Social Care

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Paul Kershaw
University of British Columbia
College for Interdisciplinary Studies
Human Early Learning Partnership
paul.kershaw@ubc.ca
http://www.earlylearning.ubc.ca/PaulKershaw.htm

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Paul Kershaw

Isin et al. (introduction, this volume) "invented the concept 'recasting the social in citizenship' to indicate that fundamental social issues of our time are refracted through the experience of citizenship." Their observation reminds us that citizenship means so much more than nationality or ownership of a passport, issues with which it is often associated in the vernacular of North Americans. More significantly, citizenship articulates the terms of belonging in society, in part by defining the entitlements and obligations that accompany full membership.

To appreciate fully the social in contemporary citizenship, however, it is worth inverting the observation by Isin et al. to acknowledge that the experience of citizenship is in fact refracted through the fundamental social issues of our time. Care is one such issue. It is integrated in distinct aspects of debates over citizenship which can and should be bridged in order to better understand how the social is now constituted in countries like Canada. I therefore recast the social in citizenship in this chapter by asking 'What is social about care?', with a focus on care for children.

There are multiple answers to this question which, together, invoke discourses about recognition, redistribution and the nature of the social. I briefly explore six answers below: (1) seemingly 'private' care is often social; (2) care contributes to retaining the 'multi' in Canadian social commitments to multiculturalism; (3) *un*social labour market norms crowd out care time; (4) care is a social obligation of citizenship; (5) the social in affluent Anglophone Canadian provinces cares less than the social in many other states; and (6) medical care, a dominant element of social care and citizenship in Canada, risks cannibalizing investment in other aspects of social care.[1] I conclude the chapter by discussing what these six observations about social care teach us about the social in contemporary citizenship.

'Private' Care is often Social

Feminist political economists have long deployed the concept of 'social reproduction' to illuminate the processes involved in sustaining and reproducing people, particularly their labour power and tax payments, on a daily and generational basis (for example, Bezanson and Luxton 2006). Social reproductive work includes the provision and preparation of food, clothing, shelter, basic health, safety and psychological nurturance for dependent children, the ill, aged, disabled, as well as other less dependent adults, and oneself. Much social reproduction, or care, thus occurs in what the social sciences have regularly deemed 'private' places, especially the domestic sphere. One implication is the blurring of the public/private divide, since ostensibly personal care activity has enormously important social implications for the economy. This feminist political economy insight is complemented by the more standard discussion of positive externalities in the economics literature, which justifies the need for social investment whenever individual parties risk failing to invest efficiently in certain activities because they fail to reap the full return from the investment when some value spills over to the broader public. Quality child care is regularly presented as an activity that generates such a positive externality (Cleveland and Krashinsky 1998).

Feminist research that places the experience of aboriginal women and women of colour at the centre of political economy theorizing extends the notion of social reproduction to include the (re)generation of cultural practices, social values and identity, both for individuals and collectivities. Findings from the *Care, Identity and Inclusion (CII) Project* suggest that the relationship between what many deem 'private' caregiving and the politics of recognition is especially evident among minority ethnocultural groups which cannot count on the public sphere to validate and/or preserve their group identities. The project is mobilizing researchers at the University of British Columbia and Simon Fraser University to collaborate with women of colour and First Nations women in Vancouver, Toronto and a series of Aboriginal reserves to place their perspectives at the centre of theorizing about the social. From such viewpoints, it becomes clear that caregiving in family contexts is intimately implicated in identity politics and issues of individual and collective power. In Canada and elsewhere, many parents must still compensate for the failure of schools, the media and other public institutions to validate the identities of some racialized ethnic groups and in the process resist oppression by cultivating a meaningful racial identity in children within a society that still too often denigrates people of colour.

For instance, one Aboriginal woman, Jenny, reports, that:

> As a mother, one of the most important tasks that I have undertaken is the role of creating identity in my children. When the girls were very young, I began exposing them to every possible element of their culture; the longhouse practices, funeral celebrations, dance groups in the community, and the maintenance of strong ties with family…
>
> In supporting the development of my children's identity I have chosen to introduce culture first, and allow this to guide all other aspects of their individual identity. For far too long, my extended and immediate family has had our culture taken away, by banning our culture and the use of our language. I guess you could say that I have turned the tables and made 100% certain that my children have seen and heard and tested every aspect of their cultural identity. And then the other elements of their unique identities can be shaped by their decisions…

Danielle affirms Jenny's insight that public resistance occurs through private care, insisting that it is by no means characteristic only of childrearing patterns among Aboriginal women. Rather, she explains that "in a society where you are looked upon as a 'black' or second class, one needs a lot of self-esteem and positiveness in order to live freely as well as to accomplish your goals in life, since it is a daily struggle." "My children," she adds, "though born in Canada from African parents are faced with occasional biases and struggles… I try to teach them at their level to accept criticism and use it as a tool to become stronger when faced with discrimination. I constantly teach them about their origin, educate them to appreciate their identity, especially as name calling is common among young children. I teach them to be smart about themselves and constantly praise them for their efforts and the open communications, thus building their self-esteem and confidence."

Bibi, also an immigrant originally from Africa, similarly describes the care she provides for her child's identity as a source of resilience.

> For me, building my children's identities is as important as providing them food and water because it will help them develop survival strategies… I know from life experience that a strong ethnic identity can help anyone to develop self-esteem, the ability to cope with discrimination and racism, and succeed in life…
>
> When they [my children] talk to me about being different, sometimes with strong emotions, I try to tell them that the only way for them to feel good about themselves is to accept themselves as they are and be proud of it. My objectives is to help them to control their emotions and behavior when they are confronted with discrimination because of their race and also when they have a strong ethnic identity, the connection will be easier with other ethnic groups…
>
> My responsibility as a parent is to help them be stronger inside so they can be able to deal with any kind of exclusion or when they face exclusion, the shock will be less or they may not even be in shock because they are prepared and learned from me that they are Congolese because we (parents) are and it's [more] important to stay in connection with us (parents) than being with connection to the Land (Canadian because they are born in Canada)…

The link between identity transmission and resilience emphasized by participants in the *Care, Identity and Inclusion Project* lends credence to Collins' (1994, 49) insight that care is "a form of resistance" for some minority mothers whose reproductive and care labour on behalf of their own family and ethnic group defies the expectation of servitude to whites, or assimilation into Anglo-European practices, norms and values (1991, 140). On this view, the web of relations in which citizens provide and receive care becomes a site where members of marginalized social groups "express and learn the power of self-definition, the importance of valuing and respecting ourselves, the necessity of self-reliance and independence, and a belief in [our] empowerment" (118).

One implication is that the "subjective experience of… motherhood is inextricably linked to the sociocultural concern of racial ethnic communities" (1994, 47). Domestic care has the potential to function as a form of resistance to oppression that stretches well beyond the particular homes in which the work is performed because it contributes to a broader project of community development. *Qua* cultural workers, mothers contribute significantly to the project of "group survival" by transmitting an ethnocentric worldview to the next generation (ibid.; Collins 1991, 145-54). Collins (1991, 143) attributes the survival of certain African customs in North America to the conscious effort made by Black women to preserve specific traditions. This observation draws attention to the role served by caregivers, especially women, from minority ethnic groups as cultural conduits in polyethnic countries such as Canada and the US which have been built on immigration and colonial acquisition of Aboriginal lands. By working to ensure that children cultivate a proud affiliation with their cultural history, ethnic minority caregivers help to preserve the distinctness of the minority collective racial identity.

Jenny confirms this interpretation of mothering as community development work. She explains that:

> Caregiving is the grounding force to identity. It is here that we shape and mold the beginnings of our children, a beginning that allows them to later re-mold, re-shape and alter their own personal identity. When the caregiving denies the development of identity or when it denies identity it is merely survival, food and shelter, the bare necessities. This might have been my mother's existence, a survival mode for years [in the residential school]…. When we nurture our children in a positive, strong sense of culture, aboriginal culture the community development is inherent, it is one and the same. In my teaching, very rarely do we separate one's self from the family, from the community, it is all so connected. When we build identity in the home (caregiving) we build community and when we build community, we strengthen the power of the whole.

Caring for the 'Multi' in Canadian Social Commitments to Multiculturalism

If 'private' care contributes to the development of community and group empowerment, then care work is not simply a civic or social contribution because it reproduces labour, taxpayers, pension contributors, or health care providers. Just

as importantly, care equally underpins the social reproduction of cultural and other group identities. From this perspective, care is enormously important community development work in a country like Canada that constitutionally aspires to maintain the cultural diversity of its residents, because the identity transmission to which caregiving contributes is critical for retaining over time the 'multi' in Canadian commitments to multiculturalism (see also chapters 3 and 6, this volume).

Interestingly, however, the role that caregiving plays in the politics of recognition is bound to become increasingly contested politically as post-911 security threats have moved British government officials to deem multiculturalism a failure (Kelly 2006), and similar misgivings are emerging in Australia, the US and Canada. In the latter, the debate over multicultural citizenship is transforming most notably in the wake of the June 2006 arrests of more than a dozen citizens in the Toronto area for attempted terrorist attacks on local buildings, and in the light of the 2007 provincial government sponsored commission about reasonable accommodation in Quebec.

Rejuvenation of the 'social' is explicit in the transformation of multicultural debates. As Nikolas Rose (1996, 353) remarked over a decade ago, "While our political, professional, moral and cultural authorities still speak happily of 'society', the very meaning and ethical salience of this term is under question as 'society' is perceived [as a result of global, multicultural and other pluralist discourses] as dissociated into a variety of ethical and cultural communities with incompatible allegiances and incommensurable obligations." The emergence of 'communities' as the terrain of group activity, Rose observes, risks imploding any imagination of 'the social' as a single space, territorialized across a nation, with adverse consequences for social solidarity. As Kymlicka and Norman (2000, 35) warn, "It is surely true that if ethnic, regional or religious identities crowd out a common citizenship identity, there will be difficulty maintaining a healthy democracy."

Should Jenny's insight that "Caregiving is the grounding force to identity" be interpreted in this way? Does her observation that "When we build identity in the home… we build community" further splinter past (Euro-Canadian) hopes for 'the social'? While a conclusive answer is beyond the scope of this argument, immigrant participants in the *Care, Identity and Inclusion Project* provide reason to resist this interpretation. Recall Bibi, for instance, who is determined to have here children identify as Congolese before Canadian. She nevertheless insists that "when they have a strong ethnic identity, the connection will be easier with other ethnic groups." Renata, a mother from South America, echoes this sentiment. She explains at some length that minority cultural continuity actually facilitates bridging with members of other cultural communities. "I've thought of all the advantages of creating bilingual children with two cultures," she comments.

> I think that my kids will have an opened mind to the people who don't only know Spanish but that also know Korean, Punjabi, and Chinese… because my kids had the experience of being bilingual with two cultures. To raise a child with two cultures it helps them to become tolerant because they have gone through that process in the house where only one language is spoken but outside there is another language. [This] helps them to become tolerant people.
>
> Q: Respectful?
>
> Yes, respectful of other cultures because my kids will ask for respect for their culture, their background and this will make them respect other backgrounds. They will learn to treasure the family traditions. This will give them lots of self-esteem towards knowledge of their tradition and maybe they'll feel curiosity for other cultures. I hope that my kids will grow up like adults with less stereotype-likeness in their lives because this damages the society... One has to be opened to a world that is new to them. I hope that my kids will learn this though being bicultural.

The idea that minority identity retention promotes tolerance emerges in narrative after narrative among CII mothers who immigrated to Canada (although it is much less prominent among the Aboriginal participants). The former thus invite scholars of social cohesion to query more carefully the relationship between bonding and bridging social capital. The mothers in the *Care, Identity and Inclusion project* consistently insist on the importance of their children assimilating their parents' culture of origin. But they do so out of an appreciation for the role minority cultural immersion will play in fostering (a) a centrally important setting for social belonging, the family; (b) the self-esteem to which pride in one's identity will contribute; and/or (c) a corresponding familiarity with the importance this same pride will play in the lives of members of other social groups. Thus, rather than create barriers, CII participants suggest that minority cultural continuity provides citizens with the confidence to engage with others on equal terms, to show respect for differences that aren't worth disagreeing about, while also empowering individuals to resist and demand redress for things that are disagreeable, including any injustices they endure, economic, cultural or otherwise. We can thus read their narratives to impart the insight that "bonding may enhance bridging." This observation merits heightened attention among scholars of social capital as the debate about multiculturalism and insecurity evolves in Canada and elsewhere.

*Un*Social Labour Market Norms Crowd Out Care Time.

As such debates transform, it will remain important to acknowledge that the role caring plays in self-definition and group membership has historically been muted in theorizing in large part because theorists have occupied dominant ethnocultural perspectives or other group viewpoints from which the collective identity is not at risk. But relative silence does not mean that time for care is unimportant for the development of identity among members of the dominant culture. Caregiving is an activity that facilitates individuals, regardless of their privilege, to explore their place in a family and community lineage as well as the values and life pursuits that this social location affirms. Thus, although the *Care, Identity and Inclusion Project,* along with the literature associated with Collins, illuminates the importance of domestic care as a form of resistance among some minority socio-cultural groups, it also underscores the broader point that informal caregiving is integral to healthy identity formation among all citizens irrespective of the security of their ethnocultural background.

Thus, CII participants' observations about work-life conflict should resonate with citizens, regardless of their majority or minority status. Notwithstanding the deleterious consequences for women's economic security and their inclusion in a range of public places that flow from the gender division of care (a point to which I return below), some CII mothers express frustration about financial constraints that limit the time they have available for private caregiving. Natasha, a mother who emigrated with her family from Vietnam, articulates this frustration most forcibly. "Currently," she explains:

> my husband and I are taking turns working on different shifts so when I go to work there isn't much time for my children. For example, when I come back home after evening shift, my children have already went to sleep. In the morning, I have to prepare breakfast, and drive them to school. In that time, I don't have much time to converse, and teach them Vietnamese.
>
> Q: How do you feel about not having enough time to communicate with your children?
>
> Natasha**:** "Very sad. Many times I think that I don't know English, and my children don't know Vietnamese. I don't know how my children will be when they grow up. When I want to speak with them, how I will I do it? So I can't express my thoughts, and feelings. In the future, if they want to confide to me, they won't know how to express in Vietnamese language. Therefore, I feel very sad when I don't have enough time for my children."
>
> Q: What kinds of support or changes would make more time available for you and your husband to have more time for this communication with your children?
>
> Natasha**:** "I have three children. I work full time. If I want more time for my children, then I have to quit my job. If I quit my job, then the family budget is short. Is there any support or any compensation to help my family if I quit my job?"

The answer is 'not much', as Natasha already knows about Canadian social policy. While barriers to sufficient family time are rarely considered in debates about social inclusion, such debates risk deafness toward a growing chorus of work-life conflicts reported by Canadian employees (Duxbury and Higgins 2003). The connection between care, self-definition and cultural continuity therefore motivates questions about the *un*social time rhythms imposed by market economies which disproportionately impinge on the 'life' and 'family' halves of the work-life/family balance concept, including by compromising non-employment time and fertility decisions (ibid). This imposition is neither bounded by cultural community membership, nor even class lines, since some struggle to stave off economic deprivation by long hours in the labour market, while ideal worker norms demand extensive hours on the job of even well-remunerated core employees (Kershaw 2005, chapters 7-8). Private time for care is thus an issue of identity politics, time management and social inclusion that commands attention from us all, although it is one that becomes more salient only after positioning Aboriginal women and women of colour at the centre of our theorizing about the social. The insights of CII participants in effect invite us all to resist one-dimensional workerist understandings of social inclusion, illuminating more about what is at stake when participating in one's sphere of personal relations, and adding legitimacy to individual desires to spend more time there. In response, there remains need, as I have argued elsewhere (ibid.), to revisit employment norms institutionalized in Canadian employment standards, care leave entitlements, supplementary child care services, and pension reform in order to address barriers which currently obstruct the fulfillment of care aspirations (and obligations) in our private spheres. These and other related policy envelopes are ripe to become the focus of new debates about a social right to time to care (Knijn and Kremer 1997).

Care is a Social Obligation (that Many Men Neglect)

The obstacles to work-life balance imposed by the structure of the labour market and the demands of employers continue to reflect the historic evolution of employment norms premised on a male breadwinner/female caregiver division of work, norms that have economically empowered many male citizens, especially those privileged by class and race. I have documented elsewhere that the polarization of paid worktime, in conjunction with the characteristics of workers who labour longer hours, signals that employers in many industries rely increasingly on a core of relatively well-paid, educated and experienced workers for extended work hours, weeks and/or years (Kershaw 2005, 135-137).

The effect of this labour usage reform is to further entrench the norm of the ideal worker as someone unencumbered by responsibilities that limit one's willingness to commit to the job to the degree demanded by an employer. Occupations that pay well and/or grant substantial responsibility give employees less time to spend on non-paid work aspirations than was the case in the mid-1970s, including caregiving.

The polarization of paid worktime is worrisome for a number of reasons, including the fact that it associates with increased market earnings inequality (Morissette, Myles, and Picot 1995). However, in a context of in which there remains a very strong gender division of (ir)responsibility for caregiving, the polarization is also an anathema to gender equality. Those who bear primary responsibility for caregiving, disproportionately women, are encumbered with responsibilities that militate against their meeting and/or accepting the temporal demands that associate with ideal worker norms. This observation helps to explain why the share of management positions accounted for by women actually fell slightly in Canada between 1996 and 2004.[2]

One implication is that caregiving remains at the heart of struggles for redistribution. It is now commonplace to observe that caregiving has historically been, and remains, a social option for men in most countries and cultures. The consequences are striking in Canada. Regardless of their employment status and occupation, women typically retain primary responsibility for work in the home, including caregiving. Stay-at-home parents in single-earner couples are almost always women. Part-time employed women are nine times more likely than men to report that child care responsibilities preclude them from pursuing full-time positions (Statistics Canada 2006, 111). Full-time employed women generally remain responsible for organizing replacement care arrangements while they and their partners are in the labour force, as well as for coordinating the performance of domestic household work. Full-time employed women also consistently provide more unpaid caregiving than full-time employed men, and they enjoy less leisure on average than their male counterparts (Silver 2000).

To date, we know that the encouragement of some, but not all, to cultivate a disposition to attend care obligations in childhood, infirmity and old age has historically led to exploitation of, and disadvantage for, primary familial caregivers, as well as poorly paid child care providers and domestic workers from countries with less industrialized economies (Bakan and Stasiulis 1997). There is no reason to expect this gender socialization pattern, as it intersects other dynamics linked to class and ethnicity, to produce different results in the future. So long as caregiving is an example of civic work which citizens can opt to perform *or not*, a breadwinner/caregiver division of labour at the level of the nuclear family will marginalize those who specialize in care from the primary location of wealth creation in society. The penalties for interrupting paid employment for family reasons multiply over the life cycle. This feminist insight is now well-recognized even in mainstream literature, with scholars such as Esping-Andersen (2002, 86) conceding that "The cumulative wage losses are potentially huge, not simply due to forgone earnings during interruptions, but also to skills erosion, less experience, and lost seniority."

Even if we imagine a society in which care specialists are well compensated monetarily for their socially valuable labour, Nancy Fraser's critical insight in "After the Family Wage" (1994) is that specialists will nonetheless be marginalized from other important areas of social life that offer opportunities for personal fulfillment, social inclusion and the cultivation of power and status. This marginalization should not be dismissed, given the psychological value that often accompanies labour force participation, as well as the social integration and related social capital that may be cultivated through market involvement and which empowers individuals in civic and political venues. The demand for employment opportunities that is common in literature by and about citizens with different abilities is one line of scholarship that illuminates the psychological well-being that can flow from labour market attachment.

Given the heightened risk of economic insecurity and social marginalization to which care specialization is linked, Annette Baier (1987, 53) argued now over two decades ago that an adequate theory of citizenship cannot regard socially vital care labour "as an optional charity left for those with a taste for it." If society aims to sustain itself, it must formally countenance, accommodate and enforce all to participate in the care work necessary to provide for its own continuers, "not," as Baier puts it, "just take out a loan on a carefully encouraged maternal instinct;" nor, I should add, a loan on low wages in child care settings, or the economic insecurity that underpins migration patterns and remittance practices for many foreign domestics. As part of this process, I have argued that it will be necessary to codify the care obligations that continuers owe those who provided adequately for them during their initial period of dependence in childhood, as well as the obligations that citizens who remain childless owe others who perform socially valuable care work when rearing and, ideally, optimizing early development for, the next generation of citizens. Such codification is the motivation for the concept care*fair*.

Care*fair* builds directly on the dominant social citizenship debates of the day in Anglophone countries: namely, the alleged demerits of unconditional welfare benefits relative to workfare, which renders benefit eligibility conditional on the discharge of a now fundamental social obligation, employment (or at least job search). Without lending unconditional support for any specific workfare provision, the care*fair* concept questions why the same logic with which many governments now justify enforcing paid work obligations does not apply equally well to enforcing social

caregiving responsibilities for men (Kershaw 2005, 2006). The persistent patriarchal division of care represents extensive male free-riding on the care work of diverse groups of women. The policy and cultural norms that permit men to remain dependent on this labour undermines equality of opportunity and places women at risk of economic insecurity and marginalization from important social areas. Given this morally hazardous dynamic, there is reason to believe that the dearth of care activities performed by many men must become the primary target of a new care*fair* policy framework that will redefine the social to institutionalize an equitable distribution of caregiving across sexes, classes and ethnic groups. The proposed policy shift demands more than the current crack-down on so-called 'deadbeat dads' which is underway to ensure their fulfillment of financial obligations to children (Hobson 2002), because such a crack-down does not interrogate cultural norms and practices which distance care provision from social conventions that define fatherhood and masculinity as paying, rather than caring personally, for children. Policy architects must instead be similarly tenacious in urging fathers to rescind their patriarchal dividend by performing an equitable share of care, including childrearing and other familial care.

Tenacious policy change will require restructuring on a number of fronts because the current package of policies to support families with the cost of rearing children often provides one-earner couples (almost always organized around a male breadwinner and a female care specialist) with the most generous benefit (Kershaw 2007), and thus works against the redistribution of labour between the sexes. In response I have proposed a variety of reforms, including adaptation of parental leave benefits to reserve some leave time exclusively for fathers, so that if they don't use it, the family loses it. Pension eligibility reform that rewards caregiving leave more generously than employment will be another important change (Kershaw 2006), as will revisions to income taxation of caregiving and dependency (Kershaw 2002). However, since long hours in the paid labour market for economically privileged participants are maintained and perpetuated by male practices at the very same time that the practices are invoked to explain why men cannot assume additional caregiving loads in non-market contexts, I have also urged that shortening what counts as 'full-time' employment will be necessary through changes to employment standards legislation. To this end, the general reduction of full-time paid work hours over the week or year institutionalized in France and Germany point to an important strategy for remedying the functional division between breadwinner and unpaid caregiver, even though the policies do not specifically target the needs of parents of young children (see Kershaw 2005, 146-150).

'The Social' Cares (Less in Canada)

The claim that care is an obligation of citizenship does not entail that all citizens are socially bound to reproduce. Fulfillment of social responsibilities for child care by citizens who choose not, or are unable, to reproduce may simply mean publicly recognizing the social value of others' child-rearing by personally subsidizing this work and accommodating the flexibility that care provision requires in market and other civil society domains. Making employment arrangements more flexible, including by redefining cultural and policy expectations about "full-time" paid work to welcome shorter hours as discussed above, is one component of the requisite accommodation.

As for subsidizing child-rearing, Canada, like other industrial countries, has a package of tax allowances, cash benefits, exemptions from charges, subsidies and services in kind, by which the population as a whole, including citizens who do not reproduce, support parents with the costs of raising their children. In Canadian provinces, the packages include the Canada Child Tax Benefit, the National Child Benefit Supplement, spousal and equivalent-to-spouse tax credits, maternity and parental leave benefits, child care service operating funding and fee subsidies, universal health care, subsidized dental and pharmacare for children from poor families, and welfare. A recent review of the cumulative package value in affluent Anglophone provinces reveals that Canadian governments outside of Quebec are international laggards in this policy area (Kershaw 2007). Counting the value of both provincial and national programs in a rich province like BC,[3] the average package in 2004 equaled just $165 in Canadian currency (accounting for purchasing power parities), when health care costs and benefits are excluded. This benefit level is not even one-quarter of the benefit package available in Austria in the same year, which stands alone internationally for the generosity of its benefit package for families with young children. It is also less than half the value available to families in Australia and the UK, countries with whom Canada shares linguistic, political, and cultural heritages.

Since Canadians take considerable pride in our universal health care system, and often refer to this policy domain when distinguishing our national identity from that of our US neighbours, many may question the decision to exclude health care benefits in the above calculation of average package values on the grounds that these would likely see BC's ranking improve by international standards. While the province's position does improve relative to the US, it generally falls further below European counterparts when we factor not only the cost of visiting a doctor, but also expenses incurred to purchase a standard prescription for each member in the family once a year, and seeing a dentist for general care along with provision of one filling (Bradshaw and Finch 2002, 102). The latter costs are not typically part of the public health care system paid for by taxes, and thus reduce the modal value of the 2005 package in BC by over $100 per month.

The result: Canada is relatively weak at encouraging redistribution between families of different income levels, with

and without children; and is also weak at redistributing across individual life courses, neglectful of the demographic pattern that expenses rise with the birth of a child at a point in life when earnings potential is generally lower. This neglect is problematic from the standpoint of child development, because health and well-being in the early years are not merely a reflection of a child's biology, the resources that parents and other family members can invest in their off-spring, nor the rearing styles and practices that inform adults' caregiving. Development also reflects the broader social dynamics and institutions through which the entire citizenry organizes itself economically, culturally, socially and so on. These broader community conditions and practices create an environment for social care that influences individual and familial well-being. In short, 'the social' can be more or less nurturing; and such social care practices are important when it comes to raising healthy, happy children who have the potential to thrive as they mature, as is being suggested by a growing literature about the effects of community membership on child development (e.g. Brooks-Gunn, Duncan, and Aber 1997a, 1997b; Kershaw et al. 2007).

In addition to weak policy infrastructure when it comes to challenging male irresponsibility for caregiving, as discussed in the previous section, the poor ranking of BC and other Canadian provinces outside of Quebec reflects two other policy trends. The first is relatively miserly income assistance rates for the poorest families with young children. Among 16 OECD countries for which comparable data are available, welfare for BC residents in Canada ranks at the bottom with the United States in terms of the extremely low level of disposable income these jurisdictions make available to mothers with toddlers on welfare (see Table 1). The income level in BC in 2004 was just one-quarter of that available to lone-mothers in Norway.

Table 1: Disposable Income for Lone Mother Families with Toddler on Welfare, 2004

Norway	$1,578.15
Austria	$1,551.72
Denmark	$1,278.26
Iceland	$1,189.89
UK	$963.06
Australia	$878.19
Ireland	$865.64
Finland	$748.65
Sweden	$697.55
New Zealand	$683.76
Netherlands	$681.94
Belgium	$669.24
Japan	$641.03
France	$620.41
Germany	$543.11
BC (Canada)	$386.32
United States	$155.91

Source for international figures: author currency conversions based on Bradshaw et al. data at http://www-users.york.ac.uk/~jrb1/; and http://www.york.ac.uk/inst/spru/research/summs/childben22.htm.

One reason for the miserly welfare benefits in British Columbia is the concern that overly generous assistance rates risk attracting citizens to elect idleness over employment. There is reason, however, to be skeptical about this policy assumption, at least in respect of poor women with children, because the countries that report the highest labour force participation rate for lone mothers are the same jurisdictions that provide the most generous welfare benefits, far more generous than in Canada (Kershaw 2007, 27-29). In addition, the fear that a deficient work ethic underpins many welfare recipients' recourse to income assistance misdiagnoses the events that precipitate many women's initial reliance on public support. Qualitative research illuminates that labour market attachments are regularly mitigated by the male citizenry dysfunction for which many lone mothers must compensate, including male violence against women and male irresponsibility for child care (Kershaw, Pulkingham, and Fuller forthcoming). Thus, rather than redress an alleged deficient work ethic, a burgeoning literature is showing that the very low welfare rates in North America circumscribe the labor options of poor women, particularly women of colour, such that they are increasingly obliged to

work in very low-paid segments of the labor market for the benefit of modern capitalist economies, but at the cost of alternative career development goals and/or personal caregiving aspirations (ibid.; Mink 2002; Davis 2006; Neubeck and Cazenave 2001).

The other contributing factor to the poor ranking of Canada's benefit package in BC is the dearth of affordable, quality child care services that are available in that province (as well the other provinces, particularly outside of Quebec). A recent report by the Organization for Economic Cooperation and Development (OECD 2006), underscores the extent to which investment in early learning and child care services is not a priority in Canada by international standards. Among 14 nations for which it has comparable expenditure data, the OECD reports that Canada ranks last in terms of child care service spending for children under six years, allocating just one-quarter of a percent of GDP to this policy domain, compared to Denmark, the international front-runner, which allocates nearly two percent of GDP. Worse still, Canada is last by a considerable distance, since the 13th-place country, Australia, designates nearly one-half a percent of GDP to regulated early learning services, 60 percent more than this country.

The dearth of public investment in programs like child care services reveals that federal and provincial governments outside of Quebec continue to capitalize on the on the un(der)paid care work of diverse groups of women citizens. This public pattern reinforces the need to develop further the work of Daly and Lewis (2000) who use the term "social care" to capture the significance of caregiving for political-economy research. Their deployment of the concept resists the tendency to privatize and de-politicize the non-medical care on which citizens depend for their well-being by alerting theorists and practitioners to its social value irrespective of whether the care is delivered by the state, voluntary sector, as part of a formal market exchange, or informally in one's private domain. In response, Daly and Lewis (p. 285) use the social care concept to develop three themes: (a) the labour involved in caregiving in order to beg comparison with other forms of work and the circumstances in which labour is carried out; (b) the normative framework of obligation and responsibility, and I would add aspiration, within which so much caregiving is provided, especially in networks of familial and friendship relations; and (c) the economic, physical and emotional costs of care.

Social Care Conflicts

The way that Daly and Lewis define social care creates conceptual space to position health, elder, child, and other dependent care under one conceptual rubric. This grouping provides an important analytic window through which to examine social architecture in Canada. For the country's ongoing underinvestment by international standards in the majority of daily child caregiving, performed disproportionately by diverse groups of women for no or little pay, is facilitated in large part because of the supremacy of another care debate in the Canadian psyche – the debate about medical care.

The right to health care is a backbone of modern social citizenship in Canada. Public opinion poll after poll has ranked this issue at the forefront of the minds and hearts of Canadians for decades. Despite its prominent status in political-culture, health care is nonetheless not immune to the tendency, lamented in the book's introduction, for stakeholders, policy-makers and scholars alike to insulate dominant approaches to health from a broader range of care issues. Most significantly, despite being confronted with funding and personnel crises, we continue to think about health care primarily in terms of the medical care needed to treat illness rather than preventative health promotion.

This tendency is especially evident at present on the country's west coast in the Government of British Columbia's 2007 budget consultations (2006). Glossy leaflets and colour pie charts distributed to residents illustrate that medical care spending is currently absorbing nearly 40 percent of provincial expenditures (in part because tax cuts constrain total expenditures), and some projections anticipate that this budget line item will continue to grow substantially in the coming years as baby-boomers age. One consequence, the government implies, and which the Minister of State for Child Care said publicly on a number of occasions, is that spending in other social areas needs to be reconsidered and potentially reduced. To this end, the BC government initially cut funding for child care services by about $30 million annually (Government of British Columbia 2007), despite the fact that the social service envelope of which child care is a modest part along with programs like income assistance and child welfare represents under 9 percent of provincial expenditures (See Table 2 for more detail).

Table 2: Government of BC Expenditures[4]

All $ millions unless otherwise noted	2006/07			Change: 2001/02 – 2006/07	
	(nominal $)	**(% Total Expenditure)**	**(% GDP)**	**(nominal $)**	**(% GDP)**
BC Surplus	$ 4,056	11.9%	2.30%	491%	388%
Total BC Public Expenditure	$34,184	100.0%	19.00%	13%	-16%

Health	$13,250	38.8%	7.40%	25%	-6%
Education	$ 9,519	27.8%	5.30%	24%	-9%
Social Services	$ 2,892	8.5%	1.60%	-15%	-38%
Total Child Care Budget	$ 392	1.1%	0.22%	73%	28%
Less Federal transfer	$ 187	0.5%	0.10%		
Provincial Child Care Budget	$ 205	0.6%	0.11%	-10%	-33%

Sources:
Child care funding per HELP June 2007 Financial Fact Sheet, verified by MCFD in the light of internal budget updates.
All other figures are actual results reported in the Government of BC 2007 Financial and Economic Review - July 2007, pages 22, 82, 83, 90.

Such spending patterns merit careful scrutiny from a developmental perspective, since the human brain is sensitive to environmental stimulation that can optimize development particularly during the early years, and to a degree that diminishes markedly as citizens mature beyond years three through seven (Keating and Hertzman 1999). By contrast, investment in health and well-being occurs disproportionately in the final years of the life course. Bradshaw and Mayhew (2003), for instance, observe that Canada is among a long list of affluent welfare states that are financing their ballooning elderly populations at the expense of their children. Per capita spending in Canada on cash benefits and services for families with children is less than one-tenth of the value of per capita spending on benefits and services for seniors. When health care spending is added to the equation, the intergenerational disparity grows further. While government expenditures on the public education system narrow the gap for families with school age children, there is no such narrowing effect for citizens in their preschool years (See Table 2 above).

Recognition of the disjuncture between investment and developmental opportunity provides reason to be cautious about new discourses of the "child citizen" which imply an overarching policy shift in biopolitical logics that favour the young over the aged. While Chen (this volume) offers an insightful argument defending that such a shift is underway in regards to Canadian immigration policy, broader analyses of actual social expenditures reveal that the immigration case is far from the norm, as Bradshaw and Mayhew's international analysis of benefits for seniors versus children indicates. Moreover, in BC, medical care expenditures, from which seniors benefit the most given life course morbidity patterns, dwarf child care service expenditures at a rate of 35-to-1. Thus, while the 73 percent increase in child care service investments over the past five years in BC because of new federal investments might be construed to support Chen's analysis, the growth is better interpreted when we recognize that nominal spending five years ago was very modest; with the result that small additional investments since have produce marked percentage increases.

The disjuncture between investment and developmental opportunity is also notable because it worries human capital scholars who warn that future prosperity in nations with aging populations will depend in large part on the extent to which societies hone the developmental conditions in the early years that maximize later skill acquisition, and avoid poverty traps that shackle young citizens in poverty for extensive periods (Heckman and Lochner 2000; Esping-Andersen and Sarasa 2002). In this regard, a developmental census of kindergarten children in British Columbia sounds alarm bells, despite the province's relative affluence. On average, 25 percent of BC children enter the formal school system vulnerable on at least one domain of development (e.g. physical, social, emotional, language/cognitive, and/or general communication). Compounding this worrisome average is the finding that vulnerability rates vary tremendously by a child's neighbourhood of residence: some BC neighbourhoods report rates as low as 2 percent, while the highest challenge neighbourhood reports a rate of 59 percent. Diverging socioeconomic characteristics in turn account for between a fifth and a half of this neighbourhood variation, revealing a geography of opportunity in BC that risks systematically entrenching inequalities over citizens' life courses (Kershaw et al. 2007).

Lest we accept without debate that it is appropriate for medical care expenditures to cannibalize social investment in the determinants of life-long health (McIntosh 2000), determinants that include quality, licensed care in the early years (Kohen, Hertzman, and Willms 2002), there is need to bridge common approaches to thinking about health care with care practices that occur outside of medical systems and infrastructure. We must therefore ask ourselves what medical care we owe one another in a just society as our capacity to save increases dramatically with costly technology and drugs? What does it mean for a society when 80 percent of health care expenditure is absorbed by citizens in their last year of life? And what does it mean for a society when it can and does spend hundreads of thousands, if not millions, of dollars to save a pre-term fetus – one life – but is remarkably hesitant to invest in health

promotion for the population through programs like early learning and care, housing, food, etc., as I document above? Table 2 reveals that the time is now to shift debates about social care investments by asking such questions in affluent provinces like BC. Impressive economic growth over the past five years means that the gross domestic product is increasing at a rate that outpaces even the growth in medical care allocations. Current surpluses thus make new investment in other policy envelopes, like child care services, feasible without cutting elsewhere, including medical care, while cost-benefit analyses suggest that investment in child care services will eventually reduce public expenditures in other policy domains (Cleveland and Krashinsky 1998).

Recasting the Social in Citizenship from Care Perspectives

By analyzing *together* the above six seemingly distinct aspects of citizenship in which care factors importantly, there emerge an equal number of noteworthy observations about the social in contemporary citizenship. The first is that social participation may well be served, if not represented, by what is often deemed 'private' activity. Domesticity can be a site of refuge and solace not only because family and fictive kin provide material assistance when times are difficult, but also because they may provide important emotional support by affirming the personal values and self-definitions that individuals need in order to flourish. Since this recognition may be lacking in public domains especially for members of minority ethnic and faith-based groups, as well as gay and lesbian communities, the positive recognition of one's self-definition that can be found in domestic spaces grows in significance. In such cases domesticity assumes the status of an essential sphere of social inclusion where the nurturing of one's identity fosters resilience and psychological health promotion among individuals who must resist externally imposed denigrating images. Nurturing the identities of individuals in turn has potential to empower the collective identities of the ethnocultural, religious and sexual orientation groups in which citizens belong. Processes of identify formation that unfold in 'private' spaces are thus crucial for understanding the ability of some individuals and the social groups in which they are members to claim and exercise power in welfare states. Recall the insight shared by Jenny, the Aboriginal mother quoted at length above: "When we build identity in the home (caregiving) we build community and when we build community, we strengthen the power of the whole."

By challenging us to reconsider what counts as social activity and resistance, such qualitative evidence invites a second observation: we need to investigate further what count as *the sites* of the social from perspectives that are skeptical of the public/private divide which has dominated so much thinking in liberal theory. While I have argued elsewhere that African American feminist scholarship lends support for the thesis that some 'private' time may indeed be necessary for social inclusion (Kershaw 2005, chapter 6), participants in the *Care, Identity and Inclusion Project* affirm that the thesis also has merit in Canada and other ethnically diverse populations. Access to 'private' venues, such as citizens' self-defined domestic spheres, is therefore a subject of debate that merits attention when thinking about contemporary citizenship because of the social (in addition to personal) value such access yields.

Contrary, then, to dominant presumptions in the social sciences which Isin et al. (introduction, this volume) report have traditionally defined redistribution and recognition as separate, even antagonistic, domains of justice, care perspectives motivate a third observation: some struggles for recognition cannot be fully appreciated apart from debates about redistribution, at least in terms of the redistribution of care entitlements and obligations. Although barriers to sufficient family time are rarely considered in debates about social inclusion, state practices in a wide range of public policy domains are implicated, including employment standards and norms which define 'full-time' paid work in ways that render it difficult to thrive in this role while also shouldering primary responsibility for child care. But although employment norms risk crowding out time to care for all citizens regardless of their social locations, barriers to family time continue to loom particularly large among minority ethnic groups. Immigration policies, for example, issue only temporary visas to foreign domestics, which forbid their sponsorship of loved-ones until they care exclusively for Canadians for at least two years (Bakan and Stasiulis 1997). New landed immigrants face difficulties sponsoring elderly family members from abroad (Chen, this volume); and child welfare practices disproportionately remove aboriginal children from their ethnocultural families and communities (Kline 1995). Such policies are reminiscent of immigration practices before the mid-1940s when Asian-born male migrants were prevented from bringing their own family members to Canada, as well as the residential school system, which inflicted tremendous harm on First Nations by separating aboriginal children from their families (Dua 1999). Just as these historically enforced separations saw "the demand for a 'family'" context of their choosing become "a central issue" among members of minority ethnic communities (245), so the redistribution of family time deserves renewed attention as we re-examine the social in the current context, in part out of recognition of the importance of such 'private' time for identity politics.

Just as redistribution of care opportunities is an important issue for public debate, so redistribution of care obligations is equally significant because, as I argue above, caregiving is a social obligation of citizenship. Any adequate reconceptualization of the social must therefore engage directly with cross-cultural patterns which witness many men empowered as citizens by their ability to free-ride off the socially valuable caregiving of diverse groups of women. The ongoing unequal distribution of care responsibilities across sex, race, class, citizenship and other lines of identity

generate deleterious consequences for women citizens and foreign domestics that manifest themselves in the feminization of poverty, the gender earnings gap, occupational segregation, higher rates of time-stress among women, and conditional residency permits for non-citizens. Since remedying such harmful outcomes involves obliging men to shoulder a fair share of caregiving, the care debates I analyze above motivate a fourth observation about the social in contemporary citizenship: there is reason to embrace (albeit cautiously) the shift in discourse about redistribution that is moving away from a relatively singular focus on social rights to one that adds heightened interest in social obligations (Isin et al. introduction, this volume). While critics of neoliberal restructuring often regard the rise of duty discourses to signal a loss, a retreat from the progressive elements of "Marshallian" social citizenship (for example Shaver 2002; King and Wickham-Jones 1999), care debates show that such critiques are too casual in their eagerness to dismiss the potential value of duty discourses for analytic perspectives that are ultimately critical of neoliberal policy change. At the very least, feminist scholars are among the most fervent critics of neoliberalism (Bezanson and Luxton 2006; Kingfisher 2002), and many have long embraced duty discourses of their own in order to problematize male irresponsibility (Kershaw 2006).

The public failure to oblige most men to perform daily child caregiving to the degree that most women are so obliged, along with very meager public investments in child care services and welfare benefits by international standards, points to a fifth observation: even in affluent Canadian provinces like BC, the social remains nascent and has considerable room to grow in order to genuinely nurture families with young children. This observation stands in stark contrast to descriptions of the social offered by Tom Courchene (1997, 81) and John Richards (1997, 250), influential commentators about social policy reform in Canada. Over a decade ago, they both argued that the major components of social policy architecture in this country had "matured" or been well "established," notwithstanding the need for some modest adjustments. But this claim misrepresents the social policy history in Canada and other affluent capitalist democracies. While postwar policy in economies expanded the collectivity's role in care provision through, among other things, enhanced medical care coverage and pension entitlement, the legacy of patriarchy and the sexual division of labour positioned the state to obfuscate from the political arena the majority of daily caregiving performed predominantly by diverse groups of women for no or little pay. In the light of such gender inequalities, as well as the social, economic, and demographic shifts that are implicated with postindustrialism, innovative social architecture development remains necessary in regards to issues like child care services, which were less salient during the first decades immediately following World War II.

It is imperative to acknowledge, however, that it is not only gendered power dynamics that obstruct the expansion of social care architecture for families with young children, nor related regressive dynamics that track racialized and class hierarchies. Rather, the discussion of social care conflicts above forecasts a final noteworthy observation about the social in contemporary citizenship. At present, the social care advancement in which Canadians take the most pride – publicly provided medical care – now obstructs other social investment. The obstruction rests in large part with the fact that, culturally speaking, publicly funded medical care is so important to our sense of selves as Canadians; it is a common feature of our social fabric to which we point when distinguishing ourselves from our neighbours to the south. But this status risks positioning the maintenance, if not enhancement, of medical care investment beyond reproach from either the left or right of the political spectrum. The implication is ironic: since medicalized spending absorbs ever growing shares of public expenditure, if we leave unquestioned the place of medical care in our commitments to social care, we risk our health by failing to invest in its social determinants.

Notes

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[1] These six answers reflect in part a synthesis of several previous publications in which I examine the place of caregiving in citizenship from a variety of perspectives. The synthesis in this chapter is important for alerting readers to the full potential of the social care concept when recasting citizenship scholarship. But this strength also entails the risk of navigating rapidly over a wide terrain. Readers are therefore encouraged to consult the references to other published works for greater detail about the range of social care themes summarized below.

[2] See *The Daily*. Tuesday, March 2006. "Women in Canada." Available at: http://www.statcan.ca/Daily/English/060307/d060307a.htm.

[3] Given that jurisdictional responsibility for family policy diffuses across federal and provincial boundaries, it is necessary to explore benefit packages in Canada within specific provinces. I have shown elsewhere that the BC and Alberta packages

cluster with one another in terms of their limited generosity relative to other international states (Kershaw 2007), and that residents of other provinces outside of Quebec should expect that their benefit packages for families with young children will resemble those in Western Canada.

[4] This Table was prepared in collaboration with Lynell Anderson, Senior Researcher in the Early Learning and Child Care Research Unit at the Human Early Learning Partnership.

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