



Faculty of Social Sciences



Thinking Care in the Long Term: The changing role of state, civil society and market

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A question us in the carer/caregiver enterprise:

How will you be taken care of if/when you need help?

- A. Will you expect your children to give up their jobs/careers to take care of you?
- B. Should they move (with their families?) to where you live or move you to them?
- C. If you have saved money and can employ help, will you pay this help standard wages, including benefits (social, health, pension) and insist they have 'regular' hours with free days and paid vacations?



Other important issues to consider:

What has really changed during the past years with scads of research on informal care – do things seem to be repeating themselves?

Carers' organization and interest groups have existed for decades, but have there been significant changes?

This worries me when I think of "Future Proofing" which is the title of this conference



There is a need for three shifts in thinking about the future of care-that are related to each other

First shift:

it is necessary to make the **person** in need for care one of the focal points of both research and advocacy work/initiatives.

Policies such as “active ageing” and pension savings deem older people as being active aware individuals but care regime discourses silence those people, pacify them and turn them into objects.

The person in need of care should be central to both research and advocacy work – here the argument should be **individual rights and free choice**. These are arguments that mesh well with policy developments in many countries.



First shift continued

People in need of care often usually do not have organizations lobbying for them and their needs.

The “disability rights” movements have pointed out that although one can have numerous impairments, one can still make one’s own decisions.

Therefore it would be appropriate that carer/caregiving organizations include the person in need of care and that person’s individual rights and free choice.

This would take new thinking on the part of these organizations, but a unique way to bring the issue to the fore in a way to address decision makers.

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Second shift: from civil society and market

The concept of civil society (community) is broad and in many ways diffuse. However it is used discursively to refer nostalgically to a 'better' past when people helped each other. It is based on idealized notions of how people help each other in local communities.

There are several problems with this concept: a) was the past really that much better and how much did people really help each other? Who really helped whom?

b) it is politically expedient to deploy this moral code to evade more universal and justified solutions to issues of care,

c) it is difficult to work with in lobbying for better conditions for care.

Civil society" consists of individuals who should have free choice with respect to meeting their needs and that this should be guaranteed by the state.



Second shift (2)

Market based “solutions” are being put forth as the way of solving care issues. But are they?

Market based concerns have one goal: to make a profit (and of course do this by providing a service recipients appreciate). The only way to make a profit is by cutting costs (and corners)

Is care a commodity like my shirt?

Market based solutions tend to discriminate between those who can afford them and those who cannot resulting in increased inequality

There have been numerous scandals in private firms providing care in Sweden and also Denmark (elsewhere?) This impacts on public finances, the recipients and the carers.



Third shift: strengthening the role of the state

The only way to ensure that all care needs are met
– in a just way, no matter who provides them,
is having them ensured by the state.



Ways forward (fourth shift): research

some suggestions

1. Critical analysis of the normative structure of much research especially trans-national research. Too much contextualization is lost in the urge to “standardize” terms.
2. Develop research that focuses on the person in need of care as well as the carer
3. Work more interdisciplinary and with related topics and perspectives
4. Seek wider approaches
5. Don't just focus on care - remember it is related to other social services that are being cut back, and radically altered today



Ways forward policy/advocacy

some suggestions

1. Seriously analyze the ideological, fiscal and political developments in your country and in organizations such as the EU (which has gone from being a peace project to being a neoliberal economic project intent on determining country budgets for social issues)
2. Refocus some arguments on individual rights and societal obligations
3. Work with broader social issues that interrelate
4. Find allies, not just in 'kindred' groups but in particular among the progressive organizations with a broader agenda.



Are we going to see each other in another at the next international carers conference and have the same papers and same discussion?

