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Care and the Future of Work

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Abstract

The increasing economic and normative pressure on all adults in working age to be engaged in full-time employment has reduced care resources within families. In most contexts, public provision of care services for children and older adults has not filled the resulting care gaps. In consequence, families increasingly turn to the market to buy care services. The resulting commodification of care has fuelled growth of a care labour force, predominantly constituted of female and migrant workers, who face precarious working conditions.

The aim of this chapter is to trace and reflect the academic debates on these recent developments and on potential avenues for the future of care work. On the one hand, novel digital technologies promise easing care work with remote supervision, robot companions and similar innovations. In the same vein, digital labour platforms suggest tackling care crises by connecting care workers with clients at very short notice. On the other hand, scholars fundamentally question the extension and dominance of waged labour in our societies. They debate alternative futures of work in caring societies that value care labour and allow for sufficient time to care.

Introduction

“Who does the care work for whom and under what conditions?” remains a fundamental question that accompanies us from the cradle to the grave. Infants start crying when feeling left alone. Older adults worry about being unable to care for themselves as they get older. This chapter aims at exploring care work through the lens of the Future of Work debate. It analyses

the options digital technologies offer to shape how we organise care work in the future and it explores alternative futures of care work.

There are manifold ways of exploring current transformations of how we work. The term ‘Future of Work’, however, has become synonym with a very specific narrative. The studies on the Future of Work typically analyse how technological advancements impact on labour markets. They are commonly based on the premise that technology will replace much of the human labour force, i.e. machines will be able to take over many tasks currently done by human beings. Based on this, they ask what kind of jobs will still exist in the future? And how do our societies have to adapt? In his often cited book “The end of work“, Jeremy Rifkin (1995: xv), for example, argues that “we are entering a new phase in world history – one in which fewer and fewer workers will be needed to produce the goods and services for the global population” and predicts mass unemployment. For many years the debate circled around ‘automation’ and ‘robotisation’ as buzzwords. Most recently, it has been boosted by the new hype about AI, i.e. artificial intelligence (Schlogl et al. 2021). Many such studies are produced by consultancy firms who typically use dramatic language to suggest the necessity for urgent action. The most recent McKinsey report on the Future of Work, for example, emphasises that “100 million workers may need to switch occupations by 2030” (Lund et al. 2021: 1). The consultancies then advise industry leaders and governments on how to adjust their labour policies to stay competitive.

The debate has received substantial criticism for several problematic aspects (for an extensive critique see Parts 1 and 2 of this book). Most importantly, scholars problematise its technological determinism, i.e. its often unidirectional and deterministic understanding of technology as impacting society (Joyce et al. 2023). This frames technology as the driving force of change and individuals, firms and governments as its passive victims who struggle to adapt. Such narratives are never merely descriptive, but highly political as they affect how we perceive the

future. Spreading anxieties of large scale job losses reduces individuals' negotiating power over working conditions: "Be glad you still have a job!," their employers might say. The narrative of job loss thus promotes a neoliberal discourse. It suggests that whoever is not willing to outperform their peers and invest more than others in improving their skills will be left behind.

Instead, social scientists emphasise that technological change is not preordained or fixed by nature. On the contrary, it is societies that govern the development and use of technologies (Howcroft and Taylor 2023). This means that we are not dealing with one impending future of work, but multiple possible futures depending on how we shape the development and use of technologies (MacLeavy and Lapworth 2020; Pitts et al. 2018). As Schlogl et al. (2021: 321) point out, much of the Future of Work scholarship thus poses the wrong question. Instead of asking "what will the future look like?," we need to explore "what kinds of future would we like to create?" This chapter aims to do this with a focus on the future of care work.

The term 'care' is conceptualised in a variety of ways. In a broad sense, it is defined as "a species activity that includes everything that we do to maintain, continue and repair our 'world' so that we can live in it as well as possible" (Fischer and Tronto 1990: 40). In this vein, it is often used as a synonym for 'social reproduction', a term stemming from feminist marxist theory that encompasses all activities required to sustain people's labour power over the life-course and intergenerationally (Bhattacharya 2017). (On the distinct histories and emphases of the two terms see e.g. Aulenbacher (2020), Haubner (2017), Kofman & Raghuram (2015) and Mehaan & Strauss (2014)). While care usually refers to activities that humans do to sustain themselves, others and the environment, scholars have recently argued for expanding the notion even further to include non-human actors such as soil (Puig de La Bellacasa 2017) or built environments (Power and Williams 2020) as caring. In the sociology of work, however, the term care is typically used in a narrower sense. There, and also in this chapter, it denotes "the provision of

practical or emotional support“ (Milligan and Wiles 2010: 737) for another person in the form of paid or unpaid labour. This includes child care, senior care and social care for persons with special needs.

Future of Work reports usually limit their scope to paid employment. Care work is then predicted to be one of the employment fields with a steep increase in demand for additional workers (e.g. Lund et al. 2021: 14) and a pronounced labour shortage (e.g. World Economic Forum 2023: 36). In the social science literature, which includes both paid and unpaid care, this is reflected in the debate on the care crisis (Dowling 2021).

The care crisis

In her book “The Care Crisis: What caused it and how can we end it?” Emma Dowling (2021: 19) defines the care crisis as a twofold societal problem: On the one hand, care recipients are increasingly unable to get the care they need. On the other hand, care workers are increasingly unable to do their work under dignified conditions. Both aspects are caused by the current societal organisation of care labour in many countries around the world: Political decisions, economic necessities and changing gender relations have reduced the availability of unpaid care labour within families and communities that was previously done predominantly by women. While women have increased their participation in paid work, men have not equivalently reduced their hours to take over unpaid care work (MacLeavy 2020). Furthermore, many employment fields have witnessed an intensification of work and a growing tendency for work to spread beyond stipulated working hours (Richardson 2018). In consequence, many households find themselves in a “time squeeze“ (McDowell 2004) and suffer from “time poverty“ (Bücker 2022). They struggle to find time for taking care of their children, older or impaired relatives and other loved ones.

At the same time, governments have not increased public spending for care to an extent that would have filled the emerging care gaps. On the contrary, many countries have witnessed neoliberal policy reforms and austerity politics have led to cut backs in public services (e.g. England 2010; Hall 2013; Schwiter et al. 2018). This has not only reduced the availability of affordable care services, but also impacted on working conditions. Under the guise of increasing ‘efficiency’ and saving taxpayers’ money, public service care workers have been forced to do ever more in ever shorter hours. Even before the outbreak of the Covid-19 pandemic, there were widespread reports of care workers feeling permanently exhausted and overworked, while trying to keep providing decent care under increasingly difficult conditions (Dowling 2021).

In combination, the domestic time squeeze and the insufficient public provision have fostered the commodification of care (Schwiter and Steiner 2020). To fill care gaps, an increasing number of households are opting to purchase home care services. While this alleviates the care deficit for those who can afford it, it leaves the care deficits of all other households unresolved. Fraser (2016: 104) calls this “a dualized organization of social reproduction, commodified for those who can pay for it, privatized for those who cannot“. Furthermore, this commodification of care has fostered the spreading of precarious employment and large scale migration of workers from poorer to richer countries (Horn et al. 2021). The workers – predominantly women – who migrate as part of these “global care chains“ (Hochschild 2000; Parreñas 2001) typically work overlong hours for very low wages (Aulenbacher et al. forthcoming). Many of them live separated from their own loved ones in the households of their employers (Pratt 2012).

In sum, Fraser (2022: 53) argues that the current organisation of our society “systematically cannibalises” care: “the present form of capitalism is doing just that: diverting the emotional and material resources that should be devoted to care work to other, inessential activities, which fatten corporate coffers”. While not all scholars share Fraser’s fundamental critique of

capitalism, there is a broad consensus within academia and beyond that measures are needed to counter existing care deficits and improve working conditions for care workers.

Tackling care deficits with digital technologies

In discussions about the Future of Work, several digital technologies emerge as potential solutions to address care deficits for both care recipients and care workers. The spectrum of solutions includes tools that enhance remote work capabilities to facilitate private caregiving through to the automation of caregiving tasks.

Providing care while home officing

Firstly, the development of effective tools for digital data transfer and interaction have boosted possibilities for remote work (Stiles and Smart 2021). This trend dramatically accelerated with the Covid-19 pandemic, during which a major share of the labour force worked from home (Hickman and Saad 2020). With regard to care, home officing promises easier alignment of paid work and care responsibilities. It might mitigate care deficits by either allowing workers to care for dependants while they work or arrange their work more flexibly around their care duties. Indeed, a review of existing studies on remote work demonstrates that home officing improves perceived autonomy and reduces work-family conflicts (Gajendran and Harrison 2007). In addition, remote work opens up opportunities for renegotiating gendered divisions of care responsibilities. Being more exposed to the previously ‘invisible’ labour of child care while in home office might lead to more egalitarian attitudes among men (Reichelt et al. 2020). Research on home officing during the pandemic suggests that it has indeed increased fathers’ involvement in childcare. This bears the potential to expand men’s commitments to participate in unpaid care work in the future (Carli 2020).

However, scholars draw attention to the fact that home officing does not actually reduce the volume of care work that needs to be done, it just allows for rearranging it and doing part of it while undertaking paid work. Especially the advantages of this multitasking are called into question. Based on a time-use survey, Song and Gao (2019), for example, conclude that working from home reduces happiness and increases stress, especially for parents. Furthermore, studies point to the risk of remote workers for being excluded from important networks, which in turn affects professional career perspectives and income opportunities – particularly for women (Güney-Frahm 2022). This needs further attention, as Munch (2016), for example, shows in a US study that men who requested home officing to care for a child were perceived more favourably compared to women asking for the same. In the case of online gig labour, James (2022) finds evidence that care duties limit female workers’ abilities to compete for gigs. Platform algorithms assess numbers of gigs completed, responsiveness and other variables to assess performance. This disadvantages workers who cannot be online for long periods of uninterrupted time due to care demands. He concludes that there is a danger of a “digital reinscription of stubborn ‘analogue’ gendered labour market inequalities”.

Providing care at a distance

Second, new visual, oral and audio-visual digital communication tools enable novel ways of caring at a distance. Extended and unpredictable working hours and rising commuting distances limit the time household members spend together. In this situation, digital communication tools allow care givers to keep in touch with care recipients. Parents arrange what their children do after school via chat messenger. Daughters and sons briefly skype with their ailing parents during the day to check whether all is well. Digital communication tools have become indispensable tools for maintaining care responsibilities in the everyday lives of families (Valentine 2006).

In addition, they have become key elements of the migration infrastructure (Lindquist et al. 2012) that allows migrants to maintain care relationships across larger distances (Francisco-Menchavez 2018). Asynchronous platforms such as Facebook, Instagram, Snapchat and TikTok are used to share news, send pictures or short videos and thus let loved ones participate in one's experiences abroad. Synchronous platforms such as Facetime, Skype or Zoom are used to spend time 'together' across distance and ensure the wellbeing of loved ones (Chau 2020). In her analysis of mothering via Skype, Longhurst (2013), for example, demonstrates how digital audio-visual communication has further extended the boundaries of maternal care. While such technologies allow for care relationships that transcend previously perceived binaries of absent/present, material/immaterial and real/virtual (Longhurst 2017), they can also be experienced as intrusive if used to track loved ones against their will or without their consent (Longhurst 2013).

Digital tools to support self-care

The problem of privacy becomes especially salient when digital technologies are used for live remote surveillance. Today, smart watches can measure heart rates and other biometric data and autonomously alert care givers in case of worrying data levels. Sensor mats or video cameras allow for live monitoring what a person does within their home. GPS trackers can follow their movement outside the home and allow for tracking a child or finding a dementia patient who might have lost their way. On the one hand, these and other novel technologies hold the promise to enable care recipients to live more independently while also reducing the amount of care work required to support them. On the other hand, they pose ethical challenges as they infringe on care recipients' privacy and intimacy (Kaspar and Müller 2020; Mortenson et al. 2015). Furthermore, the push towards self-care that reduces interactions with care givers might exacerbate psycho-social problems of loneliness and isolation – particularly in old age (Sixsmith and Sixsmith 2008).

With regard to care workers, studies foreground that the adoption of such digital tools does not necessarily reduce their workload. The tools have to be set up, monitored and require interventions on short notice. Malfunctioning devices, handling errors and other false alarms might require additional attention. Furthermore, users do not necessarily follow the scripts intended by the designers of the devices, but co-create their usage. As Pols (2010) shows based on an analysis of three self-care devices, care recipients did not take care of themselves more on their own, but used the devices to intensify their exchange with care personnel. Winthereik and Langstrup (2010) draw similar conclusions in the case of a digital pregnancy monitoring interface that was intended to reduce health professionals' workload and promote self-care. Their analysis finds that the tool increased the workload as it led the pregnant women to ask health personnel for more detailed assessments. In sum, such devices may increase the quality of care some of its users receive, but they also often imply a greater workload for the carers.

Digital tools for managing care workers

Apart from devices to promote self-care, there are various ways in which digital technologies are implemented to manage care workers. Hayes and Moore (2017), for example, explore the introduction of a GPS tracking system for the electronic monitoring of home care workers. As the monitoring was set up not to recognise travel time and any other tasks performed outside care recipients' households as work, it resulted in a de facto reduction of paid hours for the workers. Overall, nearly half of the hours workers spent in uniform remained unremunerated. Apart from redefining what is work, Hayes and Moore also observe a problematic shift in the understanding of care: the digital monitoring led care to be understood first and foremost as time consumption. In this neoliberal logic, care-recipients were reduced to "needy, greedy time-consumers" and care workers to "resource-wasting time-takers" (Hayes and Moore 2017: 329).

With regard to time, digital platforms such as Care.com that mediate care as short ‘gigs’ have entered the scene with the promise to make care available more flexibly (Ticona and Mateescu 2018). For care recipients and families with sufficient means, they promise to fill care gaps whenever they appear and on short notice. For gig workers, they offer low entry barriers and flexibility to work when it suits them. With this, digital platforms attract people who need to earn some money in between other commitments – such as unpaid care labour (Churchill and Craig 2019). And they serve as stopgap opportunities for people unable to access formal employment – many of them minorities and newly arriving migrants (Van Doorn 2021). As such, care platforms might contribute to alleviate care deficits as they mobilise a workforce that otherwise remains largely excluded from labour markets.

However, platform labour comes without a guarantee of gigs actually being available (Keller 2023) and without the social protection of regular employment (De Stefano et al. 2022). Scholarship thus emphasises the inherent precarity of platform labour due to its unpredictable working hours, fluctuating and generally insufficient income levels, lacking social protection and unequal power relationships between platforms and workers (Berg et al. 2018). Thus, scholars emphasise that platform labour does not fundamentally alter the devaluation and invisibilisation of care workers but creates novel forms of “flexploitation“ (Kluzik 2022: 3). While the current care platforms, dominated by profit-oriented multinational corporations, do indeed not seem to alleviate the care crisis in the sense of providing better working conditions for care workers, Huws et al. (2017: 14) emphasise that “there is no reason in principle why the technologies on which platform services are based could not be used in ways that contribute to the improvement of working conditions“. For this, Huws et al. suggest using platform technologies in public care provision. Bor (2018) draws attention to successful platform cooperatives that operate locally and Schor (2020) suggests transforming legislation in favour of non-profit platforms as a means to promote equitable and community-driven care services.

Artificial intelligence replacing care workers

Last but not least, there is the promise that digital technologies based on artificial intelligence (AI) might be able to take over some of the interactive care work still done by humans today. Compared to other technologies, AI-based tools are able ‘learn’ from the interaction with care recipients and adjust their responses to their human counterparts. Some of them take the form of robots – i.e. humanoid or animal-like shapes that simulate interaction with a living being. In dementia care, they are designed to mimic the look and feel of baby seals, cats or rabbits and to sooth patients by imitating movements and noises that invite petting. In the form of companion robots, they serve to entertain children and older adults. Many of them are able to invite conversation, play games and assist with a variety of simple everyday tasks. Since their inception, the use of robots for care has remained contested. Sparrow and Sparrow (2006) raise ethical concerns about the deception inherent in using robot simulacra to imitate social interaction with a human. One of the key critiques is that robots can pretend to care *for* a person, but they do not actually care *about* them. Others have countered this argument by challenging the underlying categorical distinction between human and non-human. Marquart (2018), for instance, draws on feminist Science and Technology Studies to question the simple opposition between ‘cold’ technology and ‘warm’ human interaction. She foregrounds the manifold affective relations between humans and technologies and their value as training tools to foster interactions with humans. Similarly, Sumartojo and Lugli (2022) argue that it is exactly the ‘liveliness’, i.e. their relational and open-ended entanglements with humans, that allow robots to contribute to care.

How do robots impact the routines of care workers? Based on a study in a Japanese care home, Wright (2019) finds that they did not reduce the care workload as intended, but actually increased it. Care workers were burdened with the additional labour of managing and mending

the robots. In addition, they experienced being increasingly perceived as mere assistants of robots as a further devaluation of their roles as carers. In order to prevent this, Walton-Roberts (2018) demands that care workers are involved as key stakeholders already in the development of robots. This would ensure the development of technology that assists care workers rather than vice-versa.

With the current rapid development of AI and digital technologies becoming part of “the new normal” (Leonardi 2021) in the future of work, there is an urgent need for more research to explore to what ends technologies are employed and in what (often unintended) ways they alleviate or exacerbate existing inequalities (Del Casino et al. 2020). With regard to care work, the key challenge is to develop them in such a way that they can not only fill care gaps, or raise the quality of care but also improve working conditions for care workers.

Alternative futures of care work

Reviewing the above body of literature, we find that digital technologies have indeed shown the potential to mitigate some aspects of the care crisis. Some facilitate aligning care with other duties or with being geographically distant. Others ease access to care or improve care quality for care recipients. However, existing technologies have not yet led to a marked reduction in the hours it takes to do the care work or in a marked improvement of the working conditions of care workers. On the contrary, there is evidence that they often imply additional work as they need to be set up, operated, monitored and mended. Furthermore, they sometimes make care work even more invisible and leave it unremunerated to an even greater extent. In sum, Huws (2019: 21) concludes that “there is no simple technological fix for the problem of housework” - or care work, in our case.

Strengthening the public provision of care services

Thus, what are the alternatives to address the care crisis? Many scholars agree that the problem is inherent in the current social order of neoliberal capitalism. Decades of neoliberal governance have cut down on public spending, forced households to raise the number of hours in paid work to make ends meet and thus squeezed the hours available for care (McDowell 2004). Furthermore, they have brought along a wide-spread outsourcing of care services (Brennan et al. 2012). In consequence, for-profit companies own and control an increasing share of care service provision (Friendly et al. 2021; Gallagher 2020). Above all, they strive for reducing costs to increase profitability (Farris and Marchetti 2017). Through this, an increasing amount of public funds meant for the provision of care are extracted and transformed into private profit (Dowling 2021).

In response, scholars demand reverting to a public provision of basic care services for all. Huws (2019), for instance, suggests socialising care work by creating good jobs in the public sector. Similarly, Dowling (2021) calls for a massive expansion of state organised care services, funded by progressive taxation. This would allow for improving working conditions, salaries, training and available resources for care workers and put a stop to private wealth extraction from care services. As an example for how this local provision could be organised, she refers to the Dutch neighbourhood care (Buurtzorg). This model of publicly funded home care provision is based on local, self-managed teams of nurses. It relies on the expertise of the trained nurses to assess and address care needs in collaboration with the care recipients in their district. The model has received international attention for its bottom-up design that includes care recipients in the decision making on how their care needs are best addressed and for its successful reduction of costly administrative overhead.

Reducing working hours

While an expansion of public care provision could substantially mitigate the care crisis, it is neither possible nor desirable to transform all the care that children, seniors and other adults with special needs require into paid work. Thus, there is still the problem of the domestic time squeeze that limits people's ability to provide unpaid care for their own loved ones. In order to address this, scholars question dominant notions of the "universal breadwinner" (Fraser 1994) or the "adult worker model" (Lewis and Giullari 2005). I.e. they challenge the neoliberal norm that all adults in working age should be engaged in full-time employment, which underlies much of the current social policy making. The norm is deemed problematic in that it privileges production over social reproduction and denies that all human beings need care at different stages of their lives (Fraser 2022). In response, they develop alternative societal organisations such as the "universal caregiver model" (Claassen 2011), which assumes that all adults are both carers and earners throughout their working lives.

Scholars emphasise that balancing work and care requires a marked reduction of standard working hours for all workers. Since the coronavirus pandemic, the debate on shortening the working week from five to four days has gained considerable traction. In many countries, firms and governments are implementing trials to gain experience (Joly et al. 2023). While the four day working week promises to facilitate balancing care and work responsibilities, it holds the danger that the same amount of work will have to be crammed into four instead of five days – with negative effects on workers' health. Instead, alternative models of worktime reduction suggest keeping five workdays, but shortening them to five or six hours of work a day. This would allow for balancing work, care and rest on all days of the week (Bücker 2022).

No matter the preferred solution, scholars emphasise that to facilitate sharing care responsibilities more equally between the genders, a reduction of working hours must be universal and mandatory (Himmelweit 2008). The reduction could be funded, for example, by limiting

company profits and redirecting money flows from shareholders' coffers to the workforce that actually produces the goods or provides the services (Fraser 2022). Unlike time, money can be redistributed between people, for example via progressive taxation, setting higher minimum income levels or introducing a universal basic income (Bücker 2022).

Alternative visions of the future worker

Both a substantial reduction of working hours as well as markedly improved public care services have been discussed for many years. How can we make such a future of work that values care happen? Scholars argue that the necessary transformation is hindered by our current understanding of the human being as a 'homo oeconomicus', an independent, autonomous actor (Green and Lawson 2011). This self-perception positions people in constant competition with their fellow humans and denies that we are all dependant on others.

Instead, Tronto (2017) suggests fostering an alternative subjectivity, which she calls "homo curans" –the caring human. Defining ourselves as 'homines curantes' implies an understanding that we are all inherently interdependent and are both care givers and care recipients. Organising the provision of care thus becomes a primary task of every society. In the same vein, Winker (2015) calls for a "care revolution" that transforms the current capitalist order of competing individuals with a society that centres around care for others. The key feature of this society is its solidary aim to foster the wellbeing of all its members. A large and growing body of literature is engaged in developing these "ethics of care" from different perspectives (Cox 2013; Lawson 2007; McDowell 2004; Milligan and Power 2009). Based on feminist and anti-racist scholarship they flesh out how we can foreground this interconnectedness of humans (McEwan and Goodman 2010) against the backdrop of a history of racialised and classed exploitation (Raghuram 2019) and work towards "caring democracies" (Tronto 2013), "caring

communities“ (Kaspar et al. 2021) or “caring economies“ (Wichterich 2019). Recently, these attempts at understanding the world through the lens of care have been further extended to include care relations with our non-human environment (Puig de La Bellacasa 2017) and link existing care debates with concerns about environmental degradation. This perspective acknowledges the need to care for and protect nature, wildlife, and ecological systems as an integral part of our care ethics.

Environmental disasters, such as wildfires, hurricanes, floods, and (other) climate change effects, have underscored the urgency of caring for the planet and promoting sustainable practices. At the same time, the coronavirus pandemic has illuminated the significance of care not only for individual well-being but also for the wider societal fabric. It has placed the care crisis on the political agenda and on the radar of the wider public, generating an unprecedented awareness that care is essential work (MacLeavy 2020). The current moment in history might thus provide a unique opportunity to foster the proliferation of such alternative visions of the future of work and enable us to envision and realise a more caring future. Such a societal transformation can build on many already existing local initiatives based on an ethic of care (e.g. Montes and Paris Pombo 2019). It can draw strength from existing social movements and new alliances among workers. Switzerland, my home country of about 8 million inhabitants, for example, has recently witnessed the largest feminist strike in its history with roughly half a million people in the streets. This created promising novel alliances between paid care workers striking for better working conditions and unpaid carers who demanded better public care infrastructures (Schilliger 2022). The activists chanted “Pas de retour à la norme mâle” (No return to nor-male-ity). With this slogan they called to dismantle existing societal norms and structures that devalue care work and pay inadequate attention to essential care needs. They voiced their refusal to go back to a ‘normal’ state that disproportionately burdens women and marginalised groups with care responsibilities. Instead they demand building a post-covid world, in which

care receives the attention it deserves. Based on this momentum, now might be a unique moment in time to redirect current debates on the future of work from dystopian scenarios of massive job loss or utopian technophilia towards alternative futures of work that value care.

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