



What Have We Learned about Long-term Care in the Pandemic?

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Structure of Talk

- Some thoughts about the pandemic
- Main lines of Irish policy response
- Interpreting the response (using my own framework)
- Some reform proposals and concepts

Some Thoughts on the Pandemic

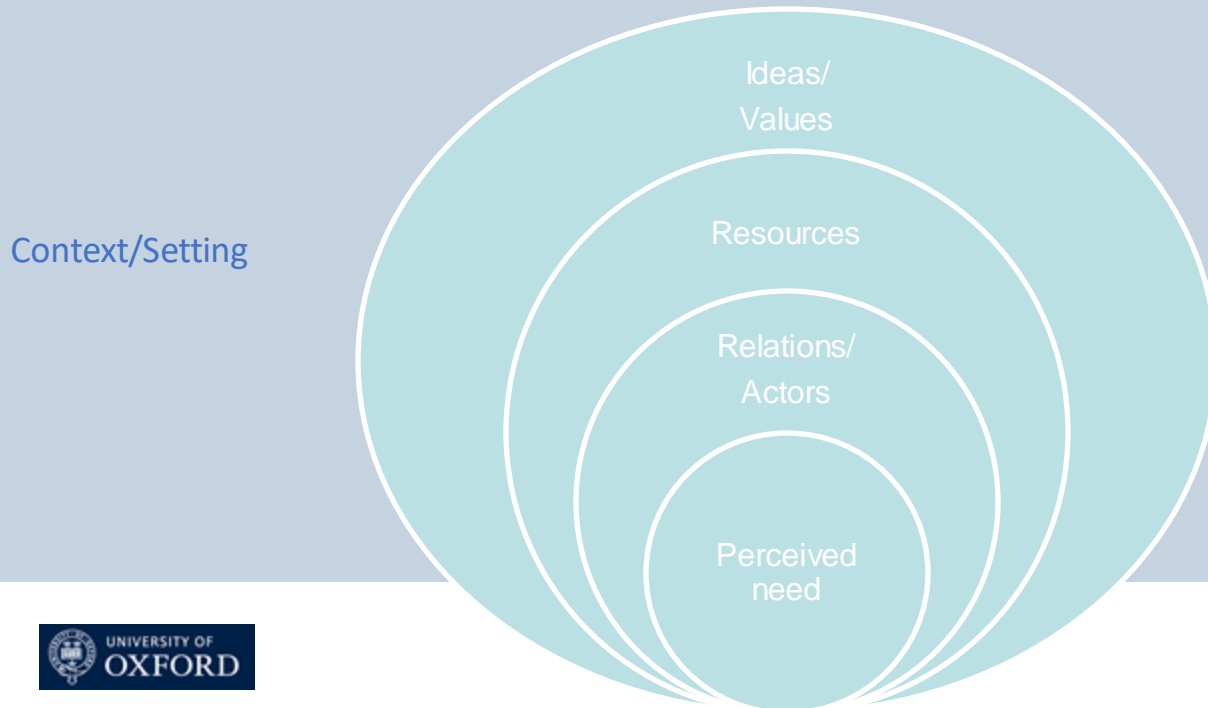
- What questions should we ask of COVID-19?
- COVID-19 is a crisis of care in fundamental respects
- Prevalence and impact intersect with existing systemic inequalities
- From a policy perspective it could be argued to be a critical juncture
- My own view is that it is revelatory of core orientations and possibilities for policy and other action

Main Lines of Irish Policy Response

- Treated it as a medical emergency by and large – changed resourcing to the sector and some ways of working
- In terms of social protection (action by the welfare state) main action was to protect the employment system (TWSS especially but also subsidies for childcare workers and providers)
- Income protection mainly for a class of ‘uniquely unemployed’ - through the PUP
- From a gender perspective: no supports for parents or family members who are caring (although they could apply for PUP); services cut drastically (if not closed completely, especially during first lockdown);
- Overall, a temporary architecture of support for some, with aspects of an ‘inclusive’ orientation

My Perspective on Analysing and Understanding Care

- Care as a Configuration



Interpretations of Need

- What happened?
- COVID-19 was primarily interpreted as medical need
- Need was hierarchicalised (care needs down the hierarchy)
- Legitimate needs' holders were those who were ill
- Some rights of care recipients downgraded (e.g., in the UK – right to resuscitate)
- What might have happened?
- Services retained, rendered more flexible and increased
- Rights strengthened and protections put in place
- Care provision (formal and informal) recognised and supported as a relevant and vital societal exigency in the fight against COVID-19

The Actors and Relations

- What happened?
- Reliance on privatised action/actors mainly – in institutions and in family/community ('kin')
- Some neighbourly/voluntary action – 'caring citizenship'
- But generally an 'interiorisation of care' and so lack of recognition
- Plus 'care receivers' (all) more or less silenced
- What might have happened?
- Recognition of the actors involved (beyond discursive mentionings)
- Greater public responsibility for care

The Resources/ing

- What happened?
- Little if any additional public resourcing of care
- No new rights or provisions for parents or other carers for example
- What might have happened?:
- Extra pay (e.g., Scotland and France) for paid carers; extra workforce investment/recruitment (UK);
- Extra carer's allowance; new leaves for caring-related purposes
- Keeping services open and running

The Values

- What happened?
- Care continued as largely private and personal
- In policy a reversion to a male breadwinner model (?)
- What might have happened?
- Repeat of some of the earlier points: greater resourcing, rights and recognition
- Did care become the 'normal subject of politics' (as in Sevenhuijsen)?
- Was there evidence of rethinking... social rights for example – how was/is care positioned in relation to citizenship?
- What about care and equity?

Some Consequences

- Thus far the policies/actions have been ‘system conforming’
- Most care has remained ‘invisible’
- A continuation/return to a very gendered division of caring
- But considerable politicization of care (e.g., National Women’s Council of Ireland/Women’s Budget Group (UK), Citizen’s Assembly, relatives’ associations, care sector actors in Ireland (e.g. Care Alliance, Home and Community Care)

Existing Proposals in Ireland

- NESC (2020) – a participation income which would include care; movement towards some individualisation of social welfare (limited)
- Citizens' Assembly (2021) – change constitutional framing of women in home; stronger right and benefits for carers and those cared for; better services; action on gender equality; broadening understanding/definition of family
- National Women's Council of Ireland (2020) – a feminist recovery plan would champion a new economic model – care jobs as part of a green recovery; universal basic services; 'count in women' by recognising and rewarding all forms of participation and work; institute a statutory right to home care

Ideas from the Literature/Other Advocacy

- *The Care Manifesto* – Care Collective (2020, Verso)
- *The Care Crisis* – Emma Dowling (2021, Verso)
- *The Case for Universal Basic Services* (Anna Coote and Andrew Percy, 2020, Polity)
- *Affective Equality* (Kathleen Lynch, John Baker and Maureen Lyons, 2009, Routledge)
- *A Care-Led Recovery from Coronavirus* (2020, Women's Budget Group)
- *Caring Democracy* (Joan Tronto, 2012, NYU Press)

Questions/Challenges Going Forward

- How do we overcome three core elements of the Irish welfare state that militate against a full recognition/resourcing of care: familialism, a bias towards cash transfers, a 'hands-off' approach from the state re services (which probably means more market provision)
- How do we reframe the settlements in private life – regarding care and also gender equality? We need to keep trying to find an equality respecting system that can replace the full-time breadwinner model and the 'economy first' orientation
- How do we (better) value care and those who need it and provide it?
- How can the politics of care be changed or politics be changed to be care centred?

References

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- National Women's Council of Ireland (2020) *Budget 2021 A Feminist Recovery Plan*, Dublin: NCWI
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- Sevenhuijsen, S. (2003) 'The place of care the relevance of the feminist ethic of care for social policy', *Feminist Theory*, 4, 2: 179-197