Does »care work« have a future?

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The research project Care Work in Europe: Current Understandings and Future Directions *is funded by the European Commission as part of its Fifth Framework Programme. The overall objective is to contribute to the development of good quality employment in caring services that are responsive to the needs of rapidly changing societies and their citizens. The project has research partners in Denmark, Hungary, Netherlands, Spain, Sweden and England*[1]*. Put like this, the project is easy to describe. But as soon as we dig a little deeper into the meaning of »care work«, it becomes much more complex.*

In this paper, we want to explore some of these complexities, drawing mainly on comparisons between England and Sweden, but also using two other partner countries – the Netherlands and Denmark – to illustrate particular issues and concepts. In the first three parts, we will consider different ways in which care work is currently understood: as *social omsorg* or social care; as a means to support independence and inclusion; and as a part of a wider concept of pedagogy. We will argue that, lacking a strong identity, »care«

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is vulnerable to a loss of independence as a distinct field of policy, provision and practice, becoming understood and treated as part of another, larger field. This loss would have important consequences for policy, practice and the organisation and training of the workforce. Or »care« might maintain its independence as an ethic that can be adopted and practiced by a wide range of services and occupations.

One note of explanation should be added by way of introduction. What is or is not included under the heading of »care work« is one of the points at issue; there is no generally agreed definition and the potential coverage in terms of services and occupations is very wide. However, although in the project we treat the concept of »care work« and »care services« as contestable, to be questioned throughout the study, we have had to adopt a pragmatic approach. To conduct the research, we needed an initial definition of what services and occupations we would treat as being within a »care work domain«, which is our subject of study. The working definition that we have arrived at covers three broad areas: services for young children and out-of-school care (»childcare« in the English-language world, preschools (*förskola*) and free-time services (*fritids*) in Sweden); child and youth residential and foster care; and care for adults with disabilities, including frail elderly people.

Care work as »social care«

The transcendent concept of social care

The concept of »social care« often appears in discussions of »care work«. The concept, however, has different meanings, depending on the context in which it is used. In its broadest usage, »social care« is a concept that spans many boundaries: formal and informal care, paid and unpaid, public and private – and children and adults. Another cross-national project also funded by the European Commission, specifically on social care, defines the concept as

»assistance that is provided in order to help children or adult people with the activities of their daily lives and it can be provided either as paid or as unpaid work, by professionals or non-professionals and it can take place as well in the public as in the private sphere. In particular, it is distinctive to social care that it transcends the conceptual dichotomies between the public and the private, the professional and the non-professional, the paid and the unpaid« (Kröger, 2001: 4).

Understood in this way, social care has enormous scope. It »transcends the conceptual dichotomies«, dissolving dualisms such as paid and unpaid work (Ungerson, 1997). It reaches across the life course, encompassing work with children, young people and adults of all ages.

This transcendent concept of »social care« has been most often used in research, especially feminist analysis of welfare regimes. It provides, it has been argued, a basis for developing comparative analyses of such regimes with a strong gender perspective (Daly and Lewis, 2000). From this perspective, an important issue is where the line is actually drawn in welfare states - between private and public responsibility for social care, between unpaid and paid work.

*We see care as an activity with costs, both financial and emotional, which extend across public/private boundaries. The important analytic questions that arise in this regard centre upon how the costs involved are shared, among individuals, families and within society at large. Our three-dimensional approach leads us to define social care as the activities and relations involved in meeting the physical and emotional requirements of dependent adults and children, and the normative, economic and social frameworks within which these are assigned and carried out (*ibid.*: 285)*

Conceptualised in this way, »social care« has been an activity mainly undertaken by women in the home, disadvantaging them in the labour market. To free women to participate in the labour market on equal terms with men, policies are needed which move this activity of social care – and therefore its costs - into the public domain. From a gender perspective, the issue is how far welfare states enable »defamilialisation«, i.e. policies, in particular provision of care services, »that lessen individuals« reliance on family; that maximise individuals« command of economic resources independently of familial or conjugal reciprocities« (Esping-Andersen 1999: 45).

Understood in this way, social care is a similar activity wherever it takes place or whoever undertakes the activity: the paid care worker and the unpaid (female) carer are interchangeable. »Care work«, as paid care, is viewed as the commodification of the work of housewives, mothers, and other family members; their unpaid work is done instead by paid workers. This concept of »care work« has much in common with another concept - »household services« - which includes care (childcare and eldercare) alongside other household tasks such as cooking and cleaning (cf. Yeandle, Gore and Herrington, 1999). These tasks are bracketed together as work that has been primarily undertaken within households by female members, on an unpaid basis, and as all potentially capable of substitution by paid workers, when the performance of these tasks become »household services«. The interest here of the European Union, and others, is in »household services« as a source of increased employment.

This transcendent concept of »social care« (or »household services«), therefore, embodies a very particular and very contentious assumption. Formal care services and paid care workers are implicitly understood as replicating the home and informal household carers, such as mothers. Nurseries and other services for young children, for example, may seek to be – or are seen to be - substitute homes, and carers in these services substitute mothers (cf. Dahlberg, Moss and Pence, 1999). While paid care of elderly people, it has been argued, may best be undertaken by women drawing on their domestic skills and experience acquired as housewives (Wærness, 1982, 1995).

The administrative concept of social care

The concept of social care as just discussed has mainly academic origins. At a policy level, another meaning of »social care« has emerged, as an umbrella term used to label a wide range of services:

social care services has European-wide acceptance as referring to non-cash care services provided by social workers and other professional groups for user groups such as children and families, elderly people and people with disabilities (Munday, 1998: 4).

We can see that »social care« has this usage in both England and Sweden. In the case of England, »social care« as a term has been used to cover all non-health services for children, young people and adults coming within the remit of the Department of Health, i.e. the welfare system. The situation has become somewhat more complicated since 1997, because of the growing »educationalisation« of social care. This includes the establishment of new services under the auspices of the Department of Education, especially for children, young people and their families, which some claim come under the label of social care (Kendall and Harker, 2002); and the transfer of responsibility for a range of »social care« services in 2003 from the Department of Health to the Department for Education, for example child welfare and protection. These transferred services for children, however, are still referred to as »social care«, alongside those services for adults that remain the responsibility of the Department of Health.

In Sweden, similarly, »social care« is an administrative concept. Unlike England, however, only care for disabled people, including those who are elderly, is counted as social care; while services for children, young people and other adults are in other fields: for example, foster care or work with adults goes to social work.

But how else is the concept of »social care« understood and used in policy and practice in both countries? This is much harder to answer. A search of the English Department of Health's website (www.doh.gov.uk) reveals no actual definition of the term beyond the umbrella usage described above:

The term »social care« covers a wide range of services, which are provided by local authorities and the independent sector. Social care comes in many forms, such as care at home, in day centres or by way of residential or nursing homes. The term also covers services such as providing meals on wheels to the elderly, home help for people with disabilities and fostering services (from the page titled »about social care« on the above website).

A search of the websites of public agencies dealing with social care (e.g. the Commission for Social Care Inspection, the Social Care Institute for Excellence, the General Social Care Council) reveals a similar lack of definition.

Nor does the legislation in England help in conceptualising social care. The Care Standards Act 2000 defines a group of four occupations as »social care« workers: (1) social workers; (2) people who work in residential establishments providing care; (3) managers of those establishments; and (4) domiciliary care workers who work in people's homes. The Act therefore attempts to define social care through the occupational roles of people involved in delivering it, without attempting any definition of the concept and what qualities define social care.

This conceptual vagueness about the term »social care« is replicated among those involved with social care work. In *Care Work in Europe*, case studies of elder-care have been conducted in England and Sweden, involving interviews with practitioners, trainers and policy makers (for the full report, which also includes case studies from Spain and Hungary, see S. Johansson, 2004). The English interviews revealed a sense of confusion, or at least a lack of clarity, about the meaning of »social care«. Many practitioners were unable to respond when asked their understanding of »social care«. Often informants ended up defining the concept in terms of its boundaries with other fields (i.e. what it was not) or its administrative components.

Swedish practitioners were also uncertain about the term. It became clear in the course of interviews that care workers do not always use the concept of *social omsorg* to describe their activities. They often use instead the concept *omvårdnad* (nursing). This reflects how, in Sweden, the borderline between nursing and social care has become a major issue during the 1990s. Some people think social care and nursing are the same thing; whereas others distinguish between, on the one hand, social care and nursing and, on the other hand, nursing and medical care.

Despite these similarities - both countries working with the term »social care« and the lack of clarity about its meaning - there are also some important differences between England and Sweden. While front-line »social care« workers in both countries have relatively low levels of training, compared for example to workers with young children, Swedish social care workers have higher levels of qualification. Moreover, current policy targets maintain this difference: in Sweden the aspiration is to have all workers trained as *undersköterskor* (auxiliary nurses), an upper secondary qualification; in England, the aim is to have half of the workforce with a secondary level qualification. In Sweden, there has been a move towards a more professional education process, including a degree of academisation with some programmes moving into the universities. In England, the move away from reliance on personal experience has been linked to the development of a »competency-based« approach to training; the focus is on workers« ability to demonstrate »outcomes« in the workplace, defined as functions a competent worker should be able to carry out and the knowledge that they draw on in order to perform competently in different circumstances.

The relationship of »social care« work to other fields is also somewhat different in the two countries. In England, there is a close relationship between social care and social work: indeed as already noted, social workers are included by legislation as part of the social care workforce. Much care work with elderly people is now supposedly task oriented, involving the delivery of a set of costed tasks set out in »care packages«, on the basis of assessments by »care managers« who are usually social workers.

In Sweden, by contrast, there has been a strong distinction between »social care« and »social work« (S. Johansson, 2001). Social workers have mainly worked with delinquents or poor people with the normalisation principle in mind. Social care workers,

on the other hand, knowing that working with old or disabled persons does not involve curing or reversing the life course, have been guided by the idea of maintaining as many capabilities as possible: life quality, not liberation from symptoms, was defined as the goal for work with older people. »Social care« managers, an occupational group quite distinct from social workers, have developed as an important part of the Swedish workforce. The merging of training for these managers and social workers in some Swedish universities in the 1990s has proven problematic.

Care work as promoting autonomy and activation

In both England and Sweden care work has changed over time. It first emerged as a quite down-to-earth type of work, the performance of household tasks normally done by mothers and housewives, and so requiring little more than such experience. But in both countries, the work has become over time more complex and demanding, including important elements of education (childcare) and health (eldercare). New concepts of care have also begun to emerge: one of these foregrounds the relationship between care and autonomy.

The driving philosophy in social care policy in England today is the idea that elderly people should be »independent«. There is a wide consensus across health and social care that care aims at increasing autonomy in the context of supported living (Brechin, 1999b: 176). While another author writing about the future aims of social care defines the first three »social care desired outcomes« as autonomy (choice), independent living and participation in valued lifestyles (Wiston, 2000). In Sweden, too, the idea is that old people should be able to live active lives and have influence in society and on their everyday life, to grow old in security and with maintained independence, to be met with respect and have access to nursing and care (The Swedish National Action Plan adopted May 2001).

The theme of care as supporting independence – what might be termed a concept of »supportive care« – is strongly represented in recent developments in the Netherlands, one of the partner countries in the *Care Work in Europe* project. Here, the term »care« (*zorg*) has been used in two different ways: either to describe the whole field of health, long-term care and social care; or to distinguish certain social practices (»care«) from more health-related practices (»cure«). However, more recently the term »care« has become increasingly differentiated. New legislation contrasts »long-term care« and »social care« (*sociale zorg*). The former refers to care which has a strong element of nursing; while the latter refers to a range of services (including meals, assistance with household tasks) for a range of people (including those with handicaps and psychiatric problems, as well as frail elderly people).

Important to understandings of care work as social care in the Dutch context are concepts such as activation and participation. Care is defined as a function whose core purpose is to support people who are not able to take full care of themselves because of age, a chronic illness, a disability or an acute condition; essential activities

include assistance in everyday life (at home, at work, at school, with respect to mobility and participation in society), personal hygiene and upbringing, protection and (if necessary) taking over some responsibilities. It seeks to improve or to maintain quality of life, human dignity and personal capacities in everyday situations. Care, from this perspective, is more than delivering personal services. It is closely related to activation, empowerment, socialisation, in sum to encouraging people to assume responsibility for their own lives as much as possible.

Care policy in this case may be regarded as part of a wider integrated community-based approach primarily concerned with eliminating obstacles to inclusion in the wider society (e.g. transport, housing, working conditions, regulations, even public opinion) and with maintaining an independent life. The focus of care provision is to support elderly people or people with disabilities in their wish to keep things as »normal« as possible, like staying in their homes, living in their families, having their jobs, caring for themselves, carrying out their daily activities, keeping in touch, participating in society, keeping healthy, managing their life (van Ewijk, Hens and Lammersen, 2002).

The emphasis on independence in this conceptualisation of care work is in marked contrast to the transcendent concept of social care discussed at the beginning of this article. In the transcendent concept, the dependence of the care-receiver is foregrounded, social care being defined »as the activities and relations involved in meeting the physical and emotional requirements of *dependent* adults and children« (Daly and Lewis, 2000: emphasis added). From this example, we can clearly see how different concepts of social care are related to different images or constructions of the care-receiver (and, by implication, of the care-giver).

The contemporary importance attached to the role of care work in supporting independence or autonomy in England, Sweden and the Netherlands, but also in other countries, emerges within a specific historic context. Three parts of this context are particularly important. First, there have been social movements, especially among younger people with disabilities, to demand that those people requiring more than usual support have control over their own lives. This includes the introduction of new policies by which direct cash payments are made to care-recipients to enable them to employ their own carers (so-called »cash-for-care« schemes). Second, there is an increasing discourse about the importance of social inclusion, which again asserts the right of people with disabilities to have such services as are needed to support such inclusion. Third, at a more general level, has been the rise over the last 30 years of what Rose (1999) refers to as advanced liberalism, which reasserts the liberal belief in the values of independence and the autonomous individual who is able to accept responsibility for managing her own risks and those of her children and family. From this liberal perspective, there are two possibilities: dependence (which is undesirable) and independence (which is desirable). Once again, the role of care is to support the latter, rather than create the former.

Within this context, in which dominant discourses foreground the dualism of dependence/independence rather than the continuum of interdependency, the definition of care as supporting autonomy becomes more prominent – but also more contradictory. In its response to the English government's consultation on a new vision for adult care, the Social Care Institute of Excellence argues that »there are clear preferences among people who use social care services for support and assistance to live independently, rather than »care« which implies dependency« (2004: 4). Brechin (1999a) also refers to how, amongst some service user groups, the term »care« has come to be viewed with suspicion, as portraying what is deemed an undesirable image of dependency. Because of the negative connotations of the term »care«, people with disabilities in England who receive direct payments from the government choose the term »personal assistant« to describe the workers they employ rather than, for example, »home carer«.

Care work as pedagogy

»Care work« can disappear altogether as a distinct field into the concept of »pedagogy«. Pedagogy is a theory and practice of work with people (whether children or adults) with roots leading back to 19th century Germany, and which can be found, in various forms, in most Continental European countries (it is, however, virtually unknown in the English-language world) (Moss and Petrie, 2002). Pedagogy is a holistic concept that recognises the whole child (or adult) and the inseparability of care, education, health and upbringing. A report for the first stage of *Care Work in Europe* describes pedagogy, from a Danish perspective, in these terms:

Talking about upbringing/education, development, socialization and learning the words »pædagogik« (pedagogy) and »pædagogisk arbejde« (pedagogical work) are used [in Denmark]... The word »pædagogik« is etymologically based in the Greek word »paidagogike« or »paideia«. The modern meaning is »opdragelse og dannelse« (education and cultural formation) which is a very essential Danish way of thinking. It is difficult to translate the concepts »opdragelse« and »dannelse« into English. The words are more easily translated into the German words »Erzieung« and »Bildung«.

In short: »Pædagogik« (pedagogy) and »pædagogisk arbejde« (pedagogical work) aim at improving learning and developing options on behalf of ideals of individuals and society. The pedagogical theories combine 1) ideals of a good life (philosophy) and 2) understandings of individuals and groups and their resources and needs (psychology and biology) and 3) understandings of social resources, values and demands (cultural and social sciences) (Jensen and Hansen, 2002: 5)

Pedagogy, therefore, is an approach concerned with the whole person, in which »care is an essential dimension of pedagogical work but on equal terms with other dimensions« (*ibid.*:.6). Applied to children and young people, it bears a broad idea of upbringing: »it is concerned with the formation of the personality, the acquisition

of social competences, moral guidance, the securing of independence and a capacity for self regulation and the ability to join the social, political and cultural life of the adult community« (Davies Jones, 1994).

The pedagogue is a widespread occupation, found in some form or other in many EU member states, as well as elsewhere in Europe (Social Education Trust, 2001). Pedagogues work in many settings, with individuals and groups. Their approach is relational and situational, sharing the everyday life of the people with whom they work. Although varying throughout the EU, pedagogues »work more and more with adults but without abandoning their allegiance to children and young people« (Davies Jones, 2000: 3).

This extension of pedagogical work into adulthood has proceeded furthest in Denmark, where pedagogues are now not only the main occupational group working in a wide range of child and youth services but also in services for non-elderly adults with disabilities or social problems (Hansen and Jensen, 2004). Recently, pedagogical concepts have begun to gain ground in services for elderly people, although there are still relatively few pedagogues employed here compared to services for other adults and children. One of the project's Danish research partners has recently written a book (commissioned by the Danish government) on the concept and practice of »elder pedagogy« (Hansen, 2003).

By contrast, the concept of pedagogy in Sweden is confined to a narrower field, in particular children and especially work in preschools and free-time services. The concept with its broad approach is expressed in the recent curriculum for pre-school services: »the pre-school should provide children with good *pedagogical* activities, where care, nurturing and learning together form a coherent whole« (Swedish Ministry of Education and Science, 1998: 8: emphasis added). However, as Norén and Johansson (2002) point out, »[P]edagogy has not guided the work content in elder care or in care for persons with physical and mental disabilities, the two administrative parts of *social omsorg*« (3-4).

So two distinct workforce models have emerged within Scandinavia. Denmark has a profession of pedagogue that spans the life course - Danish pedagogues sometimes describe their occupation as working across an age range from 0 to 100 years – but which is quite separate from teachers. While Sweden has a profession of teacher, integrating work with children and young people in preschools, free-time services, schools and gymnasia – but which is quite separate from the workforce in other services for young people and in all services for adults.

Is care a distinct field?

If the question posed so far has been »what is the meaning of care in care work?«, the answers suggest a new question: »will and should care work remain a distinct field of policy, provision and practice or will and should it become part of a broader field?« The absence of a strong and agreed conceptualisation, linked to a clear body of theory and practice, together with the »pull« of other fields, leave »care« vulnerable to being subsumed in this way. This process is most

apparent and has gone furthest in the case of pedagogy, which, as just discussed, has the potential to become a concept and practice applicable to all services and settings that have been, or are still, referred to as »care work« or »social care«. Where this potential is realised, »care« is absorbed into »pedagogy«, treated as an important but inseparable part of this much larger field.

Social care and health

The process is apparent elsewhere, though not so far advanced. One example is eldercare and the relationship between »social care« and »health«. Many care workers in Swedish social care services, during interviews in our study, spoke about a shift in the borderline with health in the wake of the 1992 reform (*Ädel-reformen*). This reform removed formal organisational boundaries between social and health care for the elderly, which previously existed due to services being split between different levels of government. The health care services for old persons were moved from the county councils to the municipalities, where social care was already located. But by the same process, a hierarchical conflict arose between the two areas of work and knowledge: within the Swedish system today, there is a fight between two fields of knowledge – one more socially oriented, the other more health-oriented – though neither is dominant.

There are similar issues in eldercare in England. As in other areas, such as mental health and learning disabilities, the »blurring« borders between social care and health are forcing reconsideration of the relationship between these two policy fields (although, unlike Sweden, this is further complicated in England by health being part of a National Health Service while social care is the responsibility of local authorities). This is leading to new forms of partnership and organisation, providing a closer relationship between health and social care, such as the development of primary care trusts and the merger of health and social care in many local authorities.

Childcare and education

Another example of the blurring of borders between care and other fields occurs in work with children which, in the English-language world at least, has often been termed »childcare«. This term has been associated historically with the need to provide substitute care for children when their mothers are unavailable because of being in the labour market. In many countries, some of the earliest services for young children were provided for this purpose, often for poorer families.

Care in these services often had a strong health element, in particular for very young children; until recently, for example, the heads of French nurseries had to be qualified children's nurses while English childcare workers are still often referred to as »nursery nurses«. But over time, care has become more strongly associated with child development and education; health has faded from the picture. International organisations, such as OECD, now routinely refer to »early childhood education and care« (cf. OECD, 2001). Nationally, too, the inseparability of care and education has been

increasingly foregrounded by experts and policy makers. A major policy statement made early on by the current Labour Government in England - *Meeting the Childcare Challenge* – asserted that »there is no sensible distinction between good early education and care: both enhance children's social and intellectual development« (DfEE 1998: paras.1.4). While, at the same time, responsibility for »childcare« was moved from the welfare to the education system (i.e from the Department of Health to the Department of Education).

A similar shift was occurring at about the same time in Sweden; in 1996, responsibility for preschools and free-time services also moved into education. Indeed, since transfer the Swedish »childcare« system has been more educationalised than has been the case in England, with the application of a range of educational principles and structures (e.g. a universal entitlement of access for children from 12 months; the introduction of a period of free service for 4 and 5 year olds; the extension of curricula to preschools and free-time services; and the reform of training to bring preschool teachers and free-time pedagogues into a common framework with school teachers). In Sweden, therefore, childcare is well on its way to being subsumed within the education system, the »care« element (in the sense of providing secure placement while parents are at work) not being lost but now inextricably bound up with education. (For a full discussion of the transfer of »childcare« into education in England, Sweden and Scotland, see Cohen, Moss, Petrie and Wallace, 2004).

Care-as-ethics

There is, however, one way that care can retain a distinctive identity and indeed spread its involvement in policy, provision and practice: if care is conceptualised as an ethic. As elaborated by Tronto (1993), an ethics of care is about »a practice rather than a set of rules or principles...It involves particular acts of caring and a »general habit of mind« to care that should inform all aspects of moral life« (127). She defines caring as »a species activity that includes everything that we do to maintain, continue and repair our »world« so we can live in it as well as possible« (103). Care itself, she proposes, consists of four elements - caring about, taking care of, care giving and care receiving. While an ethics of care is inscribed with four values – responsibility, competence, responsiveness and integrity.

The ethics of care provides a different way of thinking about »care« in services, be they for children, young people or adults. Care as ethic moves us from care as a distinct set of activities or a separate field of policy. Rather care can be envisaged as potentially inscribed in all relationships, whether these take place in various institutional settings or in domestic settings and whether the work is defined in terms of education, pedagogy, health, therapy or any other field.

The concept of care, understood in this way as an ethic, becomes a choice. It is a dimension that can be absent or present, to a greater or lesser extent, not only in preschools or schools, domiciliary or residential services for elderly people, but across all social institutions:

[The ethic of care can be used] as a sensitising concept to evaluate a range of social practices....[M]any social practices have or should have caring dimensions. Care is not confined to an activity for children, sick and elderly persons in the private sphere, but is in fact practiced in many social locations, ranging from the work place, institutions of welfare, health care and social work, to scientific research and the halls of policy making itself« (Sevenhuijsen and Williams, 2003: 17).

Understood and used in this way, the concept of »care work« would gradually give way to another concept: »working with care«. Rather than itself being designated a distinct field of policy, provision and practice, care as an ethic would transcend distinct fields. Indeed, in this sense we are brought back to the idea of »care« as a transcendent concept.

Conclusions

The concepts of care work and social care remain imprecise and unclear once applied to the field of policy; there are neither agreed definitions nor agreed borders. A number of future directions are apparent. The gradual process of academisation of social care, apparent in Sweden, may lead to the development of theory including more refined conceptualisation. More vocational developments in England are more likely to reinforce an atheoretical approach, in which »social care« is defined in terms of bundles of services and sets of tasks and standards for their performance. In either case, »social care« in particular and »care work« in general may sustain and develop a distinctive identity.

However, it is also possible to envisage a process by which social care and care work as distinct fields gradually contract, as parts are absorbed either into other existing fields or into new hybrid fields. We have already suggested that care work with children, young people and adults has in some cases already been absorbed into education or pedagogy, with care workers becoming teachers or pedagogues (or assistants to these professional groups). The hybrid option has been the subject of discussion in England. A recent »think tank« report argues that by 2020, the roles of those working in social care could be transformed:

The continued existence of separate professions working closely with the same service groups presents a major barrier to delivering more user-focused services...[It is argued that] a major realignment of professional boundaries will be required in future and ultimately the creation of new professions. For example, a new profession combining youth and community work, social work, adolescent mental health and careers services could emerge to provide more holistic services for young people. Elements of nursing, occupational therapy, social work and home support could be drawn together under a new profession focusing on intermediate care for older children (Kendall and Harker, 2002: 11-12).

The authors go on to argue that these changes in England are already being driven by new agencies and services, by a recognition that existing models of service provision

are often outdated and that increasing staff shortages »will create further momentum for more joined-up professions to emerge« (*ibid.*).

While this possibility of new professions seems plausible, as does the absorption of care work into existing professions, other aspects of the future of what the *Care Work in Europe* project has termed the »care work domain« remain unclear. Will processes of »professionalisation« be accompanied by increasing differentiation between, on the one hand, professions both old and new; and, on the other hand, a large number of »assistant« and quasi-servant occupations recruited to undertake what are deemed the less skilled and more menial tasks and to work directly for care-receivers in direct payment schemes? To what extent will the structuring of the work be age-specific (i.e. occupations focused on working with particular age groups) or age-generic (i.e. professions like the Danish pedagogue which can work across the life course)? And, to revert to the question raised by those who apply a concept of social care to the study of welfare regimes, how will the costs be shared – between the individual, the family, the worker and society?

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Summary

Does »care work« have a future?

Drawing on findings from a cross-national study of Care Work in Europe, the paper looks at some of the main ways in which the term »care work« is currently understood: as social care, which has both a transcendent and an administrative meaning; as a means to support independence and inclusion; and as a part of a wider concept of pedagogy. It is suggested that, lacking a strong and agreed identity, »care work«is vulnerable to losing its independence as a separate and distinct field in policy, provision and practice, being subsumed into other existing fields or even into new hybrid ones. The distinctive future contribution of care to policy, provision and practice may lie in its application as an ethic across a wide range of fields.