

THE HEART OF THE MATTER

THE CONTRIBUTION OF THE ETHIC
OF CARE TO SOCIAL POLICY
IN SOME NEW EU MEMBER STATES

EDITED BY SELMA SEVENHUIJSEN AND ALENKA ŠVAB

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CONTENTS

7 SELMA SEVENHUIJSEN AND ALENKA ŠVAB

INTRODUCTION: TRACING CARE IN SOCIAL POLICIES

13 SELMA SEVENHUIJSEN

TRACE: A METHOD FOR NORMATIVE POLICY ANALYSIS FROM THE
ETHIC OF CARE

47 ALENKA ŠVAB

CARING ABOUT FAMILY AND WORK: THE CONCEPT OF RECONCILI-
ATION OF FAMILY AND WORK IN SLOVENIAN FAMILY POLICY

69 ANIKÓ VIDA

CARE IN HUNGARIAN HUMAN RESOURCES POLICY

83 KADRI SIMM

THE CONTESTED SITE OF HUMAN NATURE: APPLYING *TRACE* TO THE
STRATEGIC ACTION PLAN OF THE ESTONIAN MINISTRY OF SOCIAL
AFFAIRS, 2000–2010

103 MARIANA SZAPUOVÁ, KATARINA PAFKOVÁ, AND ZUZANA KICZKOVÁ

THE CONCEPT OF EQUAL OPPORTUNITIES FOR WOMEN AND MEN, OR
HOW TO CARE FOR EQUAL OPPORTUNITIES

123 ŽIVA HUMER

TRACING THE ACT ON EQUAL OPPORTUNITIES FOR WOMEN AND
MEN—THE CASE OF SLOVENIA

CARE IN HUNGARIAN HUMAN RESOURCES POLICY

ANIKÓ VIDA

INTRODUCTION

The material I chose for examination with *Trace* is in the front ranks of present concerns in social policy in Hungary. The countries joining the European Union in May 2004 had to draft a National Development Plan (NDP) to be able to make use of the Union's financial resources. These plans set down the aims and priorities of development policies whose realization in the 2002–2006 period will be supported by the financial sources of the Structural Funds. The implementation of these strategies will be through operational programmes. Hungary has constructed five such programmes in the NDP. The Human Resources Development Operational Programme (HRDOP) was elaborated under the direction of the Ministry of Employment and Labour (2003), in close cooperation with the Ministry of Education and the Ministry of Health, Social and Family Affairs. This Programme supports development in the fields of employment, education and training, social services, and the health care system. The strategy of the Programme is guided by five priorities: promotion of active labour market policies, fight against social exclusion, improving education and training, improving adaptability and entrepreneurial skills, and improving the infrastructure of education, social services and the health care system.

Owing to limitations of space, this article will discuss only two of the above priorities: I will speak about the actions pertaining to the fight against poverty and social exclusion, and I will also give a report on the current state of affairs in the field; I will also include in the discussion questions about equal opportunities for men and women (within the priority of active labour market policies).

In the present paper, by following the steps of *Trace*, I will attempt to answer the question of whether is it possible to draw on the care perspective to renew the vision and values embedded in the report.

THE HEART OF THE MATTER

TRACING THE NORMATIVE FRAMEWORK OF THE PROGRAMME

To determine the normative framework of a policy document, we first have to see (as the first stage of inquiries in *Trace*) how the problems waiting to be solved are defined. In most cases these *definitions* do not approach social problems from a value-free point of view, but already incorporate a number of normative presuppositions. Since the fundamental documents outlining the policies of the European Union all treat the fight against poverty and social exclusion as a community task, it is not surprising that these questions receive attention in the Operational Programme for the Development of Human Resources. However, the main objective of the HRDOP is to increase the rate of employment and improve the competitiveness of the workforce by providing qualifications in line with the demands of the labour market. Consequently, the problems of poverty and social exclusion play a subordinate role in this document.

The Programme does not really operationalize the concept of poverty: it appears only in the term “the growing inequalities in income.” This euphemistic term is an ideal way of sidestepping the problem, or indeed the facing of it. Thus a difference in income which is “7.5 or 8 times as much as the community average” is not conceived as a social problem but rather as a sort of inevitable fact. The concept of social exclusion, another considerable social problem, is also poorly defined. The following connotations can be detected in the document to describe it: the insecurity of the ability to earn a living, lack of financial security, limited opportunities for social interaction and participation, and the insufficiency of support systems.

Poverty and social exclusion appear in the Programme as mutually exchangeable concepts. The poverty and social exclusion of social groups which are styled “disadvantaged” or “especially endangered” (ethnic minorities like the Roma, people with disabilities, persons who have an inferior health status, the homeless, broken families, etc.) are traced back to their marginal position on the labour market. At the same time, the special needs resulting from differences between the groups and the variety of their individual situations are not taken into account. We may conclude that the solution to all problems is supposedly to help these people to greater opportunities in education and employment.

It can be a good starting point for getting acquainted with the normative paradigms which determine various policy papers if we examine and uncover the value-based argumentation in the document's text: its leading values, their interconnection and their assigned role in the whole system of the document. In the HRDOP the leading values are grouped around two main organizing principles. In the first group, the values of social democracy can be found: social cohesion, social inclusion, equality of opportunities and solidarity. The other group contains the values of market-oriented liberalism (neo-liberalism): the priority of market mechanisms and economic growth over the other sub-systems of society, the norm of the ability of income production (on both the individual and the social level), autonomy, and faith in social and economic progress.

By mapping out these values, we can also learn what presuppositions appear in political documents concerning human nature. In the text of the documents I studied, the norm appears to be a "one-dimensional man": a being whose most important qualities all pertain to his/her position on the labour market. These features are professional and geographical mobility, autonomy, a reasonable income and knowledge, or enterprising skills. In this connection, the marginal market position of the Roma becomes a form of deviant behavior threatening the norms of the majority of society. "Because unemployment becomes permanent, a condition prevailing for more than one decade, the risk that inactivity becomes standard practice is increasingly threatening" (Ministry of Employment and Labour 2003, 33).

The plans for state contribution to care tasks also play an important role in the normative frameworks of policy documents. State tasks connected to the social support system within the Programme for the Development of Human Resources only appear as related to the improvement of employment opportunities and the realization of the policies of the EU. Civil organizations working in the fields of employment, education and social services are conceived of primarily as a means to improve the employment opportunities of people with disabilities and those who are discriminated against (such as the Roma). In this conception, state contribution (and responsibility) are defined as professional and methodological support offered to such civil organizations.

THE HEART OF THE MATTER

Even though the compilers of the Programme conclude that the discriminatory practices of employers make the integration of the Roma into the labour market difficult, responsibility taken by the state in connection with the passing of anti-discrimination legislation does not appear in the text. State responsibility concerning the segregation of women on the labour market is disclaimed with reference to the present laws and the European Union, the Labour Code and other regulations. “The Constitution specify the prohibition of different forms of discrimination, including the prohibition of discrimination on the basis of gender. However, in the field of law enforcement similar practical problems are experienced to those of the member states of the community (complaint mechanisms, sanctions, indirect discrimination)” (Ministry of Employment and Labour 2003, 36).

CARE AND GENDER

The HRDOP does not see care as a separate activity in its own right; social services are mentioned primarily in connection with the situation of groups that are most in danger of social exclusion. The notion of care (social services in general) is subordinated to the prevention of social exclusion; and since in the text social exclusion is equated with economic inactivity, care and all activities connected to it are taken to serve the acquisition or regaining of the ability to work. Consequently the needs of “dependent” groups who are not able to work (children, the elderly) are merely touched upon in the document. Services that help families can only be claimed by (socially or otherwise) disadvantaged single parents, and—again—only in order to increase their opportunities on the labour market. The compilers of the document classify the following groups as the clients of social care services: people living in underdeveloped regions (mostly Roma), people with disabilities, those suffering from addictions, those suffering from psychiatric diseases, the homeless and those living in bad housing conditions, endangered children, children with disabilities, and those living with special needs, and single parent families.

Care tasks appear in the text as tasks not exclusively in the private sphere; however, these tasks in themselves will not, of course, provide a full reintegration into society. “To ensure that women with

small children or caring for relatives at home can participate in training programmes, take a job or pursue entrepreneurial activities, care services are needed" (Ministry of Employment and Labour 2003, 58). The Programme does not define these missing services exactly but makes it clear that solving care problems is still considered overridingly a female task; males do not come under the requirement of coordinating family life and employment. Even though the document mentions that "some degree of hidden discrimination" is detectable in women's weaker position on the labour market, it does not offer any remedy (apart from the development of business skills) to the horizontal and vertical segregation of the labour market. Thus, the drafters of the Programme seem to imply that the problem of discrimination against women can be solved by self-employment.

At the same time, the emphasis on business and entrepreneurial skills shows that, in spite of arguments for gender equality, the ideal figure of the independent, self-supporting male citizen still symbolically informs the normative framework of HRDOP.

EVALUATING THE NORMATIVE FRAMEWORK

In this second part of the analysis I use the ethic of care more explicitly to offer some evaluative remarks about the normative dimensions of the Operational Programme. An important aspect of this evaluation is, according to *Trace*, the description of the rhetorical elements of the text (typical sayings, dichotomies, inconsistencies, metaphors and taboos). The phrase which recurs most frequently in the Programme is "social and labor market inclusion." By the coupled use of these concepts, the text successfully avoids the discussion of other aspects of social inclusion, like civil, cultural and interpersonal integration into society, as well as political participation and voice. Moreover, by turning labour market participation into a norm, it can achieve the social stigmatization of "inactivity," treating it as a form of deviant behavior.

The report, supported by statistical data, recurrently makes comparisons with "community or Union averages." The drafters presumably wished to lend an air of objectivity and unprejudiced presentation to their report by using European countries as a legitimiz-

ing base. Two further hidden functions can also be detected in this constant reference to the European Union. First, this is a good way of denying state responsibility (and consequently, state action) in fields where the Hungarian data is roughly the same as “the Union average”; and second, this can also be used to prove that Hungary is economically and socially prepared for integration with the EU.

Dichotomies play an especially important role among rhetorical elements, since these are often the manifestation of hierarchical thinking, privileging one side of the opposition above the undesirable, undervalued other side (Sevenhuijsen 1999). The following terms are contrasted with each other in the HRDOP: social integration/social disintegration, public social services/home care, social inclusion/exclusion, financial security/poverty, labour market income/social transfers, activity/inactivity, equal treatment/discrimination, salaried job/home work, male work/female work. These dichotomies also have the hidden meaning that care tasks are subordinated to other income-producing activities and fields, not only in the private sphere, but also in the economic sphere of social services.

The possible role of men in social care tasks is practically a taboo in the HRDOP. Likewise, nothing is said of the care needs of the so-called “non-disadvantaged groups” and the diversity of life situations. There is no indication of discrimination on the labour market on the basis of age and sexual preference. And apart from children in disadvantaged or single parent families, or with “behavior or socialization” problems, the Programme does not speak at all about questions of the citizenship rights of children.

Since policy documents often deny their normativity, they also frequently contain inconsistent assertions. In this document, equality of opportunities for men and women is defined as one of the most important legal principles, while at the same time the home care of infants and other relatives is unquestionably taken to be a female task. This formalistic conception does not take into account those aspects of equal opportunities, which fall outside the legal framework, like organizational cultures, mentality, etc. Another interesting paradox is the apparent desire to create new employment opportunities for women by the development of services (child care, care of the elderly) aimed at increasing women’s proportion of the labour market, while elsewhere the text maintains that: “The employment of

Hungarian woman is characterized by both horizontal and vertical segregation. The former is indicated by the concentration and over-representation of female labour in services and in certain low prestige, low paid, conventionally female jobs" (Ministry of Employment and Labour 2003, 36-37). It thus becomes apparent that the concept of male/female equality is unclear and inconsistent, in fact no more than a declaration to fulfill Union requirements.

Frequent reference is made to the necessity of a complex approach to problems rooted in disabilities, but only a severely limited interpretation of disabilities and social exclusion is articulated in the text.

To extend our findings concerning the normative framework of the Programme, it is important to determine what political philosophy is used to legitimize the document's assertions. As in the majority of policy documents, in the HRDOP the argumentative strategies of different political discourses are mixed. The dominant approach in this case is market-oriented neo-liberalism, which is in accordance with one of the aims of the National Development Plan: the improvement of the Hungarian economy in the face of European competition. The prevailing role of this approach is shown by the competition and efficiency-based views of human nature which appear in the text. It is also indicative of the presence of the traditional social democratic and sociological discourses that the compilers of the Programme treat financial and social inequalities not only as natural side effects of a market economy, but also as phenomena endangering social cohesion. "Hungary's catching up with the EU can only be successful if all of its citizens are able to take advantage of this process. Therefore, another purpose of the interventions under this Operational Programme is to reduce the inequalities of opportunities and to assist people in overcoming their disadvantages" (Ministry of Employment and Labour 2003, 5).

This knowledge of the relevant elements of the normative framework can help us to answer the question concerning the adequacy of the document's treatment of questions related to care. Because of the intention of fulfilling EU requirements, the concept of social exclusion inserted into the socio-political discourses about poverty in the HRDOP is not adequately defined. Consequently, there is no empirical data resulting from actual research behind the assertions of the document.

The notion of poverty occupies a marginal position in the document, while there is a rich store of available research results and data that was disregarded by the compilers (Ferge 2001; INFO-Társadalomtudomány 2001; Spéder 2002). The concept of “relative poverty” (defined by financial/income inequalities) is compatible with Union standards, but does not take into account the problem of “absolute poverty.” According to the most recent research done by the UN and the World Economy Research Institute of the Hungarian Academy of Sciences, 12–13% of the population lives in cumulative poverty.

The following dimensions of power relationships are mentioned in the Operational Programme: insufficiency of available social support and assisting services, unequal access to information and to information technology tools, emphasis on the importance of cooperation between state and civil organizations, and the appearance of social and financial inequalities as the consequences of discrimination and the transformation of economic structure.

The situation of the Roma is discussed in most detail from among the groups specially vulnerable to social exclusion. The usual stereotypes do not appear in the Programme, but demographical prognostications as to the rise in their population serve, if only implicitly, to depict the increase in their proportion as part of the overall population as a problem. The problems of people with disabilities and those suffering from addictions only enter the discussion in connection with the creation of equality of opportunities on the labour market.

In the normative framework of the Programme, care appears firstly as a support system for paid work, and secondly as an economic necessity in the case of persons and groups connected to poverty and social exclusion. The social role of activities of care is thus subordinated to the norm of economic independence and efforts towards self-reliance. The paper of the Hungarian government does not assume that care belongs exclusively to the private sphere; on the contrary, in the operation of the social support system it assigns a more significant role to state (and self-governmental) units and civil organizations than to the family. Care tasks performed at home are unambiguously defined as female jobs, and even the expansion of public social services is made to serve the desired increase in women’s level of employment. In summary, it cannot be

said that the concept of care plays a significant role in the document's normative framework. Needing care is interpreted as a sign of weakness and vulnerability, and thus (paradoxically) care is needed only incidentally, so that citizens should not need care in the long run.

RENEWAL AND CONCRETIZING
WITH THE ETHIC OF CARE

The picture that the ethic of care provides about human nature (Sevenhuijsen 2003) is fundamentally different from the one-sided picture of individualism. Its most important principle is the notion of interdependency: human beings need each other throughout their lives, and they can only experience their individuality through their relationships with others. The renewal of the normative framework of the policies for the development of human resources, based on the basic values and principles of the ethic of care, should thus start with a rethinking of the concepts of dependence and vulnerability. These concepts should not only be applied to "especially vulnerable" social groups; mutual dependence and vulnerability should rather be accepted as inherent dimensions of human life. Stigmatization of those needing help and the hostility towards those living on social transfers and those earning their money can be thus avoided. This is emphatically true in the case of the Roma, because in Hungary it is widely accepted that most of the Roma people are unworthy of help. This prejudice is manifested in a battle for social assistance between Gypsy and non-Gypsy poor.

From the perspective of the ethic of care, the problems of poverty, social exclusion and equal opportunities for men and woman would be articulated differently. The full social participation of groups especially affected by poverty and social exclusion should not be made dependent on their employment in salaried jobs. Consequently, social inclusion policies should consider other factors in addition to policies of employment and social services, such as political citizenship, housing, information and communication, security (not necessarily merely financial), interpersonal relationships, leisure and culture. Likewise, it is not enough to tie male/female equality of opportunities only to the improvement of women's position on the labour market; the conception of a distribution of tasks independent

of gender has to appear in legislation as well as in socio-political discourse. To accord any meaningful role to the ethic of care in the normative framework of the Programme for the Development of Human Resources, the view that tasks of care are obviously women's responsibility needs to be replaced by a concept of responsibility for both women and men. Furthermore, the notion of care as a democratic practice would have to be introduced. "In this respect, a caring citizenship includes the right to have time to care, to make, on a daily basis, a place for care" (Sevenhuijsen 2003, 37). If this concept were introduced to HRDOP, it would equalise caring work with paid employment.

In the normative framework of the document, care is simply the sum total of the subsidies and services offered to those most in need. According to the approach of the ethic of care, social care should be recognized as a social activity in its own right, not only as a tool for labour market (re)integration. This expanded interpretation makes it evident that policies of human resource development should also deal with the rights and care needs of employees (not only the unemployed): with questions like the protection of interests, health and safety at work and with health care.

Tronto and Fischer divide the process of care into four analytically distinguished but closely related stages, assigning a basic value to each of these stages (Tronto 1993). The need for care is recognized in the stage of caring about; thus, in this stage the value of attentiveness comes to the fore. The need to support disadvantaged groups is found in the Operational Programme, and the document also shows a particular sensitivity towards problems concerning the construction and availability of social services. But from the point of view of the ethic of care, more attention should be focused on the personal needs and requirements of the clients of social services. To represent the interest of those involved, it would also be useful (as the document itself mentions more than once) to make a complex examination of phenomena included in the concept of social exclusion. The Programme does touch upon the Roma, people with disabilities, and those suffering from addictions as instances of social groups especially threatened by social exclusion, but the special needs deriving from the specific situations of those belonging to these groups are not discussed.

The second dimension presupposes the implementation of tasks required by established needs for care and the responsibility taken to satisfy those recognized needs. It is not clear in the Programme for the Development of Human Resources who is responsible, and to what degree for dealing with the problems outlined in the report. The division of tasks between the state and civil organizations is somewhat imbalanced: only the tasks assigned to civil organizations ("providing personalized services" for the members of disadvantaged groups) are explicitly articulated, while state responsibility remains invisible throughout. Every person of working age is responsible for satisfying their own care needs, although in this context the concept of "responsibility" used in the document should perhaps be more adequately seen as "duty." The confusion of "duty" and "responsibility" should be avoided because the emphasis on obligation does not fit into the ethic of care approach.

The third stage is the actual performance of care. This presupposes that the person performing caring activities avails him/herself of the competences and resources needed in the given situation. The Operational Programme generally undervalues the care-providing competence of unskilled volunteers (relatives, people from outside the social services profession) and assigns roles to them only "in the strengthening of social cohesion, the integration of disadvantaged groups"; but what this means in practice the document never says. But the Programme does voice a number of concerns about the sources and competences of the social support services: the insufficiency of the institutional capacities of social support and assisting services, geographical and structural inequalities in availability, lack of experts (especially in basic and day care), feeble efforts at cooperation across the fields, and insufficiencies in the "culture of care." Concerning the competence of social experts, the need for constant education of professionals and an increase in the appeal of this field (to decrease fluctuation) are stressed.

The last stage, care-receiving, is based on the interaction between the provider of care and its receiver. The Programme does not exhibit any particular responsiveness towards the opinions and needs of the users of public services. On several occasions the document mentions the importance of "personalized services," but this is in fact unthinkable without the involvement and questioning of the

users of these services. The question of trust is closely related to the receiving of care, since the success of the process is to a great extent dependent on how far receivers can entrust their well-being to the competence and good intentions of the performers of care (Sevenhuijsen 2004). But even trust is only mentioned in connection with participation in the labour market in the chapter dealing with the prevention and overcoming of social exclusion: "Being part of the world of work does not only provide income but also ensures the establishment and safeguarding of social relations" (Ministry of Employment and Labour 2003, 51).

It is evident that the *values* articulated in the normative framework would need revision and redefinition from the perspective of the ethic of care. The limited concept of social integration is not really a value but a compulsion of adaptation without an alternative. This macro-sociological approach takes participation in salaried work as the sole criterion for social integration. Opportunities for participation in social, cultural and political practice should be provided to the "excluded," not a prescription of behavior norms required for integration. According to the ethic of care, full participation in society should be part of the basic rights of each citizen, allowing for a plurality of individual life situations. This also implies that activities of care should be recognized as a possible form of social participation. Similarly, the furthering of social inclusion cannot be limited to the creation of equality of opportunities on the labour market. It is just as important to emphasize the values of solidarity and mutual dependence, and to abolish the opposition between "vulnerable" and "non-vulnerable" groups. Respect for the dignity of those dependent on care is essential for the more humane and efficient functioning of the social care system. A suggestion from one of the most well-known Hungarian sociologists and social politicians could be followed here, according to which the Hungarian translation of the term "inclusion" should be changed. The break with paternalism should be signaled by talking not about an "incorporating" but an "interdependent" society (Ferge 2002).

These suggestions for modification in the normative framework of the Programme for the Development of Human Resources also involve actual political action. The exclusive responsibility of women to coordinate family life and employment should be replaced with

responsibility on the part of both women and men. It is not with the goal of providing women with opportunities for participation in the labour market that services responsible for infant care or the care of other family members in need of it should be developed; all the more so since unpaid care is no less important as a social practice than salaried employment. It is also obvious that the performance of care tasks does not necessarily have any relationship with the sex of their performer. Connected to this, improvement in the employment potential of the social sector should not be treated as employment opportunities provided for women only. Repeating the democratic principle of the equality of opportunities and fair treatment is, of course, not enough: in addition to the legal regulations, an effective technique for state control over practice needs to be worked out, since the vulnerability or weakness of rights is itself a possible source of discrimination.

CONCLUSION

Despite my critical remarks, I would like to stress the importance of issues of employment and employability. We must take into consideration that the Hungarian level of economic activity and employment is one of the lowest in Europe. In my opinion the ethic of care perspective would suitably complement human resources policy and provide a richer viewpoint on it.

The priorities and provisions of the Operational Programme for the Development of Human Resources were composed by the compilers to conform primarily to the fields of activity in the European Social Fund (the application of active labour market policies, the guarantee of equal opportunities for every employee, the support of women's participation in the labour market). In a somewhat eclectic fashion, the document's normative framework mixes principles from the European Employment Strategy with requirements from community documents on social policy against poverty and social exclusion. The difficult situation of the policy makers can be demonstrated by the fact that the term "exclusion" can be translated into Hungarian by any of three different words, each of which implies a different picture of society and different intentions for socio-political action. But in the translation of the term "social inclusion," problems

are even graver, since this concept does not have an authentic Hungarian correspondent. According to Júlia Szalai, this lack of appropriate terminology is a clear indicator of the absence of a definitive political discourse and the democratic socio-political tradition of integration (Szalai 2002).

One of the most important results of the analysis is that the adoption of the ethic of care approach did enable us to identify the relevant elements of the Programme. But it is also my hope that it has provided guidelines for rethinking of political paradigms dealing with the widening of social participation.

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