

Care Demos Conference

1. Discuss two questions drawing upon what heard.

What is care?

Where does it come from? Or put it another way.

If we are suffering a significant care deficit/shortfall, how can we make good, increase the supply of care.

And what do the answers to those questions mean in a society which prizes individual autonomy, agency.

2. What is care

Care for basic needs. But not just question of meeting basic needs for shelter, food, cleaning.

Cf creativity : to understand what it is look at where it takes place.

Not physical so much as social spaces.

Care is relational: about relationships between people. People with better relationships get better care.

Also care is about how it is done, as a practice. There's a caring way to do things and an uncaring way, careless. So its about a way of doing things.

That generally involves: being attentive, sensitive, noticing or even anticipating when someone might be in need; being responsive, engaging with the person to understand what they need; respectful of them as a person.

And that must be shaped by who you think you are caring for. How you see them. Should care include recognition of capabilities beyond basic needs, to frame ambitions, shape decisions.

Just because some one cannot meet some of their basic needs does not mean they are a lesser being. See me as a person, not as a condition.

Taking care of someone not the same as caring for them.

So whatever care is it is not just a quantum. An amount. It is qualitative. Talk of a care deficit might miss this.

Perhaps language of support and control, dignity might be better than care.

Supporting people to be in control of their lives, as independent as possible.

Doing without care for as long as possible, self managing.

Could be quite ambiguous. Self management sounds good but it might also be a way of loading more onto people to be self reliant.

Best way to deal with the care deficit is to redefine it away.

3. If we have a care deficit, unable to meet growing need for care - at both ends of age range and from adults with distinctive needs – then how will we close that gap?

Three main sources: compassion, rights, markets.

4. First care as compassion.

Care without compassion, empathy is not really care.

Grudging way an unsympathetic person discharges caring duties is morally incomplete.

To take care of someone really need to care about them. Recognise that something important is at stake for someone who is important to you.

From all this talk of compassion of course but a short step to George W Bush and a long standing conservative account of care that goes back at least to Burke. Liberal, egalitarian rights would unpick bonds of hierarchy and obligation which feed sense of loyalty and obligation, a nobility obliged to care for the lower classes, men for women.

Well if care mainly comes from compassion then how increase its supply?

Education, particularly of boys and men across life.

Importance of the arts for empathy.

Dramatically change supply of compassion from men.

Increase ability to those that already compassionate – women – through time off work etc.

Increase opportunities for empathy and social connection, volunteering, mentoring, social networks across generations. Connecting people to one another's parents.

Celebrate compassion and make it more central to political lang.

But even so compassion will not be enough.

Compassion as care will still tend to fall on women rather than men.

Women in their late 50s and 60s, just got children off their hands, now caring for elderly parents. (Most sensible policy = have or adopt daughters.)

Compassion can be fickle, fleeting, driven by the media.

Can also be paternalistic and parochial. Does not extend to strangers.

Adam Smith criticised compassion as a moral virtue on grounds it was highly uneven.

Kant argued that to be the recipient of compassion was humiliating. Might fill the compassionate with a warm glow but loss of pride for those on receiving end. Better to have a Spartan ethic of self reliance and disavowal of need, like refusing anaesthetic for root canal treatment.

And of course in some ways compassion far to much. Don't give me compassion just give me a hand; some practical help.

Compassion will remain essential to care but it needs to be conditioned by framework of rights to guarantee equal respect.

Martha Nussbaum compassion needs to be constantly broadened out by education: compassion properly educated by just institutions.

5. Second care as a right.

Comes from justice and rules not emotion.

Guaranteed by the state not the family, which increasingly fragile.

Equal concern for all is incompatible with special attachments to kith and kin.

So to increase supply of care have to extend guarantee of rights, resource them properly, which means more taxation. Scotland, Scandanavian option.

But problems with resting too much on this, and not just to do with willingness to pay additional tax.

Ilich's critique of over professionalisation. The ethic of the Good Samaritan, universal love, gets turned into a system of power.

Charles Taylor quote – systems to relieve suffering on universal scale but those very systems turn alienating and inhuman, degrading.

Avishai Margalit – justice needs to be tempered by decency. Justice can be dispense in an indecent way.

Because in reality resources always limited, means that access depends on a sense of desert: care due to those who not to blame for what befallen them. State shapes who is seen as worthy of compassion.

It is the people's money and the people will decide who is worthy of care and what the resources should be spent on, and no anaesthetic for me with my root canal treatment please.

But care not just about provision of rights but relationships.

Not just about meeting basic needs in the most basic way but how people are treated.

Very least care needs to be provided in a way that recognises people's capabilities, ambitions for themselves rather than imposing upon them

Participative approaches to care, distributed budgets, advice, support to allow people to organise care around their definition of the good life.

State not providing care or even setting overly stringent standards but orchestrating its supply from a variety of sources, public, private, voluntary, family, self help.

Generational divorce settlements/contracts: state light regulation of relations between generations as it does over divorce and children. Elderly parents able to go to court to get maintenance payments from offspring.

Danger that this stress on independence and control might be at odds with messages about interdependence.

6. Third and final, care is a commodity.

Care is really mostly labour, personal services. Boring, hum drum, repetitive, physical.

People cannot depend on their fragile families.

They do not want state services which cumbersome and non aspirational.

Problem is that the care market has not developed as richly as say deodorants and holidays. Not the same kind of choice available.

Best way forward is to stimulate the market to innovate.

The conjures up pictures of Florida resorts modelled on Tuscan hill towns or golf clubs in southern Spain.

What might that mean?

Care brands – Virgin Old – to manage your care support.

New kinds of finance; DFS sofas interest free then what about care.

New kinds of care professionals, para service workers.

Home based technologies for self care etc.

Housing deals that include care as part of the package: lifetime support.

Take people to countries that quite warm, with large probably Catholic populations of young women.

Or import them: growing international market in care workers.

Big issues with this:

Inequality of access: not everyone even property owners can go to live in Spain. Radical innovation to create low cost solutions for poor like low cost

airlines. But as soon as say that see the problem: if cannot trust your suitcase to EasyJet why entrust you granny to Easy Care?
And care is not a commodity or a transaction, depends on relationships.
Inequalities in the workforce also matter. We can solve our problems by importing care workers from abroad but at what social cost to the countries they come from?

7. What solutions : have daughters, cash in your housing equity, live in a warm place with a large Catholic population, mainly made up on women.

The nature of effective public solutions:

Public leadership/frameworks.

Private innovation

Participation in social change, norms, behaviour.

Over a long period, working together.

Any on their own will not be enough.