arguing that an increase in fathers' care would be better for children (Lamb 2004), who would then have another role model in addition to the more feminine one. Another line of reasoning is that parental sharing benefits primarily women, who now work outside the home too; if men also took up their responsibilities, it would promote gender equality. One example of efforts to increase parental sharing is an intervention made in 1998 by the Dutch government, which sought to enforce parental sharing by running a campaign entitled "Who is that man who comes to our home every Sunday to cut our meat?" Similarly, the Norwegians and Swedes have set up parental leave in such a way that it aims at getting more men to take leave. This practice is referred to as "daddy leave" or "daddy months." In the ideal of parental sharing as it is promoted in the Netherlands, caring is just as important as working. Therefore, men should exchange time at work for time at home, whereas mothers should do the opposite. Parental sharing is thus built on two legs: not only should fathers be involved in child care, but both partners in a couple should be able to work part-time. In this model, it is important to note, good child care is still presented as home-based.

The ideal of intergenerational care is also home-based. The basic idea is that the first generation (grandmothers) cares for the third generation (children). In return, the second generation (daughters who are now mothers) will care for the grandparents when they become frail (Leira et al. 2005). This is not just a calculated system of family exchange; it also guarantees good child care, because who could care better than the mother's mother? She is not only experienced and can be trusted more than anyone else, she will also love the children the most. The ideal of intergenerational care is not gendered in theory, but it still is in practice. Grandmothers, daughters, daughters-in-law, and granddaughters are the ones most likely to provide care. There are also public policies in place to support these practices. In the Belgian tax scheme, for example, when grandparents care for their grandchildren, parents also receive tax deductions. This is because it is considered unfair when the state subsidizes only care

within services and does not subsidize the grandparents that give care.

The ideal of professional care strongly contests the ideal of full-time motherhood because it maintains that professionals not only provide a different kind of care than that provided by mothers, but offer something extra that should still be part of the upbringing of every child. Professional care often takes place in child care centers or is part of the educational system, and its purpose is defined in various ways: improving children's welfare, enhancing their development, socializing them, and preparing them for school or for the labor market. Crucial in the ideal of professional care is the fact that carers are educated and professionally accountable. In fact, all welfare states implement the ideal of professional care for children aged 5, 6, and 7—this varies by country—through schools.

The ideal of professional care for younger children (aged 0–3) is mainly manifest in a country like Denmark, which, as we will see, has the best-trained child care workers in Europe (Siim 2000; Borchorst 2002). Child care can give children the “social pedagogical” attention that is not available at home. This kind of day care focuses not only on individual development but also on becoming a social human being. In the United Kingdom, education rather than welfare seems to be the most important rationale for professional child care at the moment, preparing children for the labor market (Lewis 2003; Lister 2003; Wincott [this issue]). This is a fairly recent development. Professional care in the U.K. used to be available only for “problem” families, as in the United States (Michel 1999). There are thus already three different meanings for the ideal of professional care for children: welfare (for the needy), social-pedagogical, and educational.

The last ideal is that of the surrogate mother. According to this model, good-enough caring is still done best by *a* mother, even if it is not *the* mother of the child (Gregson and Lowe 1994; Nievers 2003). Care is done by a childminder, babysitter, or family provider, usually for little pay, and because it is offered at the provider's home it most closely resembles home-based care. “It may not help, but it can't do any harm either” is the way this type of care is legitimized. The purpose of such care is to “look after” or “keep an eye on” the child when the mother is at work. Surrogate mothers are not supposed to change or influence children's upbringing. They do not give something “extra” to the child. In contrast to professionals, who have different qualities and qualifications than parents, surrogate mothers are considered to have the same qualities as mothers—warmth, attention, patience—even though they remain surrogates. According to this ideal, however, it is still better if motherly warmth and attention is given by the real mother.

Ideals of care can help explain cross-national differences in the development of social policy in the last decades. Few welfare states, political parties, or social movements still embrace the ideal of full-time motherhood, but to understand how various patterns of child care provision developed as they did, we must look at how ideals of care have changed over time. In other words, studying specific care ideals may shed new light on existing welfare state theories such as the power resource approach and (neo)institutionalism. This article emphasizes the importance of morality—what is considered to be good care—while also acknowledging economic logics in understanding child care policy.

Understanding Policy Change

The development of child care policy and the shift in ideals of care from full-time motherhood to another one has some logic to it. The first two conditions are about the very fact of state provision itself. In most cases, the state began to offer child care only when quite a number of women were already in the labor force. Most of the time, women started to work first, and welfare states acted upon their demands for child care (implicit or explicit), although some welfare states were more responsive than others (Lewis 1992a). In a cross-national study of Norway, Spain, and Italy, for example, Leira et al. (2005) show that the mass entry of mothers into the labor market preceded generous public support for child care. This was also the case in Flanders and Denmark, which had higher employment rates for women prior to state provision (Pott-Buter 1993). The state is thus not the crucial initiator, but an important catalyst.

In other cases, the state intervened out of macro-economic necessity, although economic necessity takes different shapes. An important catalyst for the early and strong development of child care in Denmark, for instance, was the huge demand for women on the labor market in the 1960s (in addition to women's wish to work, since they regarded earning their own income as crucial to the emancipation process). While other countries engaged immigrants to fill in gaps in the workforce, Denmark recruited women. Ironically, the large influx of women as employees was reinforced by the subsequent development of state services, especially in the 1970s, which also needed female workers (Borchorst and Siim 1987).

In Flanders and Belgium, child care provision was also motivated by an economic factor: micro-economics. Child care was regarded as a necessary evil to protect families from poverty. This kind of thinking was already seen when the first state-funded organization was set up in 1918, and it continued well into the 1970s. As the predecessor

of the quasi-state organization responsible for state-subsidized child care, *Kind en Gezin*, stated in its policy in 1940: “The *kribbe* (kindergarten) is just an actual necessity. Many mothers work outside the home, but we hope that this situation will improve and meet a future where they do not have to leave their homely hearths” (Lambrechts and de Dewispelaere 1980, 38). But the situation did not change. Public child care continued to be considered bad for children, but it was seen as legitimate for low-income parents. By the late 1960s, all crèches—78 in total—were at least implicitly reserved for children of parents with low incomes and were concentrated in urban areas (Deven 1998). Thus Belgian child care is firmly rooted in an anti-poverty labor market paradigm. The big increase of child care, however, occurred in the 1980s, as at that time women did not work because they needed to, but because they wanted to. Financial needs were no longer the main reason to work, but social contacts (Pauwels 1978).

Thus both women’s need and desire to work, as well as a sense of economic necessity, could serve as necessary preconditions for initial state intervention into the realm of child care. But this does not explain the extent to which states became engaged in policy, or which ideal of care came to be promoted as an alternative to the full-time mother-care model. How can we understand why a certain ideal of care became dominant in one country?

For several reasons, the classic class-based power resource theory of Korpi (1983) and Esping-Andersen (1990) is inadequate to the task of explaining the promotion of specific ideals of care. The assumption of a clear relationship between ideological movements and the extent of women-friendliness in European welfare states cannot hold. Social Democratic forces, for one, have not resulted in women-friendly welfare states *per se*. In each country, Social Democratic movements struggled with the question “which is more important, class or gender?” and gender often lost (Lewis 1992a; Siim 2000; Bussemaker 1993; Kremer 2005). Moreover, party ideologies have different meanings and consequences in different countries: Dutch Christian Democracy is not the same as Belgian Christian Democracy, so outcomes also differ. The Christian Democratic regime has invested much more in child care in Belgium than has its counterpart in the Netherlands (Daly 1999; Kremer 2005). Political groups other than the Social Democrats have also been important for caring policy. For example, Liberals, seldom considered women-friendly in welfare state theory, fought for the individualization of taxation in Denmark (1967) and for the Dutch tax reforms in 2001 that benefited working women in the Netherlands (Kremer 2005). Thus class-based power resource theory can indicate some but not all of the power relations in each country.

What could be an alternative explanation? In many ways, the transformation of one ideal to another resembles a paradigm shift in science, as described by Kuhn (2003). The old paradigm—the male breadwinner–female caretaker model—is criticized, dismantled, and reconstructed by various politicians, the women’s movement, and the media. At the same time, people themselves, acting as primary agents, begin to develop new practices. Problems (anomalies) with the dominant care ideal, or paradigm, become visible. This period of “crisis” is followed by a competition between schools; some ideals develop in contrast to others. As Michael Billig (1991) points out, our argumentation and actions are part of a wider social context of controversy; what we think and how we act refer not just to our own position or practice, but also to other positions in a public argument that we oppose. We not only express our own position, we seek to criticize and thereby negate the counter-position. In other words, in the moral and cultural arena, there is a struggle over what type of care is most appropriate when mothers are at work. Some groups advocate the ideal of professional care, while others push for fathers’ involvement. Meanwhile, some parents simply embark on new caring practices.

In Kuhn’s view, one paradigm grows in strength because of powerful arguments and the number of advocates, while the other schools and the previous paradigm fade. This is also the case with ideals of care: when alternative ideals of care become stronger, the traditional model disappears. Thus, in Europe, the ideal of full-time mother care has been nearly eradicated by now. Finally, according to Kuhn, the reason one paradigm wins over another is less related to its inherent “quality” than to whether proponents of such a paradigm have good networks and alliances. In other words, paradigm shifts are a matter of politics.

The crucial condition for explaining why some ideals “win” over others is thus the strength of a powerful alliance built by actors united around similar beliefs. This has been stressed by Hank Jenkins-Smith and Paul Sabatier (1994), who propose the concept of the “advocacy coalition framework.” These scholars regard public policy in the same manner as belief systems, i.e., sets of value priorities and causal assumptions about how to realize them. The systems involve value priorities, perceptions of important causal relationships, and perceptions of the state of the world, which are deep core values. Advocacy coalitions are based not on common interests but on common beliefs. In other words, “schools” or “advocacy coalitions” can work together well to fight for a paradigmatic shift only if they are based on similar beliefs. These beliefs are hard to change, so advocacy coalitions are rather stable over time. They argue that to

understand policy change, it is important to focus on policy sub-systems or domains. This includes a variety of actors, not only regular interest groups but also journalists and researchers. Pierson (1994 and 2001) also shows that powerful new groups may have emerged, surrounding social programs; he argues that “the analysis of the welfare state’s supporters must shift from organized labor to the more varied constituencies of individual” (1994, 29–30; see also 2001).

Building on Jenkins and Sabatier, one would assume that ideals of care are always constructed as positive notions. One cannot imagine people—even politicians—just fighting for spending money *per se*. Actors fight for something they more or less believe in, what they consider as appropriate in a given context (March and Olsen 1989). In other words, ideals of care are something to be strived for; they can connect people who have similar notions about the good life. Actors cannot make good alliances with groups that do not fit their belief system. This approach is thus different from a rational choice perspective of actors (see Hall and Taylor 1996). Of course, actions are sometimes instrumental and strategic (this is especially how actors define their actions afterward, argue March and Olsen 1989). But actors are not seen as purely strategic operators who are continuously trapped in a prisoner’s dilemma—what will give me the best chance to win: cooperation or individual strategies—as rational-choice academics see the world. They do not usually act against their belief systems.

But in order to explain policy change with regard to the care of children, two more factors must be added. One is parents’ preferred ideal of care. Women’s entry into the labor market and the “dismantling” of the male breadwinner model has constituted a seachange—one of the most profound shifts of the last decades; a “revolution,” writes Hochschild (1989); a “paradigm shift,” in Kuhn’s terms; a “deep core” change, in the words of Jenkins-Smith and Sabatier. But such change can never be confined to the policy communities or the political elite; profound changes such as this must be supported by the principal agents—by people. Kuhn already stressed this when he drew a parallel between scientific revolutions and political revolutions; in the latter, he said, the “masses” need to be persuaded. Thus the advocacy coalition framework must take into account the feelings and opinions of the broader community. Transformations of ideals, or paradigm shifts, not only engage those who are directly involved in policymaking, but must also mobilize the support of a critical mass of the population. At the same time, the larger community can also be part of an advocacy coalition.

With regard to child care in the two cases under discussion here, one advocacy group has been more important than all the others: the

women's movement. This movement was key not only because of its presence or absence, but especially because of its orientations and alliances. Women, as groups or as embedded in other organizations, do not, however, have a constant set of interests or ideals across countries (Naumann 2005). For O'Connor et al. (1999), the principal line of opposition or cleavage among women's movements was where they stood with regard to the question of "sameness" or "difference." But this cleavage is not exhaustive; when it comes to care policy, the most important line of cleavage falls between ideals of care. In addition to the care orientation of a particular women's movement—in the broadest sense of the word *movement*—it is also important to look at whether women used opportunities to form alliances with other powerful groups, movements, or power resources such as trade unions, professional organizations, or the dominant political coalition, and whether they were able to mobilize parental opinions.

In short, what kind of new ideal has been promoted is a result of a battle in which the argument for one ideal is often developed against a counter-ideal, but the result is often proposed by a wider advocacy coalition in which (parts) of the women's movement are crucial—often supported by general opinions about care. The next section not only shows which ideals of care have been embedded in child care policy in these two cases, but also how the women's movement in each case managed to break through the moral conflict between children's and mother's interests.

Child Care in Denmark and Flanders

Denmark holds the world record in state-subsidized child care: most young Danish children spend part of their lives in day care. In Denmark the family "goes public," as Alan Wolfe (1989) has argued. More than half of children younger than three years old go to public facilities, and nearly all (90 percent) attend when they reach the age of three (Rostgaard and Fridberg 1998; Rostgaard 2004). Consequently, the phenomenon of the housewife has been almost entirely eliminated: only 4 percent of women are engaged in full-time mothering and, more than in other Scandinavian countries, nearly all parents reject the idea that the husband should be the sole provider (Eurostat 1997; Ellingsaeter 1998).

Denmark has always been "ahead" of other European countries. In the 1950s, 5 percent of Danish children aged 0–3 attended a child care center, and with the expansion of the welfare state in the 1960s, child care also increased. Already by 1964 a law had been approved giving municipalities responsibility for securing adequate coverage of

child care services. This law, which—contrary to classic power resource theory—was supported by all political parties, not only the Social Democrats, transformed child care from a service mainly for working-class women into a universal provision intended to give all women the possibility of working. Employment for women was no longer recognized as an economic necessity for some, but as a universal desire. Moreover, the pedagogic function was central; child care was meant to increase the well-being of children (Borchorst 2002). In 1974, as a first step toward individual entitlement to child care for children under school age (which is age seven in Denmark), the Social Services Law was passed, stipulating that municipalities were required to provide the “necessary places” (par. 69). In the mid-1990s, the Social Democratic government guaranteed children over age one the right to child care.

Perhaps a surprise to some, Flanders places second in the child care league. In 1988, 23 percent of children under three were attending state-subsidized child care; by 1993, this number had risen to 31 percent, and by 1999, to over 40 percent, easily surpassing the Lisbon targets, as does Denmark (see Table 1). In Flanders, the percentage of children over age 2.5 is even higher, because at that age they can attend school. The Flemish rates (as well as those for Belgium in general) are not only higher than in the Netherlands, but also much higher than in the country often compared to Belgium, namely, France (23 percent in 1995, 39 percent in 2000). In fact, the Belgian level in general and the Flemish level in particular are nearly as high as in Sweden (ECNC 1996).

These figures indicate that a Christian Democratic welfare regime can thus build just as comprehensive a child care service as a Social Democratic welfare state. How can we understand this? In Belgium and Flanders, Christian Democratic coalitions were indeed vital for the development of the welfare state, and the Christian Democrats have always held the (Flemish) cabinet seats for welfare, child care, and family policy. But how could state-subsidized child care expand

Table 1: Percentage of Children 0–3 in State-Subsidized Child Care, 1985–2000, Belgium and Denmark.

	Around 1985–1990	Around 1995	Around 2000
BE	20	30	41*
DK	48	48	56

*Flanders: age category 0–2.5. For ages 2.5 to 3, the percentage is 86 (Kind en Gezin 2001). Sources: ECNC 1990; ECNC 1996; Bradshaw and Finch 2002.

as much in a Christian Democratic regime as in a Social Democratic regime? This is where ideals of care come in.

The Ideal of Professional Care in Denmark

A crucial element in the development of child care in both cases is the ideal of care promoted there; in Denmark, this is the ideal of professional care. The Danes have a common expression: “every parent knows how to care for her own child, but you need a proper education to care for someone else’s child.” Child care in Denmark does not mean “minding”; it is supposed to improve the child’s upbringing. This principle is even laid down in the 1998 Social Services Act: Child care is to be more than a place where parents bring their children because they need care for them; it gives children a type of care that parents can never provide. The law stipulates that the talents and aspirations of each individual child need to be nurtured, while at the same time children are offered the opportunity to develop feelings of attachment to a larger community and to become social and political citizens.

It is thus no coincidence that Danish children are cared for by the best-trained workers compared to most other countries: they are real professionals. Child care workers must have three years of higher education and have a recognized title (social pedagogues). Unlike in many other countries, there are only minor wage differentials among schoolteachers, and child-staff ratios are the lowest in Europe (3:1 for children aged 0–3) (OECD 2001). Social pedagogues are considered the protectors of the quality of care; the higher the level of education, the higher the quality of care.

The Advocacy Coalition

The emphasis on professional care in Denmark can be traced back to the child care workers who played an important role in the history of state child care. During the initial phase from the 1940s until the 1960s, the main driving force came from individuals connected to pedagogical ideas and schools like those of Fröbel and Maria Montessori. By the late 1940s, the organization of professional child care workers was already demanding that access to child care be universal. Their objective was to accommodate children from different backgrounds, so they called for funding even for facilities for children from well-off homes. Their argument was that all children need social contacts, personal inspiration, and development. In the 1950s, the professionalization of child care workers really took off; common standards were defined, and special training courses for the workers established. In 1969 the education of professionals was extended to

three years, strengthening the social-pedagogical aspects. The number of trained professionals, many of them women, rose significantly, as did the number of employees in child care facilities (Borchorst 2002). This went hand in hand with a growing importance of pedagogues in defining the child care question. The first universal law for child care of 1964 reveals the hand of the pedagogues' organizations in its language (Bertone 2003).

These powerful pedagogues were flanked by women's organizations, who agreed on the issue of child care (Bertone 2003). Danish women's groups have a long tradition of political networks and successful alliances (Bergqvist 1999), in part because the political culture, described as "bottom-up" rather than "top-down" (as in continental political models), has also offered them good opportunities for expression and influence. Danish political culture, Birte Siim (2000) emphasizes, is highly integrative and directed toward conflict-solving. Thus Danish women could formulate gender issues from below (see also Bergqvist 1999).

This advocacy coalition between the Danish women's movement and the social pedagogues made it feasible to promote a type of child care that was not antithetical to children's interests. "The women themselves said . . . we want to join the labor market and become equal with our husbands, but it shall not be at the cost of the children or the elderly," said Bent Rold Andersen, the Social Democratic Minister at that time, in an interview (Kremer 2005). Quality professional child care would take the issue of women's work beyond the issue of its consequences for children. It virtually smothered the moral debate.

In the 1970s, the Danish women's society (DK), a traditional women's organization, moved toward defining children (rather than women) as the central objects of their claims for child care. In this way, writes Ciara Bertone (2000), comparing the Danish with the Italian case, the DK could avoid conflicts over whether married women should work. In addition, the Redstockings, part of the second wave of the women's movement, initially regarded children's needs as secondary to women's employment, but in the late 1970s they also came to see the importance of promoting children's interests in order to obtain quality child care. The political scientist Drude Dahlerup (1998), once a Redstocking herself, writes that the demand for improved child care centers for all children was crucial. The women's movement, traditional as well as second-wave, was strongly engaged in the discussion of pedagogical goals and sided with the pedagogues in their claims for quality child care. This support was important for the pedagogues, so that later, in the 1980s, when child care came under severe pressure, the pedagogues, together with the

women's groups, were among the most active forces against the cut-backs (Bertone 2000 and 2003).

It should also be noted that the strength of the alliance depended heavily upon the strength of the pedagogues themselves, which was, in turn, the result of the fact that they were organized in a relatively strong trade union (BUPL). This is important in the Danish landscape, where the corporate channel is powerful. In this sense, trade union strength, typically considered a feature of Social Democratic regimes, must also be considered in explaining child care policy and the power of the women's movement in Denmark.

Professional Care vs. Surrogate Mothers

Another site for the alliance between the women's movement and the pedagogues appeared in the 1970s and 1980s, when the two groups found themselves fighting side by side in their battle against another ideal of care: the surrogate mother. In the period before the first law on child care in 1964, some political parties promoted the use of state-employed day care mothers. Both Social Democrats and the bourgeois parties argued that family day care could provide a more gradual break with the model of full-time caring (Bertone 2000). At that time, the DK was already very much opposed to family day care on the grounds that it would undermine the pedagogical ideal of child care (Bertone 2000), which had been established with the 1964 child care law. When that law was drafted, day care mothers were considered a *nødløsning*—an emergency solution. The future ideal was that all children would be cared for by professionals in child care centers.

Initially, the working conditions of the day care mothers were poor, but they, too, became organized. The trade union for public employees fought for their rights, and as a result the first collective agreement concerning day care mothers was negotiated in 1971. The main issues were wages and the number of children, but not training. In the 1974 Service Law, day care mothers are no longer regarded as a *nødløsning*, but as a “supplement” to other kinds of care. Nevertheless, the government explicitly stated when passing the law that it was better if children were cared for by professionals in child care centers. The BUPL, women's organizations, and Social Democrats strongly agreed: they were fiercely opposed to family day care. Not only was it bad for children, it could not be seen as a decent job for women. Together the DK and BUPL continued to fight for the ideal of professional care.

Parental Support

Danish parents, finally, also favor the ideal of professional care. Even when parents are at home—for instance due to unemployment—most parents want their children to go to child care, where highly

professionalized workers care for them. They firmly believe that children are better off than when they are at home with their parents (Christensen 2000). Consequently, in the 1990s social pedagogues gained a new powerful ally: parents. Not only were they numerous—the majority of young children use publicly funded child care—but they were mobilized. The parents organized themselves and gained a statutory voice in child care centers. These mothers and fathers often sided with BUPL, pushing to keep the number of trained workers in kindergartens as high as possible. Thus in the late 1990s, when the Social Democratic government decided to reduce the number of social pedagogues per child, there was an outcry in the media by parents as well as professionals. In this sense, the system itself, as Paul Pierson (1994 and 2001) points out, created its own defenders. Child care services produced a new constituency: powerful parents who, as both individuals and collective actors, became important child care advocates.

In short, the alliance between organized professionals and women's groups, which in the 1980s and particularly the 1990s was strengthened by parents' organizations, is crucial to explaining both the success and the content of child care policy in Denmark. The ideal of professional care bound them together and resolved the socially constructed dilemma in which children's interests were opposed to women's interests. This opened up support from many political parties. The stress on the pedagogical function of child care services also legitimized universal child care services, and universal services, in turn, produced a forceful constituency among parents. Thus, in Denmark at any rate, the ideal of professional care can be seen as a precondition for the claim of the right to child care.

Flanders: The Ideal of the Surrogate Mother¹

In Flanders it is crucial to note that, since the 1980s, the bulk of state subsidies have gone to family day care; here, the ideal of the surrogate mother prevails. Many more children under age three are cared for by day care mothers than in child care centers. Jenson and Sineau (2001) calculated that for the under-threes, in the Flemish region, more than 11,000 children are in day care centers, while 19,000 are in family day care. Looked at another way, 35 percent of children in this group stay with day care mothers who are connected to a *dienst voor opvanggezinnen* (service for family day care), while 24 percent go to a public child care center (Vanpée et al. 2000). These services are subsidized and controlled along pillarized (denominational) lines, although most of them are Catholic. They organize the access and mediation between parents and childminders and

provide professional advice and support as well as training. They also pay the childminders (from the money the parents pay the organization). The care providers themselves are unofficially called *onthaalmoeders* (the term *onthaal* has the connotation of a warm welcome).

It was never stated publicly, but Flemish governments, which have always had a Christian Democratic minister responsible for welfare, seem to prefer the ideal of the surrogate mother. The official standpoint is that the state is neutral: the government does not prefer any one type of child care above another. “The state has to follow parents’ wishes,” stresses the quasi-state organization Kind en Gezin (1988). Flemish parents seem to prefer the system of formalized day care mothers, as it is considered flexible and warm, and the state has put their preferences into practice. Indeed, Flemish parents are generally very content with their care arrangements: they get the child care they want (Vanpée et al. 2000).

The Advocacy Coalition of Catholic Women with the Christian Democrats

Until the 1970s, the dominant type of state-subsidized child care in Flanders was the child day care center. These were mostly an urban phenomenon, catering to working-class families in cities. Historically, they were part of a medical-hygienic regime. The institutions were large, the staffs were nurses, and the places in them were labeled as “beds” (Hermans 1984). Not surprisingly, they were seen as “cold and formal.” As an alternative, organizations of day care mothers developed; they were seen as the answer to collective institutional care as well as to the increased employment of rural women. The Catholic agrarian women’s movement (KVLV) was the first to call for childminding services, and they became the “founding mothers.” At that time, the Catholic women’s movement was quite powerful; it included not only the KVLV but also the organization of Catholic women workers (KAV). They had strong links with the political decision-makers, and many women who attained a position in parliament or the government did so after a career in the Christian Democratic women’s movement.

When they launched their plan in the early 1970s, the KVLV had three challenges: convincing day care mothers to join the organization, mothers to use the service, and, last but not least, the government to fund the initiative. At that time, both mothers as well as potential childminders were conspicuous of a system of day care mothers. Using day care mothers was not standard practice—grandparents cared for young children—and the initiative seemed really new. The members of KVLV were eager to set up a childminding

service because they needed and wanted to be engaged in employment. Child care at that time was often seen as a necessary evil. For this reason, the agrarian women argued in their pamphlet that “bringing up children also at the ‘second’ home is not necessarily worse, if the quality is guaranteed” (KVLV 1977, 5). Organized day care mothers, with the help of the state, could guarantee this quality: “in the countryside many women and families are prepared, with some guidance and information, to give care successfully” (KVLV 1977, 6).

Another argument was that organized day care mothers would energize family and neighborhood life, which was allegedly eroding at that time too. This was especially powerful: rather than arguing that child care would diminish family and community life, the women of KVLV stressed that this particular type of child care would actually strengthen them. Moreover, day care mothers were surely an attractive bargain. The state had to intervene only slightly, just to make sure that people would support each other. Organizing and subsidizing day care mothers was very inexpensive, compared to child care institutions. Since no buildings had to be rented—children were cared for in a mother’s home—and day care mothers did not receive wages for which tax and social security payments had to be paid, family day care cost half as much as child care centers. The arguments the Catholic Agrarian Women used were cleverly designed to align with Christian Democratic interests—low costs and social cohesion—while at the same time expressing concern for the quality of children’s care. Thus the Catholic women were able to forge an ideological alliance with their Christian Democratic Party.

The initiative was “crowned” in 1975 when the government decided to subsidize day care mothers and set up a service. The would-be mothers were paid fees and thus did not have to pay taxes or social security premiums. They were not employees, let alone professionals, but they also were not protected by social security. From then on, day care mothers were “embraced” by the Christian Democratic Party and the ministers in charge of child care. Increased child care subsidies from the late 1980s onward were to a large extent used for the development of the *Diensten voor Opvanggezinnen*, the Bureau for Day Care Families.

Childminding is now a much more widespread practice in Flanders; it is no longer a Christian Democratic phenomenon only. It is true that as an urban phenomenon, crèches or child care centers are very much associated with the Social Democratic movement. For a long time the Social Democrats opposed family day care, instead favoring the ideal of professional care. They strived for crèches that, in their view, were more likely to treat all children equally and

engendered solidarity among them. Consequently, most organizations for day care mothers—first in the countryside, later developing in cities—belonged to the Catholic pillar. More recently, in the wake of family day care’s success, the Social Democratic pillar has also started to develop family day care networks, primarily in cities.

Toward Professional Care?

Subsidizing day care mothers offered the Flemish a way out of a deadlocked situation. By no stretch of the imagination did the existing (urban) child care institutions resemble home-based care. As in many welfare states, in Belgium, “warm” care—represented by a dedicated mother who continuously cared for children—was contrasted with “cold institutional” care, in which indifferent professionals cared for children for long hours. In the first case, mothers are expected to make sacrifices for their children, while in the second, children suffer because of mothers’ selfishness. Caring at home was weighed against child care institutions, the interests of children against the interests of mothers (Somers and Peeters 1991).

Day care mothers provided an alternative to the cold professionals that was much more in keeping with the wishes and values of Flemish parents as well as Christian Democratic ideology: children are cared for in homelike surroundings, and even though the day care mother is a surrogate, she is at least a mother, and therefore better suited to provide care to children. This kind of thinking also helps explain the development of state-subsidized child care under a Christian Democratic regime. Concerned about poverty within families, the Christian Democrats had to acknowledge that it was sometimes necessary for women to work in order to increase the family income. But they were worried about the consequences for children’s upbringing. The type of care provided by surrogate mothers fit well not only with their ideas about appropriate child care, but also with their gender ideology, which stressed (economic) dependency relations within the family.

Ideals of care are not static. They change and evolve as a response to changing social and cultural conditions and changing wishes of informal and formal caregivers as well as parents. Actors and advocacy coalitions may respond to these changes. Professional care is increasingly becoming an ideal in Flanders, replacing the ideal of the surrogate mother. The Flemish quasi-state organization Kind en Gezin has slowly tried to alter the model of the surrogate mother in this direction. Kind en Gezin (2003) increasingly stresses that child care outside the home also contributes to the welfare of children. Their position not only reflects the influence of new insights in child care but is also strategic: it increases the stability of state-subsidized

interventions, attracts more parents to use child care—as parents' wishes may change in the future—and attracts women to work in child care. This ideal of professional care is also underlined by the Flemish ministry (2000).

One way of altering the model is to improve the quality of care. The medical-hygienic regime that was in place in child centers has thus been transformed into a welfare regime with the concomitant education, training, and control. This, however, has not lived up to OECD (2001) standards, by which Belgian child care still appears to be too scholarly with rigid rules and many children in one group. At the same time, the low educational level of child care workers continues to be a concern. About 75 percent of employees working with children have no diploma, and some of the remaining 25 percent have completed only the lower level of professional training (Kind en Gezin 2003). Moreover, staff-child ratios are low compared to many other European countries (1:7 for the under-threes).

Another step toward professionalization is to grant day care mothers basic rights. Since April 2003, they have been receiving social security rights such as pensions and unemployment benefits. The Flemish federal state is putting 10 billion euros into this. The reasons are pragmatic: first, a court case that has deemed childminders as employees has increased their rights, and second, the number of women wanting to become family day care providers has decreased dramatically. Many day care mothers used to care for other children in addition to their own children. Many women nowadays do not want to stay at home: they want to have a real job. Professionalization may attract more people to work in child care, perhaps even some men. Thus the ideal of the surrogate mother may be slowly changing and moving toward professional care.

Conclusion

After waving farewell to the ideal of full-time mothering—because of both economic reasons and women's demands—various welfare states promoted new ideals of care. These new ideals were often a way out of a deadlock in which mothers' interests were opposed to children's, and institutional care was regarded as “cold” while mother's care was considered “warm.” When an alternative ideal of care was proposed that could break through the moral debate, large-scale state intervention into child care thus ensued. Together with economic reasons and women's demands, this has been an important pre-condition for the development of child care policy.

Working women in particular benefited from ending such moral debates. It is therefore no coincidence that alternative ideals of care

were often proposed by women, although always in alliance with more powerful actors in the specific welfare regimes, such as the political party in government, professional organizations, women in trade unions, and newly established client organizations such as those of parents. In Denmark, it was the social pedagogues; in Belgium, the Christian Democratic Party. While women needed an advocacy coalition, their choice of partners affected the child care policy that would emerge.

What women (as collective agents) wanted was also important (O'Connor et al. 1999; Naumann 2005). What has been the direction of the care dreams of the women's movement (in a broad sense)? Which type of care was considered appropriate—ideal—when mothers went to work? While women's groups in Denmark and Flanders proposed alternatives for the ideal of full-time motherhood, women's groups in other European countries did not have such a consistent child care proposal.

In short, using the model of ideals of care, child care policy is not understood as the outcome of class-based power resources, but of a political battle between coalitions advocating different normative ideals. Promoted ideals of care always counter other ideals (including the ideal of mother care) (Billig 1991). To become embedded in social policy, ideals must be promoted by a powerful alliance—usually including women's groups, but also reflecting parental preferences.

Identifying the dominant care ideal also helps explain the composition of child care policy. Flemish child care services were able to develop because the state invested mostly in the ideal of the surrogate mothers or family day care—that is, mothers who receive pay but, until recently, have had no workers' rights. This is not only a cheap solution but also fits well with the Christian Democratic ideology that stresses solidarity within the community, motherhood, and dependence within the family. State investments could then take place and lead to a top ranking in European child care.

While in Flanders the warm ideal of the surrogate mother was seen as opposed to the cold ideal of professional care, in Denmark, the opposite occurred. The Danes do not consider professional care to be cold; in the “people's home” (the Scandinavian label for the state), it is warm. Such an ideal of care has been a pre-condition for the universalization of child care. When child care is not seen as a “luxury” for working women but as a positive benefit for children—something that contributes to their well-being—it becomes evident that all children should have the right to professional child care. Ideals of care thus also help explain the content of the child care policy in place, for instance the level of state support and whether child care

services are targeted or universal. Finally, as the Flemish case shows, ideals of care are not immutable but can change slowly over time, as the result of efforts on the part of a coalition partner to influence them or the rise of new advocacy coalitions.

NOTES

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1. In Flanders also the ideal of generational care has been promoted and practiced. Due to limits of space, I focus here on how the ideal of the surrogate mother came into being. For more information, see Kremer 2005.

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