“BACK” TO THE FAMILY, “FORWARD” TO THE MARKET?
Barbara Da Roit, University of Amsterdam
CARE (BACK) TO THE FAMILY/ THE COMMUNITY/ THE INDIVIDUAL

- A common, more or less explicit, policy objective across care regimes:
  - Reducing de-familialisation
  - Supported familialism
  - Familialism by default
- ... with different ‘ideological’ accents
  - Conservatism (keep care within the family)
  - Communitarianism (re-building the community)
  - Neoliberalism (individual responsibilities)
  - Social democracy (autonomy)
GOING ‘BACK’... TO WHAT?

- What was family/community care before the welfare state?
- How did the welfare state (and social change in general) change the meaning, content, extent of ‘care’?
- What does ‘reversing’ the ‘crowding out’ mean (... if things are a bit more complicated that this)?
THE BIG ABSENT IN THE DUTCH DEBATE: THE MARKET

- The most prominent change in care arrangements
- The second common policy trend across care regimes:
  - From public to private provision (privatization)
  - Payments for care (marketization)
  - Tax incentives (marketization)
- De-familialisation of care tasks through markets
  - Migrant care workers
IS THE MARKET A PROBLEM?

- Care is labour-intensive; cost-reduction is possible through:
  - (Organisational and technological improvements)
  - Reducing the amount of care provided
  - Reducing the costs of labour

- There is a relationship between the quality of work and the quality of care
GOING ‘FORWARD’ … TO THE MARKET?

- Market ‘niches’ in the Netherlands
- De-professionalisation, informalisation and the market
  - Through Personal Budgets
  - Markets for home help (WMO)
  - Migrant live-in care workers
- Markets and exit from the welfare state
  - ‘High end’ private care solutions
REFERENCES


