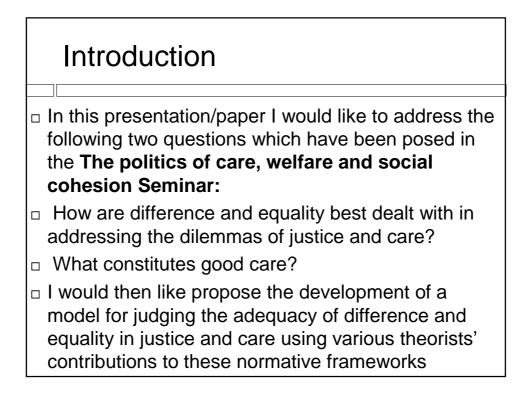# THE INCORPORATION OF DIFFEREN & CARE INTO SOCIAL JUSTICE:

TOWARDS A NORMATIVE FRAMEWORK MODEL FOR CARE, WELFARE & SOCIAL COHESION

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Introduction

- □ In this presentation/paper I would like to address the following two questions which have been posed in the **The politics of care, welfare and social cohesion Seminar:**
- □ How are difference and equality best dealt with in addressing the dilemmas of justice and care?
- □ What constitutes good care?
- □ I would then like propose the development of a model for judging the adequacy of difference and equality in justice and care using various theorists' contributions to these normative frameworks
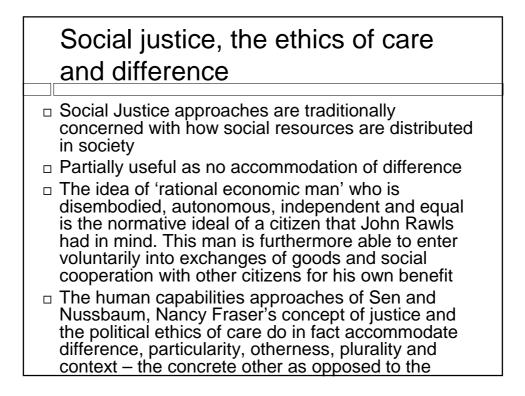
The importance of moral frameworks

- They alert us to what is important in social arrangements in both public and private spheres such as welfare provision, the education and health sectors, family practices etc
- They give us the means to weigh up and make complex moral and political judgements about the adequacy of social arrangements for human well-being
- My contention is that neither justice nor care can stand alone – they are mutually interdependent

Introduction

- In this paper/presentation I would like to examine the usefulness of certain normative frameworks relating to social justice and care
- More specifically I wish to examine the usefulness of the human capabilities approach of Nussbaum and Sen, Nancy Fraser's concept of justice and the political ethics of care as developed by theorists such as Tronto and Sevenhuijsen
- I argue that all of these approaches are useful for developing a framework through which judgements about the adequacy of care, participation and human flourishing in particular contexts
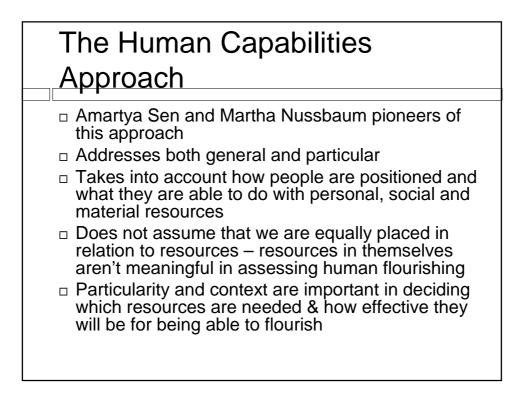
Introduction

- In my presentation I would like some feedback on the model I have developed on how to judge human flourishing and participatory parity as well as the adequacy of care

- I would like thus either like to engage with the responses of particular participants in the seminar, or the wider audience of the seminar to further refine the model

- Do participants think that it would be possible to combine the two models, for example, and if so, how?

Social justice, the ethics of care and difference

- Social Justice approaches are traditionally concerned with how social resources are distributed in society
- Partially useful as no accommodation of difference
- The idea of 'rational economic man' who is disembodied, autonomous, independent and equal is the normative ideal of a citizen that John Rawls had in mind. This man is furthermore able to enter voluntarily into exchanges of goods and social cooperation with other citizens for his own benefit
- The human capabilities approaches of Sen and Nussbaum, Nancy Fraser's concept of justice and the political ethics of care do in fact accommodate difference, particularity, otherness, plurality and context – the concrete other as opposed to the
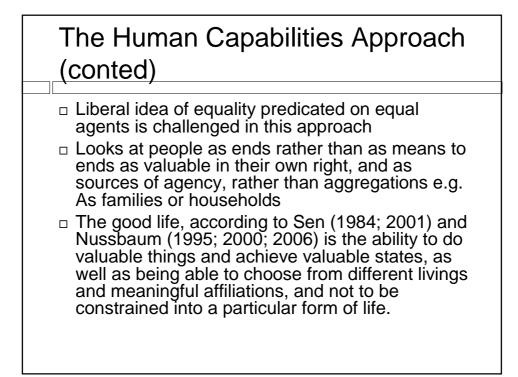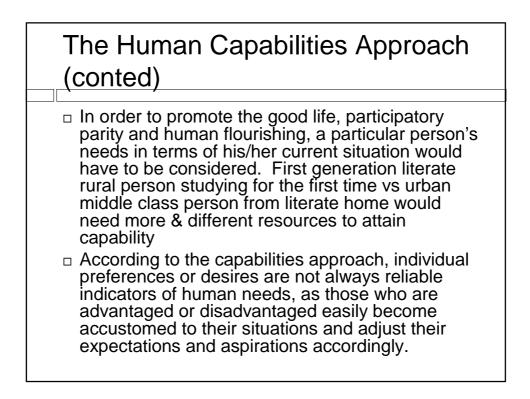
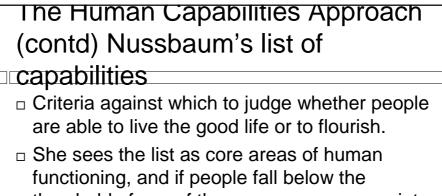## Major questions which these approaches allow us to ask in relation to care, welfare and social cohesion

- What are people able to be and to do? What human capabilities can they exercise?
- How are people privileged or disadvantaged and what implications does this have for their lives?
- Are people able to interact on a par or an equal basis with others?
- How do people fare in being able to give and receive care in situations of their own choice?

These questions can give important information on people's life circumstances and the implications for these on their ability to participate as equals and on their human flourishing and well-being

The Human Capabilities Approach

- Amartya Sen and Martha Nussbaum pioneers of this approach
- Addresses both general and particular
- Takes into account how people are positioned and what they are able to do with personal, social and material resources
- Does not assume that we are equally placed in relation to resources – resources in themselves aren't meaningful in assessing human flourishing
- Particularity and context are important in deciding which resources are needed & how effective they will be for being able to flourish

The Human Capabilities Approach (conted)

- Liberal idea of equality predicated on equal agents is challenged in this approach
- Looks at people as ends rather than as means to ends as valuable in their own right, and as sources of agency, rather than aggregations e.g. As families or households
- The good life, according to Sen (1984; 2001) and Nussbaum (1995; 2000; 2006) is the ability to do valuable things and achieve valuable states, as well as being able to choose from different livings and meaningful affiliations, and not to be constrained into a particular form of life.

The Human Capabilities Approach (conted)

- In order to promote the good life, participatory parity and human flourishing, a particular person's needs in terms of his/her current situation would have to be considered. First generation literate rural person studying for the first time vs urban middle class person from literate home would need more & different resources to attain capability
- According to the capabilities approach, individual preferences or desires are not always reliable indicators of human needs, as those who are advantaged or disadvantaged easily become accustomed to their situations and adjust their expectations and aspirations accordingly.

The Human Capabilities Approach (contd) Nussbaum's list of capabilities

□ Criteria against which to judge whether people are able to live the good life or to flourish.

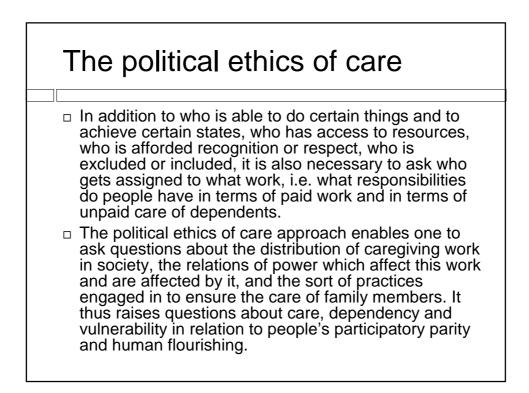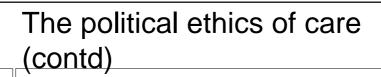□ She sees the list as core areas of human functioning, and if people fall below the threshold of any of these core areas, a society would, in Nussbaum's (1995; 2000; 2006) view, be regarded as unjust, and people's lives as not being fully human.
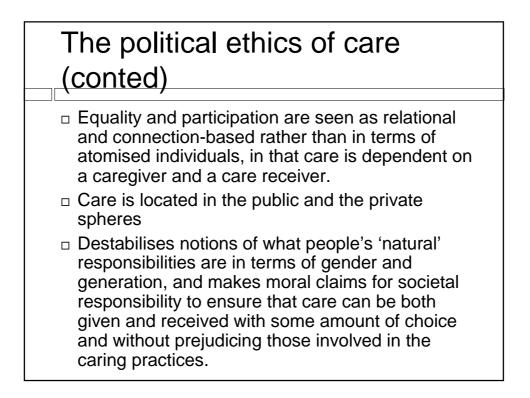
Nussbaums list of capabilities

1	**Life** – not dying prematurely
2	**Bodily health** – including reproductive health; to be adequately nourished and have adequate housing
3	**Bodily integrity –** being able to move freely from place to place; having one's bodily boundaries treated as sovereign
4	**Senses, imagination and thought** - being able to think imagine and reason informed by adequate education
5	**Emotions** – being able to have connections to things and persons outside ourselves
6	**Practical reason** – being able to form a conception of the good and engage in critical reflection
7	**Affiliation** – being able to live for and to others. Having the social bases of self respect
8	**Other Species** – being able to live with concern for and in relation to animals, plants and the world of nature
9	**Play** – being able to laugh, play and enjoy recreational facilities
10	**Being able to live one's life in one's own surroundings and context** – being able to own property, seek employment on an equal basis with others; have freedom from unwarranted search and seizure

Nancy Fraser's views on justice

- For Fraser (2008; 2009) the ability to participate in an equitable way as full partners in interaction with others and full members of society (participatory parity) is the ultimate goal of social justice
- In order to achieve this you need a redistribution of resources (economic), recognition of status (cultural) (bivalent view of justice) and she later (2008; 2009) added social belonging and representation (political)
- Recognition has to do with how people are regarded in relation to the social markers or distinctive attributes that are ascribed to them
- Social belonging is about inclusion and exclusion – who counts as a member of the community entitled to make justice claims. Transcends the geopolitical space into transnationalism

The political ethics of care

- In addition to who is able to do certain things and to achieve certain states, who has access to resources, who is afforded recognition or respect, who is excluded or included, it is also necessary to ask who gets assigned to what work, i.e. what responsibilities do people have in terms of paid work and in terms of unpaid care of dependents.
- The political ethics of care approach enables one to ask questions about the distribution of caregiving work in society, the relations of power which affect this work and are affected by it, and the sort of practices engaged in to ensure the care of family members. It thus raises questions about care, dependency and vulnerability in relation to people's participatory parity and human flourishing.

The political ethics of care (contd)

- □ Assumption that the world consists of independent, self-sufficient, equally placed humans is erroneous but prevalent – we are all dependent at different times of our lives and dependents all need to be cared for.
- □ Recognition that dependency is an inevitable condition in human life and that it is usually assumed to be a familial obligation is important for people's participation and for their survival. In terms of the ethics of care, dependency is seen as a normal part of human life, and one which should be considered in social sharing of burdens, just as education, health services and road maintenance are (Kittay 2002).
- □ Joan Tronto's (1993) notion of 'privileged irresponsibility' and Val Plumwood's (1993) 'backgrounding', both of which involve the denial of dependency on another, where the services of the other are used but not acknowledged, encapsulate a dark side of the refusal to recognise dependency or care work as valuable and our own vulnerability in this respect.

The political ethics of care (conted)

- □ Equality and participation are seen as relational and connection-based rather than in terms of atomised individuals, in that care is dependent on a caregiver and a care receiver.
- □ Care is located in the public and the private spheres
- □ Destabilises notions of what people's 'natural' responsibilities are in terms of gender and generation, and makes moral claims for societal responsibility to ensure that care can be both given and received with some amount of choice and without prejudicing those involved in the caring practices.

The political ethics of care – a framework to judge the adequacy of care

- Joan Tronto's (1993) delineation of the four phases of care, and the value associated with each phase, is useful in that it distinguishes the different processes in the practice of care:
- Caring about – noticing people's needs (attention) listening to what people are saying and what they are not saying
- Caring for – taking responsibility to ensure that people's needs are met (responsibility)
- Care-giving – the actual hands-on physical work of caring for people (competence)
- Care-receiving – responding to the care that is given by the care-giver (responsiveness)
- These four phases should lead to integrity of care if it is to be viewed as a well-accomplished caring practice.
- The moral integrity of care means that participation is co-constructed meaning-making and dialogue in relation to lived human experience.
- The viewpoint of the other is important in the care process. Good caring practice requires negotiation and dialogue between those giving and receiving care, rather than an abstract, impartial view as required by rights-based approaches.

Comprehensive Model or Framework to judge difference, justice and care in contexts

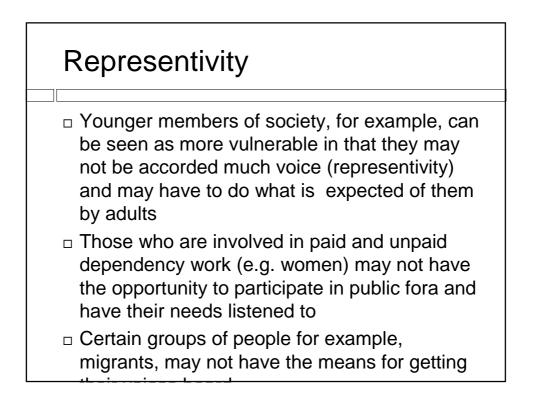| Indicators of social justice	Social Marker				
	Race	Gender	Generation	Ability	Sexuality
Recognition					
Access to resources					
Responsibilities					
Representation					
Goals of social justice and political ethics of care	Human flourishing/well-being; participatory parity; ability to give and receive care in situations of choice				

Questions to ask in relation to the framework

□ Are people able to participate on a par and as full members of society in relation to others?

□ Are people able to flourish or are they prevented from doing so?

□ Are people able to receive and to give care in situations of their choice?

(Mis)recognition

□ The framework may be useful in assessing how people's attributes are appreciated or unappreciated, in how their attributes are valued or devalued.

□ Participatory parity i.e. acting as equals or peers may be rarely achieved for culturally devalued categories such as those ascribed as black, children and women.

□ For example, what those ascribed as black, women and children can desire, say or do may be different from what those ascribed as white, men or elders can desire, say or do. It may be culturally unthinkable for those who are socially misrecognised to desire certain things, for example, to have their needs prioritised above those who are more valued, and that therefore
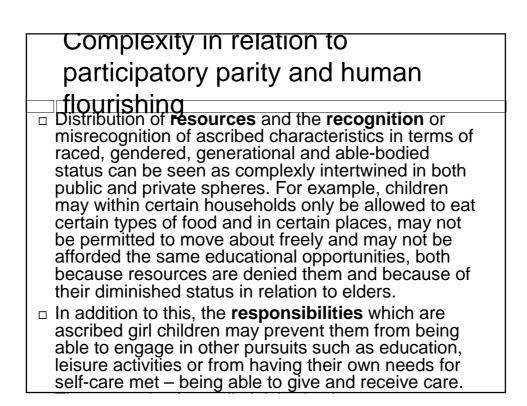
Access to resources

- Those ascribed as black generally have less access to resources than those constructed as white
- Younger members of the family or society may have access to less resources than older members
- Dependency workers also have less access to resources as their work is not adequately compensated or seen as valuable
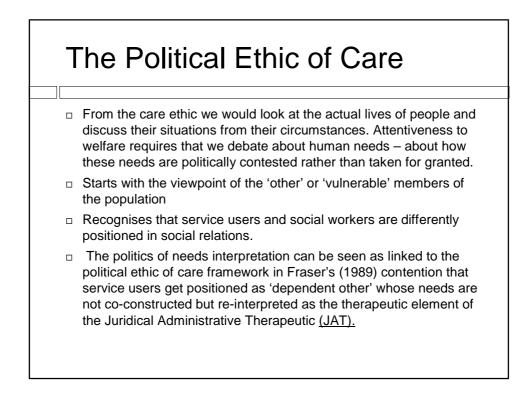- Differently abled persons often also have less access to resources

Representivity

- Younger members of society, for example, can be seen as more vulnerable in that they may not be accorded much voice (representivity) and may have to do what is expected of them by adults
- Those who are involved in paid and unpaid dependency work (e.g. women) may not have the opportunity to participate in public fora and have their needs listened to
- Certain groups of people for example, migrants, may not have the means for getting their voices heard

Giving and receiving care

- Generation, race, gender-constructed differences impact on who is expected to do what to and for whom.
- If certain people spend a great deal of their time meeting other family members' needs, they are not able to participate on an equal footing, as their own needs are not being met by someone else, and they would not have the time to pursue other activities.

Complexity in relation to participatory parity and human flourishing

- Distribution of **resources** and the **recognition** or misrecognition of ascribed characteristics in terms of raced, gendered, generational and able-bodied status can be seen as complexly intertwined in both public and private spheres. For example, children may within certain households only be allowed to eat certain types of food and in certain places, may not be permitted to move about freely and may not be afforded the same educational opportunities, both because resources are denied them and because of their diminished status in relation to elders.
- In addition to this, the **responsibilities** which are ascribed girl children may prevent them from being able to engage in other pursuits such as education, leisure activities or from having their own needs for self-care met – being able to give and receive care.

Comprehensive Model for Framework the adequacy of caring practice in contexts

Indicators of the political ethics of care	Social Marker				
	Race	Gender	Generation	Ability	Sexuality
Attentiveness					
Responsibility					
Competence					
Responsiveness					
Goals of the political ethics of care	Integrity of care; possibility to give and receive care in situations of choice; relational dialoguing about needs				

The Political Ethic of Care

- From the care ethic we would look at the actual lives of people and discuss their situations from their circumstances. Attentiveness to welfare requires that we debate about human needs – about how these needs are politically contested rather than taken for granted.

- Starts with the viewpoint of the 'other' or 'vulnerable' members of the population

- Recognises that service users and social workers are differently positioned in social relations.

- The politics of needs interpretation can be seen as linked to the political ethic of care framework in Fraser's (1989) contention that service users get positioned as 'dependent other' whose needs are not co-constructed but re-interpreted as the therapeutic element of the Juridical Administrative Therapeutic (JAT).

Tronto's questions in relation to the adequacy of care in social services(Tronto, unpublished paper)

Attentiveness

- What are the needs that are being addressed?
- Who defines these needs?

Responsibilities

- Who takes responsibility for meeting the needs addressed? E.g. who is responsible if no work exists for people, if there are not sufficient houses, water or electricity
- Who do you think should be responsible for the care provided?

Competence

- Who are the actual care givers?
- How well can they / do they do their task?
- What resources do they need in order to care competently?
- **Responsiveness**
- How do the care receivers respond to the care they are given?

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JAT system of Fraser (1989)

- The American political theorist, Nancy Fraser (1989: 154) describes this as a distinctive style of operating in service delivery and refers to the system as 'the juridical-administrative-therapeutic state apparatus' (JAT). This apparatus operates according to and works in practice by linking together the juridical-administrative-therapeutic procedures. The juridical element refers to service users' welfare rights which can be condoned or denied depending on the interpretation of the need and benefit claimed. This element then links with the administrative element in which service users have to petition their needs to an administrative body. It is only this body which is empowered to decide on whether service users' claims meet administratively defined criteria or not. The modus operandi which then follows is the therapeutic element when social workers concern themselves with interpreting these needs as mental health and behavioural issues which require intervention in service users' lives. As a result the welfare system executes political policy that in practice appears to be non-political (Fraser, 1989:154).