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**Beyond economic growth:
The new Integrated National Care System in Uruguay, a
step to where?**

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ABSTRACT

English

Uruguay is facing a care crisis due to low birth rates, the increase in life expectancy and the inclusion of women in the labor market. Between 2010 and 2012 the official discussions about the creation of a new Integrated National System of Care social policy reform were carried out. In this research, the relationships between the market, the society and the state present in those initial deliberation stages of this policy are analyzed. The research was conducted through the qualitative analysis of the main official documents produced. In this study, three problematical social policy ideas were found in the initial stages of the INCS in relation to the market inclusion emphasis, the idea of the state as guarantor of rights and the institutional limitations in the implementation stage. How the ideas present in this policy may impact the country's development is briefly discussed.

Keywords - Uruguay, welfare regimes, social policy, care System, development

Español

Uruguay enfrenta una crisis de cuidados debido a las bajas tasas de natalidad, el aumento de la esperanza de vida y la inclusión de las mujeres en el mercado laboral. Entre el año 2010 y 2012 se realizaron las primeras actividades oficiales de cara a la reforma de Política Social del nuevo Sistema Nacional Integrado de Cuidados. En esta investigación se analizará la relación entre el mercado, la sociedad y el estado presente en las etapas de discusión inicial del plan. Este estudio fue realizado analizando los documentos oficiales producidos en el período de referencia a través de métodos cualitativos. Se encontraron al menos tres ideas problemáticas de Política Social el énfasis puesto en la inclusión en el mercado, la idea del estado como garante de derechos y las limitaciones institucionales. Finalmente se discute brevemente cómo estas ideas pueden influir en el futuro desarrollo del país.

Keywords - Uruguay, regímenes de bienestar, política social, Sistema de cuidados, desarrollo

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Mercedes Altuna
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TABLE OF CONTENTS

1. INTRODUCTION	1
1.1. REGIONAL AND HISTORICAL CONTEXT	4
1.2. THE REFORM MAIN MILESTONES	6
1.3. LITERATURE REVIEW	8
2. THEORETICAL FRAMEWORK.....	11
2.1. ESPING-ANDERSEN'S CONCEPTS AND COUNTERPOINTS	11
2.2. WHAT HAPPENS IN THE SOUTH?	13
2.3. WHAT QUANTIFIES AS EQUALITY?	14
2.4. DEVELOPMENT AND THE DEPENDENCY FACTOR.....	16
3. METHODOLOGY	18
3.1. EPISTEMOLOGICAL VIEW	18
3.2. SAMPLING SELECTION.....	19
3.3. CODING.....	21
3.4. LIMITATIONS.....	22
4. ANALYSIS	22
4.1. THE MARKET'S ROLE	23
4.2. EQUALITY, AN ELUSIVE CONCEPT	27
4.3. THE IMPLICATION OF THE STATE	30
4.4. THE DEVELOPMENT CONNECTION	33
4.5. IS ANOTHER WAY POSSIBLE?.....	35
5. CONCLUSION	37
6. REFERENCES	39
7. APPENDIXES	43

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Beyond economic growth: The new Integrated National Care in Uruguay, a step to where?

Latin America is the world's most unequal region on earth.
Alicia Bárcena (CEPAL), 2016.

1. INTRODUCTION

Her picture captured the world's attention. There she was, a beautiful woman in her thirties, with her hair in a braided bun and her baby tied around her chest with a gray foulard. The picture was completed by her formal outfit, a dark suit with white pants, and her surroundings, a formal vote in the European Parliament. Licia Ronzulli, member of the People of Freedom Party together with Silvio Berlusconi, went viral in social media due to her “provocative” act at taking her recently born baby to work, especially as her job is in a supranational body as the European Union. Despite ideological discussions and attenuations that could be posed about Ronzulli’s “heroic” gesture, the fact that this was done within the EU parliament gave visibility to the struggles that families, especially women, face while juggling the home and work spheres’ that seem so often disconnected.

Ronzulli’s case is only an example of how women struggle juggling work and home life especially in the care of children as dependents. In Uruguay in 2016, the care of dependents, not only children, lies on families (Batthyány, Genta & Perrota, 2013a, p.168). Women invest more time than men in taking care of the disabled, elderly people and children. This is especially so in the case of women with fewer economic resources (Batthyány, Genta & Perrota, 2013a, p.168). The fact that they have to take care of others makes them reduce their wage labour or even withdraw themselves from the labour market and also reduces their time for social and political activities (Batthyány, Genta & Perrota, 2013a, p.150). All this leads to situations of inequality.

In other words, in the life of ordinary Uruguayan families, the care of dependent relatives, represents a big challenge in view of the fact that the country's social protection network is for the most part based on the support that families can provide, a familistic approach. The care can be provided personally or by paying a service. This is worsened by the fact that Uruguay, as many other countries, is facing a care crisis (Grupo de Trabajo interinstitucional, 2012, p.7). Birth rates are low and most children are born in the poorer section of the population, life expectancy is longer¹, women have entered the job market, public services are insufficient and private services are poorly regulated and out of reach for a large sector of the population and therefore care becomes a pressing issue.

The above mentioned factors are some of the reasons for the creation of an Integrated National Care System (INCS) that was approved by law in 2015. This new system aims to increase and improve the supply of both public and private care services. The mechanism to finance the system is established in relation to the user's economic possibilities. The implementation of a New National Integrated Care System is a social policy of large scale due to its scope and its innovative characteristics for the country and the region, and there lies its importance.

Understanding how a country like Uruguay is planning to extend and improve its Social Networks on Care is important because it can shed light on the challenges of implementing policies in non-industrialized countries. Even though Uruguay is now in a stable economic situation, with promising figures in its main indicators, only was 32.5% of the total population. So too Uruguay is also a small country – in the broad sense of the term – that depends highly on the situation of the regional and international context. Ultimately what is at stake here is the complex relationship between growth, inequality and poverty reduction.

¹ Life expectancy reached 77% in 2014 and mortality rates 14.3% in 2014. See: <http://data.worldbank.org/country/uruguay?display=graph>

While the articles I used in this research analyze Social Protection Systems according to a welfare state typology (liberal, conservative, nordic and Mediterranean) their analysis is not focus on the how this characteristics will presented in Uruguay (Bagnato, M, 2011, p.11; Etchebehere, G., 2011, p.10). Further research conducted on this topic has been related to the current care crisis and situation.

Uruguay has experienced a decade of economic growth that, together with a favorable political climate, has allowed for the development of this social protection policy and other policies, although this economic prosperity has not always been the case.

In this research **I intend to understand and theorize how the new Social Policy on Care poses the relationship between the state, the market and the society and what this may imply for the country's development.** In short, during the analysis I look for answers to the following question: **What types of Social policy ideas were present in the deliberation stages of the design of the Integrated National Care System of Uruguay?** And the following sub-question: **What are the implications of these social policy ideas for development in Uruguay?** Having a broader and more complete understanding about these issues allows us to act on the future in a more informed and effective way. My discussion of INCS initial discussions can hopefully have applications in south-south cooperation efforts, since the issues that Uruguay faces can have linkages with those of other countries.

Although the need to address care issues in Uruguay has been manifested by the Civil Society since the mid-90s (Fassler, 2009), in 2010 an official interinstitutional group was created to promote the new Care System, and more structured official actions began to take place. The conceptualization of this reform took time and different stages of political, academic, and social deliberation. For this reason the focus of this analysis is on the period between 2010 and 2012, to capture the genesis of the project and the ideas and implications

that shaped a policy of such magnitude. I focus on the period between the creation of the Interinstitutional Working Group² and the release of its first proposal document and the first draft for the law that was later approved.

Firstly, I briefly contextualize the country and region and I introduce a summarized timeline of contexts regarding the process of deliberation and approval of the Integrated National Care System of Uruguay.

Secondly, I present the theoretical framework. I do so, introducing the main aspects of Esping-Andersen's (1990) perspective on Welfare States' regimes typology and the concepts of decommodification and stratification presented by him. In addition I draw on Gough and Wood (2006) framework to study welfare in non-industrialized countries due to the ease of application in Uruguay's case. Furthermore I use Sen's (1993,1999) and Nussbaum's (2000,2005) capabilities approach to explain why I believe the argument of gender equality enhancement can have limitations. To finish this section I briefly present an overview of development ideas in terms of dependency.

Thirdly I present my analysis, which is organized according to the three main findings: the undesired effects of market inclusion emphasis, the imprecisions of the concept of equality, the state as driver of this policy and the limitations for the implementation stage. Finally I will summarize and conclude.

1.1. Regional and historical context

Uruguay has a culture of being advanced in terms of social protection. In the beginning of the 20th century with the presidency of José Battle y Ordoñez³, Uruguay approved groundbreaking social legislation for the region at the time. Some examples of these legislations are the chair law and maternity leave for women, making Uruguay known as the first Latin American Welfare State

² Note that in the quotations of the analysis, when the group is the author of the document the name is in Spanish "Grupo de Trabajo Interinstitucional"

³ José Battle y Ordoñez was a Member of the Colorado Party. President during two terms from 1903 to 1907 and from 1911 to 1915. Reflection of two consecutive terms it is not permitted by the constitution in Uruguay.

(Baklanoff, 1970, p.1). By the mid-20th century Uruguay had stagnated economically and socially. The predominant idea of development was linked with progress and that was synonymous with growth rights and development were ideas that went separately.

During the 70's and 80's while an extreme military and civic dictatorship was taking place, most of the state companies remained public (Krauss, 1998, p.1). Other institutions like the Social Provision Bank were shut down (Papadópulos & Falkin, 2011, p.42) and it should be kept in mind that this period of history was detrimental for Social, Civil and Human Rights. During the 1990s while Brazil and Argentina entered a harsh privatization era, Uruguayans lobbied and voted against the privatization of public services (Krauss, 1998, p.1). Today, electricity, oil refining, home telephone services and water companies remain solely state property. Although some changes were made they remained small compared to neighboring countries. However, the advancement of Uruguayan social protection programs ceased during the "lost decade" of the 80's and the structural adjustment of the 90's, as it happened with many countries in the region (Pautassi, 2010, p.10). The economic crisis of the beginning of the 21st century ruined the economy. After the breakdown in 2002, the country has slowly recover and since 2004, together with a new left party government and a decade of economic growth, a new social agenda has been implemented in Uruguay. The political environment was favorable to "translate social protection into effective government responses" (Barrientos & Hume, 2009, p.451) After an initial intervention of short-term social safety nets mainly composed of income transfers (ibid., p.439), Uruguay has been moving towards social amelioration to a global economic political strategy. Esping-Andersen (1990) identifies these kinds of shifts within a broader view of welfare capitalism (p.1-2).

1.2. The reform main milestones⁴

The INCS is a major policy reform which promotes the joint responsibility of care duties between women and men from different generations, and between the state, the market and the community (Olesker, 2014, p.4). Mixed approaches are proposed to be used in order to alleviate the care of dependents. The idea is to move from a familistic approach, where care responsibility rests on the family, to a non-familistic approach of care where the states takes over the responsibility.

In the mid-nineties some of the referents of the Civil Society movement began to discuss the idea of implementing a care system and to dissuade the feminist movements of the importance to advocate for such reform. By early 2007 a favorable international context helped to move the national agenda forward⁵ that led, together with the government shift, to the implementation of official local actions.

In 2008, the first round tables that promoted dialogue between the Network on Family and Gender issues took place. Members of civil society and academia carried out the first exchanges of thoughts and ideas on this matter in an organized way. In 2010 the political program of the current party in government included the project of creating a care system.

During 2010 the work was carried out within and between the different public institutions to create a unified view among the states agencies (Grupo de Trabajo interinstitucional, 2012, p.8). Accordingly, the Interinstitutional Working Group 863/010 was created and elaborated a base working document. This Interinstitutional Working Group, together with the social cabinet are two key actors in this process (Asuntos Públicos, 2014).

⁴ See attached timeline in Appendix II.

⁵ Detailed information on International contextual legislation can be found on page 14 of the document "Towards a solidary model of care. Proposal for the construction of a National System of Care (In Spanish).



Image 1

In 2011 a national debate was launched, in which over 3000 politicians, technicians, private companies, unions, and civil society representatives took part (Grupo de Trabajo interinstitucional, 2012, p.8). A document was produced after this debate that summarizes the discussions and main conclusions.

In the third roundtable (26-27 August 2011), a first draft for the proposal of the New Integrated Care System was developed and approved in 2012 by the social cabinet. In 2011, nine social accountability debates took place, three debates for each population (children, elderly, and people with disabilities). To honor the plan's aim to contribute with decentralization 19 other debates were organized, one for each provincial capital. In all the debates there was an overview of all the activities regarding care that were already taking place in the country. The debates were centered on the diagnosis of the care need and in the services proposals (ibid., p.21). The main goal of the debates was to hear the different actors and populations involved in order to incorporate their views in the policy. Furthermore, another important goal was to sensitize the general population on the INCS and democratization of information. Even though it is beyond the scope of this research it is important to point out that between 2013 and 2014, many actions were carried out and in 2015 the plan's budget was approved. One

example of this is the foundation of the civil society network “Procuidados” in 2013 which became an important actor later on.

In November 2015, the budget that allowed the implementation of the new National Integrated Care System of Uruguay was approved.

To conclude this section, it is important to consider that the INCS is not an isolated policy and that it is framed under the Social Reform that was approved by the social cabinet in 2011. In this Social Reform Economic growth is understood as “a necessary condition but not a sufficient one for improving the quality of life of people” (Gabinete Social, 2011, p.5) (My translation). In the conception of this reform the importance of the care of dependents is established as one of the strategic areas of the country's redistribution policy (Gabinete Social, 2011). The Care reform is described as “nontraditional” (ibid., p.23) and as part of a “new generation of policies” (ibid., p.23). It is within this context that this case study must be understood.

1.3. Literature review

There is an extensive amount of literature produced on the care situation status prior to the beginning of the reform implementation. Many quantitative studies influenced the policy conception and implementation.

One very important contribution was the measurement and description of unpaid work and in which ways men and women use their time. In 2003, a survey conducted in Montevideo confirmed what common wisdom may have said; women spend more time doing unpaid work and take most of the responsibility related to care duties Aguirre (2005, 2008, 2009). In 2007 the same survey was incorporated as a section of the Continuous National Household Survey elaborated by the National Statistics Institute (INE) regarding this matter and the results were also analyzed by Aguirre (2008). The essence of the matter remained unchanged. In 2013 the National Survey of unpaid care activities related to Health

proved one more time that families and especially women have a crucial role in care activities (Batthyány, 2014a).

Karina Batthyány (2004) has been one of the main researchers of the very few involved in studying women's situation concerning the articulations of productive and reproductive life and its relationship with the family, the community, the state and the market on a more global level. Batthyány leads research on social representations existing around the care duty. Social representations are understood as "an approach that unifies and integrates the individual and the collective, the symbolic and the social, thought and action" (Batthyány, 2013a, p.16). Knowledge of social representations is crucial in order to modify patterns of conduct. In the same line, a study on how the gender dimension is present in the discourse of experts on child care was conducted by Batthyány (2014b). The study shows that the experts' discourse is heterogeneous and that the psychological/educational discourse is more gender inclusive in its discourse. The psychological/educational contemplates alternatives to home care in toddlers and presents them as a valid and safe alternative. A similar study was conducted on the social representations of gender that are present in elderly care (Batthyány, 2013b). In the case of the elderly, women are the main care givers and receivers of care since they are the majority of the aging population (*ibid.*). Finally, a comparative analysis of the experts' discourse from a gender and rights perspective was also conducted. The aim was to answer the question, what do they mean when they talk about quality care of dependents (elderly and children)? The results show that in those discourses, opinions, beliefs, stereotypes, guiding values and standards of practice are present and influence the social representations that people built around the idea of ideal care (Batthyány, 2013a).

With the results of the 2011 census, new raw data were available to know more about the care situation. Nuñez (2011) makes a descriptive analysis of the data that the 2011 census showed on people with disabilities, which he refers to as limitations, understanding that limitations do not necessarily imply the existence

of a disability. Nuñez relates having limitations with other sociodemographic indicators that are also part of the census. The study shows that 12.46% of the population has some kind of limitation and the most affected are women over 65 (ibid., p.7). The presence of limitations is larger on the black population than in the white population for every age range (ibid., p.9). Batthyány (2014c) studied, also using 2011 census data, socio-demographic and population changes in Uruguay, prioritizing the territorial analysis of inequalities. Her results show that the traditional family model represents less than one third of Uruguayan homes (ibid., p.63). In addition, elderly people represents the 14% of the population but 30% of households are involves 30% of the households (ibid.). The researcher provides detail information on the situation outside Montevideo, the Capital, which proves crucial in a very centralized country. The two above mention studies were essential in order to provide solid figures on the current demographic and care situations to elaborate a relevant policy.

Closer to the beginning of the approval of the law and the implementation stage, more studies related specifically to the system of care were conducted. Batthyány (2015) analyzes regional challenges related to care provision and studied four Latin America countries and their approaches to care. In addition, a study was made on the emergence of care as a public problem and its inclusion on Uruguay's social, political and governmental agenda (Aguirre, 2014).

Finally, specifically related on the topic of this thesis, an analysis of world Social Protection programs according to a welfare state typology that correlates with Esping-Andersen's (1990) work was conducted by Bagnato (2011, p.11) and Etchebehere (2011, p.10). The authors present a very brief description of the care of elderly people and children around the world according to their areas of expertise. The authors do so, taking as a point of departure the liberal, conservative, Nordic and Mediterranean welfare state models. Bagnato and Etchebehere, classify the main countries that Esping-Andersen uses in his typology and add the Mediterranean model that is closer to the Uruguayan culture.

The researchers' contribution brings context that was useful during the debate stages for the policy. The authors do not apply the typology to Uruguay in detail, which is what I am doing in this study in relation to the discussion stages of the INCS policy.

2. THEORETICAL FRAMEWORK

The welfare state, embodied in Europe after the Second World War, was conceived as the “major peace formula” (Offe, 2014, p.60). This peace formula consisted on providing assistance to those in need and ameliorating social contradictions through the recognition of unions in wage bargaining and the implementation of social policy (ibid., p.60). A parallel can be drawn, considering the differences, with the aftermath situation that occurred in the South cone social and economic crisis of the early 2000s.

In order to understand how the welfare is functioning in Uruguay through this policy I will first bring Esping-Andersen typology's main characteristics and his concepts of decommodification and stratification. Also I draw on Gough and Woods framework to analyze welfare states in non-industrialized countries and I use Sen's and Nussbaum's capabilities approach to better grasp how this policy can influence individual women lives, in terms of the gender equality improvements' claim. Finally I present a brief conceptualization of development and how it is related to international dependency.

2.1. Esping-Andersen's concepts and counterpoints

In his book *The Three Worlds Of Welfare Capitalism* (1990), Gøsta Esping-Andersen categorizes three different types of Welfare States for industrialized countries and works with the concept of decommodification and stratification. Esping-Andersen's categorization comprises three welfare regime-types conceptions of stratification and societal integration. He states that a welfare state is a “powerful societal mechanism” (Esping-Andersen, 1990, p.221) that can shape the future and that is not only a “passive by-product of industrial

development” (ibid.). His three types are the conservative model, the liberal model and the social democratic model. In different models are located variations of relationships between the state, the market and the family (Esping-Andersen, 2014, p.143).

The **conservative welfare state** has a statist tradition and the granting of rights is tied up with the fulfilment of duties. The preservation of differences in status prevails over the idea of market efficiency that rules the liberal model (Esping-Andersen, 2014, p.144). The **liberal welfare state** is characterized by providing modest universal transfers, or modest social-insurance plans with modest benefits. In this type of state entitlement rules are strict and usually associated with stigma. Social reforms are shaped by liberal economic principles (Esping-Andersen, 2014, p.144). This model is more associated with the “residual institutional welfare model” coined by Wilensky and Lebeaux (1965) where state interference is left to a minimum. According to Gough and Wood (2006) in Southern Cone there was a tradition of incipient “conservative-informal welfare state regime” (p.1705), because of the blurred lines encountered between the private and the public sector, and during the 90’s there was a shift to a more liberal-informal regime (ibid.).

Finally, the **social democratic welfare state** is usually associated with Marxism in political and social aspects. In this model, the government takes a redistributive role of society resources to reduce the inequities gaps. In this welfare state type, social policy is a precondition for economic efficiency; workers require social resources such as health and education to participate effectively as social citizens (Esping-Andersen, 1990, p.12). This model is not the mode prevailing in the world today (ibid., p.144). Substantiated by a social democrat ideology this type of welfare state aims to pursue “equality of the highest standards” (ibid., p.144). In general Social Democratic authors and advocates see welfare essentially as a good thing “capable of forging a new and stable reconciliation between the seemingly competing claims of economic efficiency and social justice” (ibid.,

p.144). Now, Uruguay especially, is slowly shifting towards some more social democratic characteristics’.

One important dimension in analyzing welfare states for Esping-Andersen is their potential for decommodification. The level of commodification is the extent to which a person's welfare depends upon the cash nexus within the market (ibid., p.21). Decommodification occurs “when a service is rendered as a matter of right, and when a person can maintain a livelihood without reliance on the market” (ibid., p.22). To put it in another way, “the extent to which the state sets limits to the treatment of humans as mere commodities within capitalist labor markets” (Gough & Wood, 2006, p.1696). The policies implemented with a decommodification intention do not always reach their purpose and many times impose social stigma (ibid., p.22). Esping-Andersen himself writes "It is not the mere presence of a social right, but the corresponding rules and preconditions, which dictate the extent to which welfare programs' offer genuine alternatives to market dependence" (ibid., p.22). The above mentioned welfare state types (Conservative, liberal and Social Democratic) bring different levels of decommodification.

To finalize introducing Esping Andersen concepts I will introduce the concept of Stratification. As the authors explains, “Social stratification is part and parcel of welfare states” (ibid., p.3). In another words, Social reforms brought by the welfare state will possibly correct some factors of structural inequality but will also bring new social order relations (ibid., p.21).

2.2. What happens in the south?

To add to Esping-Andersen typology, I use Wood and Gough’s framework to discuss social policy experience from a non-western hegemonic point of view (Gough & Wood, 2006, p.1696). The question they ask is “how well a capitalist framework in political economies that managed the states, the markets and the communities interlinked can work in a peripheral capitalism?” (ibid., p.1697). It is for this reason that they develop a new framework to produce a “global yet

comparative framework of analysis” (ibid., p.1697). According to the authors in developing countries, neither the market nor the state provide a reliable source of livelihood and it is for this reason that the informal sector and relationships are needed (ibid., p.1696). They also develop the concept of “de-clientalization” to supplement the concept of decommodification (ibid., p.1697). In societies where informality and patron–clientelism is the norm, the way of improving the quality of rights is through untangling, which they refer to as de-clientalization. This framework will be especially useful for studying the relationship between elites and the state in the south. The authors state that “well-connected elites have insufficient trust in the state to commit to it wholeheartedly” (ibid., p.1709). According to the authors, there is a contradiction, in liberals, between wanting public good and an unwillingness to invest on them via taxation. In the analysis I use this theory to explain the problems that may arise in the implementation of the policy.

In the next sub-section I will address the equality claim that this policy proposes. I will mainly draw on Sen’s and Nussbaum work.

2.3. What quantifies as equality?

According to Esping-Andersen “equality has always been what welfare states were supposed to produce, yet the image of equality has remained rather vague” (ibid., p.3) in making this comment, the author urges us to reflect on the relationship between welfare states policies and the concept of equality.

An important aspect present in the reform is the aim to create a more equal society by increasing individual rights. Human Rights have become a justifying element with regards to the creation of public policy (Pautassi, 2010, p.129) and as a result, the Economic, Social, and Cultural rights (ESCR) create “at the least a tense relationship with the process of buying and selling the workforce, axis of capitalist relationships” (ibid., p.133). Despite this, after the economic crisis, together with the implementation of income transfer programs, social policies

discourses started to move from the denomination of beneficiaries to the now called “subjects of rights” (ibid., p.127).

Accordingly, individuals are the focus, what they can or cannot do, in other words what they are capable to do. This idea of focusing on individuals’ capabilities can find its foundations in Amartya Sen’s concepts of the right to freedom, and how it has “intrinsic importance for the person’s well-being achievement” (Sen, 1993, p.1). I will use Sen’s and Nussbaum’s capabilities approach to evaluate the ways in which this INCS can enhance the capabilities of individuals, especially of women. At the same time, I explore which are the tensions that can exist between a rights/capabilities approach and the market’s requirements.

The capabilities approach was conceived by Sen and developed by Martha Nussbaum (Stewart 2013, p.156). According to Sen this is a “particular approach to well-being and advantage in terms of a person’s ability to do valuable acts or reach valuable states of being”. The expression was selected to represent the alternative combinations of things a person is able to be or to do and the various functionings he or she can achieve (Sen, 1993, p.1). The freedom that a person has determines their set of capabilities (ibid., p.1). Nussbaum focuses particularly on women and specifies a list of capabilities that include having control over one’s own environment, which is compounded by two fundamental freedoms, political and economic. For Nussbaum, economic freedom entails “having the right to seek employment on an equal basis with others” (Nussbaum, 2000, p.80), which is not possible if women are relegated to care duty. The capabilities approach has received criticism since it doesn’t focus so much on “social institutions and social norms and their role in enhancing (or worsening) capabilities” (Stewart, 2013, p.156). The authors are not considering other societal aspects such as family, and rather, they focus too much on the individual (ibid., p.157). Nussbaum does recognize, however, that international treaties, organizations, and national governments should guarantee that justice is met at a national and international level (ibid., 157). It is in this sense that the capabilities approach can benefit from

a more global perspective such as type classification of the welfare state posed by Esping-Andersen which explains the relationship between social institutions.

According to Gough and Wood (2006) the idea of rights as the goal for social public policy could be a re-establishment of the concepts of “decommodification” and “de-clientalization”. However, to understand the welfare state the focus be solely on the rights that it grants, but also how state activities are intertwined (Esping-Andersen, 1990, p.3). There are also many different conceptions regarding social justice, and this makes it increasingly difficult to reach an agreement with the functions and goals of the welfare state.

I now turn to draw upon some of the main conceptions of development to provide some observations regarding how the social policy ideas presented in the plan may influence development.

2.4. Development and the dependency factor

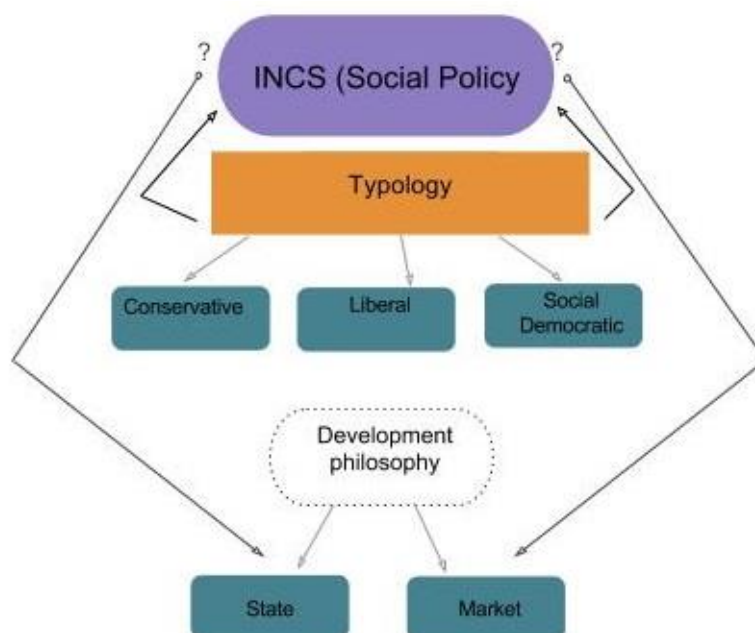
Throughout history different development ideas have changed the focus going from the market as the center, to the state or the society in terms of who should be the driver of development. In small countries such as Uruguay, located within a historically relegated region, the external influence plays a very significant role. I will briefly mention what should be understood when development is discussed in this paper.

The concept of development in societies has generally been related to a normative approach (Potter, R., 2014, p. 83), and mainly associated with economic growth. The concept as a process of structural change prevailed during the 1950’s and 60’s (Sumner, 2008, p. 12) and consequently development agencies were founded during this period. Their viewpoint was mainly technocratic (Carothers and De Gramont, 2013, p.26, 30) and their main goal of the West was the intentional prevention of communism by focusing on economic growth. During the 80’s and 90’s, the focus was on neoliberal policies that promoted little governmental

regulation under the assumption that a free market will lead to economic growth and therefore to development (UNRISD 2005, p.7).

When it comes to the concept of development the idea that some countries have advantages over others may seem like a standard way of thinking. Dependency theory is a theoretical discussion that took place between the 50's and the 70's to understand relationships between central and peripheral countries considering historical and political and economic aspects (Desai, 2014, p.111). According to the Dependency theory, economic growth in industrialized countries had perpetuated underdevelopment in the global south (Jönsson, 2012, p.45). Although the instrumental answers that were conceived to counteract the effects of this dependency did not prove effective – since is a valid framework to understand global asymmetries – it is fair to say that dependency theory still plays a role, since “unequal competition remains an extremely powerful, dependency relationship in globalization’s transformative, disciplinary, and destructive influences” (Cornway and Heynen 2014, p.114). In this research I would employ it as a framework to understand global asymmetries in the global economy.

During this paper I will understand development as intentional project (Cowen and Shenton, 1996) with a normative approach, historically embedded and influenced by international geopolitical interests.



To summarize this section, firstly, I drew upon Esping-Andersen's theory to explain and identify the relationship between the market, the state and the society that the new care policy brings to Uruguay. Secondly, I drew on Gough & Wood's framework to evaluate the capacity of this typology to be applied to countries such as Uruguay with a different history and context than the 'industrialized' countries that Esping-Andersen worked with, thereby introducing the concept of de-clientalization. I presented some elements of the capabilities approach from Sen and Nussbaum to address the equality claims that this policy poses, especially regarding gender equality, in order to illustrate the ways in which bringing this concept into a policy design can be problematic. Finally, I succinctly draw on development theories to analyze the implications that the policy ideas can have for the development of the country.

3. METHODOLOGY

This analysis has been conducted drawing upon qualitative methods. To investigate which welfare state conceptions were internalized whilst creating the new Integrated National System of Care in Uruguay I conducted a document analysis. I analyzed 5 documents that were produced during the period that I am studying (see sampling section) to identify concepts related to the different ideas of welfare that were discussed in Uruguay when designing a new social policy on care.

3.1. Epistemological view

I adhere to interpretative theories such as Critical Realism and Social Constructivism that conceive Social Sciences as open systems. Constructivism takes social facts and the "human social world" as a construction (Luckman 2012, p.282; Fontaine and Backhouse 2010, p.125). It takes into consideration historical and contextual aspects (Chalmers 1999) and believes that the interpreter cannot be separate from what he is trying to know (Jacksons 2010). Critical Realism also recognizes discourses as a way of understanding the world (Sayer 2000, p.2) but

makes the ontological assumption that there is an object to be known outside social discourses (Brante 2001, p.187). In this study I adhere to Critical Realism in order to balance extreme conceptions of constructivism. Realists also consider the existence of causal explanations and some physical causes to phenomena (Sayer 2000, p.18). Maintaining an open possibility outside discourses helps us contextualize our studies and allows us to be open to different outcomes outside our own human control, for example natural phenomena. Although my critical position may not be decisive in this research, this background information may provide the reader with a better understanding of my positioning as a researcher.

3.2. Sampling selection

During the period between 2010 and 2012 three moments can be identified (Grupo de Trabajo interinstitucional 2012, p.8). Firstly, the work that was done within and between the public organizations comprised in the Interinstitutional Working Group to unify criteria; secondly, the national debates that took place in 2011 and finally the elaboration in 2012 of a document with proposals, and the first draft for the law that was later approved in 2015 (ibid., p.8). During the above mentioned period of time, six official documents were produced in relation to the plan.

My analysis was carried out mainly in the proposal document “**Towards a SOLIDARY MODEL OF CARE. Proposal for the construction of a National System of Care**”⁶ (2012). I also draw upon four of the six documents that were officially produced since as the base for the elaboration of the main document that I analyzed (see shaded area in diagram 1).

The first document that was produced (which is not directly analyzed in this research) is the **Guidance Document, Concept Contributions and Work Plan**

⁶ My translation. The original titlename in Spanish is: HACIA UN MODELO SOLIDARIO DE CUIDADOS Propuesta para la construcción del Sistema Nacional de Cuidados

for the Design of a National Integrated Care System⁷ (2010). It served as the basis for the three specific background documents that were prepared for the thematic debates on the different populations. These documents are the **Background Document on People with Disabilities⁸ (2011)**, the **Background Document on the Elderly⁹ (2011)** and the **Background Document on Children¹⁰ (2011)**. Although the background documents draw upon certain social policy concepts, their contents mostly refer to particular technicalities of each population. The three background documents are based on common guidelines agreed by the Interinstitutional Working Group. The Background Document on Children was also based on the minutes of the Childhood working group, these minutes were not considered in this analysis.

The Social Accountability - Debate Stage¹¹ (2011) document presents the summary of all the debates and was use as support material but it is not part of the main focus of this work since it is already addressed in the main proposal document. This document summarizes all the debates that took place (three per population plus one for each provincial capital, 28 in total). Since this document is a rapporteurship of all the debates it creates a record of everything that was said, so in this particular document repetitive and even contradictory statements can be found.

In the following diagram I present a Summary of the documents that I have considered for analysis and the chronological connection between them.

⁷ The original titlename in Spanish is: Documento de lineamientos, aportes conceptuales y plan de trabajo para el diseño de un sistema nacional integrado de cuidados.

⁸ The original titlename in Spanish is: Sistema de Cuidados, 2011 Documento de base/Esquema por población/Discapacidad.

⁹ The original titlename in Spanish is: Documento conceptual: personas adultas mayores y dependencia. Dimensionamiento de necesidades en materia de cuidados y alternativas de incorporación de servicios y población (Conceptual document: elderly people and dependence. Sizing care needs and alternatives of services and population incorporation). It is the only background document that has a different title.

¹⁰ My translation. The original titlename in Spanish is: Sistema de Cuidados, 2011 Documento de base/Esquema por población/Infancia.

¹¹ My translation. The original titlename in Spanish is: Rendición de cuentas, etapa de debate.

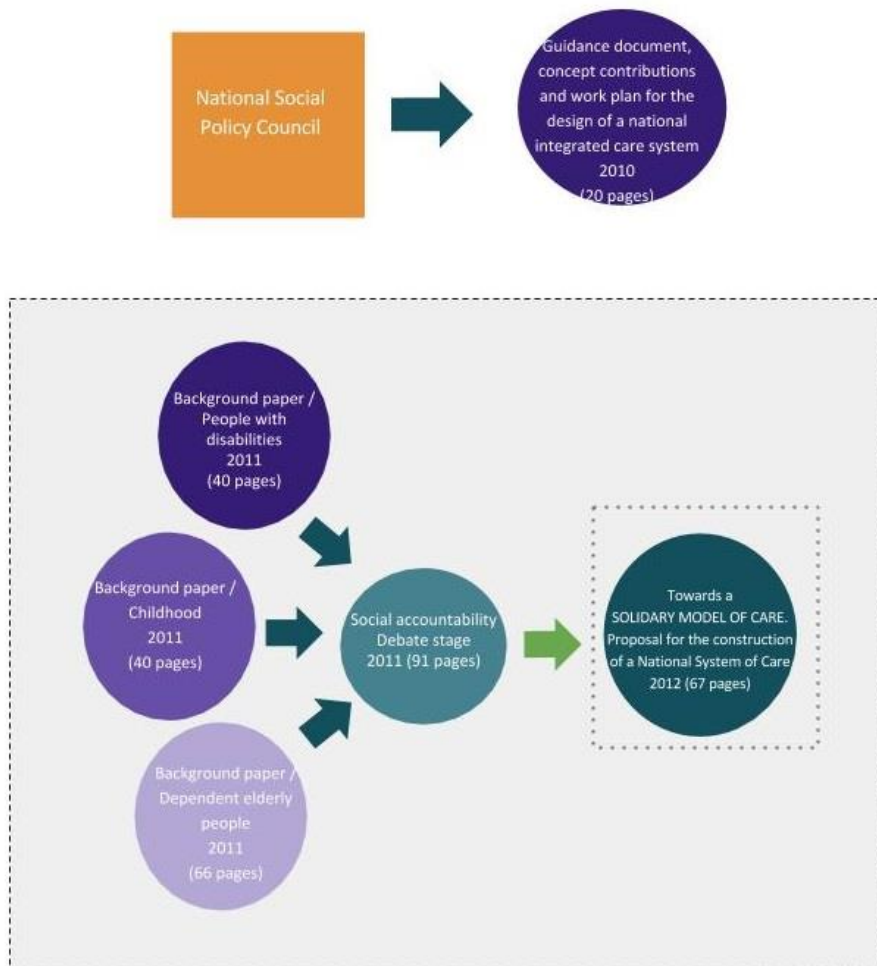


Image 3

3.3. Coding

The analysis of the data was done through a coding process, that is to say an interpretive process where commonalities within the data are identified. This allows us to connect the points that are in common within the data to theories as well as to each other (O'Reilly 2009). The document coding was started with my research question and my sub question as a guidance:

1. What types of Social policy ideas were present in the deliberation stages of the design of the Integrated National Care System of Uruguay?
2. What are the implications of these social policy ideas for development in Uruguay?

The coding that I introduce is not a line-by-line coding but rather a conceptual coding (Atkinson, 2007, p. 167). The contextualization of the information takes a

crucial role in my analysis. The data type that I analyzed in this research is qualitative. Some quantitative data was used in order to contextualize the case.

My identified themes were:

1. Economy and Market role.
2. Rights and gender equality.
3. State Role and limitations.

3.4. Limitations

Even when different stages in the processes of policy making can be determined, the policy process is not linear and it has many complexities (Sumner and Tribe, 2008, p.138). The documents, although crucial, are just a part of the implications of applying a new policy. For a further analysis, interviews with government workers that were involved in the conception of the policy could be of service. The documents reflect a moment in time in this process. As this are documents produced by organizations, I try to discuss, interpret and question their statements and not take them as some kind of “inherent truth about it” (Atkinson, 2007, p.166). I illustrate my comments with original excerpts and I specify any potential contradictions in the interpretations.

4. ANALYSIS

While theorizing on the relationship between the state, the market and the society that the implementation of this new Social Policy on Care poses, I found that some of these ideas were problematic and even ambivalent with some of the INCS main goals. In this next segment I construct my argument, presenting these controversial concepts, based upon excerpts of the documents that I analyzed as well as drawing upon the theories presented.

The discussion is broken down according to the different problematic areas that I found based on the data, which are **economy and market role; the state as a guarantor of rights and gender equality, and State Role and implementation**

limitations. The strict differentiation between these themes is difficult to make since they are closely interlinked and their limits are blurry. To this end, in the different sub-sections, the ways in which the Care System is aligned or misaligned with the theories presented are reviewed and illustrated with excerpts from the documents. To finalize, I reflect on the how some of the ideas presented in the policy can impact the future of development and be aligned with the idea of development as dependency from the so-called industrialized countries-

4.1. The Market's role

Through the documents, the implementation of the plan is justified using macro-economic and productivity arguments in order to reassert the importance of the INCS. It is stated that this will benefit both the recipients personally and the country as a whole. The economic arguments present in the documents that justify the implementation of the system are the reduction in medical care costs, the idea of social expenditure as an investment for the future and finally job market inclusion.

One economic argument is the reduction in medical services expenses as this quote explains:

“The availability and affordability of quality care services promotes a better use of medical services, generating the corresponding associated savings, an increased contact of people with the health system, promoting secondary prevention and generating better results in Treatments.”
(Grupo de trabajo Interinstitucional et al., 2012, p.13) (My translation, N.1)

The Interinstitutional working group’s point is that the INCS will promote some savings and a more efficient use of the resources. This is presented as a win-win situation. Less medical costs and better treatment results. Although the importance of people’s rights is recognized during the course of the discussion, economical arguments are also present in all the steps of the way as demonstrated by the following quote from the Background Document on Children:

"Investment in the early stages of life, has a very high rate of return."(World Bank in Etchebehere et al., 2011, p.9) (My translation, N.2)

In making this affirmation, the consultant urges us to invest in children, since the money that is spent on their education will come back to us with an added value. It should not be a surprise to us that this quote comes from the World Bank, which has historically adhered to and promoted policies in line with market enhancement justification. If quick to judge are made these affirmations could be associated with a more liberal welfare state, however this does not seem to be the case at least in the most extreme form of residual non-interventionist state. The two above mentioned quotes indicate the economic benefits and justifications of the plan, the benefits that the market will bring. The following quote states that the market needs intervention:

“The provision of care by the market presents problems that justify government intervention.”
(Grupo de trabajo interinstitucional et al., 2012, p.19) (My translation, N.3)

The Interinstitutional group is corroborating the age-old adage that when left unregulated, services provided by the market can lack the quality required. In this case the relationship between the state and the market will mean that the state will intervene in the market within a positive freedom framework to allow the people to access to better services. That is that will promote “the greater power on the part of the citizens as a body to make the most and best of themselves” (Isaiah Berlin in Finn Bowring, 2015, 156).

Although in different excerpts from the documents a general justification of Social protection policies as an insurance for maintaining the “macroeconomic stability” (Barrientos and Hume, 2009) is noticed, I understand these arguments not as liberal economic principles but as a social democratic understanding of Social Policy. The welfare state is not itself an independent self-sufficient provider of income and services and therefore is highly dependent on the prosperity of the economy (Offe, 2014, p.63). For this reason too, one of the main economic arguments for promoting the INCS is the increase in employment opportunities, as the following excerpt states:

“The implementation of an SNC will generate incentives for employment, since it reduces the costs that derived from employment itself. This implies not only an increase on the workforce but also promotes the autonomy of household income.”(Grupo de trabajo Interinstitucional et al., 2012, p.20) (My translation, N.4)

The essence of this argument is that people will be more drawn to work since costs will be reduced and households will be able to generate household income autonomy. As in the Social Democratic Welfare State Type, there is a need to promote employment to finance the high costs of this and other social policies (Esping-Andersen, 2014, p.145). The proposal states that:

"The formalization and regulation of a number of services and work involves a great advance on sector workers rights and a potential return to the Social Security" (Grupo de Trabajo Interinstitucional et al., 2012, p.20) (My translation, N.5)

The quote explains that by regulation and formalization of the care workers sector, workers' rights will be better achieved. Moreover the state, through the Social Security will be able to earn more money. Due to the care crisis the social provision system may present problems in the future because of the lack of active population in relation to the needs of payments for retirement. This is presented as a matter of human rights but it is also a matter of economical productivity.

Though I concede that work inclusion is desired by many and can have a positive impact on families, I insist that this approach may lead to increased commodification, and therefore market dependence. In other words, the sole presence of public services does not necessarily bring decommodification if it doesn't emancipate individuals from market (ibid., p.21). Is here also when the concept of capabilities with the concept of decommodification can be related. Esping-Andersen (1990) claims that when workers are totally dependent for the market they cannot participate in social or political activities, in terms of Sen this would mean that they are prevented to fully experience their capabilities. In this case the provision of the service is not connected to being employed, since the final goal is to have a universal policy, as this quote states:

"As a rights-based policy, the Integrated National Care System will aim to become a universal policy focusing its initial actions in the most vulnerable social groups. The design will include medium and long term commitments in the integration of groups until the universalization is complete" (Grupo de trabajo Interinstitucional et al., 2012, p.25) (My translation, N.6)

As is explained, at first the system will cover those people with more immediate needs and will lead the middle class to market dependence since they will still

have to pay for private services. As indicated in Barrientos and Hume (2009) the process of Latin America Social protection advances, is moving, in particular in the Southern Cone, from a worker's oriented social protection system to a universal one and this policy is on that line. The system will be financed through a solidary method so the payments will depend on income. The problem that this may bring is access to poorer quality of services for those who pay less as it happens now with the healthcare system.

In the INCS proposal there are some references to strategies that may lead to de-commodification but they are not fully developed at this point. One example is the following quote from the Background Document on Children:

“The Care System aims precisely to be able to combine the creation of new services with the possibility of money transfers.” (Etchebehere et al., 2011, p. 1) (My translation, N.7)

And also in the Background Document on people with disabilities:

“(Identified needs within the home) Financial transfers to home care” (Bagnato et al., 2011, p.36) (My translation, N.8).

Both quotes point to the idea of monetary transfers to take care of the dependent, one of the proposed strategies of the plan. Although it doesn't specify implementation details, this could be a sign of de-commodification since it moves dependency from the market to dependency from the state.

The idea of the extension of parental leave¹² is another proposed strategies of the plan. In the documents. In this case the inclusion in the job market is required to get the benefit. People will still depend on the market but being able to spend a considerable amount of time taking care of children being paid is a sign of short term de-commodification.

In short, market inclusion is promoted as a good thing that the system brings. I argue, that the job market inclusion without further questioning promotes commodification. On the other hand, the fact that the policy has a universal goal attempts for de-commodification which is a positive thing. Still, the solidary

¹² Parental leave in Uruguay is between 13 and 14 weeks for the mothers and between 10 and 13 days for the father. In June 2016 there was a slightly increase due to the actions of the INCS. The lengths of the leave will vary if the person is a dependent employee or self-employed. Between those who are dependent it will also vary according if the employer is the private or the public sector.

method can bring new forms of stratification that controvert the attempts to decommodification.

In this section I revised the main economic arguments present on this reform and how, in this case, the state may be leading the society to more commodification and stratification and at the same operating as a controller of the markets actions. In the following section one of the leading concepts of the reforms regarding equality and equality for women will be covered.

4.2. Equality, an elusive concept

One of the central ideas of the plan is that it will help to enhance equality, especially gender equality, and that it will help overall to achieve a more equal society. This is problematic because it overlooks the deeper problem that policy implementation can bring, such as new forms of stratification. Although it is design to improve division of labor, there is a general assumption by omission among the documents that household improvements equal women equality.

The Interdisciplinary group states in the proposal document:

“The recognition of social rights by the state and the determination of shared responsibilities regarding the care of dependents, is based on the idea that people have rights and that the State has the responsibility to ensure its effective implementation. It also involves promoting social participation of those subjects of rights: those who are entitled to be cared for and those entitled to a fair distribution of care tasks.” (Grupo de trabajo Interinstitucional et al., 2012, p.19) (My translation, N.9)

In other words, according to the INCS proposal, the State is responsible for guaranteeing that the rights of the citizens are met, and this includes the dependents and also their families. In this case, the state is doing so by recognizing the right to receive care and determining that not only the families are responsible for the fulfilment of this duty. Besides protecting the rights of the dependents, there is also a specific concern with the rights of care workers due to the exploitation that they suffer. The job conditions of care workers are poor and not socially respected, the majority of the care population is compounded by women and specially women of color (Grupo de Trabajo Interinstitucional et al., 2012, p.19).

In developing a Care System, people with disabilities, children, and elderly will be able to develop their own potential by increasing some of their capabilities whilst alleviating their caregivers. By extension, this policy will bring more independence to relatives of people with disabilities, elderly people, children, and also to paid care workers (by having a better income and recognition) that goes beyond the concept of basic needs (Commission on Social Justice, 2014, p.52). Both populations' capabilities could be enhanced.

The interdisciplinary group is surely right about the potential of the plan to increase equality, however, a critical analysis is required to raise some problematic issues. The INCS cares for the rights of the people that are being taken care of and for the people that are taking care of others whilst including gender transversely. At what point can this be problematic? As Esping-Andersen suggests, equality is an elusive concept. What does it actually mean to achieve more equality?

The complexities of women's' emancipation cannot be targeted through a single policy. Through all the documents the consistent recognition that women carry the biggest burden when it comes to the care of dependents is made repetitively (Grupo de Trabajo Interinstitucional, 2012). Therefore, the plan is presented as an important step to the increment of gender equality.

“It is convenient to design a national system of care to prevent, among other things, duplicating the workload of women, their disassociation from the education system and labor market, with the consequent loss of opportunities for personal development and the loss of their contribution to production and economic growth.” (Grupo de trabajo Interinstitucional et al., 2012, p.17) (My translation, N.10)¹³

I wholeheartedly endorse this aspect of the plan and it is undoubtedly one of its strengths. Despite this, at this point I would like to raise some objections inspired by theoretical readings. The implication of the INCS treatment of women's care burden reduction is that they will integrate in the labour market, many passages of the documents such states so:

“The country still has differential activity rates and increasing them would be positive for national development, especially the women activity rates. [The new system] also allows to increase

¹³ To see the original quote refer to the Appendix I.

women's labor productivity since the existence of an NCS would reduce their restrictions.” (Grupo de trabajo Interinstitucional et al., 2012, p.20) (My translation, N.11)

And this other example:

“Incorporating thousands of women to the productive effort is strategic for the country's economic growth. [...] Add to this is the positive impact on labor productivity of those who achieve a good balance between family and work.” (Grupo de trabajo Interinstitucional et al., 2012, p.7) (My translation, N.12)

Referring to both quotes, whilst it is true that having access to the market in the form of a wage earning job represents a very important advance for women and the equality goal, gender equality does not necessarily follow this fact. Some feminists argue that women's access to the job market may have changed the balances of resources, and therefore power within the household but not necessarily specifically between men and women (Federici, 2014). And even if it does make these women independent from men, it is making them dependent upon the capitalism system (ibid.), which can cause other inequalities and as Esping-Andersen's states, poses a new stratification. This is also the reason why I disagree partly with the following quotation:

“The future Care System, as social policy, has an enormous potential to impact in: the equity of income distribution.” (Bagnato et al., 2011, p.8) (My translation, N.13)

I disagree with the author's views regarding the actual capacity that the policy has in impacting the equity of income distribution in general because many other factors are being overlooked here. In the first place, income distribution appears as a rather vague affirmation, specifically regarding equality between men and women. The policy also promotes new forms of stratification as previously mentioned and these may also impact this distribution.

Finally, Bagnato mentions women's opportunities beyond work inclusion:

“Hire caregivers for those dependents who cannot leave home, and thus family carers, historically women can go to work or have moments of leisure and recreation (should be a possibility).” (Bagnato et al., 2011, p.37) (My translation, N.14)

Whilst there is a mention of the increase of leisure time and the possibility of social participation, I maintain that the focus is mainly on market inclusion. These are, indeed, minor remarks in comparison. Again, by focusing on the Capabilities

approach that Sen presented, if women have to enter the job market and be commodified they could still be deprived of other capabilities such as time to think, imagine and play, and also time to participate in political activities.

Many will challenge the view that in order to implement any kind of social policy one must make concessions and incremental steps. Despite agreeing with that, I also insist that many of the actions may turn out to be misleading in terms of truly enhancing women's capabilities. The parental leave that exists, despite being very short, is culturally still not embraced by the community in a full extent, although further research is needed to know more about this issue.

In this section I discussed how the argument of gender equality behind this social policy can be problematic since it puts the focus on market inclusion and it mostly overlooks capabilities deprivation and inequalities between men and women, which are not solved only by economic measures. In this case, the state is influencing the society by promoting inclusion in the market. In the next section I will look to the leading role that the state has adopted in this policy reform influencing both society and the market.

4.3. The implication of the State

The state, supported by the previous work that social organizations had done, has been the main driver of this reform. Its driver role transpires in the intervening role is going to have in the implementation. The following quote cites one of the reasons used as a justification for government intervention:

“The provision of services by the public sector or by subsidizing private provision determines largely the State’s control of the services and the protection capacity for the workers in the sector”
(Documento de Trabajo SC in Etchebehere et al., 2011, p. 1) (My translation, N.15)

The quote in the Working Document is basically saying that by allowing state intervention regulated services and workers’ rights improvement will be insured. Although the quote does not directly say so, it is apparently assumed that more regulation equals better quality of services however, that is not always the case. So too, the state intends to regulate the market and promote demographic changes

by influencing, what until now were considered private family matters and decisions. As Etchebehere states:

“In the familistic regime, the primary responsibility of dependents is of families and women, the benefits are delivered to the family. When women try to access equal opportunities in the labor market, a number of strategies are developed for reconciling work and family strategies that often end up reproducing the sexual division of labor. In the non familistic model the responsibility lies in the state and the market, and it is the individual who receives the support.” (Etchebehere et al., 2011, p.8) (My translation, N.16)

In other words, the idea is to go from a familistic regime to a non-familistic regime under state care. Consequently with these goals, institutional reforms have to be conducted that imply institutional rearrangements and modifications. In the last two quotes, the interinstitutional group states that a new a public policy sectoriality will take place:

“Overall, an NCS involves laying the foundations of a new public policy "sectoriality" (such as health, education, social security, etc.) with its own institutionality, financing, stewardship and regulation, service delivery, etc., and redefine services and attributions (...).” (Grupo de trabajo Interinstitucional et al., 2012, p.8) (My translation, N.17)

In other words the state will be re-organized. In the following quote, new state functions and organisms are described:

“The National System of Care involves the construction of a new collective institutionality - the National Board of Care (JUNACU) - as well as the establishment of a National Care Fund (FONACU); it also means adjusting the training of caregivers and the service and work regulation of care duties; and finally the establishment of a set of services, benefits and licenses for the provision of care.” (Grupo de Trabajo Interinstitucional et al., 2012, p.8) (My translation, N.18)

In both quotes arises the intention to promote implementation, not just planning and coordination between different sectors of the government but also the intention of promoting and implementing new laws and regulations. The upshot of all of this is that the design of this policy integrates many positive and updated conceptions in terms of goals and implementation, which shows a good technical and updated level of Uruguayan technicians in these regards. Still, as in many other policies in Uruguay, there is a gap between what is written, the full comprehension of the terms by all the actors involved, and what can be actually implemented in the field. Indeed, quality of services is now a problem, as the following quote illustrates:

"(...) the quality (of the services), on the other hand, seems to be clearly associated with socio-economic level: quality is generally lower in disadvantaged environments with higher levels of

poverty, and tends to improve in services that recruit children of high or middle classes." (NICHD, 2000; Howes, 2003 in Etchebehere et al., 2011, p.26) (My translation, N.19)

In addition to what Etchebehere states, the system will be built utilizing existing services, so the challenges facing the quality of services will still be a problem. Furthermore, the system will be financed through solidary methods, and market services will be articulated with public services although it is not clearly specified who is going to use which service. Some people will be connected to state services and others to the private services and some are going to rely on the state and some on the market. In short, the system will possibly correct some factors of structural inequality but it will also bring new social order relations (Esping-Andersen, 1990, p.21). It should question, then, what kind of stratification is promoted by the INCS. Even if with the new system the citizens can get a subsidy for the care duties, there is going to be a difference between those who have access to the public services and those who have access to the private services, as already happens with healthcare.

My point is not to disregard the state's effort while implementing this reform but to demonstrate that the current structures are not going to be changed overnight, and therefore a lot of challenges are going to be faced in the implementation. To put it in another way, this policy is aligned with the Social Democratic Welfare Type in terms of the role of the state, but with a state like the current one in Uruguay, it has many challenges to face. Uruguay is politically stable but inefficiency exists, which leads to a lack of legitimacy of the use of funds efficiently in the public sector. It is also hard to make this legitimate if the quality of the service faces many challenges (Grupo de Trabajo Interinstitucional, 2011). In the global south "legitimacy and governance of social institutions is contested or personalized to guarantee long term rights to those groups that are in greatest need" (Gough & Wood, 2006, p. 1697), and this statement applies to this case. Social services are not high quality services especially regarding education and health services. Professional help is not disregarded but the institutional and building facilities are poor and insufficient. This leads to a disregard by the upper and middle class for public services, which entails a lack of legitimacy. People are

paying more taxes and sometimes they do not see the benefits of these services in their daily life. Although this particular policy has not raised too many concerns until now, it is true that a lot of taxpayers have criticized previous policies, because, among other things, they believe that it is a harm imposed by the Welfare State over their possibility of developing a business. Although liberals may exaggerate this argument, they may have a valid point here (Offe, 2014, p.62).

This section addressed one of the main policy ideas behind this reform as the leading role of the state; I discussed some of the reforms that are planned and how the state plans to have a regulatory role with the market and to influence family dynamics. In the next section I will go over some of development ideas.

4.4. The development connection

In the last three sections I analyzed which social policy ideas behind this reform can be problematic. This study proposes that those ideas are: the undesired effects of inclusion in the job market, the imprecisions of the concept of equality and the dangers of institutional limitations on the implementation stages. The social policy ideas present in the deliberation of the plan present the state as the driver of the social policy, but the limitations of the market define many crucial aspects of this reform without much questioning. It is this relationship between the state and the market and which of the two should have a leading role in the organization of society that has been central in discussions about development. As this quot states, development is one of the justifiers of this policy implementation:

“The second aspect [of economic fundamentals] is linked to the foundation for long-term economic development and the improvement of education levels of the population, starting with the new generations.” (Grupo de Trabajo Interinstitucional et al., 2012, p.7) (My translation, N.20)

Raising education levels is a clear example of how our future prospect for development could be improved. It may also be so, the rise in life expectancy and decrease in birth rates, the changes of family compositions and the entrance of women in the job market but these changes also contributed to the care crisis. It may seem unreasonable to question these positive improvements but they could

imply contradictions. What I am trying to say is that what may seem like a non-brainer to many, may actually represent ideas for the future of development in Uruguay that could perpetuate some inequalities. In conclusion, many of these indicators are a product and a sign of development understood in the abovementioned terms. Through the documents' discussions one can see how international legislation and international organizations have been influencing the process financially and technically.

“The NCS responds to the country's need to adapt social policies to international law and the policy agreements subscribed in that area.” (Grupo de Trabajo Interinstitucional et al., 2012, p.14)
(My translation, N.21)

In another words, International legislation and organizations are driving this reform, in a way, even above the state and the market. To put it bluntly, In relation to social protection in “developed countries”, in the south, multilateral and bilateral international organizations and NGOs are involved in the process (Barrientos & Hume, 2014, p. 441). There is an existing tension between the International influences in conceptualizing the policy versus introducing specific characteristics from the country. There exists “no single model of integrated care that will work everywhere and for everyone” (Kennedy and Morioka, 2014, p.151).

Although Uruguay is currently in a better position compared to low-income countries and has a good capacity to deliver public services overall, the adherence to international organizations regulations can end up creating more dependency. The influence of international organizations responds to a project of development as an intentional international project (Cowen and Shenton, 1996).

Although the European model is always the higher standard for comparison, regional models are also taken into consideration when designing the policy because they may have more similar background. And the same happens with other countries that look to Uruguay for inspiration. The proposal document states:

“In the region, Uruguay became a country of reference in the process of building a National System of Care.” (Grupo de Trabajo Interinstitucional et al., 2012, p.13) (My translation, N.22)

The quote points out that other Latin American countries that are currently expanding their economies may be able to draw some inspiration from the case of Uruguay due to the fact that the context may be similar. In the documents there is a brief mention of the regional coordination that is presented through the union of the southern countries of the continent (MERCOSUR) (Etchebehere et al., 2011, p.18). MERCOSUR is suggesting an exchange of facts and figures on each other's situations and the need for further data collection and not actually a proposal for further collaboration; this is consistent with the status of the union in relation to many other regional issues. The document emphasizes the need for more indicators about Mercosur's situation on care to show where the region is actually at. In this as in many other issues, the strengthening of regional connections, in this case through MERCOSUR, could benefit.

The challenge is still to implement social policies that are relevant without entering blindly in the development aid donor trends that may or may not work in the future (Barrientos & Hume, 2014, p.440). A small country like Uruguay may lack influence to adopt a dominant position in the region, however countries in a less privileged position could imitate the Uruguayan model without looking at their own national contexts and this should be avoided. Many would dispute my claim that international dependency is detrimental for the country's autonomy by saying that, thanks to development aid and agencies the country was able to implement many social reforms. Nonetheless, as followers of dependency theory would state, this is the same international intervention that led us to an unfavorable economic position.

4.5. Is another way possible?

Esping-Andersen's typology helps us to understand the fundamentals of different welfare state regime characteristics. In reality a mixture of several types within one state exist. By implementing this reform Uruguay is attempting to move away from the country's familistic more conservative tradition more associated with the conservative welfare state. In this policy, characteristics of the social democratic

type especially in the spirit of the policy can be seen; the state appears to be the driver of this reform. On the other hand in the immediate implementation there are characteristics of the liberal welfare state type since livelihoods will mainly depend on the market. But is this the only way to go?

Does the welfare state fundamentally transform capitalist society? Esping-Andersen (1990)'s questions remain valid. Uruguay has made a great effort in conceiving and starting to implement a care system that is rather innovative for the region (Grupo de Trabajo Interinstitucional, 2012). The conception of this system speaks to how far Uruguay has come and how many technicians and professionals are committed to the process of incorporating improvements in society. However, the balance between these idealistic ideas of being the Latin America Avant-Garde collides with the realities of the market and our internalized capitalist values. In care as much as in other social spheres Uruguay is compensating market deficiencies and it is here where the question of Esping-Andersen is important.

I strongly believe in the positive sides of welfare and its urgent need among marginalized populations to alleviate extreme living conditions. However, my interest is to see, following Heimann, how much of a Trojan horse this policy is to “penetrate the frontiers between capitalism and socialism” (Esping-Andersen, 1990, p.11) or if the country should at least complement these ideas with other schemes. The actors involved in the conceptualization of this policy are diverse in their views and it is hard to generalize about them, but some are likely to object that the implementation of a social policy idea implies the acceptance of a type of regime system.

The country became known in recent years for some of the advanced social laws implemented, and for the renowned speeches of President Mujica known as “the poorest president in the world” against consumption, and for defending nature. Uruguay sells itself as a natural alternative but at the same time is pursuing the same development path that lead to other countries crises in many different levels.

The strengthening of the welfare system, aims for a decrease in inequality but at the same time can be seen as a way of maintaining the same social order that perpetuates inequality. Are we, as a society, able to give room to alternative economic and social organizations?

Social movements around the world are advocating for a more simple and natural way of living in the face of climate change and environmental. Is Uruguay missing a golden opportunity to save some steps along the way? Could Uruguay make real progressive change right now learning from the mistakes of others?

As an illustration, different groups of parents, especially mothers, have been setting up groups called parenting circles¹⁴ where they share experiences and ideas on how to take better care of the children. It can be recognized as a way of replacing the missing connections that was previously found in the neighborhoods and communities. Although, these groups are not extensive enough in time to replace the daycares it is a way of socializing care practices outside the household. I insist that, as a country, we should look at really innovative ideas in order to embrace alternatives ways of social organization and therefore development.

5. CONCLUSION

During this research I worked towards a better understanding of the relationships between the state, the market and the society that this policy brings. I also drew upon the implications of development conceptions behind this theory, such as the extension of international dependency. I did so by analyzing the document proposal of the INCS produced during the preliminary discussions that took place in Uruguay before the approval of the law of a new care system as well as four of the documents that preceded it. The analysis was conducted using Esping-Andersen's welfare typology and the concept of Decommodification and De-stratification, the framework of analysis was brought by Gough and Wood to

¹⁴ See examples: https://www.facebook.com/crianzaPositivaMdeo/?ref=br_rs ; <https://www.facebook.com/Red-de-Crianza-Uruguay-494295030665625/timeline>

understand this typology in non-industrialized countries, and the capabilities approach by Sen, with a discussion on the impacts of development in terms of dependency.

While I was writing my master's thesis in Sweden, part of the news that I was receiving from my friends and family at home and from the rest of the world were related to care duties. It was interesting to hear all their stories in the light of my readings for this study. "Regular school have only a 4 hours schedule and that is not enough time, full time schools are really hard to get into"; "If I hire a babysitter to take care of my child at home while I'm working I would have to pay her almost all the money I earn, it wouldn't be worth it for me to go to work financially" and "My disabled adult son requires many hours of my assistance, to go to the doctor, to help him with his expenses, and dealing with daily life issues like buying clothes and regular daily duties" – these are some of the examples of their stories and daily struggles. All these stories are corroborating the urgent need for a Care System whilst demonstrating how interconnected the job market, the public system and the families are. Ronzulli's case is only the high profile example and the tip of the iceberg of an issue with many layers of complexity.

The implementation of the care system is just beginning and it will be interesting to see how the relationships studied in this research develop over time. The arguments that this research made on the actual power that this policy has on decommodification, over the potential dangers of stratification, and especially to achieve gender equality, could be used as a starting point whilst developing a monitoring and evaluation system for the INCS.

Furthermore, women will benefit from the implementation of the INCS, but this does not equal more equality between men and women within the household. But while is known that freeing women's time does not imply that men will take more responsibility, which elements in the social experience of men contribute to that particular point and how are not fully understood. Studies on how the implementation is taking place and how the new arrangements affect different

levels of women emancipation are needed. It will also be really interesting to study further on the matter on Social policy implementations in the South considering regime alternatives to the ones proposed by other paradigms such as the ones proposes by de-growth. Uruguay has come a long way in terms of Capacities to developed complex and integrated Social Policy. Yet, outside of the Social Policy conventional wisdom, there is still room to keep on looking for solutions with a more innovative edge.

6. REFERENCES

Aguirre, R., García Sainz, C. and Carrasco, C. 2005. *El tiempo, los tiempos, una vara de desigualdad*. Santiago de Chile: CEPAL.

Aguirre, R., Scuro, L., Cabrera, M., Perrota, V., Calvo, C., Damiani, D., Pagnotta, N., Macari, A. 2008. Documento *Uso del Tiempo y Trabajo no remunerado ECH*. Montevideo: DS/FCS/UdelaR.

Aguirre, R. ed., 2009. *Las bases invisibles del bienestar social. El trabajo no remunerado en Uruguay*. Montevideo: UNIFEM.

Aguirre, R. and Ferrari, F., 2014. *La construcción del sistema de cuidados en el Uruguay En busca de consensos para una protección social más igualitaria*. Montevideo:CEPAL.

Asuntos Públicos, 2014. *La Construcción de un Sistema de Cuidados en Uruguay. Primera Parte*. [video online] Available at: https://www.youtube.com/watch?v=I3yHySg_6yM [Accessed: 29/03/2016 13:44:05 PM].

Atkinson, P., 2007. *Handbook of ethnography*. London: SAGE.

Backhouse, R. and Fontaine, P., 2010. *The history of the social sciences since 1945*. Cambridge; New York: Cambridge University Press.

Bagnato, M.J., Da Cunha, H. and Falero, B., 2011. *Sistema de cuidados, 2011 documentos base/esquema de documentos base por población/discapacidad*. Montevideo: MIDES.

Baklanoff, E.N., 1970. The Decline of South America's First Welfare State: Uruguay's Economic problems in historical perspective. *Revista Brasileira de Economia*, 24(3). [online] Available at: <<http://bibliotecadigital.fgv.br/ojs/index.php/rbe/article/viewFile/28/6081>> [Accessed 15 April 2016].

Bárcena, A., 2016. Latin America is the world's most unequal region. Here's how to fix it Available at: <<http://www.cepal.org/en/articles/2016-latin-america-worlds-most-unequal-region-heres-how-fix-it>> [Accessed 20 April 2016].

Barrientos, A. and Hulme, D., 2009 Social protection for the poor and poorest in developing countries: Reflections on a quiet revolution. *Oxford Development Studies*, 37(4), pp. 439-456.

Batthyány, K., 2004. *Cuidado infantil y trabajo: ¿un desafío exclusivamente femenino?; una mirada desde el género y la ciudadanía social*. Montevideo : CINTERFOR, 2004.

Batthyány, K., Genta, N., Perrotta, V. 2013. *La población uruguaya y el cuidado: Persistencias de un mandato de género Encuesta nacional sobre representaciones sociales del cuidado: Principales resultados*. Santiago de Chile:CEPAL.

Batthyány, K., Genta, N. and Perrotta, V. 2013b. Un mirada de género a las representaciones sociales del cuidado de las personas mayores. *Revista Latinoamericana de Población*. 7 (13), pp. 149-172.

Batthyány, K., Genta, N. and Perrotta, V. 2014a. Los cuidados no remunerados en salud: el rol de las familias y las mujeres. Primeros resultados de la Encuesta Nacional de Cuidados No Remunerados en Salud. Retrieved from <http://www.sistemadecuidados.gub.uy/innovaportal/file/27200/1/articulo_sociologia_2014.pdf> [Accessed 10 May 2016].

Batthyány, K., Genta, N. and Perrotta, V. 2014b. La dimensión de género en el saber experto en cuidado infantil. *Psicología, Conocimiento y Sociedad* 4 (1), pp. 33 – 58.

Batthyány, K., Espino, A., Fernández, M., Genta, N., Molina, A., Pedetti, G., Sauval, M., Scavino, S. and Villamil, L. 2014c. *Atlas sociodemográfico y de la desigualdad del Uruguay*. Montevideo: Trilce.

Batthyány, K., 2015. *Policies and care provision in Latin America: A view of regional experiences*. [online] ECLAC - Serie Asuntos de Género No.124. Available at: <http://repositorio.cepal.org/bitstream/handle/11362/37727/S1500040_en.pdf?sequence=1> [Accessed 21 April 2016].

Bowring, F., 2015. Negative and positive freedom: Lessons from, and to, sociology. *Sociology*, 49(1), pp. 156-171.

Brante, T., 2001. Consequences of Realism for Sociological Theory-Building. *Journal for the Theory of Social Behaviour*, 31(2), pp. 167.

Carothers, T. and de Gramont, D., 2013, *Development Aid Confronts Politics: the almost revolution*. Washington, DC: Carnegie Endowment for International Peace.

Chalmers, A.F., 1999. *What is this thing called science?* 3rd. ed. Indianapolis: Hackett Pub, cop.

Comission on Social Justice., 2014. What is Social Justice?, in Pierson, C., Castles, F.G. and Naumann, I.K. (eds.) *The Welfare State Reader*. 3er. edn. Polity Press, pp. 48-59.

Cowen, M. and Shenton, R.W., 1996. *Doctrines of development*. London ; New York: Routledge, 1996.

Esping-Andersen, G., 1990. *The three worlds of welfare capitalism*. Princeton, N.J.: Princeton University Press.

- Esping-Andersen, G., 2014. Three Worlds of Welfare Capitalism, in Pierson, C., Castles, F.G. and Naumann, I.K. (eds.) *The Welfare State Reader*. 3rd. edn. Polity Press, pp. 136-150.
- Etchebehere, G., Artía, A., Cambón, V., De León, D., Duarte, A., Silva, P. and Silva, F., 2011, *Sistema de cuidados, 2011 documentos base/esquema de documentos base por población/infancia*. Montevideo: MIDES.
- Fassler, C., 2009. *Mesa de diálogo: Hacia un sistema nacional integrado de cuidados*. Montevideo, Uruguay: serie políticas públicas.
- Federici, S., 2014. *Interview on Eldiario.es*. Interviewed by Ana Requena Aguilar [online] Available at:http://www.eldiario.es/economia/engano-trabajo-asalariado-liberar-mujeres_0_262823964.html [Accessed 15 January 2015].
- Gabinete Social., 2011. *La reforma social. Hacia una nueva matriz de protección social del Uruguay*. Montevideo, Uruguay: Presidencia de la República Oriental del Uruguay.
- Grupo de Trabajo Interinstitucional., 2012. *Rendición social de cuentas. Etapa de debate*. Montevideo, Uruguay: MIDES.
- Grupo de Trabajo Interinstitucional Consejo Nacional de Política Social.,2012. *HACIA UN MODELO SOLIDARIO DE CUIDADOS Propuesta para la construcción del Sistema Nacional de Cuidados*. Montevideo, Uruguay: MIDES.
- Jackson, P.T., 2011. *The conduct of inquiry in international relations: philosophy of science and its implications for the study of world politics*. London: Routledge, 2011.
- Jönsson, K., Jerneck, A. and Arvidson, M., 2012. *Politics and development in a globalised world. An introduction*. 1:1 edn. Lund, Sweden: Studentlitteratur AB.
- Kennedy, C. and Morioka, S. (2014) 'The development of whole-system integrated care in England', *Journal of Integrated Care*, 22(4), pp.142-153.
- Krauss, C.,1998. The Welfare State Is Alive, if Besieged, in Uruguay. *The New York Times*, [online] (Last updated May 3, 1998). Available at: <http://www.nytimes.com/1998/05/03/world/the-welfare-state-is-alive-if-besieged-in-uruguay.html> [Accessed on 15 April 2016].
- Luckmann, T., 2008. On social interaction and the communicative construction of personal identity, knowledge and reality1, *Organization Studies*, 29(2), pp. 277-290.
- Núñez, S. 2013. CUIDADOS EN PERSONAS CON LIMITACIONES Análisis descriptivo de los datos del censo 2011. Montevideo: MIDES.
- Nussbaum, M.C., 2000. *Women and Human Development. The capabilities approach*. Cambridge: Cambridge University Press.
- Offe, C., 2014. Some Contradictions of the Modern Welfare State, in Pierson, C., Castles, F.G. and Naumann, I.K. (eds.) *The Welfare State Reader*. 3rd edn. Polity Press, pp. 60-69.
- Olesker, D., 2014. *Características, avances y desafíos en la construcción del Sistema Nacional de Cuidados en Uruguay*. Montevideo, Uruguay: MIDES.

O'Reilly, K., 2009. Coding. In *Key Concepts in Ethnography*. London edn. SAGE Publications Ltd, pp. 34-39.

Papadópolos, J. and Falkin, L., 2011, *Documento conceptual: personas adultas mayores y dependencia. Dimensionamiento de necesidades en materia de cuidados y alternativas de incorporación de servicios y población*. Montevideo: MIDES.

Pautassi, L., 2010. *Perspectiva de derechos políticas Públicas e Inclusión Social* Buenos Aires, Argentina: Editorial Biblos.

Pierson, C., Castles, F.G. and Naumann, I.K., 2014. *The welfare state reader*. 3rd edn. Cambridge: Polity.

Potter, R.B., 2014. Theories, strategies and ideologies of development. An overview, in Desai, V. and Potter, R.B. (eds.). 3rd edn. New York, USA: pp. 83-87.

Sayer, A., 2000. *Realism and social science*. London: SAGE.

Sen, A., 1999. *Development as Freedom*. Oxford University Press.

Sen, A., 1993. Capability and WellBeing, in Sen, A. and Nussbaum, M. (eds.) Oxford, New York: Oxford Scholarship.

Stewart, F. Nussbaum on the Capabilities Approach, 2013. *Journal of Human Development and Capabilities*, 14 (1), pp. 156-160.

Sumner, A. and Tribe, M., 2008. *International Development Studies. Theories and Methods in Research and Practice*. London, UK: SAGE publications Ltd.

UNRISD, 2005. *Gender equality. Striving for justice in an unequal world. EXECUTIVE SUMMARY*. Geneva: UNRISD 2005. Available at: <<http://www.unrisd.org/research/gender/report>> [Accessed: 25/4/2016].

Wood, G. and Gough, I., 2006. A Comparative Welfare Regime Approach to Global Social Policy, *World Development*, 34, pp. 1696-1712.

7. APPENDIXES

Appendix I - Original Excerpts from the data

Page	Quote	Original	Translation
24	N.1	<p>“La disponibilidad y asequibilidad de servicios de cuidado de calidad promueve la mejor utilización de servicios médicos generando el correspondiente ahorro asociado, aumento del contacto de las personas con el sistema de salud, favoreciendo la prevención secundaria y generando mejores resultados en los tratamientos.” (Grupo de Trabajo Interinstitucional et al., 2012, p.13)</p>	<p>“The availability and affordability of quality care services promotes a better use of medical services, generating the corresponding associated savings, an increased contact of people with the health system, promoting secondary prevention and generating better results in Treatments.” (Grupo de trabajo Interinstitucional et al., 2012, p.13) (My translation, N.1)</p>
25	N.2	<p>“la inversión en las primeras etapas de la vida, tienen una muy alta tasa de retorno.” (World bank in Etchebehere et al., 2011, p.9)</p>	<p>"Investment in the early stages of life, has a very high rate of return."(World Bank in Etchebehere et al., 2011, p.9) (My translation, N.2)</p>
25	N.3	<p>“La provisión de cuidados por parte del mercado presenta problemas que justifican la intervención estatal.” (Grupo de Trabajo Interinstitucional et al., 2012, p.13)</p>	<p>“The provision of care by the market presents problems that justify government intervention.” (Grupo de trabajo interinstitucional et al., 2012, p.19) (My translation, N.3)</p>
26	N.4	<p>“La implementación de un SNC generará incentivos para el empleo, dado que reduce los costos derivados del mismo. Esto implica no sólo el aumento de la fuerza de trabajo sino que promueve la autonomía de ingresos de los hogares.” (Grupo de Trabajo Interinstitucional et al., 2012, p.20)</p>	<p>"The implementation of an SNC will generate incentives for employment, since it reduces the costs that derived from employment itself. This implies not only an increase on the workforce but also promotes the autonomy of household income."(Grupo de trabajo Interinstitucional et al., 2012, p.20) (My translation, N.4)</p>
26	N.5	<p>“La formalización y regulación de una serie de servicios y trabajo implica un gran avance respecto a derechos de trabajadores y trabajadoras del sector y un potencial retorno para la Seguridad Social” (Grupo de Trabajo</p>	<p>"The formalization and regulation of a number of services and work involves a great advance on sector workers rights and a potential return to the Social Security" (Grupo de Trabajo Interinstitucional et al., 2012, p.20) (My translation, N.5)</p>

		Interinstitucional et al., 2012, p.20)	
26	N.6	“Como política basada en derechos, el Sistema Nacional de Cuidados apuntará a constituirse como política universal focalizando sus acciones iniciales en los colectivos de mayor vulnerabilidad social. El diseño incluirá compromisos de mediano y largo plazo en la incorporación de colectivos hasta la universalización” (Grupo de Trabajo Interinstitucional et al., 2012, p.25)	"As a rights-based policy, the Integrated National Care System will aim to become a universal policy focusing its initial actions in the most vulnerable social groups. The design will include medium and long term commitments in the integration of groups until the universalization is complete" (Grupo de trabajo Interinstitucional et al., 2012, p.25) (My translation, N.6)
27	N.7	“El SC apunta justamente a poder conjugar la creación de nuevos servicios con la posibilidad de transferencias monetarias.” (Etchebehere et al., 2011, p. 1)	“The Care System aims precisely to be able to combine the creation of new services with the possibility of money transfers.” (Etchebehere et al., 2011, p. 1) (My translation, N.7)
27	N.8	“(Necesidades identificadas dentro del hogar) Transferencias económicas para el cuidado del hogar.” (Bagnato et al., 2011, p.36).	“(Identified needs within the home) Financial transfers to home care” (Bagnato et al., 2011, p.36) (My translation, N.8).
28	N.9	“El reconocimiento de derechos sociales por parte del Estado y la determinación de corresponsabilidades en relación al cuidado de personas dependientes, supone partir de la idea de que las personas son sujetos de derechos y que el Estado tiene la responsabilidad de garantizar su realización efectiva. Supone también promover la participación social de esos sujetos de derechos: aquellos/as que tienen derecho a ser cuidados/as y quienes tienen derecho a una distribución justa de las tareas de cuidados.” (Grupo de Trabajo Interinstitucional et al., 2012, p.19)	“The recognition of social rights by the state and the determination of shared responsibilities regarding the care of dependents, is based on the idea that people have rights and that the State has the responsibility to ensure its effective implementation. It also involves promoting social participation of those subjects of rights: those who are entitled to be cared for and those entitled to a fair distribution of care tasks.” (Grupo de trabajo Interinstitucional et al., 2012, p.19) (My translation, N.9)
29	N.10	“Es conveniente diseñar un Sistema Nacional de Cuidados para evitar, entre otras cosas, la duplicación de la carga de trabajo de las mujeres, su desvinculación del sistema educativo y del mercado laboral, con la consiguiente pérdida de oportunidades de desarrollo personal y la pérdida de su aporte a la producción y al crecimiento económico del país.” (Grupo de Trabajo Interinstitucional et al., 2012, p.17)	“It is convenient to design a national system of care to prevent, among other things, duplicating the workload of women, their disassociation from the education system and labor market, with the consequent loss of opportunities for personal development and the loss of their contribution to production and economic growth.” (Grupo de trabajo Interinstitucional et al., 2012, p.17)

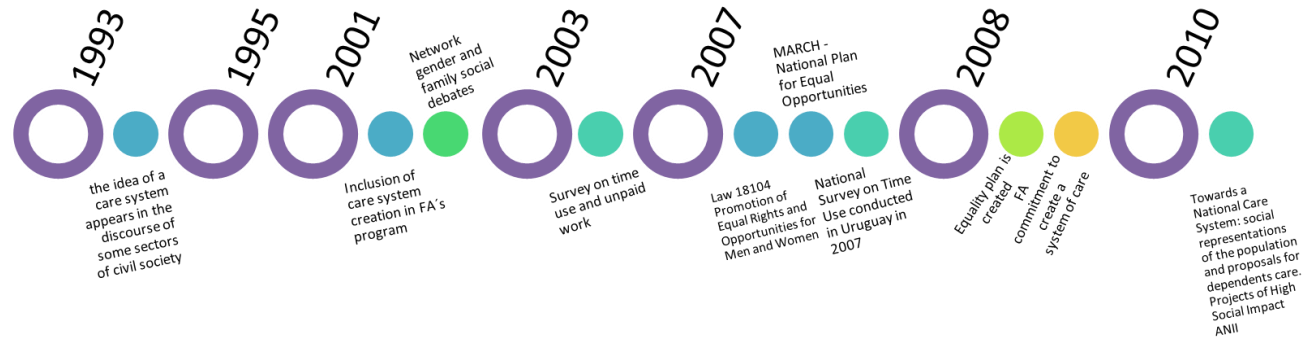
			(My translation, N.10) ¹⁵
29	N.11	“El país aún posee tasas diferenciales de actividad y sería positivo para el desarrollo nacional el incremento de las mismas, en especial la femenina. Permite también aumentar la productividad laboral de las mujeres dado que la existencia de un SNC permitiría disminuir sus restricciones.” (Grupo de Trabajo Interinstitucional et al., 2012, p.20)	“The country still has differential activity rates and increasing them would be positive for national development, especially the women activity rates. [The new system] also allows to increase women's labor productivity since the existence of an NCS would reduce their restrictions.” (Grupo de trabajo Interinstitucional et al., 2012, p.20) (My translation, N.11)
29	N.12	“Es estratégica para el crecimiento económico del país la incorporación de miles de mujeres al esfuerzo productivo. (...) A esto se suma el impacto positivo en la productividad laboral de quienes logran una buena conciliación entre la familia y el trabajo.” (Grupo de trabajo Interinstitucional et al., 2012, p.7)	“Incorporating thousands of women to the productive effort is strategic for the country's economic growth. [...] Add to this is the positive impact on labor productivity of those who achieve a good balance between family and work.” (Grupo de trabajo Interinstitucional et al., 2012, p.7) (My translation, N.12)
30	N.13	“El futuro Sistema de Cuidados, como política social, tiene una enorme potencialidad para impactar en la equidad en la distribución del ingreso.” (Bagnato et al., 2011, p.8)	“The future Care System, as social policy, has an enormous potential to impact in: the equity of income distribution.” (Bagnato et al., 2011, p.8) (My translation, N.13)
30	N.14	“Que se puedan contratar cuidadores para aquellas personas dependientes que no pueden salir de su domicilio, y de esa forma el familiar cuidador, históricamente la mujer, pueda salir a trabajar o tener momentos de ocio y recreación.” (Bagnato et al., 2011, p.37)	“Hire caregivers for those dependents who cannot leave home, and thus family carers, historically women can go to work or have moments of leisure and recreation (should be a possibility).” (Bagnato et al., 2011, p.37) (My translation, N.14)
31	N.15	“La provisión de servicios por parte del sector público o el subsidio a la provisión privada determina en gran medida la capacidad de control y protección por parte del Estado del servicio y los trabajadores del sector” (Documento de Trabajo SC, 2011, p10 en Etchebehere et al., 2011, p. 1)	“The provision of services by the public sector or by subsidizing private provision determines largely the State's control of the services and the protection capacity for the workers in the sector” (Documento de Trabajo SC in Etchebehere et al., 2011, p. 1) (My translation, N.15)
31	N.16	“En el régimen familista, la responsabilidad principal corresponde a	“In the familistic regime, the primary responsibility of dependents is of

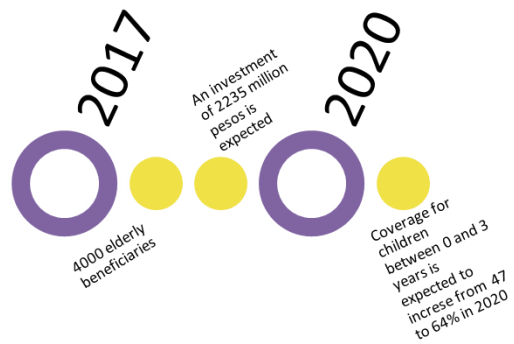
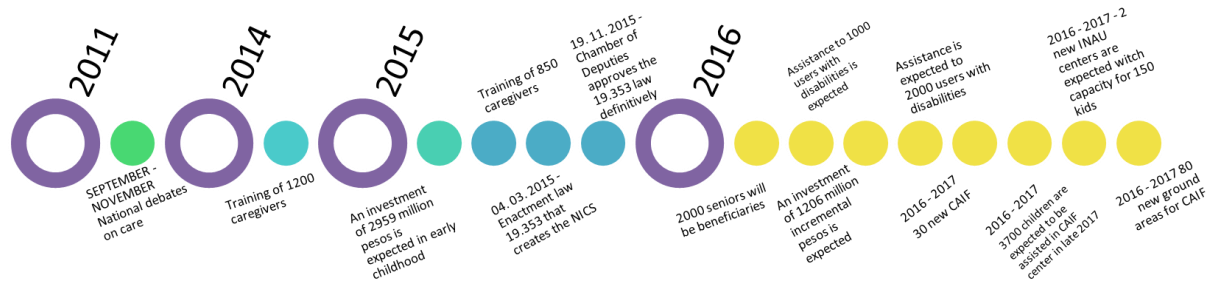
¹⁵ To see the original quote refer to the Appendix I.

		<p>las familias y a las mujeres, siendo la familia, a quien se entregan los beneficios. Cuando ocurre que las mujeres tratan de insertarse en igualdad de oportunidades en el mercado laboral, se desarrollan una serie de estrategias de conciliación entre trabajo y familia, estrategias que muchas veces terminan reproduciendo, la división sexual del trabajo. En el modelo “desfamilista” la responsabilidad recae sobre el Estado y el mercado, y es el individuo quien recibe los apoyos.” (Etchebehere et al., 2011, p.8)</p>	<p>families and women, the benefits are delivered to the family. When women try to access equal opportunities in the labor market, a number of strategies are developed for reconciling work and family strategies that often end up reproducing the sexual division of labor. In the model non familistic model the responsibility lies in the state and the market, and it is the individual who receives the support.” (Etchebehere et al., 2011, p.8) (My translation, N.16)</p>
32	N.17	<p>“En conjunto, un SNC supone sentar las bases de una nueva “sectorialidad” de política pública (así como la salud, la educación, la seguridad social, etc.) con su propia institucionalidad, financiamiento, rectoría y regulación, prestación de servicios, etc., y redefinir servicios y atribuciones (...).” (Grupo de Trabajo Interinstitucional et al., 2012, p.8)</p>	<p>“Overall, an NCS involves laying the foundations of a new public policy "sectoriality" (such as health, education, social security, etc.) with its own institutionalidad, financing, stewardship and regulation, service delivery, etc., and redefine services and attributions (...).” (Grupo de trabajo Interinstitucional et al., 2012, p.8) (My translation, N.17)</p>
32	N.18	<p>“El Sistema Nacional de Cuidados supone la construcción de una nueva institucionalidad colectiva –la Junta Nacional de Cuidados (JUNACU)– así como la constitución de un Fondo Nacional de Cuidados (FONACU); también supone ajustar tanto la formación de las y los cuidadores así como la regulación laboral y de servicios de las tareas de cuidados; y, finalmente, establecer una serie de servicios, prestaciones y licencias para la provisión de los cuidados.” (Grupo de Trabajo Interinstitucional et al., 2012, p.8)</p>	<p>“The National System of Care involves the construction of a new collective institutionalidad - the National Board of Care (JUNACU) - as well as the establishment of a National Care Fund (FONACU); it also means adjusting the training of caregivers and the service and work regulation of care duties; and finally the establishment of a set of services, benefits and licenses for the provision of care.” (Grupo de Trabajo Interinstitucional et al., 2012, p.8) (My translation, N.18)</p>
32	N.19	<p>“(…) La calidad, por otro lado, parece estar claramente asociada al nivel socio-económico: suele ser menor en entornos desfavorecidos y con mayores niveles de pobreza, y tiende a mejorar en servicios que reclutan niños de sectores medios o medios altos” (NICHD, 2000; Howes, 2003 in Etchebehere et al., 2011, p.26)</p>	<p>"(...) the quality (of the services), on the other hand, seems to be clearly associated with socio-economic level: quality is generally lower in disadvantaged environments with higher levels of poverty, and tends to improve in services that recruit children of high or middle classes." (NICHD, 2000; Howes, 2003 in Etchebehere et al., 2011, p.26) (My translation, N.19)</p>
34	N.20	<p>“La provisión de servicios por parte del sector público o el subsidio a la provisión</p>	<p>“The second aspect [of economic fundamentals] is linked to the</p>

		privada determina en gran medida la capacidad de control y protección por parte del Estado del servicio y los trabajadores del sector”(Documento de Trabajo SC, 2011, p10 in Etchebehere et al., 2011, p. 1)	foundation for long-term economic development and the improvement of education levels of the population, starting with the new generations.” (Grupo de Trabajo Interinstitucional et al., 2012, p.7) (My translation, N.20)
35	N.21	“El SNC responde a la necesidad del país de adecuar sus políticas sociales a la normativa internacional y a los acuerdos suscritos en este ámbito.” (Grupo de Trabajo Interinstitucional et al., 2012, p.14)	“The NCS responds to the country's need to adapt social policies to international law and the policy agreements subscribed in that area.” (Grupo de Trabajo Interinstitucional et al., 2012, p.14) (My translation, N.21)
35	N.22	“Vale decir que en la región, Uruguay se transformó en un país de referencia en el proceso de construcción de un Sistema Nacional de Cuidados.” (Grupo de Trabajo Interinstitucional et al., 2012, p.13)	“In the region, Uruguay became a country of reference in the process of building a National System of Care.” (Grupo de Trabajo Interinstitucional et al., 2012, p.13) (My translation, N.22)

Appendix II - Timeline







REFERENCES