

References

- Bohle, D. and B. Greskovits. 2012. *Capitalist Diversity on Europe's Periphery*. Ithaca, NY: Cornell University Press.
- Cerami, A. 2009. 'Mechanisms of Institutional Change in Central and Eastern European Welfare State Restructuring.' Pp. 35–52 in *Post-Communist Welfare Pathways*, edited by A. Cerami and P. Vanhuyse. Basingstoke: Palgrave Macmillan.
- Ferragina, E., M. Seeleib-Kaiser and T. Spreckelsen. 2015. 'The Four Worlds of "Welfare Reality"—Social Risks and Outcomes in Europe.' *Social Policy and Society* 14 (2): 287–307.
- Fuchs, S. and C. Offe. 2009. 'Welfare State Formation in the Enlarged European Union: Patterns of Reform in Postcommunist States.' Pp. 420–441 in *The SAGE Handbook of European Studies*, edited by C. Rumford. London: SAGE Publications.
- Inglot, T. 2008. *Welfare States in East Central Europe, 1919–2004*. Cambridge: Cambridge University Press.
- Szikra, D. and B. Tomka. 2009. 'Social Policy in East Central Europe: Major Trends in the Twentieth Century.' Pp. 17–34 in *Post-Communist Welfare Pathways*, edited by A. Cerami and P. Vanhuyse. Basingstoke: Palgrave Macmillan.

Bernhard Weicht: *The Meaning of Care: The Social Construction of Care for Elderly People*

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Population ageing has brought care for older people into the limelight of social policy. Traditionally provided within the realm of the family, care has become a new social risk covered by public social protection systems in a number of countries. At the same time, concerns about the impact of the demand for care on the fiscal sustainability of social protection systems have led policymakers to seek to improve efficiency of care delivery by creating what Le Grand coined as 'quasi-markets' of care. In other words, care has become a commodity, bought and sold in the market. However, as Bernhard

Weicht notes in his introduction to this book, care is also a social and moral construction shaped by social structures, ideologies, and contexts. The way care is constructed socially and politically has a significant impact on how it is provided and received. It is the social and moral construction of care for older people, and in particular informal care, that this book sets out to analyse. To this end, Weicht examines a wide range of theoretical literature and uses critical discourse analysis of newspaper articles and transcripts of focus groups in Austria and England. Yet the analysis is firmly anchored around theoretical concepts. In each chapter, Weicht begins by contrasting different theoretical notions using dichotomies and subsequently attempts to synthesise these concepts or to present arguments that go beyond the dichotomies.

Weicht begins by addressing who is deemed responsible for providing care. A distinguishing feature of care is that it comprises not only tasks but also feelings of concern. Care entails building a bond or relationship, and in its idealised vision care is provided out of love rather than monetary compensation—a labour of love. At the same time, this is a strongly gendered concept. As the family is the natural space for relationships, intimacy, and reciprocal or one-sided exchanges based on affection, it is seen as the 'natural' provider of this idealised vision of care. This construction of care as a labour of love, based on a sense of vocation and even self-sacrifice is contrasted with professional carers. Here, love is seen as replaced by remuneration, and closeness by distance. The knowledge base of the professional carer and her identity (a stranger) set her apart from the informal carer. This dichotomy between informal care and professional care is challenged by the example of live-in migrant carers. Despite being remunerated, migrant carers are nonetheless regarded as fictive kin, as they are perceived to provide

care out of love and vocation, not least given their low wages. Informal care is thus not so much about who provides care, but how it is provided.

As Weicht notes, migrant carers usually provide care in a person's own home, which also entails an element of proximity. The third chapter examines the place of care delivery. The policy discourse on care has long emphasised the goal of 'ageing in place'. On the one hand, the concept of home is constructed as the 'nexus of intimate relationships' (p. 73), where freely chosen affections can take place. To a great extent, migrant carers are perceived as kin precisely because they provide care in a person's own home. Being at home also entails having agency and control over material resources and is associated with the possibility to have an independent life. That is, home is also a materialistic concept. On the other hand, the care home (i.e. the institution) is often constructed in opposition to the concept of home and depicted as an impersonal, professionalised space, subject to rules imposed by others, where people's individuality and intimacy is lost. Weicht looks beyond this dichotomy and argues that the boundaries between the two spaces are often blurred. Home is therefore not only the space where care is provided out of affection, but also the workplace of carers—particularly in the case of migrant carers. Moreover, home is also a gendered concept as it is associated with the private sphere—a feminised place—and a place that is kept hidden from the public gaze. This means that home can also act to reinforce inequalities based on gender and the exploitation of carers.

Besides the concept of home, the ageing in place discourse also emphasises the role of the community and it is this latter concept that is the focus of the subsequent chapter. The community is constructed as an extension of both the family and the home, where people are supposed to 'be

there for each other'. This nostalgic construction stands in stark contrast with the individualism that is the hallmark of current societies governed by the market nexus. The longing for a constructed communal past is, however, in itself in contradiction with the expectations of current generations regarding, for example, their labour market participation or place in society. This vision of community is therefore a utopian concept; an attempt to offer security in a context rendered insecure by the market and individualism. Interestingly, in the political discourse, community (e.g. the *Big Society*) is not portrayed as an alternative to the market, but rather to state provision of care—while maintaining the market intact.

Weicht then focuses on more familiar dichotomies, such as the dependency and independence of care recipients. The need for care is often defined as the lack of autonomy to function independently and therefore caring relationships are inherently asymmetric, as the care receiver depends on the carer for the satisfaction of her care needs. Even the feminist critique of the invisibility of the informal (female) carer often works to reinforce the negative 'dependent' character of the care receiver with its emphasis on the burden of care. By contrast, independence is constructed as 'normal', as the golden standard that policies should seek to achieve in a construction that further emphasises the negativity of being dependent. This critique has special relevance in the light of public discourses built around the notions of active or healthy ageing. The dependency/independent dichotomy, however, is challenged on a number of grounds. The disability critique emphasises decisional autonomy and agency even in a context of physical dependency – an argument that has been central to the debate over choice in long-term care, for example. The ethics of care accentuates that dependency is an integral part of the human condition—eve-

ryone is dependent on someone at some point in life—and that caring relationships are probably best depicted as interdependent relationships.

Chapter 6 analyses the tensions generated by the increased marketisation of care in the context of discourses that underline the informal carer as the idealised standard for how care should be provided. The relational aspects of care and non-monetary motivations for care provision offer a vision of care as a gift exchange. This stands in contrast with the commodification of care tasks, to which policy developments such as cash-for-care benefits have undoubtedly contributed. These same cash-for-care benefits, however, have also produced a hybridisation of care by blurring the frontiers between formal and informal care, and paid and unpaid work. This raises questions as to whether the relational components of care can be commodified, i.e. whether you can pay for love, and whether the logic of employer/employee is compatible with the idealised visions of care depicted in the earlier chapters. For Weicht, the example of migrant carers who are seen as fictive kin seems to suggest that cash payments may be compatible with the idealised notion of care as 'being there for someone'. In his view, it is the profit maximisation logic underlying much of the professional care provision that sets it apart from, and makes it incompatible with, informal care based on dedication and affection. One issue that goes unanswered in the example of migrant carers presented here is that their social status and compensation remain low. If they fit the mould of the ideal carer who is there for someone, like many female informal carers, that is achieved through their self-sacrifice.

In the epilogue, Weicht argues that care needs to be taken out of the private sphere and made a central feature of the public realm, not through further commodification but by decoupling care from work and making it a central aim of socie-

ty. Only then can people fulfil their wish to be there for each other. This is in line with the earlier ethics of care and with authors such as Sevenhuijsen [1998] and Fine [2007]. These have long defended that care has an intrinsic value, not only as a response to care needs, and should thus be seen as a citizenship right. While advocating a *political ethics of care* (p. 213), unfortunately this book falls short of discussing just how this could be achieved. Weicht remarks that political interventions can shape the dominant values of a society, as attested by the experiences of social democracy in Scandinavia or Thatcher's governments in the UK. However, one is left wondering how this political ethics of care could be constructed in face of the dominant social and economic discourse grounded on individualism.

The voices of the subjects of the underlying empirical study of the book provide an interesting supplement to the theories discussed throughout the book. However, England and Austria—the case studies—are broadly similar as to their view of care and informal care. While Weicht is careful not to over-generalise from these two similar case studies, it is fair to wonder if the idealised vision of care would have been similar in the context of a welfare state that has gone the furthest in de-familialising care, such as Sweden [Saraceno 2010]. Given the premise that political interventions can shape societal values, this would have provided a good opportunity to examine further possibilities for the political ethics of care to evolve. Despite this, it is clear that *The Meaning of Care* is mostly concerned with critically discussing (apparently) divergent social constructions of care from a more theoretical stance. In this respect, Weicht succeeds in providing readers with a very comprehensive and detailed overview of the sociological theories and concepts underlying the concept of care. For all those that have an interest in care, *The Meaning of Care* makes a convincing case

for critically appraising concepts and taking into consideration their possible underlying ideologies.

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References

- Fine, M. D. 2007. *A Caring Society? Care and the Dilemmas of Human Service in the 21st Century*. Basingstoke: Palgrave Macmillan.
- Saraceno, C. 2010. 'Social Inequalities in Facing Old-age Dependency: A Bi-generational Perspective.' *Journal of European Social Policy* 20 (1): 32–44.
- Sevenhuijsen, S. 1998. *Citizenship and the Ethics of Care: Feminist Considerations on Justice, Morality and Politics*. London and New York: Routledge.

Jonathan Wistow, Tim Blackman, David Byrne and Gerald Wistow: *Studying Health Inequalities: An Applied Approach*
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In most developed economies, life expectancy has soared in recent decades. Advancements in public health, and especially in treating 'major killers', such as cardiovascular disease, have raised overall life expectancy, as well as the average quality of life. However, these gains have been unequal among different groups in society. Health inequalities, the gaps in health outcomes between social groups, much like economic inequalities, have persisted and in many cases widened. These gaps are important as a social and moral problem in themselves. However, they are particularly important because they negatively affect overall health outcomes in society. For example, infectious diseases are more likely to be a risk for everyone if there is a group of high carriers. Therefore, understanding the causes and solutions to health inequalities is very important. Unfortunately, health in-

equalities are not only hard to pinpoint, but owing to their complexity understanding them is particularly problematic. Within the literature, fundamental debates about concepts and measurement continue.

This book gives a very specific and well-argued answer to this predicament. It merges a 'critical and complex realist' theoretical approach with Qualitative Comparative Analysis (QCA) methodology as a solution to understanding the complex reality of health inequalities. The book is structured into three parts. The first part develops the conceptual and theoretical framework, where the authors contrast theoretical approaches and methods that try to isolate effects, to those attempting to understand complex effects. The second part is a historical analysis of health inequality developments in the United Kingdom. The third presents two policy-oriented case studies. One is an analysis of the Health Inequalities National Support Team (HINST) programme, while the other is a QCA analysis of the effectiveness of the Spearhead programme, both of which attempted to tackle health inequalities.

The book begins with a discussion on how to conceptualise health and health inequalities. Following the WHO's definition of health as not merely the absence of disease, but the ability to fully use one's mental and physical capacities, the authors define inequalities in terms of diverging health outcomes for different groups in society. They identify two categories of causes. Risk factors, such as smoking, drinking, or eating red meat, are themselves seen as symptoms of other problems such as education, income, or geographic location. They propose that health inequalities themselves can be understood in two different ways. The first is to view them, as many policymakers do, as a solvable public policy problem, one that has distinct characteristics and possible remedies. The authors argue instead for a view of health inequalities as intractable outcomes of market