

Making Ireland a Caring and Equal Society

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Introduction

Post-election 2011 Ireland stands at a crossroads. If we are to avoid our historical boom-bust cycle over the next few decades, we need a new model of development that is sustainable, that produces a balanced economy, that serves an equal society and that protects and enhances our environment. A sustainable model of development will not work without examining the pivotal role relations of care play in our micro and macro well being and with facilitating an economic and social model that enables a Caring Society. Decades of stories about past and present institutional abuse in both state and societal-led care robs us of any innocence about how far Ireland needs to travel to become a 'Caring Society'. A Caring Society can be understood at a number of levels and in a number of ways. It is about the degree to which notions of care, love and equality are found in our national value system. It is about the degree to which time and support for caring are accommodated in our economic and social policies. Developing a Caring Society draws attention to whether care (broadly understood) is predominantly provided for in the market place, by the State or in reciprocal social networks and the optimum balance between these three spheres. Answers to such questions will determine not only who is cared for, but also who does caring work. There is a 'cost of caring', not only in the macro economic sense, but also in the price those who shoulder the burden of care pay in terms of their own inclusion, equality and health. However, there is an even greater cost in not caring; not only the costs of repairing the social dysfunction caused by inadequate care but also in the lower quality of our collective lives. A caring society cannot exist without an equal society.

This article argues that 'an ethic of care' needs to be at the heart of a new model of development. It discusses the need for limits and boundaries on the degree to which care and love can be or should be provided through market rather than social relations. Acknowledging that market provided care has increased women's emancipation, this article asks how this new model of development can reconcile a society that values both reciprocal care relations and women's equality. It concludes that a new development model should promote a *carer-worker* model for Ireland's future. Care, in its broadest sense, extends to love and solidarity. Citizenship, education and public spaces are important practices through which we can develop the type of solidarity needed to underpin a society that has a real ethic of care for each other and a global solidarity with humanity.

Defining Caring

My definition of caring is rooted in the idea of equal human relations and the belief that it is the quality of equal human relations that create a caring and flourishing society. This assumes that everyone is equally worthy of love, care and solidarity (Lynch and Lyons, 2008). As much feminist literature argues, a caring society and an equal society is built around 'an ethic of care' (Kymlicka, 2001, Elgarte, 2008) where everyone has access to the opportunity to develop loving and caring relations and to both give and receive care. Such an ethic would inform and have immediate implications for the practical design of not only immediate child and elder care policy, but also for the design of health, justice, education and other institutions. Such an understanding of care, however, has far deeper implications for how we organise our whole social and economic worlds, including our labour markets, social protection systems and our whole economy. If we accept that care is not simply a social right, but that care is a love relationship embedded in human relations, then we have to ask whether the market can play any real role in delivering a caring society. We also have to ask whether there are ethical limits to the neoliberal commodification of care we have seen in the last 30 years.

Through Polanyi (2001) we understand how pre-capitalist societies met human needs in three ways: reciprocity, redistribution and market exchange. Each of these was embedded in and overlapped with the other. Food, for example, was shared in reciprocal relationships within and

between kin networks or households; it could be exchanged, bartered or traded in the market place or it could be redistributed within groups through political arrangements (for example when the tribe would collectively retain a portion from each harvest for times of famine or seasonal drought). In *The Great Transformation*, Polanyi described, in chilling images, how the introduction of the capitalist mode of production to Britain brought with it the commodification of land, labour and money. These he described as false commodities in that their real 'value' can never be reduced to a 'price'. Reducing these social relations to a commodity meant severe social dislocation for society and the environment. Once human relations, such as care, are reduced to purely economic products for exchange in a monetised market, they are divorced from their social context and their real use value in maintaining the totality of reciprocal human relations is lost. Vail (2010:321) draws attention to a contemporary 'second enclosure' movement: a renewed attempt by market actors to colonize non-market spheres such as the biosphere, indigenous knowledge, education, the information commons, culture, and the public sphere. Burawoy (2010) points to the increasing commodification of knowledge arguing that, when education is only understood as a product that can be bought and sold, its real use value to society is lost.

Vial (2010:323) argues 'market systems are fundamentally flawed: they are inegalitarian, exploitative, and they violate norms of justice... they privilege atomistic, private forms of social action that make collective processes of decision making harder to achieve and weaken reciprocity and the propensity to cooperate'. This article focuses on the dangers of commodifying care and the loss of loving human relations that a full commodification of care implies. It argues that a 'Caring Society' has to ensure that care is facilitated in an appropriate mixture of reciprocity, redistribution and exchange, or, in more modern parlance, with the right balance of state, society and market provision. While the trend has been increasingly to look for commodification or market-based responses to meeting care needs, the real challenge for a new model of development is to re-embed care in society. This can be understood as a challenge of decommodifying care. Vail (ibid) refers to decommodification as 'political, social, or cultural processes that reduce the scope and influence of the market in everyday life' (Room: 2003). Decommodification, he argues, insulates

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'non-market spheres from market encroachments; increases the provision of public goods and expands social protection; promotes democratic control over the market by creating economic circuits grounded in a logic predicated on social needs rather than profit; and undermines market hegemony by revealing the market's true social costs and consequences'.

Some areas of social life should remain outside market relations, because putting a market value on them destroys the very essence of what they are. Vail (2010:322) argues the core values of the body, family life, child rearing, education, sexuality and citizenship are incommensurable with the market, but acknowledges some place for the market in some care roles. Hence a new model of development needs to challenge and limit the scope of commodification of care and other social relations. This may require policies that reverse destructive aspects of the previous policies that over-accommodated market-led provision of care at the expense of provision of public goods and social protection (the trend in privatisation of elder care is an obvious Irish example). This does not necessarily mean that no function of care should be provided through market exchange, but it does mean a critical examination of the reach and scope of the market into areas of care and love predominantly provided through reciprocal human relations.

Gender neutral approaches to a caring society

An argument against more market-provided care could be interpreted as an anti-feminist argument. Unequal care-giving patterns are a primary cause of gender inequality and parenting duties impact heavily on mothers' social and economic inclusion. Orloff (1993) has argued that commodification of care has played a very important process in women's lives, freeing up mothers in particular to participate in the labour market and so freeing them from familial dependency and aiding women's equality. Orloff argued that *defamilialization*, the extent to which women could secure an independent livelihood without recourse to the household, is more important to women than *decommodification*, the extent to which women could secure an independent livelihood without recourse to the market (Esping Andersen 1990). Commodification of care, she argues, plays a key role in women's emancipation. But where should the balance lie? While

there has been progress towards greater equality for men and women and evolving social and economic roles of men and women that move away from the traditional one-earner 'male bread winner' model to women's greater economic independence, this has not necessarily led to reconciling work and family life for both parents or to men taking on greater care obligations.

Male Bread Winner

Various feminist labour market and care typologies help articulate feminist visions for a future where a caring society can come about without limiting women's equality. The 'male bread winner' concept has been used by feminists to illuminate how social security systems were designed to discriminate on gender grounds and maintain socially constructed care and work roles. Historically, Ireland adopted a relatively strong male bread winner model (Murphy, 2003). Present Irish policy is closest to a gender differentiated model, like the Mother-Worker approach. This acknowledges the duplicate roles modern women play as mothers or carers and, increasingly, as workers (Leira, 2002). This model argues that, in practical terms, it is women doing the caring and that facilitation of this means that financially compensating women for care should be the focus of policy in a caring society. Hakim (2004) argues this caring role is women's 'choice' and that this choice should be facilitated by paying for women to work in caring roles in the home. Although changing, Irish policy still reflects this male breadwinner position and accommodates what Shaver and Bradshaw (1995) call 'wifely labour'. It does this through various social welfare payments, home care tax credits, a household based tax system and a universal child benefit, all supporting various roles for women caring in the home. The 2004 move to tax individualization moved nearer to a '*mother worker model*'. Lynch and Lyons (2008) argue, however, that, in the present social construction of what is masculine and feminine, women do not necessarily 'choose' to care. Rather they have a moral obligation to care that is constructed and reinforced by church, education, media and family institutions. Furthermore, the economic cost of care means the alternative choice of paid employment in the work force may not be a viable option for many mothers. If a *Caring Society* is to be an *Equal Society*, it cannot be built on reinforcing deeply embedded gender differentiated care roles that contribute significantly to women's inequality.

Adult Worker

The '*adult worker model*' (Williams 2004) places labour market participation firmly in the driver's seat and focuses on the terms and conditions that will facilitate women's employment. An Adult Worker approach offers a vision of the future which sees both adults in a two parent household working a significant number of hours or virtually full time. Care needs are catered for by primarily by 'purchasing' child care, health care or elder care. This model tends to commodify care; it also under-accommodates care that cannot be commodified and does not accommodate affective care. The model *assumes* that men and women share paid and unpaid work equally, with both working three-quarter time jobs and with greater time for sharing care and other forms of housework. It also assumes the full availability of a largely market-based or commodified care infrastructure. The model informs much contemporary thinking about labour market and social security reform in many Western European countries and is reflected in the European Commission policy of 'flexicurity'. This model has been criticised for failing to recognise the degree of gender segregation that exists in the labour market and the impact of the gender pay gap on gender equality at all stages of a woman's life, but particularly in later years. While the model assumes that men will embrace a more feminine life course, it does not take into account that even in a fully commodified child care market, women's lives are interrupted by child birth and child rearing. Lewis (2003) and others remain sceptical that society is capable of making the profound changes required of the 'adult worker model' where there is a full and equal sharing of paid employment and all forms of care work.

It seems the adult worker model underemphasises the ethic of care and over-commodifies care, while a totally gender differentiated approach emphasises an ethic of care it narrows its application to women as mothers and leaves little room for paternal care. Neither the adult worker model, offering full lifetime labour market participation without parental involvement in childcare, nor the gender differentiated approach, reinforcing women's traditional care roles, offer greater choice or equality, and neither may be what many women and men in modern Irish society want. The Irish experience of an unaffordable market-led childcare system has led to reinforcement of gender inequality and of income inequality, because the costs of childcare are so prohibitive that women are forced to leave

employment. Of women not participating in the labour force, 61 per cent were looking after home or family, while this was true of only one per cent of men outside the labour force. The presence of young children in a household has a dramatic effect on the activity of women in paid employment. The employment rate of women with no children is almost equal to that of men with no children, but drops by approximately 30 percentage points when young children are present in the household. Little wonder, given that women spend 20 hours per week more than men at home duties (McGinnity and Russell 2007). Nor is there equality of opportunity across families with children. Lower income families are forced to opt for more informal and lower quality forms of care, where children are less likely to receive loving care (NWCI 2005). There is inequality of care provision between different children.

Care Worker

A third approach is one where both care and work are equally shared between men and women, but also where there is accommodation of a care ethic in the wider society and economy. In the longer term, targeted policy measures could develop men's care role and a *carer-worker* model, where both care and paid employment are shared more equally and a higher form of gender equality is achieved. This recognises that achieving the appropriate balance of reciprocal care and commodified care is not simply a matter of childcare policy, but is a deeper question of the combined fiscal, social security, education and labour market systems. It means no less than embedding an ethic of care deeply into the development model. A Carer-Worker model offers a vision of a future more evenly divided between work and care and where work and care is more evenly divided between men and women. This way of thinking promotes public policies that lead to a more equal allocation of both work and care between men and women, but also places affective care needs and care work centrally in that vision of the future (Lewis & Guillari, 2005). Investing in paid paternal leave, to redistribute care work, would be a necessary first step (Bergmann 2004) towards a future where both care and work are equally shared and women are not disadvantaged by biological difference. Such a policy would also begin to challenge the ideological construction of a conservative Irish masculinity.

A Caring and Equal Society

What of the wider notion of care, love and solidarity in a caring and equal society? How can a model of development foster a wider concept of human love and respect for each person's equality as the basis for the greater solidarity required of a 'Caring Society'? Space does not permit a fuller discussion of this, but three important directions can be highlighted: active citizenship, public spaces and education. Again, there is a strong argument against commodification of these three important tools of solidarity.

Vincent Browne, the Irish journalist, has in the last year made it a point of principle to cease referring to the concept of the 'taxpayer' and to use the language of 'citizen' in public debate about the economic crisis. In doing this, he is resisting the trend of understanding our relationship to each other as commodified economic beings: tax payers and consumers, rather than as human beings with social and political relationships. Gaynor (2009) and Cronin (2009) have argued for the need to revitalise the notion of citizenship and stress the role of public discourse in expressing solidarity and interdependence.

Meeting social needs goes beyond immediate child and elder care to provision of wider spaces, where public relations develop and where human solidarity and commonality in citizenship is acted out. Sandel argues about the necessary social nature of public goods that enable human social relations to grow and develop and that foster a sense of care, love and solidarity or interdependence. Schools, playgrounds, parks and community centres are places where humanity learns and practices equality, where people learn how to live a common civic life and develop solidarity. Hiving off to the segregated markets and commodifying these common spaces lessens the likelihood that human relations can develop a sense of solidarity and interdependence and a "politics of the common good" (Vail:326).

Education plays a key role underpinning a model of development, maintaining a flourishing democracy and developing a caring society. This goes beyond teaching about how the institutions of democracy work, providing opportunities for civil engagement and teaching about the ethics of active citizenship. It is also, as now reflected in Irish national framework of qualifications, about developing our collective capacity or competence

for insight. The competence of insight extends to assuming responsibility for self-understanding and behaviour, being able to express an internalised personal world view, being able to reflect on engagement and manifest solidarity with others. At third and fourth levels, insight means 'the capacity to scrutinise and reflect on social norms and relationships *and act to change them*'. Achieving and using this competence is our challenge in creating a caring and equal society.

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