Care in Everyday Life: Online Afterword in Response to COVID-19

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Care is woven into the web of our lives: in our relationships with those close to us, our relationships with those we seek help from at times of trouble and in our relationships with the environment in which we live. It matters how those responsible for ensuring justice and wellbeing for all think about care, and how they act as a consequence. A result of the ubiquity of care (which I note at the start of *Care in Everyday Life*) is that it can be invisible. We do not notice it – until it is not there and we suffer from its absence. In the current crisis care has become more visible than ever before. The discourse of care permeates political announcements and media discussions. Journalists are scandalised by the apparent lack of understanding on the part of the government about the likely impact of COVID-19 in care homes. But where was investigative journalism before the crisis into the low value accorded to 'unskilled' care workers? The crisis has led to an unprecedented view of life for residents in care homes as the death toll has become evident. We have seen the importance of continuing relationships with family for residents and the devastating impact of not being able to sustain visits. We have seen something of the lives of care workers: paid the minimum wage, many of them migrant women or black women, torn between the responsibility they feel to care for those they are paid to look after, and how to care for and protect their own family. We have seen how they feel uncared for as they care for others.

We see something – but not much – of what it means to work as a carer in the homes of those needing help because of illness, disability and other frailties that are part of what it means to be human. We hear something – but not a lot – about how hard it is to get access to those services following 10 years of austerity and about the lack of attention to the risks faced by disabled people from the virus. We see something – but not much – of what it means to care for a disabled child, partner, parent or friend at a time when schools are closed, respite is unavailable and help is limited.

We 'clap for carers' – primarily those occupying more visible and more 'elite' roles within health services. This embodies the importance of recognition and solidarity, and the central role of care in relation to

both. But we know that the NHS does not run on love. We know it takes skill; human and ethical understanding; financial resources; good management; the capacity to engage with different and sometimes conflicting scientific advice and knowledge. We look with respect at what is involved in dealing both with the high tech of intensive care and the low tech of handholding as people suffer and sometimes die without loved ones around them. We recognise something of the complexity of care – what is necessary to apply both professional skills and human understanding, to create a context in which people can both give and receive the care that they and others need.

If we look harder we can see that the webs of care include people whose roles are not immediately thought of in relation to care giving and receiving. The role of delivery workers, those who sustain food supplies, those whose skills are necessary for the technologies we increasingly rely on for communication, are also acknowledged as 'essential' as the 'inevitable dependencies' (Kittay, 1999, p 14) of the human condition are laid bare. Moser and Thygesen (2015) have pointed to the implications of the use of technologies, in contexts such as support for people with dementia, in inserting technology providers amongst those needing to accept the responsibilities of care. The current crisis reveals both what is important about, and what are the limitations of, technology within care.

There have also been celebrations of the growth of local community efforts to support neighbours unable to get out to buy food or collect prescriptions. Voluntary efforts to mitigate the impact of decreased mobility, increased isolation and poverty consequent on loss of employment, are cited as evidence that people do care, they are not selfish individuals and that collective action and solidarity are waiting to be given a context and opportunity to be expressed.

For those of us who have been promoting the ethics of care as a critical and transformative way of approaching how we should live well together (Barnes et al, 2015) the current moment is critical juncture. Will this crisis lead to the kind of renewal in politics, policy making and everyday relationships that care ethicists have been arguing for? Or will the 'privileged irresponsibility' (Tronto, 1993) of powerful elites who see care as irrelevant to them reassert itself, perhaps even more strongly as large corporations seek to make up lost financial ground? These questions apply to every country that is dealing with both the immediate consequences of the virus and the long-term impact of the pandemic. They also apply to relations between states and to the international institutions through which we need to work together because of our global interdependencies.

In this brief piece I want to offer two responses to the fundamental question of what comes after the crisis. I do so developing arguments pursued in Chapters 8 and 9 of *Care in Everyday Life* and by drawing on some developments in care ethics since it was published. Alongside the profile of the word 'care' within current discourse, there has been much reference to compassion, love and kindness. I do not want to belittle such virtues, but I do want to emphasise the distinction between care ethics and virtue ethics. Care ethics highlights the relational ontology of what it is to be human and it transcends the 'moral boundaries' (Tronto, 1993) between ethics and politics. When we think with care we need to think about the relations between people, including the consequences of inequalities, marginalisation and oppression. And we need to interrogate both policies and the practice of politics, to look at the normative basis of these and their capacity to enable care. Exhorting people to develop the virtues of kindness and compassion is not enough. Key to shaping what comes next will be political decisions. So what will drive those decisions?

One UK policy decision indicates we cannot assume a transformation in policy drivers. The Immigration Bill going through parliament as I write will restrict immigration to 'skilled' workers earning at least £25,600 per annum. It will exclude 'unskilled' care workers who can only expect to earn the minimum wage. This comes despite a shortage of 120,000 workers in the care sector. They might be essential workers, but they apparently do not offer the economic or skills contribution deemed necessary to become a citizen of the UK. As long as care work remains one of the lowest paid occupations, and this is linked to the degree of welcome offered to those wanting to practice such skills in this country, no amount of public celebration will be enough. And beyond this specific policy decision is the long-term failure to resolve the scandal of inadequate funding for social care and the unsustainable distinction between needs that can be met free at the point of delivery and those that incur service charges. Both the capacity to come to a decision and the nature of those decisions will be tests of the extent to which current recognition of the importance of social care work is transitory, or will enable material justice for those who both need and provide social care.

I argue in *Care in Everyday Life* that care full policy making necessitates input to policy from those who know and care about such issues because they have lived experience of them. Throughout this crisis we have seen experts in epidemiology and infectious diseases advising government. We have also seen behavioural psychologists have their day. We have seen 'the science' held up as the touchstone for decisions about strategies

and we have seen the fact that the experts do not always agree and that expert advice will undoubtedly be filtered through political priorities and values. So who will be involved in the policy processes following the COVID-19 crisis and how will the involvement of frontline workers and service users be enabled? Politics happens in many different spaces and transformatory politics requires a diversity of practices, including social movement action and deliberative assemblies (Barnes, 2008). The value of different types of expertise and knowledge, as well as the capacity to encompass emotional expression and respond to things that matter to people, will be vital to avoiding a reversion to 'business as usual'. Our hopes that we can achieve a 'Caring Democracy' (Tronto, 2013) following the crisis will require those who know about care as care receivers and care givers to be present within the deliberations about a range of policies. These include, but are not limited to, how we might resolve the social care crisis. The value of care thinking has been demonstrated in contexts that include urban design, domestic violence, international relations and environmental policy.

So my second point in relation to the future concerns the particular conjuncture of the COVID-19 crisis and the climate crisis. As evidence for the devastating impact on biodiversity and on the climate of the way humans live has become impossible to ignore, work on care ethics has sought to address another boundary in need of unsettling – that of human exceptionalism. In their influential definition of caring Berenice Fisher and Joan Tronto (quoted in Tronto, 1993, p 103) included the environment within the scope of care. More recently scholars such as Puig della Bellacasa (2017) have developed substantial considerations of what it means to include the more than human world within our understanding of webs of care. She seeks to enrich our vision of care through care thinking in techno-sciences, soil sciences and bio-politics. Her work extends and reinforces the links between activism, forms of democratic practice and the transformative possibilities of thinking from an ethic of care.

The opportunity to become more engaged with the natural world has been another consequence of the current crisis that has been regarded as having positive impacts that need to be sustained. But it is also another way in which inequalities have become more visible and where, if benefits are to be widely shared, action is needed based on care-centric thinking about private and public space. There are examples of user-led initiatives that have made links between improved mental health and environmental sustainability that predate the contemporary recognition of the link between nature and well-being. In recent work I have considered the place of the physical environment and non-human

animals in creating caring relationships that contribute to recovery (Barnes, 2019). There is a real potential for alliances between those whose starting point is care for the environment and what is being done to it, and those whose starting point is caring relationships that can deliver wellbeing and justice for people.

So as we look to 'what comes after' we need to build on those things that we can accept as positive consequences of this crisis. We need to move forward carefully and ensure that those who were not visible before the crisis continue to be visible and involved as decisions are made about how we live together in the future. We need to understand care as a critical and political, as well as ethical and personal, way of thinking and a basis on which to determine policies and practices. Care is complex, it is hard and it requires us all to recognise that we can be vulnerable as well as strong. The impact of the virus will continue to expose and exacerbate inequalities. But it also has the potential for new solidarities. And in work on the ethics of care we have a resource that can offer profound help as we try to make sense of what has happened and how we can go forward in a hopeful way:

> The power of the ethics of care lies in its capacity to move between the messy everyday realities of care giving and receiving, and the political processes though which policy is made, while applying a coherent philosophical and psychological understanding of interdependence as fundamental to the human condition. (Barnes et al, 2015, p 243)

I would now add 'and to the condition of the world'.

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