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Varieties of familialism: Comparing four southern European and East Asian welfare regimes: — Source link

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Abstract
The aim of this article is to articulate the concepts of familialism and defamilialization as well as their indicators to assess whether and how welfare states, or regimes, differ not only in the degree to which they are defamilialized but also in the specific familialism form. In other words, it assesses whether family responsibility in a given area (and its gender dimension) is only assumed without public policy support or, on the contrary, whether it is actively enforced by laws or supported by income transfers and time allocation. The same diversification also exists for the opposite concept, defamilialization, which may happen through positive, direct or indirect policy interventions or because of the lack of such interventions, encouraging recourse to the market. The article shows that when considering these distinctions in the analyses, the profiles of countries that are usually generically described as 'familialistic welfare states', such as Italy and Spain in Europe or Japan and Korea in East Asia, and their similarities and differences partly differ from those that emerge when considering only a simplified familialism – defamilialization dichotomy, in so far both familialism and defamilialization may occur, and be combined, through distinct means, offering, therefore, also different options.

Keywords
Defamilialization, familialism, South East Asia, Southern Europe, welfare regimes

Introduction

The aim of this article is to articulate the concepts of familialism and defamilialization in relation to welfare state arrangements to examine whether and how welfare states differ not only in the way (via state or market) and the degree to which they are defamilialized but also in the specific familialism form(s). Specifically, the aim is to assess whether family responsibility in a given area is only assumed without public policy support or, on the contrary, whether it is actively enforced by laws or supported by income transfers, time allocation and so forth. Based on

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selected indicators of different policy areas and needs, I articulate these concepts to compare four countries – Italy and Spain in Europe, Korea and Japan in East Asia – which are in the welfare state literature often identified as examples of familialistic welfare states.

In the first section, based on a critical overview of the debates that have led to the introduction of the concepts of defamilialization and familialism in welfare state studies, I discuss different dimensions involved in the familialism–defamilialization continuum and their likely indicators, suggesting a more articulated conceptualization compared to those currently available in the literature. Against this background, in the second section, I analyse the profiles of Italy, Japan, Korea and Spain, looking at various areas of policy intervention involving expectations about gender, intergenerational responsibilities and obligations within the household and the larger family. The emerging varieties of familialism as well as patterns of defamilialization in the four countries are discussed in the conclusion.

The contribution offered by this article is, therefore, twofold. First, it contributes to the theoretical debate on familialism and defamilialization in welfare state analysis through developing a richer conceptualization that accounts for the different directions of a familialistic policy approach. Second, by implementing this conceptualization in the analysis of four countries commonly identified as familialistic, based on a complex set of indicators that go beyond those commonly used in comparative analyses, it documents the benefit of using such conceptualization for comparative analyses of countries and policies, contributing also to the overcoming of the limitations of the "welfare modelling business" (Powell and Kim (2014)).

Polysemic concepts

Feminist scholars who, taking Esping-Andersen's (1990) regime approach seriously, criticized the gender blindness of his conceptualization, exposing the gender arrangements that underpin all three areas of the welfare regime, that is, the state, the market and the family, as well as their relationships, developed the twin concepts of familialism and defamilialization as dimensions of welfare state arrangements. Building on theory and research that had started to unveil the gender-specific dimensions of the foundations of European welfare states, Lewis (1992) and Lewis and Ostner (1994; see also Sainsbury 1999) argued that welfare regime typologies should be based on the strength or weakness of the male breadwinner model. Orloff (1993; see also Lister 1994 and Saraceno, 1997) suggested that in order to construct a welfare regime typology, the commodification–decommodification axis should be integrated with the familialism–defamilialization axis. Although they focused primarily on the degrees and patterns of defamilialization rather than familialism, these developments opened the way for the identification of familialism as a heavy reliance on a gendered and intergenerationally structured family solidarity (not only the household but also close kin; see, for example, Naldini, 2003) as a specific characteristic of southern European welfare regimes. The term was later adopted also by scholars of East Asian welfare regimes (e.g. Estevez-Abe and Kim, 2014; Jones, 1993; Phillips and Jung 2013 and, from a specific gender perspective, Peng, 2002).

The first scholars who adopted the gendered concept of defamilialization emphasized the ability of women to support themselves without relying on a male breadwinner either through participation in the labour market or through individual entitlements as mothers (Hobson, 1994; Orloff, 1993). Lister (1994) defined the concept as 'the degree to which individuals can uphold a socially acceptable standard of living independently of family relationships, either through paid work or social security provision'. Although originally developed with a focus on women, the concept of defamilialization was later extended to all adults, particularly to the young, vulnerable and elderly members of both genders.

Over the years, the familialism–defamilialization dichotomy has been used particularly to analyse the patterns of care provision. The focus on the ability to form one's own household has therefore remained marginal. Although reductive, this focus has nevertheless served to enrich welfare regime analyses (and typologies), which were until then largely based on a few, mostly labour-linked, income transfers and tended to ignore the service sector (Alber, 1995). In particular, when analysing patterns of care provision

– whether relative to children or other dependent persons – it is apparent that they always involve a combination of different providers among whom the family and its gender arrangement play an important role. The concept of social care (Daly and Lewis, 1998) has been developed precisely from this insight. Furthermore, conceptions of family obligations emerge much more clearly when policies involve child and elderly care rather than any other areas of welfare.

The focus on care has also helped to further articulate the familialism–defamilialization dichotomy and the concept of familialism itself, distinguishing between (defamilializing) policies that liberate families (women) from a share of the needed caring work and policies that, on the contrary, help families (whether only women or women and men) provide care (Leitner, 2003; Saraceno, 1997). In fact, defamilialization is not the only way in which policies may – and do – assist families and individuals with their needs. Policies may also provide time and money to allow families and individuals to provide care.

Further elaborating on Korpi's (2000), Leitner's (2003), Leitner and Lessenich's (2007), Saraceno's (2010) and Saraceno and Keck's (2010, 2011) conceptual frameworks, different patterns can be distinguished on the familialization–defamilialization continuum. These are not based simply on care provision indicators, but also on the way in which the institutional framework implies, prescribes, supports and/or reduces family obligations along gender and intergenerational lines. The different patterns reflect specific policy areas; however, according to the overall balance in a given country (or group of countries) at a given time, they also reflect welfare regime profiles. These patterns may be defined as familialism by default, prescribed familialism, supported familialism, supported defamilialization through the market and defamilialization through public provision.

Familialism by default, or unsupported familialism, occurs when there are no, or very scarce, publicly provided alternatives to family care and/or financial support for needy family members. It can also translate into *defamilialization through the market* when individuals and families use their own private resources to buy market care or education services as well as health or old age insurances that are not provided by public policies.

Prescribed familialism occurs when civil law prescribes financial or care obligations within the generational chain and kinship networks.

S*upported familialism* occurs when policies, usually through direct or indirect (via taxation) financial transfers, help individuals within families uphold their financial and/or caring responsibilities. While familialism by default clearly underpins gender and social class inequality, insofar as it leaves the family to provide care and use its financial resources, supported familialism has a more ambivalent effect, depending on the way in which it is framed. It may work to support the traditional gender division of labour and social class asymmetry. This may happen in the case of taxation favourable to financially asymmetrical couples, long parental leaves reserved to or used mostly by mothers, or payments for care that may be attractive to low-income women, incentivizing them to leave their own jobs. However, supported familialism may also operate to rebalance some of that gender asymmetry, for instance, with paternity leave or incentives for fathers to share the parental leave (Leira, 1998; Saraceno, 1997; Saraceno and Keck, 2011). Unlike what Korpi (2000) argued, supported familialism does not always imply keeping women at home. On the contrary, it may incentivize men to take time off to care. Depending on the level of generosity, supported familialism in the form of financial transfers for the costs of bringing up children may also reduce the risk of poverty for families with children, thereby reducing social inequality. In insurance-based welfare states, supported familialism may also represent a way of extending protection to the non-insured by acknowledging them as dependent family members.

Supported defamilialization through the market occurs when income transfers are provided (in the form of cash benefits, vouchers or tax deductions) to help buy services on the market or when the state (or local government) funds the provision of services via the market instead of providing them directly. It can also occur through compulsory occupational welfare.

Defamilialization through public provision occurs when the individualization of social rights (e.g. with

regard to minimum income provision, unemployment benefits for the young or entitlement to higher education or to receiving care) reduces family responsibilities and dependencies. Concerning care, it occurs when it is performed by public or publicly financed and regulated services.

Some forms of familialism by default, prescribed familialism, supported familialism and different forms of defamilialization, may be found in every country. Cross-country differences involve the overall balance between these tendencies and the specific areas in which one approach is favoured over another.

Of course, familialism and defamilialization are not only policy features. They may be rooted in, or at least legitimized by, cultural attitudes and values, which in turn inspire not only policies but also individual behaviours (e.g. Budig et al., 2012; Van Oorschot et al., 2008). This dimension is addressed in Estevez-Abe and Naldini's contribution to this issue, and I will therefore not elaborate on it here. I will only mention that without under-evaluating the role of culture and attitudes in shaping both individual behaviour and welfare regime arrangements, the symmetrical role of welfare (and civil law) arrangements in shaping expectations and behaviours irrespective of values and attitudes should not be underestimated (see also Teo, 2013). This is a well-known argument in welfare state analyses from a gender perspective. In familialist welfare regimes, references to familial values may be used as a device to legitimize the absence or scarcity of policies. Familialist attitudes and behaviours may emerge as a consequence rather than a cause of a lack of alternatives (see also Calzada and Brooks, 2013). Furthermore, as other authors suggested, culture is not a set of shared meanings that propels human actions in a coherent and homogeneous way, but a 'repertoire' or 'tool-kit' from which individual actors construct their strategies of action (e.g. Swidler, 2001). Reference to family values may be instrumental not only for policy makers to legitimate their choices but also for actors (e.g. women) wishing to change existing policies in their favour and argue their case in a context dominated by familialistic discourses.

In the following exercise aimed at discussing the similarities and differences between and within South European and East Asian welfare regimes along the familialism–defamilialization axis, I will focus on policy arrangements, looking at what is directly or indirectly expected from the family along the intergenerational and gender lines.

What we know based on existing comparative exercises

A first look at the (unfortunately not fully updated) data on public expenditure towards what the Organisation for Economic Co-operation and Development (OECD) restrictively defines as family policies (i.e. income transfers and services linked to the presence of children) confirms that these four countries invest comparatively less in this area compared to most OECD countries (Figure 1). This suggests the prevalence of familialism in all four countries, possibly integrated with a relatively high degree of prescribed familialism. However, the data also show that both the level of expenditure and its distribution between services (defamilialization) and transfers (supported familialism) differ. Italy displays the greatest generosity and balance between supported familialism and defamilialization, although with a preference for the former, followed by Japan, where the prevalence of supported familialism is more accentuated. Spain follows, with a lower degree of generosity but a higher incidence of services. Korea appears the least generous, but with a clear preference for services.

Using a dynamic perspective, in their analysis of changes in the child-related family policy in rich OECD countries from the 1990s to the 2000s, Ferragina and Seeleib-Kaiser (2014) suggested that the present similarities between Italy and Japan (Spain and Korea unfortunately were not included in their analysis) might be the outcome of different trends in the two countries over the observed period. According to their findings, Italy had made almost no changes, remaining in the lower section of what they defined as the 'Christian democratic space', while Japan had moved from the residualist liberal space to the Christian democratic one. In this perspective, the similarities between Italy and Japan are not the result of immobility from both countries, but of the immobility of the former and of an important (third level, according to the authors who indirectly confirmed Peng's (2002) analysis) change of the latter. The

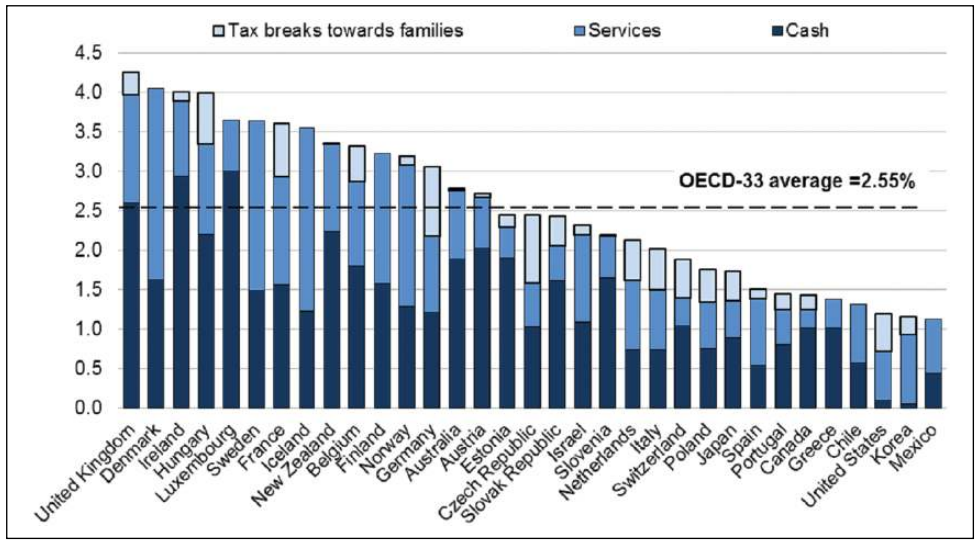

Figure 1. Public spending on family benefits in cash, services and tax measures, in percent of GDP, 2011.
Source: OECD family database: public spending on family benefits. PF 1.1.

same may have happened with Korea, which, according to Thévenon's (2011) analysis, was the OECD country that provided the least support to families with children in 2007 but substantially increased its expenditure in this policy area in the following years (see Lee and Baek, 2014) and also with Spain (see León and Migliavacca, 2013; Naldini and Jurado, 2013, for an Italy–Spain comparison).

Other papers in this issue look precisely at these dynamics and at their drivers. Given its aim to test empirically the conceptual framework presented above, the following analysis is limited to the present-day situation in selected policy areas, keeping the long-term dynamic period in mind only to point out the differences in the starting points. The indicators considered in this study comprise a richer and more diversified set of dimensions than those found in the comparative literature, which usually specializes only on a few areas or policies. The policy fields under scrutiny concern the division of responsibilities between families and the state with regard to income support for adults and children and non-healthcare needs of pre-school children and the frail elderly. The following analysis focuses also on patterns, not only on degrees of familialism and defamilialization in the selected areas. It looks not only at coverage rates but also at the implicit or explicit norms concerning family obligations informing institutional regulations. It is intended not as a systematically complete comparative analysis, but rather as an exercise to show the heuristic usefulness of the proposed conceptualization.

Income support responsibilities

In all four countries, responsibility for income support in case of the need of not only underage children and spouses but also adult children and other family members is attributed mainly to the family through the legal institution of obliged kin and through very reduced or absent income support schemes in case of poverty. Conversely, public income support for underage children through child allowances and/or child-related tax deductions is comparatively low. There are, however, notable cross-country differences.

Income support in case of need: a family responsibility

All four countries under examination display comparatively extensive prescribed familialism, with Italy taking the first place for both the range

of relationships involved and the duration of the obligations. According to article 433 of the civil code, there is no limit to parents' financial responsibility towards their children in case of need, irrespective of the children's age. If parents are absent or financially incapable, grandparents, aunts and uncles may be called. In turn, adult children have financial responsibility towards a parent in need and towards a parent-in-law. Siblings are also reciprocally responsible. Common residence is not required to activate these obligations. Italy is also the only country out of the four examined in this study that lacks a minimum income provision regulated at the national level. Fragmented and heterogeneous measures exist only at the local level.

Spain used to have a similar set of obligations. Following a recent reform that partly reduced them, they now include, in addition to partners (including same-sex ones), obligations of parents towards children (including adult children at times of need independent from their responsibility), of children towards parents and of second-grade relatives when first-grade ones are missing or unable to provide (European Judicial Network, 2015). Although a national framework law requires autonomous regions to provide a minimum income for the poor, patterns of implementation vary greatly across regions (Cabrero and Gregorio, 2009), and they have been restricted further following the financial crisis.

In Japan, Article 730 of Book 5 of the Civil Code stipulates: 'Lineal relatives by blood and the relatives living together shall mutually cooperate'. This implies that in case of need, parents and children as well as siblings have reciprocal obligations, irrespective of residence, and that the same is true for other co-residents. Unlike Italy, Japan has a minimum income provision. However, access is restricted not only by prescribed family solidarity but also by the ability to work. According to a report of the Japanese National Institute of Population and Social Security Research (2011: 41–9), an individual who is able to work but cannot find work is unlikely to receive public assistance. Single mothers are given preferential treatment with additional benefits.

Korea also used to have a similar range of obligations. However, a recent reform has limited them to reciprocal responsibilities between parents and children (including daughters-in-law and sons-in-law), excluding siblings and other relatives, even when cohabiting. This reform was intended to increase the access to social assistance, although it seems to have had only a limited effect, since family obligations remain substantial (Phillips and Jung, 2013).

Financial support for the cost of children

The data completeness and comparability are difficult to achieve in this area when considering the many cross-country differences in eligibility rules and taxation systems. The available OECD data (OECD Family Database PF1.3, n.d.) indicate that the four countries offer little financial support through child-related direct or indirect transfers to families with children, as compared not only to many European Union (EU) countries but also to other OECD countries. Children's financial maintenance in these four countries therefore appears to be a typical case of familialism by default.

In Italy, Japan and Spain, child allowances are means-tested, with more generous compensation offered in Italy and Japan. In the latter country, the government then in office introduced a universal child benefit for children under 15 in 2010, eliminating the child-related tax deduction, but it reverted to a means-tested one in 2012 (without re-introducing the child-related tax deduction) due to not only the strong opposition by the conservative party but also lack of a strong popular support (Abe, 2014). The income threshold, however, is high, thus including a large part of families, and the allowance value is about 4 percent of the average wage (higher for third children and above and for children under 7).[1] In Italy, the child allowance is only available for households with taxable income derived from wages for at least 70 percent of the total earned income. Self-employed and long-term unemployed people are therefore excluded. Its amount varies with the household income and size, up to an income threshold. The value of the maximum child benefit is equivalent to 3.9 percent of the average wage. There are also tax deductions for dependent children, but they are non-refundable, that is, the poorer do not benefit from them. In Spain, the child benefit for low-income households is 1.9 percent of the average wage, and

there is no additional tax deduction. In Korea, there is no child benefit as such. Within the tax system, however, there is a tax deduction equivalent to roughly €777 for each child under 20, with an additional equivalent exemption for children under 7. The deduction is non-refundable, but low-income household may receive a negative income tax equivalent to about half this amount.

In this field, the space for familialism by default appears overall greater in Spain. Korea and Japan choose two different instruments of supported familialism, the former favouring tax deductions and the latter favouring (means-tested) child allowances. Furthermore, both countries favour young children and large families. Italy offers a mixed picture, as child benefit and child-linked tax deductions work in opposite ways, the former favouring low-income wage workers' households and the latter favouring families that are better off. In addition, the household means test disincentivizes mothers' participation in the labour market in low-income households.

Who is responsible for non-health care?

Policies in the area of non-health care usually involve a combination of supported familialistic and defamilializing measures, leaving more or less space for familialism by default. This combination varies not only across countries but also by whether it concerns children or the frail old.

Childcare

Childcare needs may be publicly supported through the provision of leaves for parents or through the provision of services. Although it has become a standard practice in comparative studies to integrate the adjusted (for the level of compensation) leave length and childcare services coverage to assess the overall public efforts to support parents of very young children, these two means differ in the behaviour that they elicit or support. In particular, while leaves are a form of supported familialism, services represent a form of defamilialization.

Let us turn first to maternity, paternity and parental leaves. In order to assess and compare the leaves systems available, one must consider distinctly the length and compensation of maternity, paternity and parental leave. Italy is the most generous in terms of maternity leave length, with 21.7 weeks, as compared to 16 in Spain, 14 in Japan and 12 in Korea. Japan, Korea and Spain are the most generous in terms of length of (optional) parental leave, but Spain is the least generous in its compensation, as the leave is entirely unpaid (OECD Family Database PF 2.1, n.d.). Finally, Italy, Japan and Spain use a form of supported familialism to incentivize a rebalancing of the gender roles in parenthood by providing either a paid paternity leave of more than 1 week or a reserved quota for fathers within the parental leave, while Korea offers only a few days. In this respect, the most generous country in terms of duration is Italy, which provides an implicit reserved quota of 4 months (with an additional bonus of an extra month), while the least generous is Spain, with only 2 weeks. In Italy, however, the parental leave, including the portion reserved to fathers, is compensated at a maximum of 30 percent of the lost pay, while in Spain the 2 weeks are paid fully.

Considering the full-rate equivalent maternity and parental leaves (as calculated by the OECD) reserved for mothers, Japan appears as the most generous, with the equivalent of 31.3 weeks at full pay, followed by Korea and Italy, with 27.4 and 25.1 weeks, respectively. Spain comes last, with 16 weeks (OECD Family Database PF 2.1, n.d.; see also León, Choi and Ahn, this issue). Of course, individuals may assess the trade-off between the level of compensation and the duration of the leave differently. Furthermore, from the point of view of a parent deciding whether he or she can afford to take a period of leave, what is important may not be the theoretical equivalized compensation, but the actual one for each period taken. For instance, according to Naldini and Jurado (2013), the lack of compensation for parental leave in Spain disincentivizes many mothers from taking it, while about 80 percent of fathers take the two fully paid weeks of paternity leave. In Italy, the low level of compensation deters many fathers from taking any share of the parental leave. Although it is not a totally objective measure, the full-rate equivalent nevertheless gives an indication of the financial effort made by a country to support parents' time to

care. From this perspective, Spain appears the country making the smallest effort.

It should be added that the proportion of workers covered might vary across countries, depending on regulations. While in EU countries a directive stipulates that all female workers, irrespective of their kind of contract, should be entitled to a minimum maternity leave, only a small portion of workers in Korea – particularly women – are insured and therefore entitled to maternity and parental leaves (Lee and Baek, 2014).

Regarding childcare services, Korea and Spain are nowadays clearly different from Italy and Japan with regard to coverage for children under three. In fact, according to OECD data (Estevez-Abe and Kim, 2014; OECD Family Database PF 3.2, n.d.; see also Multilinks Database (2011) for the EU),[2] Korea has enrolment rates near those of Scandinavian countries (although no full-time equivalent data are available for either Korea or Japan) in the zero-to-three age bracket, with 50.5 percent, followed by Spain (39.3 percent). Japan and Italy are similar to one another at a much lower level (25.9 percent and 24.2 percent, respectively). In Korea, mothers may also choose to receive a care allowance instead of sending a child to a childcare provider (Lee and Baek, 2014), evidencing a combination of a comparatively high defamilialization of the care in this age bracket with the option of highly gendered, supported familialism.

The situation looks quite different with regard to childcare for children between 3 and school age. Italy has since the late 1960s displayed a high coverage through its system of mostly public or publicly subsidized education focused kindergartens, on a par with the most generous EU countries, reaching in recent years 95 percent of all children in this age bracket. Starting from a lower level, Spain, with its 99 percent coverage in recent years, has not only reached but surpassed Italy. These coverage levels are higher than Japan, where, in addition, the 90 percent coverage is the outcome of a dual system, one targeted to children of working mothers who remain in the same kind of services reserved for younger children, the other, more focused on education and with shorter hours, for children of non-working mothers. Korea shows the lowest coverage (83.1 percent) of the four countries for this age group.

No information on whether childcare services are public or private and whether the latter are publicly funded and regulated is available in the OECD data. It appears from other sources that services are mostly public or publicly financed and regulated in Italy and Spain, although there is also room for purely market-based services, particularly for children under 3 years of age (Multilinks Database, 2011). Thus, defamilialization through public provision seems to prevail in these two countries. In Korea and Japan, the chosen route seems to be that of market subsidization, that is, of supported defamilialization through the market.

Considering parental leave and childcare policies together, Italy and Japan seem to be oriented towards supported familialism, with a high level of familialism by default and a low degree of defamilialization, in the case of children under 3. Spain also demonstrates a large degree of familialism by default, as its comparatively short leave is only partly balanced by defamilialization. Korea seems to be oriented towards a balance between supported familialism (with no gender recalibration) and supported defamilialization. For children between 3 and school age, all countries present much higher degrees of direct or supported defamilialization, albeit to a lesser extent in Korea.

Care for the frail old

This area of social policy has not been systematically included in family policy analyses and databases (including the OECD family database), although caring for frail elderly family members (mostly parents) represents an important and growing part of the caring activities of adult (mainly female) family members. In fact, as noted in a recent OECD (2011) report on-long term care, on average, around 70–90 percent of those who provide care are family carers. Furthermore, these family carers are mostly women, wives, daughters and daughters-in-law. Highly gendered familialism (by default or supported) appears the prevalent approach to caring for the frail elderly in developed countries, although to a varying degree. Figure 2 shows the cross-country differences (which are also reflected in expenditure data) with regard not only to the overall coverage by

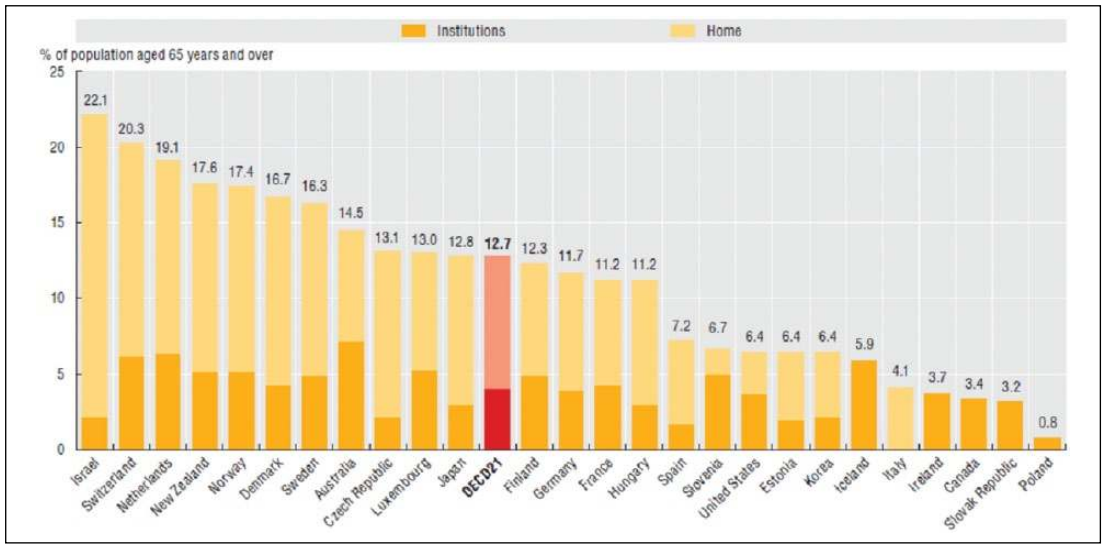

Figure 2. Population 65 years old or over receiving formal long-term care, 2011 or nearest year.
Source: OECD Health at a Glance.

public policies but also to the form they take, that is, institutionalization or home care. It would seem that Japan stands out for its higher degree of defamiliali-zation (which is also higher than in France and Germany, despite sharing the latter's institutional framework) favouring home care over institutionali-zation. Spain and Korea have a similar (low) level of coverage but a slightly different internal composition, with a higher incidence of home care in Spain. The OECD data for Italy are problematic, as they do not include 3 percent of institutional care (León and Pavolini, 2013; Multilinks Database, 2011), which, if added, would put the country on a similar level with Spain.

It should be noted that both institutional and home care may encompass quite different situations, in terms of both quality and – particularly in the case of home care – time/needs covered. This in turn affects how much is left to family members (or to hired help) to cover.

While institutional and home care represent forms of defamilialization, payments for care may have two different meanings. When they are unconstrained in their use or designed to partly compensate family caregivers, they represent forms of supported familialism. When they must be used to pay for a hired carer, however, they are a form of defamilialization. Payments for care are widespread across the EU and the OECD, albeit under rather different regulations. Among the four countries examined in this study, Italy relies most heavily on payments, as its main form of support towards long-term care is the 'accompanying allowance', that is, a monthly allowance paid to a totally disabled person with no limitation on its use. Over the years, with ageing kinship and increased women's labour force participation, this allowance, combined with the availability of cheap migrant labour, has become one of the foundations of the so-called 'migrant in the family' model for addressing the care needs of the dependent old (Bettio et al., 2006; Naldini and Saraceno, 2008). The caring allowance, therefore, may result both in a form of explicit supported familialism and in an implicit means of supported defamilialization through the market. In line with supported familialism, Italy is also the only country to offer family caregivers the possibility to take time off to care for a severely dependent family member, that is, 3 days a month at full pay and 6 months' unpaid leave. The other three countries have made more room (with different speed and intensity) for partial defamilialization. Japan and Korea have introduced a compulsory long-term care

Table 1. Cross-country and cross-area varieties of familialism.

Who is responsible for	Familialism by default	Prescribed familialism	Supported familialism	Supported defamilialization via market	Defamilialization via state/ municipalities
Income support in case of need		I++, J+, K+, S			S, J−, K−
Cost of children Childcare	K+, S+, I, J	I, J, K, S	J+, I, S−, K		
0−2 children	I+, J+, S		I, J, K+, S−	K+, J−	I−, S+
3−5 children			K	K+, J+	I++, S++
Elderly non-health care	I+, S		I, S	I−, J++, K+, S	S+

I: Italy; S: Spain; K: Korea; J: Japan.

insurance similar to Germany's, with the market playing a greater role as care providers compared to third-sector actors, particularly in Korea (Chon, 2014), and, differently from Germany, with no option between receiving cash or services. In Spain, the responsibility for the funding of services is tripartite, shared between the state, the regions and the users. The preference is for public services, followed by cash benefits to pay for market services in case public services are lacking. The alternative of a no-strings-attached cash payment is, however, also present, leaving room for a type of supported familialism and for indirect supported defamilialization via the market through the 'migrant in the family' model. Migrant care workers are also present in private households in Korea, although there is a specific selection insofar as only co-ethnic migrants are allowed (Song, 2015). From this perspective, the exception is Japan, where no form of 'migrant in the family' care pattern is detectable or legally possible (Song, 2015).

In sum, in addition to familialism by default, Italy relies most heavily on supported familialism with reduced room for defamilialization. The latter is more likely to occur indirectly using the 'accompanying allowance' to buy care in the (mostly migrant) labour market. Japan and Korea have adopted the instrument of compulsory insurance to pay for services, with Japan moving faster (Estevez-Abe and Kim, 2014). Spain is similar to Korea and Japan in the defamilializing direction it has taken, but with a higher degree of defamilialization with regard to funding, to the extent that not only the provision of care but also its funding has been partly shifted outside the family to the public budget, while in the case of Japan and Korea, the responsibility for the cost has stayed with individuals and families who must pay for the, compulsory, insurance. However, it should be noted that the overall expenditure in this field has remained much lower in Spain than in Italy and that the financial crisis seems to have reversed the process, which had just started (León and Pavolini, 2014). This shows the fragility of a policy field that had just begun to be consolidated and was already weakened by the large variability of its implementation across the autonomous Spanish regions.

Different familialistic profiles: a provisional conclusion

The data presented in this overview (synthesized in Table 1) demonstrate that they are useful to articulate the concepts of familialism and defamilialization, distinguishing between familialism by default, prescribed familialism and supported familialism for the former, and defamilialization through public provision and supported defamilialization through the market for the latter. In particular, the important role of supported (as against default or prescribed) familialism and the different paths to defamilialization have emerged as an important cause of cross-country differentiation within this family of nations. Overall, the more articulated conceptualization and the richer set of indicators used in the analysis allow a better interpretation and also partly disconfirm the picture emerging from the OECD selected data in Figure 1, in the second section, above.

First, the degree of (prescribed, default or supported) familialism differs not only across countries but also across policy areas. It is stronger in the case of income support than in care obligations. In the latter area, not surprisingly, it is stronger for children younger than 3 years of age than for older children and the frail old. Against this background, important cross-country area-specific similarities and differences emerge. Japan and Italy show the greatest extension of prescribed familialism with regard to income support obligations. Concerning childcare for the under 3-year-olds, Korea and Spain are the most defamilialized among the four countries, but Korea, in addition to preferring supported defamilialization via market rather than via state, offers also the option of supported familialism, while Spain has the comparatively lowest degree of supported familialism in this area. In terms of the care for the frail old, Japan and Korea are not only the most defamilialized of the four, but they also share the choice of supported defamilialization through the market (via compulsory insurance). Spain follows a similar defamilialization trend, but with a preference for a direct public intervention. Italy, on the contrary, keeps an uneasy balance between familialism by default, supported familialism and indirectly supported defamilialization through the market.

As a provisional conclusion, one might say that, within a persistent strong familialistic orientation, Spain, at least before the crisis, was moving towards a greater degree of defamilialization via the state, while Korea and Japan, to different degrees, were moving in the direction of a greater (via compulsory insurance or state subsidies) supported defamilialization through the market, in line with the greater role played in these two countries by occupational welfare compared to Italy and Spain (Kim, 2010). Italy's profile appears less clearly defined, except for the strong role of defamilialization via the state in terms of (education focused) childcare offered to the families with children older than 3 years of age. This country also appears to be the most ambivalent in reducing, via changes in civil law and/or via changes in welfare arrangements, intergenerational and gender-specific obligations and interdependencies within families. Furthermore, from a dynamic point of view, Italy, which started from a comparatively higher level of both defamilialization and supported familialism, appears now an outlier in its relative immobility, whereas the other three countries are moving in different directions and with different emphases.

The introduction and the other papers in this issue focus precisely on the drivers of the ongoing changes in similarities and differences within this family of nations in dealing with the emerging issues of population ageing, women's labour force participation, changing balances and interests between generations that put familialistic welfare state arrangements under increasing stress.

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Notes

1. Available at: http://www.mhlw.go.jp/bunya/kodomo/osirase/dl/h24_gaiyou_e.pdf.
2. The two sources are not fully comparable, as in the Multilinks case, the figures are based on official data for the coverage of publicly provided or publicly funded childcare day services. The OECD family data are based on attendance data for both public and private, publicly funded and entirely market-provided services. Furthermore, the OECD data for many countries, including EU ones, are survey-based, not administrative ones.

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