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Care, Paid Work, and Work-Family-State Nexus
Learning from the US

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Care, Paid Work, and Work-Family-State Nexus: Learning from the US

Mary Daly

Eileen Boris and Jennifer Klein, *Caring for America: Home Health Workers in the Shadow of the Welfare State* (New York: Oxford University Press 2012)

Evelyn Nakano Glenn, *Forced to Care: Coercion and Caregiving in America* (Cambridge: Harvard University Press 2010)

Joan C. Williams, *Reshaping the Work-Family Debate: Why Men and Class Matter* (Cambridge: Harvard University Press 2010)

Care is a topic that has been exciting interest for at least 30 years now. Europe was the location of much of the pioneering work on the concept.[1] Care owes its origins in key respects to feminist interest in uncovering the hidden and undervalued aspects of women's life and labour.[2] As it has developed, the concept of care has shown itself to be capable of a penetrating analysis of the roots and complexities of private welfare and public welfare. A concept that can take account of both micro and macro phenomena as well as formal and informal arrangements and sets of relationships, the books reviewed here show that the analysis of care is as profoundly revealing of fundamental "unsettlements" in US society as it has proved to be elsewhere.

1. Hilary Graham, "Caring: A Labour of Love," in Janet Finch and Dulcie Groves, eds., *A Labour of Love: Women, Work and Caring*, 13–30 (London: Routledge and Kegan Paul, 1983); Clare Ungerson, *Policy is Personal: Sex, Gender, and Informal Care* (London: Tavistock, 1987); Kari Wærness, "Caring as Women's Work in the Welfare State," in Harriet Holter, *Patriarchy in a Welfare Society*, 67–87 (Oslo: Universitetsforslaget, 1984).

2. Mary Daly, "Making Policy for Care: Experience in Europe and its Implications for Asia," *International Journal of Sociology and Social Policy* 32, no. 11/12 (2012): 623–635.

Mary Daly, "Care, Paid Work, and Work-Family-State Nexus: Learning from the US," *Labour/ Le Travail,* 72 (Fall 2013), 309–321.

The first two of the three books reviewed – those of Glenn and Boris and Klein – depart from a similar problematic: to interpret the social and political construction of paid home care work in the US and explain why it has proven so hard to get recognition for this as a valuable sphere of activity, and acceptable working conditions for those who do the work. The shared interest is in care as paid labour in the domestic setting and why it is marginalized, in the latter regard especially the exclusion of home care workers from coverage under labour law and employment protection in the US. While both books have a strong focus on gender, each recognizes that for explanation they must reach deep into the functioning of US society and aspects of its economic and political status quo.

Glenn's book traces the history of the social organization of the home care system in the US and links it to the care crisis there today. Her basic argument is that this work is undertaken under conditions of coercion. The book is structured into six chapters, following a short introduction. The first traces the history of the treatment of care-related work, dating back as far as colonial and early Republican times. Glenn shows that there are at least two intersecting threads or trajectories in the history of caregiving in the US: one is the gender divided system of free labour and a second is the unfree labour regimes based on colour, whereby men were tracked into low wage, non-mechanized labour while women were directed into a pattern of domestic service and caring labour in privileged households. The following chapter traces how elite movements around social reform in the late nineteenth and early twentieth centuries involved efforts to educate subaltern women to fit bourgeois norms of female caring. A review of different campaigns and activities suggests that the domestication of minority women operated as an essential element in larger projects for incorporating potentially disruptive groups into a stratified social order. The next chapter investigates caring as a status duty and the role of the public authorities in defining and enforcing this obligation. A review of marriage and family law and social welfare provision provides the analytic fundament here, demonstrating how they function to maintain status obligations by preserving the family as a private protected space and keep caring as a property of familial relations and obligations. Chapter Five considers how and why paid care work has long been treated as though it were an extension of women's domestic labour. The novelty of the analysis here is in suggesting that at least part of the explanation lies in the quasi-property rights that employers enjoy in relation to servants. The failure to include home care under labour law protection means a failure to modernize and regularize this work, which in turn means that caring work is governed by altruism and status obligation rather than contract. The current crisis of care – the subject of Chapter Six of the book – Glenn attributes mainly to three trends which intensify the coercive elements: the transfer of care (especially acute health care and nursing) back into private household, the dismantling of welfare programs for poor mothers so as to compel them to take low-wage jobs, and the neoliberal economic

restructuring that has displaced people from traditional means of livelihood in poor countries in the global south, thus sharply accelerating female labour migration to the US among other places. Chapter Seven discusses the ways in which a caring society can be realized. In this regard she advocates a rethinking of the concept of care to recognize its universal application and its basis in relationships. Her main request is that we put value on care and on those who provide it and require it by granting them access to recognition and rights.

Boris and Klein's book is in many ways a companion to that of Glenn in that it covers some of the same issues although it does so in far greater historical detail and depth and with more attention to the politicization of home care work.

Boris and Klein offer a history of home care in the US from a political economy perspective. They are especially interested in home care work as a site of worker struggle in the 20th and early 21st centuries. Spanning the period from the Great Depression of the 1930s to the Great Recession of today, the main story they tell is of how unions and the political agency of careworkers themselves built a labour movement of poor workers in a service domain dependent on public funding and how this intersected with the expansion of market-oriented perspectives and other factors to render care workers a vulnerable, contingent workforce. It is especially good to have these voices heard, although this is not an ethnography of care work or of care workers.

The book is divided into six chapters. The first focuses on the New Deal, showing how in extending the boundaries of public employment and public service it fostered a program of visiting housekeepers who were neither nurses nor maids. The point to note here is that almost from day one the developments incorporated and augmented the tensions within the social division of care work and the "outsider" status of home care workers. The second chapter looks at the rehabilitative missions after World War II, focusing on how the expansion of social services, the rise of an ideology of rehabilitation and the rapidly expanding medical system fuelled the growth of home care. At this stage the workers were known as both homemakers and health aides, with some considerable confusion over what they did and whether they should be thought of as operating in the domestic service, welfare or medical domains. The next chapter focuses on home care and its workers in the service of welfare reform and old age politics in the 1960s. The War on Poverty has a starring role here as does Medicaid. It was a momentous time, decisive also for long term care in the US. According to Boris and Klein, these reforms rendered home care a matter of welfare as against social rights (in essence: associated with and funded through Medicaid rather than Medicare). Medicaid cemented the idea of these workers as contingent and casual "home attendants" – poor women who were mainly serving the poor. The next chapter turns to the 1970s, when welfare politics became even more contentious. Welfare rights organizing converged with the turbulence of public sector unionism, cutbacks in funding, and a militant disability rights movement to push home care in a consumer

oriented direction and increase the casualization of the workforce. In the eyes of the "system" they were now independent contractors. Late in this decade a period of worker militancy began. This is the story of the next three chapters. Told mainly through developments in New York and California, the chapters interweave a narrative of the welfare wars in the US wherein the struggles and campaigns of senior citizens, disabled people, and civil rights activists for reform and improved services coalesced to some extent with the struggles of home care and other lowly workers for employment-related recognition and rights. These chapters are especially good in revealing the innovative and enterprising ways in which representation and organization was pursued. As well as electoral politics and lobbying, the unions also engaged in community mobilization, consumer alliances and social service provision so as to win improvements for workers and sometimes broader social change. But Boris and Klein also underline that union membership could only proceed when the workers involved came to understand themselves as wage earners, to see themselves as involved in a class relation, and to mobilize to gain visibility and dignity. The last chapter shows how things have stalled, with tactical changes in union strategy, the straightened financial circumstances of the recession as well as political changes seeing not just continued exclusion from labour law protection for the home care workers but a lowering of their political visibility.

Taken together these books make a contribution to the scholarship on care at three levels: the praxis, the concept, the explanation.

In terms of the practice of and organization of home care work, the books reveal its rich and fractured history as (low) paid work in the US. It is made clear that home care workers have long been a part of the US welfare system, although often a hidden element. Emerging as a distinct occupation in the crisis of the Great Depression to meet both welfare and health imperatives, the functions of home care initially were focused on families with children (akin to a mother's aide role when the mother was ill) but over time homemaker services were directed at support for older people (a group of voters privileged by the US welfare state, according to Boris and Klein). As the service changed so too did the name. Initially known as visiting housekeepers and homemakers, home attendant was the favoured term after the Kennedy and Johnson years. The books are also revealing about the fight for better conditions and how inventive was the struggle for the unionization of home care workers. Boris and Klein's study is exemplary in this respect, and is one of the finest studies anywhere of the complex political and economic interests that are associated with care. In many instances the workers' struggles for better conditions were met with opposition by public administrators, private service providers, other business interests, and indeed in some cases the recipients of their services. Workers and their unions also had to contend with a clear (if contested) status hierarchy in which home aides competed with (higher placed) housekeepers and nurses for recognition and status. While nurses and some private household workers were accepted for inclusion under the protective shield of the amended Fair Labor

and Standards Act in 1974 and workers in nursing homes became eligible for overtime pay, care workers in private homes were uncovered until President Obama recently announced that they will be covered from January 1, 2015.

These books also confirm care as one of the hidden underpinnings of the welfare state just as they identify the welfare state as one of the main agents shaping the definition and location of care and the conditions of those who provide it in the home. By the end of the 20th century, Medicaid was the primary funding source for home health aide jobs. Boris and Klein show how the poor conditions of the occupation reflect and maintain the disparate and often chaotic programs under which it was funded and its hybrid structure (part domestic service, part health care). Their work especially shows not just how the US welfare state, like others, depends fundamentally on a configuration of paid and unpaid labour but also how the state plays a major role in maintaining care as a racialized, gendered occupation. The underlying point to take away from their analysis is not that this work was undervalued but that it was systematically devalued, and that there were a number of sectional groupings in whose interests it was for this to be the case.

And this brings us to a second story. In key respects the treatment of these workers in the US is a tale of privatization. But it is not a linear story or a conventional type or process of privatization. There are different levels and resonances. The Glenn and Boris and Klein books draw attention in the first instance to the significance of the household and family as the locus of much care. The home as a private domain has deep cultural and moral resonance in the US (as elsewhere) and this, together with a dichotomized view of social life, fosters a view of the worker-client relation as somehow individual and personal, antithetical to an employment relationship. The links to servitude and domestic service are also reinforced by the home as a private sphere. This is a key element in Glenn's analysis. In fact central to her explanation for the continued marginalization of care workers is on the one hand the wish to protect the privacy of the household and on the other hand the quasi property rights that employers enjoy (which are an extension of earlier relations of indenture and servitude). As well as its location in the home, other ambiguities in home care facilitated the casualization, especially its history of provision through private charities, private agencies, or hospitals. A further force for privatization was the construction of these workers as independent contractors – a construction which emerged as a way of coping with reduced public funds from the 1980s onward, and the desire by city, county, state and national government then and earlier to minimize costs. They have remained private workers, even if the form of privatization and the route taken have varied over time and from place to place.

There is a set of conceptual insights here as well. Care should not be conceived exclusively as a public or private entity. Rather, it has elements of both, and the fact that it mediates relations and exigencies between public and private is part of its makeup. Taking account of such complexity poses major

challenges. How should care, then, be defined and conceptualized? In this regard there is much to admire in Glenn's choice of the social organization of care as her guiding concept. She defines it to include both the systematic ways in which care for those who need it is allocated and how the responsibility for caring labour is assigned in society. This leads her to the conclusion that three general features characterize caring in the US. First, it has been organized around spatial and conceptual separation. The public sphere of the market, economy and politics and the private sphere of family are imagined to be discrete areas that are governed by different principles. Care "belongs" to the latter. A second structural feature is that gender, class, race, and citizenship status are central axes in the social organization of care. Concretely this means that the burden or responsibility of care is differentially distributed along these lines. Thirdly, care and non-care labour have different relations to freedom and coercion. Historically caring labour has been associated with lack of freedom, with workers drawn from those restricted by slavery, indenture, colonialism, caste, social or spatial segregation, gender and other systems of exclusion and containment. The unfree nature of home care labour is another reason why demand does not increase the price of care labour (as it should if market conditions prevail).

There are other conceptual insights here also. Glenn's analysis in particular speaks to how we might conceive of caring labour. She differentiates caring labour into three types of activity: direct caring (physical care and emotional care), maintaining the physical environment/surroundings, and fostering people's relations and social connections. This serves her well, allowing her to illustrate that the different aspects involved in care are valued differentially. She expresses this in terms of caring being divided into higher and lower levels: more spiritual versus more menial tasks, more intellectual versus more physical duties, and more supervisory versus more hands-on work. To my mind this has the multi-dimensional perspective and sensibility which is called for.

As well as confirming important features of the social organization of home care and its conceptualization, these books also make a unique contribution to explaining it. Taken together they develop three main lines of explanation. Glenn's thesis is very strong – that the social organization of care is as it is because it is rooted in diverse forms of coercion. Coercive structures are both ideological and material, inhering in and connecting philosophical principle, social structure and cultural practice. According to Glenn they operate through two main mechanisms. One is obligations connected to status (which can be contrasted with the norm of reciprocity on the one hand and contractual obligations on the other) and the other is racialized, gendered servitude (which she uses to refer to a labour system in which one party has the power to command the services of another). She shows that status obligations remain in force and that these stem from both gender and race and that they shape both labour market and family or kin relations. Consequently women are charged with a triple status duty to care, on the basis of (1) kinship (wife, daughter,

mother); (2) gender (as women); and (3) sometimes race/class (as members of a subordinate group).

A second line of explanation is about the ambiguities and complexities of care. Both books attribute some significance to the fact that care work carries forward a whole series of tensions and ambiguities – partly developed under the aegis of social work and social reform, partly rooted in medical concern around health and deinstitutionalization, partly about the conditions of the low-income sectors of the population and the need to get the able-bodied to work, and partly as a social service related to health and welfare. Care therefore has to blend not just different exigencies but different perspectives. This makes it fractured and "politically incoherent." The underlying point here is that care is unsettled and troubling because it is at the fulcrum of a series of incomplete circles and contests.

A third important contribution of these books is that they suggest that race is central to the story of care (along with gender and class). This is hugely important and starts to fill a gap in our understanding of how care is associated with a range of inequalities. That is, our understanding of this nexus of relationships primarily derives from a gendered lens on inequality. The links between care and social class, for example, are underdeveloped as are those between care and ethnicity. Both books bring in race, mainly in a structural way. Poor, racial minority and immigrant women did not end up in this work by accident – rather they were tracked by the prevailing systems and sets of arrangements around inequality into caring for others. There is a connection here to a strong seam of contemporary work on care. This is the literature on the globalization of care which demonstrates how race, ethnicity, and migration interact and are patterned in such a way as to render caretaking a continued site and conduit of inequality. Care-giving in the richer parts of the world is increasingly dependent on the labour of migrant women, often from ethnic minority backgrounds, who are forced to place their own family relations as secondary to the care of strangers. Michel and Peng among others show that the migration and development policies of governments around the world are constructed in a way that actively encourages this practice and set of associated inequalities.[3] At root is a facilitation of the forces of globalized capitalism.

While the first explanation of the three above is the most original, all augment available knowledge and theorizing. Reviewing the scene in 2005, Paula England identified five theoretical frameworks that seek to conceptualize and explain the specific situation and treatment of care. These focus mainly either on the characteristics of the work or of the workers.[4] In the former vein

3. Sonya Michel and Ito Peng,"All in the Family? Migrants, Nationhood, and Care regimes in Asia and North America," *Journal of European Social Policy* 22, no. 4 (2012): 406–418.

4. Paula England, "Emerging Theories of Care Work," *Annual Review of Sociology* 31 (2005): 381–399. Two of the five perspectives do not fit readily into the kinds of approaches considered

are explanations such as the public good framework which suggests that the low value of care work is a special case of the failure of markets to reward public goods. There is some traction in the books reviewed here for this kind of explanation. But they go beyond it in key ways, drawing attention also to the significance of the position and characteristics of the workers. In this regard they have some common cause with the second of the perspectives identified by England: the devaluation perspective which makes the case that care work is poorly rewarded because care is associated with women and often women of colour. The books by Glenn and Boris and Klein also have some purchase for the third of the perspectives identified by England: the "prisoner of love" framework, which argues that the moral and other forms of commitment of those who do caring work allows employers to get away with paying them less. It is a licence for exploitation. While neither Glenn nor Boris and Klein address any of these in particular, their analyses take forward an integrated approach to explanation in that they are interested in (a) drawing connections across spheres, and (b) linking what happens at the micro level to macro level structures and processes.

While it hardly touches on the subject of care specifically, Williams' book, entitled *Reshaping the Work-Family Debate Why Men and Class Matter*, is of profound relevance because of its focus on the complex reasons for the persistence of gender inequality and the relatively unchanged spaces where it thrives, especially the workplace. Her analysis is interesting in numerous respects: she makes men and their behaviour as central to care as women, the locus of much of her analysis is workplace-based practices and culture, and she attempts to interweave considerations of class and gender. Her book is also particularly sensitive to the situation of blue collar families, as the subtitle implies. She sees a mismatch between the workforce and the workplace – the US has, she says, a workplace designed for the workforce of the 1960s. In light of this, Williams's goal is to reframe the debate about work and family and contribute towards policies that recognize the current organization of the workforce and caring work as antithetical to gender and other forms of equality.

The book is organized into three main parts. The first section, following a short introduction, charts the work-related situation of women and men in real life, challenging a popular argument that women voluntarily "opt out" of the labour market. Williams reads the evidence to suggest that working conditions are so unfriendly to family that many employees are "only one sick child away from being fired" (83); nearly three-quarters of employed adults say they have little or no control over their work schedules; among the working class 87 per cent of families have two weeks or less of vacation and sick leave combined

here. One is what England calls the "commodification of emotion" which focuses on the emotional harm to workers when they have to sell services that utilize an intimate part of themselves. Neither does the "love and money" framework fit. Arguing against a dichotomous perspective in which markets are seen as antithetical to true care, it seems to me to be more of a philosophical/political position than an explanation.

annually; nearly 70 per cent of working class families report having paid time off for family emergencies but only about 34 per cent of fathers and 39 per cent of mothers report actually using the leave; only 10 per cent of employed mothers have paid maternity leave. Against this backdrop, she describes the practice of "tag teaming" (48) by couples whereby each works in different shifts so that one is always available for child care.

This analysis leads to an examination of workplace norms and other aspects of employment culture. In this regard the book is revealing about the gender bias in a whole range of workplace related norms and practices – from the naming of jobs to judgements about the type of worker needed to carry out certain jobs (not just in terms of skill but also disposition and orientation). Alongside the norms of a male workplace there are Dickensian practices like no-fault discipline systems whereby workers accumulate a number of points for each incident of absenteeism or other actions that are rule bound and when they accumulate points that put them above a particular threshold they are fired. It is not only practices that draw her attention; Williams is interested especially in deconstructing femininity and masculinity as they are embedded in workplace culture and in showing how masculine norms in particular not only create gender bias against women (leading to such phenomena as a maternal wall, glass ceiling and gender wars) but place huge pressure on men to perform as ideal workers. And yet workers of both sexes are constantly forced to take risks – in the case of women this is often for reasons of exigency; for men it is rooted in norms around masculinity on the one hand and a wish to continue in the breadwinner role on the other.

In the next part of the book, Williams offers her perspective on feminism. She is critical of second-wave feminism for over-focusing on identity and underplaying gender dynamics. She also engages in a broad brush critique of the sameness/difference debate, suggesting that it relies on a separate spheres line of analysis. In the quest for a better way of conceptualizing the debate, Williams develops a differentiation between assimilationist and reconstructive feminism. Consideration of the former leads the discussion to a critique of formal equality and its failure to address or change underlying normative patterning. Her preferred approach is that of reconstructive feminism (which she developed also in her 2000 book *Unbending Gender*).[5] The hallmarks of this approach include a recognition of complexity and diversity and a problematization of whether and how differences among women and between women and men become salient in a particular context and are used to create and justify women's continuing disadvantage. This approach reframes existing gender-related debates, moving away from difference and its relationship with gender dominance by shifting attention from women's identities to the gender dynamics within which women's and men's identities are forged. Instead of

5. Joan C. Williams, *Unbending Gender: Why Family and Work Conflict and What to Do about It* (New York: Oxford University Press, 2000).

intersectionality – which she sees as reinforcing white privilege and heteronormativity and too crude to differentiate the experience of black women from that of all blacks and the experience of black women from that of all women – she suggests that we should study racialization of gender bias through in-depth qualitative study.

The third and final part of the book consists of two chapters which take on the matter of class. The analysis here is a mix of charting the objective situation of white, working class families (which she sees as largely missing from existing scholarship and discourse) and their beliefs and values, largely using evidence from a range of existing in-depth qualitative studies. The discussion here is very broad ranging, covering such themes as norms in relation to men caring, class and social networks, classed childhoods and the basic tenets of white working class culture (the latter mainly via the work of Michèle Lamont).[6] There is also a discussion about the class divide in a range of matters such as abortion, the significance of religion, and gay marriage (*inter alia*). The point that Williams seeks to drive home here is about the marginalization by the reform minded elite in the US of the viewpoints and positions of the working class.

In general, I find Williams' argument convincing and her focus on working class culture and (male) norms in the workplace welcome. However I am not convinced that she knits together the class and gender dimensions that well in her theoretical framework. The gender story is strong but the class analysis feels rather like an add on. The latter is also that part of the book where she has to rely very heavily on the evidence and interpretations of others. While one could see how her concern with male norms and the workplace could lead to an analysis of male working class culture, the last two chapters risk fragmenting the strong line of analysis about gender developed in earlier parts of the book. Williams is at her most original when it comes to the gender analysis. However, here too I see some limitations in her analysis. The framework of reconstructive feminism is rather vague on its key concepts – like gender dynamics. And Williams makes a large set of claims for her reconstructive feminism project – as mentioned, she claims its superiority to intersectionalism for instance. But there is a vagueness here also. One concrete suggestion she makes, for example, is to examine racialization of gender through in-depth study – this appears to mean studying how gender experiences are racialized, which does not appear to me as an original insight. In fact, the Boris and Klein book is a case study of a racialized, gendered occupation.

So where should we go from here? There are two ways (at least) in which this question should be considered: as a call to scholarship and as a set of remedies. In relation to scholarship, it seems to me that all of these books contribute to a reflection on the conceptualization of care especially in what they reveal about paid care in a home setting. But this should be seen as only part

6. Michèle Lamont, *The Dignity of Working Men* (New York: Russell Sage Foundation, 2000).

of the complexity surrounding care. For example, the works considered here hardly touch upon the interpersonal relations involved in care-related activities, the connections between paid and unpaid care, and the meanings of care for women and for their identity. This is not a criticism but a reminder that care is a fundamental human need and basis of human relationships and that at root many of the processes and conditions that the books describe involve a commodification of such needs.

I would describe care as an arterial concept, one meriting a broad conceptualization. I am of the view that to comprehensively conceptualize care it helps to think of it as multi-dimensional. In other work I have identified four different elements: the settings or locations of care, the cultural and social construction and constituents of care, the nature of activities and relations involved in care, and the political architecture or infrastructure including governance mechanisms.[7] These can be represented in diagrammatic form as follows.

Table 1: Sources of Complexity of Care

Location and form	Public – private Formal – informal Paid – unpaid Home – external setting
Social and cultural setting/construction	Care embedded in values, culture and societal relations
Nature of relations and activities involved	Personal/intimate Dyadic A/symmetry of power between care-giver and care-receiver
Macro configuration	Care at the fulcrum of a range of interests and institutions Different goods/policy responses: time, money, services, skills Different modes and agents of regulation

Source: Adapted from Mary Daly, "Making Policy for Care: Experience in Europe and its Implications for Asia," *International Journal of Sociology and Social Policy* 32, no. 11/12 (2012): 623–635.

When it comes to policy reform, all three books locate this in society rather than just seeing it as a narrow policy project. In essence, the present system of paid home care in the US rests on social inequality and a denial of social citizenship to some. Its ideological and structural underpinnings render it an expression of, and a contribution to, the deep fissures in the US welfare state along class, gender, and racial lines. Sharing this set of insights, all three books (in one way or another) call for a re-evaluation of existing values and practices. For Williams this is an essential course of action. Her starting point is that profound policy reforms are impossible without a change in US politics writ large and how this in turn requires a change in the way the US thinks and talks

7. Daly, "Making Policy."

about gender and class. Only when there is a better understanding of, and sensitivity to, the pervasiveness and power of masculine and classed norms and practices – especially among the reform-minded elite – can politics change.

The other two books also contend that a rethink of fundamental assumptions is necessary. For both Boris and Klein and Glenn, the deeply held and unexamined personal and social attitudes about caring are the starting point. Of special significance in this regard is critical attention to the linked ideologies of individual independence and family responsibility. Mona Harrington has put the underlying challenge in stark terms. The problem she says is that the US has not devised any equality respecting system to replace the full time caretaking labour force of women in the home. The next great task for American liberals in her view is to break through the limits imposed by old ideologies and to ask the key question: how can we organize good care for everyone without constructing a class of caretakers excluded from the pursuit of equality?[8] Harrington's suggestion is basically similar to that of Glenn: add care to the pantheon of national values. How should we do this?

Glenn is helpful here especially when she elaborates the constituent principles of a "caring society." This is a society in which caring work is valued in all spheres of social life – the caring relationship, the work of caregiving, and the people involved are all recognized and valued. For this to happen, caring has to be recognized as a community and collective responsibility, access to care of high quality has to be relatively equally distributed rather than being dependent on economic or social status, and the actual work of caring has to be shared so that the burden does not fall disproportionately on disadvantaged groups as happens at present. Boris and Klein occupy similar territory to Glenn and spell out what it is about caring labour that has to be valued: the relationships it creates, the trust it builds, the care taken with the client/other.

In terms of policy proposals, Glenn is the most specific of the three sets of authors. Her over-riding policy suggestion is to redefine social citizenship to make care central to the rights and responsibilities of citizens. Worker citizen policies – which provide entitlements for breadwinners and their "dependants" – have to be replaced by carer-worker citizen policies. The latter Glenn sees as characterizing the Scandinavian countries; while they have not succeeded in degendering caring work they have encouraged some shifting between women and men. The actual policies she suggests are a) make caretaking allowances and support universal; b) frame such supports explicitly as entitlements for carrying out an important citizenship responsibility; c) provide support for combining employment and caregiving. It is notable that such policy changes would take the US in the direction of Europe. They also echo the recommendations of others (for example, Gornick and Meyers).[9]

8. Mona Harrington, *Care and Equality Inventing a New Family Politics* (New York: Knopf, 1999), 17, 43.

9. Janet Gornick and Marcia K. Meyers, *Families that Work: Policies for Reconciling Parenthood*

There is a long road ahead to achieving these kinds of enlightenment, especially in a context where recession has generally been interpreted as the opportunity to cut back on public support for all welfare related exigencies. But, like the lamp on a miner's helmet, the arguments and evidence in these books mark out the steps to be taken.

and Employment (New York: Russell Sage Foundation, 2003).