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Care under Capitalism: The Crisis of “Women’s” Work

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Introduction: The Crisis of Work

There has been substantial discussion in recent years about an impending “crisis of work”, much of it inspired by Frey and Osborne’s landmark working paper ‘The Future of Employment’ (2013). In this report, the authors suggest that nearly half of current jobs in the United States are at risk of automation – estimates that have been met with similarly bleak forecasts for the UK labour market. PwC (2017) claims that up to 30% of UK jobs could potentially be at high risk of automation by the early 2030s, whilst recent research by IPPR highlights that ‘technological change could reinforce inequalities of power’ (2017). This is not simply a crisis for high-income economies; emerging economies and developing nations will potentially be hit hardest by forecast changes. A 2016 report by Citi and the Oxford Martin School stresses that ‘susceptibility to automation across the developing world ranges from 55% in Uzbekistan, to 85% in Ethiopia, with a substantial share of the workforce being at high risk of automation in countries such as China and India’. Should these transformations come to pass, they will not only profoundly affect the lives of working people, but will have a negative impact on growth within these countries, thereby further entrenching global inequalities.

The crisis of waged work stems from more than the risk of job losses or the effects of technologically-enabled employment inequality, however. It is also a matter poor quality, low paid, and insecure work having a detrimental impact upon quality of life. Work, under current conditions, is bad for you. A recent article by Chandola and Zhang (2017) found that low-paying or highly stressful jobs were as bad for people’s health as unemployment, whilst numerous other studies point to the fact that precarious work and irregular shift patterns adversely affect workers’ well-being, mental health, and home lives. This highlights the fusion and co-implication of production and social reproduction. As Jeremy Corbyn acknowledged in his recent address to the TUC annual conference, any discussion of workers’ rights is also a discussion about our right to a life *beyond* paid work – to a decent existence at home and to membership of a wider community. This is crucial when it comes to appreciating the interconnected character of the current crisis, for the “crisis of work” (already a complex and multi-faceted phenomenon) cannot be disentangled from the “crisis of social reproduction”.

Social reproduction has long been an area of concern for materialist feminists. “Social reproduction” or “reproductive labour” are terms that describe the activities that nurture future workers, regenerate the current work force, and maintain those who cannot work – that is, the set of tasks that together maintain and reproduce life, both daily and generationally. Social reproduction consists, broadly speaking, of caring directly for oneself and others (childcare, elder care, healthcare), maintaining physical spaces and organizing resources as part of an indirect process of caring for oneself and others (cleaning, shopping, repairing), and the processes of species reproduction (bearing children). These are, in short, the everyday tasks involved in staying alive and helping others stay alive which have traditionally been performed by women for low wages or no wages. They are also forms of labour that tend to be neglected in contemporary debates about

work. Much of this labour retains a strong association with the family unit – and, in particular, with the caring activities of mothers, sisters, and daughters. However, struggles over social reproduction extend into a variety of areas, from grassroots community organizing to the waged workplace itself (in the form of everything from the unionization of cleaners and carers to campaigns for extended parental leave).

It is my contention that contemporary feminism must insist upon positioning these struggles in relation to wider agitation around the crisis of work. Indeed, they must be seen as part of an overarching feminist demand for (in Nancy Fraser’s words) ‘social arrangements that could enable people of every class, gender, sexuality, and colour to combine social reproductive activities with safe, interesting, and well-remunerated work’ (2017: 35). In this brief article, I will seek to address the integrated crisis of work, home, and community in two distinct ways – firstly, by considering the current conditions around remunerated reproductive labour (particularly the “feminized labour” of care work), and secondly, by reflecting upon the state of unpaid reproductive labour today (that is, upon what is often understood as the traditional sphere of “women’s work”). By looking at the integrated crisis through these two lenses, I hope to encourage a more holistic understanding of the contemporary “crisis of work”.

Social Reproduction Today: The Crisis of Waged Care Work

One key reason for viewing the crisis of waged work as fused with the crisis of social reproduction is that a substantial portion of waged work takes the form of reproductive labour (and vice versa). Whilst much of the social imaginary surrounding labour remains fixated upon traditionally masculinized settings – the factory, the warehouse, the industrial park and construction site – it is important to recognise that an enormous (and growing) portion of wealthier economies is currently oriented towards reproductive labour. Healthcare, for example, is a behemoth in terms of employment, and (increasingly) in terms of its share of GDP. Looking at the US government’s projections for job growth to 2024, one journalist noted that ‘nine of the 12 fastest-growing fields are different ways of saying “nurse”’ (Appelbaum, 2017). For our forthcoming book, Nick Srnicek and I calculated social reproduction jobs across health care, education, food service, accommodation, and social work as a percentage of all wage labour in high-income economies. We found that, over the past 50 years, there has been a marked increase in the number of these roles; indeed, they currently employ 23% to 28% of the labour force in the G7 countries.¹ By contrast, at its peak in the 1960s, America employed 30% in manufacturing. If we once spoke of manufacturing powerhouses, we must now speak in terms of economies centralised around the reproduction of their workforces.

We are entering the era of the care economy – a fact that has been warmly received by some commentators, several of whom have earmarked reproductive labour as the future of waged work (Kopf, 2017; O’Connor, 2017). After all, not only does our data suggest that an increasing percentage of the population is receiving a wage for maintaining social reproduction, but care roles are widely seen as less likely to be automated. With countries such as Germany, Japan, and the UK also confronting the challenges of an aging population, could waged care work be the solution to the

¹ This figure excludes areas including laundering, sex work, household repairs, and some forms of cleaning, for which there are sparse or no data.

crisis of work? Could the emergence of the care economy spell a cultural paradigm shift in the wealthier nations – one in which forms of feminized labour that have historically been undervalued can be the subject of a new appreciation? As long as the public provision of social reproduction continues to be rolled back, and care continues to be privatized, this is extremely unlikely. After all, any contemporary boom in directly market-mediated reproductive labour is likely to see care work being made subject to the imperatives of capital accumulation. This will mean an emphasis on efficiency and a compulsion to improve the productivity of the labour process, subsumed under the demand that the activities generate a profit.

Given that many basic care services have historically been performed by a largely feminized and immigrant work force (as well as by unpaid family members – mostly women), it seems likely that many of the least favourable qualities associated with contemporary waged labour will be amplified. After all, insecurity, forced flexibility, isolated and dispersed workplaces, and low wages have long been the hallmarks of feminized labour. Those people set to benefit most from the privatization of care work will surely continue to exploit its traditional status; even if we should see an increasing number of men entering the field as they are displaced from other sectors by automation, care under capitalism will remain under-recognized, under-valued, under-paid. Crucially, a care economy is not necessarily an economy that cares.

Social Reproduction Today: The Crisis of Unwaged Care Work

This discussion of the gendering of care work, and its connection to the poor pay and conditions faced by many waged reproductive labourers today, leads neatly into the second part of our discussion – unremunerated care work. Not only is social reproduction a significant part of wage labour in the twenty-first century (and therefore an important element of any understanding of the crisis of waged work), but both paid labour in the workplace and unpaid labour in the home demand to be seen as part of the same integrated crisis. We see this clearly when we look at the impact of changing labour conditions upon people's ability to provide unwaged care within their households or communities. Many high-income economies have witnessed a decline in real wages in recent years; indeed, a 2017 report by the Resolution Foundation found that the UK is facing the worst decade for pay growth 'since the Napoleonic wars', with pay continuing to lag behind inflation. Such shifts require a substantial increase in the number of hours in the waged workplace necessary to simply make ends meet, let alone sustain a household and provide ongoing financial support to others. At the same time, the expenses associated with caring for the very young are become increasingly burdensome; in London, for example, childcare costs have risen 7.4 times more quickly than pay (TUC, 2017). Low wages and affordable housing shortages also mean that many waged workers are unable to afford rents in those metropolitan areas in which there is a concentration of jobs. Research by the TUC, for example, estimates that the number of workers who commute daily for two hours or more has increased by a third in five years (Gayle, 2016). Longer commutes mean less hours available for unwaged care work, let alone for rest and recreation!

As a result of the contemporary crisis of work, then, many wage labourers experience a diminished capacity to provide extensive unwaged reproductive labour; they often lack the temporal and/or financial resources required to provide intensive, ongoing care to others (be they members of the household, family, or wider community). At the same time as individuals are struggling to meet the

need for this so-called “women’s work”, however, we are witnessing a crisis in funding around the public provision of care. The Association of Directors of Adults Social Services estimates that cuts to local councils between 2010 and 2015 saw £4.6bn, or 31%, axed from social care budgets (2017). This was at a time when demand was increasing quite significantly – and indeed, it is predicted that more than 2 million people over the age of 75 may be entering the social care system in the UK over the course of the next decade. At just the moment when individuals find themselves less able to step in to provide support, and when demographic changes loom large, the (already diminished) public provision of care is being rolled back still further. The uneasy push and pull between public, private, and personal provision of reproductive labour is leaving many people to fall through the cracks.

The result is that a dual track approach to care is asserting itself – one profoundly marked by income inequality. For those who cannot afford the time but who can (sometimes barely) spare the money, reproductive labour is privatized, giving the care economy a further boost. For those who cannot spare the money, reproductive labour is personalized. They alone bear the responsibility, and extra time must be found – time expenditures that exert a profound cost in terms of earning potential, other caring responsibilities, and individual health and well-being. Under this personalization of care under capitalism, overstretched people – including many waged care workers – find themselves being stretched still further (and this is before we even consider the extensive global chains of care into which many migrant workers are forced to enter). Many people are finding themselves sandwiched between the demands of caring for different generations – vulnerable older people on the one hand, and dependent children on the other. Whilst the integrated crisis that I am describing here is clearly a mass problem, it’s important to recognise that its effects are differentially distributed by race, gender, and class. It is poor women, many of them women of colour, who are bearing the brunt of these changes. As such, the crisis of work (and the crisis of social reproduction with which it is entangled) demands to be seen as one of the most pressing feminist issues of our time. How, then, might we begin to address it?

Conclusion: Approaching (with) Care

Recent Tory approaches to addressing the crisis of work and social reproduction have fallen short. Amongst the most notable failures of 2017 was the proposed ‘dementia tax’ – a policy which would have seen more elderly people having to finance their own social care, thereby further individualizing the burdens of social reproduction. However, the proposed policy to allow workers to take up to 12 months’ *unpaid* leave to care for family members with an illness or a disability is also worthy of a mention here. What makes this policy so profoundly unhelpful is precisely its failure to understand the integrated character of the current crisis. As we have seen, in an era of low wage growth and inflated private rents, it is in part the need for members of a household (or other unit of social reproduction) to commit ever more hours to their working lives that has generated a crisis of care. Financial pressures generate temporal pressures, resulting in diminished time available for caring activities. For many, the demands of waged work under capitalism do not allow for the luxury of being able to care – that is, the “luxury” of being able to take on work that is frequently difficult, repetitive, and emotionally draining. Unpaid leave, as a mechanism for freeing up time, is effectively meaningless for many of those who need it most. Such a policy could only be workable if a right to time off were combined with the simultaneous provision of a generous, statutory carers’ income, designed to would allow people to use this time.

However, even such a move represents a mere band aid – one with limited applicability in the face of widespread under-employment and the threat of technologically facilitated job losses. The real challenge is to build an ideological consensus around the necessity of high-quality, collective provision for social reproduction (not just elder and social care, but all elements of reproductive labour), as well as the importance of ensuring that all people have the means to care for themselves and others. Recent calls for Universal Basic Services are a potential starting point here – proposals which look to extend the range of services provided free at the point of need, in order to reduce the ‘cash income required (through the benefit system, or from savings) for individuals or families to survive at an acceptable standard’ (Institute for Global Prosperity, 2017). As I discussed in a recent conference report for IPPR’s *Progressive Review* (2017), another possible point of departure might be to centre the autonomous organizational capacities of communities – including formal and informal service providers, and other specific “stakeholders” – whilst developing robust infrastructures of state support to help facilitate this. Resources, information, and money should be channelled towards putting care into the hands of those most involved in giving and receiving it. In short, we must struggle to wrest reproductive labour away from the interests of the market by any means necessary. It is only in this way that we can work towards making care less exploitative, and ensure that a better future is more evenly distributed.

Ultimately, I agree with Fraser that ‘this crisis will not be resolved by tinkering with social policy. The path to its resolution can only go through deep structural transformation of this social order’ (2017: 36). As a holistic account of the current crisis makes clear, under capitalism, care will continue to be a profound and persistent problem. Any meaningfully feminist approach must therefore advocate for substantial, systemic change. This is why critical work on the gender politics of post-capitalist imaginaries is so important right now; as the neoliberal consensus comes to seem increasingly fragile, we need to explore what more emancipatory alternatives might look like. Such a project must be maximally inclusive, driven by those delivering and/or in receipt of care, and committed to the social revaluation, redistribution, and (where appropriate) reduction of the most burdensome elements of reproductive labour.

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