

Care Revolution

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interviewed by

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1. Introduction

Gabriele Winker is a professor in the department of Work – Gender – Technology at the Hamburg University of Technology in Germany. In her work she always attempt to combine theoretical analysis and scientific finding with political action. She is one of the main initiators of the 'Care Revolution' movement. This political engagement is basing on her analysis of the crisis of social reproduction in the context of austerity politics. Care Revolution includes a profound critique of capitalism and combines this with the vision of a solidary society. It is dedicated to social movements, NGOs, trade unions etc. as well as to all care givers and receivers as a political transformation strategy of the care sector and, at the end, of the society. It tries to bring together a wide range of political and scientific perspectives to initiate collaboration between different groups and individuals. As Care Revolution concerns questions of economy, justice and democracy as discussed in this special issue of Equality, Diversity and Inclusion we have invited Gabriele Winker to give an interview about her initiative, the background, the idea, the practice and the perspective.

2. Interview with Gabriele Winker

Brigitte Aulenbacher and Birgit Riegraf: Among the protest movements on the theme of care and care work that have emerged in Germany in the wake of the 2008 financial crisis and prompted by the country's austerity policies, the Care Revolution network is the activist alliance that has attracted the most attention. You are acknowledged as the initiator of the Care Revolution concept and have written a book with the same title¹. What made you take the initiative, and what are your aims in doing so?

Gabriele Winker: The starting point was the fact that the social framework conditions for care workers in neoliberal capitalism are completely inadequate, yet care work is barely talked about in the political sphere. There are many people who are no longer sure how to master the demands of their professional and family lives without having a breakdown themselves. Their jobs have grown more demanding to the point that they are working at the limit of their capacities. At the same time they are urged to maintain their employability, for example by taking care of their continuing education and physical fitness. However, the full extent of their exhaustion can only really be understood if the high demands in the area of familial care work, which is carried out particularly by women, are considered simultaneously. Parents are responsible for everything from regularly supervising their children's homework to ensuring that they eat healthily. Meanwhile children and young people are themselves already under massive pressure to achieve. Thus, in families, stressed parents meet overwhelmed children. All of them are short of leisure, i.e. time to spend as they choose, either alone or together.

¹ Winker, Gabriele: Care Revolution. Schritte in eine solidarische Gesellschaft. Bielefeld: transcript, 2015
Homepage of the Care Revolution network: <http://www.care-revolution.org>

People expend great effort over a lengthy period of time to uphold their chosen life plans, but at some point they can no longer endure this self-imposed overload. Taken to its ultimate conclusion, it can result in mental illnesses. Not surprisingly, depression of various kinds, including burnout, and addictive illnesses have more than doubled in Germany in the past ten years. They occur disproportionately more frequently in care occupations because the pressure on costs and shortage of staff in that sector mean that care employees nowadays barely have time to give proper attention to the individuals needing their care. Many try to compensate for this unsatisfactory situation by working even harder, in some cases even by doing unpaid overtime.

All in all, it is obvious that the framework conditions for care work are harmful for people. At the same time, however, businesses and government policy tenaciously cling to the status quo, because they rely on economic growth and the highest possible profits in order to ensure the maximum valorisation of capital. This doctrine also determines German family policy, which does not support care workers but is primarily aimed at boosting women's employment and raising the birth rate: hence its aims are more informed by economic policy.

Consequently, every step in the direction of improving the conditions for care work will be fiercely contested. So a successful care movement requires patient perseverance and a genuine revolutionising of all the conditions under which people are currently suffering. This is the approach of the Care Revolution concept, which I first outlined in a rudimentary way in 2009. In 2012 it became clear to me that it needs a counterforce which must come from a social movement, and that was when I began to seek fellow activists in the political sphere.

Care Revolution is a transformation strategy aimed at bringing about a fundamental change of perspective. At the same time it sets out to establish political networking among care workers and people in everyday caregiving relationships. It is about the challenge of turning away from profit maximisation and, instead, putting the realisation of human needs at the heart of social and hence economic activity – and, what is more, doing so comprehensively, without excluding anyone and not at anyone else's expense. Care Revolution – building on the insights of feminist politics on reproductive work – emphasises the fundamental significance of care work. Thus care work, which does not feature in most political strategies or in the dominant economic theories, is chosen as the reference point for societal change. It is important that all forms of different caregiving relationships be taken into account: familial, voluntary and professional.

Care Revolution's first goal is to campaign for sufficient material resources and time, right now, to provide for all people – including the sick, the unemployed, refugees and single parents – to live well in accordance with their own ideas and free from existential distress. A particular concern is that care work should no longer be defined according to the necessities of reproducing a maximally productive workforce, but according to the needs of both those who have taken on many caring responsibilities as well as those who are dependent on care work. The goal of Care Revolution is a radically democratic society oriented towards human needs, and in particular towards caring for one another, in which the division between paid and unpaid care work no longer applies. I choose to call this the "society based on solidarity".

Brigitte Aulenbacher and Birgit Riegraf: Care Revolution is a political programme and the activist alliance is composed of many different groups and initiatives. Who is involved? What are the common elements and differences in their objectives? How does cooperation take place? Can you perhaps give an example that characterises and illustrates how they cooperate?

Gabriele Winker: In the Care Revolution network there are initiatives from different areas of society and with a diversity of political priorities. The spectrum ranges from initiatives of caregiving relatives to groups representing the interests of people with disabilities, from parents' initiatives and migrant organisations to trade union chapters from nursing and childcare workplaces, and from social movement organisations like attac to queer-feminist and radical left-wing groups. Following a well-attended national activists' conference held in Berlin in 2014, eighty cooperation partners from Germany, Switzerland and Austria have now

joined the Care Revolution network. In Germany there are 10 regional groups which are active locally in large cities or regions. Our aim is to bring together politically the interests of care workers and people in every day caregiving relationships.

A significant proportion of the initiatives represented by Care Revolution come from feminist or queer-feminist backgrounds. Some have fought since the 1970s, as part of the second wave of feminism, for a revaluation of unpaid reproductive work. Today, as a dimension of their struggles for improved care resources, both older and younger activists want to reframe the feminist agenda as more fundamentally critical of society. One such initiative is "*Care.Macht.Mehr*" (Care does more) in which academics are positioning themselves politically. Other activists are part of groups that combine anticapitalist with feminist positions and discuss their own life circumstances in relation to structural crises. The latter groups involved Care Revolution in the Blockupy protests.

Also part of the Care Revolution network are trade union chapters which have been engaging in care-institution labour disputes in recent years. For example, the ver.di chapter and the staff council at the Charité, Berlin's largest hospital, won their struggle for Germany's first collective agreement regarding minimum staff coverage for nurses. This labour dispute was supported by the association "*Berlinerinnen und Berliner für mehr Personal im Krankenhaus*" (Berlin residents for more hospital staff), which along with the Charité's ver.di chapter is now a cooperation partner in the Care Revolution network. The association staged its demonstrations of solidarity explicitly from the perspective of potential patients' interests. The disputes in municipal childcare facilities also achieved some initial success. During the 2015 round of strikes, one of the demands was for a societal revaluation of care work in childcare facilities and social services, and this was at least recognised in the form of improved pay. More extensive efforts were made, with some success, to bring parents into the alliance as partners.

There are also self-governed establishments which support Care Revolution's ideas; for example, the care workers of the Lossetal day care centre, a workplace within the commune established in Niederkaufungen in 1986, where around 80 people live and work together. In the day centre for people with various care needs including dementia, other members of the commune, neighbours and relatives are involved as extensively as possible. On the one hand, this is a strategy to deliver higher-quality care, and on the other, an expression of the societal ideal of people in neighbourhoods offering each other mutual support, complemented by the day care centre which provides the necessary professional care work.

To mention an example of familial care work, the initiative "*Armut durch Pflege*" (Poverty through care) was launched in Germany by the association "*Wir pflegen – Interessenvertretung begleitender Angehöriger und Freunde*" (We care – interest representation for accompanying relatives and friends). The aim of the initiative is to give a voice to affected families, their hardships and their demands, and to campaign for material improvements for caregiving relatives, in the form of a substantial care allowance perhaps. The association's demands always articulate the human dignity of the people being cared for, which must never be dependent on their ability to pay. The association Nicos Farm pursues similar aims by different means: to enable children and young people who are dependent on lifelong care, owing to a disability, to live dignified lives even if their parents are dependent on care themselves or are deceased. The association is trying to implement a relevant project involving accommodation, employment and therapy opportunities at Lüneburger Heide in Germany.

One strength of the initiatives aligned with the Care Revolution concept is their heterogeneity; the theme of care speaks directly to people from very different backgrounds with different political ideas, life concepts and desires. At the first activists' conference and subsequently in regional activities it has always been impressive to see how this diversity is compatible with mutual respect and curiosity about one another.

Cooperation between the various initiatives in political reality is not easy, however: certainly real, multifaceted struggles and alternative projects are taking place on all aspects of care

work and being supported by other groups or individual Care Revolutionaries. And many are glad that activists in the Care Revolution network demonstrate in various cities on May 1st (International Workers' Day) to draw attention to the disgraceful framework conditions of invisible care work. Nevertheless, their own, often existential struggles are necessarily central to the activities of the initiatives. The lack of flexibility imposed by ongoing care responsibilities or precarious living conditions and the shortage of time and money experienced by many care activists make it difficult to act collectively on broader issues. And so far there is just not enough experience to corroborate that collective efforts are, in fact, more successful. All this is currently holding Care Revolution back from gaining a more public presence as a social movement.

Brigitte Aulenbacher and Birgit Riegraf: Your book on Care Revolution contains a sociological analysis of the organisation of care and care work in Germany and a political programme for a fundamental reshaping of self-care and caregiving. The political programme is integrated into a council-democratic vision of a solidarity-based, ultimately postcapitalist or neosocialist society. Can you please outline a few points from your scholarly analysis and political vision that seem especially important to you for the reorganisation of care and care work?

Gabriele Winker: Of course some reform measures are necessary to begin with, such as providing all care workers with existential security by, for example, introducing an unconditional basic income; significantly shortening the paid working day to free up more time, not only for unpaid care work but also for more restful and creative hours of leisure; and expanding the social infrastructure. Only in this way can people be enabled to shape their lives without the existential anxiety they currently experience. Added to that, the work as a whole could also be distributed differently between the genders. In social conflicts and debates, care work – which is permanently devalued within the capitalist system – and civil society and political commitment would gain more significance alongside paid work.

Another decisive issue in my view – and a key goal of Care Revolution – is to organise the different branches of care democratically in accordance with human needs. Particularly the collective organisation of care is very important for existential security. At the same time, people want very varied things from a social infrastructure. Therefore in areas like child care, elder care, preventive and prophylactic healthcare or in education, for instance, it is worthwhile to develop diverse provision by giving everyone a say and collectively balancing priorities. Added to that, in care branches especially, an alternative is relatively easy to imagine since for the most part the social infrastructure necessary for support can be realised decentrally, in urban neighbourhoods or in villages.

A precondition of any far-reaching democratisation, however, is that care establishments be removed from the possession of private owners and thus withdrawn from the capitalist valorisation process and transferred back to the general public. This is a prerequisite for enabling people to determine themselves how they want to be cared for, cured or educated.

For the concrete democratic reconfiguration of the care sector, I see two paths as important. On the one hand, we should democratise the state infrastructure that matters so much to care workers by establishing roundtables, neighbourhood assemblies or care councils. On the other hand, we also attach importance to community projects, which are established from the bottom up, in urban neighbourhoods or in villages, and which must be supported financially from taxes without attaching obligations to this funding. And numerous projects of this kind already exist: social centres, multigenerational housing projects, health centres and independently run preschools. The aim is to continuously develop these projects, each in its own locality. On both paths, all the people concerned can participate directly in the organisation of the care establishments. Concrete forms of self-government can be realised here in direct cooperation, since people can talk and take decisions as experts in their own needs. They can experience each other as people with different capabilities and interests coming together to pursue the goal of organising care well.

From a democratised care sector it is not such a great leap to organise the whole of society according to the care principle. That means democratisation of the entire economy, the state and the family. It means aligning the whole of society with human needs. A necessary precondition for this is adequate access to goods and services. Therefore everything required for the satisfaction of needs must be matched on a societal level by qualitatively and quantitatively appropriate work processes. Because doing something can, in itself, satisfy needs if the concrete activity is seen as a means of fully utilising and expanding one's own potential. What this also means, and I find this especially exciting, is that the whole of work – i.e. currently paid and unpaid work – is to be organised in such a way that every person chooses for themselves the sector in which they can contribute to societal development. In this way every person has a self-determined choice about whether and how far they contribute their skills to building infrastructure, constructing apartments, producing organic foods or pollutant-free goods, or indeed caring for others. We can already experience seminal forms of such coexistence in concrete commons-based peer production projects. In these projects people decide collectively and as peers about the organisation and division of their work and about how to use the results of that work. So experience gained in care-sector struggles for better care conditions can make a comprehensive socialisation, which extends beyond the care sector, appear more realistic and more desirable.

Realistically, however, all these aims can only be achieved if, building on queer-feminist insights, we very consistently resist exclusion and discrimination based on such socially entrenched categories as gender, sexual orientation, social and ethnic background, nationality, and physical ability. Particularly for activists grouping around the concept of caring for one another, it is hugely important that in our political and other activities we critically examine and change our own behaviour in relation to people who are constructed as different. This remains a long-term and absolutely necessary process. If we succeed in guarding against every form of discrimination or denigration of groups and individuals, including on a global scale, and in practising a culture of open cooperation, then we can also build a society in which the focus is no longer on competition but on solidarity as the key organisational principle. This is the goal of a care revolution: a society based on solidarity.

Brigitte Aulenbacher and Birgit Riegraf: In your book you cross the frontier between academic research and politics and you draw this line, sometimes explicitly, sometimes more implicitly, where analysis of the current care regime ends and the development of alternative visions begins. You refer to Care Revolution as a political programme. All the same, you as an academic are involved. This means that without taking up the theme yourself, you are venturing into the time-honoured debate about what role sociology can play. Can it, should it, may it or must it intervene in society? What understanding of the relationship between scholarship and politics, or sociology and society, is the basis for your engagement in Care Revolution?

Gabriele Winker: For my own understanding of my role as an academic, it is important that my own analyses and empirical results should contribute to the humanisation of society. That is why my methodological perspective has always been subject-oriented research. In keeping with that approach, in 2009 Nina Degele and I published a praxeological intersectional multilevel approach.² In this paper what we propose is to study social practices on the basis of a societal analysis theoretically informed by social inequalities in order to find out how actors position themselves and where they see barriers, experience discrimination and oppression, but also practice resistance. Taking these insights as a departure point, those involved in these empirical processes can recognise their respective social positioning as a result of being confronted with the structures and norms surrounding them.

If they are actively involved as co-researchers in gaining these insights, then can not only recognise themselves in the subject constructions worked up from the study, but can also

² Winker, Gabriele; Degele, Nina: Intersektionalität. Zur Analyse sozialer Ungleichheiten. Bielefeld: transcript, 2009

identify the resultant social position that they occupy in society, the underlying meaning of differentiations and inequalities, and how these make sense in the present formation of society. If those involved in intersectional processes are aware of their social positioning and give thought to their social practices and possible changes in how they act, insights can evolve which gradually help people with similar interests to start changing their life circumstances in accordance with their ideas by taking joint action. This means that as long as they can be involved at least tentatively as co-researchers, in keeping with the principles of action research, interviewees can analyse and reflect on how their restrictive behaviour constrains the expansion of their life prospects, and thus develop potential for broadening their actions, which they can gradually realise by taking joint actions with others.

Currently I am trying harder to realise linkages between politics and research beyond the bounds of the university. For example, in holding an annual Care Revolution workshop we have created a place in which Care Revolution activists can exchange views about concrete experiences of care and opportunities to politicise these, and can develop analyses on the crisis of social reproduction or ideas for a society based on solidarity. In the course of this collective thinking work, it is becoming clear that for me, scholarship is not imaginable in any other way than to conceive of my scholarly insights as a reference point for political action. And I would add, arguing in line with the critical psychology of Klaus Holzkamp³, if critical scholarship needs to be developed from the practices of subjects then I, too, as a subject acting politically with others, can contribute to the further development of my analyses. Where I manage to do this, I remain an enthusiastic academic. For it is only the combination of grappling with concrete aspects of society in the political sphere and analytical reflection at my desk – in collaboration as often as possible – that enables me to develop as a critical scholar.

Brigitte Aulenbacher and Birgit Riegraf: For some considerable time, the relationship of global and local developments has been a regular topic of reflection in sociology. Although globalisation is nothing new, it certainly expresses how, since the end of the last century, supra-, inter-, trans- and national developments have become more tightly interwoven than ever. Likewise, care and care work as a topic of study was never exclusively local or national, and is even less so today. What does this mean from your perspective for the idea of a care revolution? How are the local and national levels tied in with trans-, inter- and supranational developments? What does this mean for the analysis of society and for Care Revolution as a political programme?

Gabriele Winker: The transformation strategy of Care Revolution has developed analytically out of my thoughts on the crisis of social reproduction. My point of departure is that the capitalist mode of production is based on the combination of wage labour and unpaid reproductive work. It requires highly competent workers on the lowest possible wages and salaries without letting the costs of reproduction become excessive. Particularly because of global competition, attempts are currently in hand to reduce the costs of reproduction of labour power as comprehensively as possible. This is driving down real wages, intensifying wage labour and extending work into the evenings and holidays. At the same time, all people of working age – regardless of gender, marital status, and number of dependent children and relatives – are expected to cover the cost of their own livelihood by selling their labour power. Furthermore, state benefits in the social sector are being cut and the individual safety net of social transfer payments limited. Meanwhile, the task of maintaining one's own employability increasingly falls to individuals themselves. They and their families are responsible for performing the socially necessary reproductive work in familial contexts. The fact that the work of self-care and care for children and relatives goes unpaid, and is performed in isolation and in private, allows this development to go largely unnoticed.

However, the continued success of this policy, imposed by business and government, is by no means certain. Currently, there is such downward pressure on the costs of reproduction

³ Holzkamp, Klaus: Grundlegung der Psychologie. Frankfurt/New York: Campus, 1983

of labour power that there are barely enough competent workers available to meet demand. Insofar as the intensification of the contradiction between profit maximisation and the reproduction of labour power so drastically affects the quantitative and qualitative availability of workers that this looks likely to result in a significant deterioration in the conditions of the valorisation of capital, I talk about a crisis of social reproduction, to which much greater consideration ought to be given in analyses about the overaccumulation crisis.

Despite these repercussions of its own strategy, capital fundamentally insists on continually reducing the cost of reproduction, and the state reacts only occasionally, as in its expansion of daycare facilities for young children. This is very directly connected with the fact that if costs rose, the balance of trade surpluses on which valorisation of capital in Germany is substantially based would no longer be achievable to the same extent.

Politically this means that every step in the direction of improving the conditions for care work will be fiercely contested. So a successful care movement requires permanent endeavours to drive change forward, and a genuine revolutionising of all the conditions under which people are currently living and often also suffering. For this reason a successful Care Revolution should also act globally whilst fighting locally for better framework conditions for care workers. In this respect today's German-speaking Care Revolution, which only has activist members in Germany, Switzerland and Austria, is still very much in its infancy.

Although I have only outlined the significance of global competition to the crisis analysis so far, the repercussions of this crisis of social reproduction can be observed across national borders, and very tangibly in the field of care work, where Care Revolution is bringing them to public attention. I will cite two examples. In a country with high wage levels by international standards, the skilled worker shortage can be partly offset by recruiting foreign skilled workers, in care occupations for example. This approach permits the costs of vocational training in Germany to be saved; at the same time, the drain of skilled workers from their countries of origin exacerbates the crisis of social reproduction in those countries.

In private households, migrant domestic staff or 24-hour care workers enable well-paid individuals to follow the neoliberal reproduction model favoured by politics: because of the sizeable pay disparity, the well-off can commercialise elements of the care work and delegate them to female migrants, whose employment conditions are usually irregular. They have no social security coverage, work below the minimum wage, and are not entitled to sick pay or paid holidays. For 24-hour care workers employed in domestic settings, even the limits set by German working time legislation do not apply. The reproduction model desired by neoliberalism – full and continuous employment of all employable people – only functions on the basis of a deeply unjust global division of labour.

Brigitte Aulenbacher and Birgit Riegraf: If you look back to your first thoughts about Care Revolution, and then look forward: how has Care Revolution made a difference? How else does it want and intend to make a difference? What will its next steps be?

Gabriele Winker: In the three years in which the Care Revolution network has now been politically active, there has been a distinct shift in the discourse not only around care but also about Care Revolution. More and more committed individuals and political groups now know us from activities happening locally. Very diverse organisations such as local political-party groups or church organisations and young people from left-wing and feminist initiatives invite us to give talks. We can present our concerns both in *Brigitte Woman*, a high-circulation women's magazine with a broad readership, and in *"Analyse und Kritik"* (Analysis and criticism), an important journal for left-wing debates.

Our next aim must be to considerably increase our local efforts in regions and cities to achieve some initial material improvements for care workers. We currently have good contacts in several cities within bodies known as relief alliances for the nursing staff in hospitals. As Care Revolutionaries we encourage as many potential patients as possible to participate, out of sheer self-interest, in activities calling for higher staffing levels. Here the awareness is growing that the struggle for better working conditions for care workers must be

linked to the interests of children and parents, patients and family members in order to improve working and living conditions for all.

But what happens after such campaigns are over? Time after time, the groups who participated in alliances do not continue to cooperate afterwards. As a response to this precise problem, I consider the founding of local care councils to be a way forward. Currently in the place where I live, the Freiburg regional group of Care Revolution is setting up such a care council. The meetings of this care council will be open to all interested parties. Being experts, people will report on their everyday lives, their working conditions and their consequences for other groups of people. Depending on the theme, these may be kindergarten teachers, parents, care workers, patients and caregiving relatives, but also social workers, feminist activists or staff councillors. Such a care council could stabilise the public discourse around care issues, draw attention to instances and examples of social injustice in the municipality, expose the causes of these injustices, develop concrete demands in cooperation with other political initiatives, and thus cement a cooperation that has been rather sporadic until now. I believe that this project can perpetuate contact among people committed to the care sector, thereby intensifying debates about the common approach going forward.

Perhaps the most urgent priority is to strengthen links with other social movements, such as the degrowth movement, which have approached Care Revolution directly. Various social and ecologically-oriented political practices have certain key features in common: the centrality of the necessities of human life, concern for life in general, the significance of rich social relationships and the shaping of social framework conditions to exclude nobody; these – despite great variations in emphasis – make up a common core. This core lays a foundation for criticism of the various consequences of capitalist development, namely destruction of both the ecosystem and of humans as social beings. It is a basis for connecting projects of solidarity-based living, discursively and practically. Individual struggles can be related to others and societal alternatives formulated. When highly diverse actors from a variety of individual movements meet up and become politically active together, they can support one another in alternative thinking and practices, steering clear of exclusions, old or new.

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