

INGE BLEIJENBERGH AND CONNY
ROGGEBAND

Equality Machineries Matter: The Impact of Women's Political Pressure on European Social-Care Policies

Abstract

This study examines the impact of feminist pressure and European Union (EU) policies on national policy changes, such as the introduction or extension of public childcare provision, parental leave, and part-time work legislation. We compared six countries on the basis of Qualitative Comparative Analysis and found that women's political pressure, especially through national equality machinery, is a prerequisite for the emergence and extension of social-care policies. Sequence analysis showed that national machineries are crucial in translating EU measures into national policies.

Introduction

In the final decades of the twentieth century, married women's increasing labor-force participation has put the issue of combining paid employment with unpaid care work on the political

agenda. In the 1990s, many West European welfare states adopted or extended social-care policies, like public childcare (CC) provision, parental leave (PL), and part-time work (PT) protection (Michel and Mahon 2001; Morgan and Zippel 2003). In the same decade, the European Union (EU) became involved with the issue of care-giving support. The adoption of European Directives on maternity leave (1992), PL (1996), PT (1997), and common goals on CC (1992, 2002) showed social care to be a central topic on the European social policy agenda in the 1990s (Bleijenbergh 2004; Walby 2004, 18–9).

The consequences of social-care policies for the gender division of labor and caregiving have been thoroughly examined (Jenson and Sineau 2001; Morgan and Zippel 2003; O'Connor 1993; Orloff 1996). Moreover, a typology of gender regimes has been developed to classify national variety in (the lack of) public care-giving support (Fraser 1997; Lewis 1992, 1997; Mahon 2002; Sainsbury 1999). In this article we focus on the causes rather than the consequences of social-care policies. Notwithstanding national differences, most West European countries have provided greater rights to care. Potential explanations are the role of demographics, shifting welfare state priorities, feminist pressure, and European policies (Morgan and Zippel 2003, 56; Randall 2000, 355, 356). This article explores in detail the role of feminist pressure and European policies, in order to shed light on women's agency in social-care policy change.

We test the relations between different forms of feminist pressure and the development of policies on CC provision, PL, and PT in a qualitative comparative analysis (QCA) design. What has been the impact of women's representation in national parliaments, the women's movement, and gender machinery on the development of national social-care policies? We also examine if changes in European care policies have been a condition for national policy changes. Using sequence analysis, we compare the introduction of European and national policies on CC, care leave, and PT in Denmark, the UK, the Netherlands, France, Spain, and Italy. We begin with a discussion of explanations of policy change, then elaborate on our methodology. The next section discusses national cases whereas the final section examines the interaction between European and national policies.

The Expansion of Social-Care Policies

The theoretical debate on gender and social-care policies focuses on variations in national welfare regimes and how these affect the gendered division of labor and care giving. In critical response to Esping Andersen's threefold typology of welfare state regimes

(1990), feminist scholars have developed gendered typologies of different welfare state regimes that include the dimension of care (Anttonen and Sipilä 1996; Fraser 1997; Mahon 2002; Ostner and Lewis 1995; Sainsbury 1999). At least four types of gender welfare regimes are distinguished: the male breadwinner model (where the state provides financial support to breadwinners for keeping a caregiver at home), a universal breadwinner model (where the state provides care services), a caregiver parity model (in which the state provides financial support to caregivers) (Fraser 1997; Sainsbury 1999), and the family care model (where care is provided by the extended family) (Anttonen and Sipilä 1996).

According to this typology, we would expect that countries pursuing a male breadwinner model or caregiver parity model would resist the extension of public care services or rights to care leave for workers. Countries that support a universal breadwinner model would be more eager to extend CC provisions and leave arrangements. Yet over the past decade, countries with very different welfare regimes have expanded their social-care policies and moved in the direction of providing more public care-giving support (Bruning and Plantenga 1999; Bleijenbergh, Bussemaker, and de Bruijn 2006; Morgan and Zippel 2003).

We aim to explain expansion of social-care policies in diverse welfare regimes. By selecting cases crosscutting the different gender regimes, we aimed to identify patterns that exceed the variety of gender regimes.

Feminist scholars often consider three forms of political pressure that are important for advancing women's political interests: (1) an active presence of women's movements; (2) the political participation of women in parliament; and (3) the gender machineries (or equality units) in government administrative bureaucracies (c.f. Lycklama à Nijeholt, Vargas, and Wieringa 1998; Mazur 2002; Walby 2004, 15; Zippel 2006).

The first form of women's political pressure is direct feminist action by women's organizations, which is often viewed as an important motor behind (social) policy change (Gelb and Hart 1999, 176; O'Connor 1993, 508). Women's organizations can influence policy-making by defining "new" social problems and inserting new ways of thinking about issues, which may attract resources and allies. Despite agreement that women's movements are central actors in social policy change, few empirical studies have systematically examined the impact of women's movements on social policy change (with the important exception of the RINGS project¹). Comparing the impact of women's movements across different countries raises questions of defining what constitutes the women's movement.

By women's movements we mean organizations that struggle to eliminate unequal gender relations and promote the equal participation of women in the labor market. Our first hypothesis is that the presence of an active women's movement in a welfare state is a necessary condition for the emergence or extension of national social-care policies.

The second form of political pressure is women's representation in parliaments (Siim 2000; Walby 2004). The underlying assertion is that, to a greater extent than male politicians, female politicians represent the interests of women (Walby 2004, 15). Studies of women in office consistently indicate that women's preferences differ from those of their male counterparts and that this translates into different policy choices (Celis 2004). The resultant gendering of policy debates may support the development of social-care policies. Our second hypothesis is that a large representation of women in national parliaments is a necessary condition for the emergence or extension of national social-care policies.

The third kind of political pressure comes from equality machineries. Stetson and Mazur (1995, 3) define a women's policy machinery as "any structure established by government with its main purpose being betterment of women's social status." Since most of these agencies aim to promote gender equality, we prefer to label them equality machineries. In many states, equality machineries have been established in response to the demands of feminist movements. We assume that equality machineries allow the entrance of feminist ideas into the political debate, promote women's interests, and give access to the women's movement. Our third hypothesis is that the presence of equality machinery in a welfare state is a necessary condition for the emergence or extension of national social-care policies.

These three forms of political pressure together form a "triangle of empowerment" (Lycklama à Nijeholt, Vargas and Wieringa 1998). We hypothesized that the presence of two or more forms of women's pressure would give a greater chance of successful policy change.

European Union and National Policy Change

In West European welfare states, social policies combining paid work and unpaid family care do not emerge in a political vacuum, but in a context of increasing European integration. Several authors have suggested that the EU adds an additional layer of political opportunities (Imig and Tarrow 2001; Roggeband and Verloo 1999) that has been particularly open to feminist demands (Hoskyns 1996; Zippel 2006). Political pressure exerted by women at the national

level can interact with political pressure from the supranational level and so stimulate the development of women-friendly policies (Keck and Sikkink 1998; Van der Vleuten 2002). The introduction of European equal pay and equal treatment legislation between 1975 and 1985 combined with national political pressure exerted by women's movements had a "sandwich effect," pressing national governments to adjust their social security policies (Van der Vleuten 2002, 89–96). The introduction of European measures combining paid work and unpaid family care may have comparable consequences (Bleijenbergh 2004, 162–3; Walby 2004, 15). Our fourth hypothesis is that the presence of European legislation on combining work and family life is a necessary condition for the emergence or extension of national social-care policies.

We tested our hypotheses by comparing cases of social-care policy change in six West European countries with different gender regimes: Denmark, France, Italy, the Netherlands, Spain, and the UK. These countries represent different West European gender regimes, namely, the universal breadwinner model (Denmark), the caregiver parity model (France), the male breadwinner model (the Netherlands and the UK), and the family care model (Italy, Spain) (Anttonen and Sipilä 1996; Fraser 1997; Sainsbury 1999).

Social-care policies may include arrangements to care for children, and sick and elderly people; we limited our analysis mainly to policies directed at care for young children, like CC services, PL, and PT. In practice, PT also supports unpaid care for the sick and the elderly. For reasons of comparability, we looked at legislative change. We focused on national policies, neglecting social-care arrangements in organizations and in families (see Den Dulk 2001). On the basis of an intensive comparison of national case studies, we identified the first social-care legal change in the period 1986–2000. We took 1986 as a starting point since this is the year the Single European Act was signed. This is generally considered the landmark for speeding up the process of European integration (McCormick 2002). We took 2000 as the final point, for reasons of availability of sufficient qualitative studies. We found a series of social policy changes after 1986. France introduced CC allowances in 1986, whereas the Netherlands introduced PL legislation in 1989. The UK introduced CC tax incentives in 1989, whereas Denmark extended CC provision in 1990, and Italy in 1997. Spain introduced PT legislation in 1998. We tested our hypotheses by examining the characteristics of these countries in the period of five years prior to these policy changes. We took this method from Stetson and Mazur (1995, 276–80), who used a similar approach to comparing different levels of state feminism.

Comparing Causal Conditions for Policy Change across Countries

We used the method of QCA developed by Ragin (1994; Rihoux and Ragin 2004). Qualitative comparative analysis is suitable for testing hypotheses and theoretical assumptions on the basis of qualitative data and helps to explore multiple causal relationships, in this case, between different forms of feminist pressure. With the help of truth tables, we determine whether policy change requires a single condition or a combination of conditions. Our research design thus involved an examination of cases with a given outcome (social-care policies) and attempted to identify their shared conditions (different forms of women's political pressure) (Rihoux and Ragin 2004, 3).

The method of qualitative comparative analysis had limitations. To construct truth tables we needed to dichotomize qualitative data about different forms of feminist pressure and so lost more nuanced information on specific characteristics of national situations. Another limitation was the lack of information on the sequencing of causes and outcomes (Krook 2005, 3). Following Krook (2005), we solved this by adding a temporal element to our comparative research. To measure the intersection between European legislation and women's political pressure, we examined the sequence of national and European policy change. We used the analytical tool of timetables to examine whether the introduction of European social-care policies was a condition for national social-care policies or not.

Social-Care Policy Change across Six Countries

Table 1 indicates that the six countries differed in the timing and extent of social-care policies. It also reveals a “domino effect” between the different policy changes. We divided the selected countries into two groups. First, there were three countries with

Table 1. Social Care Policy Changes in Six Countries (1986–2000)

	PL	CC provision	PT arrangements
Denmark	1994, 1997	1990	1991
France	1994	1986, 1990	2000
Italy	1999	1997	2000
Netherlands	1989	1989	1993
Spain	1999		1998
United Kingdom	1999	1989, 1997	2000

policy change in all three issues within a very short time span (“domino effect”) (Denmark, the Netherlands and Italy). Secondly, there was a group of countries with policy change in two issues within a very short time span (Spain, France and the UK), which in the case of France and the UK were followed by a new series of changes almost a decade later.

Denmark, the Netherlands and Italy

In Denmark, CC provision became an exclusive responsibility of the municipalities in the 1990s, although public involvement with care-giving services was introduced as early as 1965 (Siim 1993, 35; Siim 2000, 139). In 1991, the government reduced part-time workers’ possibilities for receiving supplementary employment benefits, stimulating them to increase their working hours (Emerek 1998, 113). Paid PL, already introduced in 1984 (two weeks), was extended in 1994. It enabled parents of young children to temporarily interrupt their work (thirteen to fifty-two weeks) for care giving with a guaranteed minimum income (80 percent of unemployment benefit). Owing to the unexpectedly high demand, it was reduced to 60 percent of unemployment benefit in 1997 (Højgaard 1998, 141; Siim 1993, 37; Sjørup 2001, 63–5). In line with the universal breadwinner model, Denmark stimulates full-time employment of both parents, supporting care giving with paid leave facilities and public CC services.

In the same period, the Dutch government began to support public CC provision. It introduced stimulation measures for CC provision in 1990, in order to give financial impetus to the growth of public and private facilities (Bussemaker 1998, 74). In 1990, the Dutch government also introduced PL legislation providing parents with an individual right to unpaid leave of three months before their child reaches the age of 4. In 1993, part-time legislation was introduced guaranteeing the same hourly wages, social security, and working conditions as full-time workers (Bleijenbergh 2004, 65). The Netherlands, formerly classified as a male breadwinner model, stimulates part-time employment of mothers (and fathers), supporting care giving with unpaid leave facilities and increasing CC services.

Italy combined policy changes in CC, PL, and PT at the end of the 1990s. With the 1997 Act on Childcare, policies moved to stimulating the use of private childminders at the cost of investment in public facilities. Although national CC legislation existed since 1961, the actual level of provision was still very limited (Bimbi and Della Sala 2001). In 1999, unpaid PL was extended to eleven months over the

first eight years of a child's life, with a nontransferable extra month for fathers (Bimbi and Della Sala 2001). One year later, in 2000, part-time legislation improved. The new Act arranged equal treatment of full-time and part-time workers and introduced financial stimulation of part-time employment (Clauwaert 2002). Italy, formerly classified as a family care model, extended both CC services as facilities for PT and PL.

Spain, France and the UK

Spain combined social-care policy changes in two issues within a period of five years. Social-care policy change took place at the end of the 1990s. In 1998, Spain introduced PT legislation to overcome previous social security discrimination (Escobedo 2001, 261). One year later, a new law was enacted to promote the reconciliation of work and family care. Paid maternity leave was made transferable to the father, on the condition that it would not harm the health of the mother (Escobedo 2001, 273). Care giving by fathers is stimulated, but at the expense of the rights of mothers who have to give up leave to grant their partners time for care. Spain did not develop CC policies in the period under investigation. So, Spain, formerly classified as a family care model, invested in some facilities to support time for care.

France and the UK showed social-care policy change on two issues, but in "shifts" with a longer time span between the changes. The UK, characterized by low levels of CC after the Second World War, was classified as a male breadwinner regime. In 1989, the political climate in relation to CC changed. Influenced by the demographic need for women in employment, the government introduced tax relief to stimulate employers to provide CC facilities (Land and Lewis 1998, 66; Randall 1995, 336). A second period of social-care policy change took place in the mid-1990s. In 1997, New Labor began extending public CC services (Walby 2001, 224), and in 1999 and 2000, very minimalist interpretations of the European parental leave and the European part-time work Directives were introduced (Clauwaert and Harger 2000, 91; Clauwaert 2002, 25).

With regard to CC, the French government supports care giving for children at home rather than in public institutions. In 1986 and 1990, France introduced allowances to stimulate the use of private childminders at the cost of its former investments in public CC facilities (Fagnani 1998). In 1985, the French government had introduced a Mother's Wage, which compensates mothers who stop working to take care of their children. Although it is only a measure for mothers, in line with Morgan and Zippel (2003), we consider it

a kind of PL. The Mother's Wage was destined for mothers with three or more children who stop working or are registered as unemployed. In 1994, this benefit was extended to mothers of two children. In 2000, French part-time legislation was based on a limited interpretation of the new European legislation (Clauwaert 2002). The French welfare state, in line with the caregiver parity model, stimulates mothers to leave the labor market partly or temporarily rather than supporting care giving with paid leave or public CC services.

Feminist Pressure

In this section we discuss three forms of pressure: the women's movement, women's representation in parliament, and gender equality machinery.

Women's Movement Characteristics

We examined the women's movement in each country in terms of stage, available allies, and priority given to social care in the five years prior to policy change. Stage refers to the phase of development of the movement: (re)emerging/growing or in decline. Available allies are important to gain access to policy debate. In this case, political parties and trade unions are particularly relevant allies. Priority given to the issue refers to the perceived importance of social-care policies within the broader women's movement (a marginal or a central issue). We considered a women's movement with a positive score on two or more of these three items to have a strong presence; otherwise we considered its presence to be weak. The women's movements in Denmark, the Netherlands, Italy, and the UK can be classified as having had a strong presence in the period prior to policy change, and the movements in France and Spain as having a weak presence (see table 2).

Table 2. Presence of the Women's Movement

	Denmark 1985–90	France 1979–84	Italy 1992–97	The Netherlands 1984–89	Spain 1993–98	United Kingdom 1984–89
Stage	+		+	–	–	+
Alliances	+	+	+	+	–	–
Priority of issue	+	–	+	+	–	+
	+	–	+	+	–	+

During the selected periods, both Denmark and Italy had particularly strong women's movements in terms of numbers of participants, close alliances with leftist parties and trade unions, and priority given to the issue. Denmark had a strong and widespread grass roots feminist movement that emerged in the early 1970s and shifted towards a more professional but still very powerful movement in the 1980s (Dahlerup 1986). Feminists entered political parties, trade unions, and other organizations, building a strong network of alliances. Social-care policies were among their priorities (Siim 2000, 128–9; Sjørup 2001, 55).

The Italian movement, which had been particularly strong in the 1970s, revived in the mid-1980s, remaining a radical and enduring movement, with mass membership throughout most of the 1990s (Becalli 1996, 172; Della Porta 2003, 52; Guadagnini 1995, 153). The Italian movement traditionally had strong ties with the trade unions and used this ally in its struggle for the introduction of measures to increase the labor market participation of women (Becalli 1996, 176; Della Porta 2003, 61).

In the Netherlands and the UK, a well-developed women's movement existed, but feminist mobilization was weaker than in Italy or Denmark (Kaplan 1986). In the mid-1980s, the women's movement was under pressure. As a result of the radical retrenchment policies of the Liberal/Christian Democratic government, many women's groups lost state support (Outshoorn 1995; Roggeband 2002). In response, the women's movement established allies with left wing parties and trade unions to defend women's interests. A large coalition was built within the women's movement to lobby for social-care policies.

The UK historically has a strong women's movement, which was nevertheless unable to gain access to the realm of policy-making (Lewis 1992). This is the consequence of a lack of support for women's issues in the political realm. Both trade unions and the Labor Party for a long time promoted the traditional male breadwinner model at the expense of policies to combine labor and care, which was a central concern to the women's movement (Siim 2000).

In Spain and France, the women's movement had a weak presence, mainly due to its internal divisions. The French women's movement, despite its profile as a revolutionary movement, became strongly divided during the 1980s. Internal disagreements about goals and strategies prevailed and the movement declined (Jenson 1996). The ally of the Socialist Party, however, was strong in the early 1980s, as Stetson and Mazur (2000) indicate. Nevertheless, the issue of social care did not have a high priority on the feminist

agenda. Material equality in politics and on the labor market was considered more important (Siim 2000).

The Spanish movement became divided during the 1980s. One part of the movement maintained a close relationship with the ruling Socialist Party (PSOE), which weakened in the 1990s when the PSOE lost its majority position. The autonomous movement held a marginal position (Roggeband 2004). During the period of investigation the women's movement mainly mobilized on the issue of domestic violence (Roggeband 2002), whereas the issue of social-care policies received far less attention.

Women's Political Representation in Parliaments

We used a quantitative measure to determine the strength of female political participation and look at the number of women elected in national parliaments at the moment of social-care policy change. We did not take into account the representation of the different political parties in parliament, since no clear-cut relationship between political orientation and support of social-care policies exist. Some researchers argue that it is mainly Social-Democratic parties that are responsible for social-care policy change, while others have shown that also Christian-Democratic or Conservative parties introduce CC and leave facilities (Bleijenbergh, Bussemaker, and de Bruijn. 2006; Morgan and Zippel 2003, 76).

Women's presence in national parliaments differed considerably in the six cases. We found no single country with a proportional representation of women reaching 50 percent. With a participation level of 33 percent in 1990, Denmark had the highest level of female members of parliament. And with 6 percent in 1989, the UK showed the lowest level of women's political representation at the moment of social-care policy change. We considered countries with a proportion of 33 percent or more women in parliament to have a high level of political representation of women. Countries with a proportion of less than 33 percent were considered to have a low level of political representation (see table 3).

Equality Machineries

To determine the presence of equality machineries we looked at the history of establishment (more than 5 years prior to the period selected), the institutional capacity, and priority given to social care within the organization (table 4). We considered equality machineries with a positive score on two or more of these items to be present. There was considerable variation between equality machineries in the six countries, but in all cases we found them to be present in the period prior to policy change.

Table 3. Political Representation of Women at the Moment of Policy Change

	Denmark (1990)	France (1986)	Italy (1997)	The Netherlands (1989)	Spain (1998)	United Kingdom (1989)
National	+	-	-	-	-	-

Source: Interparliamentary Union.

(Denmark, 1990: 33%; France, 1986: 7%; Italy, 1997: 11%; the Netherlands, 1989: 25%; Spain, 1998: 25%; United Kingdom, 1989: 6%)

Denmark has a well-established equality machinery that was created as early as 1975 (Borchorst 1995, 277). Denmark's Equal Status Council provides a platform for women's organizations to keep gender issues on the political agenda. It has played a decisive role in formulating and implementing legislation to improve the position of women (Borchorst 1995, 59).

The Netherlands' equality machinery was established in 1978. The Department of Equality Policy was originally located in the Ministry of Culture, but moved to the more powerful Ministry of Social Affairs and Employment in 1981 (Outshoorn 1995, 174–6), which promoted women's labor market participation and so the issue of combining labor and care.

The UK, Spain, and Italy have equality machineries with limited access to the state bureaucracy. The Equal Opportunities Committee in the UK was established in 1975 to enforce the Equal Pay and Sex Discrimination Acts, and was given jurisdiction over a number of policy areas related to women. (Lovenduski 1995). Social-care policy was given some priority in the organization. In 1988, one of its main goals was "to enable men and women to be effective and responsible employees and effective and responsible family members" (Lovenduski 1995, 126).

Table 4. Presence of Equality Machineries

	Denmark 1985–90	France 1981–86	Italy 1992–97	The Netherlands 1984–89	Spain 1993–98	United Kingdom 1984–89
Length of establishment	1975 + (10 years)	1981 -	1983 + (9 years)	1978 + (6 years)	1983 + (10 years)	1975 + (9 years)
Institutional capacity	+	+	-	+	-	-
Priority given to issue	+	+	+	+	+	+
	+	+	+	+	+	+

The Spanish Women's Institute was established in 1983 and situated at the fringe of the state bureaucracy (Valiente 2002, 120), but with a considerable budget and staff (Threlfall 1996b, 124). The institute is closely related to the ruling party, which limits the institute's autonomy (Roggeband 2004). In the second equality policy plan (1990–1996), the need for a new balance between labor and care in order to increase women's participation was explicitly taken as a policy goal (Gil 1996).

In France, “a central ministry with an extensive territorial administration” (Stetson and Mazur 1995, 280), but marginal position in the state hierarchy (Mazur 1995, 88) was established in 1981. Prior, there was a secretary of state for women's issues. The ministry was closely linked to the ruling Socialist Party (Mazur 1995, 81). In 1983, the ministry proposed a special law to stimulate labor participation of women.

In Italy an Equal Status Committee was founded in 1983, followed by the Equal Status and Equal Opportunity National Commission (1984), which had a feminist orientation but a very weak bureaucratic position (Guadagnini 1995). An important step forward was the establishment of a Ministry of Equal Opportunities, founded in 1996. This new bureaucratic organization had moderate resources and limited access to the policy-making process (Danna 2004, 178) but promoted measures to reconcile work and family life (Barazzetti et al. 2001).

In sum, Denmark and the Netherlands had equality machineries that helped promote women's interests. The UK, France, Spain, and Italy established equality machineries that had more limited access to the state bureaucracy than those in Denmark and the Netherlands. The French equality machinery had a shorter history at the moment of social-care policy change, whereas the Italian machinery has only recently gained capacity.

Women's Pressure and Policy Change

We found a positive relation between women's pressure and social-care policy change. As table 5 shows, feminist pressure appears to be important for advancing social-care policies; however, not all three factors constituting women's political pressure—the presence of a women's movement, substantive representation of women in parliament, and a strong equality machinery—are necessary conditions for the introduction or extension of social-care policies.

We found that the presence of a strong women's movement was not a necessary condition for the introduction of social-care policies.

Table 5. Feminist Pressure prior to Social Care Policy Change

	Women's movement	Women in Parliament	Equality machinery
Denmark	+	+	+
France	-	-	+
Italy	+	-	+
The Netherlands	+	-	+
Spain	-	-	+
United Kingdom	+	-	+

For instance, the Italian women's movement was strong, but did not manage to get access to the Italian policy debates and force the introduction of social-care policies. In contrast, in some cases, social-care policies were developed in countries with a weak women's movement, as in France and Spain.

The second factor, the representation of women in parliament, is not a necessary condition either for the introduction of favorable policies to combine work and family life. All countries in our sample, with the exception of Denmark, introduced social-care policies in a period with a very low political representation of women.

The third factor in women's political pressure, the presence of strong equality machinery, proved to be a necessary condition for the development of social-care policies. All countries in our case study showed a strong presence of equality machinery at the moment of social-care policy change, while they varied with regard to the presence of a women's movement and women's representation in parliament.

The presence of equality machineries, therefore, is the single crucial condition for social-care policy change. This refutes theoretical expectations that the presence of women in parliament and the presence of a women's movement are necessary conditions for a strong presence of equality machineries. The other two forms of women's political pressure, however, create a triangle of empowerment that enforces the effects of equality machineries. As the case of Denmark shows, the combined presence of all three forms of women's pressure gives the most developed policies.

European Policy Change

The issue of combining work and family care was on the political agenda in the EU during the whole period between 1986 and 2000. Although the European Commission already proposed legislation on

PT and PL at the beginning of the 1980s, the first issue on which concrete policies appeared was CC, with the 1992 Childcare Recommendation (Bleijenbergh, de Bruijn, and Bussemaker 2004; Stratigaki 2004, 40–3). The Equality Unit of the European Commission aimed at the legal instrument of a Directive on CC, but because of internal disagreement the Council of Ministers adopted the less powerful instrument of a Recommendation on Childcare. It argued that CC provision was a common responsibility of the European Union, national states, and private actors. Notwithstanding its lack of legal power, the Childcare Recommendation symbolized a breakthrough in European social-care policies (Bleijenbergh, Bussemaker, and de Bruijn 2006; Stratigaki 2004: 43).

During the 1990s, European Directives on PL and PT appeared. Earlier European Commission efforts to reach European legislation on these issues had failed because of deadlocks in the Council of Ministers in the 1980s. Owing to the changing institutional context in the 1990s, new political opportunities emerged. With the Social Protocol to the 1992 Maastricht Treaty, European employers and trade unions gained a primary role in European social policy-making. The European Commission strategically put the failed issues of the 1980s on the social partners' bargaining agenda, and in 1996 European employers and trade unions reached their first framework agreement on PL. The Council of Ministers translated it into a binding Directive in 1996. All parents in the EU have the right to three months of unpaid leave until their child reaches the age of eight years (Ross 2001, 202). In 1997, a second framework agreement followed on the issue of PT. The Council of Ministers adopted the agreement in a binding Directive in the same year. It guarantees all part-time workers in the EU equal pay and equal working conditions to full-time workers; however, equal treatment with regard to statutory social security was excluded because it was too controversial (Bleijenbergh, de Bruijn, and Bussemaker 2004).

The question remains whether the introduction of European social-care policies was a precondition for the development of national policies. Ross argues that many European countries had national arrangements for PL and CC that were better than the new European legislation. Nevertheless, for some countries, it meant a concrete improvement of social policies (Ross 2001, 203). Table 6 presents the timing of national and European policy changes in CC, PL, and PT.

Our findings do not demonstrate a clear-cut relation between the introduction of European CC policies and the development of national policies. In most cases, the introduction of the European Childcare Recommendation in 1992 was preceded by some national

Table 6. Sequence of National and European Policies (National Policy prior to EU -, post EU +)

	European recommendation on CC (1992)	European directive on PL (1996)	European directive on PT (1997)
Denmark	-	-	-
France	-	-	+
Italy	+	+	+
Netherlands	-	-	-
Spain		+	+
United Kingdom	- (1989), + (1998)	+	+

CC policy. In the case of Italy, national CC policies became less public and more private oriented after the Childcare Recommendation. In contrast, in the UK public investments in CC improved after the Childcare Recommendation. We thus conclude that the European Recommendation on CC was not a necessary condition for the extension of public CC provision. The non-obligatory character of the recommendation gave space to different national responses. We expect that the 2002 Barcelona CC target figures, which have a binding force, will be more effective.

The two Directives, as can be expected, have more consequences for national policies. In Spain, Italy, and the UK, European PL legislation preceded the introduction of national legislation. The UK policy change, however, did not fully implement the EU Directive (Clauwaert and Harger 2000, 91–2). Denmark, France, and the Netherlands introduced PL arrangements prior to the European PL Directive. We conclude, therefore, that European legislation on PL is not a necessary condition for the introduction of PL arrangements. It is however, a sufficient condition, since it sets a minimum European standard. After the 1996 European Directive on Parental Leave, national legislation did not decrease in any country.

The introduction of European PT legislation preceded the part-time policy change in Spain, Italy, France, and the UK, although in the last two countries the implementation is restricted to a limited group (Clauwaert 2002). Nevertheless, the most favorable policies on PT were present in the Netherlands, and these policies were introduced before the European PT legislation came out. With regard to PT, therefore, we can again conclude that European legislation is not a necessary condition for the introduction or extension of national

policies. Also in this case, EU policy change appears to be a sufficient condition for national change

Discussion

Our findings confirm the assertion that women's political pressure matters in making states more responsive to women's interests. However, we did not find a direct relation between all three forms of women's political pressure and social-care policy change. We found that neither the presence of a strong women's movement nor the representation of women in parliament is a necessary condition for the introduction of public care-giving support. The presence of equality machineries is the only necessary condition for the improvement of social-care policies.

The combination of all forms of political pressure is, however, the optimal condition for expansion of social-care policies as the case of Denmark indicates. This may explain why Denmark is the only country in our sample that can be classified as a universal breadwinner gender regime. The Netherlands, the UK, and Italy combined the presence of an equality machinery and a women's movement prior to the introduction of CC policies. In France and Spain, the presence of an equality machinery was the only precondition for the appearance of social-care policies. So, variations in forms of political pressure crosscut the male breadwinner, family care, and caregiver parity model. A combination of equality machinery and a women's movement did not lead to more policies than the presence of equality machinery only. France and Spain had policy changes on multiple social care issues when only equality machineries were present, although within longer time periods.

Our findings fit the results of other research at the European level. Ross demonstrates that it is mainly equality machineries (and not women's movements or representation in parliament) that put the issues of CC, PL, and PT on the European political agenda. The presence of an equality machinery within the European Commission was an necessary condition for the development of European social-care policies (Ross 2001, 203).

What do our results indicate regarding the relation between European and national social-care policies? Have national policies on combining work and family life followed the lead of European policies? The results are different for different types of policies. In countries with a particularly strong presence of equality machinery, as was the case in Denmark and the Netherlands, CC policies appeared prior to European policies. In Italy, where the equality machinery was still developing, CC policies extended but with a

lower quality standard after the introduction of the EU Childcare Recommendation. A stronger effect of European policies was found for PL and PT. In Spain, Italy, and the UK, where (almost) no social-care policies on these issues existed, equality machineries used EU regulations to push for national policy change.

Our findings show the strength of comparing national cases in order to identify the relation between different combinations of political pressure exerted by women and social policy change. We were able to test theoretical assumptions on the basis of qualitative data on a relatively small number of cases. The presence of different combinations of conditions at least allowed for refutation of some theoretical assumptions. Our findings suggest that the combined use of comparative case analysis and sequence analysis is a useful approach in analyzing the development of social-care policies in a system of multilevel policy-making like the European Union. Comparison of national and European policy change over time allows for identification of the intersection between different levels of policy-making.

Overall, our findings demonstrate that the presence of equality machinery is a necessary condition to advance social-care policies. This confirms the conclusions of the RNGS-network, which demonstrated the influence of equality machineries on other gendered policy domains, like prostitution and job training. Investment in national and European equality machineries is the best strategy to improve European social-care policies. Especially now that political responsibility for gender mainstreaming is becoming increasingly decentralized, the presence of equality machineries is essential to stimulate and scrutinize national policy change. Nevertheless, we should not withdraw from stimulating the presence of women in national parliaments and supporting national women's movements. Our findings suggest that social policy change leads to the best results when the different forms of women's political pressure interact. National and international opportunities can be optimally seized when women outside and within the state apparatus join forces.

NOTES

Inge Bleijenbergh is Assistant Professor Research Methods at the Radboud University Nijmegen, Institute for Management Research. She did research for the European Commission and the European Foundation for the Improvement of Working and Living Conditions and was a visiting researcher at the European University Institute in Florence. Her research topics involve European social policy-making, gender and industrial relations, and gender mainstreaming in organizations.

Conny Roggeband is Assistant Professor Gender in Organizations at the Vrije Universiteit, Amsterdam, the Netherlands. She is a member of the Steering Committee of Network on Identity and Sociopolitical Participation (2004–2007), funded by the European Science Foundation and affiliated with QUING, an Integrated Project funded by the European Union to investigate gender and citizenship in a multicultural context. Her current research explores how both state and civil society deal with specific forms of inequality, especially gender and ethnicity.

Direct all correspondence to Inge Bleijenbergh, Radboud University Nijmegen, Institute for Management Research, P.O. Box 9108, 6500HK Nijmegen, The Netherlands. Tel.: 31 (0) 24 3611474; Fax: 31 (0) 24 3611933. E-mail: i.bleijenbergh@fm.ru.nl

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1. The RNGS project represents a long-term research project on women's movements and the state that focuses on the links among women's movements and states through women's policy agencies (<http://libarts.wsu.edu/polisci/rngs/>).

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