



Changing Europe and The Relevance of Care and The Caring Professions

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Summary

The aim of the paper is to introduce the challenges of the international care debate of the last ten years in order to grasp basic social needs, to analyse their treatment in the public and private sphere and to look at the orientation of professional answers by the care-professions. The concept of care enhances the societal dealing with - or ignoring of - different forms of dependency on informal and formal personal and social services throughout the life-cycle (child-care, nursing sick or handicapped persons, supporting the elderly) and in special life situations (from help to lone mothers and their children, via help to drug-addicts to help for homeless people).

All societies have different approaches to deal with these life-situations, they do so by employing various mixtures of:

- *familial support, mostly provided by women,*
- *social politics, organized by the state,*
- *public and/or private social services.*

This welfare-mix shows different combinations of private and public obligations, paid and und unpaid work, professional and laymen's tasks based on a specific understanding of morality and justice embedded in the gender structure and intergenerational relationships. The importance of social work as a profession in this context differs according to the historical developments and cultural traditions. Characteristic for the profile of social work is the relevance of a care ethics and the existence of social rights, the tension of mothering and professional methods, the relationship between help, denial and punishment and the ways of institutionalisation.

The actuality of this debate is closely intertwined with the restructuring of societal bonds in the face of globalisation, the political reorganisation of states, the changes in the living together of different generations and both sexes and the consequences for the organisation and contents of welfare.

Looking at Germany and Eastern Europe two new phenomena of social relevance for the discussion of care work and care needs can be taken as an example: the extent of cheap illegal women laborers travelling between east and west, especially Polish women working intermittently in private care for old people and the highly organized trafficking of women from Russia to Germany to work in the sex business.

The care debate entails a reframing of welfare issues in the light of social justice between classes, ethnicities and gender groups.

Keywords

international care debate, care professions, welfare mix, gender-structure.

1. Challenges of the international care debate in the face of social change

Care in bourgeois tradition and in Christian religion is linked to two still popular images: A mother holding her child, as a secular version of Madonna and Child (Hochschild 1995) and to the good Samaritan helping the mugged man in the street (Müller 1988). These traditional images suggest that care in familial contexts is women's work and *caritas* in public is or better was seen as men's work because today's version of the Samaritan is Mother Theresa. Both images have in common that the caring done is not considered work but love – motherly love or brotherly love, that every woman respectively every man can do it, that it has no price but a high level of obligation and that its gains lie either in itself or in heaven. That gives care the flair of not being part of the ordinary societal set up, but part of a longed for better world. That makes it necessary to deconstruct this cultural construction of care in order to understand its function in a world organized around profit making and work. It means looking at the “care economy” (Diane Elson) as well as at the “care ethics” (Carol Gilligan) and both their links to questions of social justice (Nussbaum 2003) and concepts of social citizenship (Leira 1999). And it implies including gender as a dynamic structural category making aware of the internationally gendered division of power and labour and the gendered structure of social relations and social problems (Connell 2002).

The international care debate was started about 15 years ago mainly by Anglo-American and Scandinavian social scientists (such as Nancy Fraser, Jane Lewis, Kari Waerness, Arnlau Leira) in order to make domestic, social and health care work publicly visible and to show their societal relevance as denied part of the welfare system. The developed concept of care includes the task oriented component of “taking care of” as well as the emotional component of “caring about” in familial, informal and formal personal services in fields such as nursing, teaching and counselling (Badgett and Folbre 1999). Carol Thomas (1993, 665) gives a unified definition of care, which she understands as a descriptive category outlining the parameters of care: “Care is both the paid and unpaid provision of support involving work activities and feeling states. It is provided mainly, but not exclusively, by women to both able-bodied and dependent adults and children in either the public or domestic spheres, and in a variety of institutional settings”. The advantage of such a broad concept of care lies in the fact, that the relationship between private obligations and public services becomes visible as well as the relationship between paid and unpaid work, and thereby the normative basis and the gender-bias of care work (Leira 1994). Changes in one sector lead to changes in an other and necessitate substituting measures to avoid care deficits. Political decisions are the base for the specific historical line drawn between public and private, paid and unpaid, lay and professional care work in each society (Fraser 1994). The unified care concept intends to make it possible to understand the interdependencies of different forms of care and its socio-political significance as part of welfare regimes.

2. Societal differentiations in dealing with welfare and personal service needs

In Western Europe welfare benefits and personal services are institutionalised in a mixed system (Lewis 1997) of

- *familial obligations*, that is mainly unpaid women carers dependent on a male income (or alternatively on public assistance) resulting in women being “a man away from poverty” since traditional gender relations as well as lack of child and old age care institutions often lead to (intermittent) part time work of women with an insufficient income,

- *insurances* based on a “life-long full time employed male wage earner” income in the labour market with family members insured as dependents without entitlements in their own right; those lacking sufficient insurance depend on means-tested tax financed social benefits producing a gendered two class system,
- *welfare provisions* - publicly financed or subsidised - run by the state or by charity organisations with (often means-tested free, otherwise charged for) professional or voluntary personal services.
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This welfare mix differs from state to state inside and outside the European Union (EU) concerning first the degree of socially expected unpaid care work in the family and second the link between eligibility to welfare rights and full-time employment, both with a strong gender bias. An important step towards social justice remains granting “full citizenship” (Thomas Marshall 1992) including social rights to all persons performing tasks of social relevance such as familial and informal care, not only to full-time employed members of the labour force (Knijn and Kremer 1997). These social rights - understood as a dynamic concept of participation rights and as a social praxis - include basic welfare, taking part in the societal heritage and a life as a civilized human being (Gerhard 2003).

The empirical research on differences between Western welfare states and the assumption of “three worlds of welfare capitalism” by the Swedish scientist Gösta Esping-Anderson (1990) started an ongoing debate on relevant criteria of social security and social justice (Hanesch 1999). Esping-Anderson differentiated the welfare regimes according to their degree of decommodification of the commodity labour – that is life-long security, reducing the risks of the labour market – into:

- marginal, *liberal welfare states* such as Great Britain and USA,
- continental social *insurance welfare states* such as France and Germany,
- Scandinavian *universal welfare states* with the highest degree of social security and social justice.

These in specific historical contexts developed systems follow different logics: - the individual achievement principle plus prevention of utter poverty, - status security for relevant social groups participating in the labour market on a relatively high level of standard of living, - general social inclusion (Merkel 2001). The highest level of gender and class equality is reached by the third logic, which demands a public consent on the priority of social equality before individual freedom (Ostner 1995).

The division of welfare states made by Esping-Anderson is based on the position in the labour market without taking gender differences into account. Decommodification of labour for women often means unpaid family work and commodification of care work into employed labour in the historical perspective granted women the opportunity for paid work and for professional education in newly developed fields of child care, nursing and social work (Ungerson 1997). In most countries a century ago women were neither allowed in universities nor in the professions. Although commodification of informal care today often means either minor transfer payments for familial carers or growing shadow labour for migrants on top of a rise of market based social systems for those who can afford it, commodification still is also a step towards social citizenship. That makes commodification on one hand to a process allowing women more participation in the paid labour force – either by doing paid care work or by having time for professional work while other women do the caring, since caring altogether remains women’s work (Ostner 1995). On the other hand commodification in a

capitalistic sense is part of the ongoing restructuring of all types of welfare states in Western Europe towards more market conformity, less social engagement of the state and a shift of public to private responsibility (Schulte 2001; Ostner 1998).

The danger is a “race to the bottom” (Hanesch 1999) between different national welfare models with the inclination, that the bare liberal model seems the most adequate in times of globalisation and individualization. Yet new international debates stress the differences beyond political party-lines between various welfare regimes in coping with declining economic growth and in strengthening the interaction between state and civil society in order to save welfare and social security (Baldwin 2003). Rarely discussed in main stream social political theory is the remarkable shift in familial care politics in many welfare regimes: whereas traditionally mothers, especially single mothers were exempted from the obligation to employment, “workfare” concepts not only in England stress this obligation nowadays. This means “...a shift in social politics from “decommodification” respectively now “passivation” to “activating” politics of recommodification...” (Ostner 2002, 11), thereby denouncing familial care obligations being societal valuable work (at least for the poor, whereas f. e. in Germany a “house wife marriage” still is granted a tax privilege).

Similar to Western European states Middle- and Eastern European states after the political turn of 1989 follow according to Esping-Anderson (1996, 20) “a liberal strategy based on privatisation of social insurance, a reduced public social safety net, a shift towards targeted means-tested assistance, and a free-market bias in labour market regulation”, whereas the old communist welfare regime rested on three pillars “full and quasi-obligatory employment, broad and universalistic insurance, and a highly developed, typically company-based, system of services and fringe benefits” (Ibid., 9). This socio-political development which successively limits citizenship rights after a phase of influential civil rights movements in the late 80es and early 90es leads Vlasta Jalusic’ (2003) to estimate that citizenship rights have become less a medium for active participation than a status, symbolizing in- and predominantly exclusion on grounds of ethnicity and gender. Former social rights have been cut down and rights of women (such as abortion) reduced. For example in Poland today rights eliminating gender based discrimination with effects on women’s social citizenship rights are denounced as “a remnant of communist ideology or are condemned as contradicting natural law” leading partly to a reestablishment of the traditional gender biased value system (Urszula Nowakowska 2000, 5). An open question for Jalusic’ (2003) is, whether joining the European Union will strengthen politics of active civil and social citizenship. Joanna Regulska (2001) analysis the political “framing” of social citizenship rights by the EU for the accession countries as ambivalent: On one side the EU strengthens gender equality rights concerning employment and finances NGO’s (Non Governmental Organisations) also in the field of care work, on the other side liberal EU economics reinforce the massive decline of the former public care system. Another danger is , that legal rights enforced via EU accession prerequisites will formerly be established but not at all enforced. Regulska (2001) as well as Nowakowska (2000) stress the importance of NGO’s and NGO networking to strengthen a public care system leading to more social justice for example in the field of violence against women. Although it is a problem of legitimacy, that most NGO’s are financed with EU or UNO money and therefore are open for denouncement as a “colonial” force.

3. Care structures: cultural determinations and forms of professionalisation

Western European societies as well as Middle and Eastern European societies - apart from the communist period - are characterised by the construction of dichotomies which constitute opposing - often hierarchical - groups of persons, human traits and spheres of life. The concept of care as a social practice based on citizenship in the sense of participation attends to overcome these polarisations by stressing interconnectedness:

- Public and private

Care historically is linked to the private sphere and to women, giving care a “natural” character that makes it different from tasks fulfilled by men, which have been defined as public and as needing formal education and regulating associations and which rest unnamed on being freed from care (Brückner 2003, 2001). This social construction of a difference between care and work based on the division of societal life in a private and a public sphere along gender lines makes it difficult to accept care as work and even as a professional work and justifies treating carers differently from “workers”. Citizenship traditionally is linked to the public sphere which is connotated as male, so women had to fight for the civic right to assemble and the political right to vote. Today women (and men) have to fight for the social right of independent inclusion as carers - respectively often as carers *and* workers - into the welfare system. Care as a social praxis makes the intersection between the private and the public sphere visible, since care is a private *and* a public obligation, since it needs to be done in families and neighbourhoods as well as in health and social institutions (Ballarin et. al. 2003).

- Dependent and independent

Care is a necessary task for human survival and human development which all human beings need in various degrees and differing forms during times of their life, whether as children or as help seeking and help needing grown-ups. That makes all men and women dependent on care and challenges the bourgeois concept of individual autonomy as the general state of man (women historically are not included). Dependency is just as much a standard human situation as independence, since life is characterized by phases of growth and decay. Recognition of care therefore means replacing this dichotomy by the concept of interdependence between generations and genders and means redefining the term “work” by including care (Fraser and Gordon 1994). “...Every real society is a care giving and a care receiving society and therefore needs to find ways, to deal with these facts of human needs and dependency, ways which are compatible with the self respect of the care receiver and which do not exploit the care giver” (Nussbaum 2003, 183). So far care is often characterised by a “surplus dependency” (Fraser and Gordon 1994, 24) as well for the care receiver (via limits on participation and low scale services) as for the care giver (via no or low pay in a hierarchical low position with little scope for decision making and little power over resources). This means today’s scope of existing dependency can be reduced to socially “necessary dependency” defined by “inescapable features of the human condition” (Fraser and Gordon 1994, 24). Additionally independence needs to be reinterpreted as “interdependence among not wholly autonomous members of society” (Glenn 2000, 93).

- Rational – emotional

The social reality of care contradicts sharply the official care ethics in Western culture, which honours care as something culturally and religiously extremely valuable, only to put it outside of the economic and the political sphere. Since care is seen as done out of love and devotion it

does not need other resources such as public recognition, thorough education, solid financing, supportive frameworks, adequate salary or transfer payments. By opening care to market mechanisms and profit seeking private agencies in numerous countries – soon on an international scale via GATS (General Agreement on Trade in Services as a part of WTO), the other side of the social construction of two opposite worlds becomes visible: care will become either very expensive or will lose its time and energy consuming specific “care-rationality” (Kari Waerness, 2000). Care-rationality differs from instrumental rationality by including agreement on and balancing of needs and viewpoints as well as sufficient space and time of creating a common work base. Arlie Hochschild (1995, 332) differentiates between four different models of care:

- The traditional model represented by the home-maker mother,
- The postmodern model represented by the working mother without help, going along with low standards of care,
- The cold modern model represented by impersonal institutional care around the clock,
- The warm modern model represented by a mix of institutions as well as private men and women offering care.

This favourable last model – integrating rationality by implementing sufficient resources and emotions by taking relationship needs serious - is according to Hochschild supported by three factors: an economy depending on female labour, a public culture of care and networking of the interest groups.

- “Mothering” and professionalism

The quality of care as a professional social practice lies in its fluid crossing between mothering as synonym for a turning to and supporting others and a psycho-social methodical approach. Professional care needs to combine private seeming relationship work with systematic analysis and reflected interventions, being aware of the fact that the established personal contact takes place in a public setting and as part of an institutionalised task (Müller 2002). This special quality of care also constitutes a central problem of care in welfare regime: care appears to be easy to shift between private and public responsibility and between professionalisation and deprofessionalisation, depending on the prevailing political line. Because of the otherwise strict separation between every day life requirements left to women’s familial obligations and male connotated professionalism this problem only exists in so called female professions (Rabe-Kleberg 1997). Therefore the culturally expected “natural” female ability to mother needs to be deconstructed and reconstructed as an ability which all human beings are capable of as well as an explicit, valued professional ability in formal contexts. This includes the professional ability to build and maintain adequate relationships in a manner which recognizes the care receivers as equal partner in the helping process (Bauer and Gröning 2000).

Today there seems to be a shift in ideals of professionalism leaving personal care to cheap, low skilled women, often migrants while turning to planning and organising - over proportionally done by men and all together male connotated. This reproduces the hierarchical split between instrumental rationality and care-work rationality and (re)introducing taylorization into personal services (Waerness 2000). Planning and organising finally become part of the care professions but not by integrating political and managerial aspects into a full range public concept of care. Instead general personal care tasks tend to become deprofessionalised and special aspects of personal care tasks such as counselling tend

to develop into independent professions with the effect of dismantling general care from psycho-social tasks and of dismantling counselling from every day contexts (Brückner 2003). This development in the care professions reproduces the societal split between the concept of all embracing private mothering and hierarchical job specialisation with a gender, class and race bias and with increasing unregulated work in the private field, often done as shadow work and increasingly done by so called illegal women workers.

4. Internationalisation of care work and care needs

Care work as well as care demanding social problems between Germany and Eastern Europe shall be taken as examples for new international developments.

- Global care chains

The first example concerns the growing number of cheap, often “illegal” women labourers, many from Poland, working as private carers for old people in Germany. The background of this migrant work force is the high and long term unemployment rate of Polish women (Nowakowska and Swedrowska 2000) on one side and insufficient, payable care for old people in Germany on the other side. The advantage of informal labour for Polish women in comparison to public employment of Polish men (mainly in construction) is, that the women are not so easily controlled by the state making the job more safe, but also less protected and regulated (Miera 1997, cited after Ballarin et. al. 2003). All this has the effect of reinforcing the gendered public/ private split in the German labour market. Yet growing mobility, integration of women in the labour market and rising numbers of old people living alone transform the private sphere more and more into a cheap-labour workplace mainly for migrant women. This is true for countries such as Germany, with no extended network of publicly financed care institutions with qualified personal as f. e. Finland does (Rerrich 2000).

Many Polish women employ a flexible, time limited form of “transmigration”, often on the base of 3 monthly tourist visa (Rerrich 2002). They share jobs and flats amongst a small group of relatives or neighbours and rotate intermittently between care for their family in Poland and care work in Germany. Those women without sufficient resources of female relatives employ women to do the care work at home. Thereby they start a “global care chain”, a term phrased by Arlie Hochschild (2001), usually carried out by women and usually starting in a poor and ending in a rich country, which produces “transnational families” (R. S. Parrenas, cited after Hochschild 2001) with persistent financial obligations and emotional ties. The “emotional surplus value” (Hochschild 2001) produced by the carers through their concern for the cared for persons in the foreign country lead to an “emotions transfer”, along side with uprooted emotions towards their family and a bad conscience for leaving children and old parents behind, whereas (often violent) partnerships were gladly left or break up during the absences.

This development entails a feminisation of migration and a division of care work into a regulated legal branch and a growing branch of global shadow work (often done by highly qualified women in the case of Eastern European women), as long as the need for care work grows faster than the care provisions in rich countries (Lutz 2000). Which effect the enlargement of the EU will have for a public concept of care apart from already happening forms of legalization (in Germany in 2001 via exemption order of the recruitment stop for old people’s carers from accessing EU countries, Rerrich 2002) remains to be seen, but the

gender effect of existing welfare policy already is clear: care remains a woman's work with a redistribution on the level of class and ethnicity.

- Networking against trafficking of women

The second example concerns the international networking of care institutions against the global trafficking of women. The background of trafficking is on one side women searching for a source of (a better) income and on the other side a high number of men willing to buy sexual services. Nowadays the majority of trafficked women in the EU come from former Soviet Union and Eastern European States - often but not always illegally. According to the European Commission trafficked women for the purposes of sexual commercial exploitation are the largest group of illegal migrants in the EU, their number estimated by half a million (cited after Ballarin et. al. 2003). Some of the mostly very young women know that they will work in the sex business, without being able to estimate the varying degrees of deprived conditions most of them will work and live in, others do not know and are violently forced into prostitution becoming traumatised, still others find a somewhat protected workplace f. e. in a regular brothel and can keep part of the earned money for themselves, so that prostitution remains a better alternative for them than their life before (agisra (Hg.) 1990). Reasons of women to migrate by their own will (whether via trafficking or not) are the destitute economic situation in their home country, little chances for a respected life in their place of origin, difficult familial situations often linked to physical and sexual violence and hopes for a better life for themselves and for financial support of their families at home (Friedrich Ebert Stiftung (ed.) 1999).

National und international networking and lobbying of NGO's made trafficking a public issue and a topic of human rights. NGO's take part in regulative changes bettering the conditions of trafficked women, offer help and work preventive by informing women in the source countries (Ökumenische Arbeitsgruppe 2001). NGO's such as La Strada in Ukraine, Poland and Tschechien (supported by EU money) cooperate closely with organisations in Western European countries offering help for victims of trafficking (Friedrich Ebert Stiftung (ed.) 1999). One of the problems is the fact that these victims are mainly seen as perpetrators by the Police and justice system of the destination states since they work illegally. That makes decriminalisation of the women and their chances to stay longer than they are needed as witnesses an important point in order to be able to fight trafficking, not the victims.

So far many women refrain from cooperating because they feel endangered by the perpetrators, because they want to stay in the destination country if necessary illegally, and because they realize that their protection as victim and their life situation have no or at most a low priority during trials, which concentrate on law enforcement (Niesner 2001). Demanding qualified support for the women by the NGO's therefore not only serves to help the victims but intends to push for a public care obligation. The program STOP (Sexual Trafficking of Persons) is set up by the EU to coordinate information exchange and research as a first step in coordinating action (financed for 5 years), but is criticised by NGO's to give priority to the legal and not the social dimension of the problem. That shows the need for a sound definition of the scope of the problem: The international NGO GAATW ("Global Alliance Against Traffic in Women") understands trafficking on one hand in the context of the fight for human rights for women, which need to be enforced as well in the countries of origin as in the destination countries (such as supporting rights for victims of trafficking) and on the other hand in the context of migration, seeing trafficking as one form of migration as long as rich countries protect their borders in the way they do.

Sketching out the international scope of the problem shows the relevance of NGO's and but also hints at the difficulty of defining sustainable help in the interests of the women concerned in their different life situations.

5. Conclusions

The ongoing changes in Europe lead to the restructuring of societal bonds, to a political reorganisation of states and welfare systems, to transforming the ways of living together of different generations and both genders. The international care debate aims at reframing welfare issues in the light of social justice between classes, ethnicities and gender groups. The intent of this paper is to show the necessity of a broad discussion of new welfare mixes between the state, welfare organisations/ NGO's and families to answer differentiating welfare and personal service needs. Care obligations have to become a public issue of citizenship rights and need to be seen as a social praxis of women and men based on global human interdependencies.

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