

SOLVING THE CARE CRISIS IN LATIN AMERICA: FAMILY, MARKET OR STATE?¹

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Abstract

The paper addresses the so-called care crisis in Latin America. It is based on expert interviews conducted in Argentina, Bolivia, El Salvador, Guatemala, Honduras and Uruguay in 2015, 2016 and 2017, supplemented with an extensive literature review. Based on data from the 20th Century welfare provision in Latin America was characterized as an 'informal care regime.' The region was considered a welfare state laggard, but that image has been proven wrong with developments unfolding during the 21st Century where a combination of a political swing to the left (or center-left) – the so-called Pink Tide – and high economic growth have brought about a considerable increase in social protection and have resulted in a massive reduction in poverty rates. Latin America, even when still being the most unequal region on the planet, has, as the only region, managed to reduce inequality during the last 20 years. These changes happened when neoliberalism was substituted by the social investment state paradigm. Analyzing care policies a number of challenges still exist: services are limited to childcare, which generally have a low quality, and the majority of care burden still lies with women within the family. Policies are generally not rendered as a right, and when they are, they are often either not enforced or non-compliance is not sanctioned. The persistence of a machismo culture is viewed as the biggest obstacle for universalizing care services as a right in Latin America.

Key words: Latin America, post-neoliberalism, social investment state paradigm, welfare states, social policies, care policies

Introduction

In the aftermath of globalization, i.e. since the mid-1970s, many feared and some applauded that welfare state expansion would be brought to a halt and international organizations like the OECD certainly recommended it (OECD 1981). Latin America seemed to be the clearest demonstration of rolling back welfare provision when neoliberal recommendations in the form of the Washington Consensus supposedly guided developments there emphasizing privatization of provisions and minimal state intervention. Together with other factors like civil conflicts and military dictatorships this led to what has been labelled the lost decade of the 1980s, underlining the understanding of Latin America as the most unequal region in the world. However, since the latter part of the 1990s the Washington based international organizations no longer recommended neoliberal policies and national governments across the region steered a course of welfare

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state development, most visibly with the massive introduction of Conditional Cash Transfers (CCT) and a concomitant expansion of public health care and education under the guidance of a social investment strategy.

In this sense Latin America followed a path also taken in other regions like East Asia. But unlike elsewhere, the paradoxical development of increasing inequality and massively reduced poverty did not occur in Latin America. What can be observed for the whole region is a significant decline in inequality, and, 'overall, the important contribution of social policy to the reduction in inequality through the expansion of education and public transfers is evident' (Lustig, Lopez-Calves, Ortiz-Juarez 2013: 138). Welfare expenditure has doubled in absolute terms from 1997 to 2014, and the combined effect of rising market incomes and increased social protection has resulted in a reduction of poverty from 44 pct. in 2000 to 29 pct. in 2015 (ECLAC 2017). Welfare policies, however, do not necessarily develop in a universal way, even when there are tendencies of that with respect to education and health care. Social insurance remains reserved for the privileged and nearly half of the population find employment in the informal sector; CCTs – despite their obvious merits – cannot substitute for rights based entitlements, and collective care services seem largely insufficient.

Until recently the Latin American welfare state was therefore characterized exactly by insecurity and informality of providing welfare to citizens (Gough & Wood 2004, Barrientos 2004, 2009, Author 2011) leading to labelling it an informal care regime. Lately, that perspective has been differentiated and modified as when Franzoni (2008) distinguished between state-productivist, state-protectionist and familiarist regimes where only the last regime type is characterized by informality, and when Cruz-Martinez (2016) as a corrective to Segura-Ubiego's (2007) unified view, suggested to distinguish between high, intermediate and low welfare state development (similar to the distinction between small, moderate and severe welfare gaps by Cecchini, Filgueira and Robles (2014: 21-23)). Furthermore, governments across the region have started implementing care policies significantly but limited to childcare as expressed in a recent book from Economic Commission for Latin America and the Caribbean (ECLAC) (Rossel & Filgueira 2015c: 234). This new interest in (child)care, however, seems more motivated by a concern for economic development (i.e. growth) than by a concern for social development (i.e. equal treatment and equality) because approaches to solving the work-life balance have mostly, if not exclusively, come about with reference to women's participation in the formal labor market as important for economic prosperity and demographic stability, that is with reference to the current low fertility equilibrium among middle class citizens particularly in the Southern Cone. Hence, care is the focus of welfare policy changes; but these changes are insufficient, diverse and unevenly developed and distributed across the region, and they do not break away from familistic, maternalistic perceptions of household and women (Esquivel 2014, Provoste Fernández 2013).

Studying care is interesting and important for a number of reasons. Theoretically, the notion of care has changed within the social sciences away from a one sided focus on (women's) informal activities within civil society to a broader understanding of care as a *right* for citizens and a corresponding obligation for the state, as expressed for instance by Calderón Magaña (2013: 51): 'Care as a subject for research and public policy is in transition, away from its association with subjectivity and affect (the logic of sacrifice) and towards full recognition as a right, and thus as a global public good.' It has even been suggested that care is 'the missing link in economic analysis' (Enríquez 2012). Methodologically, initial comparative welfare studies focused on social insurance (transfers) and neglected services (Esping-Andersen 1990) (with the important exceptions of health care and education). Politically, care has started appearing prominently on the political agenda as a result of a pressure from feminist and equal treatment advocates combined with a recognition of its centrality to easing the work-life balance issue.

Post-Neoliberalism, Post-Washington Consensus and Social Investment State

Contemporary changes regarding social care policies and politics in Latin America are taking place on the backdrop of some general societal changes. Firstly, as stated by Wylde (2016: 322) 'alternative models of capital accumulation have emerged in twenty-first century Latin America dubbed the "pink tide"' and he continued: 'The concept of "post-neoliberalism" has provided the most convincing framework [to describe

it, capturing] the broad thrust of this phenomenon, offering a useful framework for understanding a very real shift in Latin American political economy that is neither a return to the old import substituting industrialization (ISI) models of the twentieth century nor a simple continuation of neoliberal policies.' He adopted the definition by Grugel and Ruggirozzi: 'more than simply the return of the state in terms of the economy ... it is also a call for a new kind of politics, rooted in, and responsive to, local traditions and communities and an attempt to forge a new pact between society and the state' (2012: 3). Secondly, this followed from the fact that internationally, regionally and nationally ideological orientations have changed away from neoliberalism and toward a post-Washington consensus, or just post-neoliberalism (Ruckert, Macdonald, Proulx 2016; Yates & Bakker 2014) even better captured by the Social Investment State Paradigm (Morel, Palier, Palme 2012; Jenson 2010; Author 2010; Sojo 2017: 59): Nagels examined Conditional Cash Transfers in Bolivia and Peru based on 188 qualitative interviews and found that '... instead of being neoliberal, the actions of the state in the production of welfare are now grounded in the social investment perspective, and correspond to the shift to post-neoliberalism' (2016: 481). Ruckert, Macdonald and Proulx (2016: 7) have examined the literature on recent policy developments in Latin America and they found that 'increased spending on social programs is one of the policy areas where we see the most convergence in the policies of post-neoliberal regimes,' and they particularly refer to development of conditional cash transfers where emphasis is on health care and education, while gender rights do not seem to be part of the package.

Similarly Loppreite and Macdonald wrote:

In the case of Latin America, the social investment perspective has taken different forms, including the development of nutritional and health programs for children and their mothers, the expansion of preschool in the formal education system, the appearance of community-based childcare services for the most vulnerable, and conditional cash transfers (CCTs), which provide monetary transfers to poor mothers on the condition that they ensure their children's school attendance and health care clinic visits. These policies reflect, in part, the global recognition of poverty, the recognition of the failure of first generation structural adjustment reforms to meet social needs and widespread recognition of the fact that poverty persisted or increased as a result of the lack of attention to social needs in the early phases of neoliberal reforms. While CCTs are partly designed to alleviate poverty, they are also promoted as a means of investing in the success of the next generation through the development of "human capital" (2014: 83-84).

These developments have generally led to what has been labeled the 'rediscovery of the social,' and with this a (renewed) focus on social rights; a perspective strongly circulated by researchers within various UN-institutions. In general, Elson found that 'The movement away from the standard neo-liberal approach, to incorporate more discussion of institutions, has been characterized by a rediscovery of the interactions between "the economic" and "the social" and a revalidation of "the social" as having more than residual status' (Elson 2002: 1). In line with the above Staab and Gerhard (2010) referred to the "rediscovery" of the social having been followed by a host of care-related policies, including CCTs, early childhood education and care services, and the introduction of child-rearing credits in pension schemes. They also stressed the importance and inadequacy vis-à-vis women's employment suggesting that they were not enough to ease their double duty.

These general policy changes have come about simultaneously with a decisive swing to the Left in Latin American politics. As many observers have noticed Between 1998 and 2011 leftist presidents were elected in 11 different Latin American countries, which placed two-thirds of the regional population under the authority of national governments of the Left (Roberts 2012: 1). Strongly summarized by Lo Vuolo when he wrote: 'In 1975, only four countries in Latin America had electoral democracies and in only one had it been there for more than 20 years (Costa Rica), while in 2000 almost all countries in the region were electoral democracies' (2016: 230). Roberts also observed that many of the governments have remained relatively cautious and orthodox in their management of macroeconomic policies, but they have all introduced or expanded redistributive social policies. Similarly Carnes and Mares observed that it may be the first time in the history Latin America that a new coalition has emerged that united middle sectors and lower-income workers. 'This unprecedented coalition offers political openings to redesign social protection

institutions to address the needs of the least served segments of the population. These openings come at precisely the same time that new policy innovations ... are proliferating internationally, and their ideas are spreading through processes of policy diffusion' (Carnes & Mares 2015: 546).

In spatial terms tides come and go as ebb and flow, and not all governments in the region have stayed (center-) leftist (Argentina, Brazil, Peru). Yet, the emphasis on investment in human capital and an interest in mobilizing women for formal employment seem to stay with policy makers and interest groups in Latin America. Hence, the introduction and promotion of (some) social care services can be expected to continue. But it is the conservative definition of care that prevails – care as sacrifice and based in compassion –, rather than the progressive understanding – care as a fundamental human or social right. Equally important, the expansion of welfare entitlements and particularly of provisions, which political science has explained with reference to the (re)introduction of democracy to the region has, in many places, taken the shape of 'delegative' democracy,¹ which is clearly not the most responsive form of democratic governance.

Parallel to the view held by Taylor-Gooby (2008: 11-13) regarding Europe that the social investment paradigm is the expression of a new social contract, a new welfare state settlement, substituting the earlier post WWII social contract of the social economy (*soziale Markt Wirtschaft*), Wylde (2016: 436) viewed post neoliberalism to be a 'new form of social contract between the state and people' in Latin America, which in the words of Grugel & Ruggirozzi (2012: 4) seeks 'a social consensus that is respectful of the demands of growth and business interests *and* sensitive to the challenges of poverty and citizenship. It is, as such, part of an unfinished debate over what constitutes the transition to democracy.' A transition that may move the region away from delegative democracy to more participatory forms.

Conceptualizing Care

At the European Conference of Sociology in Amsterdam in 1997 Esping-Andersen in his key note address thanked feminist scholarship for pointing out that family relations and care had been virtually absent from his comparative work on welfare states, (but see Esping-Andersen 2009); and it is indeed gender oriented scholars that have drawn our attention to the importance of, yet limited emphasis on, care in discussions on welfare and well-being. 20 years later the majority of comparative social policy analyses still focuses on pensions and other transfers, but more studies than before are now devoted to analyzing care arrangements. Williams is representative of this development when she reflected:

At present, the influence of social investment and related political discourses has elevated the ethic of work. This needs to be balanced by an ethic of care which involves three key elements. Where the work ethic elevates the notion of independence and economic self-sufficiency, an ethic of care demands that *interdependence* be seen as the basis of human interaction. Second, caring for yourself and others are to be seen [as] meaningful activities in their own right. They are *universal* and involve everyone; we are all, at some level, the givers and receivers of care from others. It is an activity that binds us all. Care is therefore not an activity which is exclusive to women, but valuing it as a social good is an important basis for policies that aim to redistribute care responsibilities between men and women. Third, care contributes to social solidarity. While care relationships can be unequal and oppressive, the practice of providing and receiving care and support in conditions of mutual respect provides the learning of civic virtues: care is part of *citizenship* (2010: 17).

Williams explained care by emphasizing its trait as interdependent and universal, and she suggested that it should be part of social citizenship. She indicated that the social investment paradigm is focusing on work by promoting investments in citizens that enable them to be productive; but she does not mention that this happens exactly by investing in services, namely health care and education.

For a comprehensive definition of care Lamaute-Brisson (2013: 70) can be quoted: 'Care provision is thus the set of activities, processes and face-to-face relationships whereby (all) human beings are directly or indirectly produced and maintained, materially, psychologically and cognitively, in everyday life or sporadically, on an intergenerational and intragenerational scale.' Lamaute-Brisson also underlined the universal status of care, but she added the often intergenerational characteristic and emphasized care as a face-to-face activity.

Parallel to Calderón Magaña's distinction between the logic of sacrifice and the logic of right Esquivel (2014) makes a similar distinction between a *progressive* and a *conservative* interpretation of care. The former has been developed within feminist scholarship, while the latter has been dominant within development studies: 'failing to reduce and redistribute care, and only taking compensatory or remedial measures that help women cope with "their" care burdens, means addressing care within a conservative policy agenda. We need to reduce and redistribute care to transform gender relations and the whole of humanity as a result' (Esquivel 2014: 436).

Furthermore, an institutional descriptive perspective can be added with the so-called welfare or care diamond:

■ Figure 1. about here –

The thesis promoted in this paper is that Latin America is experiencing an insufficient movement from informal care within civil society (family and networks) to state and market. Furthermore, it should be emphasized that welfare of the individual citizen does not only depend upon the combined resources made available by the four social orders; the *liaison* work involved in retrieving them is also very important, because it is time consuming, stressful and in itself presupposes resources (paying for transportation for instance) (Provoste Fernandez 2013: 123-25, 150-51); accessibility seems to continue to be a huge problem in the region.

The question of taxation

Tax burden has increased in the region from 15 pct. in 1990 to 22 pct. in 2014 (ECLAC 2017: 69), but it is different across groups of countries. Gómez-Sabaini and Jiménez (2012) have constructed a three by three table clustering Latin American states according to per capita GDP (high, medium, low) and tax burden (high, medium, low). The results are shown in the table below:

--Table 1 about here --

It is interesting to note that all the cells (but one) are occupied, meaning that it is not necessarily so that economic development leads to higher tax rates; that is only the case for Argentina and Uruguay; and low GDP only leads to low taxation in Ecuador, El Salvador, Guatemala and Paraguay. The average tax burden in Latin America has increased over the last two decades. In absolute terms it is about five percent of GDP, and in relation to the average for 1990-92 it has grown 34.4 percent (Gómez Sabaini & Jiménez 2012: 12). In 2008-09 tax burden in Argentina was 34.4, comparable with European states, but it was only 11.1 in Guatemala. Among the group of high tax burden countries it has grown from an average of 21.6 percent to 30.1 percent throughout the period, while in the low tax burden countries it only increased from 10.1 to 13.5 percent meaning that dispersion has increased (Gómez Sabaini & Jiménez 2012: 13).

Equally important, the tax structure in Latin America is strongly biased toward VAT which makes it regressive (ECLAC 2017: 69), and the combined effect of social transfers and taxes is a change of less than two percentage points of the gini coefficient (Hanni, Martner, Podestá 2015:13). This means that expansion of taxes without changing the structure, everything else being equal, will increase inequality.

Social Policy in Latin America

Filgueira (2015: 47) is one of many arguing that social citizenship is on the rise in Latin America and he has expressed that in the region 'the tone of the time is expansionary:'

This quest for social citizenship has been reflected in rising social investment, an increase in the coverage of cash transfers for both older adults and families with children, expansion of the different forms of social security and health coverage, and major advances with educational coverage and services. This effort has been supplemented by new regulations and standards for employment and the labor market and a growing use of active employment policies. In the current stage, the stress is on non-contributory components and on expansion of the coverage and range of risks covered by the State, which has now incorporated ideas of care and support for families in reproductive stages into its traditional services of education and health care (Filgueira 2015: 48).

Similar judgements are to be found by other observers e.g. when González (2015: 143) concluded the main aspects of the current trend in Latin American social policies thus:

- (a) The restoration of the state's role in establishing a "social protection floor" that combines a minimum of economic security with access to basic services (universal coverage grounded on citizen's rights);
- (b) The tendency to make families the explicit targeting of policies, giving a central role to women in their role as mothers (maternalist tradition);
- (c) A gradual increase of services aimed at relieving family care;
- (d) A significant reduction in the gap between pensions for men and women, as a result of the reforms of retirements and pensions systems; and,
- (e) A weakness or absence of policies reconciling waged labor and the domestic labor of women, as well as policies promoting the democratization of family work.

She is in line with the ECLAC-scholars when she expressed that the region is recovering two principles that was lost during the 'lost decade' of the 1980s 'the provision of goods and services by the state, and the language of rights ... There is a continuity in the familialist tradition of social state interventions in the region, but with a maternalist bias that is not free from tensions: policies acknowledge the role of women as mothers, but they fail to promote the redistribution of housework and caregiving in a more equitable way ... While upper and upper middle classes can count on private childcare services and paid domestic work, the poor can rely only on informal intra-family and community services, generally supported by the voluntary work of mothers themselves' (González 2015: 144). Below, an overview of care policies are given structured according to a life course perspective.

Early childhood Development

The above mentioned conclusions follow from a significant recent emphasis on early childhood development in the region as it has been formulated by a number of international organizations starting with ECLAC (2012; 2015), UNESCO (2010) and strongly followed up by the Inter-American Development Bank (Araujo, López-Boo, Puyana 2013; Berlinsky & Shady 2015). They are also reflections of a social investment understanding of public intervention: '[a] rationale for government involvement is that children that flourish in the early years are more likely to become productive citizens. An investment in a child's well-being is an investment that generates returns over the long term, and affects the prosperity and viability of society well into the future' (Berlinsky & Shady 2015: 1). Hence, education is central and it has now been expanded to include virtually the whole region: 'In Latin America and the Caribbean, primary school education from around age 5 is compulsory, publicly provided, and mainly free. Enrollment in primary school from age 6 onward has been virtually universal across most countries since the 1990s' (Berlinsky & Shady 2015: 21).

Based on their study of 42 programs in 19 countries in Latin America Araujo, López-Boo and Puyana (2013: 9-10) concluded:

- The most common modality of care in urban areas is child care services, which may be provided in institutional or community settings. Child care services constitute the modality of care with the greatest coverage in the region.
- In contrast, parenting programs that work with families, whether on an individual or group basis, predominate in rural areas.
- The supply and demand for child care services have grown in recent years, while programs offering parenting services have seen a decline in coverage.
- The region has focused most of its resources and efforts on marginalized urban populations, presumably because the majority of working women are concentrated in those areas. There remains the challenge of scaling programs to rural areas, where the highest rates of poverty are concentrated.
- In the region, there is still a long way to go in terms of defining, monitoring, and meeting quality standards on the part of providers responsible for the operation of centers offering child development services.
- Generally speaking, the care and attention of children in early childhood programs in the region fall to shorthanded, poorly-paid staff with little training.

In general, preschool services increased from 55 pct. to 69 pct. between 1999 and 2008 (Araujo, Lopéz-Boo, Puyana 2013: 15) and from 52 pct. in 2000 to 66 pct. in 2011 (UNESCO 2014: 9). Many of them were basically created to enable poor women to enter the labor market. This increase in women's labor market participation, which has occurred in most countries, has intensified the demand for child care services for the children of working mothers, particularly in urban areas. Even when comparable data are scarce, they found that it is the poorest women who work the greatest number of hours (Araujo, Lopéz-Boo, Puyana 2013: 16). Everywhere in the region, women from the lowest wealth quintile in urban areas provide more than 30 pct. of household income, and in Colombia, El Salvador, Honduras and Nicaragua they contribute more than 50 pct. Furthermore, there is a high share of female-headed households in the countries of this region, especially in the poorest income quintile in urban areas. Except in Mexico and Guatemala, more than 30 pct. of households in the poorest quintile are headed by women. If these women cannot enter the labor market because of lack of child care services, this will significantly reduce their income. In addition, working mothers in the region also lack paid maternity leave, since this is a benefit to which only salaried workers in the formal sector have access. At the same time, paternity leave is almost unheard of in this region, (Araujo, Lopéz-Boo, Puyana 2013: 18).

This is confirmed and elaborated by Pautassi and Rico (2011: 4) pointing out a number of gaps in current legislation and regulation. The first gap is the steep rise in women's formal work, which has not been balanced out by men's participation in caregiving, which, again, overburdens women with work and obligations and is judged to be detrimental to their job and wage trajectory. Secondly, a gap arises from the failure of labor policies to include necessary linkages between the productive and reproductive spheres of people's lives, which obviously represents an obstacle to the equitable performance of work in both spheres. Thirdly, there are few state mechanisms to enforce private-sector compliance with legal obligations; and, as already mentioned, labor regulations apply only to waged workers in the formal sector, thus exclude those who work outside the sectors covered by social security and, hence, their children. Perhaps, most importantly they found that: 'Labor regulations throughout the region establish that employers must provide day-care centers or nurseries, usually where the female employees in the establishment exceed a certain number. This completely sidesteps the working father's responsibility for childcare and encourages employers to hire fewer women than the proportions required by law' (Pautassi & Rico 2011: 8).

Despite the obvious improvements in the region much of care work is done by domestic workers that have often migrated to the big cities where middle class families are demanding their services. This market solution is, however only open to middle and upper class segments of the populations and lower classes are still left with informal care arrangements. Particularly regarding the 0 – 3 year-olds there are hardly any public support.

Adolescence and Youth

Following Rossel & Filgueira (2015a: 136-7) state efforts to provide social protection for adolescents and youths are structured on the basis of four pillars: (i) providing goods and services for health care and, more specifically, sexual and reproductive health; (ii) protecting the income (mainly through transfers) of families with adolescents and youths in order to encourage them to stay in the education system or foster less precarious entry into the labor market; (iii) education policies, including education expansion and retention programs targeting adolescents and youths; and (iv) policy packages aimed at improving labor market entry and job opportunities for young people. Scholarship policies to promote staying in secondary education are essential to ensure equal opportunities at this level and adequate educational progression among lower-income adolescents (Rossel & Filgueira 2015a: 146). Despite the progress made in a number of countries, coverage of existing scholarship systems is still very limited. Where it is more widespread, it does not always favor the most vulnerable students, but rather tends to favor middle-income and lower-middle-income young people.

Adolescence and youth do not appear to be a focus of comprehensive, sustained efforts under the umbrella of social protection systems in Latin America. This is reflected, for example, in social investment statistics, which reveal a substantial investment deficit in youth (Rossel & Filgueira 2015a: 153).

Working and Reproductive Years

Pautassi & Rico (2011: 5) point to an important change in the region namely that recent reforms in Brazil, Chile, Costa Rica and Uruguay have recognized the labor rights of domestic service workers and afforded them entitlement to maternity leave. Furthermore, all Latin American countries now have some kind of maternity leave arrangement, but generally rather short: 12 weeks. Only eight countries award 12 weeks or more (with Chile granting 24 weeks and Cuba 18 weeks) (Rossel & Filgueira 2015b: 193). In terms of pay, most Latin American countries pay 100 pct. of wages (but not always for the whole period). Breaking away from the pattern of only including formally employed workers Chile in 2013 has extended postnatal maternity leave to all female workers without a valid contract at the time of birth but with 12 months of social security registration and eight or more continuous or non-continuous contributions in the 24 months prior to the beginning of pregnancy (Rossel & Filgueira 2015b: 194-5). Perhaps as a reflection of Catholicism and Machismo, paternity leave hardly exists in the region. Most countries grant a short period of leave of between 2 and 10 days (except the 14 days granted in Venezuela and the possibility of sharing the leave in Cuba).

Because benefits are largely tied to formal labor market participation, with the important exceptions mentioned above (particularly registered domestic workers), most rural workers, self-employed and domestic workers are excluded from any benefits.

Older People: Providing and Receiving care

Care for elderly across the region is gendered two-fold because women bear the main responsibility for providing the care the elderly require, and because a majority of older people are women, who live longer and on less income than men. Thus, the care needs of these women increase with age even as they continue, in many cases, to contribute to the family and community. Simultaneously, the *fertility decline* and reductions in family sizes are reducing the scale of the family support networks potentially available to older people. Furthermore, since 2005 there has been an increase in labor market participation among elderly reflecting the high poverty rates across the region, which again is associated with low pension coverage, particularly for women (Rossel & Filgueira 2015c: 139). The lack of formal care for elderly is reflected in household composition with about 62 pct. of older people in the region residing with two or three other generations, and only about nine pct. living alone. No precise data exist on institutional care, but estimates suggest that it only include one to two percent of those 60 years and older (Rossel & Filgueira 2015c: 140).

Conclusion

Development in Latin America has with reference to Moore (1966) been characterized as conservative modernizationⁱⁱ (Lo Vuolo 2016, Filgueira 2005), particularly the early period and the lost decade; ⁱⁱⁱ and delegative democracy was associated with it. During those periods social policies were limited to those in formal employment (read: men) within public sector and strategic industries. Yet, after the set back of the lost decade the pink tide opened a new window of opportunity for welfare expansion, including (near) universalization of health care and education, coverage of large parts of the poor via CCTs, social rights to domestic workers in some countries and childcare as early childhood development initiatives via pre-school and other initiatives. These general developments have taken place within otherwise rather diverse situations prevailing in the region. One popular way to reduce complexity without ending up with overly generalized perspectives has been to apply a differentiated welfare regime perspective operating with a limited, often three, regime types and most of the literature follows Martínez Franzoni (2008). The actual placing of countries in the clusters, however usually creates controversy and for instance in the case of Argentina that she allocated to the productivist regime, it goes against the historically quite elaborate coverage provided there, suggesting it may perhaps be moved to the protectionist cluster? In the cluster analysis performed by Cecchini, Filgueira and Robles (2014: 21-23) all the Southern Cone countries end up in the small welfare gap cluster (except Brazil); in Cruz-Martinez' multidimensional welfare index, Argentina, Uruguay and Chile

(in that order) formed the high welfare state development group (together with the US territory of Puerto Rico) (2014: 1311).

Beside discussions of which countries belong to what cluster there is wide spread agreement that the region is now beyond neoliberalism and the Washington consensus and (all?) countries can now be characterized by following a social investment state perspective, where the state takes responsibility for education, health care and basic security, not because it loves or feels sorry for citizens or the poor, but because well educated, healthy and secure people are preconditions for survival and prosperous developments within a globalized economy. Like in Europe this has been seen as a new social contract or settlement. Latin America is still the most unequal region in the world, but less so, since unlike Europe, USA and Asia-Pacific, it has managed to reduce inequality during the course of the 21st century, and poverty rates have been cut in half.

The so-called care crisis is, nevertheless only partially addressed during the most recent period since policies mostly only cover childcare of the 4+ year-olds, leaving care for the youngest and elderly to family or market; in both cases to women. Hence continuing the traditional familiarist approach by applying the conservative definition of care adhering to the logic of sacrifice (as in the case of the '*super madre*') rather than the logic of right promoted by the progressive definition. Furthermore, even in cases where services are universally available the *liaison* work involved in retrieving often inhibits getting them, because it is time consuming, stressful and in itself presupposes resources (paying for transportation, not being able to work while going there). Accessibility continues to be a huge problem in the region. Equally important, policies do not promote the redistribution of housework and caregiving in a more equitable way. So, when upper and upper middle classes can use private childcare and/or paid domestic work, the poor can rely only on informal intra-family and community services, generally supported by the voluntary work of mothers themselves.

More specifically, the significant and considerable emphasis on early childhood development has led to substantial increase in childcare across the region, but an urban rural divide is apparent since childcare centers are the preferred institution in cities, while parenting programs dominate in the countryside. The focus has been on marginalized urban populations with shorthanded, poorly-paid staff with little training, and there is a lot to be desired regarding quality of services. Overall, childcare is still considered a women's issue only, among other things reflected in the very short paternity leave granted (except in Cuba and Venezuela). The regulation obligating employers to establish childcare in workplaces with more than 50 employees are either not complied with or not sanctioned, or it acts as a de facto discouragement to employ female workers. Since benefits are largely tied to formal labor market participation, with the important exceptions of part of the domestic workers in Argentina, Brazil, Chile, Costa Rica and Uruguay, most rural workers, self-employed and other domestic workers are excluded from any benefits. Across the region old age care is still considered a family affair and is reflected in household composition with about 62 pct. of older people residing with two or three other generations, and only about nine pct. live alone. The multi generation household structure is furthermore challenged by declining fertility since it reduces the number of potential carers (read daughters).

Overall, quite a lot of optimism is associated with welfare state development in Latin America and the achievements reached during the 21st century are considerable, and it is accompanied by a demographic bonus with more people in working ages and fewer dependents (Dúran & Milosavlevic 2012). Yet, challenges persist particularly when it comes to implementing benefits as social rights instead of provisions based on means and needs tests as is for instance the case with CCTs. 'In Latin America, the generation of public policies that guarantee the exercise of the right to care, which implies access to timely and quality care for people, and the protection of the rights of caregivers to care for themselves, to take care of themselves and not to care, are still not developed enough' (Rico & Robles 2016: 7; author's translation).

Furthermore, increasing taxes exacerbates inequality since they are regressive. In a class perspective the middle classes enjoy some rights because of their affiliation to the formal labor market, while the poor are left with conditioned provisions or nothing at all. In a gender perspective, available social care services are not able to emancipate women from their subordinate position. The objective seems to have been to

mobilize them for paid employment without relieving them of their culturally embedded obligations to care for everybody else (children, husbands, and parents). The persistence of a machismo culture may be the biggest obstacle for the implementation of social care as a citizen's right. In a generation perspective, the polarized fertility pattern where middle class women have one child late in life, or none at all, and where the poor have many children at a young age (teenage pregnancies) poses different challenges. In the former case the still prevailing conservative care expectation (the *super madre* expectation) has become even more difficult to fulfil since daughters have no siblings with whom to share the burden of caring for their old folks, and in the latter case the young mothers have huge difficulties obtaining the education and training, which is a precondition for finding formal employment and the benefits that come with it.

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Figure 1 Welfare Diamond or Care Diamond

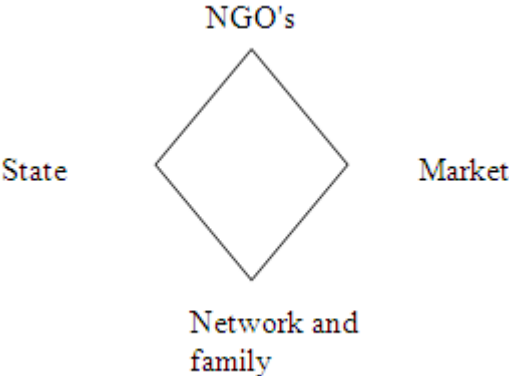


Table 1 Classification of Latin American states by level of tax burden and per capita GDP					
		Av. per capita GDP 1990 – 2009 (US\$ fixed prices)			
		High Above US\$ 3.903	Medium US\$ 2,602 – 3,903	Low Below US\$ 2.602	
Av. Tax burden 1990 – 2009 (% of GDP)	High greater than 19.5%	Argentina, Uruguay	Brazil	-	
	Medium between 13% and 19.5%	Chile, Panamá, Costa Rica, Venezuela	Colombia	Bolivia, Honduras, Nica- ragua, Perú	
	Low Less than 13%	Mexico	Dominican Republic	Ecuador, El Salvador, Guatemala, Paraguay	
Source: Gómez Sabaini & Jiménez (2012: 12).					

ⁱ Following Lo Vuolo (2016: 230)

Guillermo O'Donnell argues that many Latin American countries are consolidating a 'delegative' type of democracy (O'Donnell, 1994; O'Donnell et al., 2011), meaning a democracy where: (1) whoever wins election to the presidency is entitled to exert power as he or she decides, constrained not by legal rules but by existing (non-institutional) power relations and by a limited term in office (which can be modified once in power); (2) the president is taken to be the embodiment of the nation and the main definer of its interests, even if his or her policies bear little resemblance to the programme and promises of the electoral campaign; (3) the political basis of the government is a 'movement' which overcomes the factionalism and conflicts associated with parties; (4) other political institutions – the courts, the legislatures, the political parties – are mere obstacles to the president, and accountability to such institutions appears a mere impediment to the authority and the will of the president.

ⁱⁱ 'Conservative modernization is a process by which certain spheres of society are based on what are commonly known as 'modern' social relations (capitalist, bureaucratic and sometimes democratic) while others remain dominated by forms of elite enclosure and tradition (and sometimes dictatorships)' (Lo Vuolo 2016: 229).

ⁱⁱⁱ In a broad historical perspective social policy development in Latin America can be divided into four main periods (Ceccini & Martínez 2012: 23-24):

- (i) Primary liberal: the period prior to the Great Depression of 1929
- (ii) Import substitution: the period of greater industrialization and inward growth between the Great Depression and the 1980s
- (iii) Fiscal discipline and austerity: the period of market economy and globalization, which began in the 1980s
- (iv) 21st century: the period that is unfolding this century