LABYRINTHS OF CARE

THE RELEVANCE OF THE ETHICS OF CARE PERSPECTIVE FOR SOCIAL POLICY

Edited by Selma Sevenhuijsen and Alenka Švab

Peace Institute
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OF CARE PERSPECTIVE FOR SOCIAL POLICY

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INTRODUCTION

The idea of preparing a book on the ethics of care and how to apply it to Slovenian public policies came up in May 2002 when the Peace Institute of Ljubljana invited Professor Selma Sevenhuijsen (Utrecht University, the Netherlands) to present a workshop on »Citizenship and the Ethics of Care«. The workshop aimed to introduce the ethics of care perspective and the *Trace* method for policy analysis, developed by Selma Sevenhuijsen. Participants included Slovenian experts from various fields dealing with care (health care, social policy, family policy, housing policy etc.). The idea of a »follow up« was to prepare a book with chapters applying this perspective and policy method to the Slovenian context.

The ethics of care is an approach in moral and political theory that seriously regards care as being (and which should be) an important dimension of everyday life. Stemming from discussions on a supposed »women's morality«, today it encompasses – next to gender analysis – a much broader range of topics and questions. It not only includes research about practical moral reasoning and developing moral concepts that can guide caring practices, but it has also extended towards policy analysis. The key assumption here is that care can be fruitfully developed into a political concept.

In both its practical and moral dimensions, care cannot be confined to the private sphere, as is still often the case. A political approach to this topic is in fact sorely needed. Caring practices are considerably shaped by public regulation: especially by social policy, and family policy, health care policy, labour regulation and immigration policy. It does matter which values are taken as a guideline for policies: often these policies are not adequately attuned to changing gender relations and to promoting open, democratic caring practices. By seeing care as a practice of citizenship, the road is opened up to further discussions on these topics in both academic work and policy practice.

However, often the people and organisations concerned lack the expertise to constructively work on this topic. Policy-makers are indeed often convinced of the relevance of care and the need to adequately support and transform caring practices. Yet it is also true that, in many cases, they are insufficiently educated to deal with the normative dimensions of their work or lack the expertise to overlook the gender dimensions of their actual work. As a result, value statements in policy papers are often scattered, contradictory or too far removed from actual social and political practices. Public policies about care frequently seem like a maze in which one can easily get lost in the myriad of »highways and byways« when trying to get to the heart of a matter. In order to cope with this problem, Selma Sevenhuijsen has developed her *Trace* method.

Trace aims at literally tracing the normative assumptions and values underlying policy papers, and to evaluate them from the ethics of care perspective. It comprises several steps, the most important of which are *tracing, analysing, evaluating* and *renewing*. Although one can do this work on their own (behind one's desk, so to speak), it is most productive to do it with a group of people, and preferably to also co-operate with academics, NGOs and policy-makers in order to constructively learn from each other's views and expertise. When carefully following the *Trace* steps, it transpires that the many »carescapes« modern citizens are engaged in are not so much mazes but labyrinths. *Trace* can be used like a modern variant of Ariadne's thread to find your way through them![1]

The book contains six articles, starting with the introductory text by Selma Sevenhuijsen, »The Place of Care. The Relevance of the Ethics of Care for Social Policy«. She introduces the core concepts of the ethics of care perspective and applies them to current Dutch social policies. It starts with the observation that Dutch society is witness to two intertwined processes: the relocation of politics and the relocation of care. Together, these processes result in the need for new normative frameworks for social policy. Care has to become

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[1] A labyrinth is unicursal, which means it consists of one path. This path meanders, usually through a circle, to the centre, without any crossing. The way in is the same as the way out. Whereas in a maze you have to make choices about which path to take, and can thus get lost in *cul-de-sacs*, in a labyrinth you are guided by the path and can thus concentrate on other matters while walking through it.

part of the practices of active citizenship. Citizenship should be based on notions of relationality and interdependence. The paper introduces some of the basic moral concepts of the ethics of care, like attentiveness, responsibility, competence, responsiveness, trust and asymmetrical reciprocity. In the final part, the ethics of care approach is applied to two currently topical issues: policies on combining paid labour and care, and generation-sensitive policies. Some norms are proposed at the end that could guide social policy-making.

The five other texts are written by Slovenian scholars who deal with care in various (academic and policy) fields. They apply the ethics of care perspective to various policy fields, but above all try to critically analyse various policy orientations (documents).

The text by Vesna Leskošek, »Care in Social Policy – but Caring for What?«, focuses on the National Social Protection Programme until 2005 passed by the Slovenian Parliament which provides suitable foundations for radical social changes in the field of social services. It was adopted in 2000. It enables more open and inclusive spaces encouraging the development of the concept of active citizenship, the increased participation of people in the formation of meanings and practices and enables equal access to resources. However, this view of the document only appears on paper. After two-and-a-half years there are still no visible results to indicate any changes. On the contrary, in spite of the document new exclusions and new inequalities are taking place. Therefore, by itself, writing concepts down is obviously not enough. Instead, their proper understanding and the true implementation of the envisaged changes are needed.

In her article »Does the State Really Care? The Conceptualisation of Care in Family Policy in Slovenia«, Alenka Švab deals with the conceptual premises of family policy found in its main related document – the Resolution on the Principles of the Formation of Family Policy in the Republic of Slovenia. The author's perspective in the analysis is of the ethics of care. The analysis is carried out at two levels. At the first, the ethics of care perspective is used as a locus from which we problematise the conceptual premises of family policy (definition of the family, the subject of family policy) and, at the other, attention is paid to the conceptualisation of care itself in family policy. A main finding of the analysis is that the conceptualisation of care in the family is limited to care for children, and the concept of care is defined only through the relationship between the active care-giver and the dependent/passive care-receiver. On the other hand, the ethics of care perspective draws attention to the fact that care is one of the principal human activities – it is a practice and process through which human relationships are established.

Written by Majda Pahor, the fourth text »Do Nurses in Slovenia Have the Opportunity to Care? Barriers to Nursing Care Becoming a Cognitive, Reflective and Moral Practice« deals with the opportunities for the ethics of care in a typical caring profession – nursing. The paper deals with the possibilities for and certain barriers to introducing the ethics of care in Slovenian nursing. It understands nursing as a form of formal health care work which is caught in a paradox of being a private and relational practice, an activity of the life world, which has moved into the public sector due to modernisation and become a subordinated part of the health care system. Habermas' theory of the duality of social space and the ethics of care perspective are used to comment on these processes. Further on, the author looks at the role of nursing education in providing nurses with »luggage« for their travels through the »caringscapes« for the benefit of their patients. Nursing education can either perpetuate the subordinated position of nursing care in the health care system, or enhance the abilities for a free and equal evidence-based discussion. However, nurses need specific knowledge to do that, and their access to it through university education is impossible in Slovenia. This obstruction of university-level nursing education in Slovenia reveals a situation which hinders the full use of the potential of all participants in health care and realisation of the ethics of care.

Ružica Boškić in her text »Home Sweet Home! An Analysis of the Draft New Housing Act through the Lens of the Ethics of Care« seeks to analyse the proposed new housing act through the lens of the ethics of care. The author is primarily interested in the definitions of those groups acknowledged by the state as being in a more vulnerable position in terms of the housing problem than most of the population, and in reviewing the groups overlooked in the draft new housing act. The homeless are seen to be the most vulnerable residential group, as well as other social groups that do not have strong representative organisations that could form a related lobby. Obviously, the proposed new housing act primarily emphasises the dwelling as *a place* for living, i.e. its technical and spatial features, and the housing market's functioning, and only to a lesser extent the dwelling as a home, including questions of the quality of accommodation and the feeling of safety and privacy. Until Slovenia expands the size and scope of affordable housing stock, we cannot expect any changes in this direction.

The last text of the book, written by Vesna Leskošek, »*Trace*ing the Slovenian Programme on the Fight against Poverty and Social Exclusion« is an example of a concrete application of the *Trace* method to policy analysis. The paper is a summary of the findings of an international workshop on the ethics of care and social policy organised by the Peace Institute and carried out by Selma Sevenhuijsen in January 2003. Participants included experts from various fields of care from Poland, the Slovak Republic, the Czech Republic, Estonia, Hungary, and Slovenia. The analysis examined the Slovenian Programme on Combating Poverty and Social Exclusion. The participants emphasised the weak and strong points of the programme and their comments were nearly the same as the comments of the Slovenian NGOs. Poverty is defined as an outcome of the modern era and Slovenia's place here is relatively good compared with some EU member-states, where the poverty level is higher. This has an impact on the programme in which we can find several very stereotypical judgements, especially regarding Roma people. The programme's strength lies in the fact that the state has the political will to face the problem and respond to it. Many of the participants could not say that about their own countries. But, without a detailed action plan and changes in the contents, we again cannot expect change.

We see this book as being several steps ahead through the many labyrinths of care, albeit only the first steps. Many topics deserve further discussion and elaboration. In addition, the list of relevant topics is far from complete. We would welcome, for example, further work on the topic of immigration policies and on values in education. Also, an international comparative perspective would be useful and bring about new insights. We hope, however, that this book does set some possible directions for future work and that the examples set out here bear fruit in this respect. Many thanks go to the Peace Institute for supporting this project with so much care, and to the authors and participants at both seminars for their contributions and enthusiasm!

AMSTERDAM AND LJUBLJANA, APRIL 2003

SELMA SEVENHUIJSEN AND ALENKA ŠVAB

THE PLACE OF CARE. THE RELEVANCE OF THE ETHICS OF CARE FOR SOCIAL POLICY

Selma Sevenhuijsen

Introduction

Care has recently become a major policy issue for many governments. Care has entered policy agendas through a variety of channels, ranging from the reform of health care and welfare policies to new programmes for regulating parental leave and social care for the elderly. These forms of the »new politics of care« go hand in hand with the search for new normative frameworks: political visions that can enable policy-makers to integrate care into their actions and to broaden the political value systems that are used in these policies. It is my contention that the feminist ethic of care can make important contributions in this respect. In what follows, I offer some thoughts about the relevance of care ethics for current social policies in the Netherlands.[1] Contrary to what is perhaps suggested in the title of this contribution, I assume that care does not have a permanent place in our society. The guiding thought of my presentation is that in today's society, two intertwined processes are taking place: the relocation of care and the relocation of politics. Together, these processes result in the emergence of new locations for collective moral deliberation about questions concerning the distribution, assessment and quality of care. In this paper, I will first indicate how these two relocation processes operate. I will then discuss a number of

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[1] This article is a translation of the inaugural speech I delivered on 18 May 2000 as Professor in the Ethics and Politics of Care at Utrecht University. For obvious reasons I have in this translation preserved the rhetorical structure of an inaugural speech. I would like to thank Christien Brinkgreve, Margreth Hoek, Wibo Koole, Henk Manschot, Teresa Mom and Petra Schreurs for their thoughtful comments on earlier versions of this text, and Mario Jacobs and Teun Oosterbaan for their active assistance in researching sources. Henk van Nieuwenhuijzen helped getting me going with the metaphors which lend direction to this presentation. Mary Tyne attentively translated the text into English.

political philosophy premises of the ethics of care that are relevant to the subject of this speech. In this, I will devote special attention to the relationship between care and trust. Finally, by using a number of examples I will demonstrate what the ethics of care can contribute to social policy and to a new conceptualisation of the role of the state.

THE RELOCATION OF POLITICS

The concept of »the relocation of politics« was introduced to Dutch public debate in a publication by the political scientist Mark Bovens and others in 1995 (Bovens 1995; Duyvendak 1997; Witteveen 2000). They suggested that political conflict has been relocated from the traditional arenas of the nation state to other places in society: »to the head offices of large international enterprises; to consultative bodies and official negotiations; to the corridors of European and other supranational organisations; to national and international courts; and to research departments in hospitals and laboratories«. As a result, power is seeping away from the political centre of parliamentary democracy. The relocation of politics can lead to power without accountability. Our political system would therefore suffer from a »democratic deficit«. The primacy of politics or, rather, the confidence in the government's steering capacities as the »cockpit of society« is thus in need of revision. New processes of democratic control and public responsibility are needed.

The above mentioned authors seek a solution in a new type of »binding governance«. This is a form of public administration that satisfies the criteria of accessibility, transparency and approachability, a notion that has since become known as »interactive policy-making«. This would prevent the relocation of politics leading to the untwining of social spheres. On the contrary, a democratic society should aspire to new forms of *inter*twinement: a government in the plural. The notion of a controlling and steering government should be replaced by the ideal of a responsive, supportive and organising government, by two-way traffic in politics. In this vision, policy-makers should actively listen to the citizens and openly account for their actions in public.

The arguments calling for new democratic practices after the relocation of politics are in keeping with the ideal of active citizenship.

Here, the public sphere is interpreted as the choice location »to begin new things by acting together«. It is the place where we develop the capacity of acting together with others, from whom we differ in a variety of ways. In the public sphere, people exchange narratives of what counts in their lives and become acquainted with the stories of others. In this way, they will arrive at systems of »shared meanings«, making long lasting forms of co-existence possible. Democratic society thrives on public deliberation: the open formation of public opinion and public debate. In the concept of active citizenship, people are invited to interpret a wide range of activities for themselves *as citizens*, that is to say, as members of a political community. Policymakers, people who occupy positions of social responsibility, have the task of actively and responsively reacting to what they can learn from this about matters which are relevant for their institutional practices. In the course of my presentation, it will become clear that it is here considerable links exist with the ethics of care.

THE RELOCATION OF CARE

The relocation of care can be analysed in a similar way. For clarity's sake, I refer here to the relocation of *daily care*, the maintenance of the body, soul and relationships, which lie at the base of good human functioning. I will now present three lines of relocation. Firstly, care is being relocated from women to men. Since the 70s women have increasingly relocated their activities to the public sphere. More than ever before, they are active in the world of paid labour, culture and politics. Men are contributing more to the daily care of children, partners and family members, even though this is occurring at a much slower rate than the relocation of women's activities to the public sphere. The Dutch government is attempting to support this process by stimulating the combination of working and caring by women and men. The old welfare state was based on the breadwinners/carers model of citizenship, an institutionalised division of labour between men and women. Since the adoption of the so-called »combination scenario« in 1995, the sexually-neutral »task-combiner« is becoming the prototypical citizen of the new-look welfare state.

Here the second line of relocation presents itself, which may be characterised as a relocation from the inside to the outside. To an increasing degree, caring activities which previously took place at home are now being relocated to the world outside the house: to collective and commercial services. Children enter day care at an earlier age. Extracurricular day care is replacing many of the caring and educational tasks of parents. Modern employees combining work and care take their dirty washing to the cleaners at the railway station on their way to work, where they also buy a pre-cooked meal on the way home. Caring for ill parents and relatives, which for the great part still falls on the shoulders of daughters and daughters-in-law, is increasingly being undertaken by home care or in new sheltered accommodation facilities.

A third line of relocation is taking place in the medical world, but has considerable repercussions for social care. In health care, one can talk of a considerable shift from cure to care. There is a rise in the number of symptoms relating to chronic complaints, such as chronic fatigue or back and arm disorders. These new chronic illnesses do not result in care dependence in the classical sense of the word. New facilities are needed for labour and care, based on the active social participation of those concerned. Medical expertise is changing rapidly whereby people are increasingly living longer. This requires new ways of thinking about the quality of life. People are active for longer. But the amount and importance of caring work is also increasing: the daily care for the very elderly and other groups who are dependent on the care of others. In short, more significant differentiation than ever before is needed in the care offered.

THE NEED AND POSSIBILITY FOR NEW NORMATIVE FRAMEWORKS

On the contrary, the relocation of care and the relocation of politics are not separate processes. Together, they mean that the nature of caring practices is changing. As a result of the relocation of care, more than ever before daily care is becoming the subject of political action and negotiation. At the new locations of care, new forms of deliberation, consultation and decision-making have come into existence as to what sort of care is required and how it can best be provided. Due to the relocation of care, society as a whole is faced with the need to design a new »social infrastructure of care« to guarantee qualitatively good systems of care-giving for those who need care. A care system with as few loopholes as possible.

My contention is that, together, these two processes also mean that new normative frameworks are necessary and possible for judging with care about care. The relocation of care enables a number of care values to be »relocated« to the public sphere, where their suitability regarding questions about the quality of care can be determined in public debate. In addition, they can be examined for more familiar political values, such as solidarity, justice and expediency, which in turn can be investigated from the perspective of the ethics of care. And, just as important, more than just traditional »care issues« can now be viewed »through the lens of care« – such as, for example, the personnel policy of institutions, policy on environmental planning, education policy, or the quality of international co-operation.

Together, both movements reinforce the importance of the notion of responsive policy-making. This would enable the development of forms of collective agency directed towards people's needs for leading a good life, and in which they can realise their connections with and commitments to each other. Space will be created for new practices of »caring citizenship«: practices in which people can manifest themselves as givers and receivers of care and where they, in dialogue with each other, can work on the quality of social care.[2] In this way, new forms of democratic actions will come into existence which can integrate daily care and its attendant moral habitus into the public services of a new style welfare state. Room will exist for care as a democratic practice (Tronto 1996).

This does not simply concern a new relationship between governments and individuals in terms of rights and obligations regarding care. Such a conception would provide an insufficient breaking off from the idea of government as the »cockpit of society«. It also concerns care as part of a politics of needs interpretation, as a dimension of cultural identity and as an object of taste and opinion; care as a moral perspective, as a form of existential ethics and a medium

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[2] I am concerned here with processes that are already occurring as well as possible and desired ones. In my opinion, we live in a historical time of profound transformation with regard to the »politics of care«. These sorts of moments can be characterised by the fact that the old is only partially functioning still, while the new is not already clearly present. A creative practice for the social sciences is to address itself to rendering the new visible and help articulate it.

for building ties and commitment. To a great extent, the ways in which this will be expressed politically will take place outside the traditional political arenas of parliamentary politics. The new politics of care will encompass the institutions and working methods of »civil society«: the area between citizens and parliamentary politics. Institutions such as community work, care work, educational advisory projects, schools, social psychiatry, care for the elderly, child protection and the police will be assigned a new place in the social infrastructure of care. As Micha de Winter recently proposed in this very place in his inaugural speech on contemporary participatory education, they are sites in which active and committed citizenship can be practised and in which creative knowledge is present about what those concerned deem necessary for social care to proceed well (Winter 2000).

The relocation of care will not proceed, however, without pitfalls. Much can be lost en route. After all, from a historical viewpoint the traditional institutions and consultative structures of the welfare state have various built-in blind spots for what care-giving entails on a daily basis. Bureaucratic logic and gender-loaded norms about good citizenship appear time and time again to block the way to the thorough integration of daily care in the government's policy conceptions (Knijn, Kremer 1997; Sainsbury 1994 and 1996). If nothing changes here, then it is not inconceivable that the relocation of care will lead to what the sociologist Kees Schuyt in another context expressively described as the »de-caring« of the welfare state.[3] The call for a greater market orientation does not always provide a solution to the excess of bureaucracy. In her research into the effect of various »care logics« in social care work, the Utrecht-based sociologist Trudie Knijn has demonstrated that the adoption of market principles in home care has indeed led to an increase in productivity in this sector, but this has been at the expense of the quantity and quality of care (Knijn 1999).

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[3] Schuyt uses this concept to indicate institutional political processes in the phasing out of the welfare state. He is concerned with the »thoughtless and, primarily for financial reasons, deletion, abolition and reduction of collective caring arrangements«. I am more concerned with the erosion of aspects concerning the *contents* of care: the impoverishment of the dimension of attentiveness and responsiveness, which is occurring under the influence of Taylorisation processes in professional care such as home care and nursing. Taylorisation refers to the division of caring practices into different sorts of care, which is then provided by people from different professions, and the calculation of this in fixed units of time (so-called »stopwatch care«).

A new social policy following the relocation of care and the relocation of politics thus presupposes that we meticulously handle a number of key values for good care provision in the public sphere. In my opinion, this implies a re-evaluation of care in politics or, rather, a relocation of care from the margins to the centre of political judgement and collective action.[4] In what follows, I will first explain what the ethics of care can contribute to this project in re-evaluating care in a politico-philosophical sense. I will then turn to a number of current examples from the social policy sphere, with the aim of further outlining the contribution that care ethics can make here.

CONTRIBUTIONS OF POLITICAL PHILOSOPHY TO THE ETHICS OF CARE

INTERDEPENDENCE AND AUTONOMY

The most important point is that the ethics of care encapsulates a constructive critical perspective on the norm of independent citizenship. The ethics of care's notion of human nature diverges from unilateral individualism which is central to many a moral theory and thus also from the normative assumptions of many policy theories. Care ethics is based on the notions of relationality and interdependence. Thinking in terms of binary oppositions between autonomy and dependence, individual and community, and independent citizens and those dependent on care is exposed. The guiding principle of the ethics of care is that people need each other in order to lead good lives, and that they can only exist as individuals through and via caring relationships with others. On a daily basis, everyone needs care and commitment in the course of their lives, though this

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[4] With regard to their equal opportunity policy, the Dutch government has had for some time the goal of advancing a process of the reappraisal of care. What is not clear, however, is how this reappraisal will be effected, and where this process will take place. It is my contention that politics itself fulfils an important role in this. For a long time, as Joan Tronto has proposed (Tronto 1995), the idea has prevailed that care should be placed »below or above politics«. It is seen as *below* politics, because working on the »daily maintenance« would, per definition, lead to subordination and self-sacrifice and also, a restricted or limited ability to pass judgement. To take part in the »republic of equals« one would have to exceed this »lower existence«. It is seen as *above* politics, if care is interpreted as benevolence, a morality which should be elevated above the orderless dirty handwork of politics. Care, then, is allocated the task of creating harmony in an otherwise conflictuous society.

may differ in nature and degree, and be given by different »relevant others«: this is the guiding principle of the ethics of care. And, just as important: everyone is in principle capable of giving care.

This has consequences for the interpretation of the moral principle of autonomy, a value that in my opinion has ongoing significance in our society. From the viewpoint of the ethics of care, it is important to differentiate between self-sufficiency and self-determination (Young 1997). If autonomy is regarded as being equivalent to self-sufficiency, care will remain invisible and the responsibility for oneself and others may be impoverished. Then the idea is overlooked that the presence of care can support self-determination, providing of course that this care is based on respect for the perceptions and viewpoints of the care-receivers.[5] This is also the basis of the idea of »relational autonomy« (Mackenzie, Stoljar 2000). The human capacity for self-determination and for taking responsibility can only fully blossom in a relational context. People develop a sense of »self« because there are others who recognise and confirm their sense of individuality, who value their presence in the world and who make concrete efforts to enable them to develop their capabilities.

DIMENSIONS AND VALUES OF CARE

These basic ideas of the ethics of care can be further clarified when we interpret care, in line with Joan Tronto and Berenice Fisher, as a *process* and as a *practice*. On the most general level, they argue, we can regard care as »a species activity that includes everything we do to maintain, continue and repair our 'world' so that we can live in it as well as possible«. »That world includes«, they continue, »our bodies, ourselves and our environment, all of which we seek to interweave in a complex life-sustaining web (Tronto 1993, 103)«.[6]

In this approach, care is a continuous social process consisting of four various phases or dimensions. *Caring about* stands for the recognition that there is a need for care. The corresponding value is

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[5] In her research into the practical ethics of district nurses (Gremmen 1999), Ine Gremmen demonstrates in detail the ways in which the district nurses she interviewed reconcile the underlying principle of »respect for the autonomy of clients« with their professional interpretations of good care.

[6] This definition is often objected to because it is too broad. However, it is possible to further specify what, in certain practices and contexts, can be best understood as care.

attentiveness. Essential to good care is the ability and willingness to place oneself in the needs and the perspectives of others. *Taking care of* consists of taking the necessary steps in the care situation in question. Taking care of is based on the willingness and capacity to take responsibility that »something« is done to provide for the need in question. *Care-giving*, the third dimension, consists of carrying out actual caring activities, which ensure that caring needs are met. This supposes that people have the competence and the resources for care-giving in accordance with what is needed in given situation. *Care-receiving* refers to the interaction between the care-giver and care-recipient: for the caring process to succeed it is important that there is room for responsiveness, or mutual receptivity for each other's perspectives.

These four values: attentiveness, responsibility, competence and responsiveness form the core of the ethics of care as a moral orientation, and thus as care as a social practice. This approach makes it clear that, on a daily basis, care plays a role in diverse locations in society. In this way, a counterbalance is offered for the constantly recurring tendencies to romanticise and privatise care, and to link it with the symbols and norms of femininity (Sevenhuijsen 1997 and 1998b; Tronto 1993). Consequently, the value of care as a political concept comes to the fore. The moral orientation of care ethics thus offers ample starting points for renewing the normative frameworks of social policy following the relocation of care and the relocation of politics.

I assume that the starting point for this should be relational in approach. From a care ethics perspective, the question of how people can reconcile »caring for the self«, »caring for others« and »caring for the world« is important for human society. The accompanying policy question is how social policy can fulfil a supportive role in this. Supportive social policy takes the moral perceptions and the moral competencies of people seriously when it concerns the development of public policies (Sevenhuijsen 1998a). It posits itself as »compassionate authority«, an authority that closely considers what concerns people and what their needs are to live well (Jones 1993). Social policy in accordance with the ethics of care recognises that dealing with dependence and vulnerability on a daily basis plays an important part in human existence. From this perspective, moral concepts such as responsibility and trust assume a central place in the normative considerations of policy-makers. My contention is that ethics of care presuppose ethics of trust.

DEPENDENCE, VULNERABILITY AND TRUST

Starting points for combining the ethics of care and trust can be found in the work of the American philosopher Anette Baier. She has proposed that we interpret trust as »letting other persons (or institutions like firms or nations) take care of something the truster cares about, where such 'caring for' involves some kind of discretionary power« (Baier 1994, 105). For her trust implies »reliance on another's competence and willingness to look after, rather than harm things one cares about which are entrusted to the caregiver« (Baier 1994, 128). If I trust someone I am dependent on their goodwill towards me, she proposes. Trust, in Baier's approach, has an active meaning. It does not figure so much as a noun, but more as a verb. Trust is something that we *do*. Care and trust are dynamic aspects of interpersonal relations (Sevenhuijsen 1999c).

Just as in other areas of human society, power is a significant factor here. Trust is always interwoven with power and responsibility. If one entrusts to another goods that one cares about, one does indeed make oneself dependent on the benevolence, competence and the judgement capacities of the other. The »trusted« is confronted with her responsibility to handle the dependence of the »truster« with care. It thus concerns a willingness to use this power in a positive and creative manner, in other words, keeping an eye on the well-being of the dependent party and not to abuse their vulnerability. The ethical moment for the development of trust thus lies in the adage that, wherever possible, one must be trustworthy *for* others and place trust *in* others.

Relationality is not only an empirical premise but also a key ethical concept in the ethics of care, we can thus conclude. Trust evolves around the willingness to establish and sustain connections, also when aversion, mistrust or fear of the unknown initially prevails. The establishment of trust demands moral effort. It requires willingness and the ability to question the things one considers to be self-evident and to recognise the dependence and vulnerability of oneself and others, and to pose the moral question of »what is the proper thing to do«. In short, dealing with dependence demands time and room to develop and sustain trust.

What applies to trust also applies to care. It is a social practice, a form of agency, the value and meaning of which can best be learnt by practising it.[7] Trust is aided by the willingness to be open for, not only »others« and »the world«, but also for »the other in oneself«. This is often more successful if people live in diverse contexts, if people are confronted with differences, and if possibilities exist for evaluating the practices in question. The advancement of »cultures of trust« is aided by appropriate combinations of public and private forms of deliberation, reflection and responsibility. In this respect, the quality of care as well as trust will benefit from the relocation of care to the public sphere. In its turn, this will become easier if ethics of care and trust become a respected element of democratic action.

ASYMMETRIC RECIPROCITY

This reaches further than a plea for institutionalised empathy or compassion. The ability and willingness to place oneself in the perceptions and viewpoints of others is indispensable in practising care and responsibility. It is an important aspect of attentiveness, the first value of the ethics of care. Empathy can, however, also lead to paternalism or entrenched divisions of moral roles between care-givers and care-recipients, for example, that of rescuer and victim. The ethics of care can thus become one-sidedly associated with the ethics of suffering (Sevenhuijsen 1998b). These disadvantageous effects can be prevented when care and trust are given a place in communicative ethics. The American philosopher Iris Marion Young's theory concerning »asymmetric reciprocity« offers productive starting points here (Young 1997).

The notion of »asymmetric reciprocity« assumes that we can never completely see the world »through someone else's eyes«, nor that is possible to »stand in someone else's shoes«. Rather, the ethical relation begins with the willingness to be open to the given of everyone's unique embodied subjectivity: the idea that everyone is positioned differently and leads an existence which cannot be reduced to that of another. Moral communication between people can lead to more

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[7] For a philosophical elaboration of the concept in practice in this respect: Ruddick 1989; Tronto 1993; Sevenhuijsen 1998a; Walker 1998; Bowden 1997.

or less extensive forms of »mutual understandings«. However, this can only happen when it is based on a recognition that their positions are irreversible, or on a respect of plurality: an acceptance that people lead different existences with regard to time, social position, physical and spiritual constitution and individual life history.

Ethical relations are, according to Young, asymmetrical because »being open for the other« is a gift. Trusting that this gift will result in communication cannot be dependent on another's promise to give something in return: communication would otherwise never get off the ground. Ethical action does not so much imply a norm of »role reversal« but rather, in a respectful way, taking distance from and seeking to approach the other. Moral communication is aided by the existence of »interpersonal space«. These are topographical and symbolic spaces in which people can distinguish themselves from one another, and in which they can respect the differences amongst themselves: spaces in which they can be together in one place rather than being given the moral assignment of »taking each other's place«. Young concludes that moral and political judgements should be on dialogical lines. This implies careful and respectful listening and responding to the voices of the people who are involved in the problem in question.

Using Young's approach, it is possible to give flesh and blood to the ethics of care's notion of responsiveness, a notion which, as we have seen, also fulfils a key role in the debate concerning the relocation of politics. In this light, we can conclude that it is a task for renewed social policy to create »social spaces« in which people can practise care, responsibility and trust in relation to the material and immaterial things that matter in their lives. Responsiveness and responsibility deserve an important place in the values aimed for here. In the following cases concerning the renewal of social policy, I will give a number of examples of these.

THE PLACE OF CARE IN THE NEW SOCIAL POLICY

NORMATIVE POLICY ANALYSIS

My cases come from the frontlines of current social policy: the policy regarding working and caring, and the policy concerning the ageing of society. I will use care ethics as a »lens« to analyse the normative goals and concepts in policy, a method that I developed during and after my analysis of the Dutch debate on »Choices in Health Care«.[8] This method can be used to evaluate policy texts on their suitability to conceptualise questions of care satisfactorily *as questions of public policy*, or as a subject for collective action. Policy texts fulfil a role in setting and giving the tone in collective action. They assign authority to a specific diagnosis and the formation of concepts concerning the social problem in question. They justify ways of dealing with this. They sketch horizons for a »good society«. By looking at which concepts care-policy texts employ, and how they are connected to the normative message in the rest of the text, room can be made for further public reflection about the meaning of »acting with care« in the relevant context. In this way, social policy would be more in line with moral considerations in social action practices than is possible in the model of the »government as the cockpit of society«.

LABOUR AND CARE: GOALS OF GOVERNMENT POLICIES

Since 1992, the Dutch government has turned the redistribution of paid and unpaid work among men and women into a major line of action of their so-called »emancipation policies«, their concept of equal opportunities. There have been considerable shifts in the ways these policies are justified. Initially, the government invoked the norm of equality in labour market participation. The advancement of paid labour by women would only have a chance of success if men participated in informal care, ran the argument. Norms of economic independence and self-sufficiency set the tone for the following policy discussions. Care entered these discussions in terms of a »support system« for paid labour, or as a necessary support for people who are »genuinely dependent«. In the course of time, however, other arguments were raised such as the necessity of optimally employing human capital, i.e. the economic necessity of integrating women into the labour market and employing the capacities they have devel-

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[8] I developed this approach in a method called *Trace,* which I apply in cooperation with colleagues also to other issues. In the *NWO* (the Netherlands organization for scientific research) project, »Care and autonomy in psychiatry: Ulysses contracts as special case«, in which Ine Gremmen is the main researcher, we are applying this method to the policy discussions about admission to psychiatric hospitals. In her PhD project »Family politics, care and gender«, Margreth Hoek makes a normative analysis of the political debates about family policy.

oped through enhanced equality in higher education. Recently, the government has also been referring to the preferences of its citizens: the desire of a growing majority of the population to equally share labour and care between men and women, and to give care a place in their lives.[9]

The political version of the ethics of care goes beyond this by justifying the new policies from the perspective of care. This approach breaks with the predominant policy vision that only paid labour can be a source of social participation. By assuming that the capabilities to give and receive care are important dimensions of human existence, the ethics of care assigns care a place of its own in the policies under discussion. Against this background, it is possible to further anchor the new policies by linking them with notions of social justice. The new policies could, for example, be justified by invoking the norm of equality in access and voice. This refers to the democratic norm that certain activities and social spheres should not be reserved or ascribed to specific social groups. It also encompasses the idea that people should have the possibility of actively participating in public discussions about questions concerning their needs in order to lead a good life.

Acceptance of these assumptions implies, as I have argued elsewhere, that the official goals of labour and care policies should be adjusted (Sevenhuijsen 1999b). In its recent policy paper, »Towards a new balance between labour and care«, the Dutch government has retained the goal of the emancipation policies that has existed since 1985. This goal reads as follows: »the attainment of a situation in which every individual adult, irrespective of his or her family status, can provide for and take care of themselves« (Werkgelegenheid 1999). This goal is, as argued by a range of scholars from women's studies, based too much on an individualistic image of human nature. Care is only regarded as a support for paid labour, instead as a social activity in its own right. A goal that is better attuned to the assumptions of the care ethic should acknowledge the relational and contextual aspects of care. It should also enable people to deal with relations of dependency and vulnerability on a daily basis and in a

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[9] I have elaborated on this in: Sevenhuijsen 1999a. The ethic of care is also a cultural critique of the dominance of the work ethic and of the philosophical assumptions in which this is rooted.

way that is appropriate to their situation. According to many authors in the field, this issue is central to the ethics of care, and in my opinion, it is also linked to the ethics of trust.

Against this background, I have proposed a new formulation of the policy goal as follows: »the attainment of a situation in which everybody can take care of themselves and others, by practising in the course of their lives those combinations of economic responsibility and the responsibility for daily care which suit their situation and needs, and those of the persons who are dependent upon them« (Sevenhuijsen 1999b). This goal is not only based on a more thorough understanding of care, it also broadens the range of issues that should be included in the new policies. It acknowledges, for example, the need to take the social risks of combining labour and care into account in social security law (Holtmaat 1999; Westerveld 1999). It also underpins the need to accommodate social care policies in the new labour market policies that are aimed at »task-combining«, to introduce another typical piece of Dutch political jargon. Dutch provisions for professional home care and care for the elderly still assume the primacy of familial care. The new policies should acknowledge the need for pluriformity in caring arrangements and should adequately support informal care in relations of sustained dependency (Morée 1999). Guaranteeing people the freedom and possibility of choosing arrangements that suit their situation accords with the notions of modern individualised citizenship. But while atomistic notions of individualised citizenship are usually based on the normative image of an abstract individual, the care ethic acknowledges concrete forms of dependency and employs notions such as relational autonomy when assessing the moral issues involved.

CARE ETHICS AND BUSINESS ETHICS

Policy goals do not only serve to direct desired government policies. They also offer a framework for the actions of social and economic institutions. Employers' organisations and trade unions play a prominent role in this respect. For several years, facilitating the combination of labour and care has been an issue in negotiations on collective labour agreements. For example, the adjustment of working hours, the introduction of company related child care, or provisions for care leave and accumulating days of leave over the years. Building on this, the new policies directly appeal to companies to take as their responsibility the facilitation of a »caring existence«. This is clearly no easy goal. Traditionally, the arrangement of caring tasks is, after all, the private responsibility of employees. In this regard, the new labour and care policies require a shift in organisational cultures.

There is more going on in this respect than first strikes the eye. More and more companies are offering their employees child-care, different forms of care leave or commercial services which alleviate domestic work, such as laundry and shopping services. With the current labour shortage in the Netherlands, such moves are indeed becoming necessary to commit employees to their company as, for example, in the IT sector. Discussions regarding job-related illnesses such as RSI or chronic fatigue syndrome have led managers to pay more attention to workloads and internal relations at the workplace. Enlightened self-interest is undoubtedly an important motive here, especially since implementation of the social security law has recently become increasingly privatised. But there are also several links here with the moral vocabulary of care and responsibility. Recently in business ethics, one can hear an increasing number of pleas to create more place for care, responsibility and trust in the internal culture of companies. In the literature on business ethics, a clear rapprochement is going on regarding the assumptions and values of the ethics of care (Flores, Solomon 1998 and 1997; Hosmer 1995; Soule 1998).

With regard to the issue of labour and care, this leads to the following normative argument. Labour relations should be interpreted more broadly than as mere market transactions between individuals or institutions. They can also be interpreted as co-operative relations which create »moral relationality«, that is, sets of specific responsibilities and obligations between the parties concerned. This statement departs from the individualistic image of human nature in economic discourse. Human beings are not regarded as atomistic and calculating individuals, but as people who live in networks of dependency, care and responsibility, both within and outside their workplace.

This is where the relevance of trust becomes clear. It has been sufficiently established by now that the existence of mutual trust in organisations leads to the greater work satisfaction of employees, increased commitment to the organisation's mission and often also to better productivity. Labour satisfaction is an important source of individual and collective meaning, and of human flourishing. In this perspective, the management of labour organisations has the responsibility of placing trust in the competence of their employees and dealing with them with care. They would benefit from developing their »caring capabilities« and deploying them in their work.

In this respect, modern experts in management studies and business ethicists in the tradition of human resource management work with agency-oriented values which bear a striking resemblance to the core values of the ethics of care. For example, attentiveness to needs and capabilities, the creation of commitment, pursuing of openness and integrity, and practising of reliability (Ofman 1996). Against this background it can be stated that it is in the interest of companies to have employees who combine labour and care. Because they learn on a daily basis to deal with the dilemmas of dependency and responsibility, vulnerability and trust, they can be expected to have developed the relational capacities that are needed in companies which value the new practices of human resource management. But this can only be effective if these organisations explicitly make a place in their mission and organisational culture for the moral orientation of care. This goal can be supported by integrating the facilitation of combining labour and care into notions of socially responsible entrepreneurship, a topic currently attracting broad discussion. Here, the ethics of care underline the need for companies to take responsibility for the goals of social policy in their policies.

GENERATION-SENSITIVE POLICIES AND THE CARE GAP

My second example pertains to the relevance of the care ethic for the current policy debate about the ageing society. In an ageing society, the problem exists of a shrinking economic basis for the collective provision of services for the elderly, such as old age pensions and collective health-care arrangements. In public debate this problem has been discussed under the denominator of an imminent decrease in »intergenerational solidarity«. To sustain the economic base for social security it is considered important to increase and secure women's participation in the labour market. However, this reduces the amount of time they can devote to the daily care of family, friends, neighbours and relatives. As a consequence, society as a whole is faced with a potential »care gap«, a prospect which currently worries many policy-makers. Recently, these issues were the topic of a report by the Dutch government's scientific advisory council entitled »Generation Sensitive Policies« (Regeringsbeleid 2000). In what follows, I will first describe this report's guiding normative criteria, and then comment on these from the perspective of the ethics of care.

The report proposes two potential normative criteria for policies on intergenerational solidarity: justice and tenability. It is stated that there are major difficulties in operationalising justice principles. Justice should therefore play only a secondary role. It should only count if certain generations tend to be overburdened with responsibilities or if excessive discrepancies are anticipated between the expectations of specific generations and the amount of social provisions that they will actually receive when they reach old age. The principle of tenability is awarded the leading role, then. This criterion prescribes taking the continuity of specific sorts of transfers between generations as a guiding principle for government policy. According to the report, this implies that current institutions, which represent current preferences, should be preserved wherever possible for the future. To allow suitable changes to take place, however, the government would have to anticipate the »differences in interests and positions« of future generations.

The criterion of tenability is developed in the principle of *prudent life planning*. The starting point of this principle is the idea that people, when they grow older, will receive »in return«, as it were, what they have given to others in earlier years. Broadly speaking, younger people may expect to receive the care they will need when they reach a later age. Here, a notion of reciprocity can be found. The report states, however, that reciprocity on a micro-level is not effective as a medium of transfer on a larger scale. This leads to the conclusion that political acceptance of the principle of prudent life planning should guarantee that intergenerational transfers can act as a redistribution of care over the life cycle of the population as a whole. In this way, the state should guarantee an abstract form of reciprocity. At the same time, this implies that it would have to posit responsibility norms for its citizens. The principle of *»responsible behaviour in every phase of life«* would, then, become the core principle of generation-sensitive policies (Regeringsbeleid 2000, 42).

GENERATION-SENSITIVE CARE AS PART OF NEW DUTY ETHICS

How do these principles relate, then, to the body of thought of the ethics of care? In order to answer this question, it is useful to first characterise the normative framework of the report and the place care has within it. In several places, the report reveals a sensitivity for care as a social problem. It states that care for the elderly and the very old (the so-called fourth life phase) should be regarded as a core issue for social policies. The report elaborates extensively on gender differences in the provision of daily care: the fact that the burden of care for children, partners and elderly relatives still falls to a considerable extent on women. On closer inspection, however, it is striking that the concept of care in the report is rather vague and diffuse. At several places, care is taken to mean caring work, at others, it is medical care, or care as in old-age pensions or as a form of reciprocity or solidarity in a sociological sense. Predominantly, however, care is conceptualised as a *conglomerate of goods and services*, a perspective that is in fact implied in the report's leading proposition: to define generation-sensitive policies as an issue of transferring goods and services between the generations. In spite of the broad focus of the report, the scientific council thereby reduces the issue of ageing society to a socio-economic problem. Rational Economic Man remains the prototypical citizen for the proposed policies (Staveren, Klamer 1999).

We can conclude that the report, in spite of its wish to stay clear of principles of justice, conceptualises the issue of care predominantly as a distributive question and that this issue is silently inserted into a rights-and-duties-oriented ethics. This is evident, for example, in the arguments for the principle of prudent life planning. After all, this should guarantee an optimal balance in the distribution of obligations between the generations. The report is in fact based on an adapted version of duty ethics. A quantitative demographic model of the distribution of obligations over the life cycle of the average individual is used as a starting point for its argument. On the basis of this model, the state is assigned the duty to hold its citizens responsible for planning their lives in a prudent way, an approach in which the ideal of government as »the cockpit of society« can be recognised.[10] The core values of care, as proposed by the ethics of care, such as attentiveness, responsibility, competence and responsiveness, are only addressed indirectly, in the form of sociological considerations of reciprocity, obligation, solidarity and love in intergenerational relations at a micro-level.[11] They do not play a part in the normative principles that are proposed as guiding principles for future social policies.

GENERATION-SENSITIVE POLICIES THROUGH THE LENS OF THE ETHICS OF CARE

Against this background it is no surprise that the ethics of care do not have a place in the normative framework of the scientific council's report. As I have argued in my book *Citizenship and the Ethics of Care*, the care ethic cannot easily be combined with the image of moral subjectivity and the core moral questions of duty ethics (Sevenhuijsen 1996). I will first deal with the relevance of these two issues for the normative framework of the report at hand. I will then deal with the question of whether the care ethic would consequently make a political difference.

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[10] This strategy accords with what the legal philosopher Willem Witteveen has referred to as the model of a »moralising government«. In this model, the government points the finger at its citizens about their responsibilities in terms of a sense of public responsibility and changes in mentality. Witteveen proposes that this is grafted on a Weberian ideal type of bureaucracy, in which the government draws up the most efficient goals in a rational way and subsequently »assigns« these to the citizen. He considers the ideal of communicative, responsive administration as a contemporary alternative for this, a model which is more appropriate for public administration following the relocation of politics (Witteveen 2000).

[11] It is noteworthy that the report attributes the status of »natural duty« to the idea of an intergenerational duty of care. This happens through the use of the metaphor of an »age-old chain of moral duties and decency«. This chain is seen as embedded in a »natural bond between parents and children« which in its turn constitutes a »silent contract between the generations«. The fact that caring practices and duties are constructed socially and politico-judicially, and that historically, power-riddled norms and images of *gender* have played a primary role, is thus missing from the picture.

First, the image of moral subjectivity. The most important contribution of the care ethic in this respect is that it invites us to think in terms of relationality. The American philosopher Margaret Urban Walker has said that the model of »life as a career«, via a relentless self-definition and self-control, strongly emphasises the notion of individual responsibility for oneself. It thereby eclipses our dependence on and vulnerability to each other, and overshadows our life-defining connections to and responsibilities for each other. The model allows little room for the caring work which recurs on a daily basis, paid or unpaid, which has little status nor does it constitute a career, but that is nevertheless necessary in order to facilitate the linear life path of the »career self« (Walker 1999). With the proposal to conceptualise care as a social practice, the ethics of care are at odds with the notion of care as a transferable product. The practice of caring confronts us from a moral perspective with the vicissitudes and unpredictability of human existence, with the imperfection of body and soul, and with the importance of relational contexts when it comes to giving meaning to and dealing with these phenomena.

This brings me to the second issue, that of the core moral questions. The scientific council's report painfully misses a broader vision on the question of ageing, and the concomitant questions of dealing with finitude, vulnerability and dependency: questions that indicate that the ethics of care are existential ethics (Manschot 1994). If the report had included this, its focus would not have been so one-sidedly on »interests and positions«. Questions of moral identity would have risen more to the fore. Policy visions would then have to deal with questions of how people actually want to give shape to their lives, how they want to deal with ageing, and the shifts in caring needs and caring relations that accompany this.[12]

My third question is: does this make a political difference? Different moral questions lead to different political questions, is the substance of my response. When arguing from the perspective of the care ethic, the following questions could, for example, be taken as a lead for generation-sensitive policies. How should we frame current policies in order to create an optimal space in the future so that people of all ages can lead satisfying lives, and what would be the

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[12] Thanks here go to Henk Manschot, who, in a conversation, suggested looking at the report from this point of view.

adequate positioning of care within this? How can this be combined with norms of social justice between men and women? How can we make space for sustainable forms of mutual commitment between the generations, in the intimate life sphere as well as in civil society and public administration? What can social institutions contribute to the organisation of care, solidarity and trust between the generations?

These questions imply that political processes of need interpretation and the construction of interests should be shaped in a responsive and interactive way. This can happen at several social locations where people from different generations meet and interact: in intimate relations, in the workplace, in schools, in political parties, media discussions and public rituals. We can also actively construct these spaces, for example, by building neighbourhoods where people of different ages can live together and communicate, and by integrating the social infrastructure of care in urban planning (Tronto 1999). We may thus accommodate what Urban Walker proposes as an alternative for life-as-career, i.e. life as a journey. Instead of the *linear* integration of individual lives, she proposes *lateral* integration, a more collective process of meaning-giving, remembering and forward-looking. Morally, this implies that one strives for integrating one's life in shifting forms of relationality and commitment in the lives of others.

Would this approach then lead to different policy proposals compared to those of the scientific council? In several respects, the ethics of care perspective would probably lead to comparable proposals. The council's proposals such as flexible retirement, saving leave and fiscalisation of old-age pensions are definitely defensible from the perspective of a political ethic of care. A broader vision on ageing would, however, go further than this. Policies for an ageing society would include a broader range of issues and domains, and would address a broader scope of values and moral considerations. It would not only address social security, education and the environment (the political issues dealt with by the scientific council), but cultural politics, city planning, social safety and access to the Internet as well, to name but a few. The multitude of these issues is, in itself, indicative of the need for multiple and flexible normative frameworks.

The ethics of care indeed argue for such a broader perspective. After all, attentiveness and responsiveness lie at the core of its moral orientation. The care ethic befits an approach in public administration that aims at developing interactive and responsive forms of policy-making. Accordingly, public policies of care should invoke the capacities of those people who are involved in the issues at stake to contribute to the development of policies which correspond with what they need in order to live a good life. This would clear the way for attuning policies for the ageing society with the goal that I proposed for the labour and care policies: »the attainment of a situation in which everybody can take care of themselves and others, by practising in the course of their lives those combinations of economic responsibility and the responsibility for daily care which suit their situation and needs and those of the persons who are dependent upon them«.

TO CONCLUDE

In the examples given, I have attempted to clarify that new social policies following the relocation of care and politics are flexible and multi-locational, and that they call on the moral competencies and caring capacities of citizens, and the diversity of perspectives existing amongst them. With this, I argue for a »caring citizenship«, an ideal in which caring is part of collective agency in the public sphere. I certainly do *not* wish to imply that henceforth caring and political agency should be bundled together, nor that politics in the traditional sense of a parliamentary government steering society is redundant from now on. Just as the »de-caring« of the welfare state is not a tempting prospect, neither is the removal of the state from care. Just as politics will never be free from power and conflict, nor is this true for care. I will thus conclude with a number of remarks on the role of government and the relationship between the public and private in the new politics of care.

Firstly, if the ethics of care are linked to notions of responsive policy-making, then this will indicate the role of government in the new social policy of care. In recent critical studies in political science, a distinction is being made between »politics« and »the political«. »Politics« takes place in the official arenas of the political system. »The political« is much broader. It concerns the multitude of public or semi-public spaces in which people form opinions and judgements: the neighbourhood, the courts, the home, the workplace, the hospital, the sports club, the media, the Internet. Both forms of politics are to the benefit of each other. As Willem Witteveen, one of the intellectual architects of responsive policy-making, proposed recently: politics is the sustenance of the political; political support constitutes a vital public sphere. From this perspective, responsive public administration involves politics being openly and actively disposed to what happens in the political. The emphasis is placed on listening, responding, reacting immediately to problems, and from that, proposing frameworks and boundaries.

Applied to the new social policy of care, this would mean that the government would have to *associate itself* with what socially exists in the sphere of care and simultaneously have the responsibility as *régisseur* and *supervisor* in this area. In reality, policy is already heading in this direction. The role of *régisseur* implies that the government attunes the various aspects of a policy of care at a macro level and actively advances the attuning of caring processes at a micro level. We can probably consider the government as *régisseur* of the »caring about« process, that of collective attentiveness which ensures that no loopholes exist in care. Instead of doing everything itself, the government develops itself in a number of respects as an *initiator of new combinations of the public and private*, as is currently happening, for example in the attempts to find new ways of solving problems regarding waiting lists in home care in the Netherlands. Making the social security system more flexible is also in keeping with this.

The role of supervisor implies that the government monitors whether care practices meet with standards of accessibility, social justice, expediency and quality of life. The relocation of care will only succeed if values of the ethics of care are given a place in the assessment systems we use, for example in the processes of quality care in nursing homes and home care. This is not only necessary for the quality of care in question, but also to enable those combining work and care to share, with confidence and trust, their caring responsibilities with professional care-givers.

The new social policy also has consequences for the more traditional roles of government: the *distribution of collective means* and the *maintenance and vitalisation of democratic legal order*. These tasks are crucial in order for the desired social relations regarding work and care to also be actually realised. The adoption of task-combing in labour law and social security is in this respect the first priority of the new social policy. The obligation to undertake paid work can only gain legitimacy when it is counterbalanced by a guarantee for good care relations, including the right to provide care for one's relatives and friends in situations when people deem this necessary.

This brings me to my second point: even if care becomes more political, it certainly cannot be stripped of its private dimensions. Daily care is everything to do with who one is and can be, and thus with identity. It is inherently linked with embodiment and intimacy. It is part of primary relations and the emotional dynamics with which these are linked. This implies that the new social policies will also have to find new ways of drawing boundaries between the public and the private. It is not without reason that the classic meaning of »private« is that of a sphere in which one can withdraw from the interference of others: a sphere in which one can go one's own way. This reminds us that the relocation of care to the public sphere, and thus from the inside to the outside, will only have a chance of succeeding if a move in the opposite direction also takes place: from the outside to the inside. This rests on the assumption that people do not rashly place care in the hands of »others«, but that they are willing and able to identify with the values of the ethics of care. Care as a democratic practice assumes that the moral orientation of care is part of our daily moral and mental habitus. In this respect, a caring citizenship includes the right to have time to care, to make, on a daily basis, a place for care.

Finally, a number of theorists on active citizenship will probably find the notion of a »caring citizenship« problematic. They usually assume that private virtues cannot be elevated to public values just like that, or, the other way round, that private values can only come into their own in personal relationships. From this perspective, the public sphere would need its own ethics (Gunsteren 1994). My response to this objection is twofold. Firstly, drawing such boundaries has historically led to the moral potential of care being continually »confined« to the private sphere, resulting in the repeated denial of its radical political possibilities. Secondly, the relocation of care confronts us with the necessity and possibility of using the moral orientation of care in our public agency: acting together with a view to creating a sustainable and dignified existence for everyone. The moral orientation of the ethics of care is clearly not the only dimension of public ethics that is needed for political judgements following the relocation of care. Integrating this into the ethics of public agency does enable us, however, to take the place of care if this is needed and from this position to consider what is needed in specific situations. And this is, in turn, beneficial for the place of care in interpersonal relations.

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CARE IN SOCIAL POLICY – BUT CARING FOR WHAT?

Vesna Leskošek

Introduction

In the last decade, Slovenian social policy has undergone certain fundamental changes. The concept of a plural welfare system (Evers, Svetlik 1993) was adopted. The concept is well known in social policy and means the introduction of different policy sectors – public, private, non-governmental, and informal. This is also known as a »welfare mix«. Besides the monopolistic public sector, in Slovenia, non-governmental, private and informal sectors have also been introduced, albeit the last one is least present, in the provision of services. Pluralisation is supported by a number of measures that started with the adoption in 1992 of the Social Protection Act and continued with regular public tenders for co-financing the social programmes available to multiple providers. In the last few years, some non-governmental organisations and private companies have acquired a concession or five-year contract to carry out certain services such as safe-houses for women victims of violence, residential care for the elderly, day-care centres and residential groups for people with mental health problems, some programmes for young people and other services. The network of programmes involving five-year contracts is expanding faster than the granting of concessions for services. All these measures find their basis in the first integral social policy document in Slovenia, called the National Social Protection Plan until 2005 (herein referred to as the NSPP), passed by Parliament in 2000. This Programme is to be assessed by this article. Namely, we are interested in whether it reflects changes occurring in the field of welfare systems in the European space. We will undertake this by applying Selma Sevenhuijsens' concept of the ethics of care.

THE NATIONAL SOCIAL PROTECTION PLAN UNTIL 2005

The NSPP is a key social policy document that covers the field of social services for different population groups. It says how the state will treat children, young people, the elderly, the physically or intellectually handicapped, women and/or children who experience violence, homeless people and others. It also prescribes the guiding principles for these policies and identifies which moral values it will follow. The Programme's starting points are presented below:

- social protection based on social justice, solidarity and the principles of equal access and free choice of services;
- the provision of dignity and equal opportunities as well as the prevention of social exclusion;
- dignity and the maximum level of independence in the lives of the disabled and others who cannot take care of themselves;
- equal opportunities for both sexes;
- the need to allow a greater choice between different services, the gradual development of a system of individualised financing and mechanisms ensuring the greater influence of users over the planning and realisation of services;
- the gradual transformation of the »acceptable« (the NSPP is imprecise as to the meaning of »acceptable«) part of existing institutional forms of care into different, more people-friendly forms, while the state will also guarantee the greatest possible independence in ways of life and a bigger influence exerted by the users of services; and
- the individualisation of rights and adjustment of rights to suit individual needs.

The NSPP's key values are then as follows: social justice, solidarity, prevention of social exclusion, equal opportunities and dignity, provision of equal opportunities for both sexes, equal access and free choice, the enhanced influence of service users, de-institutionalisation, an independent way of life, individualisation of rights, and a system of individualised financing. The above values are interconnected. It is impossible to ensure human dignity without ensuring choice or participation. Other values reflected in the NSPP are:

- the maintenance of personal integrity and the protection of privacy;
- the acceptance of diversity, difference and the politics of anti-discrimination;
- the provision of privacy and intimacy (referring to the institutional settings);
- the active resolving of distress;
- respect of the individual, their rights and freedoms;
- politeness, partnership, participation;
- intervention should be based on individuals' actual needs and not on the services available; and
- access to information.

This formulation of the document gives enough background to the radical changes in Slovenian service organisations and the social protection system which, in spite of the transformation seen in the early 1990s, remains bureaucratised, rigid and above all patronising to the users of services. However, there are several reasons to doubt the readiness or capacity of state bodies to actually carry out these changes. In order to clarify this, I will now take on some basic presumptions of the ethics of care[1] as assessment criteria. It should be stressed in advance that the executive document of the programme, which is designed for the time period up until 2005, was only adopted in the middle of 2002, that is half-way towards its expiry date.

BASIC MEANINGS OF THE CONCEPT OF THE ETHICS OF CARE

The ethics of care (Sevenhuijsen 2002) is a new conceptual framework for analysing and renewing social policies. According to Sevenhuijsen, it derives its relevance from some general social transformation processes seen in Western welfare states in the last decade. The first process is the relocation of politics which, from steering and controlling parliamentary institutions, is passing into the hands of various supranational or national groups and organisations such as courts, multinational corporations, research institutions and others. Power is slowly leaking away from parliamentary institut-

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[1] I rely on the article by Selma Sevenhuijsen »The Place of Care. The Relevance of the Ethic of Care for Social Policy«, published in this book.

ions, creating the necessity for new democratic processes. Here Sevenhuijsen calls for the need for active citizenship to promote co-operation between the state and citizens. Public administration should be based on values such as accessibility, transparency and responsiveness enabling the formation of new forms of interactive policy. Secondly, care is being relocated from the traditional private space of the family where women perform most of the caring work, to men and to public care institutions. Thirdly, along with the population's ageing, medical treatment in the health sector is losing its primacy with nursing care and home care moving ever closer to the foreground. Together, these changes call for new normative frameworks to embody caring values as part of a public ethos. This is not a simple process that happens spontaneously; rather it demands a series of deliberate changes to the normative level of the design and implementation of social policies.

The core values of the ethics of care are attentiveness (recognition of the need for care), responsibility (to ensure that something is done when the need for care is established), competence (to guarantee that care-givers have the resources for actual care-giving to proceed as well as possible) and responsiveness (i.e. to make sure that the actual care provided corresponds with the needs and viewpoints of the care-receiver). To achieve this, care should be understood as both a process and a practice. Care encompasses care for others, care of oneself, and care for the world. In this sense, it is important that social policies support actual caring practices and take seriously the moral presumptions and competence of the people engaged in these practices. The dependence and vulnerability of those who need or receive care morally demand that care-givers act responsibly and promote trust in the caring relationship. Although empathy and compassion are important here, these moral attitudes also have potential drawbacks. Firstly, they can lead to an ethics of suffering where the »object of care« is denied agency. Secondly, it is quite difficult to see the world through the eyes of another since we are all differently positioned and have different life histories. Sevenhuijsen proposes here, following the American philosopher Iris Young, adopting the principle of asymmetrical reciprocity. This is based on the belief that no one can put themselves completely into another person's shoes but that we should recognise the uniqueness of individuals. This should lead to mutual acceptance and understanding, as well as respect for diversity. Social policy has to create spaces in which such an understanding becomes possible.

UNDERSTANDING AND IMPLEMENTING THE NSPP

The premises of the ethics of care are clear. They primarily mean a shift from autocratic or authoritarian systems of policy-making to horizontal, co-operating systems that require commitment and participation. The NSPP can certainly contribute to such shifts as it includes enough premises that are in accord with this concept. The principles of social justice, equal access, provision of dignity, de-institutionalisation, individualisation as the adjustment to the specific needs of people, maintenance of personal integrity, acceptance of diversity, difference, partnership and participation and access to information offer enough of a basis for making interpretations through the lens of the ethics of care. However, as Selma Sevenhuijsen emphasises, the ethics of care should primarily be seen as a practice and a process. This approach clarifies that social policies are deficient when limited to the writing of documents and are not systematically implemented in projects and backed by a series of normative and other measures that bring about the correspondent social changes. I will now analyse the barriers to practical implementation inherent in Slovenia's political system and which thus need to be changed for the ethics of care to become feasible.

DEFINITION OF THE RELEVANT PARTNER IN DIALOGUE

The process of the formation and adoption of the NSPP can be characterised as co-operation between civil servants, the Parliament and established professional organisations. Only well-established and well-funded organisations were allowed to provide their comments when the document was drafted. For the state, the relevant part of the public is still the official public institutions founded and financed by the state, most of them having been established thirty or forty years ago. Among non-governmental organisations (herein referred to as NGOs), only those founded and run by professionals are defined as relevant participants in the discussion. Users' NGOs and citizens were not considered relevant partners and thus could not make any comments on the document. The state was not interested in a document that was formed through dialogue but rather in one that would classify Slovenia as an acceptable candidate for EU membership. This disinterest in what is actually going on in this sector was also reflected in the very slow process of implementing the plan. The implementation plan was formulated only two years after the document's adoption in Parliament and two-and-a-half years after the start of the period for which it had been drawn up. In this time, the state limited implementation of the document to the co-financing of various programmes. The process of adopting the NSPP was thus neither carried out through dialogue nor did it open up the space for public opinion and discussions to be incorporated within policy-making. The reason for this is perhaps found in the fact that the state is not obliged to take any substantial responsibility because the document was adopted within the parliamentary policy which has weak control over its implementation. The government and the Parliament still work within the old political tradition that primarily involves controlling and steering roles. It is neither responsive nor supportive.

THE RELOCATION OF CARE

Although the NSSP's normative framework would provide space for the ethics of care to be implemented, it cannot be said that it addresses the relocation of care in any explicit and elaborated way. Although the NSPP shows some sensitivity for gender differences in opportunities to access important and valued social positions, its conclusion is not reflected in the measures adopted. The document also does not say what has to be done and what will have to change in private life in order to achieve greater public equality, nor does it say how it understands equal opportunities between the sexes. This conceptual vagueness is also visible in discussions on the quality of services. In this context, quality turns out to be an elusive concept: everybody would like to have it but nobody can define what it is. It is a common topic of discussion but no concrete criteria are ever set. This state of affairs can be explained by the fact that quality is considered only within traditional institutions that are alienated from people. They draft criteria on their own without involving those who use the service. Of course, it is thus impossible to speak about quality. If the principles of the ethics of care such as attentiveness and responsiveness were to be followed, quality can only be defined in dialogue between all participants and stakeholders involved in caring practices.

THE PLACE OF THE INDIVIDUAL IN SERVICES

This hierarchical relationship with the public can also be seen in the fact that the state seeks better quality services in introducing the principle of choice in market-oriented terms, but not as an increase of political influence that fits the notion of active citizenship. The making of choices is limited if users are only conceived of as passive receivers of a service without having any influence over its design; if within the service they lose control over their life and if it is not about participation and partnership. Such a relationship also leaves marks in the attitude towards users' organisations that are considered incompetent to participate in public debates where professionalism is still highly valued. Although in the programme part of the plan is oriented to de-institutionalisation (institutions should be replaced by community programmes) and an increase in the power of users, in everyday practice this principle is mostly still being ignored. Even if the word »user« is consistently used instead of the word »client«, the treatment of users remains unchanged, stuck in the old terminology. This is reflected in the increasing number of complaints about the performance of public social services. Reports in this sense come from the Ministry for Labour, Family and Social Affairs, the Social Chamber, and the Slovenian Association of Social Workers.

Recent events accompanying the proposition of the Disability Associations Act prepared by the Ministry of Labour, Family and Social Affairs, which also formulated the NSPP, are illustrative here. In the process of consultation for this Act, the established disabled organisations with a monopoly over the Foundation of the Disabled and Humanitarian Organisations[2] consolidated their privileged position so that they alone could influence the substance of the new

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[2] The Foundation was founded in 1996 after privatisation of the Lottery. 40 percent of lottery proceeds now goes to the Foundation which funds different organisations for disabled people.

Act. The main function of the Disability Associations Act is to limit access to the Foundation's funds, which are considerable since they flow in from the Slovenian Lottery. Many newly formed organisations for the disabled (such as the blind, deaf, physically handicapped, those with learning difficulties, or mental health problems etc.) were aware of the significance and intention of the Act. They demanded that the procedure be stopped because, in their view, the Act was completely unnecessary. It renews the old labelling of people through categories, thus also renewing discrimination of people with handicaps.[3] Because these new organisations had no influence on the procedure of formulating and adopting the Act, they had to use all legal means possible to prevent its adoption in the Parliament. They proposed a referendum. However, they did not succeed in collecting the number of signatures needed for a petition to invoke a referendum and thus all avenues of protest were exhausted. Throughout this period, the Ministry did nothing other than observe these events. After initiatives for the referendum stopped, the Ministry continued its work right where it had stopped before the protests. It now intends to submit an unchanged draft law to Parliament, which will be useful for just one group of organisations of the disabled (for those who control the lottery money) and significantly detrimental to the others (because they will be excluded from an important source of financing). In so doing, the Ministry is ignoring almost all of the conceptual changes it itself set in the NSPP. It re-introduces categorisations and dividing lines between individual categories. By introducing the institution of representative organisations for the disabled it is paternalistically deciding who can be represented by whom. This whole procedure clearly shows that newer and weeker organisations that do not have social power because they do not control the flow of public money have no chance of influencing political decisions. Accordingly, the Ministry stands in the way of the very changes which should enable the new social politics it promotes – since these should be inclusive, responsive and responsible, oriented towards dialogue and also regarding as competent partners in the dialogue those who have traditionally been excluded.

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[3] Labelling people by placing them in a certain category lays the grounds for institutionalisation, which is also one of the most important issues of users' movements across the world.

CONCLUSION

The above example shows that the differences between written documents and everyday practice are considerable. The moral of the story is clear – do not trust words, just deeds. As it turns out, state officials in the new Slovenia are skilled in the writing of documents. If they do not write them themselves they certainly know how to choose co-workers renowned as excellent experts skilled in writing policy papers. At the time of accession to the EU, European documents have become more available and are setting standards. It is now not too difficult to write a modern programme that can be classified as good by measures applied in the Western world. But a written document without implementation and the appropriate social changes has little value. It is difficult to identify what stands in the way of its implementation. One part of the answer here can be found in the state bureaucracy's inability to apply theoretical concepts to everyday practice. Civil servants should think in a projective way which presumes good planning, anticipation of the consequences of the measures applied, co-ordination and connection between bigger sectors and primarily an appropriate administration and management. The second part of the answer is probably found in an understanding of the concepts introduced by the programme. What is quality and what is social justice, how do we encourage solidarity and what is the significance of the influence of users? How do we ensure participation? What is the meaning of human dignity in the context of social services? How do we ensure equal opportunities for both sexes if Slovenian society believes that women are already treated the same as men? To clarify these questions, dialogue is needed which includes the widest circle of people possible because, in the end, it is they who are involved either in the giving or in the receiving of both public and private care. However, the case of disabled organisations shows that such dialogue rebounds from the entrenched institutional power relations. It seems as if Slovenian politics is not ready for the appropriate changes. The traditionalism of Slovenian society is reflected through the traditional distribution of power that does not include the subjects of civil society in preparatory phases of policy-making if they do not have the appropriate financial backing. If care really has to become a principle of social policy, this would imply that traditional monopolistic positions are to be questioned and that civil servants can be held accountable for how they care about the welfare and political inclusion of Slovenian citizens.

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DOES THE STATE REALLY CARE? THE CONCEPTUALISATION OF CARE IN FAMILY POLICY IN SLOVENIA

ALENKA ŠVAB

INTRODUCTION

At first sight, family policy in Slovenia might seem very modern and progressive. The document on which it is based – the Resolution on the Principles of Formation of Family Policy in the Republic of Slovenia (1993) – uses vocabulary that is quite common in debates on family life in late modernity. Its pronounced plurality of family forms; the recognition of the diversity of families as subjects of family policy; its awareness that family policy cannot be based on a fixed family model; its striving for gender equality; its commitment to create conditions for a higher quality of balancing domestic life and the employment of parents, and the like, should not be overlooked. However, in a more detailed analysis it turns out that the policies contain many ideological arguments as well as self-evident and often implicit assumptions prioritising just one family model – the modern nuclear family. Family policy-makers usually call it simply »the family«. As if today it were at all possible to speak of a family in a singular and categorical form. The term »family« in family policy presumes a sexually asymmetrical division of labour and blurs the diversity of family experiences and feelings connected to different family roles.

It is such contradictions of family policy in Slovenia that this article aims to point out by analysing the policy's normative premises. The perspective of the ethics of care is used here with a double aim. Its »principles« will offer a conceptual framework for analysing the concept of care in current family policy, while at the same time serving as lenses through which the normative framework of the policy will be evaluated. While saying that families are social milieus in which day-to-day practices of care shape relationships between people on an everyday basis might sound banal, yet this seemingly self-understood fact is almost completely absent from the views of family policy-makers who work with a limited notion of care in the family as meaning care for children and their well-being.

The ethics of care is an approach to moral life that starts from the concept that care is an elementary life activity, an inevitable basis of our everyday life, and that families are one of the basic social loci of caring, as well as of the establishment and maintenance of relationships created through care. It sees these relations as contingent, shifting and embedded in socio-political configurations: the shape and direction of family-life is always influenced by legal arrangements and policy frameworks. In the last few decades, family life has undergone significant changes which in themselves require reflection, also from the ethics of care perspective: reflection on caring practices, on the relations of labour and love, on the changing nature of intimacy and sexuality and on the shifting relations of kinship and friendship and so on.

The analysis of the conceptual premises of family policy is carried out in four thematic complexes. They all open up what, in my opinion, are the most problematic conceptual premises of family policy, throwing light on them primarily from the ethics of care perspective.

Firstly, the question posed here is if it is at all possible to speak of »the family« as a subject of family policy in family policy frameworks, especially while in other places awareness is shown of the plurality and changeability of family life.

Secondly, what is questionable is the very declarative pluralism of family forms that turns into its own opposite by working with a definition of »the« family.

Thirdly, special attention is paid to the only acknowledged form of care – care for children, the supposition of family policy being that the primary function of the family is care for children. This text problematises such orientation through the definition of care as proposed in the ethics of care.

Finally, in the context of a consideration on ageing societies, the fourth thematic complex questions the conceptualisation of elderly care in family policy: in how far the state is willing to face this typically late modernity phenomenon, and how it defines the relation between the responsibilities of the state and those of families in this field?

THE ETHICS OF CARE AS BOTH A PERSPECTIVE AND A METHOD

The starting point of this analysis is the ethics of care perspective which can successfully clarify the numerous aspects of family life as well as family policy which is the subject of present analysis. Or, as stated by Sevenhuijsen and Hoek: »care is an intrinsic aspect of human life, an ongoing activity and a human practice that implies moral questions and moral values« (Sevenhuijsen, Hoek 2000, 5). In discussions about care most people usually automatically think of people who are dependent on care being given by others (sick people, children, the elderly, the handicapped etc.). Care is thus automatically reduced to a one-sided relationship between a care-giver and a care-receiver where the latter always plays a passive role, while in fact care is much more than that. The ethics of care overcomes this problem by defining care as »a species activity that includes everything we do to maintain, continue and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, ourselves and our environment, all of which we seek to interweave in a complex life-sustaining web« (Tronto 1993, 103). This notion is further elaborated by seeing care as a process that consists of four principal phases or dimension, each with a corresponding moral orientation: »caring about« requires *attentiveness* for the recognition of the need for care; »taking care of« refers to the *responsibility* to take steps to ensure that something is done to provide for this need for care; »care-giving« refers to the actual care provision and opens up the question of the *competencies* of the care-giver; and »care-receiving« refers to the *responsiveness* of the care-receiver: it reflects the need for a reciprocal and interdependent relation between the care-giver and care-receiver (Tronto 1993). The difference between »caring about« and »taking care of« is also the difference between actual work connected with care and the emotive significance of the relationship between the care-giver and care-receiver. Therefore, care is a complex phenomenon including both activities and feelings (emotions). In practice, both dimensions overlap and are often difficult to distinguish (Sevenhuijsen 1998, 83; Morgan 1996, 98). This approach clarifies that care should not be seen as a one-sided activity between an active caregiver and a dependent, passive care receiver, but that care rather establishes complex networks of intertwined relations of interdependency. Also it underscores that it would not make sense to trace a sharp dividing line between the givers and receivers of care. At closer look we can see that everybody is both giver and receiver of care, and especially so in the daily practices of family life.

FAMILY AND CARE

Care – caring practices including processes and relationships established through care – is a basic condition for the functioning of the family in everyday life. The relationship between the two concepts – caring and the family – can be analysed at various levels. We can trace patterns of care, asking what actually takes place, who provides the bulk of care, for whom and of what kind? Another level would be an analysis of »values and norms concerning the centrality of the family in society on one hand and the supposed correctness or naturalness of meeting caring responsibilities within immediate family ties on the other« (Morgan 1996, 99–100). Within this, the focus can be put on the ideological construction of the nuclear family and its supposed crucial roles in carrying out caring responsibilities (ibidem).

Caring in the family is deeply gender- and age-determined, which is clearly seen in the division of labour in the family. Family labour in its broadest sense can be understood as a series of activities needed for everyday functioning of the family or its members: housekeeping work, child-care, financial-administrative work, technical maintenance, kinship work, relational work (Švab 2001, 144). It can be noticed that this definition is very similar to the definition of care suggested by Tronto (1993), which is no coincidence since any form of family labour reflects care, both for others and for the self. In a way, care is the ontological basis of family life.

However, care is not only about the particular work done, but also about (gender) identity. »To be expected to undertake to do certain kinds of activities is to develop a particular gendered identity. To develop a particular gendered identity is to expect to undertake certain kinds of tasks and to undertake these willingly and as a matter of course. Caring tasks and emotional labour are not just any set of tasks, they constitute a central set of tasks in constructing gender identity and sexual difference« (Morgan 1996, 101). However, this does not imply that caring activities are (thought to be) done only by women. »It is that the meaning attached to the involvement of men in these tasks and the kinds and amount of support that they receive from others in order to fulfil these obligations are shaped by considerations of gender« (Morgan 1996, 102). In addition, not all women do the caring work and not all do it to the same extent. There are other social dimensions that crosscut the gendered character of care (ibidem).

This view of the relation between care and the family helps us understand the construction of this particular relation in the concrete family policy. It also calls attention to the hierarchical dimensions of family relations and roles. While increasingly implicit, the prioritising of the nuclear family model in which care is self-understandingly allocated to women (through family work and with it) and naturalised through its connection with reproduction – pregnancy, childbirth and childcare still dominates many levels of social life. In this context, the ethics of care perspective spreads in two directions. On one side, it is useful for uncovering the complex dimensions of the phenomenon of care (practices, processes, relationships) within family life while, on the other, it is a critique of the ideological premises on the (traditional – supposedly harmonic and monolithic) family.

THE ETHICS OF CARE APPROACH AND AN ANALYSIS OF PUBLIC POLICIES

The ethics of care approach is not only useful as a theoretical approach in philosophical, sociological and other debates on care, responsibility, justice, citizenship etc., but is also readily applicable in its orientation. For example, it is useful in the analysis of various public policies – it raises different questions, problematises different aspects of public policies and enables the formation of concrete proposals for changes of these policies. »In the context of family policies it may for example lead to the question if the social organisation of family care does justice to the different dimensions and values of care« and similarly »how families can be supported through wider networks of social care, so that the different dimensions can be combined in the caring process as a whole« (Sevenhuijsen, Hoek 2000, 5). This article will primarily consider the first question.

The starting point of the analysis of current Slovenian family policy is the principles of *Trace*, a method developed by Selma Sevenhuijsen.[1] *Trace* enables an analysis of normative frameworks of policies, the evaluation of policy-texts and formulating of proposals of new policies. The ethics of care here acts as an analytical tool: on one hand as a lens through which a certain normative framework and the problems within it are identified, and on the other as a standard for assessing this normative framework. Its starting point is that traditional normative frameworks on care are no longer satisfactory. In different policies care is present and absent at the same time. Its presence is visible in the increasing recognition of care as an important human activity. It is simultaneously absent in that the paradigms of current care-policies only give little space to the actual practice of care and that the values of care are often missing in their moral vocabulary. Numerous obstacles lie in the way of the fuller recognition of care. Care is, for example, still often understood through a gendered image of human nature, as female work and responsibility by nature, and thus as self-evident. Also, when care is associated with dependency it is easily seen as a form of control. Autonomy and independence then figure as a positive norm, while the everyday (inter)dependencies that make up caring practices are easily overlooked.

Among the starting points of the *Trace* method, there is the finding that policy texts such as the analysed Resolution on the Principles of Formation of Family Policy in the Republic of Slovenia, characteristically deny normativity. Policy-makers usually work with the fictitious image of a neutral state. By implication, moral concepts and moral arguments lack reflexivity. They are often only present between the lines or wrapped up in empirical argumentation. They lack visibility because normative statements are taken as self-evident. Often policy documents also eclipse normative controversies, which results in inconsistencies as well as in forms of compromising, that try to reconcile values that are on closer examination in fact incompatible.

This analysis will also examine these issues.[2] A contention can be made at the very beginning that, from the ethics of care perspective,

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[1] Summarised from materials for the workshop »Citizenship and the ethics of care«, held by Selma Sevehuijsen at the Peace Institute in May 2002.

[2] While it was not carried out according to the concrete steps of the *Trace* method, it nevertheless follows its principles.

family policy in Slovenia, similarly to other policies elsewhere in Europe, is equally deficient in that it is based on a reduced notion of care, on the absence of a recognition of the complexity of caring practices and processes, on a series of ideological premises about traditional (harmonious) family life and on a gendered division of labour and family roles.

THE NORMATIVE FRAMEWORK OF FAMILY POLICY

As mentioned before, the subject of the analysis is the basic document on family policy in Slovenia – the Resolution on the Principles of Formation of Family Policy in the Republic of Slovenia (hereinafter the Resolution) adopted in 1993 (OG No. 40 – 17. VII. 1993). The document defines the orientations of family policy and determines its aims and measures. Here, I am interested in its principal orientations, its definition of family policy (including the definition of its subject – the family) and the basic values, principles, aims and measures of family policy. The ethics of care perspective enables to show the main deficiencies and problematic issues of the document in its definition of care and other related concepts. In doing so I will put forward proposals for possible change. But let me tackle them one at a time and first look at what are the actual conceptual premises of family policy in Slovenia as stated in its basic document.

In its introductory part, the Resolution emphasises the significance of related international documents on the family, including the Universal Declaration of Human Rights and the Convention on the Rights of the Child. It is stated that Slovenia as a state signatory has committed itself to adopting all the necessary measures to help assert children's rights vis-à-vis parents and others responsible for the child, and if necessary to provide material help and other programmes of help, especially the development of child-care institutions, institutes and services. Furthermore, the European Social Charter and the Recommendation of the Parliamentary Assembly of the Council of Europe No. 1074 put emphasis on the significance of the family and the request for the implementation of various measures that should provide conditions for the creation and integrated development of the family or the formation and establishment of general and co-ordinated family policy. In addition, Article

53 of the Constitution of the Republic of Slovenia states that »the state shall protect the family, motherhood, fatherhood, children and young people and create the necessary conditions for this protection«.

In their introduction, the drafters of the Resolution are declaratively aware that in the future social policy will have to be based on premises other than full-time employment, the status of regular employment or the fixed model of the family. They put forward the belief that, in the new model, the social protection of individuals should be based primarily on the status of citizenship and only additionally on employment status. Moreover, this model should acknowledge the plurality of family forms and the needs of the people concerned as well as their freedom to choose between different possibilities.

In a separate chapter the Resolution clearly defines both family policy and its subject – the family. The concept of family policy refers to the totality of social, economic, legal, educational, health-care, fiscal and other measures carried out by a certain political-administrative system that indirectly or directly influence the living conditions of families or their members, their formation and their development. The Resolution also emphasises the connection of family policy with other policies such as social, cultural, economic and ecological policies and urban planning, in which the family is indirectly affected by individual measures.

The Resolution defines a family as a living community of parents and children. The family is seen as the primary social space that gives optimal possibilities for the emotional and social development of children bearing the responsibility for their well-being. It is said that the family has an important role in the maintenance of social cohesion, while it is also seen as an important production and consumer unit that influences the economic development of society. Moreover, according to the Resolution a family is a life-long community of children and adults who permanently take care of these children: grandparents and grandchildren, foster parents and foster children, carers and children in care. The subjects of family policy are also couples or women expecting children.

The general values which, according to the Resolution, should form the basis for family policy are (social) protection, freedom, solidarity, prosperity and equality. Interestingly enough, protection is prioritised as the basic stabiliser of the social status of every citizen, and is balanced with freedom as the second basic value orientation. This justifies the expansion of programmes and measures which help increase the freedom of the individual but do not pose a threat to their social protection. Further, the Resolution emphasises the impossibility of guaranteeing protection if society does not provide a certain degree of solidarity. This implies that care for the quality of life or the well-being of all people should at least be a long-term goal of every developmentally-oriented society.

This value framework is also the starting point of the principles of family policy as defined in the Resolution:

1. orientation towards all families – inclusion of the entire population;
2. acknowledgement of the plurality of family forms and diverse needs deriving from this;
3. respect for the autonomy of families and family members;
4. protection of children's rights in family and society; giving priority to children's quality of life;
5. promotion of equal opportunities for both sexes;
6. establishment of different forms of services and the provision of different possibilities for families;
7. partial contribution by society to the costs of child-raising;
8. additional protection of families in specific situations and states; and
9. a comprehensive, integrated approach.

The aims of family policy are:

1. to reach beyond the past orientation towards families with preschool children – gradually to all families;
2. giving priority to universal programmes;
3. legal and actual equalisation of all family forms;
4. priority development of programmes that strengthen the autonomy of the family (subsidiary programmes) and not take away its functions or make it over-dependent on social services;
5. pluralisation of services (a combination of public, private, informal and voluntary sectors);
6. establishment of a special ombudsman for children's rights;

7. provision of direct protection of the child in cases where their development is threatened due to unfavourable family conditions and allowing the child access to individual social goods in cases when obstacles to achieve them exist in the family;
8. creation of conditions for parents (the mother and the father) for a higher quality of balancing domestic work and employment, and encouragement them to equally share their responsibilities; and
9. to help in bearing the family's costs of the maintenance of children by expanding the mechanisms of the state's partial compensation of the costs.

The following passages present some of the problematic issues in the Resolution currently in force in Slovenia and the family policy deriving from it.

A CONCEPTUAL ANALYSIS OF FAMILY POLICY

Conceptually, family policy in Slovenia is problematic in two fundamental respects. Firstly, it defines »the« family (and not individual family members or users of social provisions) as its subject. Secondly, in contradiction of the argument for family pluralism the framework of the report in fact has an exclusionary effect: it is far from including all forms of family life. Both issues are in a considerable conceptual opposition to one another. On one hand, »the family« is consistently defined in the singular – (and not its members with different roles, experiences and feelings) as the subject of policy-making. On the other hand, at several points the Resolution explicitly acknowledges the diversity of family forms. This results in a situation where family policy acknowledges different family forms but, at the same time, blurs the diversity of family experiences within families through its monolithic conceptualisation of »the family«.

In what follows I first analyse this conceptual contradiction in more detail. I then illustrate the resulting practical problems by analysing two different concrete cases. Firstly, I discuss the question of care for children. Here, I especially consider the concept of care in the Resolution, as well as the question of what difference it would make if actual practices of care as well as the processes and relationships established by them were to be taken as a starting point.

Secondly, I discuss the question of care for the elderly, which in the ageing societies of Europe (including Slovenia) is becoming an increasingly burning structural problem when it comes to allocation of the responsibility for care for the elderly (financially, as well as in the provision of the network of actual care provision) and which in my opinion has not (as yet) undergone true problematisation and consideration on the part of the Slovenian state (at least not in the framework of family policy).

THE FAMILY AS THE SUBJECT OF FAMILY POLICY

In its starting points family policy in Slovenia defines *the family* as its subject. This conceptualisation is problematic especially because it blurs the diversity of experiences of family life and the great variety of needs, roles and experiences of individuals who live in family constellations. The Resolution persistently addresses »the« family and not its members or individuals in the family, which implies the strategic importance the state attributes to the family as an assumingly harmonious community. By doing this, it constructs a concrete family model as a normative standard of family life.

While defining the family as a subject of family policy is problematic in itself, the solution of defining individuals or family members as subjects also leaves some questions open. In this context, it is important to address the issue of individualisation. Sociologists often draw an opposition between individualism (linked to modernisation) and community (linked to tradition). The guaranteeing of independence and individual rights is then seen as the most important modernising trend in Western social policy. From the aspect of family policy, this would mean that individuals, instead of the family, should be recognised as the subject of policy-making. From the perspective of the ethics of care, the problem in this approach inheres in the norm of independence. One of the dangers in the discourse of individualisation is that care is only acknowledged in relation to »really dependent people« and that all other people supposedly do not need care (Sevenhuijsen, Hoek 2000, 5). As a counter-argument, the ethics of care rejects the opposition between dependence and independence. Instead, it adopts a relational perspective. The starting point is that care construes relations between individuals and that the opposition between the individual and society should be replaced by the notion of interdependence.

Reaching beyond the political notion of care in its reduced form – that is care for »really dependent« people also enables one to resolve the dilemma of either taking »the« family or »the« individual as the basic unit of family politics. This would mean policy documents like the Resolution should introduce a flexible conceptualisation of the family as an institution and a community of individuals with different family roles, experiences and feelings. It should acknowledge that care not only includes care for children, but also establishes other vertical relations both between family members and with the family, as well as horizontal relations between adults. The individualisation of rights remains important in this perspective, it would however be embedded in a relational view of human life that takes interdependence as its main premise.

Exclusivistic pluralism

The process of family pluralisation, which includes a broad range of family forms and ways of family life, has been going on for some decades now. It has posed the dilemma of how to define the subject of consideration – i.e. the family – both in the context of the formation of social and family policies and within scientific frameworks (e.g. social theories of the family): experts from different fields dealing with families face this problem. The Resolution explicitly emphasises, at several points, that it is important to include all family forms in the aims and measures of family policy and to reach beyond orientations which see family pluralisation as a deviation from the socially desirable and idealised model of the nuclear family. In its introduction, the Resolution implicitly expresses the need for a policy model that would include as wide a circle of people as possible, while explicitly stating that the main principles of family policy should be its orientation to all families (inclusion of the entire population) and the consideration of the plurality of family forms and different needs that come from it. The question here is: what do such formulations actually mean and how do they translate into policy-measures, that is, how do such written principles actually get realised? In both the first and second principles, the answer depends on the very definition of the family. Family policy can be oriented to all families but it does matter what or who originally qualifies as a family.

In spite of family policy's general openness to various family forms, the definition remains limiting. It is not only limited to the living communities characterised by caring (and kinship) relationships between adults and children while these relationships are defined as constitutive for the family; the definition also has an exclusionary effect by taxonomically enumerating certain family organisations and by only conferring the status of family on them. It excludes, for example, homosexual families by making them in its very starting point actually non-existent for family policy-makers. Homosexual families are not acknowledged in Slovenian family law.[3] They consequently remain without any legal protection, nor are they acknowledged as (potential) beneficiaries of social policy. By implication, the concrete aim of family policy – i.e. the legal and practical equalisation of all family forms – is actually left up in the air. Therefore, the situation regarding family policy in Slovenia can be characterised as a form of exclusivistic pluralism.

The existing exclusion of certain family forms and narrowness of the definition of the family is not only problematic because it prioritises a certain type of family life but also because it actually excludes some others types by not even presupposing them. Of course, this is not simply a question of the recognition and actual equalisation of all family forms, but primarily recognition of the fact that certain family communities (for example, homosexual families) that do exist in our society urgently need special legal protection and consideration, however they cannot act as its beneficiaries due to being excluded from the definition of the family.

IS ANY DEFINITION OF THE FAMILY STILL POSSIBLE?

The Resolution gives the impression that it truly wishes to be democratic and plural, yet by its reductionist definition of »the family« it implicitly acts in favour of the model of the nuclear heterosexual

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[3] A good example is that Slovenia does not even have a law on the registration of homosexual partnerships, and is a long way from the recognition and equal consideration of homosexual families as one of the ways of family life.

family as the socially desirable form of family life. This raises an important conceptual question, namely if it is possible with the existing pluralisation processes to bring the diversity of family types to a common denominator which would allow not only for the formation of general values for family policy but also of concrete goals and measures which would have concrete effects on family life.

Social theories of the family have come up with several conceptual solutions to this problem. The most common solution is that the definition of the family is expanded and universalised: the aim is then to encompass as many different family forms as possible. This attempt can also be seen in family policy in Slovenia. The problem of such an approach, more or less exclusively directed towards family forms or the typologisation of families, lies not only in the fact that the definition is thus becoming increasingly indefinite and potentially ineffective with regard to concrete policy-making. It also does not touch the essence of the phenomenon of the pluralisation of the family since it does not distinguish between family forms and family life-styles. It is thus overlooked that a family form can include a wide variety of family life-styles, for example a nuclear family can be reorganised (having gone through divorce and remarriage), homosexual and etc.

In order to encompass these changes conceptually, it is first necessary to go beyond the very limits of the concept of family. The modern family has always been understood through its nuclearity and neolocality. The modern nuclear family presupposes the separation of the family from broader kinship and friendship relations, and focuses on the intra-family relations between parents and children. It also refers to the setting of sharp boundaries between the family and its environment, and presumes a closed nature of the »family system«, while allocating it clearly determined social functions. At the level of everyday life – experiments and practices – families of late modernity are however tearing down such normative and ideological images of the nuclear family and are increasingly tending to go beyond the limits of »the« family. Family life now encompasses a wide variety of supra-family relations that are either inter-kinship or friendship relations of different kinds. New arrangements can be called »families of choice«, parenting across households, single parent families, step-families (Silva, Smart 1999, 10),

»paraparenting«[4] (Arendell 1997, 83) etc. This understanding also provides a different view of ongoing caring practices. These were never limited to or conditioned by the nuclearity of the family or its boundaries, but have extended beyond them. This is becoming increasingly pronounced and obvious in the social conditions of late modernity.

Among social theorists there is currently a change being made in a way that the concept of the family is coming to signify the subjective meaning of intimate connections rather than formal objective blood or marriage ties (Silva, Smart 1999, 7). One conceptual solution that compensates for deficiencies in the definition of the family as a nuclear, neolocal and static unit is offered by the English sociologist Morgan (1996; 1999). In an attempt to set a new basis for the study of families, Morgan formulated the concept of family practices as a way of looking at modern family life (1996), to primarily emphasise a character of families not normally included in the concept of the family – i.e. its changeability, fluidity and indefiniteness. For him, the family is not »a thing« but a set of activities. An important dimension of family practices is a sense of the active (»doing« family) rather than passive or static (Morgan 1999, 17). The emphasis is therefore put on the activities carried out during life. In the context of care this would imply the shift from an emphasis on individuals and their roles (care-givers, care receivers) to the activity – caring – and building relationships through the processes of caring. This also implies the recognition that people who constitute the family are its actors (are those who »create« the family) and not passive individuals living in the existing pre-given family structures. Most importantly, the concept of family practices recognises family life through a variety of different lenses and from different perspectives, as family practices are always also gender, class, age etc. practices (Morgan 1999, 13). Family practices thus always overlap with other social dimensions and institutions.

Similarly, Gubrium and Holstein in their critique of the sociological thesis on the self-maintenance of institutions take the family as an example to show that social order is produced and maintained by indi-

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[4] An informal arrangement in which a friend or a family helps an unrelated family, materially and emotionally, for a definite or indefinite period. According to estimates, paraparenting occurs due to an increasing number of single-parent families and is spread primarily in families with a low income.

viduals through constitutive interactional practices which connect principles and experience and also form the basis for creating family meanings and realities. Therefore, family practices are interactively created and the family is not a pre-given social entity influenced by external factors only, but is also and above all an entity being constantly co-created by individuals (Holstein, Gubrium 1994, 233).

Another potential conceptual solution is the use of the concept of family life (Bernardes, 1997; Švab, 2001). This is another attempt to move beyond the concept of the family as a static institution in nature, structure and stability. The concept of family life on the other hand implies a greater complexity of family relations by emphasising their relational characteristics and by accommodating their dynamics, instability and changeability (Švab 2001, 44–45). The family is namely not simply a social institution, but primarily a community where diverse processes, practices and relations intertwine and go beyond the boundaries of a simple social unit. This perspective also accommodates caring practices and the relationships established through them, which in turn are not limited to intra-family milieus.

The reason for the monolithic understanding of the family in Slovenian family policy and the denial of intrafamily differentiations probably lies in its non-consideration of characteristics of family life in late modernity. In fact, the Resolution only acknowledges diverse patterns of family life at a formal and declarative level. Its broader concept is not adapted to family life in late modernity and therefore the conceptual orientation of the family policy remains typically modern. It remains limited to the institutional characteristics of the modern family, emphasising a modern division of family roles, resting on the sexual division of labour. The ethics of care is precisely the perspective which can offer a solution to the problem of an out-of-date conceptual framework being applied to the situation of diverse family life. Instead of seeing families as what they »are«, we need to see families as what they do. »This might start to provide a new basis for policy and welfare measures. Thus instead of linking benefits, taxes and pensions to marriage, they might be linked to practices of care« (Silva, Smart 1999, 11). As these authors suggest, this would mean replacing the static categories of »self-sufficient worker«, »dependent carer«, and »dependent recipient of care«, as one person might be each of these things during their life (ibidem).

CARE FOR CHILDREN AS THE PRIMARY FAMILY FUNCTION?

One of the distinctive phenomena of family life of late modernity is the notion of so-called »protective childhood«. This means the intensification of attentiveness to the well-being of children in all its dimensions, and includes numerous activities and practices of care for children, their well-being, education etc. (Švab 2001; cf. Beck, Beck-Gernsheim 1999). This phenomenon can be understood as a culmination of the process that started with the social birth of childhood in the bourgeois family.[5] The phenomenon of protective childhood of late modernity is also reflected in social policies. Slovenian social and family policy is, like in other European countries, distinctively child-centred. This is evident in the introductory definitions of the Resolution itself (for example, in its reference to the international documents quoted above). It is especially visible in the definition of the family as »the primary social space that gives optimal possibilities for the emotional and social development of children and at the same time bearing the responsibility for their well-being«. The family's central function is constructed as care for children, their development and their well-being. The political consequence of this conceptualisation is that all other practices of care and relationships created through care are ignored, omitted or ranked inferior to childcare. Therefore, they are not the subject of family policy although they can indirectly be found in some of its principles or aims (for example, the establishment of equal opportunities for both sexes and the balancing of domestic life and employment). The Resolution reveals another contradiction. In line with international policy views, the family policy-makers do not forget to mention that the family also has an important role in the maintenance of social cohesion and that it is an important production and consumer unit. They forget, however, that these »functions« thrive on the work of maintaining the labour force which is going on within family life and, primarily, through care.

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[5] As proven by historians, primarily Aries, childhood and the social figure of the child in general is of a modern date. Attentiveness to the well-being and care for children arises in connection with the constitution of the bourgeois family, and is accompanied by extensive policies, which primarily appeal to mothers to be more sensitive to the well-being of their children (Švab 2001, 135).

The child-centred nature of family policy is problematic in several ways. Of course, the main problem is not the argument for attentiveness to children (probably there is even not enough of this or it is insufficiently conceptualised, if we think merely of the limited protection of children's rights). The problem rather lies in the fact that the insufficient conceptualisation of family life leads to inconsistencies in implementation of the aims of family policy (its principles, aims and measures). From the ethics of care perspective, two problems are evident. Firstly, the drafters of the Resolution have not taken into account that care and other aspects of domestic work are still considerably gendered activities and that childcare is primarily allocated to women. Family policy is implicitly based on an outdated assumption of the naturalness and self-evidence of the division of labour between the sexes. Secondly, the concept of childcare is built on the limiting conceptualisation of care as a relationship between a caregiver (the mother or parents) and a dependent care-receiver – the child. Such thinking does not allow us to acknowledge interdependency and reciprocity, and the complexity of relationships. Let us now look at both problems more closely.

CHILDREN AND WOMEN – THE FATAL RELATIONSHIP?

The Resolution thus insufficiently problematises the sexual determination of the actual implementation of caring practices. While in the official definition of the family the responsibility for the well-being of children is not sexually-determined (we can assume that this is based on the Constitution which, in Article 54, allocates this responsibility to both parents: »Parents have the right and obligation to maintain, educate and upbring their children«), the implementation of childcare is all but gender-neutral. Although there is a noticeable trend of including of men in child care (the trend of the increasing presence of fathers at childbirth, their inclusion in childcare and child-play etc.) the entire management of care and most of its actual implementation remains women's responsibility.

The Resolution deals with the problem of the sexual division of labour in the family in two ways. Among the principles of family policy there is »the promotion of equal opportunities for both sexes«, while one of its specific aims is the »creation of conditions for a higher quality of balancing domestic work and employment in parents (the mother and the father) and their encouragement to equally share their responsibilities«. However, it does not elaborate on how these goals can actually be accomplished. If an aim of a policy is understood as the concretisation of its general principle (in this case equal opportunities for both sexes), then several controversial points can be noted in this example. Firstly, the balancing of employment and domestic life certainly is not the only aim of the promotion of equal opportunities for both sexes. Since the other aspects of equal opportunities are not mentioned, the whole idea of applying it to the issue of the work-life balance remains unclear. In order to give this more substance, all aspects of the promotion of equal opportunities should be considered. The problem here in fact resides in the absence of a systematic policy of equal opportunities in Slovenia: the Law on Equal Opportunities has only been prepared recently. Secondly, these concrete aims are not linked to any clearly defined or planned system of mechanisms for their realisation. While the Resolution mentions different steps/measures which could contribute to their realisation (for example, parental leave, paternity leave and similar), these are either not systemically considered or planned. A good example is parental leave, which can be taken by a father instead of a mother in Slovenia, but is only used by a negligible proportion (a few percent) of fathers. On 1 January 2003 a new Act on Parental Care and Family Income came into force, which introduced additional exclusive paternity leave (90 days) but the level at which this opportunity will be used is questionable if it is not socially encouraged and made into a desirable option. Thirdly, while balancing of domestic life and employment has been acknowledged with regard to the family or, in this case, of employed parents or mothers, it remains far more problematic on the side of employers: mechanisms for encouraging employers to create family-friendly working environments are virtually absent. And fourthly, it is remarkable that the second half of this concrete aim speaks of the encouragement of equal responsibilities of both parents and it is thus not attuned with the broader formulations laid down in the Constitution of the Republic of Slovenia.

These inexact formulations found in several places in the Resolution have the effect that it becomes difficult to envisage any concrete realisation of the aims. This analysis shows that the contents of the Resolution were not carefully considered in the course of its drafting or even that the intention of family policy-makers in this case was limited to formally writing down the aims. We can assume that the family policy-makers just wanted to emphasise the need for parents to get personally involved in a more equal division of domestic work. However, the contribution of the state in this respect through concrete measures and legal rules remains unclear.

REALLY DEPENDENT?

With regard to childcare the Resolution presumes a classical one-sided relationship in which parents (carers) take care of their dependent children, without any reciprocity. Thus, family policy has not yet shifted away from the determinist view that defines the child as a dependent person (dependent on parents or adults): it attributes the moral and economic responsibility for children solely to the parents. In the case where parental responsibility is lacking, its place is taken by the protective state. This is evident from the seventh aim of family policy: »the provision of direct protection of the child in cases when his/her development is threatened due to unfavourable family conditions, and the provision of the child with access to individual social goods, in cases when there are obstacles in the family for the achievement of these goods«. The Resolution shows a certain intention of its drafters to follow contemporary trends in child care policies in Western and Northern European countries to construct children as citizens in their own right, who in certain cases are independent of their parents. This is, for example, visible in the way it constructs an ombudsman for children's rights. Apparently this aim is not part of a wider systematic policy regarding children, but is only presented as an example of best practice. The establishment of an ombudsman for children's rights should, however, not exclusively belong to family policy, as violations of children's rights are not limited to families.

Through different aspects of care, family policy seems to one-sidedly emphasise care as a responsibility of parents vis-à-vis children. It thus overlooks the fact that caring practices are always two-way streets, also when it concerns relations between children and parents. This becomes obvious when care is analysed from the perspective of children. It then becomes possible to understand children as active participants in family life, as active contributors in domestic work and care (they shop, clean, take care of younger brothers and sisters etc.), and especially as active agents in relationships established through care in everyday family life. Children are often also providers of emotional support for other family members (Brannen, Heptinstall 2003, 190), and they relationally respond to the care they receive. According to recent studies (ibidem), they often wish to repay their parents, they talk with them when they have problems and try to understand what they are going through. Again, this underlines the need for seeing family life as a complex and shifting network of relations, where all participants have an active share in what is constituted and interpreted as the »family«.

CARE FOR THE ELDERLY – A PROBLEM WE ARE STILL UNAWARE OF

The phenomenon of the ageing Western societies[6] opens up a series of important questions concerning elderly care, questions that address family and social policies. Primarily, two questions seem important. Firstly, the question of the dividing line between public and private responsibilities of care for the elderly. Secondly and related to this, the question of the effectiveness of the system of public care for the elderly (institutionalised care, support networks for families etc.) and the associated question of the availability of public resources. In this context, we can expect that the role of families in the provision of elderly care will be put on the agenda again and that the state will try to transmiss responsibilities to the family again here.[7]

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[6] Slovenia is no exception here. The share of old people is constantly increasing. At the end of 2000, in Slovenia 14.1 percent of people were aged 65 years, which is 3.4 percent more than in 1990. Among EU member-countries, Italy, Greece and Sweden have the biggest share of population aged over 65 (between 17 percent and 18 percent), while Ireland has the smallest share (slightly over 11 percent) (Recent demographic developments in Europe 2001, 50).

[7] According to Morgan (1996, 96), Western countries are already facing this problem with the »widening awareness of the defects of institutional care, and an increasing desire on the part of successive governments to reduce levels of taxation and public expenditures. In the case of Britain and North America, at least these combined with a reassertion of the centrality of family life within the nation as a whole«.

Regarding care for older generations in Slovenia, two situations are symptomatic of its family policy. First, inter-generational relations that include the older generation are completely absent in the formulation of family policy. Family policy is exclusively oriented to two-generational family relations between parents and their (dependent) children. This is clearly evident from the very definition of the family. Grandparents are only acknowledged here when they – in the absence of parents – take over the role of the parent and take care of their grandchild/grandchildren. In this situation, the community of (grand)children and grandparents who take care of them acts as a two-generational nuclear family, and thus corresponds with the definition of »family« in the Resolution. The definition of the family does not presume or foresee three-generational relationships as the subject of family policy, not even in cases of extended families which consist of three (or even four) generations, which are not so rare in Slovenia. In social policy in a broader sense, inter-generational relationships are only the subject of consideration in a minor way when it concerns the division of responsibilities of care for the elderly between the family and the state. Here again, old people are put in the role of persons who passively receive care when they are dependent on it. Thus, care for the elderly is torn out of everyday inter-generational family practices and relationships.

Another important aspect of such »elderly (care) policy« is the silent assumption that it is primary the responsibility of the family (i.e. women) to take care of the elderly: care for the elderly is assumed to be unpaid informal work supported by the state only to a limited extent. This problem is especially urgent if it is put in the context of balancing domestic life and employment. Existing European studies show that people who try to balance caregiving responsibilities, domestic life and paid employment often suffer from psychological, social, interpersonal, practical and health-related stress, which is especially intensified when they combine paid work and care for elderly relatives (Phillips 1998, 70).

The second symptomatic situation is that inter-generational relationships are excluded from consideration in the framework of the Resolution. The older generation has proved to be an important source of support for families with children. In Slovenia, grandparents are an expanded source of help regarding day-care for their grandchildren. For this reason, a large share of children is not included in public day-care centres in spite of their high quality. In many cases, grandparents also offer other forms of material and non-material help to families, especially when they are in distress. Worthwhile mentioning is their help with the housing problem (apartments are too expensive in Slovenia and for many people they represent inaccessible goods), and help in the form of other goods (clothes, home-grown food and the like). It is thus relatively one-sided to only depict the elderly as passive receivers of care who cannot live independently or take care of themselves. Caring relations between the generations are much richer and imbued with reciprocity. Public policy-making would have to take into account the broader, fluent and ever changing nature of intergenerational relationships.

CONCLUSION

This analysis shows that family policy and primarily the Resolution as its basic document are in need of a radical conceptual reconsideration. This is not because the document is already over ten years old and can thus be seen as being superseded by »practice«, but it is instead due to its poorly considered conceptual framework: the formulation of its leading values and aims, and the employed definition of the family. The ethics of care perspective proves to be very useful especially in the analysis of family policy since care is one of the main activities of everyday family life. This paper only considers the basic concepts of the orientation of family policy, and points to the one-sided consideration of care in two cases of key importance in this field – namely, childcare and elder care. Undoubtedly, a number of dilemmas and problematic points in the Resolution remain open: this article is but a starting point for a wider analysis of family policy in Slovenia.

Among the most important open issues is the notion that social rights as formulated in family policy should be severed from (full) employment status. Despite the awareness the drafters of the Resolution have that »the state of affairs in which social policy is based on the status of full employment will have to be surpassed«, they explicitly correct themselves by stating that in the future the social protection of people will have to be based on citizenship status and additionally on employment status. Therefore, employment status also remains prioritised in concrete measures. A good example is parental leave. The right to compensation for the period of parental leave is constructed as a right in employment law. Only women who started their employment before the beginning of their maternity leave are entitled to it, while unemployed mothers and student-mothers only receive minimal compensation or child allowance. This issue could in fact be an important entering point to bring more considerations of care into the legal domain.

It seems necessary to rethink family policy as a whole through the lens of the ethics of care, especially since family policy has proved in many areas to be deficient in its consideration and understanding of care. While the main deficiency in its conceptualisation of care lies in the fact that care is only recognised as childcare, this point is certainly not isolated. It should be considered in relation to other issues, such as the assumptions on the self-evidential nature of the sexual division of care and domestic work and the systematic under-elaboration of the issue of balancing domestic life and paid employment. The family policy-makers have failed to take into account the complexity of family life: the fact that individual family phenomena cannot be considered in isolation from wider family contexts. The ethics of care perspective allows us to understand – through its consideration of care as a broad range of practices and processes through which human relations are created – the complexity of family relationships. This, in turn, is the basis for a successful criticism of the premises of family policy and for formulating guidelines for their improvement.

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DO NURSES IN SLOVENIA HAVE THE OPPORTUNITY TO CARE? BARRIERS TO NURSING CARE BECOMING A COGNITIVE, REFLECTIVE AND MORAL PRACTICE

MAJDA PAHOR

INTRODUCTION

Nursing practice is mundane and unbearable for many people. How can nurses stand the pain, dirt, bad smells, suffering and death? Where do they get the power to endure? Why do they do it? What is actually being done when they care? What »luggage« do they need to embark on the voyage in the »caringscapes« (McKie, Gregory, Bowlby 2002)? I started to pose these questions when I became a lecturer in the sociology of health and illness for nursing students at Ljubljana University. I was also involved in developing the first B.Sc. in a nursing study programme in Slovenia. As a sociologist entering the field of health care education, I brought with me the »grand narratives« and abstract concepts of modernity that had professionally influenced me. However, I soon found that these perspectives were not enough to understand and support the various layers of what is going on in nursing care.

The aims of this paper are therefore to look at the concepts of the ethics of care (Sevenhuijsen) and the concept of duality of the lifeworld and system (Habermas) as a theoretical background helping to explain the actual position of nursing in Slovenia, and, on that basis, to analyse some processes in nursing care and nursing education seen in Slovenia in the 1990s.

The main idea of the article is to demonstrate that nursing practice in Slovenia is unable to develop opportunities to improve the quality of health care work, including the ethics of care perspective, because it is not allowed to reflect on its own practice due, among other things, to the absence of research in the field. The dominant paradigm in health care is biomedical. Research into the caring aspects of health care is also impossible because nurses do not have access to the methodological knowledge gained through university education in their field.

The text is organised in two chapters. In the first one, I look at the paradox of health care as a basically private and interpersonal activity that has moved into the public sphere due to modernisation, and there assumed features of industrial work organisation. These processes can be commented on by using Habermas' theoretical perspective and the ethics of care perspective. The second chapter concentrates on the role of nursing education in shaping nurses' »luggage« on their journey into »caringscapes« for patients« well-being. Nursing education can either lead towards the practice of nursing as a hierarchical and technical activity, or it can enhance the capacity for a free and equal discussion in order to empower nurses in giving a voice to the caring aspects of health care.

THEORETICAL PERSPECTIVES

THE PARADOX OF PROFESSIONAL HEALTH CARE: PRIVATE AND PUBLIC

As a consequence of the transfer of care activities from the family and community to social institutions, health care encompasses ever more formerly private, personal and emotional aspects: these are now invading the social and rational sphere. Care for the sick and those needing help is originally carried out through direct contact between people in that part of the social space which Habermas (1997) calls the *lifeworld*. It is shared by members of a community, and pre-reflexive forms of presuppositions, beliefs and relationships form the basis for explicit communication. The lifeworld is a symbolic space in which culture, social integration and personality are supported and reproduced. The other part of the social space is called the *system*. As opposed to the lifeworld, it enables material rather than symbolic reproduction. Social systems, especially the market economy and the state, follow functional imperatives and act as formally organised systems of action based on money and power. While the nature of action in the lifeworld is communicative, in social systems it is purposive or rational.

Both parts of the social space are interconnected but they cannot be reduced to one another because they have different internal logics. Systemic rationalisation leads to growing differentiation and complexity (expansion of markets and political and administrative organisation), while rationalisation of the lifeworld leads to an increase in the meaning of communicative action and communicative rationality. This is the starting point of the »paradox of rationality«. Rationalisation of the lifeworld is a precondition of system rationalisation, which then becomes increasingly autonomous from the constraints of the lifeworld. Gradually, the system instrumentalises life to the extent that it even threatens to destroy it. System rationalisation threatens to colonise the lifeworld. While, according to Habermas, this is not necessary in itself, it is a fact that characterises today's world. It also influences social values. The market economy and modern administrative state privileges the value system of science due to its functions of power and control. Scientific-technological rationalism thus predominates over other value spheres such as care. Examples of this are the institutionalisation and bureaucratisation of health care.

THE DOUBLE NATURE OF SOCIAL SPACE ACCORDING TO HABERMAS

THE LIFEWORLD	SYSTEM
human (re)production – childbirth, care, socialisation, care for the helpless, transmission of culture, development of personality	production of things – the market, the economy, the state
informal organisation	formal organisation
main motive is survival	main motive is power and money
rationalisation in this field means a search for the meaning of these actions but with their formalisation and organisation we move them into the system	here, rationalisation means growth and the expansion of production, power and profit placement of care in the system means adopting new rules of the game
PARADOX OF RATIONALITY exit is only possible with the use of reason for the benefit of all on the basis of a free and equal discussion	

Adapted from Habermas 1997; Scambler 1987.

As part of this process, medical knowledge has come to colonise the lifeworld (Scambler 1987). It is based on *formal* knowledge that differs from routine everyday knowledge and informal specialised knowledge. It is founded in »sacred« knowledge and texts, only accessible to a few. It is expressed in non-habitual and, for most people, non-understandable expressions, while even the techniques of the very discourse are difficult to understand from the outside. Besides medicine, formal knowledge is present in technology, but also in law, administration, the economy, in short, in all institutions of the modern world. It is connected to the rise of the rational-legal bureaucracy of the modern state. It is even more connected with the fast ascent of modern science and the use of scientific methods for resolving technical and social problems (Habermas 1997).

CARE AS AN ELEMENT OF CITIZENSHIP: CAN CARE SURVIVE IN THE »SYSTEM«? HOW DO WE MAKE THE »SYSTEM« CARE?

Especially after the Second World War, in many ways the increase in formal knowledge hindered the development of democracy. This role of formal knowledge is not unavoidable – technology and science impede democracy only used as ideologies, when they tackle problems or justify decisions and actions that are not technical or scientific and »translate« them into their idiom. In these cases, they act as a politically efficient legitimisation of undemocratic decision-making meaning that political decisions are not a matter of public debate because they are presented as »technical« decisions where only one solution is best and can only be investigated by experts. One example of deformed communication is the relationship between doctor and patient (Turner 1995). The same may be said of the communication between nurses and doctors (Pahor 1988).

On the other side, however, rationalisation of the lifeworld also enables a critical appropriation of what has been known as »given«. It also enhances the possibilities for achieving a true rational consensus – the rational regulation of life based on a free and equal discussion, and not on force. Important for rationalisation of the lifeworld is that the emancipatory dimension of knowledge is acknowledged and, connected to that, that social conditions for an open and democratic dialogue are guaranteed. Only an unrestricted discussion yields possibilities for the development of self-reflexive critical knowledge and awareness. Emancipatory cognitive interest (for example, via the social sciences) tries to expose and criticise those political circumstances that are deforming human communication and rendering knowledge unreliable and inexact (Habermas 1976; 1997).

The adjustment of life and system rationality is enabled by a critical theory of society. According to Habermas, the function of a critical theory of society is exactly to expose the unwitting or hidden implementation of power or domination, where care as a value is subordinated. The marginalisation of care means reducing the quality of life. But can care be relocated to the centre of political judgement and collective action (Sevenhuijsen 2002)? The ethics of care diverge from individualism and are based on the idea of interdependence and relationality. Care is understood as a process and practice: »a species of activity that includes everything we do to maintain, continue and repair our 'world', so that we can live in it as well as possible. That world includes our bodies, ourselves and our environment, all of which we seek to interweave in a complex life-sustaining web« (Tronto 1993).

The ethics of care (Sevenhuijsen 1998), as a traditional element of the lifeworld and the domain of women and female professions in health care, is becoming a political category in late modernity. Quality of life is becoming an aim in itself, and health is becoming a means for a good life, and not merely the means for individuals' functioning in the interest of the social structure. Care in relation to other people and the environment is the condition for the existence of society. If, for example, money, influence, knowledge and abilities are considered sources of human existence and action, then no doubt so too is care. However, this aspect is often ignored, invisible and unheard also due to the low level of social power of those who perform it and who have few possibilities to show its importance and speak about it in the language of science.

This is a question of politics and the ethics of research into health work. Scientific research into nursing care can allow us to think of care as being a cognitive, reflected and moral practice. This means empirically investigating and publishing it, making it visible in order for it to become politically important, facilitating understanding for it to become the basis for judging public matters. Careful judgement of public matters is a civil responsibility in a democratic society. And careful judgement means judgement with care, the recognition of our own vulnerability, that of others and the environment as well as benevolent treatment (Sevenhuijsen 1998).

CARE IN NURSING

NURSING

Nursing care is a typical example of how the system subordinates the lifeworld. It is an activity whose substance provides help to people experiencing difficulty in day-to-day activities which healthy persons can do by themselves, such as feeding, washing, dressing, excreting etc. Although this involves help in vital activities that enable and support human life, nursing care holds a subordinate position in the division of labour within institutionalised health care, and hence so do its performers.

Gender is one of the structural axes of power that can be analysed in this way. This approach is also relevant for the nursing profession. Nurses are mainly women and their subordination can be revealed through various faces of power as established by Sevenhuijsen (2002):

- Construction of otherness

Nurses are constructed as »others« in the health care system. They are rarely mentioned in their own name, but usually as part of »health care workers«, »staff«, or as auxiliaries to doctors. A good example of this attitude to nurses in Slovenian health care is the title of the chapter in a textbook on general medicine, which says: The doctor and his (*sic*) nurse (Švab 1992).

- Access to the means of communication and interpretation

During their education, nurses have few opportunities to develop communication skills other than at the individual level. They have little experience in public relations, arguing and debate. They have a very limited right to pass information on to patients and relatives, and often choose not to give even that information which comes from their own work domain.

- Access to the sources of power and decision-making

In most health care institutions in Slovenia, doctors decide who will hold the leading positions in nursing management. Nurses have relatively little power over planning their own work, ordering equipment and instruments and are rarely in leadership positions in general management. This situation enhances the culture of privileged irresponsibility: if nurses do not plan their work themselves they are not responsible for it and do not need to reflect on it.

- Marginalisation and stereotyping

There are several persistent stereotypes about nurses: as »the carriers of bedpans«, the stereotype of nurses as coquettes, dragons or good but not smart women (Pahor 1997).

EDUCATION FOR NURSING CARE: DOES IT GIVE STUDENTS ARGUMENTS FOR CARING?

EUROPE

Traditional education for nursing care in the late 19th century was based on the industrialisation of care for the sick which influenced the organisation of hospitals as industrial establishments. Nurses were educated (or better, trained) as auxiliary workers to carry out doctors« orders (Dingwall et al. 1991). Up until the second half of the 20th century (or longer in certain countries), a typical principle of European nursing schools was, for example: »*Practice is more than theory*«, especially in the sense that maintenance of the existing practice is more important than the search for new possibilities. Another principle derived from the auxiliary role of nurses and was expressed in the belief that it is important to know »*how*« to do something and not »*why*« to do it. Not surprisingly, such schools provided the mass supply of a manageable labour force. This is why in the memories of many nurses they remained »schools of obedience« based on respect for authority as the main value (Pahor 1988). They trained students neither for the independent and critical use of knowledge, nor for its production through research studies.

At the end of the 20th century, things had changed significantly. In most European countries education has, as a result of many factors, shifted from apprenticeship training to university study in many fields, including nursing care. On one hand, this is a consequence of the professional elite's efforts to further professionalise the activity. On the other hand, it is also the result of social trends of the general raising of education levels in the 1960s and 1970s when the economic effect of education and their influence on economic development became evident. In some Western European countries, women's movements also influenced this development.

Despite these general trends, as a rule the specific pattern of forming university studies for nursing care in different European countries was the result of personal endeavours. Stories of the beginnings of science-based nursing are very similar. Nursing at the end of the 1950s or beginning of the 1960s in most Western European countries saw the phenomenon of an exceptional woman who, in spite of her socialisation in »the school of obedience«, was dissatisfied and wanted to obtain more knowledge. She went to university, as a rule to one of the social science faculties, most often to psychology, sociology or philosophy, but kept her identity as a nurse. When she graduated and later achieved an M.A. and a Ph.D. and asserted herself as a scientist, she supported and helped her younger colleagues so they could achieve higher academic titles, and enabled them as their supervisor to do research into their professional field and to create new academic fields. Over time, departments for nursing care and research institutes were set up at several universities, as were research units in bigger hospitals. This was particularly the story in Western and Northern Europe, while exceptional female individuals in Central and Eastern Europe had fewer chances of asserting themselves in their much more patriarchal and rigid environments.

However, the transition of nursing education to the university level also causes many problems, such as the conflict between the differing cultures of these two environments. In the university framework, emphasis is primarily placed on research, then education and to a lesser extent organisational work, while a high level of individuality and internal motivation of researchers and teachers predominates. On the other hand, the culture of other tertiary schools for nursing care is more hierarchical, with organisational and educational tasks in the foreground, while their organisation is more rigid (Banks 1995).

The problem of this transition is often painfully experienced by teachers of nursing care, especially those who became teachers in traditional schools. Because they themselves »grew up« in a hierarchical and rigid environment, they have problems with the openness of academic debates. Teachers at this level are better off as co-ordinators of studies and not traditional lecturers *ex cathedra*. Also problematic is the connection with, or better the disconnection of, academic teachers from practice (Banks 1995; Pahor 1997). Teachers have an important task of being role models. Do they treat students as they want them to treat patients, and do they make it possible for students to »experience care« for them during their studies? An important element of the professional socialisation of the »caring professions« is the internalisation of care as a value.

Slovenia

In Slovenia preparations for a university study programme for nursing care began in the mid-1980s. At the beginning of the 1990s, I was included in a project group that developed it with the support of the WHO and the EU (TEMPUS project). The programme was based on international expertise and newer teaching methods involving the active and critical role of students. It received a favourable expert evaluation from the then Centre for University Development (Kroflič 1994), and three of its authors won a prize given by the Ministry of Health. It was interdisciplinarily designed, with a bigger emphasis on humanistic and social aspects of health than previous tertiary education programmes which had mainly been oriented to bio-medicine. Between 1993 and 1996, four generations of students enrolled (133 in total) and, by completing these studies, obtained a university degree. Later, enrolments were interrupted and the programme has never again been offered. Formally, that was due to a change in legislation which demanded a different approach to study programme planning. However, when a study programme for nursing was prepared on the basis of the new directives it was given over by the University to the Medical Faculty for its assessment, and it was never returned. Obviously, there was no big interest in promoting the issue on the side of the University College of Health Care, in which the Department of Nursing is situated, nor on the side of the Slovenian Nurses' Association. Presently, education in nursing is carried out only at the diploma level with fewer elements stressing the reflection, critical approach and independence of students than previously in the abolished university programme.

When I analysed (Pahor 1997) this process of the development, implementation and abolition of university education for nurses, I found strong resistance to the establishment of a scientific basis for nursing care activity in Slovenia and to the possibility of research in this field. There seemed no need for raising research questions on the »care« and not just the »cure« aspect of health care treatment.

Why and when do questions on the nursing aspects of care for those needing help become research questions and thus enable a systematic consideration of their significance? In the 19th and 20th centuries, many practical activities which had previously characteristically included apprenticeship training were re-organised on the basis of scientific research of their fields so as to become sciences that are today found in the academic sphere. Nowadays, technical, medical, education studies have become an unquestionable part of most universities. Why has this not happened in nursing care in Slovenia?

It would be an oversimplification to respond that nurses in Slovenia simply have not developed their own theoretical basis and specific methodology, nor have they enabled a sufficient number of nurses to obtain higher academic titles, for example at foreign universities. It is true that tertiary education for nursing care has existed for fifty odd years (the School for Nurses in Ljubljana started in 1951), however it works in the shadow of its »big brother«, namely the medical faculty, which has often clearly shown where in its opinion the limits of nursing education are for nursing to maintain its present role, subordinated to doctors. This belief also became entrenched in the minds of many nurses. However, development of the profession in the world during this time and the needs for nursing care among Slovenian patients were not in focus. The fact is that life expectancy in Slovenia is several years less than in the European Union (Zdravje v Sloveniji 1999). Partly, this is the result of the lifestyle of Slovenians because we smoke more, drink more alcohol, eat less healthy food and drive faster than the European average, but at least to some extent this is also the responsibility of the health care system. Surely, there are several reasons for this. Here, I mention just two, however they are probably not the least important, that is the »under-exploitation« of nurses and the poor communication between health professionals from different specialist fields, and with patients.

CONCLUSION: THE STRAITJACKET OF IGNORANCE AND POWERLESSNESS

Reasons for this situation primarily lie in the political circumstances that limit free discussion. It is also necessary to expose these circumstances in the health care sphere to thus contribute to the eradication of deformed communication based on power relations. That is because, the late modernity is liquid (Bauman 2000). Old concepts get new meanings, everything is changing faster than it used to. That also applies to the processes of allocating and distributing power. Participants in health care are gaining new positions with new attributes. Perhaps the greatest change is the more active role of health care users and their expectations to receive holistic care. This is not available within the existing health care system. It is based on a hierarchical vertical structure that hinders communication as well as the development of knowledge and skills of the lower levels of the hierarchy. It is a loss for health care as well as for society as a whole that development of the professions which used to be called »paramedical« is not faster and is encountering many impediments. Without taking into consideration the caring dimensions of health work, knowledge about this field is unreliable and inexact and cannot be the basis for efficient action. However, when the social relations of domination are transformed (rationalised) into relations of co-operation, say in a society we call democratic, new research problems are opened up in health care. According to Habermas (1997), these can be called problems of the internal rationalisation of the life-world by exposing the invisible and/or unseen, by giving a voice to the unheard, by reflecting on the (as yet) unreflected. Therefore, the development level of research into nursing care can in fact indicate the main values and ethical principles of a society.

Therefore, further development of research into nursing care in Slovenia not only depends on theoretical and methodological development of the field, on the number of nurses academically qualified for research work and on the quality of their research and scientific evidence of their publications. Even more than these »internal« factors, it depends on social relations, political priorities and establishment of the ethics of care as the core social value. The question is whether those groups in Slovenian society holding the power of decision-making see the potential role of scientifically-based nursing care for improving the life quality of this country's citizens. It is more likely that nurses will have to assert changes in this direction on their own or in connection with their not so few allies. Allies in this sense can also be theoretical concepts such as the ethics of care which, in co-operation with other helping or caring professions, are allowing us to open the discussion up about the invisible levels of maintaining and restoring health.

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HOME SWEET HOME! AN ANALYSIS OF THE DRAFT NEW HOUSING ACT THROUGH THE LENS OF THE ETHICS OF CARE

Ružica Boškić

Introduction

Housing is one of the most important elements of a person's everyday life. However, it is not only an important issue for each individual but also for the state. Therefore, the state has an influence on the housing sphere with its housing policy. Housing policy involves different forms of public intervention in the housing field (Mandič 1996, 3). The state can pursue the aims of housing policy in two ways. Firstly, by carrying it out through public sector institutions; this is called the providing type of housing policy. Secondly, by leaving its implementation to other actors, however, only after having provided the related organisational, financial and legal frameworks. This type is called an enabling strategy (Mandič 1999, 149) which, according to Mandič (1996), has been gaining ground since the 1970s and is also clearly identifiable in Slovenia's *National Housing Programme* (NSP 2000).

Two articles of the Slovenian Constitution refer to housing. Firstly, in the chapter on »Human rights and fundamental freedoms« Article 36 states that one's housing is inviolable. That means one's dwelling cannot be entered without the permission of the resident and that, if it has to be searched, the resident has the right to be present. In addition, two witnesses must be present when one's dwelling is being searched. Secondly, Article 78 of the Constitution's third chapter on »Economic and social relations« provides that »the state shall create possibilities for citizens to obtain proper housing« (The Constitution of the RS 1991). The independent state of Slovenia adopted its first Housing Act in 1991. Its passing occurred in a specific historical framework that significantly influenced the issues dealt with in detail by the Act. The most important issue then was the ownership transformation involved in housing, and denationalisation, as a way of rectifying past injustices. Today, the social changes and problems that have been emerging since adoption of the 1991 Housing Act reflect the need for a new housing law in Slovenia.

Therefore, the state has in part indicated the orientation of its housing policy in its Constitution, and in more detail in both its National Housing Programme and the Housing Act. Bearing in mind that the state is legally responsible for creating opportunities for its citizens to access a suitable residence, let us look at the indicators enabling a critical examination of whether the proposed Housing Act meets these obligations. Tosics and Erdosi (2001, 11) list the following indicators:

- the definition of adequate and minimum housing;
- the different types of exclusion and discrimination in the housing market and their frequencies;
- the definition of vulnerable categories of people; and
- the magnitude, in numbers of people, of the different categories of vulnerability.

The first three criteria will be used throughout the paper to analyse the draft act.

This analysis refers to the draft housing act because it is this law that presents the basis for concrete action and practice in the housing field. However, it also reflects the value orientations of its makers and the current atmosphere of mainstream society surrounding this question. The proposed act will be compared to the existing legislation and some other documents in the housing field: together they represent Slovenia's housing policy.

The above indicators accord with a view through the ethics of care, even though Tosics and Erdosi do not explicitly use this as a frame of reference. An analysis »through the lens of the ethics of care« also points out the way to tracing self-evident statements in policy texts: things that do apparently not need any explication since they are taken for granted. Also important are those issues omitted from the proposed act or which were also excluded from the existing Act. By focussing on these issues, I hope to expose the value orientations of those who drafted the proposed law and the forms of potential discrimination and exclusion that could occur after the draft becomes law.

MAIN CHARACTERISTICS OF THE PROPOSED NEW HOUSING ACT

On August 12, 2002, the Slovenian government submitted the draft of a new housing act for its first reading in Parliament. Before then, the draft had been published on the Government's website. The reasons for passing a new act are stated there as follows: fulfilling the objectives of the existing Housing Act (i.e. transformation of ownership and privatisation of housing stock); the many annulments of sections of the Housing Act ruled by the Constitutional Court of the RS; three amendments to the Act and Amendments to the Act on Amendments to the Social Security Act, as well as new problems that have arisen since adoption of the Act in 1991, whose solution calls for state regulation. That is the reason for measures proposed in the draft act such as the definition of competencies in the management of multi-family buildings, the powers of the housing inspector, and the like.

According to the draft's submitters, its underlying systemic *principles* are the same as those of the 1991 Act. However, with privatisation almost finishing of a large part of the existing housing stock some of its *central objectives* have changed. The draft act identifies 11 objectives and principles. These refer to the definition of residential buildings, the revival of housing construction and the housing stock, identification markers of buildings and dwellings for the purpose of keeping the register, the land cadastre, the management of buildings and so on. It says nothing like the central aim is »to provide/enable suitable housing for everyone«.

Concerning the subjects mentioned in the draft act, it must be stated that among the objectives tenants are not mentioned as subjects even once while owners (buyers) are referred to twice, which could lead us to the conclusion that the Slovenian state is explicitly giving priority to ownership over tenancy.

In accordance with the Rules of Parliament, the whole text of the proposed act refers to both genders. Always when referring to different subjects such as owner, buyer etc., the feminine and masculine forms are consistently given (since the Slovenian language distinguishes between gender in nouns).

When speaking about the objectives of housing policy it is useful to be acquainted with the three dimensions of housing (Mandič 1996) because of the comparison of these dimensions with the objectives stated in the draft act:

- the urban development and construction dimension (dwellings as physical objects and built structures, the spatial location);
- the economic dimension (housing as part of the economy and industry); and
- the social-political dimension (housing as part of social policy).

The objectives and principles of the proposed act largely refer to the first two dimensions of housing, i.e. urban development and construction, and economic goals, while its social-political dimension[1] merely includes the objectives of simplifying and unifying non-profit rents to cost level as well as an elaboration of the system of socially corrective measures in the housing field.

ADEQUATE HOUSING AND MINIMUM ACCEPTABLE HOUSING

According to Tosics and Erdosi (2001), the definition of an adequate residence and the minimum acceptable housing are important indicators for examining access to housing. Adequate housing is important from the aspect of the quality of accommodation, while minimum acceptable housing should describe the lowest still acceptable residential conditions. It is therefore important to look at how these concepts are operationalised in both the existing Housing Act and the draft new act.

An adequate residence as defined by the existing Housing Act is »a dwelling having, besides a living room, a kitchen, amenities, and a hall, enough sleeping space to meet the residential needs of the owner or tenant and their close family members if they live with the owner or the tenant in the same household« (HA 1991, Article 5). The draft act gives a different definition, i.e. adequate housing is a dwelling which »meets technical and other conditions for dwelling construction and complies with superficial norms set according to the tenant's social status« (Draft HA – 2, 25. 7. 2002). While in the existing act the definition of adequate housing refers to the resident, in the proposed draft the definition refers to technical and other building

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[1] Here we primarily have in mind the social dimension. Property (owners, buyers) is, besides the economic issue, another major political issue in Slovenia, especially from the viewpoint of the possession and usage of property.

conditions. In the draft, the size of a suitable residence differs according to the tenant's social position which, when translated into practice, means that it is morally agreed by the state that rich people have larger dwellings than poor people.

According to Mandič (1996, 69), in 1996 in Slovenia »the minimum acceptable standard was a dwelling that had one room less than the adequate housing suitable residence and where the living room was used as the bedroom for one person«. Mandič's findings based on the study *Between local needs and the abilities of the new policy – a survey of housing in Ljubljana 1993* show that the main problem regarding living rooms for those looking for housing with the help of the City of Ljubljana Housing Fund was not that they were forced to use the living room to sleep in, but that their dwellings simply had no living room at all (Mandič 1996, 169). The proposed new housing act provides no definition of a minimum satisfactory residence while it is likely that the present definition, connected to the number of rooms and not to superficial norms in accordance with the tenant's social status, will no longer be the norm.

VULNERABLE GROUPS

The concept of vulnerable groups includes those social groups considered by the state to »have less resources such as money, information, connections and various skills in comparison with other groups and therefore to be less equipped for the market competition for these goods, and deprived already at the start« (Mandič 1999). Yet, one of the greatest problems of housing in Slovenia is the unavailability of affordable housing and high housing costs, which causes difficulties in gaining access to adequate housing. Moreover, since dwellings are very expensive goods their acquisition demands a large proportion of a household's income so in fact most of the Slovenian population could be seen as being vulnerable in residential terms.

The existing Housing Act (HA 1991) mainly provides so-called social rental housing for vulnerable groups. The following are the groups identified as being vulnerable by the Act, which have priority in access to social housing: families with several children, families with a small number of job holders, young families, disabled people, families with a disabled member according to the type and extent of their disability.

The proposed act no longer includes social housing in the definition of rental housing. This is explained by the drafters with the claim that »so far, the difference between social and non-profit housing has only concerned the beneficiaries for whom they were built, and not the quality of the building or the equipment« (Draft HA – 2, 25. 7. 2002). In the existing Act, there is a distinction between social and non-profit housing. A social dwelling can only be let to social service beneficiaries. Non-profit housing is defined as a dwelling built by non-profit housing organisations, which do not make a considerable profit[2] by letting out the dwellings (HA 1991).

The differentiation between social and non-profit housing caused beneficiaries, whose income had increased by a negligible 1000 Slovenian tolars even though their real purchasing power had not increased, to exceed the income ceiling and thereby lose their status of a beneficiary for social housing (Mandič 1996, 155). When (if) the draft act is adopted, the municipality, state, national and municipal housing funds or each non-profit housing association will define in each public call for applications the income ceiling under which housing will be allotted and the surface criteria (in m^2) according to the number of people who would live in the household. Social service beneficiaries entitled to subsidised housing and whose income changes by 1000 Slovenian tolars would then not lose their beneficiary status. It would only mean a smaller subsidy.

The beneficiaries would also have to meet some general conditions such as a certificate guaranteeing that their spouse or cohabiting extramarital partner is not the owner of a dwelling or house, the tenant of a non-profit dwelling, or owner of real estate exceeding a certain value. The criteria include an assessment of the applicant's residential and social circumstances.

Another general condition is Slovenian citizenship, which is a serious form of exclusion of refugees. On the other hand, in accordance with legislative changes reflecting the fact that Slovenia is about to join the EU the rights of citizens of EU member-states regarding access to social and non-profit housing will have to be equal to those

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[2] Firstly, it is questionable what is meant by considerable profit in the existing act. Secondly, it would be interesting and important to disscuss whether Slovenian non-profit rents will indeed be non-profit when the new act will be adopted. This seems questionable if we take a closer look on how the non-profit rent elements are defined in the draft act.

of citizens of the Republic of Slovenia, which is also stated in the proposed housing act. In spite of the Slovenian legislation's adjustment to the EU legislation, it is highly unlikely that poor people from EU member-states would move to Slovenia to seek non-profit housing. Potentially, more support in the provision of dwellings would be needed by immigrants coming from less developed countries which are not EU members and who want to stay in Slovenia.

As is usual in housing policy, the draft act also envisages priority in access to non-profit housing for groups recognised by the state as being vulnerable. In the draft act these are families with several children, families with a small number of job holders, young people and young families, the disabled and families with a disabled member, as well as citizens employed for a considerable number of years who live as tenants or in sub-let dwellings. Priority would also be given to applicants regarded by an individual local community as being important for their professional activity. This last topic must be specifically defined by the local community in the related public call for applications (Draft HA – 2, 25. 7. 2002, Article 91). The draft act no longer includes the condition that a beneficiary can apply for a non-profit dwelling only in the local community of their permanent residence. This condition is presently in force for applications for social housing and the proposed change would definitely mean a step forward compared to the existing provisions. Survivors of violence in partner relationships (who wish or have to leave the area of their permanent residence) could then more easily apply, as could other individuals forced to move to another area for different reasons.

Another form of help for vulnerable groups, in this case the beneficiaries of social protection services, are rent subsidies. While a separate paper could be written on the results of changes in rent subsidies, let us look only at one new element – i.e. that the competent bodies of municipal administration would, in accordance with the municipal housing programme, also be able to grant a subsidy to the tenants of profit-making rental dwellings. This is clearly useful because, due to the low availability of non-profit and (for now still) social housing stock, beneficiaries are forced to live in rented housing in the open, commercial market, pay very high rents yet they are not being helped by any subsidies.

EXCLUSIONS AND DISCRIMINATION IN THE HOUSING FIELD

The difference between vulnerable and excluded groups is that vulnerable groups are defined as such in political documents and are therefore socially acknowledged as needing special help. Excluded groups, on the other hand, are not mentioned in political documents and often do not have any representative groups that could form a related lobby. Research carried out by The Urban Planning Institute of the Republic of Slovenia in 2002 in the Municipality of Ljubljana compared how frequently various vulnerable groups were mentioned in political documents[3] with the number of times they were mentioned in interviews carried out by seventeen different organisations operating in the housing policy field[4]. The findings show there is only a small overlap between the mentioning of vulnerable groups in political documents and by those organisations. »Groups most commonly perceived by the organisations as being the most vulnerable – the poor, people belonging to other ethnic groups and single-parent families – are only mentioned in a few political documents« (Sendi et al. 2002, 74). Conclusively, the orientation of political documents seems to diverge from the situation perceived by organisations working directly with socially excluded people. Assuming that organisations are more familiar with the real-life situation they face every day in their fieldwork, the conclusion could be that certain groups are being excluded from the present Housing Act. However, the same groups are also excluded from the proposed new housing act.

The above quoted researchers noted another interesting divergence, this time running in the opposite direction. Families with several children as well as tenant households are often stated as being vulnerable groups in documents while they are not mentioned as such by the organisations (Sendi et al. 2002). Rather than implying that the position of vulnerable groups as perceived by the authors of

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[3] National Housing Programme; Ljubljana Housing Programme; Annual Report of the Ombudsman; Annual Report of the Housing Inspector; National Programme on Combating Poverty and Social Exclusion; Social Security National Programme until 2005.

[4] Some of them work primarily in this field, while in others the housing problems of their users are raised in connection with their other issues.

political documents seems more favourable regarding the solution of their housing problem, this shows that these groups are politically acknowledged as such and given opportunities to obtain different kinds of help for their housing problem.

Some discrimination in the proposed new housing act results from general prejudices in society and does not refer to invisible groups. They are hidden behind the self-evident expressions and can be easily overlooked when reading the documents. One example here involves homosexual partnerships. It should be noted that the draft housing act complies with Slovenian legislation in its whole, which discriminates or does not acknowledge homosexual partnerships. At the time of writing this paper, two proposals for the new housing act had been published on the Slovenian Government's website. The first defines »close family« as including »the spouse or person with whom the owner (or tenant – author's note) has lived for more than two years in a community of *a man and a woman*« (Draft HA–1, March 2002). On the other hand, the second draft of the housing act (Draft HA–2, 25. 7. 2002) defines »close family members« as »the spouse or person with whom the owner (or tenant – author's note) has lived in a long-term community in compliance with the legislation on conjugal relationships and family relationships«.[5] Article 6 of the current Housing Act defines a partnership as consisting of family members, as follows: »Pursuant to this Act, close family members are the spouse of the owner or a person with whom the owner lives in a long-term partnership ...« (HA 1991). That does not mean homosexual partnerships are not discriminated under the present law but merely that in 1991 homosexual partnerships were not »such an important« political issue. Homosexual partnerships involved an issue that was invisible for policy-makers and thus did not constitute an issue that had to be dealt with.

But let us look at what the existing and proposed definitions of partnership and family members mean in practice. In a hypothetical example, if a tenant living in an extra-marital community with a homosexual person dies, the owner of the dwelling is not obliged to con-

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[5] This definition could also be interpreted in another way – i.e. that with a change to the Conjugal and Family Relationships Act it would not be necessary to change the definition of close family members in the draft new Act – but I think this definition is a reflection of the existing mentality and not »a look into the future«.

tinue the contract with the tenant's partner. The draft act does not guarantee (gay and lesbian) partners the same housing rights after the death of their partner so they run the risk that their housing situation will deteriorate. But homosexual partnerships raise several other questions as well. For gaining the credit points required by public calls' specifications in order to access non-profit housing, priority is usually given to families in Slovenia, which do not include homosexual partners with a child. Homosexual partners may be put on a list as two individuals or as a single-parent family plus one individual, but this gives them a lower starting position.

HOMELESS PEOPLE

In Slovenia, especially in towns the homeless are physically quite obvious. Yet, while being specifically defined as the most vulnerable group in all world documents in the housing field, it is the most invisible group in Slovenian political documents (Avramov 1999; Sendi, Mandi et al. 2002). Their problems are individualised and mostly they do not have representative organisations to put pressure on decision-makers. The draft new housing act mentions the homeless just three times.

They are mentioned twice in the definition of special residential buildings (»Buildings for special purposes designed for the temporary solution of the housing needs of socially underprivileged persons«; Draft HA – 2, 25. 7. 2002, Article 2), which provide merely short-term solutions to housing problems of the homeless. Special buildings are designed for the homeless, for different therapeutic groups carrying out various social protection programmes that include accommodation, and for temporary solutions to the housing problems of socially underprivileged persons such as students, pupils and pensioners. Time-limited residential arrangements in residential units in common residential buildings designed for temporarily solving the housing needs of socially underprivileged persons are allotted by a municipality to individuals or families in the most difficult material or social conditions (Draft HA – 2, 25. 7. 2002, Article 2). At the moment, many of them do not receive any financial help because they are not Slovenian citizens and especially because they do not have permanent residence, which is one of the conditions of being provided with social services[6]. The draft act does not address this problem at all. It does not state whether a person needs citizenship or a certificate of permanent residence within the municipality offering such residence, not does it prevent these exclusionary practices by giving the right to housing, for example to people with temporary residence permits.

The third time the homeless are mentioned is in Article 91, which sets out priorities in the granting of non-profit dwellings. However, these do not include all the homeless but only those who are »disabled and families with a disabled member and citizens with many years of service who do not have a dwelling« (Draft HA – 2, 25. 7. 2002, Article 91). Potentially, this is the only long-term solution to the residential problems of the homeless envisaged by the draft act.

RENEWAL WITH THE ETHICS OF CARE

In the draft Act, like in the 1991 Housing Act, one of the key normative orientations is the establishment and functioning of the housing market. Slovenian society is dominated by the opinion that the market and its mechanisms should provide for the appropriate distribution of goods. Care is only taken into consideration when people need it from the state, but until then they are supposed to act self-sufficiently. This denies the interdependence of people and organisations which is underlined by proponents of the ethics of care as an important element of the human condition (Sevenhuijsen 1998).

People who do not have market power and belong to one of the vulnerable or discriminated groups that require *extra* measures of the state (such as the non-profit housing for social beneficiaries in the proposed new housing act) are often perceived as »parasites«. Most see themselves as being different (better) than those who are social service beneficiaries or otherwise discriminated. It seems they believe the state should treat them differently from »parasites«. Above all, many people believe the state should intervene when the need arises. For instance, a state subsidy is desirable when owners need to make major renovations to their dwelling. On the other hand,

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[6] The biggest problem facing the homeless is the vicious circle arising from the fact that they do not have a permanent residence. Without a permanent residence, they cannot ask for financial social assistance and cannot obtain personal identification documents which, in turn, means they are invisible to state institutions.

some people believe the state should not interfere or that it interferes too much when not needed. The typical case concerns rents in the private rental sector, which are high in Slovenia. As mentioned before, due to the low availability of affordable housing many social service beneficiaries also have to live in commercially rented housing and pay market rent. It is not uncommon for owners (landlords) to try to evade reporting the lease to the authorities to avoid paying tax on the rental income received. Often they do not allow their tenants to register their permanent residence at the address of the rented place. In this case, the state regulations are perceived as being needless restraints.

Stemming from the widespread opinion of »parasites« the need to control beneficiaries arises – »in order to prevent social service beneficiaries from making a profit from our hard earned money«. This shows the low level of trust and solidarity in Slovenian society concerning housing problems. Further, the possibilities of solving one's housing question are very different for the »haves« and the »have nots«. »Resourcefulness« is being privileged over »fairness or integrity«, and trust in the state regarding the housing field is low. People are not aware of interdependency, that they need each other for a better life in society and can exist as individuals only through and because of relationships with others. Since the feeling of interdependency is low, the willingness to care for other people is relatively low in Slovenian society.

What would renewal via the ethics of care mean? The process of adopting the new act as the basis for action in the housing field should include all subjects or representatives of subjects required in the field. Therefore, the process of adoption should be interactive in all phases (Sevenhuijsen 1998). Although formally the process is presented as being interactive, in reality it seems that it is carried out »top-down«, i.e. the competent ministry prepares a proposal that is then commented on by individual interest groups.

Interactivity in the sense of the ethics of care would take place on the basis of assessing needs in the field. Each group of subjects would have a chance to present their needs and thus an equal opportunity to add its voice. This would prove the attentiveness of legislators with respect to the needs of different groups. Debate on the new act should also include experts from various scientific disciplines who could contribute to understanding the problematic, for example by presenting the meaning of having a dwelling in satisfying the varying needs of people – such as the need for intimacy and the need for ontological safety. This would allow those involved in the debate to better understand the needs of others and to draw motivation for their action from them. The present »what you gain I lose« debate is – on the contrary – dichotomised and originates primarily from the fear that the situation would worsen if care and solidarity were to be leading values.

Interactivity and the broadness of the political process of assessing needs in the housing field in themselves could influence a revision of the existing objectives of the proposed act. This would not reduce the significance of housing construction and the importance of the criteria for quality building as one dimension of housing, and regulation of the housing market as another. If the housing question in all its dimensions had been considered by the legislators when the proposals were being drafted, the housing act would encompass the question of all the human needs that have to be met (targeted) by the act. This not only means technical safety but also socio-psychological needs. Or, as Tronto (1999, 274) put it when she spoke about choices: »we should step back and ask about the needs that are being considered and also ask which ones are being ignored«.

CONCLUSION

The national housing policy is so complex that this short paper cannot possibly encompass it all. Therefore, some issues have been left out. For instance, the problems of expropriated persons and the tenants of denationalised dwellings have been omitted because both have representative interest groups and have contributed their remarks on the proposed housing act.[7]

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[7] The remarks of expropriated persons primarily refer to the fact that for many beneficiaries the »ownership« of their dwellings was returned but not their actual possession and the possibility of usage. In their view, protection of the rights of former holders of residential rights is a communist construct (www.s3k-net.com/zlep/osnutek2.html). On the other hand, the tenants of denationalised dwellings point to the fact that privatisation brings about new injustices, and that they have been discriminated against compared with other residents in terms of the possibility of buying their dwellings (www.nepremicnine.si21.com/novice/2002060202.html).

This paper has sought to analyse the draft act's guidelines on how they include and exclude vulnerable groups. The analysis draws attention to certain concrete situations faced by members of particular groups in society. At the same time, it points out some new issues that hopefully will contribute to improving the situation of some of these vulnerable groups and reducing differences in their access to an adequate dwelling.

My most important point of critique is that the draft act is written on the basis of a conception of dwellings as built physical spaces, and not on the basis of housing being an actual need of people. Throughout the text, and specifically in the explicit definition of the objectives and principles of the draft act, dwellings are considered *places* of residence, i.e. in their technical and spatial arrangement and in relation to how the housing market works, and only to a lesser extent are they thought of as homes implying quality accommodation and the feeling of security and privacy. Given the state of the housing market in Slovenia, the lack of relatively inexpensive dwellings makes access difficult to them for almost all social groups. So long as the level of availability of affordable housing remains low and housing remains so expensive in Slovenia, we cannot even expect a change in the emphasis, i.e. from the technical arrangement of residential buildings and the housing market, to the improved quality of living places.

The proposed new act is based on the distribution of rights and obligations. Like with the existing Housing Act, the draft housing act is problematic on the issue of sanctions. While the responsibilities and competencies of tenants, owners, managers, inspectors, the municipality, state and other actors are distributed, sanctions for violations or non-fulfilment of the draft's provisions are stated for some and yet not for others. It is not clear what happens if the state, municipality or national or municipal housing funds do not actually apply the proposed law. What could force municipalities to truly guarantee non-profit housing to beneficiaries, and temporary residences to the homeless etc.? Who would punish the National Housing Fund for not providing enough initiatives for housing savings? It does not seem that future adoption of the draft housing act, as it currently stands, would provide answers to these questions.

Renewal via the ethics of care means expanding the debate in the housing field and including new issues that are presently omitted even though they concern each and every one of us. That implies we should discuss fully the values that guide housing policy. We all need a home as a shelter to come in from the rain and every person, regardless of their social status and position, still has the need for safety and intimacy (the dwelling as a residence). Only by introducing the ethics of care – and thus of respect for others in society as well as the feeling of responsibility on the part of the state and its representatives – can we expect the state to adopt a more active attitude in investing greater energy into carrying out its own laws.

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TRACEING THE SLOVENIAN PROGRAMME ON THE COMBATING POVERTY AND SOCIAL EXCLUSION

VESNA LESKOŠEK

INTRODUCTION

In January 2003 the Peace Institute organised a two-day regional workshop on the ethics of care and invited Selma Sevenhuijsen to present the *Trace* method. She has developed this method to analyse in a series of steps the normative frameworks of existing policy texts and the place of care within them. To apply the method we chose the Slovenian policy paper on poverty and social exclusion.[1] The main reason for doing this was the fact that poverty and social exclusion is the priority social policy topic in both the EU and accession states. We assumed that most participants would at least have some knowledge of the topic since they are all involved in social projects.

The Slovenian government adopted the Programme on the Combating Poverty and Social Exclusion in February 2000. The group that prepared it comprised civil servants and social/economic scientists, along with some participation by NGOs. The strength of the programme lies in its academic approach to the problem and the presentation of much useful data, from analytical to in-depth perspectives. Its weakness is the part on social exclusion where theoretical writing is insufficient and a practical plan for implementation is needed. The first report on implementation was introduced and accepted by the government in April 2002. The report was presented at the one-day conference that was organised together with European Commission. NGOs presented a very strong written critique of the report that was translated into English as the »Shadow« report. The main focus was the absence of any consistent strategy for social inclusion, any concrete action plan for inclusion, and any plan for how to include the participation of NGOs.

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[1] Programme on the Combating Poverty and Social Exclusion. Ministry for Work, Family and Social Affairs, Ljubljana, 2000.

Due to the programme's relevance to the current Slovenian situation, the Peace Institute decided to use the opportunity and collect the views of external experts who are not part of the local networks. The results of using the *Trace* method were similar to the Slovenian NGOs' comments, with one exception. Participants at the workshop also noted the programme's positive features that actually point to a high level of welfare state, higher than they can hope for in their own countries. Participants from Poland, the Slovak Republic, the Czech Republic, Estonia and Hungary gave broad and useful comments.[2] The first part of this chapter presents, following the *Trace* steps, a short analysis of the paper, while the second part offers some directions for how to renew it from the care perspective.

RESULTS OF THE ANALYSIS USING TRACE

The *intention* of the policy paper is to satisfy EU institutions in the process of becoming an EU member. The authors try hard to draw the most positive possible picture of welfare levels in the country. As a consequence, the *problem definition* is unsatisfactory. Poverty is exclusively connected to long-term unemployment, and social exclusion is defined via the terminology of the EU's recommendations, which can be seen from the references used. It is unclear what should be seen as the causes of poverty, apart from a relatively vague reference that it is a characteristic of the »modern world«. As a result, the reasons for distributing responsibilities for combating poverty and exclusion are not clear. It is impossible to recognise the voice of the excluded in the materials. Despite the fact that there is still a strong consensus about social rights, the proposed policy of distributing social benefits is market-oriented. Hence, the strong emphasis on self-sufficiency: the obligation to provide for oneself. New families are mentioned, yet support is given merely to the traditional family: same sex couples are excluded and single parents do not get adequate support. The *solution of the problem* is seen in the market orientation hidden within the formula »from welfare to work« and in the conservative notion that people must not depend on welfare. The main norm for the solution is the promotion of individual self-sufficiency which is in fact a neo-liberal concept.

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[2] I also have to thank Selma Sevenhuijsen for her comments and editorial work on this article.

One of the *Trace* steps is to establish the *leading values* of a document and to reflect on their background. In the text on poverty and social exclusion, we can see a mixture of (socio) liberal and community-oriented values. The first are autonomy, freedom and equal rights that are mentioned mostly in the chapter on international documents. The second are solidarity, social justice, recognition of the »need to belong« (which is presented as a substitute for love) and human dignity. Values are usually linked to implicit or explicit notions of *human nature*. Three features of the report stand out in this respect:

- self-care and self-sufficiency are presented as the norm for social development;
- individuals with rights and responsibilities are seen as the basic unit of society; and
- it is stated that individuals need basic rights for an appropriate social position.

The normative dimension of these statements is visible in that the report describes those groups not meeting these standards in terms of »deviants« who exemplify a potential threat to social integration and social order. Poverty is, for example, seen more as a social problem because it might cause delinquency and criminality than for the hardship and distress it brings to the people concerned.

Underlying ideas about human nature can also be traced in terms of *gender*. Here the following features of the report are noticeable:

- the report acknowledges that poverty is increasingly becoming a problem of women and children: the proposed measures do not make reference to this phenomenon, however;
- only women are explicitly mentioned, men are not: the gender-neutral language makes men invisible, also when the family is described;
- no distinction is drawn between gender differences in disability and ethnicity, so in fact the paper constructs homogeneous groups instead of acknowledging mixed identities;
- women are mentioned mainly with reference to paid work: the combination of work and family is emphasised only for women; and
- the family is mentioned as a coherent unit, without any differentiation of positions, roles, power resources and interests between men and women, or between generations.

In the report as a whole, *care* is not acknowledged as a relevant concept. It is only visible in arguments for the protection of so-called »vulnerable groups«. It is also implicitly present in the notion of »a need for belonging« and in the need for the social support of families so they can secure greater safety and moral support for their members. There is no critical reflection on the link between care and women's nature (the combination of work and care is seen as women's problem). With these assumptions the provision of care is in fact taken as self-evident, and political responsibility for combining work and care for both women and men is denied. Care is also absent since the report focuses more on the wants than the needs of the target groups. It is also unclear why the report replaced the »need to love« with a »need to belong«. Certainly the meaning of the notion of a »need to belong« needs further elaboration and critical reflection, especially in the context of thinking about inclusion and exclusion, in which it can easily obtain exclusionary or nationalist overtones.

The proposed *role of the state* in the process of implementing the programme is quite contradictory. On one hand, the state is seen as a guarantor of social rights and as the co-ordinator of civil society and the private sector, where it has to identify responsibilities and set time limits for agreed policies. On the other hand, it is attributed a monitoring role: it is more reactive than proactive. This can be seen in the very broad goals, the absence of any explicit forms of accountability and in the weak action plan (who will do what and when). It can be concluded then that the overall *political philosophy* is a mixture of social democracy and market-oriented neo-liberalism.

The normative dimension of policies can also be traced by looking at the *rhetoric* used in official documents. Analysed through this lens it becomes clear that the state is adopting a relatively ambivalent attitude to the problem. The statement that exclusion cannot itself be completely eliminated may sound realistic, yet it could also be interpreted as an excuse for policy failures or the absence of political reaction in certain fields of exclusion. The word »extensive« analysis is used several times, apparently to support the high quality of the text and to provide it with an image of scientific objectivity. Looking for rhetoric includes tracing dichotomies and taboos within texts. Dichotomies are usually a reflection of traditional mentalities that do not recognise the difference, plurality and relationships between people. In this case, we found oppositions between self-sufficiency/vulnerability, independency/dependency, employment/unemployment, integration/anomy, well-being/poverty and well-being/violence-crime. Taboos are attached to sexuality, especially to sexual orientation and gay and lesbian marriages and adoptions. Men are not recognised as a category in need, although the single, middle-aged male without an education and/or employment and personal networks in fact belongs to a group in serious risk (Duffy 1998). Homelessness and alcoholism are not recognised as social problems. In addition, tracing inconsistencies or paradoxes can shed new light on normative problems in policy texts. Several of these can be mentioned here:

- on one hand the programme acknowledges there are people with a long-term inability to participate in the labour market, while on the other only temporary support is planned as a response to unemployment;
- the paper is contradictory about the family – on one hand it declares equality between men and women, yet on the other the traditional family is seen as the primary unit of care and social support; the text strongly emphasises gender equality in the labour market, but is silent about the distribution of caring work in the family and the household.

Answers to the above questions lead to a judgement of whether the paper is *adequate* in analysing the problem in question. The paper can be judged to be adequate in so far as it recognises the existence of poverty and the need for permanent social policies in the field. But the very definition of the problem makes the paper less adequate than it could be. International literature dominates the overall picture and criteria and this prevents an insight into the particularities of Slovenian society. Further, poverty is not seen as a result of social inequalities and social/economics processes but as a world process over which a particular state does not have an influence: it can only counter and mitigate its consequences and aim at getting people »back on track«. There is a lack of reflexive sociological data on social exclusion that could question the report's approach and expand it with other voices, for example by actively drawing on the expertise of NGOs.

It should also be noted that there is a strong emphasis on economic and material factors. There is no mention of power relations and the cultural and political processes of exclusion like discrimination, stereotyping and the tracing of boundaries between »us« and »them«. In fact, the report reproduces entrenched racism against the Roma by attributing them with laziness and labelling this an issue of their culture, and thereby tends to »blame the victim« for her or his own position. Instead of addressing power and discrimination, social inequality is instead seen as a problem of the individual. Through its strong emphasis on independence, the report ignores the fact that interdependency is part of the human condition. Its gender-neutral language prevents any acknowledging of the symbolic »maleness« of the self-sufficient individual who is the norm of the report. As a consequence, it is easier to see women as the problem. The goals and values of the report are very broad and high but, since they lack grounding, it invokes the comment that these are largely just »on paper«.

In spite of these critical remarks, the *overall judgement* of the paper by participants at the seminar was moderately positive in that it gives the grounds for future policy. There is at least a recognition of the need for permanent policies regarding poverty and also a good definition of the groups needing special attention. The normative framework is, however, too individualist and does not recognise the permanent nature of dependency and the need for care.

RENEWAL OF THE PROGRAMME FROM THE CARE PERSPECTIVE

In the *second part* of analyses along the lines of *Trace* recommendations, we examine what change is needed in order to introduce the perspective of care into the policy framework. Participants at the workshop gave some useful comments and suggestions that should be taken into account in further debates on poverty and social exclusion. Instead of one-sided dependency, there should be a stronger acknowledgement of *interdependency* between people or between care-givers and care-receivers. Care-receivers should not be seen as passive objects or helpless victims who cannot take care of themselves at all. Further, vulnerability is not a characteristic of just one isolated group of people. Care should be aimed at needs instead of the prevention of social danger. More measures are needed to support people in helping themselves. Dependent people should be seen as citizens, not just as welfare receivers or second-class citizens. Amongst others things, this means their needs and perspectives should be taken into account in policy-making. But this would assume putting more trust in the agency and people's opportunities than is currently the case.

Regarding the five values of the ethics of care, *attentiveness* is included in the report in that it argues that particular attention should be paid to the protection of vulnerable groups. Yet, as we said earlier, the needs and perspectives of these groups are not taken into account in formulation of the policy goals. In the ethics of care, attentiveness is certainly not similar to protection. In later passages, the report notes that more qualitative research is important for articulation of the voice of care-receivers. An ethics of care approach would stress this much more and balance this with the macro-sociological framework espoused in the report. After all, attentiveness presupposes listening to the considerations of the people concerned.

As concerns the value of *responsibility*: the government sees itself as an agency that attributes responsibilities, but it is unclear about how this should occur. Also, more clarity is needed about how to draw on existing responsibilities and how poor people themselves deal with (conflicting) responsibilities. There is some division between the ministries and between the government and local communities, but NGOs are not involved enough.

The value of *competence* was not explored deeply. Participants emphasised the importance of education for professionals, the importance of the government sharing resources and seeing care-givers and care-receivers as equal in decision-making processes. They also stressed that care would start from existing competencies. Sometimes the paper does not *respond* to the problems defined or responds to problems that are not defined. The value of responsiveness suggests the programme needs to be evaluated after some time from the perspective of the receivers. To encourage *trust* among people it would be important to have more data about anomy and isolation. The report's remarks as they stand are too theoretical and speculative: it is merely assumed that poverty leads to exclusion and anomy. In fact, unsubstantiated remarks like these can contribute to further stereotyping and exclusion. Again, this is a problem of the »top-down« approach found in the report. There is too much paternalism instead of listening. An approach through the ethics of care would put more trust in the competencies of the people concerned in dealing with problems, and also listen to the problems they experience. Otherwise, there is the risk that citizens will lose their trust in the government. In general, the report could succeed by developing more ideas and measures about how to protect and support caregivers, at home and in social institutions, to enhance the quality of the relationship they have with care-receivers.

Concerning the *general value statement,* the ethics of care would suggest as follows. The value statement should be more explicit about the importance of solidarity and care; the value of plurality should be integrated in it; attention to needs for care should be more prominent; the question of how to deal with (inter)dependency should be seen as part of social justice arguments. The argument of human dignity, which is only mentioned briefly, should be elaborated. But what the values mean in specific situations and for concrete policy proposals should also be more clearly developed. They should be more related and substantiated. Citizenship should not only be regarded as a social phenomenon (in terms of social integration), but first and foremost as political participation. The meaning of democracy should be more elaborated, and what the notion of »care as a democratic practice« could bring here should be investigated.

The ethics of care would also lead to a renewal of the *definition of the problem.* There should be changes in the dominance of the »work paradigm« (work as a universal response to the problems of poverty and exclusion), while both unpaid and paid care-giving should be acknowledged as an important form of social participation and as a means of furthering social cohesion in terms of solidarity and commitment. However, at the same time the definition of integration would have to be modified. The meaning of diversity should be developed instead of emphasising integration and adaptation. Political citizenship, based on the recognition of plurality, could set an example here, and the notion of care as a democratic practice could point the way towards political agency and policy-making based on attentiveness and responsibility. The programme should be screened for racist measures (for example, towards the Roma), gender prejudices and stereotypes.

As regards *concrete measures*, we can mention only some suggestions here. As regards the regulation of paid labour, the support and improvement of existing labour forms should be taken into account instead of just focussing on new ones (like, for example, new entrepreneurship for women, as the report does now). Children should not be mentioned only in relation to their families, but be addressed as social actors on their own; the notion of caretakers should be broadened so that, for example, the responsibilities of employers regarding the balancing of work and care could be expanded. New measures for eliminating the symbolic forms of racism and sexism should be introduced and there should be greater support for projects that enhance civil, cultural and political participation.

CONCLUSION

All these comments and recommendations are the product of a two-day workshop at which a group of professionals (philosophers, sociologists, social workers and health workers) and students from different countries focused theoretically and practically on one particular method. What they produced is a list of useful and relevant notes on how they understood the text and how they would improve it. On the other hand, the work was done successfully because of the *Trace* method itself. The steps of *Trace* are simple to follow: how to read the text, on what to focus and what to reconsider from different perspectives (values, gender, problems, solutions etc.) It is easy to both understand and use, provided one has background knowledge of the ethics of care. We hope that policy-makers will find some benefit from the workshop participants' efforts.

REFERENCES

Duffy, K. 1998. *Opportunity and Risk: Trends of Social Exclusion in Europe.* Strasbourg: Council of Europe, pg. VI.