

From Profit Taking to Life Making: Quality Care for People and Planet

Article by Sara Farris

May 14, 2021

The Covid-19 pandemic threw health and care workers into the spotlight. But as the applause and praise of heroes fades and is replaced by the buzz of returning to some degree of normality, where does this leave those who have carried societies through the crisis, often at huge personal cost? Sociologist Sara Farris explains how the lens of social reproduction offers a way to understand the structural under-valuing of the work that keeps society on its feet. It will take a shift in priorities from profit to life to guarantee a system that puts quality care – for people and the planet – first.

Green European Journal: What is social reproduction theory and how can it help us understand what we have witnessed during the pandemic?

Sara Farris: Social reproduction theory is a set of ideas that try to understand the role of what some scholars and activists call “life-making activities” within our economic and social system: activities like childcare, elderly care, cleaning, providing food and shelter, education, and healthcare. We call these activities “life making” precisely because they restore life and enable the reproduction of human existence. Many of these activities have been in the spotlight during the pandemic. Jobs such as elderly care, childcare, and healthcare have been considered essential precisely because this work keeps people alive, it supports wellbeing, and it enables people to reproduce their existence.

Social reproduction theories can be very helpful for understanding the pandemic. For a long time, these theories have stressed the social importance of life-making activities in a context in which they have usually been stigmatised or undervalued. We live in a capitalist system that tends to emphasise the importance of other types of jobs, usually those associated with profit-making. In a way, the pandemic has completely overturned this labour hierarchy by showing that many highly paid jobs haven't really been needed during a global health and economic crisis. Instead, the jobs that are poorly paid, socially stigmatised, and considered unskilled have been exposed as the ones we need badly to survive.

Migrant, ethnic minority and/or female workers are over-represented in these kinds of social reproduction jobs. How do dynamics of race, gender and class operate in the current system of care?

In Europe as well as in other parts of the world, much of this social reproductive work is carried out by either migrant or racialised minorities, and that is precisely because historically there has been a strong tendency to assign the low-skilled and low-paid jobs to people from ethnic minority backgrounds. Social reproductive activities provide a unique

opportunity to understand the intersections between gender, race and class because it is an economic sector in which there is an over-representation of racialised and working-class women.

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Traditionally women have been assigned to the domestic sphere, where they have tended to work for free. But what we have witnessed in the last thirty years is that a growing number of women have entered the paid labour market outside the household, while continuing to take on the bulk of household chores. However, there has also been a void created by the participation of many women in the so-called productive sphere, which has been filled by migrant and ethnic minority women who have taken on those activities that used to be carried out largely for free. Of course, ethnic minority and Black women have always been active in the labour market, with many working in social reproduction. What is new under neoliberalism (that is, the economic and social system in which we have lived for the last thirty or forty years) is the scale at which international migrants, particularly women, have been on the move to occupy these positions in wealthier parts of the world.

The curtailing of cross-border mobility during the pandemic has also shed light on the dependencies of Western care systems on migrant workers .

Absolutely, and it was really interesting to see how across Europe the usual anti-immigration rhetoric had somehow to be paused, precisely because all those workers that were being applauded and described as heroes, as essential, as key workers, were also in many cases the migrant workers who some political forces wanted to kick out. Those same workers showed themselves to be essential to our societies and to our survival.

A number of polls during the pandemic have shown that public perception of migration has changed as compared to the time of the Brexit referendum in 2016. Many people who voted for Brexit were found to have become more open to migrants, to those working in the health sector in particular, in recognition of the essential work that they are doing.

Of course, we do not know how long this will last; immigration is always a very hot topic that changes and is instrumentalised according to the political conjuncture. But at the same time, it is interesting to see how such a period of crisis has also meant the crisis of quite strong xenophobic positions have shifted, at least temporarily and towards certain migrant populations (the same cannot be said in the case of Chinese migrants, or citizens who have experienced a growth of racist attitudes towards them since the onset of the pandemic).

Today, care is becoming increasingly commodified and marketised. What is driving these processes and what are the implications for workers and those they care for?

Since the early 1990s (although it depends on the country), care activities that used to be

mostly carried out in the household for free are increasingly carried out in exchange for a wage, either in the form of hiring a worker in private households or developing private, for-profit nurseries for children or care homes for the elderly. This commodification drive has been designed under a neoliberal rationale, and it has been underpinned by two processes in particular. The first, as I mentioned earlier, was the increasing participation of women in the labour market, meaning that they were no longer so available to carry out the work that they used to do for free at home. The second process is demographic ageing. As people are living for longer, the need for care systems to look after them is increasing.

There are different ways to respond to these phenomena. One way is for the welfare state to provide public care services such as public nurseries or care homes. This was the route taken in Nordic countries particularly in Finland, Denmark and, to some extent, Sweden – although things are changing in these countries too. In other countries, there has been a tendency to keep childcare, at least from age three, public, free, and affordable.

Nonetheless, since the 1990s these more public solutions have become rare, and big companies are increasingly investing in childcare and elderly care. In the UK, now more than 80 per cent of nurseries are private, and many of them are for profit. Similarly, most care homes for the elderly are for profit, with many increasingly run by multinational corporations. The UK is the most advanced example of the corporatisation of care, but there is increasing marketisation and “for-profitisation” being implemented in other countries as well, such as France or Germany. Many of the political forces that have been in government in various European countries since the 1990s have applied a neoliberal dogma of free choice and privatisation.

These processes were supported by two main ideas. First, that privatised services are more efficient, cost effective, and better organised. And second, that people should be able to choose from a range of options when it comes to care, and that public care did not offer this choice. However, we have since seen that those ideas were not true. For-profit definitely does not organise care better – on the contrary.

How so? Can you give some examples?

In the UK, some of the big corporations organising elderly care have collapsed in past years (Southern Cross and Four Seasons are the most notable examples), leaving hundreds of workers unemployed and hundreds of care recipients without care. These care homes had to close or go into administration precisely because they had been financially mismanaged. During the pandemic, studies have shown that the largest UK care chains have been the ones experiencing the highest rates of infection and death. This is due to their constant drive to save on costs, particularly when it comes to wages for care workers but also health and safety in general. Especially at the beginning of the pandemic, many care workers did not have PPE. They were also often sent to work in more than one care home, increasing the risk of spreading the virus. The pandemic has shown very clearly that for-profit and private are not well run, the quality of care is not high, and they don't offer good working conditions.

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driven up.

Another myth that the pandemic has debunked is the idea that it is important for individuals to be able to choose from a range of options. In fact, this has led to a “race to the bottom” and a multiplication of inequalities. Where there is a market of care in which different providers are competing, prices are driven up. It seems counter-intuitive, but in general fees have become much higher and the best facilities tend to be so expensive that they are absolutely inaccessible for most people.

Given the ageing population, how can we rethink care for the elderly in a post-pandemic world?

The paradox of the commodification of care is that the State has not really withdrawn from providing care; it has only redistributed its resources to private providers. Instead of running its own care facilities, the State now subsidises private providers to do so. The first thing to do would be to organise proper public-funded State care facilities for the elderly. The cost argument doesn't stand, because even now the State keeps paying for care, with the private providers presenting all the problems I mentioned before. There are no strong arguments against the State organising its own care in a way that is public, high quality, and free for all.

In the last year, the UK government has given billions of pounds to private companies to organise some of the health services that were needed to face the pandemic. The two main services that were outsourced to private companies were PPE provision and test and tracing. And often, the private companies that received the funds were run by the friends of the Conservatives – sometimes even the neighbours – to give you a sense of the crony capitalism at work. This has been a disaster: the test and tracing system is considered a failure, and there are investigations into how the money has been spent.

On the other hand, the vaccination programme run by the National Health Service is in public hands. This is the only [Covid-19 response] service that is currently working: it is running quite smoothly and according to schedule. That makes a very strong argument against the myth that privatisation works best.

All the talk of key and essential workers during the pandemic has in general not been followed up with measures to substantially improve wages and working conditions. Was this language instrumentalised, and what are the prospects for translating the rhetoric into change?

The use of this language was kind of inevitable; it was clear that all this essential work had to be recognised for what it was. Political commentators – on the left and right, although in different ways – have emphasised the need to fully recognise this kind of labour and its importance for society, including through higher pay. But this has not materialised – in fact, in many ways their working conditions have even deteriorated. In the UK, care workers have been one of the groups most affected by the virus. Many have died, precisely because they have been put to work in unsafe conditions. Recognition of these workers through clapping or calling them heroes is rhetoric they do not need. What they need is a proper recognition of their worth, which comes through higher wages and better

working conditions.

We live in a capitalist system that tends to emphasise the importance of other types of jobs, usually those associated with profit-making.

Is it likely that we will see demands or organisation from workers in these sectors, given the deterioration of conditions and the huge strain they have been under?

It is hard to predict the future. In moments of crisis, it can become harder for some workers to make demands because there is a huge pressure on them to deliver certain services. And many workers consider themselves lucky to have a job in the current environment – there has been such a high rate of unemployment, even if not so much in the essential services. However, I am slightly optimistic that in the future these workers will remember this situation, and how the pandemic has demonstrated so clearly the importance of their work, and it will embolden them to fight for their rights.

There are already some signs of that: rates of unionisation among care workers have risen, for instance. During the pandemic, UK nurses who were not accepting their working conditions have attempted to strike. I am cautiously optimistic. One thing is certain, though: care workers in the UK cannot expect any recognition from the current Conservative government. Anything they obtain will be through their own struggle.

The feminist thinker Nancy Fraser has described capitalism as being like a snake that eats its own tail because it is devaluing the very work that is essential to its own survival. Such a system is clearly unsustainable. Is social reproduction theory helpful for thinking about the climate crisis?

It is an absurd system in which the activities really needed to survive are the ones that capitalism usually undervalues and stigmatises. It is a system in which profits are put before lives, with very few people able to thrive while the large majority are left in poverty and poor health.

The concept of social reproduction underlines the connection between *reproduction* and *production*. It stresses that there is a clear link, an interdependence, between the productive activities that produce commodities and profit, and the reproductive activities that produce everything that is essential for daily life. Social reproduction has lots to say about the environment and the climate catastrophe, because it shows how all those activities that are devalued, or not valorised at all, are the activities that are necessary for the survival of our planet.

A society that prioritises life-making rather than profit-making would be a more sustainable society in which the top priority is quality care. A society wherein certain forms of environmental destruction would not be permissible, because emphasising social reproduction means stressing our interdependence not only as people – when we care for

each other, we accept our interdependence as human beings – but also with nature. If we were to fully understand our dependence on nature, we would prioritise a different way of living on this planet.



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Published May 14, 2021

Article in English

Published in the *Green European Journal*

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