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Politics of care

Care Rights: A Major Agenda For the Left

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Jose Soeiro analyses why it is important to put care at the centre of the political debate to fight inequalities, and why making care a universal social right and collective responsibility should be the aim of a demanding democracy.

The crisis of care in the aftermath of the pandemic

The pandemic crisis has put care on the agenda. The public health emergency and the obligation to identify the occupations that are socially indispensable for the maintenance of our collective life have brought the centrality of care to the fore. But the identification of 'essential occupations' and 'frontline workers' has also revealed that many of the fundamental activities on which we truly depend are the least recognised, the most undervalued, and those that rely on workers who are often without any rights. The increased attention to care also resulted from a cruel reality that we have witnessed during this period in care facilities for the elderly - an "unimaginable human tragedy", to use the words of the World Health Organization, in a statement by the Regional Director for Europe in 2020. Almost half of the deaths in the first waves of Covid-19 occurred in nursing homes. The shortcomings, gaps and unsustainability of the current formal care model became more apparent than ever.

The pandemic also exposed inequalities in care work. While some occupational groups were elevated to the category of 'heroes' (e.g. doctors and nurses), others who are equally indispensable remained relatively invisible (cleaning and municipal waste workers). These groups saw their conditions of precariousness and exposure to the virus aggravated (domestic workers, home care workers, couriers) or emerged in the public arena as a "health problem" and "infectious outbreak" (as migrants with precarious housing conditions).

In any case, Covid-19 has broadened public awareness of the relevance and indispensability of so-called "reproductive work". António Guterres, UN Secretary-General, echoed this observation: "The formal economy only functions because it is subsidised by unpaid female labour," he warned in an official message on 8 March 2021, stressing that "unpaid care has increased dramatically due to confinement measures and the closure of schools and nurseries."

Two years after the start of the pandemic, the European Commission announced a European Care Strategy to prioritise care in European and national policies, including in terms of investment. As part of this process, the European Parliament also adopted a report "Towards a Common European Action on Care" with the votes in favour of The Left.

The problem we face, however, predates Covid-19. For several years now, academic studies and international organisations, including the International Labour Organisation, have been warning of the existence of an international "care crisis" resulting from a combination of increased longevity and the number of people in a situation of dependency (which increases the volume of care required), and transformations in family and community structures that make them unable or unwilling to provide all that care. For objective reasons (the massive entry of women into the labour market or the extension of working hours) and subjective reasons (individual emancipation, new family models and demands for equality), it is no longer feasible (and wouldn't be desirable) to attribute all this care to unpaid work in the family context. This helps to explain the enormous expansion, particularly in European countries, of care professions, involving an estimated 6.3 million workers in Europe. However, the majority of care for dependent people is still provided by a huge amount of unpaid work, mainly by women, which has been grouped

under the category of "informal care", provided by over 50 million informal carers across the EU, according to a study by the European Commission 2021. 80% of care in the European Union is provided by unpaid carers, 75% of whom are women.

A social organisation of care that reproduces multiple inequalities

Studying the social organisation of care for dependent persons (the elderly, the chronically ill, the disabled) has highlighted the need to consider the four corners of the so-called "care diamond" (the concept is originated by Shahra Razavi): I) the State, at national and local levels; II) the market; III) the community; and IV) the family. Different countries have different "modes of social organisation of care" (to use Helena Hirata's term) that give different relative weight to each of these four spaces and agents of the care diamond, favouring family responsibility, state intervention or liberal models that privilege the "care market". Comparative studies have highlighted national differences in the institutional variations of the welfare mix, in the prevalence of health or social assistance and its articulation, and in the role of the family and the community. The European reality is very diverse in terms of the modes of financing, the financial effort made by each national state, the type of regulation and benefits and services available, the criteria for referral and access to public care policies, as well as the more selective or universalist nature of these policies. In each country, however, the specific combination of different aspects of the "care diamond" coexists with common ways of devaluing care socially, economically and symbolically.

At the same time, there is a clear gender division of care work in all countries, with women over-represented in both formal paid care and informal unpaid care. In some economic and social sectors, gender inequalities in employment, pay and pensions are blatantly reproduced. While there is a growing demand for public policies, reflected in the European Parliament's report, there is also a shift in several countries towards re-familialisation of care, which exacerbates gender and class inequalities. In fact, public policies call on 'informal carers' to take on this 'task', sometimes accompanied by a financial weakening of public systems. Thus, unpaid work, community structures and family care appear as a kind of compensation for the absence of coherent public policies and serious public investment in the provision of care for those who depend on it.

The indispensable approach of materialist feminism

The debate on care - a topic that today appears in political discourses from all sides - is not new to the left, especially in its feminist tradition. In fact, its genealogy can even be found in the debates that Marxist feminisms, in their variants and different theoretical sensibilities, have been conducting since the 1970s on the subject of "reproductive labour". These debates aimed to unveil the forms of unpaid work on which the reproduction of society and the accumulation of capital depend (Silvia Federici's work is a good example), to measure the volume of such unpaid work (as Jean Gardiner did in the 1970s), to denaturalise and denounce the coercive character of this work, and to identify a "domestic mode of production" and its specific forms of exploitation (to use the terms of Christine Delphy, one of the pioneers of this reflection at the time).

The need for the left to have a broad view of labour has also been a central point of various Marxist-feminisms. For example, proposing the inclusion of all "production of living" (a term coined by Helena Hirata and Philippe Zarifian) in the category of labour, or stressing the need to pay due attention to migrant labour that provides care through global chains that reproduce the international division of labour and mechanisms of domination between rich and poor countries. Nancy Fraser, as well, particularly in her most recent book (Cannibal Capitalism, 2022), insists on the need

for an expanded concept of capitalism that gives due weight to all those processes, activities and relations that are often considered "non-economic" but are absolutely essential to the capitalist economy, including what is known as "social reproduction" or, if we wish, "social relations of care". Following closely the typology of Helena Hirata and Nadya Guimarães, these include I) unpaid domestic work, in which care appears as an obligation; II) market forms of care as a profession, including domestic service and all social care professions; and III) care conceptualised as "help", based on the reciprocity of community life. Both in terms of our claims and our political practices, it seems increasingly clear that the left must give care a centrality if it is to have a strategy of struggle and a project of anti-capitalist transformation.

The right to care: a claim for the left

Even before it can be translated into a set of concrete policies and a programme for economic transformation and the expansion of the welfare state, the centrality of care must involve the ability to project new social imaginaries by placing solidarity and interdependence at the centre of our practices, public policies and democratic choices. In other words, we must also conceive left politics from an emancipatory ethics of care. At a more programmatic level, care is also an important field in the struggle for equality, namely through a plan to transform the current social organisation of care, to prevent the mercantile colonisation of care, to fight individualist responses centred on the 'wellbeing industry' and to build a new pillar of social rights around care as a public good.

In recent years, several initiatives have emerged around the "care crisis" and ways to respond to it. In June 2021, a group of more than 100 organisations from different continents proposed the constitution of a "global movement to rebuild the social organisation of care" based on five fundamental principles: I) "recognise the social and economic value of care work (paid and unpaid) and the human right to care"; II) "reward and remunerate care work with equal pay for work of equal value, ensure decent working conditions and comprehensive social protection"; III) "reduce the burden of unpaid work on women"; IV) "redistribute care work within families and among all workers, eliminating the sexual division of labour between families and the state"; and V) "recover the public character of care services", reaffirming "the duty and primary responsibility of the state to provide public care services and to develop care systems that transform gender relations and women's lives". These five objectives, which underpin a global alliance of social movements, trade unions and organisations, provide a good platform for action and common ground for rethinking the care system in Europe.

The trade union movement and the parties of the left must give due importance to the organisation of all workers in these care sectors (social assistance, home care, domestic services, but also cleaning, personal assistance, etc.) and to their struggles, both for greater social recognition and for decent wages, stable contracts and the regularisation of all the migrants who provide much of the care in Europe. In fact, the professional care sector is characterised by much lower than average wages, temporary and part-time work, punishing conditions that lead to exhaustion of workers, lack of safety conditions, high turnover of workers, in addition to the challenges posed by the uberisation of work, also in this sector, and the low union strength of several of these categories.

In several countries, the left and the feminist and carers' movements have also insisted on the need to articulate this debate with the reduction of working hours, the feminist transformation of family and community relations and the creation of a National Care Service, replicating in this area what was done, for example, with the National Health Service after the World War II in several European countries and after the 1974 revolution in Portugal.

Basically, it is a question of defending the "right to care" and "care with rights", as the slogan of an ongoing campaign led by an alliance of organisations in Portugal, Iniciativa Legislativa Cidadã (Citizens' Legislative Initiative). This seems to us to be a central agenda for the left today.

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