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Polyphony, Tensions and silencing

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1

How does the EU frame gender and care of fragile, older people? Polyphony, tensions, and silencing

Hanne Marlene Dahl and Daria Litvina

Introduction

Care for older persons has increasingly become ‘a site of struggle’ (Dahl, 2017) in many places globally, including the EU. There is now more than ever a proliferation of thinking and talking about ageing and old age care in the academic and the EU’s political sphere. The idea of an ageing-related crisis (‘silver tsunami’), along with the idea that age is not necessarily associated with fragility, gave rise to many discussions on ‘ageing society’, demographic crisis, and recently, a care crisis. Care has been a site of struggle at every level – as a personal experience of caregivers (paid or unpaid) and receivers, an institutional field of care work, a national problem, or a global challenge. While this topic has recently received more attention from researchers and policy-makers, some of its aspects remain understudied. In this chapter, we aim to focus on recent policy documents (2013–2022) that concentrate on the proliferation of old age and old age care discourse and relevant rights in the context of the EU from a genderlens. We use old age care and long-term care (LTC) as synonyms for caring for older, fragile people.

In the EU, a new Care Strategy was launched in 2022. The year prior to this launch, the president of the EU, Ursula von der Leyen, announced a new European Care Strategy with the following words:

If the pandemic taught us one thing, it is that time is precious. And caring for someone you love is the most precious time of all. We will come forward with a new European Care Strategy to support men and women in finding the best care and the best life balance for them. (von der Leyen, 2021)

The president of the EU puts care for our loved ones at centre stage after a pandemic that made us acutely aware of our vulnerabilities, our inabilities to protect older people in nursing homes (Amore *et al.*, 2021), the conditions of care workers (Poulsen *et al.*, 2022), and increasing problems combining caring and paid work. Von der Leyen links care with ‘finding the best care’ and the best work-life balance and explicitly mentions both women

and men. But how do these ideals play out in the political problematisation that underlies recent attempts to create common EU welfare ideals concerning old age and old age care?

Social policy-making in the EU since 2020 has been greatly disrupted by the COVID-19 pandemic, which required large investments and resulted in a shift of priorities at the EU level (Vanhercke and Spasova, 2022). Related to the pandemic, there have been several policy responses regarding gender equality, work-life balance, and care (European Commission, 2022c). While realising the effects of some of these changing policies on care, here we focus on how at the present moment old age becomes problematised and fits into the discourse of care in the EU by bringing to the table the need for common ground on ageing and care policies. We observe the process of politicisation of ageing and of care defined as an articulation of them as political. They are contested at different levels of society, but in this chapter, the object of analysis is delimited to the way in which ageing and old age care become a topic of political discourse and thereby are conceived of as an ‘object of politicisation’ (Dohotariu, 2024). We realise that there are many stakeholders (such as AGE Platform Europe, European Women’s Lobby (EWL), etc.). However, our analysis does not cover their role in policy-making. Neither do we address the issues of multi-level governance (municipality, state, and the EU) and the jurisdiction of the various levels in relation to each other. We realise that this is an important context, as it defines the extent to which and how the care for older people becomes the object of public policies (regulation, financing, etc.) in the EU, which is governing in a minefield of opposing logics of national sovereignty and the EU social right §18: ‘Everyone has the right to affordable long-term care services of good quality, in particular homecare and community-based services.’ The EU consists of different care clusters and care regimes (Bettio and Plantenga, 2004), including a variety of old age care regimes (Theobald and Luppi, 2018; Szweda-Lewandowska, 2022) with different levels of state support, roles of care professionals, family institutions, and migrants. Many sociocultural differences and legislative and economic barriers exist to a common care strategy. While there is a global trend for the acknowledgement of care needs of older people as not just cared for in the family, the ideal of care differs in care regimes, e.g. between the Nordic and the Mediterranean old age care regimes.

However, some researchers argue that EU members have a joint focus on the ‘deinstitutionalisation’ of care and ‘ageing in place’ (Szweda-Lewandowska, 2022: 147), where the latter refers to an ability to live in one’s home or community as long as possible. An estimated 20 million people across Europe care for older members of their family (Caracciolo di Torella and Masselot, 2020: 87–88), and in this sense, the EU relies heavily on informal caregivers, whom researchers argue need more support (Wieczorek *et al.*, 2022: 145).

Care is a gendered issue in two aspects: its division of labour and its valorisation. Both informal caregivers and the care workforce are made up of women (Eurostat, 2018; European Commission, 2022a), and care as work is typically not recognised as crucial nor sufficiently recognised even in the Nordic welfare regimes (Fraser, 1997; Dahl, 2004, 2009). Therefore, scholars point out an increasing demand for attention to women's needs as informal caregivers concerning issues such as recognition, labour market policies, support of well-being, etc. (Wieczorek *et al.*, 2022). We can see that some of these needs become commonly agreed upon concepts in policies, e.g. work-life balance, gender equality, and 'active ageing' ('as a way to postpone care needs' (Collovà *et al.*, 2022)).

The growing number of policy reports and documents from the WHO, OECD, and recently the EU signal that something novel is occurring concerning ageing and old age care. But what exactly is problematised, and what is offered as a solution? In this chapter, we identify the ways of problematising old age and care for older, fragile people, where problematisation is defined as the result of policies that produce particular types of 'problems' (Bacchi and Goodwin, 2016: 6). In our feminist discursive analysis, we are inspired by Bacchi (2009) and Fraser (1989) and locate elements of silencing in the official EU discourse.

In the following section, we elaborate on our theoretical framework, while in the third section, we outline our feminist, discursive analysis and sources. The fourth section shows the results of the analysis, and finally, we conclude.

Theoretical perspectives: care and EU studies

In our analysis, we mostly draw upon two theoretical perspectives, that of feminist care research and EU studies on care (including LTC). In line with feminist care research, we see caring as a useful concept that highlights its characteristic as a basic human condition, a social phenomenon, and a critical perspective. We supplement feminist care research with specific literature on care for older adults when needed.

Caring – and receiving care – is a basic human condition. We are all vulnerable and need care from others at various points in our lives, such as when we are babies, sick, challenged, or among the oldest old (Tronto, 1993; Fineman, 2008). There is no clear-cut dividing line between those in need of care and those giving care. Even those needing care can sometimes provide care for others (Tronto, 1993; Milligan and Wiles, 2010). Caring is a social phenomenon involving bodily aspects (Twigg, 2000), affective dimensions (Yuval-Davis, 2011; Thelen, 2015), and cognitive elements (Martinsen, 1994; Leira, 1994). Caring is work regardless of whether it is paid or not

(Wærness, 1982). Caring either takes place in relationships (Graham, 1983; Ungerson, 1987) or in more contingent assemblages involving a larger group of care workers, professionals, significant others, and perhaps strangers (Mol, 2008; Milligan and Wiles, 2010; Gherardi and Rodeschini, 2015; Dahl, 2017, 2021). Caring is typically about helping or alleviating pain. It is about trying to do 'good' and a dialogue about what is needed: tinkering with care (Mol, 2008). Caring is embedded in various practices and has increasingly become part of the public sphere either as state regulated, tax financed, or paid for in the market or in the grey economy.

From this general literature on caring, we move on to specify caring for the oldest old as a provision of their various needs over an extended period to enable a dignified life (inspired by Caracciolo di Torella and Masselot, 2020: 83). 'An extended period' is identical with what is elsewhere referred to as 'long-term care'. A dignified life relates to idea(l)s about good care, sufficient resources, knowledgeable care professionals, and noticing the older person's needs. In this definition, we are inspired by Mary Daly and her understanding of care as 'a configuration' involving four aspects: ideas, resources, actors, and perceived needs (Daly, 2021: 114).

But caring is not just about 'doing good', there is also another, darker side to it. Care and caring are also about power. Tronto (1993) argues that caring can be suppressive if there are paternalistic elements, i.e. dominance and control. Recently researchers have argued that idea(l)s of care and cure can be more subtly suppressive as they create normative standards about the recipients, e.g. 'enablement' (Dahl, 2012, 2017; Clare, 2017). Beyond the more general feminist care literature, there are a number of critical voices under the umbrella of 'critical gerontology' (Ray and Cole, 2008; Katz and Calasanti, 2015; Wellin, 2018; Doheny and Jones, 2021). For instance, there is a consistent critique of the idea of 'successful ageing', as it excludes 'unsuccessful agers' and ignores the diversity of the ageing experience. Such a critique aims to draw attention to socially located perspectives of ageing people and point out that certain ways of framing might have practical consequences – 'such labelling deeply affects their treatment by health care regimes in practice' (Katz and Calasanti, 2015).

Caring has also increasingly become a critical perspective to a contemporary, neoliberalised, and capitalist society (Fraser, 2016; Tronto, 2017; The Care Collective, 2020; Dowling, 2021; Dahl, 2022; Lynch, 2022), which shows the inequalities concerning gender, class, and race – to mention a few – that are produced and reproduced by current care arrangements including the misrecognition of care and the depletion of women's resources (Rai *et al.*, 2014; Wieczorek *et al.*, 2022). Part of a critical perspective is to investigate whether and to what extent caring becomes a public issue, i.e. becoming visible through its politicisation, and also to identify the process

of gendering care for older, fragile people in EU discourse, whether this reproduces gendered care arrangements or has more egalitarian logics, i.e. contesting care arrangements by acknowledging unequally distributed care work with a transformative aim (Fraser, 1997; Dahl, 2017).

Existing scholarship on care at the EU level, especially for fragile, older persons, is an emerging field where little research has been done (Caracciolo di Torella and Masselot, 2020; Zacharenko and Elomäki, 2022). This lacuna is related to the subsidiarity principle, which used to hinder the role of the EU as a supra-national policy-maker: 'It is based on the idea that decisions should be made at as local a level as possible' (Nousiainen, 2011: 22). According to this principle, matters concerning families and social policies should preferably be the competence of individual member states and not a concern of the EU. For over a decade, social issues have been discussed within the so-called 'open method of coordination' (OMC), typically seen as a forum for learning and transferring best practices. The OMC can be interpreted as a kind of soft law (de la Porte, 2021). Alternatively, it can be seen as a forum containing struggles about a dominant imaginary of good long-term care – or the European social model.

The role of the OMC changed in 2017 with the European Pillar of Social Rights (EPSR) (and the relevant Action Plan in 2021). This became a 'game changer' (Caracciolo di Torella and Masselot, 2020: 98). The EPSR introduced a rights-based language and stated in §18: 'Everyone has the right to affordable long-term care services of good quality, in particular, homecare and community-based services.' This exists alongside the original Treaty of the European Union that codifies basic values of 'human dignity' and 'wellbeing of its people'. Although §18 seems to undermine the principle of subsidiarity, the EU lacks a clear competence to regulate care for fragile, older people (Caracciolo di Torella and Masselot, 2020). However, some scholars argue that despite this lack of supra-national authority, the mantra for this policy field goes like this: 'those who want more do more' (de la Porte, 2021: 71).

Despite the lack of a clear legal authority, some scholars have argued that a discourse about key principles has crystallised in this intergovernmental forum. These are 'access, quality and sustainability' as joint principles (Caracciolo di Torella and Masselot, 2020: 95). Conversely, Zacharenko and Elomäki (2022) argue that there is not one holistic view of care in the EU. Instead, there are contradictory framings of care generally in different policy fields, where gender equality and social policies have been subject to economic policies (Zacharenko and Elomäki, 2022). Simultaneously, they also argue that there are contradictory constructions of caregivers and care. We consequently wonder whether the newly launched Care Strategy is part of a more unified discourse on old age and care for older people.

A feminist, discursive policy analysis

We identified the relevant empirical material in two rounds. The materials originate from 2013–2022. During the first round, we created a list of potentially relevant empirical sources about care for fragile elderly persons at the EU level. It included 28 documents (policies, reports, proposals, communications, etc.) on old age care, long-term care, and relevant topics such as social rights, health care, and gender. Most were by the European Commission, and some by the Council of the European Union and European Parliament. We have also monitored several publications by the EIGE (European Institute for Gender Equality) and NGOs. This round showed that EU discourse about old age and old age care is quite diverse (especially at the level of NGOs and other stakeholders). At the same time, there was an attempt to make it more coherent via the European Care Strategy and other relevant documents. Therefore, during the second round, we narrowed our analysis to documents by the European Commission that have directly addressed long-term care ($n=10$), among which the European Care Strategy appeared to be one of the most central (because of its unifying attempt). In addition, we aimed to find some intertextuality in this material and identify key terms, boundaries, and silences that the discourse constructs.

In collecting our archive, we aimed to reveal the field of care for older, fragile people that we simultaneously co-constructed as encompassing more than just health issues. There is a choice of boundaries involved in this research process, which implies that another archive collection might give us a different analysis. The collected archive is intended to give us an analysis of the way old age and care for fragile, older people have been problematised in the EU.

We combined elements of discursive policy analysis (Bacchi, 1999, 2009; Bacchi and Goodwin, 2016) with a politics of need interpretation (Fraser, 1989), supplementing it with an attention to something more than gendering and degendering. We also used an intersectionality lens (Crenshaw, 1991). Identifying a problem representation is a difficult task, as it requires a dual process of familiarising oneself with the texts closely and then alienating oneself from the same vocabulary, premises, and understandings in an analytical move (Dahl, 2022). The characteristics of the discursive field created a problem for us in the application of Bacchi, as she moves from the policy solutions to the implicit constructions of the policy problem and, therefore, better fits policy papers. At the same time, our collection of documents seemed to pile up problems with no clear policies at hand, making it difficult for us to work backwards from policies to identify the problematisation.

Bacchi's discursive policy analysis involves seven steps (Bacchi, 2009; Bacchi and Goodwin, 2016): (1) What is the problem represented to be? (2) What assumptions underlie this representation of the problem? (3) How has

this representation come about? (4) What is left unproblematic in this representation? (5) What effects are produced? (6) How/where has this representation of the ‘problem’ been produced – and how could it be disrupted? (7) Self-reflexivity, i.e. how is our analysis itself a representation of the problem? We have pragmatically selected three of Bacchi’s seven steps, that is steps one, two, and four. Step one is to identify how the political problem is framed through the solution/policy suggested, i.e. identifying the problematisation. A problematisation is the way problems are produced as a particular type of problem (Bacchi and Goodwin, 2016: 6). Step two is about the underlying dichotomies, key concepts, and categories necessary for constructing the political problem in this way, making it intelligible and natural-looking. Step four is about the limits of what is seen as a political problem, what fails to be problematised (Bacchi, 2009: 12): it is about identifying silences and processes of silencing (Dahl, 2017).

We supplement Bacchi with elements of Fraser’s ‘politics of need’ interpretation to direct attention to the way needs-talk has become a major part of Western political discourse (Fraser, 1989). Fraser stresses that needs are contested and that needs-talk is about a struggle to gain political status, the interpretation and satisfaction of a particular need (Fraser, 1989: 294). Our focus is to identify the kinds of needs articulated and for whom. When identifying the subject positions available in the policy field, it is not just about being fragile, older persons or not, or gendering or degendering taking place, but about various intersecting identities. Here we rely on Kimberle Crenshaw and her concept of intersectionality, which stresses how we must be attentive to identities as a meeting place that combines different categories that are typically assigned different values (Crenshaw, 1991).

Our feminist perspective consists of three key dimensions: an attention to the private-public dichotomy as politicisation (a key object of our study), care as a critical perspective, and self-reflexivity. Feminist research has from its origin been concerned about how some issues are deemed private, whereas others become public and politicised (Fraser, 1989). We draw upon care as a critical perspective that can expose inequalities related to current and future care arrangements. Simultaneously, we reflect upon our positionality as researchers belonging to different generations and welfare regimes and its bearings on our research (Haraway, 1988; Bacchi and Goodwin, 2016). In this way, we acknowledge the politics of location (Braidotti, 2002).

Old age and old age care as a political problem for the EU

The greying of societies and care for fragile, older people have become politicised at the EU level and as a joint problem with common solutions.

The problematisation of old age is mainly based on demographic and economic presuppositions, which can be seen in this quotation: ‘significantly lower working-age population is projected for the EU over the coming decades’ (European Commission, 2018). Ageing is perceived not only as an individual experience, or as a state-level problem, but as an EU region-wide problem that requires a common vision and complex solutions. This alarmist discourse refers to dramatic changes related to an ‘ageing society’: low fertility rates, seniors dropping out of the labour market, rising care needs, etc. While this problematisation addresses crucial problems, such as health care, long-time care, or pensions, it does not suggest concrete solutions.

In this paragraph, we explore how EU documents frame ageing and old age care as a political issue. They create a discursive repertoire, which is, as we find out, not always unequivocal. We argue that the recent Care Strategy, which aims to make a common framework for various care-related issues, including issues of LTC, health care, and work-life balance, remains uprooted and rather insensitive to cultural and political differences. According to our analysis, despite the articulated ideals of care, the discourse remains neoliberal in nature. Older people widely appear in the context of growing alarmism that demographic tendencies will create financial and care deficits and in which economics remains the main rationality for changes in the care sector. We will focus on the key problematised issues, tensions, and silenced topics that constitute the EU’s official discourse of ageing and care for fragile, older people. We realise the limitations of this study – our analysis only sketches the main lines of the problematisation of old age and caring for older, fragile people in common EU policy papers. The practices of its interpretation, implementation, and negotiation between different stakeholders are out of the scope of this chapter.

First, let us answer one of our questions: ‘What deep-seated presuppositions and assumptions underlie this representation of the problem?’ We will start with some basic notions on the nature of political discourse about ageing at the EU level. While the discussions about ageing and care constitute an ongoing debate over the last couple of decades, at the level of the EU, the debate appears in the form of fragmented discourses, which pile up concerns, alarmist prognoses, and rationales. It is made up of a hybrid discourse which operates with rationales from *neoliberal*, *paternalistic*, and *feminist discourses*. Neoliberalism is a process of marketising, increasing choice, self-responsibilising, and increasing attention to monitoring (Brown, 2003; Dahl, 2012, 2017). (Supra-)state paternalism is a type of relationship when the government covers some basic needs, but in return, it limits individual autonomy and assumes the right to define aspects of citizens’ personal and public behaviour. Feminist elements of the discourse refer to gender equality, work-life balance, and the need to revalorise care (Tronto, 1993; Fraser,

1997; Lynch, 2022). All these elements can be found in the language of the EU discourse.

An important premise that glues these discourses together is that the EU is discursively constructed as a single space, and therefore, the rising costs of ageing are framed as a common issue economically and morally. Proposed solutions are framed to deal with upcoming challenges in accordance with a 'European way of life'. However, pronounced common values seem to have a rather declarative character that reflects a moral landscape. There is a desired imaginary of a moral society of Europeans: 'It is about living in dignity, upholding human rights, leaving no one behind and providing opportunities for better life and career prospects, the backbone of our European way of life' (European Commission, 2022a).

Such an approach itself has a huge empowering potential. The newly announced European Care Strategy (European Commission, 2022b) and related documents¹ formulate an important framework for a common EU understanding of care. They recognise gender imbalances in care provision and the need for humanising long-term care in accordance with principles of dignity and freedom. It seems to be an attempt to bring together the principles of care at the EU level and put certain moral ideals at the forefront. But what exactly do these documents problematise and bring up as a public issue? And what are the tensions they contain, and what topics remain silenced in the discourse, despite its versatility? So, 'what is the problem' articulated in these documents (Bacchi, 2009)? The concept of care in the discourse seems extremely complex yet fading – it is a floating signifier. Care is a human right, a public issue, a burden, a priority, an instrument, a matter of health, a matter of help with chores, and many more things, but not something concrete. The discourse on old age care seems to be polyphonic in a way that it 'piles up' many care-related issues of different levels, such as the mental health of caregivers, attractiveness of care professions, and the need to support the economy. Some of the rationales are oriented to achieve aims beyond 'care' per se (e.g. sustainability of economy) (e.g. European Commission, 2015, 2018, 2021), while others refer to a humanising discourse (e.g. recognising the needs of informal carers), which is especially evident in documents related to LTC.

But what is relevant for all the documents is that the problematisation of ageing is largely based on the expected economic consequences of an increased proportion of older people in the population. In other words, the society in which older people prevail is expected to be less productive. The insufficient size of the labour force in upcoming years becomes one of the main categories that constitutes the 'ageing society' problem. It is noted that there will be an increased burden on younger generations due to a lack of workforce, extended expenses on health care, and increased informal care duties (especially for women):

The economic old-age dependency ratio (inactive elderly versus employed people) is projected to rise significantly in all Member States (...). Similarly, the ratio between the total inactive population and employed people (economic dependency ratio) would rise strongly amid demographic ageing with large variability across countries. (European Commission, 2021: 38).

Therefore, the problem of ageing is constructed as a multi-layered issue: care about older people is presented as care about younger generations, which is also about economic sustainability and growth. When older people become vulnerable, the main problematisation (our first question/step one) of old age care focuses on two aspects: (1) insufficient, too expensive, and non-quality care services; and (2) a too high, informal, and gendered care burden that hinders women's participation in the labour market and/or a good work-life balance (see, for example, European Commission, 2022d).

The EU speaks in terms of the unsatisfactory 'resilience of elderly care systems' that was revealed during the pandemic. Resilience is believed to be strengthened through developing a market regulated by general principles and standards for good old age care, collective bargaining, and the monitoring of delivered services. However, old age care is not sufficiently regulated, creating precarious working conditions for those providing the care. According to this rationale, care in the grey economy must be brought under the auspices of unions and employer organisations. However, it remains unclear which are the actors engaged in care networks; in what proportions are care duties proposed to be shared between formal and informal caregivers; what inequalities (including trans-local) can create a redistribution of care; will caregivers and receivers be willing to cooperate (change care and work patterns), etc. The gendered care burden is described in the following way:

Inadequate care services have a disproportionate impact on women's supplementary or informal care responsibilities as they fall predominantly on them and affect their work-life balance and options to take on paid work. (European Commission, 2022a: 2)

This quotation shows how the issue of gender equality is strongly linked to labour market participation. To increase the number of people available in the labour market, women must be liberated from some of their care obligations. Equality becomes equal participation in the market. Here, a feminist element is articulated.

However, there is also another rationale that could be linked to feminism. This rationale is about the informal carers and recognition of their work. The commission links the potentially detrimental effects of their caregiving to their health, pay and pensions, and their need for support. Support for informal carers is 'through training, counselling, psychological and financial

support' (European Commission, 2022b: 2). This support for the informal carers, i.e. 'caring for the carer', is a feminist strategy, but an affirmative one. It is not transformative as it is unlikely to change the gendered division of work. However, the EU also argues that care for fragile, older persons is one of the most gender-segregated sectors and must change to transform its status and recruit more men. This revalorisation of care is supposed to be achieved through campaigns that change gender stereotypes.

Labour shortages related to greying societies can be counteracted through higher wages, better regulation, and migrating care workers. The EU proposes to increase the access of migrating care workers coming from outside the EU. It wants to create 'legal pathways', i.e. fast track systems that have been tried in Italy (Tronto, 2011). This problematisation assumes that there is a large pool of would-be care migrants, and it simultaneously ignores the negative effects upon those left behind by an increasingly feminised migration (Isaksen *et al.*, 2008).

It is hard to predict how implementing broad, overall policies would change the situation in the market and in the private sphere due to not seeing gender identities as continuously socially and culturally produced. This perspective is deeply embedded into the sphere of gender relations, as most of the caregivers – both institutionalised and informal – are women. Gendered problems of work-life balance and lack of recognition of care market jobs are mentioned, but the rationale beyond this remains mostly neoliberal: we need women to enter (or not drop out of) the labour market. However, it remains unclear what is the potential of this in reducing the care burden. The care consists of the management of dependents, emotional labour, and constant investments of different kinds into the well-being and development of family members. It can take many forms. However, as we said earlier, despite acknowledging certain gender inequalities, the informal caregivers' lived experiences are only marginally considered in these documents. Instead, more women are expected to join the labour market, related to these shifts in social infrastructure.

If we look closer, the discourse contains some tensions and blind spots. So, following Bacchi, we ask: 'what is left unproblematic in this representation of the problem? Where are the silences? Can the "problem" be conceptualised differently?'

The rationale beneath the proclaimed ethics leans rather not on moral order but on an economic necessity, and appears to be neoliberal in nature. The 'liberating project' in this framework can be interpreted as a form of supra-state paternalism. While it demonstrates solicitude for important and even crucial components of care infrastructure for older people (health care and long-term care), it is eager to dictate its norms in the personal sphere as a reward. This relates to entering – and staying in – the labour market (for

women) and ‘active ageing’ as a way to keep elderly people in the labour market and postpone care needs. The lived effects of implementing this imperative can be both oppressive and liberating – for various groups of men and women, depending on how the hybrid discourse will be put into action.

Old age is framed as a problem which can be solved by a neoliberal project of ageing based on the premise that growing old does not necessarily mean getting more fragile. This is part of the idea that is widely known as “active ageing”. Older people are (implicitly or explicitly) expected to make personal efforts or use institutionalised help to get healthier, keep an active social life, and have access to high-quality care, etc. It can be said that an idea of ageing prevails that to some extent ignores elderly people’s frail bodies. At the same time, older people are discursively constructed as passive recipients of care or a labour force that can be utilised if managed correctly. It does not seem they are expected to be included in care networks as caregivers. It is as if they only require care, but do not provide it themselves – to their partners, children, grandchildren, or themselves. They seem to become locked into one-sided identities. This is an example of a paternalistic ‘state knows better’ approach.

‘Care needs’ are not specified in their heterogeneity. The unifying approach does not consider personal differences or at least adapt the needs according to class, race, family composition, sexuality, religion, and other social dimensions. While intersectionality (Crenshaw, 1991) has become a mainstream concept in gender studies, its potential does not seem to be used in policy discourse. Inequalities related to gender are mentioned, as well as race/ethnicity, when referring to care and domestic workers (e.g. ‘with a migrant background’), but separately. The rest are silenced, and there is no visible attempt to get deeper into the intersectional nature of social inequalities (in terms of care needs). As a result, in the configurations of care, situated views of care receivers and givers remain blind spots.

Problematic issues are not addressed or even mentioned, such as the ‘darker elements of care’ (when care receivers are disciplined and/or subject to institution-based violence and abuse). As mentioned, care as a social phenomenon is theoretically typically imagined as a combination of head, heart, and hand, i.e. cognitive elements, affective dimensions, and bodily aspects. These different dimensions of care are silenced. Care is exclusively seen as a question of sufficient hands – except when there is a mention of a need for the ‘up- and reskilling of care workers’ (European Commission, 2022a: 15). However, there is no specification of such a strategy, and many questions about its form remain unanswered. Up- and reskilling presumes that care workers are not good enough, and that there is a problem with their qualifications. This framing hides underfunding as a source of the problem of quality, and it also neglects existing bodily and experience-based knowledge.

On a supra-national level, care needs are rather pictured by the ‘view from above, from nowhere’ (in terms of Haraway, 1988: 589). From such a perspective, caregivers and receivers are mostly objectified and reduced to equalised labour force units or consumers of public goods. The economic approach uses statistical data and economic models to meet its criteria of ‘objectivity’. However, ‘it says very little about those who provide care (and under what conditions) and those in need of care’ (Zacharchenko and Elomaki, 2022: 13). The needs of older, fragile people (from their perspective) are not described in any of the analysed interrelated documents, although it is assumed that the increasing availability of a care market and choice is beneficial for them – or that older people or their families/significant others can navigate in a care market. Another problem with the unifying attempt is that the EU is neither homogeneous in terms of welfare regimes and economic development, nor in terms of uprooted practices of informal care. As well as that, there are notable differences in what ‘ageing with dignity’ might mean in different cultural, social, and political contexts. The analysed level of EU discourse recognises these differences but does not seem to pay attention to them. For example, a briefing (a pre-legislative synthesis) by the European Parliament claims that:

There is no standardised definition of LTC, the needs it covers or the quality standards it should fulfil. EU national systems differ in terms of how LTC is organised, delivered (at recipients’ homes or in institutions) and financed, and how the resources are generated. (Collova *et al.*, 2022: 3)

The homogenising attempt does not seem to consider how numerous policies, projects, and strategies, created by different stakeholders, coordinate social relations at the local and personal levels and between different levels of governing institutions. Instead, we observe the process of politicisation and Europeanisation of care policies from the perspective of private and national issues, where these issues become a political question at the supra-state level and where policies give way to more general concepts and principles.

The discourse on old age care problematises ageing and care, juggling with neoliberal, paternalistic, and feminist vocabulary. It sounds like a choir of many voices, including the motif of rights and values, with a leading vocal of economic reasoning. The economic approach frames ‘ageing society’ as an EU and global issue that dramatically challenges the situation in a labour market and therefore requires instruments to improve the situation, which makes the care discourse sound disciplining and paternalising. At the same time, the discourse appeals to a ‘European way of life’ – an imaginary moral society which treasures the same values. Therefore, it proclaims person-centredness, recognises gendered issues (related to informal

and professional caregiving), mentions ‘dignity’, and includes quality of care in its priorities.

However, the discourse uses a ‘god’s view’ optics – and therefore, the lived experiences and sociocultural differences in the perception of care are not specified. This makes the whole discourse uprooted and uncertain regarding older, fragile people’s needs, full of silenced issues (such as ‘darker care’) and blind to the diversity of caring needs and more specific strategies. The overdetermined concept of care and the declarative character of aims and blurred proposals allow us to draw broad interpretations of how to translate the magic buzzwords and principles nationally and locally.

Conclusion

In this chapter, we aimed to explore the ways of politicisation and silencing in EU discourse about older people and their care from a feminist lens. Our analysis is limited to official EU discourse, including the newly launched Care Strategy and many other documents that frame ageing and care-related issues such as work-life balance. This archive does not allow us to grasp the lived, potentially gendered effects of the politicisation of old age care. Politicisation means visibility and contestation, but it can also mean instrumentalisation of care, such as concerning active ageing. We approached this field as strangers with different academic, generational, and national backgrounds. Using critical and feminist optics, we examined how the problem of ageing and old age care is discursively constructed and what is left unrecognised.

In contrast to the existing literature, we claim that there is an emerging policy field of old age care within the EU based on policy documents from the last decade, including the recently launched Care Strategy. Although there is not (yet) a unified discourse, care has become a floating signifier that weaves together different rationales and policy problems. We saw a fragmented discourse glued together by ideas of an imaginary moral ‘European society’ and global economic problems of an ‘ageing society’. Some scholars argue that the ideas of ‘Social Europe’, including the EPSR, remain blind to existing political tensions about the locus of authority and responsibility (Vesan and Corti, 2019).

The care discourse, as a part of wider ideas of Social Europe, operates with categories from different logics of care: neoliberal, paternalistic, and feminist. It offers a multi-layered problematisation of both ageing and care, which includes ‘piling up’ various problems, with economic ones being dominant. The neoliberal element is about increasing labour market participation, economic growth, and creating an enlarged, well-functioning market for care services. Moreover, as other scholars have

argued, key principles in the field have crystallised, such as ‘access’ and ‘quality’. Both aims are supposed to be achieved through a regulated market with collective bargaining, increased import of care workers, and monitoring of care services.

Discourse seems multi-vocal, as it speaks about many care-related issues in different tones, however sociocultural differences, inequalities, and intersectional dimensions are left unnoticed. Sometimes migrants and gender issues are mentioned, but not in detail. Therefore, the implementation of policies and their effects on the personal level are unpredictable. Gendered issues are mentioned, but in a conflictual way, as the discourse applies both gendered stereotypes and feminist rationales. The discourse acknowledges the role of women, who reproduce most of the informal and professional care (the care burden). However, it remains unclear whether the existing strongly gendered (and racialised) care for fragile, older persons is proposed to be reframed (degendering by attracting men to the care market, promoting more egalitarian informal care, etc.) or reproduced as a strongly gendered, racialised care market, e.g. by promoting an increased migration of care workers (read: women) from outside the EU. The darker elements of care and of relationships in their complexity are not recognised either.

We observe in the discourse a pluralism of scenarios, blurriness of strategies, and terra incognita of regional differences. The main trend is alarmism about ageing, which is problematised and framed as a shared responsibility (of people, states, the EU, and the global world). Citizens should be more active (to postpone the time when they will leave the market and require care), and there should be improved care services. ‘Active ageing’ serves as an example. However, fragile, older people’s agency, needs, life choices, and political voices seem to be ignored.

Despite the proclaimed social agenda behind the EU discourse, we find declarative statements and silenced topics. Ironically, the documents do not specify care, indicating that many rationales are at play as well as tensions between a more neoliberal part of the discourse and more humanistic ideals. Can EU-wide care policies even exist? Can we bypass situated perspectives and solve care issues ‘from nowhere’? The answer would lie in analysing the lived effects of this care discourse, increasing the visibility of blind spots in existing policies, and voicing the situated perspectives of the ones included in care networks.

Note

- 1 Full list can be found here: <https://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=10382&tableName=news&moreDocuments=yes>

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