



THE IMPACT OF “CARING” POLICIES ON SOCIETAL ISSUES

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Introduction

There has been much debate and concern over the limitations of modern liberal democracies in addressing issues of care. Modern liberalism and the resulting state structures tend to focus on individualism at the expense of the community, and privilege individual rights over networks of care and obligation. Resulting policies have reflected this focus, often with negative results. As a result, some scholars have argued that a care-based viewpoint should be included and used as the basis of policy formation. In our view it can also be used to evaluate existing policies. To this end, we have created a measure to assess how individual states in the USA fare in creating caring policies and to explore the impact of the presence (or lack of) such policies on several societal concerns.

The term “caring” policies is used to denote a political system that provides the necessary means to allow individuals to care for children and elderly parents, to access basic goods such as housing and healthcare, and to have a say in creating laws and policies through greater participation in political activities. Such a caring political system addresses basic human needs and acknowledges the resources required to care for others. In addition, through the encouragement of political participation, it ideally allows individuals a voice in the creation of policies as new needs arise.

Demand for care-taking and care-giving is increasing and will continue to grow. There has been a rise in

the number of double-earner households leading to an increasing need to balance work and child care; and an increase in the number of people aged 65 years and over (12 percent between 1990 and 2007) leading to potential concerns regarding care for the elderly; and an increase in poverty (approximately 46.2 million people in the USA live below the poverty line as of 2010). In an effort to evaluate state policies with these concerns in mind, we have created a political caring index based on nine variables that were selected using Daniel Engster’s (2004) Institutional Political Theory of Caring as our theoretical framework. We then use the resulting index to assess the impact of caring policies on five issues of societal concern.

Concerns of caregiving

State policies matter so much because they control public resources and regulations. A lack of subsidies and other incentives lead to an inability on the part of families to care for their own members, as well as to meet basic needs. Due to work schedules and other obligations, individuals are increasingly turning to “care-related” service industries to provide care for their family members. However, such unsubsidized services can considerably add to their monthly expenses. A growing number of people unable to afford such services are put at a disadvantage; as care for children and the elderly are no longer an option, but a necessity. There is consequently a need to recognize that the men and women who care for children and the elderly are facing an increasingly difficult task.

Hiring people to provide care is not without its costs both financially and emotionally. In addition to the strains placed on family members, there are concerns about the commodification of care for both the communities and the individual wage earners offering these services. Commercial services treat “care” as a market exchange instead of a relationship, which has the potential to weaken both familial and community networks. For example, McKnight (1995) claims that professional – as opposed to family or community provided – “care-related” services weaken the

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community and destroy the very fabric of society. This, in turn, causes families to collapse, schools to fail and violence to increase. While his predictions are rather dramatic, having care-friendly policies and incentives in place is critical, even if McKnight is only partially accurate. More specifically, policies are needed that enable individuals to provide for their own care and that of their family members, instead of relying on professional, paid services to supplant these care networks. It should be noted that not everyone wants to be the primary care-giver for his or her family members. Ideally, however, individuals should have the ability to fulfill this function if they so choose. There are many factors involved in these concerns. There are those in need of care whose needs may not be satisfied, as well as potential care-givers who do not have the time or money to provide the care needed by their family members (family by blood or choice). Finally, there are those who are willing to be employed in care-giving roles, but are being exploited due to the nature of the existing system. Any state policy concerned with these issues needs to address all such factors.

Research on care and care ethics

The ethics of care and its challenge to the individualistic approach of modern liberalism and rights-based theories of justice started with Carol Gilligan (1982). There has since been much research testing and utilizing the ideas of care ethics. While political institutions have received less attention, scholars have most notably applied care ethics to social institutions. There has been a proliferation of literature applying the ethic of care to schools (Cassidy and Bates 2005; Beck 1992; Noddings 1988; Courtney and Noblit 1994; Rogers 1994), hospitals and nursing homes (Dodson and Zinbavage 2007; Bowden 1997), as well as to other forms of home-care employment (Holgate and Shea 2007; Hondagneu-Sotelo 2001).

Many of these authors discuss the exploitation that occurs within the field of care work, due to the fact that care is seen as feminine, private, invisible and therefore of little value (see for example Duffy 2005; Kittay 2001; Romero 2001; Arno, Levine and Memmott 1999; Karner 1998; Bubeck 1995; Folbeck 1995). Yet care-receiving is a reality that is both necessary and central to the human experience at some stage in every person's life. Thus, under the current structure, care is unrecognized and undervalued, and yet remains a human necessity. As often happens

with invisible labor that is seen as domestic in nature, care-giving is consigned to the already overwhelmed and underpaid segments of society (women, immigrants, non-whites). This situation has led some to call for state involvement in order to recognize care as work and treat care-giving like any other type of employment (Howes 2004; Kittay 2001; Glenn 2000). However, as Holgate and Shea (2007) point out, it is difficult to combine the complexities of care with the existing institutional framework of state and market. Evelyn Nakano Glenn (2000, 89) calls for a transformation in conceptions of "citizenship in the United States to make care central to rights and entitlements." However, this "transformation of caring must be linked to major changes in political-economic structures and relationships" (Ibid, 93). It is these political-economic structures that we attempt to evaluate as a way of assessing how well – and whether – states in the USA are providing caring institutional policies.

Daniel Engster (2004) acknowledges the lack of an institutional theory of care and attempted to fill the void. To this end, he incorporates care ethics into the framework of rights-based theories. He provides three main categories of core rights. The first category is development and dependency work such as paid family leave and subsidies for childcare. Engster's rationale for this category of core rights is to allow individual caregivers the ability to achieve their life goals despite their role as caregivers (2004, 131). In this way, Engster integrates the reality of caring obligations with the recognition of the importance of individual life plans.

The second category of core rights is traditional political and economic rights. Traditional political rights include, for example, civil liberties, freedom of speech and religion, and protection against arbitrary arrest and imprisonment. While the protection of basic rights may seem obvious, it must be included in an institutionalized political theory of care. Care ethics have been criticized for parochialism, focusing on private relations at the expense of political concerns. The inclusion of political rights brings the political back in and ensures that the individual is protected by the state and is granted access and voice. Economic rights offer protection from economic deprivation in order to allow for self-autonomy with the understanding that the basic needs of humans (e.g., food, housing, health care) must be met in order for individuals to act out their life plan. Without the guarantee of basic sustenance, the free-

dom to make choices means very little. Political and economic rights act in tandem to both protect and enable individual choices.

The third and final category of rights discussed by Engster is that of political participation. Political participation is differentiated from political rights because participation and access to the political agenda ensures that political rights will be protected and new rights will be considered. While political rights can be understood as a form of protection against the state, the right to political participation represents access to the state and the chance to have a voice in creating law and policy. We adopt Engster's three categories of core rights and use his underlying theoretical framework to create our political caring index, which is subsequently used to evaluate state policies.

Evaluating state policies

To evaluate caring policies in the USA, we utilized state-level data instead of examining policies at the national level. We chose to focus on state policies as states have the flexibility to craft individual programs that reflect the different cultures and needs of their particular population in a way that the larger national structure does not. Focusing on state-level data also allowed us to see variations in policies during a specific time period.

For the first category of core rights, development and dependency work, a score given to each state based on a parental leave policy analysis conducted by the National Partnership for Women and Families (Grant, Hatcher and Patel 2005) was used. The higher the score, the better parental leave programs the state has in place. The type of benefits analyzed include family leave, medical leave, parental leave, maternity leave, paternity leave, job-protected leave, paid leave benefits, paid family leave, paid medical leave, short-term disability insurance, temporary disability insurance, and at-home infant care (Grant et al. 2005). These policies are intended to be gender neutral in that they either do not specify a gender (e.g. parental leave), or they include both male and female genders (e.g. paternity *and* maternity leave). While social norms, gendered roles, and traditional practices may lead to more women taking advantage of these policies, they are available to both men and women. In addition, they allow for job security,

which helps to mitigate the sacrifices often made by women when it comes to caring duties.

For the second main category of rights, political and economic rights, six variables were used. The first variable selected was the overall score per state based on a freedom index that analyzed state and local policies related to economic, social, and personal spheres (Sorens, Muedini and Ruger 2008). The laws and policies included in this freedom index range from fiscal policies to marriage and domestic partnership laws (Sorens et al. 2008). In our view this overall freedom variable best measures the second category of rights called for by Engster, as it includes various personal freedoms in addition to such basic political rights as freedom of speech and religion. The remaining five variables in this category are related to economic rights: the percentage of basic assistance as a total of TANF funds used¹, the percentage of children living in poverty, income distribution, the percentage of subsidized housing units, and the percentage of persons without health insurance.

In order to capture the right to economic sustenance, we included a welfare measure. Although welfare is a result of federal policy, states have a flexibility that leads to variations among them. The percentage of basic assistance as a total of federal and state funds used was calculated to measure the willingness of states to allocate funds to cash assistance. The higher the percentage of total funds used that a state spends on cash assistance, the higher the caring score. Secondly, the percentage of children living in poverty was included because we believe it is a good proxy for economic deprivation. We decided to include children in poverty instead of an overall poverty rate because children are generally more vulnerable to a lack of economic sustenance and require more care. Therefore, the higher the percentage of children in poverty, the lower the caring score. A measure of income inequality was also used to show income distribution across a population. This measure was adopted instead of median household income to minimize variances in the cost of living; as levels of income can be misleading when comparing states as the cost of living in each state varies. An income of USD 20,000 in New York City translates into a dif-

¹ TANF (Temporary Assistance to Needy Families) is a block grant given to states, which in turn decide how to use the funds. Funds can be used for childcare, transportation, work subsidies, education and training or basic assistance (includes cash payments, vouchers, or other forms designed to meet ongoing basic needs) among others.

ferent level of economic security (or lack thereof) than the same income in Oklahoma City.

The percentage of subsidized housing units was selected as an indirect measure of basic housing provisions. It is important to note that we are more interested in the availability of housing units than in the quality of publicly subsidized housing. Some may question whether subsidized housing counts as decent housing. However, it nonetheless provides a place for families to live who otherwise could not afford a home at all. Finally, and related to the basic provision of healthcare, we included the percentage of the population without health insurance. The higher the percentage of uninsured, the less likely people are able to care for themselves and others.

For the third category of core rights, namely political participation, two variables were selected: the percentage of citizens registered to vote and the voter turnout rate, both for the 2006-midterm elections. We selected the 2006-midterm election rather than the 2008 presidential elections for two reasons. Firstly, the voter turnout rate for the 2008 elections was unusually high; and secondly, the 2006-midterm elections involved voting for public officials that have a more direct impact on local community issues. This is important in terms of ease of access to one's political representatives and influence on the resulting local policies. Voting is certainly not the only form of political participation. However, as noted in one study, 68 percent of Americans felt that voting is the best strategy for addressing issues and being involved in their communities (National Conference on Citizenship 2007). We included both voter registration and voter turnout since each capture unique segments of political participation. Low levels of voter turnout may reflect political alienation. A lower voter registration rate, on the other hand, may be a result of tedious registration and points to potentially changeable state policy. In other words, political participation can be thwarted by confusing or difficult procedures (purposefully constructed or not) in the registration process itself which is quite a different, but equally important, issue from that of the actual turnout for an election.

Impact on societal issues

Once the political caring index was constructed, we used it to test the impact of caring policies on productivity, the number of suicides, the divorce rate, the

percentage of the population completing a high school degree, and violent crime rates. We wanted to look at levels of productivity as the loss of productivity is often cited as a reason not to allow or extend parental leave policies. In addition, while research has focused on the relationship between productivity and family benefits (e.g. Baughman, Holtz-Eakin and DiNardi 2003), we were unable to find studies that explored the relationship between productivity and a more comprehensive political caring system. The remaining societal issues were chosen to test whether less "caring" policies lead to negative social impacts as measured by suicide, divorce, levels of education and violent crime including murder, rape, robbery and aggravated assault.

The caring index explained 37 percent of the variance in worker productivity across states. States with more caring policies had higher rates of productivity. This finding shows a different result than that of Baughman et al. (2003), which found no significant relationship between offering family benefits and an increase in productivity. We believe the main reason for this difference is that the political caring index not only considered family benefits, but also other elements that together have an impact on the productivity of workers by helping them to deal with the multiple demands of work and family. For example, a study conducted by Ross Phillips (2004) found that 25 percent of workers with a child under the age of three, 40 percent of low-income workers, and half of working parents with incomes below the poverty level did not have paid leave. Our findings suggest that this lack of leave actually decreases productivity.

Perhaps the most interesting result, and the one that most strongly supports McKnight's (1995) argument, is the ability of the model to explain 67 percent of the variance in suicide rates. The different suicide rates in the various states can largely be explained by how "caring" their policies were. States with more caring policies had lower suicide rates. This finding supports McKnight's (1995) main argument that a "careless" state will lead to the destruction of its society and resulting social ills. A possible explanation for our result may be that the variables we used to construct the index can also be used as stress indicators related to suicide rates. For example, an individual's lack of healthcare, housing, economic independence, etc. may lead to despair, thus caring policies remove the reasons that may lead someone to resort to suicide.

The model explained 37 percent of the variance in the divorce rates of those aged 15 and over. States with more caring policies had lower divorce rates. Once again, a caring political system seems to mitigate negative social issues. Presser (2005) found that spouses that work late shifts spend less quality time together and those that have the further compounding factor of having children are more likely to separate or divorce. Given these findings, politicians and policymakers wishing to address divorce rates and other “family values” may want to turn their attention to economic policy, instead of social morality, and consider focusing on how to design care-inducing policies.

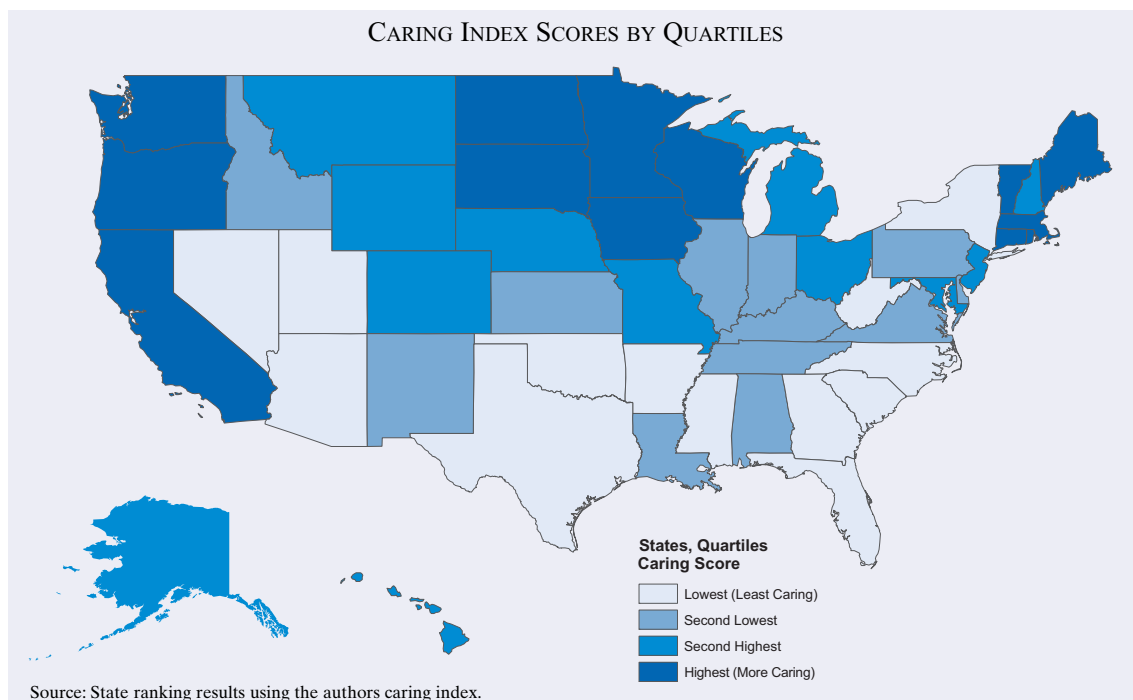
Another interesting finding from this study was that the caring index model explained 84 percent of the variance in high school graduation rates among those aged 25 years or older. This finding suggests that the reason one state has more people graduating from high school than another state can be largely explained by whether that state has caring policies in place or not. This finding parallels previous research done by Bridgeland DiLulio and Morrison (2006). They found that 22 percent of students who dropped out from high school did so because they had to care for family members either because both parents were working or were otherwise unavailable. Similarly, research conducted by Israel, Beaulieu and Hartless (2001) found that a supportive family network affects high school students’ educational

achievement. This led them to conclude that policies should go beyond promoting educational achievement and extend to strengthening family and community social capital. In other words, the existence of a caring environment affects the educational achievement of children and caring policies can help to bolster the educational levels of a state’s citizenry.

The final societal issue explored was the rate of violent crime, specifically murder, rape, robbery and aggravated assault. Those states with higher levels of care had lower crime rates. However, the caring index explained only 22 percent of the variance among states. Thus, there are other factors that can potentially better explain differences in rates of crime among states. That said, caring policies still had some impact. Future research should focus on better understanding the relationship between a caring political system and the rate of violent crimes. More importantly, using a framework based on care ethics may shed light on previously unknown ways to address this key societal issue.

Given the importance of these issues and the potential of state policies to help mitigate such social problems, we were curious to see the ranking of the states based on their levels of care; or which states were ranked the most caring states in the United States (Minnesota followed by Maine, Vermont, and Oregon), and which were the least caring states in the nation (Nevada followed by Texas and

Figure 1



Mississippi). We divided the states into quartiles based on their caring score. Figure 1 depicts a map of the United States in which the color of the state reflects the quartile of the rankings into which each state fell.

Pockets of more caring states are located in the Northeast (Maine, Vermont, Rhode Island, Massachusetts, and Connecticut), the North Midwest (Minnesota, Wisconsin, North Dakota, Iowa, and South Dakota), and the Pacific (California, Oregon, and Washington). The majority of least caring states are located in the Southeast and Southwest. Furthermore, all states in the Southeast region have below average scores. This may not be surprising due to the region's historically weak safety net, which includes punitive and restrictive welfare systems and a legacy of racism with their corollary effects on welfare politics (Quadagno 1994; Schram, Soss and Fording 2003; Soule and Zylan 1997).

The geographical pockets of caring states suggest the viral spread of policies among neighbors, or the potential impact of similar histories, traditions and cultures among neighboring states. Esping-Andersen (1990) explored this issue in greater depth, looking at how common historical backgrounds can be helpful to understand why states enact the policies that they do. Pierson (2000) similarly concludes that the recognition of historical processes is necessary to better understand the varied politics of social policy. Culture may also play a role in the spatial patterns observed. For example, Rice and Sumberg (1997) built a civic culture index based on the concept of Putnam, Leonardi and Nanetti (1993) of social capital to help explain regional differences. They found a clear link between how civic a state is and government performance, whereby states that are more civic tend to enact more liberal and innovative policies. States with a stronger civic culture are therefore more likely to enact caring policies. In fact, Engster's core rights speak for acknowledging and maintaining a more engaged and organized citizenry.

Elazar (1984) identified three different political cultures built on the migration patterns of distinct racial, ethnic, and religious groups: moralistic, individualistic, and traditionalistic cultures. A moralistic culture is more concerned with the public good than with private interest. Such a culture views government as a legitimate force for achieving the public good. In contrast, an individualistic culture believes

that the public should rarely intervene in private matters, and that the state should be limited to keeping the marketplace working properly. Finally, a traditionalistic culture sees the sole role of government as that of maintaining the existing status quo, including social hierarchies. Based on Elazar's typology, moralistic states are better suited to be more "caring" followed by individualistic and lastly traditionalistic states. According to Elazar (1984), two states (Vermont and Maine) in the North Eastern, more caring "pocket" have a moralistic political culture; while the other three have an individualistic culture. All states in the more caring north Midwest and Pacific Northwest regions have a moralistic culture. On the other hand, ten out of the thirteen least caring states have a traditionalistic culture according to Elazar's typology. Six out of the thirteen states included in the most caring quartile ranked in the top ten states based on the civic culture index developed by Rice and Sumberg (1997) discussed above. Regardless of typology, however, there appears to be a relationship between political caring, political culture, welfare politics, historical backgrounds and civic culture.

Conclusion

Our attempt to create a caring index and evaluate the impact of caring policies on societal issues represents just one endeavor in a wide range of potential research designs that utilize a caring framework. Our index can complement other indices and provide another tool for understanding why states implement the policies they do. More importantly, this index sheds light on the positive or negative impact that particular policies have on the community as a whole, as well as on individuals. This study provides insights into which policies have the capability to significantly improve the caring policies of specific states. In turn, this can have an impact on such societal issues as educational achievement, crime, suicide rates and worker productivity. Furthermore, the index can be used as a tool to assess whether the current policies are working as planned or expected. Overall, we believe that analyzing policies and their effectiveness through the caring lens opens up a new area of research that can make a valuable contribution to knowledge in this field. Theories related to the ethic of care have changed the way we think about justice, individualism, policy design and effectiveness. If a political ethic of care is to be taken seriously, a way must be found to integrate it into public policy.

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