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# Care Work: Why does it matter and is there a perfect model?

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## Introduction

Care work is a central aspect of welfare systems, and there is much debate surrounding the merits of one system of care over another. Childcare and eldercare are significant not only in and of themselves, but because the handling of these issues affects the entire societal and familial structure and the incumbent system generally dictates persistent norms, making a shift in welfare states highly complex and very gradual. Care work does not fall into a dichotomy of family or public; most countries feature a mix of family and public care, as well as a mix of voluntary and paid care. Care work falls on the intersection of the family, the market and the state. The system can be configured formally by the government, as in the case of childcare in Sweden, by a market system, as with eldercare in the UK, or can be more informal and family oriented, as in Italy. Most welfare states, and subsequently their care systems, were originally based on the assumption of families with a stable male breadwinner operating in an ever-expanding industrial labour market, which is far from the norm in modern times (Hemerijck, 2012). Thus, our care systems are intended to accommodate familial and societal models that are long out of date. Increasing female-labour-market-participation, plummeting fertility rates and a rapidly aging population means elder and child care are more important and more complex than ever before. Such demographic shifts bring a host of new risks and care work, as well as welfare states in general, need to shift in structure to accommodate. This paper will consider both elder and child care in depth, as well as look at their significance in the wider societal context and consider the shifting trends occurring to accommodate the family and societal structures of the 21st century.

### Eldercare

Eldercare has traditionally been the domain of the family, largely considered a private matter with the work associated largely placed on the mother in the traditional male-breadwinner family model. The mother would generally be in charge of the children and household. However, as society develops, so has the structuring of elder care. In terms of the welfare state and pensions, most developed Western societies are in a fertility trap, whereby each generation is having fewer children than the one before, meaning fewer and fewer young and working people are caring for an increasingly large and disproportionate amount of elderly people. There are many reasons for declining fertility rates, such as better access to birth control, the rise of dual-earner families (whereby both parents work fulltime) and increased autonomy of women on the whole (though research suggests that where the support is provided people tend to have more children, though we shall consider this in the context of childcare later (Palier, 2010)). With this evolution of familial structure has come a trend towards defamilialisation and formalisation in elder care, whereby elderly people spending their final years at home in the care of their family is no longer considered the default. However, the extent to which this trend has emerged varies greatly across Western Europe, as care work, much like domestic work, is still heavily gendered and is considered somewhat inferior even if it is formalised (Hildegard, 2011). While gender equality is a central aspect of shifts in elder care, there are many other issues that arise from the changes in structure.

Approaches to eldercare vary greatly even within Western Europe, with each employing a different combination of involvement of the state, family and market. For example, in Sweden there is a trend towards defamilialisation; the state assumes most of the responsibility, while the UK relies on the private market for elder care. Additionally, in the Netherlands the voluntary sector plays a dominant role while in Italy there is great reliance on migrant labour to accommodate elder care (Lyon & Glucksman, 2008). While shifts from a traditional to dual-earner family structure mean that for many women eldercare is no longer primarily a family responsibility, this is not a universal experience. For example, given the predominance of the private sector in providing healthcare in the UK, the availability of such care is highly dependent on a family's financial situation, and thus there is a class issue at play here. While wealthier families may have access to private formal eldercare,

working class families may have to resort to unpaid, informal care provided by family members, which as we have seen typically falls to the women of the family. Thus, the type and quality of care we receive late in life is highly sensitive to both the default eldercare norms of our state and our gender and class.

Migrant workers, largely women in this case, play an instrumental role in providing formalised eldercare in most Western European countries. This creates 'global care chains', whereby women in developing countries leave to work in wealthier countries to provide for their families, often in turn paying for someone to care for their own families (Kvist & Peterson, 2010). This is a separate issue that warrants a paper of its own, but it is important to consider in the context of eldercare.

In order to fully comprehend the complex nature of eldercare, we must consider that no experience is universal and that intersectionality must be central to any consideration of the topic. While there are larger trends towards defamilialisation, many countries still view eldercare as primarily the responsibility of the private family unit.

### Childcare

Much like eldercare, the handing of childcare varies greatly across Europe, and has similar effects on family structure and labour market participation. Childcare is of course strongly tied to parental leave policies, and typically a given country's parental leave policies and childcare system are complementary in how they reflect the perceived societal norms. Parental leave policies have their origin in the legal banning of employment of women up to and following childbirth, reflecting the traditional male-breadwinner family structure (Grebe, 2010). Of course, the notion that women have an inherent maternal instinct has since been rejected by scientists, and a more equal parenthood model is on the rise, 'whereby men and women would both be equally engaged in the full range of parenting behaviours' (Haas, 1992). This is in line with the dual-earner/dual-carer model, where increased female labour market participation allows to the burden to be lifted from the male partner and shared, as is the childcare. A basic necessity of this model is paid parental leave as if leave is not paid only wealthier parents can afford to take time away from work. Indeed historically working class women have had to return to work much sooner than recommended after

childbirth (Grebe, 2010). However, in most Western European countries the more traditional model persists even as female labour market participation is on the rise, with women still assuming, on average, the vast majority of childcare and household duties (Central Statistics Office, 2013). Improved access to paid parental has been shown to strengthen women's work ties, raise female employment rates, decrease turnover and narrow the pay gap between mothers and other women, which are all clearly to the benefit of both employers and employees (Ray, Cornick, & Schmitt, 2008).

There have been two main trends observed as childcare and parental leave policies shift away from the traditional model. Firstly, there has been an increase in the use of gender-neutral terminology in forming parental leave policy, which equalises the benefits available to both parents and is more inclusive to adoptive parents and those in same-sex parent families (Baker, 2011). Secondly, there is a trend of extending parental leave to a period of up to five years, with many countries such as Denmark and Norway, mandating that each parent take at least a month off with 'use it or lose it' policies, to encourage the involvement of fathers following the birth of a child (Ekberg, Eriksson, & Friebel, 2013).

As in the case of eldercare, the issue of childcare must also be considered from an intersectional viewpoint so fully appreciate its complexity. Setting aside parental leave immediately following the arrival of a child, the availability of preschool childcare can be a defining factor in a child's future success, and thus policy regarding it can either negate existing class inequalities or reinforce them. Studies have shown that a child's future social abilities and educational success is largely determined by the time they start primary school (Jones, Greenberg, & Crowley, 2015). Thus the educational exposure children receive up to this stage can define their life course. Unless, as in some countries such as Sweden, high quality childcare is universally available either freely or cheaply, the wealthier a family is the better the childcare they will be able to access. This creates a cyclical reproduction of class inequality that limits children's opportunities before they even enter school. Such considerations of the impacts of childcare policy must be central in redefining how we understand care work and the larger welfare state.

### **Why is care work important?**

Care work is important in the context of this course because it relates directly to the three key aspects of society we have looked at. The provision or lack thereof of care by the state directly impacts labour market participation, particularly in the case of women. Indeed, gender is of central relevance as most welfare states emulate models that encourage the traditional male-breadwinner model and as a result care work is largely the responsibility of the women in the family. Finally, care work is an institution in the life course with which we all come in contact, either as carers or as the cared-for. For a welfare state, and by extension a country's care system, to shift towards either familialisation or defamilialisation has direct and significant impact on the familial and societal structures.

Given the ever-increasing average lifespan and declining fertility rates throughout the developed world, provision of elder-care and child-care become two sides of the same coin. The rising demand for elder-care for longer time periods will only increase pressure for more accessible services, and a shift away from familialisation may occur as the would-be carers themselves begin to reach the age where they also need care. Additionally, if falling fertility rates are to be slowed, more readily available, high quality of childcare may remove some of the financial and care barriers deterring parents from having more children in a system that does not support their carer-earner family structure. Aging societies need to adapt their model or continue to grapple with a top-heavy welfare and care system.

As briefly mentioned previously, the more intersectional aspects of care work also have wider societal implications. While the normative assumption that women assume the majority of care work is fading somewhat among the upper and middle classes of Western European countries, the care work is largely being passed on to migrant women in turn; the marginalisation of care work is being passed from women as a whole to migrant women. Additionally being able to pass on a family's care work to a formal, paid (and often migrant) worker is a privilege; in the working classes care work is still largely family-based for a lack of access to formal care for either children or elderly family members. This demonstrates the power of a care system, and by extension a welfare state, in that it can either reinforce inequality or exacerbate it. In the case of childcare, the care and stimulation experienced in our formative years can shape our cognitive abilities, and if

quality childcare is not readily available to all, those without are at a distinct disadvantage by the time they start school that cannot be made up at a later stage. In the case of eldercare, in many countries one's financial wealth play a defining role on whether a family can afford elder-care, as well as the quality; where families cannot afford the care, they must provide it informally and so other sacrifices must be made.

If we consider, briefly, how Ireland has slowly developed even in the last 50 years away from a traditional family model, we may better understand how our care system will need to adapt in the future. Whereas previously relatively low, and until the 1970s illegal for public workers, female labour market participation rates and the subsequent relinquishing (to an extent) of familial responsibilities of Irish women have reformed the Irish family entirely and though progress is slow, the traditional gender roles are beginning to dissolve (O'Sullivan, 2012). With these changes have emerged the beginning of the carer-worker family dynamic, whereupon responsibility for both care work and financial provision is shared equally between parents. However, for this model to thrive and meet wider societal needs, support and development is required, largely in the form of high quality extra-familial care available to all (Murphy, 2011). Like many other Western European countries, Ireland welfare system and the care work it embodies are out of tune with modern evolution of the family structure.

### **Is there a perfect model?**

There is, of course, no singular "one-size-fits-all" answer to the issues that arise out of conflict between care-systems in welfare states and modern familial structures. Countries vary greatly in their ideologies of how child and elder care should be managed and who should assume this responsibility, even across Western Europe as we have been discussing. However, it is increasingly clear that in most cases, the existing care-systems are inadequate to accommodate the developing family model, particularly the emerging care-earner model that has become so prominent in developed countries. While we cannot speak normatively of a system that would solve all of a nation's ills, we may consider what we expect, and in turn demand, of our welfare states in their prescription of care work. Some argue that the aim should be to support the family in dealing with their private matters, others argue that the invisible hand of the private market will naturally accom-

modate all issues. Personally, I would argue that a welfare state should strive to ensure that every person is provided with equal opportunities to succeed from a young age regardless of their race, gender or economic background and that everyone is provided for with dignity in their final years. This may seem like an unreasonably high bar, and indeed few countries consider a welfare state from this perspective, but I would like to consider the implications of a system that prioritises such morals, by looking at an example.

Welfare states in Scandinavia have adapted quite well to accommodate the shift in familial structure from the traditional male-breadwinner model to a dual-care, dual-earner model. A key feature of the Scandinavian model is that it emphasises the universality and high quality of welfare services, including care, with "an extensive social policy directed at more or less all sections of the population, based on citizenship and universal benefits" (Kvist & Peterson, 2010). Of course with such benefits there come high costs, which are funded through high taxation rates. However, in turn the taxpayer, regardless of income level, is entitled to high quality care services, to the extent that there is little-to-no demand for a private market in child and elder care. Such a model still allows for familialism if desired by the individual family, but represents the wider policy trends towards defamilialisation that gives families greater flexibility and opportunity, removing many restraints that may previously have shaped key decisions throughout the course of family life.

### **Conclusion**

The aim of this paper has been to demonstrate the importance of the role played by child and elder care in shaping a society, and to give an overview of the many forms a care system can take. Care work characterises a complex interplay between the family, the state and the market and as the family structure shifts so to must the state and market adapt to accommodate demand. It is evident that there is an overall trend away from the traditional family model and towards a carer-earner model, and so states will need to adapt their welfare states and care systems accordingly to avoid a crisis of care.

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