THE POLITICS OF CARE IN A STATE OF CRISIS: THE ROMANIAN CASE

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Abstract

The present paper aims to investigate the Romanian public discourse and policy-making regarding care during the post-communist transition and its possible implications in the context of the present financial crisis and Romanian political realities. The paper is divided into three main sections, corresponding to the three main dimensions of analysis: one detailing the theoretical framework used in the present approach, one presenting a brief overview of the politics of care during the Romanian transition and one addressing the new issues put forward by the present context. Drawing from the insights of feminist scholarship on the ethics of care, the analysis of Romanian policies and discourse will be broken down along three distinct but interdependent research variables: the status of care-taking activities and the situation of care-takers and care-receivers themselves, especially related to their risk of social exclusion. A list of priorities will be put forward, both for future research and policy-making.

Keywords: Care, ethics of care, financial crisis, reconciliation, social exclusion

Introduction

The present paper aims to investigate the Romanian public discourse and policy-making regarding care during the post-communist transition and its possible implications in the context of the present financial crisis and Romanian political realities. The analysis follows the theoretical insights of feminist research, particularly the ethics of care.

How and if care is integrated into the wider domain of political research and theorizing is directly connected to how it addressed through public policy. The question of care highlights both the connection between the welfare state and gender and draws attention to particular aspects relevant especially in the current crisis: the gendered levels of income, women's presence in the labor market and the priorities in the redistribution of resources.

The paper is divided into three main sections. The first section briefly presents the theoretical framework used, mainly pertaining to the feminist ethics of care. The second part consists of a brief overview of the politics of care during the Romanian transition. The analysis of Romanian policies and discourse will be broken down along three distinct but interdependent research variables: the status of care-taking activities and the situation of care-takers and care-receivers themselves, especially related to their risk of social exclusion. One final section addresses the issues put forward by the present context, mainly the present financial and political crisis. A list of priorities will be put forward, both for future research and policy-making, as part of the concluding remarks.

The feminist literature on care is extensive and it is not the purpose of this paper to offer a comprehensive presentation of these contributions. Rather, I aim to identify the main theoretical

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insights pertaining especially to the ethics of care and apply them to the specific Romanian present context. Recent feminist analysis has focused more on specific state policies and how they address the issue of care, both as part of national or cross-national research. The current paper follows a similar path, using available data and drawing on previous research on the issue.

1. Theoretical framework

The theoretical approaches to care briefly presented in this part of the paper do not seek simply to affirm the value of care as it is understood and addressed within traditional gender roles discourses- where care is a natural, often instinctual activity, usually attributed to women and belonging to the private sphere. What is at stake is the valorization of care as a publicly relevant, deeply political activity.

1.1 The caring self and the value of care

The current debates concerning care have feminist theorists and research at the center, since the value of care and how politics is related to it usually affects predominantly women's lives. These debates run along three interdependent but distinct lines: 1. they are ontological in their focus, because what lies at their centre is a particular conception about the self 2. They discuss the ethical implications of taking the embedded subject seriously and 3. They have distinct policy implications, which is the part I will focus mostly on.

The ontological line of argument follows from taking women's life experiences seriously and considering them relevant to political and philosophical inquiry. An important part of women's lives is dedicated to care-taking activities and the implications for political thought are substantive. While most political theories address the subject from the standpoint of an independent public self, proponents of an ethics of care argue that this independent self should not constitute the basis of political thinking. Since most people's lives are actually marked either by the care they receive (most of our lives we receive care, as children, elderly, sick or disabled) either by the care they give (especially in the case of women) a relevant political theory should begin with an embedded conception of the self¹, In this context Whitbeck argues for a "feminist ontology" that "has at its core a conception of the self-other *relation*² that is significantly different from the self-other *opposition*³ that underlies much of the so-called "Western thought". This opposition has lead to two conceptions of the person that Whitbeck considers related to one another: patriarchy and individualism. What relates them is the use of dualisms⁵ long favored in Western philosophy. In response feminists proponents of an ethic of care offer a different view of the person. A feminist ontology would offer a vision of society based on "mutual realization"6,

¹ Caroline Whitbeck, "A Different Reality: Feminist Ontology" in *Beyond Domination*, ed. Carol Gould, 64-88 (New Jersey: Rowman&Littlefield Publishers, 1989), 64; Virginia Held, *The Ethics of care. Personal, Political and Global.* (New York: Oxford University Press, 2006), 13; Joan Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care,* (New York: Routledge, 1993),162.

² Author's emphasis

³ Author's emphasis

⁴ Caroline Whitbeck, "A Different Reality: Feminist Ontology" in *Beyond Domination*, ed. Carol Gould, 64-88 (New Jersey: Rowman&Littlefield Publishers, 1989), 64

⁵ There is long list of dualisms feminists contest: private/public, nature/culture, reason/feeling, spirit/matter, mind/body, all conceived as part of a conception treating the male/female distinction in the same oppositional hierarchical manner. See Caroline Whitbeck, "A Different Reality: Feminist Ontology" in *Beyond Domination*, ed. Carol Gould, 64-88 (New Jersey: Rowman&Littlefield Publishers, 1989), 64

⁶ Caroline Whitbeck, "A Different Reality: Feminist Ontology" in *Beyond Domination*, ed. Carol Gould, 64-88 (New Jersey: Rowman&Littlefield Publishers, 1989), 65

focusing on practices mostly common to women's life experiences. This new view of the person would be historical and relational, seeing the subject as a part of social relationships and the process of becoming a person as conditioned by those relationships⁷.

Thus taking such a view of the person as a starting point implies a significant change in political ethics and theorizing (For example the relationships that exist between actual persons are usually more scarcely analyzed in political theory because of their more "private" nature.) Feminist theorist differ in their approach to this particular issue: some argue for a radical change in the way political theory and ethics is constructed, others seek to integrate these insights into wider already accepted categories in political theory.

Virginia Held and Caroline Whitbeck, for example, argue for a complete shift in focus. What appears as "exceptions" in traditional ontology, instances where all members of the family, for example, take turns in caring for one another or how health can be relational- mother-child care is a prime example, would find adequate representation in a feminist ethics of care⁸. All this would in turn lead to a new ethics of responsibility, in place of a "rights and obligations" language, responsibilities that arise from everyday lived relationships⁹. While rights and obligations are not entirely discarded, they have more of a subordinated and instrumental character: they are necessary if people are to meet their personal responsibilities to one another¹⁰.

Virginia Held stated the case for such an ethic in terms similar to Whitbeck's: An ethic of "characteristically sees persons as relational, and interdependent, morally and epistemologically."¹¹. There are several traits of the ethics of care in Held's view: First, we should put the needs of those we are responsible for at the center of our moral reasoning: "the central focus of the ethics of care is on the compelling moral salience of attending to and meeting the needs of the particular others for whom we take responsibility."¹² Second, in contrast with most dominant moral theories, epistemologically emotion is just as valued as reason. Third, lived relationships enable moral reasoning in no way inferior to abstract thought. While abstract thought is believed to lead to greater impartiality, and lived relationships seen as impeding such impartiality, within the ethics of care the responsibilities a person has within her relationships carry greater weight. While not all theorists agree on how and if this would ensue in a tension between care and justice, for example, they question the ontological assumptions at the basis of claiming the superiority of abstract reasoning. Such superiority would be valid only if one presupposes an egotistical and competitive world with only universal moral claims to keep it in check. Fourth, an ethic of care challenges the public/private divide and bring the care-taking activities of women into the public sphere. Fifth, it begins with a different account of the person.¹³

⁷ Caroline Whitbeck, "A Different Reality: Feminist Ontology" in *Beyond Domination*, ed. Carol Gould, 64-88 (New Jersey: Rowman&Littlefield Publishers, 1989), 77-78

⁸ Caroline Whitbeck, "A Different Reality: Feminist Ontology" in *Beyond Domination*, ed. Carol Gould, 64-88 (New Jersey: Rowman&Littlefield Publishers, 1989), 77-78

Whitbeck takes care in stating that these are not seen as contractual relationships, since some type of relationships such as those between parents or children are not adequately illustrated in a contractual view and since a contractual view is poor at addressing the changes the parties go through, like children growing up. See Caroline Whitbeck, "A Different Reality: Feminist Ontology" in Beyond Domination, ed. Carol Gould, 64-88 (New Jersey: Rowman&Littlefield Publishers, 1989), 80.

¹⁰ See Caroline Whitbeck, "A Different Reality: Feminist Ontology" in Beyond Domination, ed. Carol Gould, 64-88 (New Jersey: Rowman&Littlefield Publishers, 1989), 79-80

¹¹ Virginia Held, *The Ethics of care. Personal, Political and Global.* (New York: Oxford University Press,

^{2006), 13 -} Virginia Held, *The Ethics of care. Personal, Political and Global.* (New York: Oxford University Press, 2006), 10

¹³ Virginia Held, The Ethics of care. Personal, Political and Global. (New York: Oxford University Press, 2006), 9-14

Joan Tronto also emphasizes that an ethic of care would place attentiveness, responsibility, competence and responsiveness at its center¹⁴. In her view the relevance of the debates concerning the ethic of care goes beyond metaphysics or moral reasoning. This is why I will insist on Joan Tronto's approach to care, one that she argues is distinct because of her "insistence that we cannot understand an ethic of care until we place such an ethic in its full moral and political context." In this way several key features of a political ethics of care emerge: First, valuing care politically displaces it from older traditional sentimental frameworks¹⁶. The distance between an ethic of care and traditional ways of thinking about caring is emphasized by Tronto, who underscores the fact that if care is thought of in terms of "natural" or "cultural"-conditioned behavior it loses all relevance for a moral theory¹⁷. Care emerges as an activity that involves competences, judgments and socially valuable work, not as a natural instinct. For Tronto care transcends Whitbecks' lived relationships, since judgments and decisions formulated within a care-taking context go beyond that and "require an assessment of needs in a social and political, as well as a personal, context." ¹⁸

Second, valuing care politically would recognize what is essentially a central aspect of human life, one that, if left unanswered for, would deem a political approach inadequate. Since all humans are dependent and in need of care (as children) and others need care more or less even as adults (in case of sickness, old age or disability or other types of needs), they should be regarded as interdependent¹⁹. This approach displaces three interdependent boundaries found in political theory: the private/public, the ethics/morality and the "morality point of view" boundary that places morality in a world of emotions and irrationality.²⁰

Third, the relation between ethics and politics is put into question. Tronto rejects a "morality first" approach. Care is not to be thought in terms of virtues or moral merits ²¹ nor would a universal principle of care in the form advocated by some be appropriate ²²primarily because what is needed is a workable principle of care that would transcend lived relationships.

Fourth, a political view of care would allow for a moving of the private-public boundary. However for the private to become public, ethics and politics should be conceptualized as informing each other. Any time they do not, care is devalued, since "Care seems inevitably private and parochial because we now construct social institutions so that care only occurs in these contexts. Care seems irrelevant to public life because politics has been described as only the protection of interests." (Tronto, 1993, p.178). A political conception of care would lead to both a recognition of work that is not public (since care-work is often informal) and to an awareness that

¹⁵ Joan Tronto, Moral Boundaries: A Political Argument for an Ethic of Care, (New York: Routledge, 1993) 125

¹⁴ Joan Tronto, Moral Boundaries: A Political Argument for an Ethic of Care, (New York: Routledge, 1993). 127.

Whitbeck also explicitly rejects the use of "nurturing" activities as a useful concept, deeming it too associated with "a sentimental picture of a woman doing a variety of mindless tasks in response to the demands of others" (Whitbeck, 1989, p.65).

¹⁷ Joan Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care, (*New York: Routledge, 1993), 125

¹⁸ Joan Tronto, Moral Boundaries: A Political Argument for an Ethic of Care, (New York: Routledge, 1993), 137

<sup>1993), 137

19</sup> Joan Tronto, Moral Boundaries: A Political Argument for an Ethic of Care, (New York: Routledge, 1993), 162

<sup>1993), 162
&</sup>lt;sup>20</sup> Joan Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care, (*New York: Routledge, 1993), 8-11

<sup>1993), 8-11
21</sup> Joan Tronto, Moral Boundaries: A Political Argument for an Ethic of Care, (New York: Routledge, 1993), 154

²² Joan Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care, (*New York: Routledge, 1993), 159-160

care needs institutional settings. For example, I would argue that the public policies concerning the reconciliation between career and the family stem from exactly this understanding.

Whether or not one accepts the more radical theoretical accounts of an ethics of care or leans more towards a theoretical framework such as Tronto's there are clear implications such an approach would bring in terms of how the welfare state and policy-making is understood. These consequences following the addressing of care as a politically relevant subject, as an activity both public and socially valuable, are the subject of the next sections of this paper.

1.2 Gender, care and the welfare state

The welfare state is understood at a general level as a sort of equilibrium factor between market capitalism and social demands. In this context "The objective of capitalist welfare states is to combine economic dynamism with social cohesion, prosperity with social justice" While historically the role of the welfare state has varied, recently its role in social investment and active measures have been restated as necessary. The vision of a welfare state there to correct the inequalities resulted from the market is seen as inappropriate and insufficient. This would be a passive welfare state, based on a clear separation between economic and social factors, which, in light of research on new exclusionary phenomena, would deem its compensatory function insufficient. Rake and Daly propose a vision of the welfare state as a "social face of the state. It is to be understood as a particular state form, whereby the public authorities garner resources and assume responsibility for organizing their redistribution". Aside from this redistributive aspect, the welfare state also establishes the framework for the offering of services, such as education, health and social services, becoming an *active actor* impacting social reality.

Daly and Rake make the distinction between three main approaches to the welfare state: social policy, political economy and feminist approaches²⁷. The social policy approach is mostly developed in Great Britain and it focuses on the functions of policy and the relation between social policy and the law. It lacks a comprehensive concept of the welfare state and is mostly procedural and detail-oriented, unfitted for comparative cross-country studies, for example²⁸. The political economy approach turns to the organization of welfare states and the role of political actors and politics. Ideologies are given special importance within this type of analysis as welfare states are envisioned as the backround for ideological positioning, struggle and negotiation and how they affect power relations. One of the criticisms with wider gendered implications is that this types of studies "have adopted a narrow definition of power, understanding it mainly in terms of the formal political arena"²⁹, sidelining issues concerning women's and feminism's influence on the welfare state³⁰.

The feminist approach focuses on the relation between welfare state and gender, more specifically gender relations³¹. This approach is encompassed in a larger trend in feminist

²³ Peter Taylor-Gooby, "The New Welfare State Settlement in Europe", European Societies 10:1 (2008), 3

Peter Taylor-Gooby, "The New Welfare State Settlement in Europe", European Societies 10:1 (2008), 5
 Pierre Rosanvallon, The New Social Question. Rethinking the Welfare State, (Princeton: Princeton University Press, 2000), 5

²⁶ Mary Daly and Katherine Rake, Gender and the Welfare States. (Cambridge: Polity Press, 2003), 14

²⁷ Mary Daly and Katherine Rake, *Gender and the Welfare States.* (Cambridge: Polity Press, 2003), 11, 31-37

²⁸ Mary Daly and Katherine Rake, *Gender and the Welfare States.* (Cambridge: Polity Press, 2003), 11-12, 32-33

²⁹ Mary Daly and Katherine Rake, *Gender and the Welfare States.* (Cambridge: Polity Press, 2003), 33

³⁰ Mary Daly and Katherine Rake, *Gender and the Welfare States.* (Cambridge: Polity Press, 2003), 32-37

³¹ The term "gender relations" is preferred by Daly and Rake both because the concept of "gender" evokes a dichotomous female/male reality and it is often a metaphor for a "woman-only" approach. Approaching the issue in terms of gender relations allows for a delineation from these problematic aspects (Daly and Rake, 2003, p.12, pp. 37-342).

scholarship which treats the state as embedded in society, and not as a separated actor. Feminist accounts of the relation between the welfare state and gender focus on the normative principles that characterize different welfare regimes, the policies employed by the welfare state and their effects.

In the context of the ethics of care debates the feminist approaches to the welfare state fall within the equality/difference debate: should women be treated the same as men (with men and men's lives and experiences being the norm) or should gender difference be the starting point? Nancy Fraser's investigation of different welfare regimes presents the principle of gender equity within the difference/equality debates concerning women and gender relations. Two main feminist models of the postindustrial welfare are juxtaposed to the equality/difference debate: the universal breadwinner model and the caregiver parity model. Fraser maintains that a new model must be found, one that would reshape the debate. Neither model encompasses women's experiences fully since "Women today often combine breadwinning and care-giving, albeit with great difficulty and strain. A postindustrial welfare state must ensure that men do the same, while redesigning institutions so as to eliminate the difficulty and strain." This would come from taking women's lives as the norm, instead of men's, leading to a deconstructing model, where the distinction between the two presented models is broken down³³. While Fraser does not go into greater detail about this deconstructed model, what is clear from her analysis is that the existing feminist welfare models can't account fully for gender equity.

However this account would have to reflect both western European as well as East-European realities. While Fraser frames her analysis starting from the Western reality of a shift from a single-breadwinner welfare model, such a model has not been part of the Eastern-European reality. Women in Eastern Europe did not strive to go beyond a housewife role because this role has not been part of women's experience in the region until recently. After 1950, in the Eastern communist block, women at the same time mothers, wives and workers. Also women's relationship with the state in Eastern-Europe followed a different path, that went through three phases: a totalitarian state where women and men's lives were invaded by the state, an abrupt redrawing of the state services after 1989 and the present repositioning phase where a middle ground between the two is searched. A feminist welfare state account would have to acknowledge this difference and aim towards a welfare state approach that would encompass all European women's experiences, western and eastern. And both Eastern and Western women's lives are marked by a combination of paid work on the labor market and unpaid care work done informally within the family, or poorly paid in the labor market.

1.3 Care and the welfare state

The relation between women and the welfare state is connected to the way the welfare state shapes family, care and social relations. Feminist theorists and researchers have varied widely in their approach of the issue. One approach contests the understanding of the welfare state as benevolent and focuses on the perpetuating of patriarchy by the state, whether through control maintained over women's choices (through provisions regarding motherhood, for example) or through the exclusion of women from certain entitlements and benefits, usually by appealing to a public/private separation the feminist literature contests³⁴. Other analysis focus on the active role

³² Nancy Fraser, "After the Family Wage: Gender Equity and the Welfare State", in *Political Theory*, 22: 4 (1994), 612

(1994), 612
³³ Nancy Fraser, "After the Family Wage: Gender Equity and the Welfare State", in *Political Theory*, 22: 4 (1994), 612-613

³⁴ Mary Daly and Katherine Rake, *Gender and the Welfare States*. (Cambridge: Polity Press, 2003), 15-16

women play in shaping the welfare state and treat them less as passive recipients of the welfare state's services³⁵. Still another avenue of research focuses specificly of welfare state intervention and on how this intervention shapes women's relations to the family and larger social networks. In this sense feminist criticism has focused on particular policies and their implications and on current welfare analysis which tended to sideline such issues as the family³⁶. The welfare state's role is crucial in defining caring relations, because "not only does it serve to define the location of care, it exerts a singular influence on whether care is paid or unpaid and on general conditions under which it is carried out and experienced"³⁷

Should the welfare state be serious about addressing women's life experiences and work it can not avoid the issue of care. In the context of social exclusion the central focus of feminist research and policy-making relating to women's social exclusion remains on women's role and work as informal care-takers and on specific women's experiences, such as maternity. Informal care work has a significant impact on women's access to the labour market and even access to social networks- should the double-burden leave insufficient time for forming and maintaining social relations outside the household. The forming and maintaining of such relations can become a valuable support system³⁸. The status of care (paid or unpaid) as well as the repercussion women's care-work has on their labor market position, their leisure time and future incomes justifies the central position care occupies in many feminist studies³⁹.

Other analysis focuses on national-wide policy approaches, while its conclusions are limited by the cultural and normative framework specific to these contexts⁴⁰. Another strand of feminist research analyzes actual welfare state policies and their consequences, through transnational comparative studies. This is especially important in the context of gendered social exclusion since care activities impact women's time, access and career path on the labor market, their education

³⁵ Ann Orloff, "Gender in the Welfare State", in Annual Review of Sociology, 22 (1996), 57-58

³⁶ Ute Gerhard; Trudie Knijn and Anja Weckwert, "Introduction: Social Practices and social policies" in *Working Mothers in Europe. A Comparison of Policies and Practices*, edited by Ute Gerhard, Trudie Knijn and Anja Weckwert (Cheltenham: Edward Elgar Publishing Limited, 2005), 4

Mary Daly and Katherine Rake, Gender and the Welfare States. (Cambridge: Polity Press, 2003), 18

³⁸ Constanza Tobio and Trifiletti Rossana, "Strategies, everyday practices and social change", in *Working Mothers in Europe. A Comparison of Policies and Practices*, edited by Ute Gerhard, Trudie Knijn and Anja Weckwert (Cheltenham: Edward Elgar Publishing Limited, 2005), 58-73; Constanza Tobio; Arnlaug Leira and Rossana Trifiletti. "Kinship and informal support: care resources for the first generation of working mothers in Norway, Italy and Spain" in *Working Mothers in Europe. A Comparison of Policies and Practices*, edited by Ute Gerhard, Trudie Knijn and Anja Weckwert, (Cheltenham: Edward Elgar Publishing Limited, 2005), 74-96

³⁹ Jenson, Jane and Sineau, Mariette "The Care Dimension in Welfare State Redesign" in *Who cares? Women's Work, Childcare and Welfare State Redesign,* Edited by Jane Jenson and Mariette Sineau, (Toronto: Toronto Press Incorporated, 2001), 3-18; Jenson, Jane and Sineau, Mariette "New Contexts. New Policies" in *Who cares? Women's Work, Childcare and Welfare State Redesign,* Edited by Jane Jenson and Mariette Sineau, (Toronto: Toronto Press Incorporated, 2001), 20-42

⁴⁰ See Bimbi, Franca and Della Salla, Vincent "Italy: Policy Without Participation" in *Who cares? Women's Work, Childcare and Welfare State Redesign,* Edited by Jane Jenson and Mariette Sineau, (Toronto: Toronto Press Incorporated, 2001), 118-145; Daune-Richard, Anne-Marie and Mahon, Rianne "Sweden: Models in Crisis" in *Who cares? Women's Work, Childcare and Welfare State Redesign,* Edited by Jane Jenson and Mariette Sineau, (Toronto: Toronto Press Incorporated, 2001), 146-176; Jenson, Jane and Sineau, Mariette "France: Reconciling Republican Equality with "Freedom of Choice" in *Who cares? Women's Work, Childcare and Welfare State Redesign,* Edited by Jane Jenson and Mariette Sineau (Toronto: Toronto Press Incorporated, 2001), 88-119; Letablier, Marie-Therese and Jonsson, Ingrid "Caring for Children: The Logics of Public Action" in *Working Mothers in Europe. A Comparison of Policies and Practices,* edited by Ute Gerhard, Trudie Knijn and Anja Weckwert, (Cheltenham: Edward Elgar Publishing Limited, 2005), 41-57; Marques-Pereira, Berengere and Paye, Olivier "Belgium: The Vices and Virtues of Pragmatism" in *Who cares? Women's Work, Childcare and Welfare State Redesign,* Edited by Jane Jenson and Mariette Sineau, (Toronto: Toronto Press Incorporated, 2001), 56-87

advancement and participation in community and society life. It also explicitly impacts the chances of exclusion of those requiring care. The right to receive care and more importantly good quality care has been the central argument for state's increased involvement in the issue of care⁴¹. The acknowledgement of care rights does not lead to one single model of welfare-supported care and in fact wide variations do exist. This type of analysis focuses on the transnational level, on national level-situations and on the general framework of the European Union.

Daly and Rake propose a transnational analysis of welfare policies concerning care. They place their discussion in a cross-country framework, focusing on the USA and seven European Union states: France, Germany, Ireland, Italy, Great Britain, Holland and Sweden. The support offered by the state is measured by four main variables: social and monetary benefits, strategies related to the labor market, state services and stimulants for social actors who are potential or actual care-givers⁴². An analysis encompassing indicators of income and other resources is especially valuable in the context of social exclusion, where these remain a central focus. The main problem with such approaches however is the lack of statistical relevant and recent data. While Daly and Rake are able to formulate some conclusions about the way welfare state policies impact women's situation, underlining especially the importance of resources allocation for careactivities, important variations in terms of political culture, normative principles and national contexts make it difficult to draw definitive conclusions about the best welfare state provisions.

Monique Kremer's analysis of the principles that should inform a welfare state's approach to care is set in the context of citizenship rights. She begins her account from Marshall's conception of citizenship, that stressed the necessity of assuring certain rights that would allow greater participation in community life and attaining an acceptable life standard, a common departure point for other feminist theorists as well⁴³. Kremer's approach could be considered an application of Joan Tronto's proposition regarding the ethics of care. Kremer maintains the specificity of care-taking activities while integrating them within current debates on the relation between welfare state and her viewing of citizenship and rights through the lens of care has one major advantage: it allows for a disruption of the private/public dualism that proponents of an ethic of care call for. Kremer addresses formerly conceptualized private-public concerns as parts of the same continuum. The private/public divide is avoided because it is irrelevant in the context of care since care transcends its rigidity and several spheres of participation are approached as not only equally important, but also interdependent.

Kremer draws attention to the fact that social rights entail not only access to social protection or education services but also access to public participation (thus linking it explicitly to issues of social exclusion). Kremer approaches three social spheres where citizens should participate: the state, the market and the family⁴⁴. Care is defined as ,, the provision of daily, socio-psychological, emotional and physical attention to people'⁴⁵ and under this broad definition both paid and unpaid work is acknowledged. Women do most of the caring, should it be paid or unpaid. ⁴⁶Care is valuable in itself because it is a fundamental activity not only for women, but for society in general.

⁴² Mary Daly and Katherine Rake, *Gender and the Welfare States.* (Cambridge: Polity Press, 2003), 50-68

⁴¹ Marie-Therese Letablier and Ingrid Jonsson, "Caring for Children: The Logics of Public Action" in *Working Mothers in Europe. A Comparison of Policies and Practices*, edited by Ute Gerhard, Trudie Knijn and Anja Weckwert, (Cheltenham: Edward Elgar Publishing Limited, 2005), 41

⁴³ Ruth Lister "Citizenship: Towards a feminist synthesis", in Feminist Review, 57 (1997), 29

⁴⁴ Monique Kremer *How Welfare States Care. Culture, Gender and Parenting in Europe*, (Amsterdam: Amsterdam University Press, 2007), 36-37

⁴⁵ Monique Kremer *How Welfare States Care. Culture, Gender and Parenting in Europe*, (Amsterdam: Amsterdam University Press, 2007), 28.

⁴⁶ Monique Kremer *How Welfare States Care. Culture, Gender and Parenting in Europe*, (Amsterdam: Amsterdam University Press, 2007), 29

This value legitimizes the acknowledgement of care rights, both the right to give care and to receive care. Her focus is on constructing an account of care rights: the right to give care and the right to receive care. Thus care rights are explicitly relational, and one would make little sense without the other. The two rights cannot exist independently; their relation is one of interdependence. And caring rights, just like any rights " only become rights when they can be used in practice" The right to care entails participation-in caring activities, receiving an income (an issue crucial for women) and having time to give care (an issue which could prove more important for men " insofar as it can help them to legitimize taking care of their children and dependent others" This time is given through provisions regarding paid leave for care, which should be equally available to both men and women.

Monique Kremer focuses her analysis on several care models and I will present her evaluation of the Flanders and Denmark child care models. Both the right to give care and the right to receive care are contextualized differently by welfare states at a national level and incorporated into different types of "care ideals". While both states could be considered a success story in terms of respecting care rights, their models are radically different. Denmark adopted a professional care ideal (associated with social democracy) while Flanders opted for a surrogate-mother ideal (more fitted with Christian democracy). Denmark opted for a professional care-takers system, underlining the right of children to get the best care. The professional caretakers became members of powerful unions and enjoyed a good relation with the women's rights organizations. Flanders preferred a system that would be as close to a replica of the family and community as possible. Thus childcare is performed by "surrogate families" (surrogate mothers, actually) in a less institutionalized framework than in Denmark. It was a less costly system and no expensive facilities were necessary. One of the noted consequences was the almost total elimination of informal care. The care workers were initially not taxed but they were also not included into social security systems. Later they received more support for improving the quality of care, which became more professionalized and were granted social security benefits.

Although they are based on radically different contexts both care ideals are rated by Kremer as having some of the best care provisions. Both models have contributed to the decrease of caretakers' informal work because, albeit for different reasons, both states deemed care a *priority*⁵⁰. This point is one that needs particular emphasis in the context of care in Eastern Europe. With the revival of neo-liberal discourses after the fall of communism the state has redrawn much of its support for care. In Romania the present situation reflects a complete ignorance of the issue of care and denotes a view of care as *apolitical*. In Western Europe there is a recent generalized tendency that reflects " a transfer of childcare responsibilities form the family towards the collective"⁵¹. In Eastern Europe the trend went in the opposite direction.

⁴⁷ Monique Kremer *How Welfare States Care. Culture, Gender and Parenting in Europe*, (Amsterdam: Amsterdam University Press, 2007), 40

⁴⁸ Monique Kremer *How Welfare States Care. Culture, Gender and Parenting in Europe*, (Amsterdam: Amsterdam University Press, 2007), 41

⁴⁹ Monique Kremer *How Welfare States Care. Culture, Gender and Parenting in Europe*, (Amsterdam: Amsterdam University Press, 2007), 41

Monique Kremer *How Welfare States Care. Culture, Gender and Parenting in Europe*, (Amsterdam: Amsterdam University Press, 2007), 185-197

⁵¹ Marie-Therese Letablier and Ingrid Jonsson, "Caring for Children: The Logics of Public Action" in *Working Mothers in Europe. A Comparison of Policies and Practices*, edited by Ute Gerhard, Trudie Knijn and Anja Weckwert, (Cheltenham: Edward Elgar Publishing Limited, 2005), 41

2. The Politics of Care during the Romanian Transition: brief overview

The analysis of Romanian policies and discourse will be broken down along three distinct but interdependent research variables: the status of care-taking activities and the situation of care-takers and care-receivers themselves, especially related to their risk of social exclusion⁵².

These three dimensions influence each other and it would be difficult to address one without the other: how care-taking activities are addressed or not through state policies, for example should they be paid or unpaid, has a direct effect on the status of care-takers and on the quality of care those in need of it receive. While separate state strategies could focus on one aspect, more than the other, treating them as separate issues is not appropriate and a holistic approach to the issue of care, like the one apparent within the ethics of care, would allow for more efficient policy-making. In this sense it becomes imperative for care to be regarded as a *relational* issue, with care-takers and care-receivers' status and lives analyzed within one broader context of care relations. Formal and informal care should addressed also interdependently, thus going beyond the private/public distinction. For example when approaching the issue of care-takers, I will be referring both to informal care-takers (for example women doing unpaid caring activities for their family members) and to institutionalized care.

Eastern European countries saw a revival of the traditional values discourse after the fall of communism that impacted directly on gender roles and on how these gender roles were (or not) addressed by the state⁵³. A survey conducted in 1998 within the International Social Survey Program showed that more than half of the population in the surveyed CEE countries⁵⁴ supported the traditional division of work between genders, with women and men holding comparable views even across age groups⁵⁵. While Romania was not included in the named survey, data is available on Romanian's attitudes towards gender roles. Work divisions within the family strongly indicate that women take up most of the domestic tasks (in terms of childcare in almost 70% of Romanian households women are the only ones caring for children⁵⁶) even if theoretically 71% the respondents agree that the work should be divided equally-the difference between what Romanian men declare and what they do is connected by some researchers both to their desire to legitimize their authority over the children and to their understanding of how they should care for their children, since they understand their care responsibility mainly as breadwinning⁵⁷

The care-taker/care-receiver relation is relevant for the lives of most women in contemporary Romania since current traditional cultural practices, coupled with lack of or insufficient institutional care translate into a social reality where women are the overwhelming majority of informal care-takers, especially for family members in need of care. Considering that

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⁵² The definition of social exclusion, as the concept is used in this paper draws on European Union's way of defining exclusion in its official policy documents: "Social exclusion is a process whereby certain individuals are pushed to the edge of society and prevented from participating fully by virtue of their poverty, or lack of basic competencies and lifelong learning opportunities, or as a result of discrimination. This distances them from job, income and education opportunities as well as social and community networks and activities. They have little access to power and decision-making bodies and thus often feeling powerless and unable to take control over the decisions that affect their day today lives." (*Joint Inclusion Report*, European Commission-European Council, 2004, p.10)

⁵³ Sylke Viola Schnepf, Women in Central and Eastern Europe. Measuring Gender Inequality Differently, (Saarbrucken: VDM Verlag Dr. Muller, 2007), 90-91.

⁵⁴ The surveyed CEE countries refered to are Eastern Germany, Hungary, the Czech Republic, Slovenia, Poland, Bulgaria and Russia. See (Schnepf, 2007, p. 93)

⁵⁵ Sylke Viola Schnepf, Women in Central and Eastern Europe. Measuring Gender Inequality Differently, (Saarbrucken: VDM Verlag Dr. Muller, 2007), 97-99

⁵⁶ Data from the *Gender Barometer*, from 2000, the first survey of its kind conducted in Romania.

⁵⁷ Vladimir Pasti *The Last Inequality*, (Iasi: Polirom, 2003), 122-123

there is a great proportion (43.9%) of Romanian households living with dependents *within*⁵⁸ the household⁵⁹ the number of women carrying a significant double burden⁶⁰ is especially high. This has a significant impact on women's time, labor market participation, with long-term consequences on their professional experience and incomes, leading into their retirement benefits.

Apart from the implications for women's informal workload, unpaid caring activities' consequences could be analyzed in terms of access to the labor market and in terms of income effects. The European Union's report on equality between men and women from 2009 stated that "if one compares the **employment rate of women and men with children** under 12 to care for, this gender gap is almost doubled. Also, the employment rate of women falls by 12.4 points when they have children, but it rises by 7.3 points for men with children reflecting the unequal sharing of care responsibilities and the lack of childcare facilities and work-life balance policies" 61.

An earlier analysis on gender and the welfare state from 2003⁶² indicated that the number of children is a significant variable when discussing women's participation in the labor market and that parenting (especially motherhood) has a significant impact on women's incomes. It is clear that not only being a parent, but also that the *gender* of the parent is a determinant factor in relation to the risk of poverty. While in the USA and UK being a father also increases the risk of poverty, this increase is much weaker than in the case of women. The analysis focused on evidence from eight western countries, seven from Europe and the U.S.A⁶³.

From available data we could determine that the presence of dependents is indeed coupled with a lower income for women. Households with only one earner run a higher risk of falling under the poverty threshold. Thus "The observed polarization of employment towards a generic model of households with two earners underlines the rising necessity of a second wage among European households in order to have a decent level of living" Members of Romanian households with dependents in need of care, especially children, identify their main problem in 2006 as "lack and insufficient income". Also three out of the top five problems are related to the labor market in terms of finding a job, assuring a decent income and job-related stress. The presence of children in the household women's poverty risks by raising the costs of the household and by having a negative effect on women's participation in the workforce and income. This is not due to Romanian women's own preferences, with women having children aged under 14 showing greater desire to enter and advance in the workforce than women with no children. Still, in

⁵⁸ Emphasis mine. The data does not account for dependents in need of care (such as elderly persons) living outside the household.

⁵⁹ The data only accounts for older dependents described as "Older members of the households who cannot take care of themselves" and children under the age of 18. Other types of dependents such as people with disabilities or the sick were not taken into consideration.

⁶⁰ More severe than before 1989, when the state was involved in offering day-care for children.

 $^{^{61}}$ Report from the Commission to the Council, The European Parliament Equality between women and men -2009, The European Economic and Social Committee and the Committee of Regions, Brussels, 27.2.2009, p. 4.

⁶² The eight countries are France, Germany, Ireland, Italy, the Netherlands, Sweden, the United Kingdom and the United States of America. (Daly and Rake, 2003, pp.59)

⁶³ Mary Daly and Katherine Rake, Gender and the Welfare States. (Cambridge: Polity Press, 2003), 58-66

⁶⁴ Working Poor in the European Union, European Foundation for the Improvement of Living and Working Conditions, http://www.eurofound.europa.eu/pubdocs/2004/67/en/1/ef0467en.pdf, p.24

⁶⁵ The top five problems identified were: *Lack of income/Low income, Health-related problems, Finding a job, Buying/building a house and job-related stress.* The data was obtained through a national-representative survey conducted as part of the CNCSIS (National Centre for Scientific Research in Higher Education) Project No.964 *Gender, political interests and European insertion,* developed by the National School of Political Studies and Public Administration.

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Romania, women with children are less present in the labor market than women without children⁶⁷. Women's income is significantly lower than men's within the general population of Romanians living with dependents in need of care (children or elderly people in need of care) in the household. Women make up a worrying majority of people with dependents to take care of who face lack of income or low income of their own. A significant part of women with dependents to take care of declare they have no income, thus raising the question of how or if access to the labour market is made available to them (61% of women living in household with dependants declared that they do not have their own income; in households with no dependents only 38% of women declared the same thing⁶⁸

While women's participation in the labor market is governed by a broad variety of factors, policies concerning the family occupy a central role in feminist analysis of women's occupation patterns in the market. Most feminist analysis focuses on child-care policies, although children are not the only category women care for: the sick and the elderly are also cared for by women. The choice to focus mostly on childcare is because this work tends to become full time, is more visible and more information exists about it. In the meantime "informal care for ill and elderly adults is especially hidden. Only rarely likely to be full-time, it is often fitted in around economic and other activities, including retirement" More than one model of child care policies can be found in European welfare states and the differences can be significant, but what appears to be a constant feature is that when state policies offer women a choice most choose to work. However in states where the family is not a political concern and traditional gender roles are predominant, such as the Mediterranean countries and the Eastern-European countries, such a choice is much restrained.

The main contribution of the European Union is the promotion of policies on reconciliation between work, family and private life as a central policy concept, one adopted by most member states. The European Women's Lobby links care with social exclusion explicitly: "The lack of affordable, accessible and high quality care services in most European Union countries and the fact that care work is not equally shared between women and men have a direct negative impact on women's ability to participate in all aspects of social, economic, cultural and political life." and particularly with women's difficulty in accessing the labor market and earning a good income.

Reconciliation between work and private life is not a priority for Romanian policy makers, the transition years being marked by a shift of responsibility for childcare from state-funded facilities to the family (women). The number of state-funded care facilities decreasing

⁶⁷ Report From the Commission to the Council, The European parliament, The European Economic and Social Committee and the Committee of the Regions **Equality between women and men-2008**, http://ec.europa.eu/employment social/gender equality/docs/com 2008 0010 en.pdf, p. 19.

⁶⁸ The data was obtained through a national-representative survey conducted as part of the CNCSIS (National Centre for Scientific Research in Higher Education) Project No.964 *Gender, political interests and European insertion,* developed by the National School of Political Studies and Public Administration.

⁶⁹ Mary Daly and Katherine Rake, Gender and the Welfare States. (Cambridge: Polity Press, 2003), 58

Mary Daly and Ute Klammer "Women's participation in European Labour Markets" in Working Mothers in Europe. A Comparison of Policies and Practices, edited by Ute Gerhard, Trudie Knijn and Anja Weckwert, (Cheltenham: Edward Elgar Publishing Limited, 2005) 130-134

⁷¹ Mary Daly and Ute Klammer "Women's participation in European Labour Markets" in *Working Mothers in Europe. A Comparison of Policies and Practices*, edited by Ute Gerhard, Trudie Knijn and Anja Weckwert, (Cheltenham: Edward Elgar Publishing Limited, 2005), 131; Ute Gerhard; Trudie Knijn and Anja Weckwert, "Introduction: Social Practices and social policies" in *Working Mothers in Europe. A Comparison of Policies and Practices*, edited by Ute Gerhard, Trudie Knijn and Anja Weckwert (Cheltenham: Edward Elgar Publishing Limited, 2005), 11-12

Who Cares?, European Women's Lobby, May 31st 2006, http://www.womenlobby.org/SiteResources/data/MediaArchive/policies/Economic%20and%20social%20justice%20for%20women/EWL%20Position%20Paper%20on%20Care_EN.pdf, p.1

dramatically: from 1991 to 2006 the number of state-funded kinder gardens more than halved⁷³. During the health system's reform the number of hospital beds and crèches decreased continuously, and the informal care resulted was placed again on women's shoulders⁷⁴. In terms of care for the elderly the state again places responsibility on "the family" (the women in the family). The Romanian governments seeked to minimize their role in the care of elderly and an official report from September 2006⁷⁵ stated that the problem lied in the decreasing availability of the younger generations to care for the elderly⁷⁶. Not only does this show that the Romanian state does not appear think of itself as having any significant role in caring for its elder citizens, it also indicates that the Romanian social reality itself is ignored by our representatives. According to the First European Quality of Life Survey: Quality of life in Romania and Bulgaria, Romanian families are tightly nit together and the first institution people turn to in need of help is the family. The only thing Romanians do not ask for from their families is financial support, most likely because of the fact that the family itself does not have the resources to comply with such a request⁷⁷.

Moreover, reconciliation policies' absence cannot be blamed on an overall skepticism of the population and social actors' towards such initiatives. A research conducted as part of the Equal Opportunities through Reconciliation between family life and career project, conducted in 2006 by the Center for Gender Studies and Curriculum Development: FILIA 18 investigated different social actors' positions regarding reconciliation between work, private life and family policies. Through this project we aimed at identifying the position of unions, senators, businesses and academics on reconciliation policies and we focused on determining some commonly agreed on reconciliation policies that would receive the support from all the relevant actors. The research was conducted using a structured questionnaire grid and the results were discussed within a public debate where representatives of the social institutions involved had the opportunity to further discuss and debate their opinions. The results of the research⁷⁹ revealed that multiple social actors, may they be senators, union and business representatives or academics, agreed on a set of policy measures aimed at improving reconciliation between work and family life⁸⁰. While the degree of skepticism

⁷³ Bălută, Oana " The Gender Dimension of Reconciliation Between Work, Family and Private Life" in Equal Partners. Equal Competitors, coordinated by Oana Băluță, Bucuresti: Maiko, 2007, 114-116

⁽Planul National National Development Plan 2007-2013, http://www.inforegio.ro/user/File/PND 2007 2013.pdf, p.157

¹⁵ National Strategic Report on Social Protection and Social Inclusion (Raport National Strategic priving Protectia sociala si Incluziunea Sociala), Ministry of Labour, Social Solidarity and Family, Bucharest, September 2006, http://www.mmuncii.ro/pub/imagemanager/images/file/Domenii/Incluziune%20si%20asistenta%20sociala/Pr oiecte cu finatare externa/6%20-%20Raportul National PSIS final.pdf, p.18

My emphasis

⁷⁷ First European Quality of Life Survey: Quality of life in Romania and Bulgaria, http://www.eurofound.europa.eu/pubdocs/2006/67/en/1/ef0667en.pdf, pp. 39-41

⁷⁸ The project was funded by the Chamber of Deputies, within the "Partnership with the Civil Society"

program.

The research results and policy recommendations were published in the volume Equal Opportunities

Programs Mailes Publishing 2007 through Reconciliation between family life and career, Bucharest: Maiko Publishing, 2007

⁸⁰ The various social actors were asked to determine between the desirability and the feasibility of variable policy proposals. While respondents believed that most policy proposals presented to them were highly desirable the top choices that were considered both desirable and feasible were "state funding for kinder-gardens and crèches", "subventions for single parent families for access to childcare facilities", "Support for employer funded childcare facilities", "Introducing a voucher system" and "Programs for training support for parents returning from parental leave". See Băluță, Oana and Mocanu, Cristina Common Directions for Action (Direcții Comune de Acțiune) in Equal Opportunities through Reconciliation between family life and career, coordinated by Oana Băluță, Bucharest: Maiko Publishing, 2007, p.56

concerning the actual feasibility of the policies varied among respondents, with the business representatives being the most pessimistic and the deputies arguing for a higher desirability of private business-supported solutions, the research was a great step forward in two ways: first, it facilitated the introduction of reconciliation policies in public discourse. Second, it showed that some level of consensus between different social actors could be reached, should there be a political will to take reconciliation seriously.

Kremer's analysis is most relevant point in the context of Romania in that while more than one model could prove effective in addressing the issue of care, the key variable is that care is considered a priority and that it is viewed as a politically-relevant issue. The Romanian state's ignorance on the issues of care throughout the transition period reflects a vision of the welfare state that is eminently gender-blind.

3. The Politics of Care in a State of Crisis

It is crucial that the importance of care-centered policies, particularly in the context of the current financial crisis, be recognized. At the European Union Level, the Advisory Committee on Equal Opportunities For Women and Men released in June 2009 its *Opinion on the Gender Perspective on the Response to the Economic and Financial Crisis*. Among the recommendations put forward was the continuing of reconciliation measures⁸¹. In the Romanian context, analysis of recent strategies concerning care is made difficult by the fact that the current government has yet to produce an official governing strategy, while its actions in recent months appear to distance themselves from the original governing program.

The Governing Program 2009-2012 initially envisioned coherent and particular reforms for the education and healthcare system, as well as special strategies for families, children and equal opportunities (the last three domains were addressed together)⁸². It specifically mentioned the need for increasing the institutional capacity for implementing gender policies and eliminating discrimination against women in the labor market and the larger social context.

The National Agency for Equal Opportunities Between Women and Men addresses issues such as reconciliation between work and private life specifically in its *National Strategy for Equality Between Men and Women 2010-2012*. Even more, the promotion of reconciliation is a specific objective within the Strategy and the recommended priorities are a greater valorization of paid and unpaid work, while both the importance of flexible and alternative work schedules and legislation on paternal leave is underscored⁸³.

However, as stated previously it is hard to establish a serious commitment both from the part of the Romanian government and other state institutions for gendered care policies. The National Agency for Equal Opportunities Between Women and Men's budget is insufficient for allowing for any substantive progress, while its planned activities in the field of reconciliation for the 2010-2012 period at best lack ambition. These are mainly awareness raising activities, for the wider population and institutional actors- including one campaign aimed at raising the awareness of fathers about their own responsibilities in the raising of children. While such a campaign is welcomed, it does not go beyond the public/private divide, not does it allow for an understanding of the state's recognition of care's *political* implications. Romanian mothers and fathers should

Equality between Men and Women 2010-2012, p.13

⁸¹ Advisory Committee on Equal Opportunities For Women and Men, *Opinion on the Gender Perspective on the Response to the Economic and Financial Crisis*, 10 June 2009, p. 11.

⁸² Governing Program 2009-2012, http://www.gov.ro/programul-de-guvernare-2009-2012_c12l1p1.html

⁸³ The National Agency for Equal Opportunities Between Women and Men, *The National Strategy for*

care together for their children; however focusing on this aspect obscures the state's own responsibilities both toward the care-takers and the care-receivers.

At the same time it is difficult to assess the current Romanian Government's commitment for care-oriented gendered policies, in the absence of an official strategy. In the context of Romania's political crisis⁸⁴ and the government invoking its agreement with the International Monetary Fund⁸⁵ as if it were the governing strategy, I would venture to speculate that the priority given to care-oriented policies is low and will remain even lower. The reforms announced since the beginning of last year- concerning the education system, healthcare and social protection- are still being announced. In a Letter of Intent and Technical Memorandum of Understanding dated February the 5th 2010, the Romanian government repeats again its commitment to reform in these areas. The "reforms" however are all informed by the broader commitment of the Romanian Government to reduce public expenditures⁸⁶. Concern for the quality of healthcare and education is secondary and responsibility is placed mostly on the people working in these sectors⁸⁷. Whatever reforms are envisioned these do not presuppose any increase in the already insufficient funds the education and healthcare systems benefit from, while the latest government miss-steps (including payment reductions) have caused great anxiety among employees of both sectors. As far as institutionalized care facilities are concerned, these are not on the current government's list of priorities.

Conclusions

The lack of attention given to care could be stated to be the one common feature of Romanian policies throughout transition. The implications of the feminist ethics of care are twofold: first, that care should become a priority for policy makers and that no gender equitable welfare state could be reached without this. Second, that care should be thought-off in relational terms: the status of care-taking activities, the well-being of care-receivers and the status of care-takers should be understood as interdependent.

The Romanian policies during transition ignored both these aspects. Recent Government policies and actions signal that institutionalized care is not a priority for policy makers and that they tend to regard the three previously stated dimensions of care as separate. The low status caregivers from the healthcare and education system have in the governments vision could not result in quality care. Moreover, the adding of pressure on these care-givers masks the lack of substantial state-involvement in institutionalized care. Constant gender budget monitoring should be available in the future, so that the redistributive activities of the state be analyzed by how they relate to gender equity. Otherwise concern for the vulnerable groups in society, those most often in need of care, would prove to be either inefficiently translated into policy-making, either empty rhetoric.

⁸⁴ After months of political unrest, following the latest presidential elections DLP (The Democrat Liberal Party, a popular party, member of the European Popular Party) managed to barely pass a government by allying itself with DAHR (the Democratic Alliance of Hungarians in Romania, member of the member of the European Popular Party) and benefits from the strong support of the current president.

⁸⁵ The Romanian Government took out a loan from the International Monetary Fund as a measure against the financial crisis

⁸⁶ Letter of Intent and Technical Memorandum of Understanding, Romanian Government, February 5th 2010, http://www.imf.org/external/np/loi/2010/rou/020510.pdf

⁸⁷ As an example *Prime Minister Emil Boc's Intervention During the Debate on the National Education Law, in the Chamber of Deputies,* http://www.guv.ro/interventia-premierului-emil-boc-in-cadrul-dezbaterii-cutema-legea-educatiei-nationale-desfasurata-la-camera-deputatilor__11a108514.html

The present financial crisis calls for a serious commitment to care-policies, especially with growing social vulnerabilities.

Future research should focus more on policy-effects on care the government strategies have. Lack of available reliable data is a problem for social research in this field in Romania. More studies should be conducted emphasizing the need for a holistic approach underlining the need for the valorization of care, received and offered, and the public/private divide in understanding care should be displaced and replaced by a deeper commitment and understanding of the interdependence between the two.

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