Feminist Ethics and Social Policy

Towards a New Global Political Economy of Care

Edited by Rianne Mahon and Fiona Robinson

FEMINIST ETHICS AND SOCIAL POLICY

Towards a New Global Political Economy of Care

Edited by Rianne Mahon and Fiona Robinson

UBCPress · Vancouver · Toronto

Contents

Part 2: Transnational Influence of Care Discourses

Part 3: The Transnational Ethics of Care

Abbreviations

AOTS	Association for Overseas Technical Scholarship
CAN	Canadian Nurses Association
CEC	Canadian Experience Class
CERI	Centre for Educational Research and Innovation (OECD)
CIC	Citizenship and Immigration Canada
CIHI	Canadian Institute for Health Information
CIS	Commonwealth of Independent States
DELSA	Directorate for Employment, Labour and Social Affairs (OECD)
ECC	early childhood care
ECD	early child development
ECE	early childhood education
ECEC	early child education and care
EPA	Economic Partnership Agreement
EWL	European Women's Lobby
GOL	General Occupations List
HRSDC	Human Resources and Skills Development Canada
IENs	Internationally Educated Nurses

ILO	International Labour Organization
IMF	International Monetary Fund
INGOs	international non-governmental organizations
IOs	international organizations
IRPA	Immigration Reform and Protection Act
JICWEL	Japan International Corporation of Welfare Services
JPEPA	Japan-Philippines Economic Partnership Agreement
KWDI	Korean Women's Development Institute
LCP	Live-In Caregiver Program
LFCAJ	Licensed Filipino Caregivers Association in Japan
LTCI	long-term care insurance
MOEHRD	Ministry of Education and Human Resource Development (Korea)
MHLW	Ministry of Health, Labour and Welfare (Japan)
NIKKEIREN	Japan Federation of Employers' Association
ODA	Official Development Assistance
OECD	Organization for Economic Cooperation and Development
OJT	on-the-job training
PNPs	provincial nominee programs
RENGO	Japanese Trade Union Confederation
RNs	registered nurses
RNAO	Registered Nurses' Association of Ontario
ROWITE	role of women in the economy
SAPs	structural adjustment programs
TFWP	Temporary Foreign Worker Program
TPV	Tropical Paradise Village (Philippines)
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

FEMINIST ETHICS AND SOCIAL POLICY

Introduction

RIANNE MAHON AND FIONA ROBINSON

The term "care" has two related meanings. The first refers to a set of activities and form of labour focused on social reproduction, including child care, elder care, care for the sick and those with disabilities as well as other forms of household and domestic labour. The second involves the understanding of care as the basis for a system of ethics. In Virginia Held's (2006, 10) words, the central focus of the ethics of care is on "the compelling moral salience of attending to and meeting the needs of particular others for whom we take responsibility." One of the main aims of this book is to elucidate the theoretical and practical relationship between aspects of care that have, for the most part, been treated separately, that is, the ethics of care, developments in the social politics of care, and the impact of transnationalization, including the formation of a "global care chain" (Hochschild 2000).

Bringing together the ethics and social politics of care is, however, a challenging task. It has been suggested that, in focusing on care *ethics,* care as "nurturance" is inevitably foregrounded, thus excluding other non-relational aspects of social reproduction, such as cleaning and food preparation. By privileging relational, face-to-face caring practices, we simultaneously privilege the experience of white women and exclude large numbers of very-low-wage workers, thus excluding the experiences of women of colour and poor women (Duffy 2005, 79). In this book, we use a broad definition of care – one that includes nurturant care and other social reproductive activities. In so doing, we take seriously Duffy's challenge to "think broadly about

ways to bring together current work on nurturance with ... literature on reproductive labor ... to create a more inclusive and nuanced model of the very complex interactions between care and inequalities" (80-81). To this end, our approach eschews idealized or essentialized normative arguments about women's care in favour of a critical political ethics of care that interrogates the patriarchal and often neocolonial conditions under which values and practices associated with caring have developed in and across societies.

An ethics of care that is political and critical must be grounded in the concrete activities of real people in the context of webs of social relations. In turn, these webs are affected by politics and the structure of social policies. In most OECD countries, social policy structures are neither "frozen" nor melting under the influence of neoliberal restructuring; rather, social policy discourses highlight the growing need for non-familial care arrangements associated with women's rising labour force participation rates and the demographics of aging societies. Needs do not, however, speak for themselves (Fraser 1989a); rather, it is the politics of needs – and the power relations they reflect – that determines which needs are placed on the public agenda.

In the past, the politics of needs was played out largely within national contexts and reflected the existing balance of power therein. This is less true today, however. First, international organizations like the Organization for Economic Cooperation and Development (OECD) and the World Bank have come to play an increasingly important role in coordinating policy responses. Second, as feminist scholars have documented, care needs in the richer countries are being increasingly met by the prodigious flow of female labour from poorer countries. This volume aims to interrogate the implications of these transnational flows of people and ideas. Thus, while it includes careful analysis of actual policy developments in particular national contexts, it also includes innovative theorizations of gender and race relations, global justice and neocolonialism, and care and masculinities as they relate to the development of a global ethics and social politics of care.

We choose the term "transnationalization" rather than the more popular "globalization" to avoid the latter's association with universalism. To the extent that "global" refers to the stretching of phenomena – including social relations – across the world as a whole, it does not capture important disparities and regional concentrations in the nature and direction of flows of people, responsibilities, and resources associated with care. Moreover, as is evident in many of the chapters in this book, the state remains a crucial actor in the regulation and promotion of transnationalized care.

In this chapter, we review important developments in the ethics of care and then discuss the "discovery of care" in the field of comparative social policy. This forms the basis for an integrated discussion of the ethics and politics of care in a globalizing world.

The Ethics of Care

While care work in the global economy was becoming increasingly commodified and transnationalized, a then unrelated development was occurring within the academic fields of moral psychology, ethics, and feminist theory. In the 1970s, Nancy Chodorow's (1974, 8) pathbreaking work challenged the masculine bias of psychoanalytic theory by arguing that the existence of sex differences in early development does not mean that women have "weaker" ego boundaries than men but, rather, that girls come to experience themselves as more continuous with, and related to, the external object-world and to others. Moreover, Chodorow argued that difference cannot be put down to anatomy or any other essential quality but, rather, to the reality that, universally, women are largely responsible for early child care. In 1980, as Virginia Held (2006, 26) points out, before Sarah Ruddick's important essay "Maternal Thinking" (1980) was published, there was virtually no philosophical acknowledgment that mothers think or reason, or that one can find moral values in this practice. Two year's later, Carol Gilligan's seminal book, *In a Different Voice,* used empirical research from developmental psychology – much influenced by Chodorow's work on object-relations theory – to address gender differences in moral development.

It was Gilligan who first gave us the language of the "ethics of care" – an approach to morality that fundamentally challenges the dominance of universalist or rule-based approaches to ethics. Where dominant views of ethics centre on the rights and obligations of autonomous moral agents, the ethics of care presents a vision of morality that requires an understanding of context and an ontology of relationality or mutualism. From this perspective, moral dilemmas are less about "contests of rights" and more about ways of ensuring that "everyone will be responded to and included; that no one will be left alone or hurt" (Gilligan 1982, 59-63). Thus, morality and the preservation of life are contingent on recognizing and sustaining connection and taking responsibility for others by keeping the web of relationships intact, while remaining cognizant of the issue of rights (59).

Since the first publication of *In a Different Voice,* there has been a remarkable proliferation of research on the ethics of care in moral and political philosophy and feminist theory. Ruddick, Held, and Noddings are

widely regarded as the most important "first-generation" care theorists (Ruddick 1980, 1989; Held 1993; Noddings 1984). Despite their influence on the direction of ethics and feminist theory, all three have been criticized for their moral foundationalism, their personalized or parochial view of caring, and for essentializing the role of women as carers. While debating these particular charges is beyond the scope of this introduction, it is worth noting that these critiques raise important areas for concern regarding the dangers of idealizing, feminizing, and personalizing care ethics. The contributors to this volume are acutely aware of these potential problems. They argue convincingly that caring relations must be understood as shaped and constrained by relations of power, including those in the global political economy. Moreover, a *feminist* ethics of care problematizes and challenges naturalized or essentialist assumptions regarding women and caregiving. It also addresses the wider structural and normative reasons – as found in the global political economy and in social constructions of masculinity and femininity – for the concentration of women in care work (see Robinson, Tronto, and Williams, this volume).

In spite of these alleged shortcomings, the important work of early ethicists paved the way for the development of care ethics, both in their own work and in the work of those who followed (see Held 2006). "Second-generation" care theorists, including Joan Tronto and Selma Sevenhuijsen, sought to overcome the dangers of essentialism, parochialism, and paternalism by "politicizing" care ethics. Thus, by the mid-1990s, the debate had moved towards exploring the relationship between care and the practices of democracy and citizenship. Importantly, this work took a critical stance by addressing inequalities in the giving and receiving of care based on gender, race, and class (Tronto 1993; Sevenhuijsen 1998). Moreover, critical feminist theorists in international relations sought to address the relevance of care ethics for global politics, employing care ethics as a critical lens rather than as a normative ideal (Hutchings 2000; Robinson 1999, 2006b).

A special issue of *Hypatia* on "Feminist Ethics and Social Policy" (1995) was dedicated to considering the ways in which the ethics of care could serve as both an ethical framework for, and moral lens through which to view, issues of social policy. As Patrice DiQuinzio and Iris Young, editors of the issue, argue: "if feminist ethics has indeed mobilized important paradigm shifts in normative analysis, then this should enable creative ways of reflection on social policy" (DiQuinzio and Young 1995, 1). Articles in this issue address a diverse range of institutional arenas of social policy, including

specific policy and legislative acts concerning fathers' rights, family and medical leave, immigration, and race classification. While there is diversity in the approaches to feminist ethics developed among the contributors, there is widespread agreement on the need for contextualization in both ethical theory and social policy in terms of the specificity and complexity of the sociocultural contexts in which policy issues arise (4).

A number of other authors – including many of the contributors to this volume – have taken up the challenge of integrating care ethics and social policy. For example, while primarily interested in social policy, Fiona Williams is fully committed to elucidating the values – arising from an ethics of care – that underwrite her policy prescriptions. Indeed, she convincingly argues that, if care policies are going to fulfill their innovative potential in ways that secure greater and not less equality, then the political values that support such policies have to be clear (Williams 2001, 473). To that end, she develops a "new political ethics of care" that invites a robust discussion of the values that are important to people in their relationships of care and intimacy. In particular, Williams is cognizant of the "shifting relations and changing boundaries in care practices and provision," which demand that we address issues surrounding disability, "race," and migration – all of which raise particular challenges in conceptualizing care in the contemporary context (468).

Similarly, while Joan Tronto's starting point for considering care is political theory and philosophy, her work has always been grounded in a consideration of the "real world" of care provision. Indeed, as she and Julie White argue, both "rights" and "needs" discourses are limited by their formalistic approach to the relationship between care and justice, needs and rights. In contrast, they suggest that an exploration of these relationships must begin with the "actually existing organization of care and justice" – in particular, the invisibility of care to some, and the inaccessibility of rights to others (White and Tronto 2004, 426). Finally, Olena Hankivsky's *Social Policy and the Ethic of Care* focuses on the question "what are the consequences for the human need for care in social policy" (Hankivsky 2004, 1-2). She, too, notices the gap between theoretical and public policy analysis and seeks to address it through her study of issues and institutions in Canadian public policy.

In many ways, the politicization of care ethics by contemporary care theorists has meant that a consideration of the policy implications of care ethics unavoidably becomes important. For example, Selma Sevenhuijsen's

Citizenship and the Ethics of Care demonstrates how, by locating the ethics of care within notions of citizenship, care is brought into public debates without being associated with a fixed caring identity or foundational claims about "moral goodness" (Sevenhuijsen 1998, 15). This theoretical argument then leads to an analysis of care and justice in debates on child custody, and to a case study of feminist ethics and public health-care policies in the Netherlands.

This book is the result of our commitment to furthering this dialogue between feminist ethicists and analysts of social policy. While most of its contributors would situate themselves primarily in one or another of these fields of research, all are aware of the need for conversation across what is sometimes regarded as a "divide" between "theory" and "policy." Only when policy analysis is fully cognizant of the ethical implications of its recommendations can it lead to policy making and implementation that furthers feminist goals by taking care and social reproduction seriously.

Social Policy: The Discovery of Care

Social policy research traditionally focused on transfers – social insurance (e.g., pensions, unemployment insurance), child and family benefits, social assistance. While earlier research was concerned to explain the rise of the welfare state as a consequence of industrialization and urbanization, attention turned to accounting for differences in the pattern of welfare state expenditure. Building on the class-centred politics of power resource theory, in the 1990s Esping-Andersen's (1990) *Three Worlds of Welfare Capitalism* – liberal, social democratic, and conservative-corporatist – became the focal point of much of the debate. It was feminist researchers, however, who uncovered the silent gendered assumptions governing social reproduction via the unpaid work of women in the home. Thus McIntosh (1978, 264) argues as follows:

> For the reproduction of labour power the state sustains a family household system in which a number of people are dependent for financial support on the wages of a few adult members, primarily of a male breadwinner, and in which they are all dependent for cleaning, food preparation and so forth on the unpaid work done chiefly by a woman. At the same time, the state itself carries out some of these functions of financial support and of servicing; yet it usually does so under such ideological conditions that it is seen as "taking over" functions properly belonging to the family or as "substituting" for work that "should be done by a housewife."

While McIntosh was criticized for generalizing from the UK experience (Jenson 1986), subsequent feminist scholarship began to develop typologies of gendered welfare regimes. Thus Lewis and Ostner (1991) distinguish between strong, moderate, and weak male breadwinner models, while Sainsbury (1996) contrasts the male breadwinner model to one in which access to benefits was based according to individual entitlement.

Yet, even as the social policy implications of women's unpaid domestic caregiving role were being uncovered, women were entering (and remaining in) the paid labour force in rising numbers. This happened earlier and more extensively in countries like Sweden, Denmark, Canada, and the United States, where women's labour force participation rates are now nearly as high as men's, but pressures for change are being felt in all OECD countries. This has given rise to what Lister (1994) and McLaughlin and Glendinning (1994) call the "defamilialization" of care, a concept later adopted by Esping-Andersen (1999). That is, if women are no longer available to provide care for the very young, the frail elderly, or those with disabilities on an unpaid basis in the home, those care needs will have to be met from other sources – state, market, and/or community sector. Defamilialization has, in turn, been associated with the monetization of care (Antonnen, Sipilä, and Baldock 2003, 177).

Monetization has not, however, necessarily entailed the commodification of care. Monetization involves payment of wages and salaries to care workers, but access to care services is structured by the rules of citizenship. In other words, there is a right to publicly financed (and often publicly provided) care. Commodification accompanies monetization when access to (paid) care is made through the market. In many ways, moreover, caring labour resists commodification. For example, not only does caring labour clearly entail a large "noncommodified human element" (Radin 1996, 105), but this element is made more complex by the human relationships that are involved. Furthermore, as Himmelweit (2008, 350) argues:

> without lowering standards, the productivity of caring cannot be raised substantially through mass production ... because caring, as well as performing physical activity, is the development of a relationship between a carer and the person cared for. This limits how many people can be cared for at the same time ... Indeed, what in other industries would be seen as measures of high productivity are specifically taken as indices of low quality when it comes to care.

For instance, high child-staff ratios are generally considered an indicator of lower quality of child care. Without public support, however, the service is too expensive for most families to afford, giving rise to a trade-off between affordability and wages that are in line with those in other sectors in the national economy. According to Esping-Andersen (1999), different countries have addressed the dilemma in different ways.[1] In social democratic welfare regimes, the state finances and often provides social-care services; in liberal regimes, tax incentives can be used to cheapen the cost of commercial care for some while others rely on low-wage informal (non-regulated) care; and in conservative continental regimes, the growth of monetized care is stunted. Antonnen and Sipilä (1996), however, distinguish between the familial care model found in Portugal, Spain, Greece, and Italy and the central European subsidiarity model, where, while formal responsibility remains with the family, the state subsidizes production by religious and political organizations.

In a later five-country study, however, Antonnen, Sipilä, and Baldock (2003, 171) are more cautious about the existence of nationwide care regimes. They find that the five countries studied – Finland, Germany, the United States, the United Kingdom, and Japan – all exhibit considerable geographic and sectoral diversity. They also rightly stress the importance of change. On the one hand, demographic pressures – aging populations, falling fertility rates – are putting pressure on "laggard" countries like Germany (Henninger, Wimbauer, and Dombrowski 2008), Japan (Tsuji, this volume), and Korea (Peng, this volume) to support the defamilialization of care. On the other hand, fiscal constraints have prompted the move by the United Kingdom to introduce vouchers for elder care (Ungerson and Yeandle 2007), while another European study finds the proliferation of schemes to support the purchase of home-based child (and elder) care (Lister et al. 2007). Although Sweden has proven more resistant to the growth of home-based child care, it has accepted the creation of a (publicly subsidized) market especially for elder care, in which those seeking care can choose between for-profit, non-profit, and public providers.

Demographic and other pressures, of course, do not dictate change. Politics, including the politics of ideas or discourse, shape the way new needs are understood and the directions in which solutions are sought. Thus, supranational (the European Union) and international organizations have been actively encouraging the adoption of measures to promote the "reconciliation of work and family life." The doctrine of new public management, which the OECD helped to spread, provided the rationale for

Sweden's opening to private (including for-profit) care provision, but the creation of a market for child care was actively promoted by neoliberal elements within Sweden and by the union representing the majority of elder and child-care givers, which felt that its members could secure higher wages if there were more competition among providers. In the United Kingdom, disability rights activists have strongly supported the move to choice (Williams 2001). The construction of a broader discourse of care can also be used to construct alliances between those needing various forms of care and those involved in its provision (Folbre 2008).

This takes us back to the question of the link between social policy and the ethics of care. While social policy research has focused on cross-national comparisons, feminist researchers have not ignored ethical questions such as those raised around the issue of "autonomy." Thus Orloff (1993) and O'Connor (1993) stress the importance of policies that promote women's capacity to form autonomous households, while a similar concern underpins feminist interest in the concept of defamilialization.[2] Lewis puts the issue starkly: "If care is a universal human need ... it has to be possible for anyone to choose to do it, as a matter of both principle and pragmatic policy making. For, given that informal care usually involves emotion and love as well as labour and passive 'watching over' ... policy must make it possible to exercise what Sen ... terms 'real agency freedom' – a genuine choice to do care work" (Lewis 2008, 276).

While autonomy is recognized as an important feminist goal, feminist ethicists are aware of the dangers of emphasizing traditional masculinist conceptions of autonomy at the expense of relationality. When "autonomy" refers to isolated, self-reliant moral selves it does not adequately reflect social reality in most communities around the world. Feminists have argued that one of the effects of this ontology has been to obscure from view the particular experiences of women, who are most likely to define themselves in and through their relations with children and other family members – including the elderly or chronically ill – or with friends or members of their communities. Indeed, the picture of "autonomous man" distorts not just the experiences of women: all people live lives that are, at least during some periods of time, interdependent with those of others.

From the perspective of "relational autonomy," it becomes clear that there is more than one agent seeking "autonomy" and that, ultimately, autonomy is achieved in and through relationships. As Antonnen and Sipilä (1996, 90) put it, "putting the issue of personal autonomy at the centre of social services highlights the perspective of women, but autonomy is also

important to the people who use services, such as frail elderly people and disabled people." Thus, as both Williams (2001) and Daly (2002) suggest, we need to think about how social policy arrangements can respect and serve both care receivers and care providers.

Transnationalization of Care

For the most part, social policy analysts, including feminists, have focused on cross-national comparisons, ignoring not only important differences within regimes (Antonnen, Sipilä, and Baldock 2003) but also the increasingly permeable (to flows of people and ideas as well as to capital) character of such national boundaries. Likewise, after breaking free from the received view that care pertains only to personal relations within the "private sphere," the ethics of care has, until recently, also assumed a national setting. As Nancy Fraser notes of her classic 1997 essay on models of care, "like all my welfare work in those years, the article implicitly assumed that the ideal post-industrial feminist welfare state would be located in a bounded political community that corresponded to a territorial state" (Fraser 2008, 229). Yet, as Yeates (2005, 232) notes, "the treatment of 'national' care regimes as enclosed entities decontextualized from the global political economy in which they are embedded, is no longer justifiable, if it ever was. Unequal relations within the household similarly have to be situated within an international division of reproductive labour that is structured by social class, 'race'/ethnicity, and 'gender inequalities'" (ibid.). The social politics and ethics of care, in other words, have to be situated within a setting that is increasingly global – from "care chains" that can span the globe to travelling social policy discourses.

One aspect of the transnationalization of care is the flow of social policy discourse, in which international organizations like the OECD and the World Bank are playing a critical role. Initially, both organizations helped to disseminate the view that the welfare state was a burden and had to be cut back in the name of growth and international competitiveness. As Mahon (this volume) documents, this discourse has changed (somewhat) in recognition that there is a role for the "right" social policies – that is, those that reflect the "social investment" paradigm (Jenson, 2007). Peck and Theodore (2008) show that these organizations have not only looked to the global North for new "best practices": the much touted "conditional cash transfers" were developed in and by Latin American experts, especially from Mexico.

Advice offered OECD member countries on measures to reconcile work and family life has come to incorporate more of a gender equality

perspective and, as such, if implemented, would go a long way towards addressing the care deficit in the North. The new social policy discourses of the World Bank also reflect the impact of international feminism. Yet, as Bedford's (2009, 198) study of the World Bank shows, this has involved "measures to strengthen the family as an informal institution necessary to reduce poverty." Moreover, Molyneux (2006) documents the ways that the new conditional cash transfers have involved the imposition of new caring obligations on women in the South, while Rosemberg (2006, 75) argues that, in Brazil, the Bank's child-care projects "have encouraged programs ... with low state investment, low quality services and the inadequate remuneration of women's labor. Thus they reinforce the ideology of traditional family values, which create and sustain the dominance of gender, class, race and age."

The second dimension of the transnationalization of care has to do with the intensification of global care chains. The growing "care crisis" (Daly and Lewis 2000) arising from inadequate political responses to the defamilialization of care provides part of the explanation for the growth of global care chains. The flow of (mainly women) caregivers from poorer countries to wealthier countries offers a low-wage solution to the dilemma posed by the trade-off between affordability and fair wages for caregivers and the failure to get men to share care responsibilities. This is not happening spontaneously; rather, it is being aided by the state-sponsored spread of such solutions in Western Europe, often fuelled by a mix of still-hegemonic mother-substitute "ideals of care" and immigration regimes that facilitate such flows (Lister et al. 2007, 161). American researchers have shown the heavy reliance of US families on (documented and undocumented) women migrants from South America and elsewhere (Hondagneu-Sotelo 2001; Parreñas 2001a; Ehrenreich and Hochschild 2003), while, in Canada, the domestic Live-In Caregiver Program has attracted critical attention (Bakan and Stasiulis 1997; Spitzer et al. 2003). Migrant carers are also being drawn to the Middle East and the Far East, including societies, like Japan, that have hitherto remained relatively closed to immigrants (Onuki this volume).

As Arat-Koc (2006, 87) argues, such refamilialization of care has the effect of hiding once again the costs of social reproduction: "For employers of domestic workers, it is often the neo-liberal ethics and expectations of the contemporary workplace for many professionals, while for the domestic worker/caregiver, it is the requirements of live-in arrangements and immigration restrictions associated with temporary or undocumented status, which force both groups of women to tuck their maternal roles neatly away,

out of sight and out of mind, from the market and the society they are living in." This solution is eerily reminiscent of Nancy Folbre's "CorporNation," in which citizenship is extended only to adults under fifty who are well-educated, physically and emotionally healthy, have no children, and are without responsibilities for the care of others (e.g., elderly parents). Citizenship is withdrawn from those who no longer meet these stringent criteria (Folbre 2006). Yet, as Hochschild (2000, 136) notes, the (invisible) global care chain on which such an adult earner family has come to rely often connects "three sets of care-takers – one cares for the migrant's children back home, a second cares for the children of the woman who cares for the migrant's children, and a third, the migrating mother herself, cares for the [children of] professionals in the First World."

Parreñas (2001a) spells out some of the consequences for migrant caregivers. They are entangled in what amounts to transnational families, in which intimacy is expected (and often given) to care receivers in rich countries, while they are forced to offer "love by remittance" to their own. Many are also caught in contradictory class locations: trained as teachers and nurses at home, they experience downward mobility as domestic caregivers in the receiving country. For instance, the wages of a domestic worker in Hong Kong are fifteen times the amount Filipinas can earn as school teachers at home (Ehrenreich and Hochschild 2003, 8). Finally, migrant caregivers are reduced to partial citizenship as immigration laws (and racism) mean they are neither fully integrated in receiving nations nor adequately protected by their own governments (Parreñas 2001a, 37).

Clearly, poverty in their home countries and the broader global inequalities that produce it play a crucial part in pushing migrant care workers. So, too, do the policies of their governments, a reflection of what Sassen (2002a, 265) calls the "feminization of survival": "Not only are households, indeed whole communities, increasingly dependent on women for their survival, but so too are governments, along with enterprises that function on the margins of the legal economy." Thus, the Philippine government has played an active part in promoting the migration of Filipinas as an important source of remittances and, as Onuki (this volume) shows, skill acquisition.

While the concept of a global care chain has helped to highlight the increasingly transnational character of care provision, the original concept has been criticized for focusing too narrowly on the refamilialization of care. In particular, Yeates (2004, 379) argues for broadening the concept to recognize (1) different levels in skill and occupational hierarchies occupied

by the migrants; (2) different family situations; (3) work in institutional as well as household settings; and (4) different types of care, including health, education, and sexual services. We concur. Thus, the chapters by Gabriel and Onuki look at the complex arrangements surrounding the migration of nurses to Canada (Gabriel) and Japan (Onuki). As the latter's analysis suggests, it is also important to recognize that, while women constitute the majority of migrant care workers, men too are involved.

Some of the literature on the global care chain also downplays the caregivers' own agency. Yet, educated women (and men) in countries like Mexico and the Philippines may seek posts abroad not simply to improve their families' situation but also to escape from a "stalled gender revolution" (Parreñas 2003) at home. Migration may offer a way out of obligations to provide care for elderly in-laws or of having to defer to abusive men (Erhenreich and Hochschild 2003, 11). Resistance to the limitations of their partial citizenship can take informal expression – for example, the use of days off to assert cultural rights in public spaces – as well as more overt demands on their home governments to protect their rights or on the host government to recognize their "right to hospitality" (Sarvasy and Longo 2004, 404).

This raises the broader question: who are the subjects of rights in the contemporary world? As Fraser (2008, 232) now recognizes, "the new salience of transnational politics and claims-making, ranging from human rights activism to international feminist and to the World Social Forum has problematized the national answer to the question of 'who.'" More broadly, Sarvasy and Longo (2004, 396) call for a multi-scalar citizenship: "First, world citizenship must be nestled in and supported by host nation citizenship. Second, world citizenship must be sustained by what we call 'deterritorialized citizenship,' the actualization of citizenship rights outside the territory of the state. Third, the practices of care in the household must be seen as entailing the negotiations of different levels of citizenship." These critiques point to the fact that traditional concepts of rights, justice, and citizenship may be inadequate to address the contemporary challenges of care and well-being at the transnational scale.

To be sure, the increasing intensity and scale of transnational care chains has given rise to a wider debate about their rights. Thus, in 1990 the UN General Assembly passed the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families – but Canada, the United States, and many Western European countries refused to sign it (Arat-Koc 2006, 79). More recently (2003), the UN established the

Global Commission on International Migration at the request of the secretary general and Sweden, Switzerland, Brazil, Morocco, and the Philippines.

While it might seem obvious that an ethics of care is best suited to illuminate these issues, this is not reflected in the discourse of states and multilateral organizations. As Mahon (this volume) points out, the dominant normative discourses, especially those directed at countries of the global South by international organizations, tend to foreground the "rights of the child" as well as traditional understandings of "gender equality," which rely heavily on rights language. Yet, as many of the chapters in this volume demonstrate, the ethical language of care can speak to the relationality – itself often characterized by an uneven distribution of power – of care work in ways that moral rights language cannot (see Robinson, this volume). While gender equality promotion – especially programs focused on "women's empowerment" in the global South – has concentrated on getting women into paid employment, it has often overlooked the issue of unremunerated reproductive labour and the "double burden" that exists for many women. Furthermore, when this dilemma has been recognized, solutions are often aimed at encouraging men to be more active and better carers within the family. Not only does this promote a limited vision of the family and sexuality – what Bedford calls "caring couplehood" – but it also ends up endorsing a completely privatized solution to the "social reproduction dilemma and erasing childcare provision as a priority" (Bedford 2008, 93).

Conclusion

One of the aims of this book is to build upon the important work of scholars like Sevenhuijsen in light of crucial changes in the nature and structure of care work within the last decade, while integrating these insights with those drawn from the social policy literature. Specifically, we begin from the premise that the commodification and transnationalization of care creates new and unprecedented challenges for considering the ethics and social politics of care. Transnational, commodified care is now a defining feature of the global political economy. These developments raise ethical and policy challenges related to migration, citizenship, and labour as well as basic political and moral concepts like equality, exclusion, and democracy. Indeed, it may be that the paradigm of distributive justice – so dominant in normative political philosophy since the 1970s – is inadequate to address the complexities of globalized care. As Sevenhuijsen (1998, 86) argues: "Care is, after all, not simply a matter of distributing 'goods and services'; it has to do primarily

with quality of life, and how we experience and interpret this. It also has to do with the ways in which power processes are involved in this context." Moreover, on the policy side, analysis of care-related policies demonstrates that economic lenses, through which public policy is so often framed, are wholly inadequate when "juxtaposed with the moral and social aspects of care policy" (Daly 2002, 269). Care is not just about money or services: it is also about time. Care policy must address the needs and agents not just of individuals but also of both the givers and the receivers of care. Finally, public policy on care also connects in fundamental ways with values and norms and the organization of society itself, including dimensions of gender equality and the legitimization of care in societies (268).

While care work involves more than child care, many of the chapters in this volume focus on national regimes and transnational policy discourses relating to child care. This is not surprising, given the enormous and very visible rise in migrant child-care labour around the world. In thinking ethically about this new "international reproductive division of labour" (Parreñas 2000), care theorists must be especially cognizant of the need to challenge, rather than to valorize, visions of child care that reinforce stereotypes of gender, race, and class as well as relations of care that are potentially or actually exploitative, abusing, demeaning, or otherwise unfair (Carse and Lindemann Nelson 1996, 20).

Furthermore, these developments push moral theorists and social policy analysts to challenge the notion that domestic work can be understood as a relationship between "private women." Guest domestic worker programs connect affluent states with inadequate social provision for care and poorer states with labour export policies (Sarvasy and Longo 2004, 409). Precisely because it is now negotiated by states, the global interdependence of care demands a multi-scalar feminist politics of care. This volume recognizes the importance of understanding both the "fundamental importance of state policies and ideologies that govern and interpret the social position and meaning of both care work and care workers" and the way these state policies are mutually constitutive of transnational institutions and discourses (Litt and Zimmerman 2003, 157).

While the trend towards migrant women working as "nannies" in income-rich countries is highly visible, "maids and sex workers," as well as nurses, elder-care workers, and teachers, should be considered alongside child-care workers as part of the "feminization of survival" (Sassen 2002). These "counter-geographies of globalization" – which include labour migration for

domestic work and highly regulated industries such as nursing as well as the illegal trafficking in women for the sex industry – are of growing importance as profit-making activities, including as sources of revenue for some governments in often deeply indebted countries.

While early care ethicists often valorized the activities of caring, these developments uncover the "dark side" of care (Hankivsky, this volume). Thinking ethically about women in the sex industry alongside analyses of nannies and domestic labour raises important moral questions about the commodification of women's bodies and the role of norms of masculinity in sustaining and reproducing these patterns of "women's work" in the global economy (Robinson, this volume).

Rather than idealizing caring relations, a contemporary political ethics of care must address the moral and political implications of the global care crises as they are manifested both globally and locally. Ad hoc, exploitative, and excessively privatized solutions to the question of how we will care for each other are woefully inadequate in the current social, economic, and demographic contexts. Care ethics can serve as a lens through which to focus and organize our thinking about the ways in which care is delivered at the local, national, and global levels. To do so effectively, however, it must confront head on the realities of human vulnerability and dependence, and of our embodied, fragile, interdependent selves. With the recognition of this vulnerability comes a renewed awareness of the empowering potential of human relations and mutuality, of the tenacity of our struggles to enhance and foster our interdependence, and of the need to continue to care for one another in the face of the most severe forms of hardship. As geographer Victoria Lawson (2007, 1) argues, care ethics focuses our attention on the social and how it is constructed through equal power relationships, but it also moves us beyond critique and towards the construction of new forms of relationships, institutions, and action that enhance mutuality and well-being.

Finally, one of the principal objectives of this volume is to bring to bear insights drawn from both the ethics and the social politics of care on the transnationalization of care. As we have seen, there are bridges upon which we can build. Feminist theorists like Joan Tronto and Margaret Walker point to the importance of the power relations underlying care arrangements – relations that operate at the macro as well as at the micro scale. At the same time, social policy analysts like Williams, Daly, and Lewis highlight the normative implications of different social policy designs. One key area in which the two approaches come together is around the importance of ideas or

discourses of care. Thus, a number of our contributors from both traditions stress the importance of ways of framing the case for care – the right to be cared for as an autonomous person and the right to give (or not to give) care on terms that value the activity of caring – as a fundamental component of citizenship at multiple scales.

PART 1

The Transnational Movement of Care

1 Towards a Transnational Analysis of the Political Economy of Care

FIONA WILLIAMS

The resurgence of the employment of domestic and care workers in private homes in many industrialized countries over the last two decades has been shaped by important social changes, most notable among which are the increased responsibilities and rights of women across the globe to be both earners and carers. This reflects the graduated shifts from the "male-breadwinner" to the "adult-worker" model that are taking place in many industrialized societies as well as the unemployment and poverty in developing countries. As many of those who carry out this work are migrant women, this reveals the movement of women seeking opportunities created by the changing patterns of postcolonial migration to financially support their families. Such migrations are also structured by the policies developed by richer nation-states. The nature of care regimes in host countries clearly influences take up: where care provision is commodified and where care cultures favour home-based/surrogate care, reliance on the low-paid end of the private market is more common (Ungerson and Yeandle 2007; Williams and Gavanas 2008). At the same time, migration rules construct the legal, social, and civil rights of migrants in different ways, in tandem with employment policies that may serve to deregulate the economy and to increase the casualization of labour. Superimposed on this universe of change is the ongoing reconstitution of social relations of gender, care, and domestic service; of hierarchies of ethnicity and nationality; and of differentiated meanings of, and rights to, citizenship. This chapter draws on earlier research into migration

and home-based care in Europe as a basis for developing a transnational analysis of the political economy of care (Lister et al. 2007, 137-65; Williams and Gavanas 2008; Williams 2007; Williams, Tobio, and Gavanas 2009; Williams, in press).

Different Levels of Analysis

In the description given above, it is possible to identify three interrelated levels of analysis. At the micro level are the everyday experiences of the relationship between migrant workers and their employers and/or those for whom they care; at the meso level is the national/supranational institutional context of those policies and practices that shape this everyday relationship; and at the macro level are the processes of globalization that have fostered a global political economy of care. The concept of the "global care chain" (Parreñas 2001a; Ehrenreich and Hochschild 2003) exemplifies the link between the micro and macro levels. It refers to the migration of women from poorer regions of the world to work as carers for the children, households, or older family members of employed women in the West in order to support their own children, whom they leave in the care of female relatives in their countries of origin. At the macro level, female migration and what Parreñas calls an international division of reproductive labour (Parreñas 2001a, 61-79) provide opportunities for women from poorer countries to support their families.[1]

Research on the meso level has generally referred to national or transnational institutions, networks, or practices that sustain or constrain these processes of work, care, and migration. In the European context, however, the meso level has been extended to include state policies for care, employment, and migration (Williams and Gavanas 2008; Williams, in press). The global care chain emerged from research on the United States as the receiving country and, as such, identifies a lack of public care provision in shaping the demand for child and elder care. In Europe, however, it is not simply the absence of the state provision in care that shapes the demand for child and elder care and the supply of migrant care but, rather, the restructured nature of the state support that is available.

The last five years have seen the growing acceptance in many parts of Europe of child care as a public and not simply as a private responsibility (Lister et al. 2007). At the same time, the shift in a number of countries from providing care services (or, in the case of southern Europe, few services) to giving individuals cash payments to buy in-home-based care has shaped care provision for children as well as for older people and disabled people.

This might take the form of cash or tax credits or tax incentives to pay child minders, nannies, relatives, or domestic workers for their services. The United Kingdom, Spain, Finland, and France have all introduced some form of cash provision or tax credit to assist in buying help for child care in the home (Lister et al. 2007, 109-36), and Sweden has introduced tax breaks for people employing domestic help in the home. In the United Kingdom, for example, in an attempt to regularize private use of child carers, in 2006, tax credits were extended to the employment of registered nannies. There are also forms of "direct payments" that allow older people or disabled people to buy in-support and assistance (e.g., in the United Kingdom, Netherlands, Italy, and Austria) (Ungerson and Yeandle 2007; Bettio, Simonazzi, and Villa 2006). Both of these types of provision encourage the development of a particular form of home-based, often low-paid commodified care or domestic help, generally accessed privately through the market. This is where low-cost migrant labour steps in. Indeed, in Spain, Italy, and Greece, the strategy of employing migrant labour to meet care needs has become so prevalent that Bettio, Simonazzi, and Villa (2006, 272) describe it as a shift from a "family" model of care to a "migrant-in-the-family" model of care.

It is not only tax credits or allowances that shape demand and supply for home-based child care but also the way in which these legitimize the commodification of care. Research in Madrid and London (Williams and Gavanas 2008) found that the effect of these sorts of policies in countries where the private market dominates choices for child care was to position mothers as individual *consumers* choosing the right care for their children according to their care preferences. This is reinforced through the, now commonplace, use of unregulated paid domestic help in the home. In Madrid, where working mothers receive a small subsidy to help them purchase care, mothers felt it was their individual responsibility to find resources for child care in the private market. Day care in Britain is provided mainly through the market or voluntary sector; however, in spite of tax credits, nursery places are expensive, especially if parents have more than one child. Searching for value for money is what mothers find themselves doing in a marketized child-care economy. Williams (in press) argues that it is the ways these policies, practices, and social relations associated with care regimes dovetail in different ways with both those of migration regimes and employment regimes that contextualize the actions and experiences of migrant workers and their employers.

There are at least two reasons for identifying these mediating factors of nation-state (and, in some cases, EU) policy. The first is that they provide

a basis for developing a cross-national analysis of why the employment of migrant care workers, while increasing in many European countries (Cancedda 2001), nevertheless varies between countries. Second, and more relevant for this chapter, this focus brings European welfare states into global perspective in that it reveals the ways in which, directly or indirectly, welfare societies may seek to reduce their social expenditure costs through migrant care labour. This allows us to extend the framework of analysis to bring in other forms of international reproductive labour, such as nurses, doctors, and teachers, a point that is elaborated below.

Much of the scholarship on global care chains focuses on micro-processes rather than on analyzing how these fit into a global political economy of care (there are important exceptions: Parreñas 2001a; Kofman and Raghuram 2007; Lutz 2008; Yeates 2009) and what the normative implications might be for global justice. This chapter aims to create some pathways for thinking about and linking these analytical and normative issues. The following section identifies the dimensions of an analysis of a transnational political economy of care in which the specific practices associated with the employment of migrant women working in home-based domestic or care work find themselves. The term "transnational" (as opposed to "global") is used here to denote the significance of the meso/macro relationship – that is, of the political, economic, and social relationships that belong to and connect differently situated national and supranational states. The final part of the chapter uses the ethics of care as an analytical method and normative guide to explore the implications for global justice of this transnational political economy of care.

There are a number of reasons why developing a wider analysis of the increase in transnational home-based care provision may be helpful. In a context in which women globally are taking on more responsibilities to earn income without a significant reduction of their care responsibilities, the transnational movement of women into care and domestic work in private households represents a profoundly asymmetrical solution – not only between women and men but also between poorer and richer regions – to women's attempts to reconcile these dual responsibilities. For migrant workers, crossing continents to earn money provides an important opportunity, but it is also an opportunity that involves entering a world in which migration rules ensure that they have different (and limited) rights to social, economic, political, and intimate citizenship than do their employers. Furthermore, these limitations give rise to the likelihood that women will enter the often unregulated world of domestic and care work in the home.

The conditions of this work perpetuate two forms of inequality: (1) the devaluation and invisibility of the private-care domain and its subservience to the public world of work and (2) the translation of the unequal relations of personal interdependency into the unequal relations of transnational interdependency.

This raises important questions not only about the rights of migrants but also about work/life reconciliation policies, about how gender equality is framed and understood by policy makers, and about global inequalities in the provision of and need for care. These dynamics, and the need for global strategies to mitigate them, become more apparent when one understands them as part of a broader transnational political economy of care. In its turn, this demands a normative approach to global justice informed by an understanding of the centrality of care in everyday life. It is to the first of these that I now turn.

Dimensions of a Transnational Political Economy of Care

Following on from an attempt to understand how social welfare policies (for care, employment, work/care balance) influence the demand and provision for home-based domestic and care workers, my concern is with how European nation-welfare-states exist within a situation of unequal geopolitical interdependence. I propose that transnational home-based care provision be understood as part of a transnational political economy of care and that this involves a number of different but synchronic dimensions: (1) the movement of care labour; (2) the dynamics of care commitments; (3) the movement of care capital; (4) the influence of care discourses and policies; and (5) the development of social movements, non-governmental organizations (NGOs), and grassroots organizations.

First, the migration of women from poorer to richer regions into home-based care work is part of a wider process – the transnational movement of care labour. The relationship between migration, gender, and care also involves professional and semi-professional health, social work, education, and care workers working in small and large state, religious, independent, and private-sector institutions (Kofman, Raghuram, and Merefield 2005; Yeates 2004a; Yeates 2009). Indeed, the notion of the global care chain itself tends to generalize what is only one type of migrant worker (a mother who has left her children in her country of origin in the global South to find work in the global North looking after the children of her employer). The situation of migrant care workers is typically very diverse and, as far as home-based domestic and care work are concerned, transnational connections

also operate *within* regions of both the global North and the global South. Thus, for example, domestic workers from Malaysia go to Indonesia while Indonesian women find work in Singapore and in Saudi Arabia, which also provides work for women from the Philippines and Sri Lanka. Within the North, enlargement of the European Union since 2004 has seen an increase in highly educated young women migrants from Central and Eastern Europe finding care and domestic work in Northern, Western, and Southern Europe, often as a stepping stone to more professional work. These migration trails transect tracks of old colonial relations (e.g., Ethiopians to Italy, Indian and African workers to the United Kingdom, and South American workers to Spain) as well as ties of religion (e.g., Roman Catholicism connects the Philippines with Italy and Spain) (Piper 2003; Kofman and Raghuram 2007; Lutz 2008). In addition, the conditions of domestic and care work in the home take many different forms: employees may provide housework or child care or both; they may live in or live out; they may work a few hours a week, a few hours a day, or full time (often very long hours); their work may involve acting as a carer or cleaner for an older, frail person or a disabled person, or it may involve being their personal assistant, inside and outside the house. An employee may be self-employed, "undeclared" (receiving cash-in-hand as part of the grey economy), or may work for a private agency or for a local authority. As migrant workers, they may be working under a special permit (say, as an "au pair") or they may be undocumented. Not all migrant workers leave their children in their country of origin: in Spain, for example, migrants are likely to bring not only their children but also their mothers (to provide child care while they work). Not all women migrants in care work have children, and in some countries this work is also done by men.

These home-based workers are less numerically significant in the international division of reproductive labour, however, than are formal health and care workers. In 2000, in the United Kingdom, the international recruitment of nurses, teachers, and doctors meant that 31 percent of doctors and 13 percent of nurses were non-UK born; in London, this was 23 percent and 47 percent, respectively (Glover et al. 2001). Half of those workers contributing to the expansion of the UK National Health Service in the early 2000s had qualified abroad. By the end of 2005, 30 percent of its doctors and 10 percent of its nurses had received their initial training overseas (Crisp 2007, 16). Recruitment to teaching is also high: one recruitment agency in London said that, without migrant teachers, London schools would fall apart (Glover et al. 2001, 37). In France, a quarter of all hospital doctors are foreign or

naturalized; in Germany, nurses are recruited from Eastern Europe; in Norway, from Poland (Kofman et al. 2000; Bach 2003). What is also significant is the active role states play in recruiting health personnel, especially, but not only, to the United States, Canada, and the United Kingdom. Furthermore, the growth of private agencies working for the private health sector has also marked recent developments (Bach 2003). In the United Kingdom, campaigns aimed at nurses from India and the Philippines have recruited them into both the health service and private-sector nursing (RCN 2002). According to Adversario (2003), each year over 70 percent of the seven thousand Filipina nurses who graduate will emigrate (cited in Bach 2003, 4), partly encouraged by policies of the former Marcos regime, which saw emigration and the receipt of foreign exchange through remittances as part of its development strategy. While this has kept private-sector agencies in business, the Philippine Nursing Association has been more concerned with its effect on the health-care infrastructure (Yeates 2009, 86).

Building on Parreñas's work, Yeates (2009) seeks to widen the concept of global care chains by identifying further types of chains that operate within a "new international division of reproductive labour": global nursing care chains and global religious care chains. The latter refer to vocational religious workers who travel abroad to provide care work through non-governmental, religious, charitable, and voluntary-sector organizations. This serves to highlight the diversity of care work, its transnational hierarchies, and the numerous forms of agencies operating in tandem with the state at a transnational level.[2] In relation to the hierarchy of nursing chains, Yeates observes:

> Countries at the top of the chain are "fed" by those lower down the ranks: for example, the United States draws nurses from Canada; Canada draws nurses from England to make up for its losses to the United States; England draws from South Africa to fill its vacancies; South Africa draws on Swaziland. Countries at the bottom end of the nursing chain may supply international markets but not replenish their stocks by importing health workers from other countries: the Philippines is a major example of this. The problem for such countries is that they have no further countries from which they may recruit to make up for the losses of their own nurses (80).

Health professionals, especially those from developing countries, share commonalities in their working lives with migrant home-based care workers:

gender and racial discrimination, lack of recognition of skills and qualifications in pay levels, concentration in the least desirable areas of specialization. Migrant workers may pay into national insurance systems but not be eligible for benefits while, at the same time, missing out in contributions to insurance systems in their own countries (Bach 2003; Kofman, Ragurham, and Merefield 2005).

Together, through their labour, home-based and professional migrant care workers serve to reduce the social expenditure costs of the countries in which they work. The rising costs of child care and elder care created by an aging society and women's increased participation in paid work is relieved by the employment of low-paid care workers, and the rising costs of health care are held back by the recruitment of lower-paid health workers whose training costs have been met by poorer countries. This constitutes a double whammy for the migrants' countries of origin. It increases the care deficit through the absence of formal and informal carers and it strips the health and care systems in those countries of their vital resources. The transnational transfers of skill and caring resources constitute a major form of geo-political inequality. Moreover, in those areas such as Africa, where health-care needs have been exacerbated by poverty and AIDS, it has precipitated a health and care crisis (Bach 2003). While recognizing the push factors involved in professional migration in his overview of the migration of health workers, Bach (2003, ix) nevertheless comments: "It is an indictment of governments and employers that they prefer to rely on the relatively straightforward panacea of international recruitment rather than focusing on underlying problems of pay and working conditions."

It would be wrong to assume that this phenomenon is new. Some of the developments we see now are the result not only of globalization but also of historical precedents, especially colonialism and postcolonialism. From the early twentieth century, the welfare gains of the working class were presented by British governments as the fruits of imperialism (Williams 1989). Later in Britain, in the 1950s and 1960s, the recruitment of health and care labour from the colonies both provided cheap labour for the new institutions of the welfare state and met a labour shortage that otherwise would have had to have been filled by married women, thus preventing the disruption of the normative practice of the male breadwinner society, in which women are assumed to have primary responsibilities to the home and children. Similar strategies were followed later in Germany and Switzerland, where guest workers were brought in. In the 1960s, Sweden, with a different gender, migration, and labour history from Britain and Germany, opted to

recruit women rather than migrants into the labour market. This is not the whole story, for these migrant workers were often pathologized and marginalized in Europe. In Britain, nurses and cleaners from the Caribbean were vilified as working mothers. They may have been allowed to build the post-war welfare states, but they were not always deemed eligible to receive state services (Williams 1989, 1995). Compare that with today, when the use of migrant domestic and care labour prevents the disruption of the new adult worker model of welfare, in which women are encouraged to engage in paid employment. Then and today, these were seen as cost-effective ways of securing family norms and meeting care needs (even though these norms and needs have now changed). Then and today, these women's social relations and citizenship rights were inscribed with gendered and racialized inequalities.

In the last decade, some recruiting countries have begun to acknowledge some responsibility, and trade unions have moved away from a position of protecting indigenous workers towards setting up mentoring programs for migrant workers, zero-tolerance strategies on racism, and so on. Nevertheless, the home as workplace is often exempt from anti-discriminatory policies and social protection, although moves in Spain to regularize domestic work have involved the trade unions. In 2003, Sweden committed all its ministries to examine how they could contribute to more just development policies (Deacon 2007, 181-82). In the United Kingdom, the Department of Health acknowledged its role as a global employer of health workers. By 2006, it claimed to be the only developed country to have an ethical recruitment code that applies to both the National Health Service and private employers with regard to preventing them from "poaching" health-care workers from countries in Sub-Saharan Africa. This includes providing training and support (e.g., topping up doctors' wages) to encourage health workers to work in their countries of origin as well as a commitment to press EU member states to take similar action (DfID 2006). At the same time, reliance on overseas recruitment continues, often exercised through private agencies that are harder to bring into line. Bach (2003) suggests that bilateral agreements between countries over recruitment work better than national codes of practice: they circumvent the need for private agencies; they are more transparent, and they can be used innovatively to support training and induction as well as the temporary payment of health workers' salaries in their countries of origin when they return.

The second dimension of the transnational political economy of care is the transnational dynamics of care commitments as people move to different

countries and leave behind younger or older people to be cared for at a distance, or, in their turn, have no family locally to care for their needs (Baldock 2000; Parreñas 2001a; Ackers and Stalford 2004; Pyle 2006). Usually children are left in the care of other female relatives, thus reinforcing care as women's responsibility.[3] While family separation through migration is not new, its widespread experience through regional and global migration is. As far as migrant care workers are concerned, research shows that maintaining family commitments and intimate connections over long temporal and spatial distances is an extremely important and inventive aspect of life. The concept of the "economic" migrant tends to displace the significance of diasporic affective ties. Care workers from Central Europe who work in the grey economy looking after older people in Austria organize two weekly shifts by family members to ensure continuity back home (Österle and Hammer 2007). Parreñas (2001a) shows that migrant mothers develop complex strategies in constrained circumstances (long work hours, costs of travel, etc.) to maintain communication with their children. She also shows that families are adaptive to separation but, at the same time, that this separation creates pain and longing on both sides. Migrant care workers' needs for work/care balance are both less supported and more precipitous than are those of the women for whom they are working. As with the history of migrant women workers (see, for example, Reynolds [2005] on Caribbean mothers in the United Kingdom), it is not that migrating women simply become earners but that their concept of good motherhood absorbs the identity of provider.

Migrant workers and their families' care needs challenge nation-based eligibility for care support services, financial supports for caring, pension entitlements, and provisions for flexibility of care responsibilities at work (e.g., when these may require someone to cross continents to care for a dying parent). These care needs are often exacerbated by migration rules that proscribe entry to particular categories of family member (e.g., children above a certain age, elderly parents). In the United Arab Emirates, parents can apply for child reunion only when they have income above a certain level (Kofman and Rhaguram 2007, 15).

The disproportionate amount of care responsibilities across the globe needs to be put into this picture. While the richer areas of the North are concerned with a "care deficit" consequent upon women's employment and an aging population, the developing world is experiencing a crisis of care as AIDS, chronic illness, and/or natural disasters place enormous burdens on women who are expected to do the caring with very little infrastructural

20 19 18 17 16 15 14 13 12 11 5 4 3 2 1

Printed in Canada on FSC-certified ancient-forest-free paper
(100% post-consumer recycled) that is processed chlorine- and acid-free.

Library and Archives Canada Cataloguing in Publication

Feminist ethics and social policy: towards a new global political economy of care / edited by Rianne Mahon and Fiona Robinson.

Includes bibliographical references and index.
Also issued in electronic format.
ISBN 978-0-7748-2105-6 (bound); ISBN 978-0-7748-2106-3 (pbk.)

1. Women household employees. 2. Women caregivers. 3. Women foreign workers. 4. Social policy – Moral and ethical aspects. 5. Transnationalism – Social aspects. 6. Feminist ethics. I. Mahon, Rianne. II. Robinson, Fiona

HQ1155.F44 2011 331.4'8164 C2011-903544-8

e-book ISBNs: 978-0-7748-2107-0 (pdf); 978-0-7748-2108-7 (epub)

Canada

UBC Press gratefully acknowledges the financial support for our publishing program of the Government of Canada (through the Canada Book Fund), the Canada Council for the Arts, and the British Columbia Arts Council.

This book has been published with the help of a grant from the Canadian Federation for the Humanities and Social Sciences, through the Aid to Scholarly Publications Program, using funds provided by the Social Sciences and Humanities Research Council of Canada.

Printed and bound in Canada by Friesens
Set in Futura Condensed and Warnock by Artegraphica Design Co. Ltd.
Copy editor: Joanne Richardson
Proofreader: Dianne Tiefensee
Indexer: Lillian Ashworth

UBC Press
The University of British Columbia
2029 West Mall
Vancouver, BC V6T 1Z2
www.ubcpress.ca