Conceptualising care – a gender lens on contemporary developments

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Overview: gender issues in a changing world of care

- Shifting sands
- The big picture
- Some indicative data
- Framing the developments
- Future positive?
Shifting arrangements for care in Australia

- Aged Care Reforms
- NDIS
- Implications for older and disabled people
- Implications for carers and families
- Implications for care workers / services
- Will technology transform experiences of care?
  - Care giving, care receiving, the work of care
- Autonomy and independence – realistic policy goals?
  - Values: Interdependence and co-operation? ‘Resilience and self-mastery’? Gender, race, class....
Shifting arrangements for care in the UK

- Austerity measures
  - *Since 2010, after GFC*
- Care Act 2014
  - *Wellbeing and prevention principles*
- Support for carers and families
- Implications / consequences for care workers / services
- Privatisation
  - *of formerly public services*
  - *plus emergence of novel consumer services / products*
- Technological ‘solutions’ (?)
Care in ageing and diverse societies

Global context

- Increased longevity - care required by the very old
- Longer lives of people with LTCs and disabilities
- Diversity of populations
- Urban / rural contexts and consequences
- Mobilities and migration - more frequent and complex
- Culture – values, varieties, interconnections – convergence?
Care provision and receipt: Australia and the UK

**Caring / caregiving** (‘informal care’)
- De-feminising? new gender divisions?
- Role of race, ethnicity, culture, class?

**Receiving / managing care and support** (‘care users’)
- Growing complexity/variety of care and support requirements
- Are technologies displacing (some) need for human input?

**Care workers / personal assistants**
- Employed / self-employed / remunerated
- Support with ADLs, specific tasks, to enable societal participation

Varieties of care: relational, transactional, reciprocal
Australia: all carers, by age and sex, 2015

Source: ABS 2017, SDAC 2015
Australia: primary carers by age and sex, 2015

Source: ABS 2017, SDAC 2015
### Australia: primary carers: sex, age, relationships (%)

<table>
<thead>
<tr>
<th>Age</th>
<th>Partner of recipient</th>
<th>Child of recipient</th>
<th>Parent of recipient</th>
<th>Other relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MALES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15–24</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>25–44</td>
<td>36</td>
<td>31</td>
<td>13</td>
<td>17</td>
</tr>
<tr>
<td>45–64</td>
<td>41</td>
<td>36</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>65+</td>
<td>84</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>FEMALES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15–24</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>25–44</td>
<td>12</td>
<td>21</td>
<td>55</td>
<td>11</td>
</tr>
<tr>
<td>45–64</td>
<td>28</td>
<td>35</td>
<td>27</td>
<td>10</td>
</tr>
<tr>
<td>65+</td>
<td>68</td>
<td>11</td>
<td>12</td>
<td>8</td>
</tr>
</tbody>
</table>

Source: ABS SDAC 2015 Table 38.3 - *= estimate, based on available data, ‘unreliable’
Australia: care workers

- Aged care sector – female dominated, though % of males is growing
- In residential aged care, 87% of workers are female; in home care/home support, 89%¹

Gender distribution of home care & home support aged care workforce: 2016 (%)

EMPLOYMENT STATUS of CARERS of WORKING AGE, 2011 (England & Wales)

FEMALE carers of working age by economic activity status, England & Wales, 2011

Source: 2011 Census Commissioned Tables, Crown copyright

MALE carers of working age by economic activity status, England & Wales, 2011

Source: 2011 Census Commissioned Tables, Crown copyright
### England: relationship of carer to main cared for person

<table>
<thead>
<tr>
<th>Relationship person cared for is the...</th>
<th>Where care provided</th>
<th>Time spent caring each week</th>
<th>All carers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Same household</td>
<td>Other household only</td>
<td>&lt; 20 hours</td>
</tr>
<tr>
<td>Parent</td>
<td>19</td>
<td>48</td>
<td>39</td>
</tr>
<tr>
<td>Parent-in-law</td>
<td>3</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>Grandparent</td>
<td>1</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td><strong>All the above</strong></td>
<td><strong>23</strong></td>
<td><strong>67</strong></td>
<td><strong>55</strong></td>
</tr>
<tr>
<td>Spouse / partner</td>
<td>51</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>Child</td>
<td>22</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Other relative</td>
<td>3</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Friend or neighbour</td>
<td>1</td>
<td>18</td>
<td>14</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Base:</strong> All (no. respondents)</td>
<td><strong>1,100</strong></td>
<td><strong>1,100</strong></td>
<td><strong>1,100</strong></td>
</tr>
</tbody>
</table>

**Source:** Health & Social Care Information Centre. *Survey of Carers in Households, 2009-10*, England

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“Home care is a vital part of our economic infrastructure.”

Source: Koehler (2014) ‘Key to Care’, Burstow Commission on the future of the home care workforce
Some theoretical framings (1)

- Paula England (2005)

- Women’s Budget Group (2016)

- Joan Tronto (2017)
  - ‘There is an alternative: *hominest curans* and the limits of neoliberalism’, *International Journal of Care & Caring*, Vol 1 (1) 27-43
Some theoretical framings (2)

England: theories of care work

- ‘Devaluation’ (‘association with women’)
- ‘Public good’ (‘indirect benefits’)
- ‘Prisoner of love’ (altruistic motivations / intrinsic rewards)
- ‘Commodification of emotion’ (‘alienates workers’ true feelings’)
- ‘Love AND money’ - rejects dualism of selfish markets v altruistic family or informal care

Women’s employment is ‘here to stay’. Much care will be given by family members, but much will also be provided by paid care workers. “How this sector is organized is consequential not just for gender, class, and race inequality, but for all of society” (England, P., 2005, p 396)

WBG: advocates for ‘an economic strategy that values care’

- Invest in social infrastructure
- Improve the T&Cs of the paid work force
- Strengthen workers’ rights (whole economy)
- Ensure access to affordable care for all
- Improve support for those (mainly women) who provide unpaid care
- Create a social security system that shares caring and its costs more fairly

Tronto’s conceptualisation of care

5 types: Caring ..... 

- ‘about’ – noticing unmet care needs
- ‘for’ – taking responsibility, to ensure needs are met
- ‘caregiving’ – doing the actual work of caregiving
- ‘receiving’ – observing and reacting to the recipient’s response
- ‘with’ – when groups (family, state, etc) are able to rely on an ongoing cycle of care, through which trust and solidarity are produced.
Some implications: future positive?

Care Systems

- Costs and contributions – who pays?, who provides? Towards a fairer, gender equitable, distribution of costs and contributions
- Beyond integration (of health & social care); focus on ALL ‘pieces of the jigsaw’, and how they fit together:
  - Families and friends
  - Neighbourhoods and communities
  - Employers and employees
  - States, markets, innovators and entrepreneurs

The Work and Relationships of Care

- Wellbeing for – beyond ‘avoidance of harm’
- Gender equitable distribution (and resolution of other inequalities)
- Interdependence in families, communities and interpersonal relations
- Individuality - respect for individual autonomy
- Quality jobs as the foundation of quality services

“A caring and sustainable economy is based on mutual support and respect for rights. It is oriented to the broad and inclusive aim of improving our well-being in ways that reduce inequalities, not only today, but also for future generations. It prioritises care for people and for the planet.”

Women’s Budget Group (UK) 2016
Further information

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Principal Investigator:

Sustainable Care: connecting people and systems

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