

Women Labour Under the Grip of Neoliberal/Conservative Care Policies: An Assessment on Home Care Practices

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Abstract

We witness that women labour has been rendered worthless and secondary against that of men's. This however has also gained acceptance as a norm and within the historical process of articulation of patriarchy as a set of social relations to capitalism. Hence, these social relations to capitalism has an embedded masculine types of solidarity as well as unequal power relationships between women and men. Being a system of this historical process, gendered division of labour in patriarchal capitalism serves to render women responsible primarily with reproductive works, whereas rendering men as actors of the social and economic system. Cooperation of capitalism with patriarchy generally shapes policies with neoliberal economy, enabling inclusion of conservative discourse and practices. Therefore, with respect to care policies, there is the state's withdrawal on public services and marketisation of care services on one hand and the idealisation of the family on the other which is also the dissemination of practices that transfer all the load to the household, at the absence of related public services. These care policies in question lock women indoors, and are reflected as women to be recognized as relatives and to undertake the heavy burden of care, unpaid and unshared. In Turkey, usually care services are conceptualised as an inherent responsibility of the family; thus, with the overt articulation of conservative policies to neoliberal economic policies, presently, care responsibility has moved out of political arena and completely become a private practice, rather than being societal. Therefore, in a male dominant society, locking care labour in the household leads to consolidated dependency of women to the household rather than equally sharing of the load together by women and men, as the latter being the 'breadwinner'. From the theoretical context, this study will tackle with partial results of the field study focusing on the effects of home care practices enacted in 2006 in Turkey, projecting home care of people with 'severe disability' report, on female members of the family, who undertake home care responsibilities in general and make implementation of such practices possible.

Keywords: women's care labour, social policy, home care practices, neoliberalism and conservatism.

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Neoliberal / Muhafazakar Evde Bakım Politikaları Kıskaçında Kadın Emeği: Evde Bakım Uygulamalarının Değerlendirilmesi

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Öz

Bir toplumsal ilişkiler dizisi olarak ataerkinin, eril dayanışma biçimleri ve kadın ile erkek arasında sürdürülen eşitsiz güç ilişkileriyle kapitalizme eklenildiği tarihsel süreçte, norm olarak kabul edilen erkeğin karşısında, kadının varlığının ve emeğinin değersiz ve ikincil kılındığına tanıklık etmekteyiz. Bu tarihsel sürecin sistemi olan ataerki kapitalizmde cinsiyetçi işbölümü, kadınların öncelikli olarak yeniden üretim işlerinden sorumlu tutulmasına, erkeklerin ise toplumsal ve ekonomik sistemin aktörleri olarak konumlanmasına hizmet etmektedir. Kapitalizmin ataerkiyle ortaklaşması genel olarak politikaları neoliberal ekonomiyle şekillendirirken, muhafazakâr söylem ve pratiklerin de içerilmesini mümkün hale getirmiştir. Böylece bakım politikaları söz konusu olduğunda, bir yandan devletin kamusal hizmetlerden çekilerek, bakım hizmetlerinin piyasalaştırılmasına, diğer yandan ailenin idealize edilerek, kamusal hizmet boşluğu yaratılan alanda tüm yükün ev içine aktarılmasına hizmet eden uygulamalar giderek yaygınlaşmaya başlamıştır. Söz konusu bu bakım politikaları, kadınlara ev içine hapsedilerek, akrabalık üzerinden tanınmak ve ağır bakım yükünü, karşılıksız ve paylaşımsız olarak üstlenmek olarak yansıtmaktadır. Türkiye örneğinde bakım hizmetleri, genellikle aileye içkin bir sorumluluk olduğu kabulüyle biçimlendirilirken, 1980'den sonra hız kazanan neoliberal ekonomik politikalara, bugün muhafazakâr politikaların ağırlık eklenmesiyle artık bakım bütünü, toplumsal değil, özel bir etkinlik olarak, politik alanın dışına çıkartılmıştır. Böylece bakım emeğinin ev içine hapsedilmesi, aynı zamanda geleneksel olarak erkek egemen örgütlenmiş bir toplumda, söz konusu emeğin harcanmasında kadın ve erkeğin paylaşımını değil, evin 'ekmek getireni' olarak erkeğin karşısında, kadının haneye bağımlılığının pekişmesine yol açmaktadır. Bu kuramsal bağlam üzerinden bu çalışmada, Türkiye'de 2006 yılında uygulamaya konulan ve 'ağır engelli' raporuna sahip bireylerin ev içinde bakımını öngören evde bakım uygulamasının, genel olarak evde bakımı gerçekleştirerek, bu uygulamayı mümkün kılan aile üyesi kadınlar açısından etkilerine odaklanan alan araştırması sonuçlarının bir bölümü ele alınacaktır.

Anahtar Kelimeler: kadının bakım emeği, sosyal politika, evde bakım uygulaması, neoliberalizm ve muhafazakârlık.

Introduction

While conservative ideology of the patriarchal capitalist system imposes all works assumed by women in private spaces to be quintessential, as a product of worthless mandate labour of women; it leads the expectation of meeting needs of and care of family members become a life style for women. Hence, the neoliberal ideology of the system reveals itself as downplaying of women labour in the labour market through wage inequality, employment in unskilled work, be forced to vulnerable employment types such as flexible working, part-time working and home based working.

Pressure of patriarchal capitalism sometimes reveals itself directly in social policies of welfare regimes, sometimes hides its presence with gender-blind social policies and services; hence, transforms itself, as recently expressed by Hobson (2006: 177), to gender mainstreaming that is defined with individualization and labour force participation - which does not necessarily mean that women and men are equally entitled to decent jobs, indemnity and income.

Care policies stand for one of the sole policy areas to investigate gendered nature of social policy and services. Such an investigation shall enable developing gender policies focused on equalitarian redistribution of care responsibility and care requirements through which gender equality will be possible. Bearing in mind the fact that it may ease restructuring of gender relationships in the public and private space, on a more equalitarian basis, it is even more important to provide evidence-based data for policies and services to be rendered in favor of women, in the field of care.

Moving on from these arguments, the need for depicting home care practices, which are based on gendered division of labour and traditional status of women, with regard to women including all its aspects, will be evident. Therefore, the research aims to reveal respective opinions of women, providing home care to their family members in the scope of home care giving practices, regarding possible alternative services these practices.

Patriarchal Capitalism as a System Potential of Neoliberal and Conservative Policies

Patriarchal capitalism bestowed several different control mechanisms on women labour, in different periods or social welfare regimes. Practical results of employment policies, social security regulations and social policy practices involving care services with respect to women provides proof for such a control.

The early days of welfare states are marked by a patriarchal capitalist system where women received social rights through mediation of 'rightful' men and where care was familialized. During the time when 'man as the bread winner' family model was the norm, the stress was on the masculine role, where the man is the prominent actor of financial development and, where the man is financially supported to prolong woman's home care

responsibilities. Accordingly, in relation to strengthened status of men before women in the public space, women was constrained to bear care responsibilities at home, without any public support; was secondarized in the labour market; and was made dependent to spouses with respect to social security (Bleijenbergh & Roggeband, 2007: 439; Filgueira et.al, 2011: 1027).

In 1970s where neoliberal policies were enacted for the first time, the concept of 'the divine division of labour' started to shaken, also with the impact of second wave feminist movement. Together with the struggle for working conditions and equal pay, the idea that women make the housework diminished and left its place to as many women to participate in paid working. Such a transformation in welfare regimes has been realized through extending the objective of attracting people to the market as well as people's needs to meet market needs, to include women also. In this new period where the concept of man being the breadwinner is left behind, women are encouraged to support themselves and their families by participating in the labour force and, relocating care responsibilities outside of home was the objective (Fraser, 2000). Still, in the welfare regimes repressed under neoliberal financial policies, the care responsibilities relocated outside the family are mainly provided by the market, not the state.

In the coming periods, neoliberal economic policies demand to extend employment in a way to include women to the most, has been strengthened. With this demand that has been accelerated with feminist policies against inequality in 1990s, policies that do not hinder women as to social gender roles but rather make women the main element of capitalism, capable of competing in the labour market, become wide spread (Acar Savran, 2009: 200-201). As stated by Lewis (2009: 10), social policies focused on market integration becoming ever more employment-oriented in this period underlies the fact that anything social were made dependent of financial policy. Care organizations were also influenced by this political tendency and have become more market oriented; hence, leading to limitations in public care practices to the same amount.

In 2000s, in order to increase employment, neoliberal policies leaned towards social inclusion through employment by social support. During this period, welfare states demand to increase the rate of active adults in the labour market as well as longer termed work life both for women and men (Lewis, 2009: 8). Such a demand brought the 'strong women' image to the forefront, who doesn't fail to do housework while participating in paid working. Meanwhile, the ideal of feminism for liberation and freeing of women from men through participating in paid work was instrumentalised to integrate women to the labour market through dissemination of part-time working. According to this brand new employment policy, on one hand women employment rates shall be raised to the desired level through prevention of opting out of labour market due to lack of public care services and no allocated budget for marketized care services; on the other hand, the continuation of women bearing the responsibility of care - which is a great burden - shall be assured. Therefore, this

new gender (inequality) order shall be raised upon unpaid labour of women in the house (Acar Savran, 2009: 200-201).

Turkey also has been through similar financial political phases influenced by patriarchal capitalism in several ways. During the time when social security system was first established, the main conception of women was based on the ideas that women bear the household responsibility in general and women's dependency on men for a living. Therefore, the ideas that women shall be looked after by their fathers or spouses as well as their basic needs to be met along with their status as being wives, daughters and mothers dependent on working men, rather than being citizens (Arat, 1998; Cited in: Kılıç, 2006: 74-75; Kılıç, 2010: 342).

Starting from 1930s, a new era began, where social policies include women through social security system. Still, as to failing to put the protective measures in practice, this era failed to improve living and working conditions of women, despite the increase and variety in women employment. After World War II, parallel to the global advancements, a limited number of welfare practices such as kindergarten, nursery school and nursery, early retirement etc. called attention (Kılıç, 2006; Makal, 2012).

In the neoliberal restructuring period, starting from 1980s, Acar Savran (January 2008) stated, in his own words, that necessary steps are taken "from all types of protective measures for women towards gaining autonomy, notional equity". With the influence of the fight against unequal position of women in the labour market and in employment sector, as well as the widely accepted neoliberal concepts in Turkey, in this era, Turkey also went through a transformation from the focus being the differences to the focus being equality. Accordingly, it appeared that the approach is abandoned, where women's household status is fundamental but their presence in labour market is temporary, and where social security was identified from women's dependency to the family. Still, solid policies are also introduced during this era, which focused on increasing employment and women employment, as fighting with unemployment was not yet a priority policy (Toksöz, 2007: 4; Kılıç, 2010: 337; Toksöz, 2012a: 196). Therefore, a new period embarked, in which, on one hand, commodification of women labour is encouraged but not supported with related employment legislation, on the other hand, the common understanding of family to be fundamental is preserved and no request for a fundamental transformation in women's household role & responsibilities is made.

The gender equality policies under implementation that are accelerated in 2000s with EU accession process not only fails to prevent the majority of women being excluded from these practices, but also had negative impact on women employment opportunities. The situation implies that gender equality is seemingly involved as an objective of these transformations (Dedeoğlu, 2009: 42). Thus, as stated by Young (2000; Cited in: Dedeoğlu, 2011: 64), the synchronicity of restriction of social expenditures and implementation of gender equality focused policies is quite suspicious.

During this period dominated by EU accession process, the objective to disseminate various types of flexible working to increase women employment on one hand ensures reconciliation of patriarchy and capitalism, on the other hand serves to hide the real reasons behind hindered employment and labour force participation of women. However, low employment and labour force participation of women, especially for women who are deprived of education facilities, originates from either obstructive heavy housework completely or partially left under women's responsibility, or its perception as a threat to men's position as the breadwinner and men's domestic domination, or jobs provided to women being limited, heavy and low-waged (Toksöz, 2007; Toksöz, 2012a: 196).

Care policies have a tendency to depend largely on being familialized to unpaid work. Assuming care responsibilities belong to women is a result of conservative policies shaped by gender ideology, thus, acting as an ideological means of neoliberal policies demanding restriction of the social budget required for care services and their marketisation. Public services provided for child, elderly, disabled and sick care being restricted as well as their marketisation being encouraged depends on the assumption that these services are purchasable for upper middle class families from the market, and an innate responsibility of middle class and poor families. Hence, there is the presumption that women shall bear the care responsibility in all care policies families are subject to.

In Turkey, these policies were most eminently reflected in home care. Home care is a practice where state's obligation to share care responsibilities is concealed through practicing familialization of care as a policy, while pretending as if it provides support for a familial responsibility. When home care is offered as the only alternative to meet people in need of care, it becomes a mandate for women to provide care in the household.

Women Labour from Familialized Care Policy Perspective? The Example of Home Care Practice

In Turkey, the services provided on disabled care are quite limited. The ongoing practices in this field encourages state release its elderly and disabled care responsibilities and leave service providing to private sector organisations to a limited extent, and to women in the households by and large (Toksöz, 2012b: 117). Moving on from such service concept, we may suggest that familialization is the sole solution for people unable to access marketized care services in Turkey. Steering social policies with the acceptance of care responsibilities as a household activity to be assumed by family members brings the understanding that poor families are not entitled to care services, but to limited social aids in the form of 'poor relief'. Accordingly, through practices that look like services, familialization is forced upon the lower class without any objection and well received, and has become a social policy, in itself.

In the scope of this social policy climate in 2006 home care practice is enacted with the 'Directive for Identifying People with Disabilities that Require Care and to Determine Home Care Principles'. This practice aims to envisage twenty four hours, seven days all care needs disabled people with severe disability and in poverty to be met by home care by their relatives. Aids in cash, provided in the scope of home care, are the second biggest expense in the Ministry of Family and Social Policies 2014 budget, social assistance and social services expenses.

Ungerson (2000) asserts that such practices aim at women, who are assumed to be financially dependent on someone else and to spare a lot of time for a small payment. Aids in cash for home care remain on the level of 'quasi-wages payments for care'. As is the case with many of this kind, such allowance is usually symbolic, cannot keep up with the market price, but still subject to agreements and fulfilling certain duties. These allowances do not provide social security and compensate a real income most of the time; however, they are presented as if the state provides assistance for care already available, and is supported with the assumption that care givers bear this responsibility out of compassion, not income (Ungerson, 2000: 187; Lewis, 2009: 78). Thus, as stated by Ecevit (2012: 260), "care service based on love and respect in the context of dominant family ideology, which is provided at home, is so divine and supreme with no monetary equivalent".

Therefore, such practices result in enhanced gender inequality, leading to women being marginalized in the labour market, and work deprived of social security and rights, as well as institutionalization of poverty on minimum wage level. Accordingly, home care practices, which are underneath oriented at women, are experienced, along with a few benefits, as reinforced gendered division of labour and women's dependency on the household, rather than examples of positive discrimination focused on meeting certain needs (Razavi, 2007; İlkkaracan, 2010: 19; Yaman Öztürk, 2011: 60; Kılıç, 2010: 339).

In the scope of home care practice, similar to these statements in literature, the majority of caregivers are women in Turkey too. Therefore, this practice is presented as one of the most significant social policies recently in Turkey, as if state bestows favor on women for something already gained acceptance as women's responsibility. Further, unlike European examples, this practice do not ensure any social rights such as accident insurance, retirement and health insurance to care givers providing care services to disabled family member for long durations, and leave them out of social security system.

Methodology

The subjects of the qualitative field research are 35 women inhabiting in Mamak/Ankara and providing home care to their immediate family members. Purposive sampling method is used to identify women to be included in the survey. Age, working status, education status, marital status, relation to care receiving disabled person, age of the disabled person, number of people

dwelling in the household and date of initial payment of home care allowance are identified as the maximization criteria for research sampling method.

The 2-3 hour interviews with the research subjects in their own homes, between 22 July-23 August 2013, were conducted privately, where possible. Therefore, it was aimed to create a comfortable interview environment where women would express themselves freely. However, since research participants are also the caregivers, it was not possible to conduct uninterrupted interviews but rather as an activity simultaneously running with their care duty. Interview notes are taken, and voice records are made upon consent of women. Qualitative data is collected via in-depth interviews and analyzed with NVivo 9 program.

Findings

Being associated with care determines women's primary responsibility at home and in public spaces to be 'care giving'. Still, in households that utilize home care as a familialization policy practice, such association transforms into a fact directly influencing women's life as well as other works in the living spaces. Care allowances paid in the scope of home care practice not only fails to provide relief to women, but ensures perpetuality of women's situation with a gendered division of labour, as well. Alternative services are required to fulfill care needs of disabled family members in order to transform the life of women, who provide home care that is shaped beyond their initiatives. Therefore, in findings are handled alternative care arrangement and services, based on in-depth interviews.

Defamilialized Care: Marketized Care versus Public Care

Policies to familialize care fail to ensure care works are shared in the household; therefore, forcing women to fulfill care responsibilities at the cost of their life. Being a labour-intensive work, the fact that care taking cannot be resolved by familialization requires defamilialized care policies and services as a mandate. There are two methods in defamilialized service providing: Defamilialization through marketization of care and procurement of private care services; Defamilialization through service delivery as social rights by state.

Parallel to neoliberal economic policies in the field of disability as well as education oriented public services, regulations to ensure marketization of such services are implemented. According to data provided by General Directorate for People with Disabilities and Elderly Services, Ministry of Family and Social Policies, the number of nationwide (public) Care, Rehabilitation and Family Counseling Centers is 91, whereas (private) Special Care centers is 149. Pursuant to the Directive for Special Care Centers for People with Disabilities in Need of Care, which is issued on Official Gazette dated 16 August 2013, in case where the person with disability or their family fails to make payment or are in financial constraint, based on the provisions of the Directive for Identifying

People with Disabilities that Require Care and to Determine Home Care Principles, the state covers the fees of the special care institution.

By these arrangements not only a type of social service delivery will be on the market, but also service gaps of the services delivered to upper-middle class right owners coming forefront will be prevented to a certain extent. As the 'needy' minority, lower class right owners who don't have access to marketized services not only fail to generate a decent alternative for home care and home schooling are torn between home care responsibility and limited utilization of marketized care services procured by the state on their behalves. One of the in-dept interview interviewees providing home care to her disabled child expressed this situation as:

If only there were state-run kindergartens, schools. Why should I lean on private sector. State should have power, isn't it so? State is omnipotent; they should provide services not only for school-aged children but also for the adults. Anyhow, they give chickenfeed. Had I known there are state-run education facilities, care facilities, had I known I wouldn't worry, it would be great, wouldn't it? W8 (Age 34, looking after her children)

The principles of the education, which is critically important for both care givers and the person with disability - being an integral part of care for the former, and being a basic right for the latter -, are identified by the Directive for Special Education Services, issued in the Official Gazette dated 31 May 2006. In that regard, the number of (private) special education and rehabilitation centers for education of people with disabilities, established in Turkey have reached 1892, based on the data provided by General Directorate of Special Education Centers, Ministry of National Education. Accordingly, we may conclude that special education services for disabled children and youth is becoming wide spread. Monthly education allowance for the people with disabilities regarding 8 classes of individual and/or four hours of group sessions on a monthly basis provided by these special education centers is covered by the state, based on Directive for Special Education Institutions, issued in the Official Gazette dated 18 May 2012. This system operating in the field of education of people with disabilities is widely criticized during the interviews. For instance, a woman at the age of forty eight, who is looking after her disabled child, complained from special education center for insufficient number of classes and their orientation at profit rather than the right to education:

First of all, the private institutions shall be cancelled. These special education centers are (makes a gesture with her hand) is the house of thieves... The state should build its own facilities, rather than leaving it to the private institutions. Before, there were no private institutions, now they are everywhere. A 45-minute class is not enough for my child; he/she comes back like a bat out of hell. And what do they do there? They don't even help them urinate. Nonsense. Should the state build a

computerized, well-functioning center, which is monitored, I wouldn't worry at all G24 (age 48, looking after her child).

The criticisms on private institutions regarding care and education of people with disabilities are placed together with the request for establishing public institutions. In households covering their own and heavy care taking, the need for public care giving organisation is not only for children in need of 'special' care but also for adults who are not able to meet their needs without outside help. For instance, a women providing care for her fifty-four year old son points to such a need, in her own words:

You see, my child is 50 years old. What they can provide is to collect him from home in the morning and tour him around until evening. My husband says we are too old to take care of him; he prefers live-in care centers. There is no need for live-in care center, if we have a day care center, but we don't even have it. That is why my husband says so (cries) W14 (Age 70, looking after her child).

In households utilizing home care practice, the women providing care for adult family members express day care centers as a basic requirement. Women articulate the need for care services provided by such institutions both for themselves and remaining household members, and the family member in need of care:

It would be nice if there was a better institution, who would pick up my mother in the morning and bring her home in the evening, with this price. I don't want any allowance. It would also be good for my mother; she might think she is going for a jaunt. Doctors would be available to take care of her. Half day would be enough; she would prefer this, I would prefer this G2 (age 52, looking after her mother).

In short, it is impossible to suggest defamilialization of care by establishing private care institutions, to be an alternative for home care. However, defamilialization of care by establishing qualified public care institutions is frequently requested as a realistic alternative to care services. Therefore, especially day care institutions shall be scheduled as a service to meet a basic need for people in need of care. Beside day are institutions, it is equally important to transform live-in care institutions into qualified facilities to meet accommodation needs. Accessibility of public care institutions as well as services to defemialize care by all people in need is also of tremendous importance.

Familialization of Care Giving: Home Care as a Public Service

Unwillingness of the disabled person to utilize care centers or in situations where it is not possible to do so, familialization of care through home care appears as a necessity. Policy implementations to familialize care shall be provided as a realistic service ensuring high benefit of caretakers without

regenerating gendered division of labour, while avoiding impoverishment and bereavement of caregivers.

The need for a care worker to support home care is underlined in the in-depth interviews with women providing home care. It is also possible to define such service in response to home care requirements as a familialization policy. Thus, Leitner (2003: 362-363) defines professional care support at home, on one hand, to be a useful method of defamilialization, on the other hand, as a way of familialization, as to supporting continuation of home care, as well as relieving the family's burden. This service type of professional care support is expressed as referring a professional caregiver to the house on certain days of the week to support the person in need of care:

If only they could send someone to watch over so that we can take Saturday and Sunday off. I called the local director on the phone and told him that anyone has Saturdays and Sundays off, but us. I told him to correct me if I was wrong, he giggled. I told him, his co-workers take days off on Saturdays and Sundays, but us. Is it possible that someone should work for 25 years without days off. We should take some relief, also (W25, Age 49, looking after her mother-in-law).

According to a similar service type regarding professional caregiver support, suggested during in-depth interviews, a professional caregiver shall be assigned to residential care for longer periods but temporarily. This can be an alternative in situations where home care is not possible, due to caregiver's health condition etc. or for the caregiver to rest and refresh herself:

For example, I cannot attend any activities for I am taking care of my mother. In such cases, should there be a caregiver appointed by the state, I would love to trust my mother with him/her and go out. I am providing home care, but that should not necessarily make me a slave. I should be able to go outside, it is my right (W20, Age 57, looking after her mother).

Another suggestion made by women during in-depth interviews is to employ continuous care provided by an appointed caregiver, rather than them receiving allowances for home care:

Suppose that I want to find a permanent caregiver, would he/she work for a monthly wage of 700TL? No, he/she wouldn't. I would never do the same job outside my home for 700TL. When I want to go outside, I leave her to my relatives but they show reluctance. Why would I have to put up with them? Suppose that the state provides a caregiver whenever I want to go outside, would they? Why not? That should have been an alternative, isn't it better to do so? If I entrust her with a caregiver and leave, that would be a relief. I would give my monthly allowance to a caregiver if he/she comes to my house five days a week. I provide home care for 24 hours, 7 days. I would still have care responsibilities, if we have a caregiver coming to home. Care giving is a serious/hard issue. I wouldn't ask for allowance if there were a caregiver visiting my house every day. Isn't it better if they appoint a caregiver to my house, pay them one or two thousand liras,

provide them social insurance; one point five liras plus the insurance. I would say ok either a caregiver comes on a daily basis or lives here in my house (W9, Age 43, looking after her mother-in-law).

Women participated to in-depth interviews often expressed that home care is an unpaid and invisible work like any other unpaid work at home. Thus, they believe care labour can be made visible and compensated through associating with economic and social rights. Otherwise, women define their situation as unregistered work:

If they pay us for care giving to our patients, they should provide us with social insurance, as well. In similar cases, they punish other companies with fines. Why, the same situation does not apply to them? If you give me an allowance, then you have to provide social insurance as well. You know why; because they underestimate/belittle this responsibility, as if they are saving the world (...) (W28 , Age 40, looking after her mother).

Women, with the idea that care allowances neither empower them, not provide relief, propose that these allowances shall be organised to meet the needs of caretaker as well as to cover wages of caregivers. Another suggestion is to separate care allowances from monthly wage and to reorganize the provision not to work in an income-generating job:

They should release our barriers; they should cancel the provision not to be employed anywhere else. What can you afford with 700TL, these days? Should these people have wages and social insurance, they would not appeal telling lies (...) (W21, Age 35, looking after her father-in-law).

Women suggest that with respect to their care giving responsibilities, they should be entitled to equal rights that of the social rights coming with formal labourforce participation; for, heavy duties of home care prevents them from finding employment outside, thus home care becoming long-term and continuous work for them:

[...] That is what I want most, most of all. Because me and the rest of the women; to whom we can trust? We are all the same. Social insurance entitlement is a warranty for women; it is quite important to me. If anything happens, me and my children would be down. For security, to survive, to lean on something, i need it (W16, Age 33, looking after her children).

In short, home care practices shall be organized as a public service, for them to become a realistic practice to meet people with disabilities' care needs in the household. Care giving women also believe that home care practices should be rendered with alternatives, including care worker support. Moreover, in the scope of the practice, their demands include increased amount of aids in cash and social rights & security for caregivers, for these would underline the true significance of care services and prevent victimization of caregivers.

Recommendations

The main result retrieved in the survey is that, as is today, home care - as a policy to familialized care - did not gain acceptance as a public service. Therefore, it is mandatory to organize care services to pave the road for realization of humanistic facilities for people with disabilities. It is also equally important for women, who are forced to home care, for making their efforts visible as well as resolving gendered division of labour. Accordingly, alternative care organization and services provided in recommendations part, that are shaped by the demands of care giving women are elaborated with respect to these requirements.

Recommendations on Defamilialization of Care Giving

With the excuse of home care being unsuited and unreliable method to meet all care requirements of people in need of care, care services shall be provided outside the house by people other than family members. Therefore, defamilialization of care through live-in and day care services provided by public care centers constitute the most significant dimension of alternative care services. Since care giving is a social utility, public care centers are a mandate with respect to state fulfilling its duty in this field. In order to realize this, initially it is necessary to renounce the assumption that day care and live-in care services are provided for a group of 'needy' people, for their families fail to fulfill one of their main functions. Consequently, full-day or half-day public day care centers for people in need of care, providing free transportation for all family members shall be established. Such facilities shall ensure facilities for people in need of care, where they can enjoy artistic activities, open-closed space sports activities, commune with nature activities and social living activities for their mental, physical and social wellbeing, as well as spending quality time and growing stronger.

As well as day care and education centers, it is important to disseminate public care centers providing long term live-in care services for urgent situations where care giving shall be undertaken at home or for accommodation needs accompanying care needs. Live-in care service to be provided for the people with disabilities in urgent and temporary accommodation needs can be ensured by making necessary adjustments in day care centers. With respect to care services provided to people with disabilities, private care centers shall be alternative organisations rather than substitutes for public care centers. Special education and rehabilitation centers operating widely in the field of disabled education shall be organised as centers supporting public education, through providing supportive education services. Supervision and fees of these market-oriented services shall fall within the scope of state intervention to ensure quality and accessibility. To ensure community participation, it is necessary non-governmental institutions, where people with disabilities would assume active roles, claim responsibility in this field. Thus, both to put pressure on the state

to remind responsibilities on the matter and to supervise public and market oriented services, non-governmental institutions may assume important roles in planning policy and services focusing on wellbeing of people with disabilities.

Recommendations on Familialization of Care Giving

It is quite clear that home care shall be organised as an optional service not making the caregiver and caretaker dependent and deprived; releasing both caregivers and caretakers from the house; not isolating them; not overruling their private and social facilities. Therefore, in order for home care be an alternative service, it should not be practiced solely as an aid in cash but provided as two separate public services organising home care, in line with an assessment made by care services board of assessors with respect to the ideas and decisions of service receivers. First type home care services shall include but not limited to providing medical care services, accommodation and decoration, housework support such as shopping, cleaning or cooking when necessary, in order to ease domestic life of the person in need of care and utilizing services of day care centers. Moreover, in times when it is not adequate and possible to utilize services provided by the centers, home care services provided by such centers should be organised in the form of daily visits by professional caregivers.

Cash payment to cover the fees of providing home care by a family member or relative in the scope of second type home care services shall be determined by the care services board of assessors, cascaded by effort time required to meet the needs of caretaker. Considering the fact that high costs of care giving increase economic poverty risk, to transform the cash payment for the provision of labour of care provided in the scope of second type home care services into a payment to ensure economic independency of home caregivers, a second type of payment shall be made for the caregiver, other than the allowance paid for the person in need of care. To avoid regenerating social injustice in the scope of this second type of home care services, people providing home care to a disabled relative must be included in social insurance system. Also, regardless of employment status, home caregivers shall enjoy retirement rights in exchange of effort time they provide.

Another important aspect in this respect is that problem that transformation objective of gendered division of labour may result in exploitation of women as to domestic patriarchal relationships and masculine power, men enjoying all these rights for someone else's labour. To overcome this problem, the home care service provided to people in need to be assessed by care services board of assessors periodically; besides, locating the needs of caregivers as well as caretakers. Also, it should be a mandate for care giving men to attend home care trainings delivered periodically.

It is quite important to link second type of home care services with public care services as well as social security system. Therefore, in the existing home

care practice, the requirement to meet care needs 24/7 shall be organised to be eight hours, thus ensuring the necessary relief and enough time for revitalization of care giver. Therefore, family member providing home care shall be entitled to a total of four-week leave in his/her own initiative, to be used at one or gradually, without cutting allowances of family member providing home care and care receiver. In the event of inability to receive live-in service from centers, first type home care services shall be provided to meet needs of care receiver, thus ensuring professional care services provided at home. By doing so, family members and relatives providing home care would not be forced to undesirable and inaccessible informal care support types.

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