



'Care': Research, Policy and Practice Briefing Paper 3

In post-industrial societies many issues about the delivery and resourcing of care remain unresolved. Debates on care have highlighted the growing tensions concerning the links between care services and economic participation, and the provision of formal and informal care. Attempts to develop policies that consider caring needs of adults and older relatives have had limited success. Services appear over-stretched, with demographic trends indicating that tensions around the nature, organisation and resourcing of care services will remain centre stage in social and public policies and political debates.

The aims of the seminar series include:

- a review of new theoretical work and empirical studies on the various aspects of care over the lifecourse and across nations.
- the generation of debates on how to develop, implement and evaluate policies and practice. These debates will involve policy makers, researchers, practitioners and representatives from relevant organisations. Further, by ensuring that we bring together those at earlier and later stages of their careers we can share experiences and ideas.
- a range of outputs, including a website, briefing papers, articles and an edited book.
- the establishment of networks and support for continued developments within a lifecourse perspective. The topic of care is of relevance to the quality of life and social inclusion of those in need and/ or in receipt of care, alongside those providing and organising care.

Seminar 3: Global Trends and Practices

Globalisation is both reworking and continuous with existing patterns of formal and informal care. What impact will these changes have on the mixed economy of care? And what place for emotion in informal and formal care work, as mobility impacts on the organization and provision of care? These are some of the questions that will be explored through the following papers:

User involvement in mental health services: a case of power over discourse

Lydia Lewis: Department of Sociology, University of Aberdeen:

One recent global 'trend' in the health-care sphere has been towards heightened service user or consumer participation in shaping or influencing services. This move has been driven by both consumerist and democratic impulses, and in the field of mental health services by grass-roots organising among users of those services (the 'user movement'). Yet many contend that the aims of user involvement policies in mental health services are often not realised in practice.

This paper examines some underlying reasons for such a mismatch between policy and practice in the area. It draws on a doctoral study of user involvement in mental health services in the Grampian region of Scotland. Research methods included analysis of local and national government mental health policy documents, as well as interviews with service users and providers taking part in user involvement initiatives and participant observation at service planning and community meetings in the local mental health sector.

Findings revealed a number of ways in which mental health service user involvement policies and practices in the locality operated as a case of power *over* discourse (cf. Fairclough, 1989). The policy discourse of 'user involvement' was itself an imposed one which was disliked by many 'service users' and enabled mental health professionals to retain their control, including through deciding the level of participation afforded service users. Power was exercised in the implementation of the policies through means of who was considered a legitimate player (and who was heard); the forums, practices and procedures through which user involvement was carried out; the rules of engagement at meetings; openness and access to knowledge and information; and regulation of issues and terms of discussion. In therefore seemed unsurprising that many service users were left disappointed by the outcomes of their participation.

The paper concludes that user involvement policies in mental health services work largely to legitimate and perpetuate current forms of mental health service provision and service relations. They are presently limited by their failure to engage with issues of power, and of difference and inequality, both between and among users and providers of mental health services. This power includes professional control over the 'rules of the game' of user involvement in mental health service development (cf. Barnes, 2002). Approaches to such policy initiatives that can better serve the interests of users of mental health services are reflected upon.

References

- Barnes, M. (2002) Bringing Difference into Deliberation? Disabled People, Survivors and Local Governance, *Policy and Politics*, 30 (3): 319-31.
- Fairclough, N. (1989), *Language and Power*. London: Longman.

A Care for the World: Anorexia Nervosa and Famine in the Developing world

Dr Bill Hughes, Head of Social Sciences, Glasgow Caledonian University

*But how can we eat and drink
When my food is snatched from the hungry
And my glass of water belongs to the thirsty.
And yet I eat and drink (Bertholt Brecht)*

Rampling (1985: 4) argues that 'anorectic individuals are extremely sensitive to the strife, injustices, paradoxes and chaos of the world in which we live' and feels compelled to ask an important question 'How does a sensitive adolescent make moral sense of the juxtaposition of scenes of starvation in Ethiopia with an advertisement for the latest in food fads?' In this paper, I want to probe this question.

I cannot argue that people (mostly young women) become anorexic *because* they see and are moved to feel for the starving peoples who appear, all too often, on our televisions. I would not want to turn such an artless causal claim into a hypothesis. I would, however, suggest that, sensitive young women – many of whom will be privileged – who are going through the *sturm und drang* of adolescence, mesmerised by the pace and profundity of puberty and fecundity, growing into a world of opportunities and censorship and deep, deep uncertainty in which all the core existential questions are up for grabs, are likely to relate morally to the global moral vacuum that is created by images of mass starvation in the developing world. Who has not experienced the shock of eating their dinner while the television pipes in pictures of famine? Sympathy, pity, pain, shame, guilt describe some of the appropriate emotional reactions to the ways in which the global body fails, ubiquitously, to nourish so many of its peoples while the privileged struggle (sic) with post-scarcity, with a menu that offers almost infinite choice. This contrast, this harsh, palpable inequality, this simultaneous experience of famine and feast is hard for most of us to assimilate. It is deeply offensive. The contrast between the consumer cornucopia associated with life in the countries of the north Atlantic rim and the frequency of famine in the

developing world must inflate the desire to 'make poverty history' particularly, if, as Brecht's song suggests, that the privileged eat from stores stolen from the poor. What impact might a perspective of such stark injustice have on young people already most likely ill at ease with their bodies, confused about their relationship with food and struggling towards independence?

Being moralistic and ascetic are very common adaptations during that problematic cusp in which one's identity is neither adult nor child (Freud; 1936; Mogul; 1980). This appears to be more so the case for young women than young men. We know that the majority of anorexics are recruited from the privileged, middle class, white female population of high educational achievers (Daily and Gomez; 1979) who are often under considerable family pressure to succeed. (Lawrence 1979). We know that anorexics are morally sensitive, regard food as a moral issue (Lawrence 1984) harbour a world-view in which issues of the sustenance of others is of vital importance and are concerned about famine and global nutritional inequalities (Eckerman 1991). It is also clear that the contemporary rise in the incidence of anorexia dates from the 1960's (Crisp et. al 1976; Schwartz et. al 1988) and was therefore timeous with the first hyper-real, visual 'contact' between the wealthy north and the spectacle of famine in the south on a large scale. One must also bear in mind the powerful symbolism that binds food and love (Fursland, 1987) and the claim that anorexics have a 'rather overdeveloped moral sense' that constrains them to see food and eating as moral issues (Lawrence 1984: 17). It is also possible that the contemporary quest for love can come unstuck from 'real' relationships, become displaced onto impersonal phenomena, and act itself out in self-destructive compulsion. Impersonal love, the will to care and an altruistic disposition seem to underpin medieval asceticism (*anorexia mirabilis*) (Bell 1987) yet interpretations of modern forms of self-starvation are not considered in such terms.

In 1884, Sir William Gull used the term anorexia nervosa as a diagnostic category that described the excessive fasting of some of his young female patients. In this paper, I will claim that the medicalization of 'self starvation' in modernity has made it very difficult for us to see it as other than a pathology and I suggest that historical approaches to self starvation and sociological approaches to the relationship between the personal and the global might help us to interpret anorexia in other ways, for example, as project that embodies 'a care for the world'.

Access to Medicines in the developing world

Dr Nathan Ford, Medicines Sans Frontier

Ensuring access to essential medicines continues to be a pressing concern across the developing world. While the cost of some antiretroviral drugs to treat HIV/AIDS has fallen significantly over the past few years, many other medicines remain prohibitively expensive. These high drug prices are maintained by the patent system that confers a market monopoly for 20 years. The global trade rules contain flexibilities that allow countries to override patents to protect public health, but these safeguards are being systematically eroded through bilateral and regional trade agreements that insist upon much stricter patent protection for pharmaceuticals. At the same time, there is increasing concern that the current system fails to ensure that drugs, diagnostics and vaccines are researched and developed to meet the health priorities of the developing world. Drawing in evidence from MSF's medical field programmes across the developing world, this presentation will highlight some of the major challenges in ensuring access to effective medicines for poor populations, and discuss the policy challenges that lie ahead.

Transnational caringscapes: the case of migrant careworkers in the UK

Dr Sophie Bowlby and Dr JoAnn McGregor, The University of Reading

This paper is concerned with the experience of migrant workers in the UK care industry, and their perspectives on managing formal and informal caring obligations. It draws upon JoAnn McGregor's ongoing ESRC-funded, empirical study of the experiences of Zimbabweans in Britain, and Sophie Bowlby's theoretical work on care and work/life balance. The labour markets of the UK care industry have undergone dramatic change over the last decade, and privatization, casualization and deteriorating pay and conditions have made formal caring jobs

unattractive. As a result, the care industry increasingly depends on international migrants, whose strategies of managing work and family, and experiences of reconfiguring transnational networks of obligation are little understood. The paper will use the *caringscapes* framework developed by McKie *et al* (2002) to examine i) the links between migrant carers' work in the UK care sector and their informal caring obligations to families and friends, locally and transnationally; ii) the ways in which migrant carers expect their formal work as carers to fit into their lifecourse trajectories; and iii) the ways in which the combination of casualized service-sector employment, restrictionist migration politics and transnational obligations affect migrant care workers work/life balance.

The *caringscapes* framework developed out of interests in issues of work-life balance in the UK context. It focussed on the individual *informal* carer. In the paper we extend this to consider the situation of the *paid* carer who also, of course, usually has informal caring obligations and particular expectations about how informal and formal caring should be conducted. The first part of the paper outlines some salient features of the *caringscapes* approach. It argues that when considering informal caring we need to consider the range of different time-space frameworks within which people must operate, reflect and plan. This means considering both the time-space of scheduling day-to-day activities – work, caring, leisure – and the time-space of the lifecourse in which actions, memories and knowledge that are part of one time and place may influence later options and behaviours. Thus the links between everyday problems of scheduling care and longer term life experiences, anticipations and understandings of care are an important focus of interest. The *caringscapes* perspective also emphasises the significance of the relationships between the 'settings of interaction' within which caring is done and/or discursively constructed (focussing on the social relations that characterise those settings) and the long and short-term time-space scheduling of caring. In the case of migrant care workers this directs attention to gendered and racialised social relations in the spaces of UK work-places, local and transnational family homes, and sending and hosting nation-states.

The paper will continue by exploring the specific experiences of Zimbabwean migrants using the material from semi-structured interviews with 32 Zimbabwean carers (20 women and 12 men). Most of the interviews were conducted in London and the South-East but also included interviews in other places with significant Zimbabwean communities such as the East and West Midlands and West Yorkshire.

Supporting Asylum Seekers and Refugees: 'Caring' Paradoxes

Dr Karen Wren, University of Aberdeen

Globalization is producing new and complex patterns of international mobility, however access to mobility has become highly stratified. Paradoxically, the greater ease of movement for the privileged is accompanied by more stringent border controls for the less privileged. Access to mobility is therefore also a powerful stratifying factor. Western European countries now have an intricate categorization of immigration statuses which stratify by ethnicity, class and gender. Asylum seekers, described by Bauman (1994) as the "outcasts of modernity" occupy the lowest rung of this hierarchy. The public debate on asylum in Britain (and elsewhere in Europe) has recently become confined to a narrow discourse of deterrence and exclusion, resulting in the contraction of social rights for asylum seekers and strict controls on entry.

The need for changing boundaries of care around the nation state is now being addressed in the care literature both in relation to racialised contexts of care and transnational pattern of caring. However, the impacts on care of recent changes in immigration and asylum policy in Britain and elsewhere have yet to be addressed. This paper considers the need for an ethics of care which can embrace the inherent paradoxes in the politics of asylum, where the implementation of a policy characterised by deterrence at a national level and the need to provide support services to asylum seekers at a local level, creates tensions for service providers in caring professions and for voluntary and community groups.

This paper places the British policy in the wider European context, examining other models of support used in Europe. It then considers the impact of recent policy changes which have resulted in the compulsory dispersal of asylum seekers to communities throughout Britain, bringing service providers and caring professions into contact with asylum seekers for the first time. Using Glasgow as a case study, it is demonstrated that the rapid

pace of resettlement and insufficient preparation have created a vacuum in service provision which has been filled by the voluntary sector and church and community groups. While this is consistent with wider trends in an increasingly neo-liberal welfare policy context, which has blurred the boundaries between the statutory and voluntary sectors, it is seen by voluntary groups as an exploitation of their sense of responsibility. Unprofessionalised support is often driven by emotional caring, and while this may create a highly personalised and humane quality of care, it also carries the same risks as those highlighted by the disability rights movement in relation to emotion, care and pity.

Finally the paper argues that an ethics of care must consider groups such as asylum seekers (and their children) who are present in British communities, but are severely marginalized by their very limited social rights.

Bauman (2004) *Wasted Live, Modernity and its Outcasts*, Policy Press, Cambridge.

Women, children and state in transitional economies and analysis of childcare policies related to women's employment in Iran

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This paper contributes to an understanding of women's employment in transitional economies with particularly reference to role of childcare policies and practices. Academic debate on citizenship highlights differences of men and women in industrial and transitional economies. According to Ruth Lister citizenship involves political, economic and social dimensions. This study examines the area of economic citizenship and the experiences and tensions that women find in the labour market roles and caring roles that make up the reality of their citizenship. A society will achieve sustainable development only if it educates and utilizes the labour force of women and, through fundamental planning, remove the obstacles in the way of women's employment and social participation. Some of these obstacles are: the negative attitude of society or employers towards the employment of women, preference for employment the male labour force, lower wage rates for women so as to compensate for lower working hours, insufficient childcare facilities and other factors (Govahi, 1993). This paper explores role of school age childcare in enhancing the socio-economic position of women in Iran today. Iran has been chosen as the site of research because it is a transitional society where women's role as workers is a contested area. In post revolutionary Iran, for example, there is considerable political commitment to the promotion of women's rights, albeit within Islamic doctrine. The result is 70% of university entrants in 2002 were women. However, only 12% of women were economically active in the same year compared to 64% of men. In my research I am exploring how childcare and attitudes towards combining work and childcare contribute to this situation. This has been done through questionnaire responses from 547 women and interviews with 7 working and 7 non working mothers in the city of Shiraz in Iran. In addition 14 policy makers from the country as a whole have been interviewed. Initial findings will be presented in this paper and their significance for future welfare settlements discussed. The research contributes to knowledge about factors that influence women's citizenship affected by a rapidly changing economic, political and social situation.

This is the last in a three part series of briefing papers produced in this ESRC seminar series. Please contact Dr Arbory McNulty, Glasgow Caledonian University (a.mculty@gcal.ac.uk, 0141 331 8503) for more details.