Looking After Each Other: The role of (invisible) care work in the community

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Panel Proposal from the Affinity Group (Gender)

The giving and receiving of care is a phenomenon which raises profound challenges to our thinking on many levels about the nature of work, of community, of voluntarism, and, of course, about gender. Voluntary organisations have always played a major role in care whether as the providers of formalised caring services, campaigners for alternative understandings of care (such as the feminist orientated campaign group Wages for Housework which thrived during the 1970’s and 80’s in the UK), support groups for carers (and for the politicisation of caring) and as the recruiters and co-ordinators of volunteers. Given how intertwined the issues of caring and voluntary organisations are, and the increasing politicisation of caring it is surprising that the theorising about this nexus is quite underdeveloped.

This panel aims to make a small contribution to such theorising. It is not coincidental that the idea for the panel originated in the Affinity Group for Gender – the gendered nature of caring activities is undeniable. In the West the demands of an aging population mean that for many women the transition from carer of small children to carer of elderly parents happens almost seamlessly. And, of course, much of this work is invisible. However, those very demographic trends ensure that the nature and provision of caring is becoming politicised.

This panel aims to make a small contribution to such theorising. It is not coincidental that the idea for the panel originated in the Affinity Group for Gender – the gendered nature of caring activities is undeniable even in the provision of non-familial caring.

Some of the debates centre on the nature of caring itself. Social movements created by people with disabilities, and, increasingly by older people have questioned whether there is an innate contradiction between caring and empowerment or whether caring necessarily locks the receiver of care into a position of dependency. One paper explores the reciprocity of care through an analysis of the motivations of older volunteers.

Secondly, what role does caring play in the development of community? The idea of caring is central to our idea of community however, Degavre’s paper explores how caring is conceptualised in the literature and also notes how the political rhetoric of ‘community care’ may serve to hide a reality in which the services that people receive are anything but ‘caring’. Furthermore, Leonard et al’s paper points out that for some women it is those very caring responsibilities that create barriers to community participation. While for other women, and for the older people involved in the Village Action Groups mentioned in this paper, caring is itself a route into greater community development. These papers also explore the relationship between caring and social capital and demonstrate its complexity. They note that while social capital is usually considered to be a resource to support care work (Leonard et al) it can also contribute to social capital and they cite two examples; care co-operatives in Sweden and a
Home Hospice mentoring programme in Australia. The focus of their research is on the networks in which the care work is embedded.

The organisation of care is another area in which voluntary organisations play a pivotal role. The nature of caring is such that much of its organisation is informal and located in patterns of relationships which may, or may not coalesce into more formal modes of organising. Another paper is primarily concerned with theorising on these tensions, or segues between the informal and the formal organising of care. Her paper also brings us back to a critical issue for the Gender Affinity Group; the gendering of care. She shows how even quite formal ‘care regimes’ with high levels of formality and state involvement nonetheless owe many of their organising characteristics to informal arrangements developed and maintained by women and family networks.

In the aftermath of the global economic crisis, individuals who provide care must turn to innovative and sustainable ways to continue their services. A third paper examines informal women’s social enterprises, which provide non-remunerated services. With access to microcredit, a number of women entrepreneurs now have the financial resources to provide valuable services through their social enterprises. The author also explores how the surge of women social entrepreneurs can transform gender relations and alter the way that ‘gender is lived’ (Hanson 2009).

Taken together these papers provide a rich overview of an often neglected, but increasingly important area of informal community organising and will serve to open up these debates for further exploration.
Care as a social construct:
The contribution of feminist theories to the conceptualization of “care”

Abstract

The various debates on care within the women’s studies shed light on different issues. These include emotional associations linked to the term ‘care’, as well as the unequal share of domestic work between men and women or the construction of different care regimes within the Western Welfare States. In my contribution, I would like to reflect on how these various debates emerge and how they articulate to one another, making more evident the contribution of feminist theories to the conceptualisation of care.

Many debates in Great Britain over the idea of ‘community care’ took place during the 1950s and continued through the 1960s. This particular term refers to the policy – introduced to reorganize formal care – of reducing the number of hospital beds and, to offset this reduction, to improve coordination between health services, hospitals and services relying on local authorities. In this context, researchers endeavored to demonstrate the importance of ‘informal’ care undertaken by families in community care. Some highlighted ways in which the care of dependants can place a burden upon families. However, there was a lack of research raising questions about the particular involvement of women, and it was not until work by feminist researchers was published that this issue was dealt with seriously. Authors (Land, 1978; Finch and Groves, 1983) demonstrated how the policy of ‘community care’ ran counter to the liberation of women in fundamental ways. The early work of these researchers had a major impact on the conceptualization of care, making the informal work performed by women more visible. They also established, and in fact legitimized, the care-giving role performed by women as a focus for study, providing the impetus for numerous studies on the sexual division of care-giving tasks and the way the relationship between dependent individuals and those who provide their care is negotiated. Ungerson (1987) concludes, amongst other things, that the nebulous position of women in the labour market is a significant reason why they take care of dependent individuals.

Thus material conditions seem to influence the decision to provide assistance and care, but responsibilities, cultural assumptions and indeed the entire ideological structure defining female duties also play a role. Terms such as ‘love’ and ‘responsibility’ became embroiled in the complex social context in which care for dependent individuals is provided. ‘Love’ could be perceived as a form of work – an unpaid and invisible type of work, to be sure – yet an integral part of what is meant by community care.

To clarify, care can be understood as ‘formal’ and ‘informal’. ‘Formal’ care refers to paid work provided by professionals. ‘Informal’ care is performed by family care-givers. However, as much feminist writing has shown, this general distinction obscures fundamental issues within the management of care giving; the distinction between the private and public spheres fails to adequately reflect women’s experience. This distinction could lead to a belief that there is no flow between these two spheres. In terms of home care however, many research demonstrated, on the contrary, that the work of professionals is connected to the contribution of care givers within the family (Degavre, Nyssens, 2008) and that reproduction work is strongly associated with production work: identical mechanisms operate in both spheres and some relational aspects are experienced by both professionals and family. Feminist literature sheds light on the social process that results in women taking responsibility for care giving, what we might refer to as ‘the care giving imperative'.
More recent research on elderly care responsibility has adopted another perspective on care, more linked with the State’s prerogatives. In fact, research on a “micro” level studied the care responsibility from the viewpoint of the elderly or of their (potential) care-givers. They looked at the characteristics and consequences of the care relationship for the care-giver and care-recipient. More recently, research on a more “macro” level studies revised the welfare states typology to introduce care management systems. Some authors introduced care in the analysis of Welfare regimes (Lewis, 2003) and developed the concept of ‘care regimes’ (Bettio and Plantenga, 2004). The analytical strength of this concept lays in the fact that it bridges together measures of public policies, directly dedicated to care, and informal practices of whom it allows to point out the overall coherence on the level of the strategy of each country in terms of organization and regulation of care. It seems also very efficient in making comparisons between states and, according to their similitude and differences on different levels, -from practices to institutional regulations, to ease their classification in a typology. Leaning on indicators revealing the proportion of formal and informal care, Bettio and Plantenga distinguish 5 groups of State. Italy, Greece and Spain have the common characteristic of families as an important source of care. In the Netherlands, United Kingdom, families play an important role in child care. However, care to frail adults is more considered as a State’s responsibility. Germany and Austria have developed policies encouraging families, via financial interventions, to be the main care providers. France and Belgium, on the contrary, developed a quite important formal care sector directed towards children and frail adults. Finally, Nordic countries share high levels of public coverage of care, where the State is a clear substitute to families as care giver.

The different reforms that were implemented under the influence of New Public Management in the European State are likely to make differences appear within the same groups of State. Simonazzi (2010) introduces the type of public intervention in response to new needs in long term care (« in-cash » or « in-kind ») to implement a new distinction among care regimes and makes a link with the new care market that these interventions created.

References
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Transforming Gender Dimensions Through Social Entrepreneurship

Social entrepreneurship is an increasingly common tool for social reform and economic development. Many practitioners credit Bill Drayton, CEO of Ashoka International, with coining the term. He used it to describe individuals whom use pragmatic and innovative business-savvy methods to advance a social cause (Hsu 2005).

Some scholars also feel that social entrepreneurs tend to hold their constituencies or beneficiaries to a higher standard and expect greater outcomes than most civil society organizations with social missions. Therefore, the concept involves blurring the boundaries of the three sectors (public, private, and civil society) to some degree (Dees 1998). In practice, many social entrepreneurs fill a void left by all three sectors. Moreover, social entrepreneurs, who are engaged in informal economic activities, tend to respond to social demands in a way that many charitable civil society organizations cannot.

As a result of the recent global economic downturn, many NGOs and other third-sector organizations face challenges associated with endowment losses, fewer grant opportunities, and less funding from individual donors. However, this also presents an opportunity for civil society organizations. Successful social enterprise models can revolutionize the manner in which third-sector organizations operate and fund their programs. This can lead to a more self-reliant third-sector (Hamm 2008).

The economic crisis also presents new opportunities for women. Some economists argue that the recession is in fact a “hesession” and it will lead to the “death of macho” (Salam 2008). In the United States alone 80% of the jobs lost were held by men. According the some analysts estimates 28 million men, worldwide, will find themselves unemployed by the end of 2009 (Salam 2008).

With access to microcredit through microfinance loans, the number of women social entrepreneurs is rising. There is a growing need to examine entrepreneurship and gender dimensions. Some estimates suggest that the number of enterprises lead by women worldwide is out growing the number of enterprises lead by men (Lowrey 2006). According to a Foreign Policy article, women may have a new opportunity to generate a new model of what manhood and womanhood is (Salam 2008).

In this paper, the author examines gender and seeks to understand how women’s social enterprises alter the meaning of gender and the social expectations of each gender in India. Can women transform gender relations through social enterprises? Moreover, can informal social entrepreneurship alter that way that “gender is lived” (Hanson 2009) in an entire community or does it only meet the gender needs of the women who are the social entrepreneurs? Due to the potential for more favorable gender relations, are all women entrepreneurs inherently social entrepreneurs?

The author examines the impact of women’s social enterprises by visiting five villages in rural India. In these villages, the author conducts one-on-one interviews and focus group meetings with the men and women who are beneficiaries of women’s social enterprises and the women social entrepreneurs themselves.
Many agree that the mere presence of women social entrepreneurs is hardly a sufficient catalyst for change. There must be mechanisms in place that reverse the internalized oppression that many women struggle with (Raju 2005, 194). This internalize oppression can alter the way that a woman interacts with other community members and local institutions. This paper outlines how women social enterprises can alter the social landscape of a community. In addition, it identifies the mechanisms that must be in place in order for women’s social enterprises to alter the way that gender is lived for all members of the community.

References


Abstract

Eldercare is often associated with a reduced ability to engage in the community both for the older people and often for their carers. Old people homes are seen as sad places to be avoided whether as a worker, a visitor or as a client. Caring at home may only be marginally better for the client as they still may not be able to leave the house and may not have many visitors. Unpaid caring work within the home can be a barrier to community participation for many people, mainly women. In Australia, Leonard and Burns (2003) in a comparison of different types of women’s unpaid work found that caring was the most likely to be associated with participation in the private, as opposed to the public sphere and with a low sense of personal agency. From a study of Bangladeshi women in London, Ahmed and Jones (2008) argue that caring is particularly isolating and disempowering for women of minority cultures.

There is growing evidence of the individual and collective benefits of participation in the local community or society in general. Social capital is the most commonly used term to reflect the collective benefits of community engagement. Although there are differing definitions of social capital (eg (Putnam, 1993; Bourdieu, 1986) social networks are the key element in all approaches. Groups and communities with high levels of social capital have numerous strong interconnections between members.

When caring is linked to social capital it is generally assumed that the nature of the relationship is that social capital is a resource that can be used to support care work (eg Beaudoin & Tao, 2008; Jeppsson-Grassman & Whittaker, 2008). However, Leonard, Johansson and Noonan (2009 under review) identified two examples, that show that caring does not need to be a drain on social capital nor does it need to be an isolating experience for either the carer or the person being cared for. Rather, caring can contribute to social capital. The first example is aged care accommodation cooperatives in Sweden, which are centrally located and have activities for other ages so they become a focus of interaction and participation in the town. The second example is the Home Hospice program in Australia which generates social capital as the Mentor assists the carer of a dying person to mobilise their personal community.

No doubt the two examples presented are not the only ones and there are many other ways to provide caring that contributes to social capital. The present research aims to identify and explore ways in which caring can contribute to the growth of social capital or the barriers to growth. The ultimate goal is to improve the status of caring as something that can contribute to community not just something that depletes community resources. Given that the majority of this caring work is done by women, it also highlights the value or potential value of “women’s work” for the public as well as the private sphere. More specifically the research questions are:

- In what ways, do current day activity centres for the aged in NSW contribute to the social capital of their wider communities? If it does not, what are the barriers?
- In what ways, does supporting people in their own homes, via home care and Home Hospice, contribute to the social capital of their wider communities? If it does not, what are the barriers?
- Are there differences in the extent or nature of the networks depending on the gender of the client or carer?
Procedure. Step 1 involves visits to each of the participating centres or individuals to explain the project and (if they agree to participate) encouraging them to collect photographs or other materials that can be used in Step 2 and to identify other people in their network who also help with care. Step 2 is the focus groups with the caring networks. There is one focus group for each activity centre or individual Home Hospice carer or home care client. The focus group involves a network mapping exercise to identify the relationships that existed before caring began (home care clients and Home Hospice samples only) and a second network mapping to identify current networks. The photographs are used to inform the discussion of the nature of the networks; including how each person became involved, who they came to know as a result and the nature and strength of that relationship.

Analysis: The analysis identifies, the size of networks, changes in the networks as a result of caring (in both size and nature of the relationships), degree of engagement in the community, barriers to the growth of networks, and any differences in the size or nature of the networks depending on the gender of the home care client or Home Hospice carer.

The analysis is not yet complete but given the direction of information to date it is anticipated that the caring networks continue to follow gender stereotyped patterns and also that the role of a mediator to engage with the community makes a crucial difference to the size and strength of the caring network.

Rosemary Leonard and Horsfall, D. Noonan, K. Evans, S. and Armitage, L.
Elderly people’s voluntary participation in care work

The Swedish government in recent years has been working on the supposition that the healthy elderly will contribute to the care of their peers in need of support. These expectations are based on a perception that the healthy elderly should take responsibility for their own healthy ageing together with the idea that they risk becoming lonely and ill if they do not contribute by helping other elderly persons. (M. Johansson 2008)

This paper deals with elderly people’s voluntary participation in care work, especially elder-care.

In Sweden the most significant role for voluntary organisations has been the strengthening democracy and citizenship. One traditional role of such organisations has been to influence government. Older people would be some of the most active members of the large organisations associated with the people’s movements. Swedish voluntary organizations today are not, due to the engagement in people’s movements, independent from public sector and the membership in voluntary organizations has changed in its character. We can now talk about hybrid organizations that have stronger links to local organizations than to the people’s movements (M. Johansson 2008). They are run by employees of local authorities whose assignment is to organize and recruit members from both voluntary organizations in the social field and from volunteers who do not belong to voluntary organizations.

The organising of a local “Frivilligcentral” (Centre for voluntary work) is one form of organisation which has become quite common. The centres are often initiated by local politicians or senior managers of municipal social services with the intention of complementing the public supply of services (Leonard & Johansson 2008). Other examples are networks of NGOs which, together with the Swedish government, focus on mobilising local people, changing the attitudes of the public and decision-makers and improving national rural policies. For example, Village Action Groups are formed to deal with local matters, using community development principles (Johansson, Leonard and Noonan, forthcoming).

GERDA, a 2005 survey of people aged 65 to 75 years in the Ostrobothnia Region, Finland (N=2340) and the county of Västerbotten, Sweden (N=2560), asked among other things if they contribute in voluntary work either for an organization or if they volunteer outside of a formal organization. The county of Västerbotten, Sweden used the same volunteering questions as the Australian Bureau of Statistics Survey (ABS, 2000), thus allowing for direct comparison. In both Sweden and Australia older people make a considerable contribution to their communities through their engagement in voluntary work. The volunteering rate for people aged 65 to 74 years was about 30 per cent for the Swedish county sample, with more in rural than in urban areas (GERDA 2006). Similarly it is 38 percent for the Australian non-metropolitan population (ABS, 2000). Thus the Swedish government’s fear that public support has made people passive is not supported by the results.

More in-depth analysis of the GERDA-material revealed that the smaller the municipality of residence, the more voluntary work is reported. For example the self reported voluntary work in Umea, the largest and the fastest growing city was 24 % while in the smallest municipality the self reported engagement in voluntary work for an organization was 34 %. Also 42 % reported that they performed informal voluntary work. Additional data from observations, interviews and websites suggests that their engagement is a product of their active work to make their region survive. Their contribution generates social capital through the creation of networks with strong and trustful social bonds (Johansson, Leonard and Noonan, forthcoming).

What does the material say about the motives for doing voluntary work, either within an organization or informally? Are the answers gendered? Preliminary analysis reveals that the most common answer among both men and women is that they want to help others. More men than women say that it gives them personal satisfaction. Men also refer more often than women to membership in an organisation, while women more often then men refer to religious conviction. Women also mention social reasons for their engagement. The paper will present a more in-depth analysis and examine, in particular, whether the reasons for doing voluntary work differs between cities and sparsely populated areas.

In the paper the GERDA survey material will be analysed and connected to national policies. The survey data will be supplemented with interviews with persons doing voluntary work, to
find out more about their volunteering practices and any perceived benefits. Is there support for the government position that they risk becoming lonely and ill if they do not contribute by helping other elderly persons?

References:


