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Social Care and the Social Organization of Care as Key Categories for the Analysis of Public Policies

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ABSTRACT

This work is part of the development of the UBACYT Research Project: Articulations between Mental Health and Primary Health Care in Argentina 2014-2017: Discourses, Practices and Subjectivity in the process of implementing the National Mental Health Law N° 26,657, directed by Prof. Alicia Stolkiner. Its objective is to describe and analyze the categories of "social care" and "social organization of care" as keys for the analysis of public policies aimed at elderly people with dependency. In previous works, the care of the elderly was addressed as a right to be included in the public agenda and proposals for dependency care based on the community were analyzed, such as Day Clubs and Day Centers. Analysis of conceptions of care and the social organization of care as a key category in the analysis of public policies, which makes it possible to identify the distribution of care responsibilities between the state, market, family and community. It is a type of theoretical research of documentary and bibliographical analysis.

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Care and Public Policies

Formal and informal care are part of the health-disease-care process, understood as a dynamic process and as a historical construction. The notion of "care" has a broader and more comprehensive connotation than that of "attention", denoting horizontal, symmetrical and participatory relationships [1]. The care category includes essential activities to satisfy the basic needs of people's existence and reproduction, guaranteeing the material and symbolic elements that make it possible to live in society. Care includes various dimensions such as self-care; the direct care of other people, as an interpersonal care relationship; the provision of conditions for care to be carried out, such as cleaning the home and buying and preparing food, and finally, care management that includes coordinating schedules and supervising care tasks [2, 3].

In he field of the policies public, the conceptualizations relational conceive the policy social as he product of a relational dynamics of power, constituted by different actors, who confront and redefine their identities and strategies [4]. This relational approach to public policies will be adopted, po - niendo he emphasis in that the policy No is result of a imputed external or from the state to the outside, but it is the "State in Action" [5].

Approaching care from the design of policies means politicizing care, that is, not naturalize it as feminine, but to address it as a dimension of well-being, which must be guaranteed in a framework of equity of gender. The economy of the careful and the Feminist bibliography warns that the social organization of care is unfair and deepens inequality and the violation of rights, with families and especially women being in charge of providing care [2]. In Latin America, regulatory advances were generated through consensus of Quito and he of Brasilia, subscribed in the x and eleventh Regional Conferences on Women. Both consensuses promote the redistribution of care provided by families towards the public sphere, based on a more active role of the state in its provision. Us we will stop in this displacement of the care, from families towards the public sphere with the purpose of identifying theoretical elements that allow their analysis.

Particularities of the Careful of People Greater

Caring for dependent elderly people has its particularities. It is generally approached with a dependency criterion functional that expresses the need for support for the development of different activities of daily living, both in the activities basic of the life daily (ABVD) as in the instrumental activities of daily living (IADL). But dependency is not a final destination, but rather the end of the process of fragilization - dependency, in which it is possible to include activities to promote the health mental community, to through of devices collective attention diurnal.

Other particularity is that shape part of the field of the health practices-collective health. In that field, The approval of the National Mental Health Law No. 26,657 meant progress in the definition of the rights of people with mental illness. Also meant a redefinition in the practices of careful in health and mental health because it addresses care from the proposal of the configuration of a "system of supports" for that the person with mental illness can develop their autonomy and exercise their rights. The support systems proposal is also applicable to older people and expresses that the inclusion of the dimension of care in health acts implies a subjectivizing movement. **Citation:** Ceminari Yanina, Stolkiner Alicia (2023) Social Care and the Social Organization of Care as Key Categories for the Analysis of Public Policies. Journal of Life Sciences Research and Reviews. SRC/JLSRR-105. DOI: doi.org/10.47363/JLSRR/2023(1)104

Policies in Careful

The European literature on care policies formalizes three modalities of public intervention: a- time policies, b- policies of conciliation of the life familiar and labor and c- he model of the social care.

- 1. The policies of time, also named "chronopolitical" arise in Italy in 1990 and have his Referrer in the Proposal of "Law of Time" developed by the women of the Party of the Left, that proposed establish a new right to the time own. In that proposal of law HE claimed "Life time" in which work, domestic-family activity was included and also he time own.
- 2. Conciliation policies: During the 1970s and 1980s, the states developed conciliation policies so that the women they can make compatible the spaces of the remunerated job and the family. A of the critics that receives this type of policies is that the "conciliation" is directed exclusively to women and in that sense No favors the equity of gender.
- 3. Care" model: it is a more recent model, which arose in England in he year 2000 and proposes a vision transverse and multidimensional of the care. tackles he careful from the integration of all the activities and relations involved in sustaining the physical and emotional needs of children and adults in situations of dependency, and regulatory frameworks, economic and social in the that HE insert those activities.

This model of "Social Care" comes from British authors and arises for analyze the state of welfare Europeans. Latin America has its particular history in the construction of social welfare. In Latin America the grid familiar HE converts in a vector of inequality because most of the care benefits fall on it [2].

For this reason, the three welfare regimes proposed by Esping andersen for explain the state Europeans: he social democrat, based in a criterion redistributive either of citizenship social, the conservative corporate model, of Christian-Democratic roots and the model liberal not are extrapolated to our latitudes Latin American [6].

Model of the "Social Care"

He model of the "Social Care" shows that State, market and family cannot be dissociated in the provision of well-being and deposits the look in the organization social of the care to through the design of public policies, beyond family environments. He considers that the treatment of care is a key to understanding how the welfare state currently unfolds. From the social care model, care includes"the activities and relationships aimed at meeting the physical and emotional requirements of children and dependent adults, so as the frames normative, economic and within which these are assigned and carried out".

The potential of this model is that it integrates two levels of analysis : he level macro, of the policies, where HE can identify how HE distribute the care between he State, the families, markets and civil society and the micro level, of daily practices of distribution of the careful inside of the families [7].

"Social care" broadens the social field of care and implies a shift of the family and of the space domestic to the around social. The responsibility in the provision of care also HE modify: happens to be a responsibility collective of the society and a moral responsibility of people. For this reason, co-responsibility at the micro level of interpersonal relationships in daily life is promoted on the one hand, and on the other, the socialization of care, as a macro solution promoted from the political sphere [7]. Care serves as a strategic analyzer of the distribution of well-being [8].

Diamond of the Careful

Another category linked to the distribution of care is the "care diamond" which allows us to understand the way in which the State, the market, the family and the organizations of the society civil produce and provide he careful [9]. The institutions that make up this Diamond interact of shape complex and the boundaries that exist between them are porous and dynamic.

The researcher Iranian shahra razavi design a scheme to end of doing visible he role and the stake of the four pillars of the welfare that intervene in the provision of the careful: the family, he state, the market and the community. He "caring diamond" it's a frame analytical that It allows make complex he analysis of the Regime -care, not reducing it to state policies or that of families [10]. In this definition, various actors are included, which could be brought together under the proposal of "care diamond" [9]. Compound by four vertices: State, market, families and community.

Organization Social of the Careful

In Latin American literature, there are authors who warn that one of the boundaries of the matrix analytics of the Diamond of the careful is the assumption of a certain equilibrium in the distribution between different vertices and for get over that limitation proposes the category of " social organization of care" [10].

The incorporation of care as a category of analysis in Social Policies was promoted by the feminist current of social sciences in Anglo-Saxon countries and meant a clear advance because size he paper that comply the families as mechanism - mo of protection social, pointing out that has to combine with the actions of the market and the State. In the first moment HE it on board as "job of the careful", then HE configure "the economy of the careful" and further recently "the organization _ social of the careful".

In Latin America, the category of "social organization of care" is used, which allows care to be located as a central dimension of well-being and deepens the criticism of the role of the State in access to care. The Social Organization of Careful HE refers to the shape in that interrelated the family, the state, the market and community organizations produce and distribute care, It is characterized by the diversity of actors involved and for being a dynamic configuration where there are no tight divisions but rather a continuity of activities, jobs and responsibilities [9, 12].

In this interbreeding of actors HE configure "networks of care", made up of people who give care and those who receive it, institutional actors, normative frameworks and regulations, commercial and community participation.

The proposals that include the redistribution of care are oriented towards addressing care as a shared responsibility, not only between males and women, but between the families and the sphere public. The notion of "social organization of care" expresses the intersection between institutions that regulate and provide care services and the ways in which households and their members relate to each other. Benefit of the themselves [9]. TO leave of the notion the organisation social of the careful HE explicit the need of recognize, reduce and redistribute care work, considering that care goes beyond homes and includes society as a whole. In Latin America, the family occupies a preponderant role in this diamond of care and the family network becomes a vector of inequality because it assumes the greatest part of the provision of care [2, 8]. Care involves the participation of several actors and not only the families either of the women and some authors speak of "careful Social" either "social care" as a new category that allows **Citation:** Ceminari Yanina, Stolkiner Alicia (2023) Social Care and the Social Organization of Care as Key Categories for the Analysis of Public Policies. Journal of Life Sciences Research and Reviews. SRC/JLSRR-105. DOI: doi.org/10.47363/JLSRR/2023(1)104

overcoming the conceptual dichotomies of the public and the private, or the professional and the non-professional. The vision community and social of the careful HE opposes to its liberal conceptualization. For communitarianism, the connection, the solidarity and the responsibility occupy he center of the question of care, understood as everyone's problem. In this way, socializing care is turning dependency issues into issues of interest public.

Defamiliarization and Decommodification of the Care

The procedures with which social policy manages inequality and regulates social conflict are: commodification or decommodification, the nationalization either the denationalization, familiarization or defamiliarization and communitarization or decommunitarianization. A social policy can decommodify, when it extracts a relationship from the market and places it in the field of social rights, for example universalizing access to health. Also through a social policy the State can defamiliarize relations, to state them.

Regard of the distribution of the careful, the analysis feminists of welfare regimes propose two models: the familist or defamiliarizer.

In the familist regime, the main responsibility for welfare and care falls on families and on women in kinship networks. On the other hand, the place of public interventions is subsidiary. For this reason, when women have paid work, they develop different strategies to integrate family and work.

Instead, In the defamiliarizing regime, well-being and care are derived towards public institutions and the market. This achievement depends on the development of State services, the extension of the services of market and he involvement of the families and informal networks [13].

This type of analysis establishes that the level of autonomy of families and the people HE links with he level of defamiliarization and decommodification of the regime [11]. The subjectivizing effects involved in the redistribution of care responsibilities for the elderly when public care services appear can also be investigated. It is a way of dimensioning the promotion of mental health -or putting it at risk-, as elements involved in the design of policies.

Conclusions

Care serves as an analyzer of the distribution of well-being in each society at a given moment. The categories of "social care" "caring diamond" and "organization social of the careful" as three proposals that place Care as an analytical category of public policies [11]. The context of the emergence of each notion and the welfare regimes that are proposed to be analyzed were analyzed. "Social care" comes from British authors, he "caring diamond" is of Iranian origin and the notion of "social organization of care" It was elaborated based on Latin American and specifically Argentine characteristics.

The Three Categories have in Common Two Potentialities

1. On the one hand, make it possible to restore the social dimension to care and No reduce them to a relationship intersubjective. Of that shape, the care it serves for analyze policies public, understood as set of Actions and omissions that manifest the way in which the State intervenes in relation to an issue that attracts the attention, interest or mobilization of other actors in civil society, in this case care [5]. Considering care as a category of public policy analysis allows us to analyze the distribution of care responsibilities proposed in the design and implementation of social policies, policies of health and mental health policies. Analyze how care is organized and that places assigns he State to the family, the community and he market in the activities of careful, is a frame of analysis - sis powerful in moments of redefinition of functions of the State, like the current one [14-18].

2. On the other hand, they make it possible to denature the familiarization and commodification of care to identify them as modalities of organization of the care that happen in societies in what is limited the provision public of care of people older. To the socialize care, the categories of "social care", "care diamond" and of "social organization of care" promote practices to promote community mental health that involve the redistribution of care responsibilities between the State, the market, the family and the community.

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