

# Emma Dowling: The Care Crisis: What Caused It and How Can We End It?

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Abby is a home care nurse on zero-hour contract. She gets paid for every visit but has to pay for commuting by herself. Her clients are elderly or disabled people for whom Abby is often the only contact throughout the day. They get emotionally attached to her and sometimes cause an accident just to get her attention. One day, Abby is standing at a bus stop, getting scolded by her manager for spending too much time with one client who was covered in faeces. Overstretched, she bursts in tears saying, “I’ve got one rule. Treat them like your mum, look after them. You wouldn’t leave your mum in a state like that, nobody would!”

Abby is in fact a fictional character from the last Ken Loach film *Sorry We Missed You* (2019). What could seem like a marginal story, amplified for the purpose of the film, is actually a symptomatic example of the state of care in the UK. As Emma Dowling shows in her new book *The Care Crisis: What Caused It and How Can We End It?* (2021), the British sector of care has long been strained to the brink of its capacities, and held together by the compassion and commitment of carers.

As a sociologist and political economist, Emma Dowling currently teaches at the University of Vienna. Her research focuses on social change and social reproduction, financialisation, feminist political theory as well as affective labour and transformation of the welfare state. Dowling has published several articles about commodification of care, its interconnection with financial capitalism and the British context before, but this newly published book is her first monograph.

In *The Care Crisis*, Dowling explores the global crisis of care, taking Britain as a case study for how it developed, who it affects and what its causes are. Her goal is to highlight what is often rendered invisible and examine certain economic phenomena through the perspective of care. Focusing on adult care, the author uncovers the structural and ideological underpinnings of the global crisis, locating them in the neoliberal logic emphasising individualism, personal responsibility and the free market. As care is relegated into unpaid or underpaid labour, Dowling points out that capitalism is in fact not able to finance social reproduction as it claims. Its inability to satisfy the needs of all groups in society then results in a constant care fix consisting of reorganising and transferring care into informal networks, which only further worsens the crisis.

The text is divided into six chapters, each containing a number of thematic subsections to facilitate the reader's orientation. After an introductory outline of the problem, Dowling focuses on forms of care as the backbone of social reproduction, addressing the intersectional implications and associated ideologies of caring. She then moves on to explore the consequences of the privatisation and austerity measures which were employed mainly after the global financial crisis, and that transferred the responsibility for care to informal carers, volunteers and food banks.

The second half of the book is devoted to financialisation and commodification of care. Offered for investors to capitalise on, the care sector is described as a set of instruments to raise gains and decrease risks, eventually disciplining both providers and recipients of care. In the last chapter, Dowling shifts to the individual level and concentrates on the business of self-care, which substitutes seeming control over one's body for the real lack of outer stability. Finally, the author concludes with some suggestions for how to escape the care fix and change our approach to care.

To understand the causes, it is first necessary to identify what we mean when we speak of the crisis of care. For Dowling, the starting point is to look at the material and structural conditions that show how precarity and insecurity monopolised the care sector: a record number of people rely on food banks, zero-hour contracts are undergoing a significant rise and care workers' wages hover just around the minimum wage. Although the data for her study are taken primarily from the UK, Dowling stresses that both the crisis and its causes are far exceeding the borders of one state, as exemplified by global care chains of migrant (mostly female) workers.

The main underlying feature of the crisis, however, lies in the redistribution of care work into unpaid labour. Care is here understood as a life-affirming action and an important part of human relationships which does not necessarily represent an unwanted burden. Nevertheless, the typical lifestyle of families has changed and what was possible a couple decades ago may not be feasible now. On the contrary, today, offloading care onto relatives under the premise of personal responsibility may throw whole households into poverty, forcing them to make continual compromises, and thereby creating an actual stress that one does not want to inflict upon others.

In addition, the burden of unpaid care, which equals 9 per cent of global GDP (p. 25), does not affect everyone equally. According to the Overseas Department Institute, in 2014, women across 66 countries spent on average 3.3 times more on unpaid care than men (p. 24). The infamous second shift then further punishes carers with a loss of income known as the ‘care penalty’. Drawing on feminist perspectives, Dowling thus deconstructs the notion of ‘golden years’ from the Fordist-Keynesian era and asks, “[W]ho does the work to allow for that individual to emerge and thrive? On whose assistive labour does this depend? How and why is this assistive labour so often rendered invisible?” (p. 30). Pointing to the invisibility of care work done by women and other disadvantaged groups such as people of colour or migrants, who eventually enable society to thrive, Dowling highlights the social, political and economic embedding of care that is often disguised behind various ideologies of caring.

When the British government significantly reduced the social security system and cut the local authority funding responsible for a large section of social services by 60 per cent between 2010 and 2020 (p. 55), it appealed to civic engagement and community empowerment to justify its actions. As a result, the income of the poorest households fell by 17 per cent and the number of children living in poverty rose by 1.5 million in the seven years following the financial crisis (p. 52). Nevertheless, corporation tax receipts’ share in the national income fell by 0.9 per cent (p. 54). The austerity measures therefore disabled the very communities in question while increasing profits for the most affluent members of society. Again, the burden did not affect everyone equally but targeted mainly the most vulnerable – lone mothers, lone women pensioners, ethnic minorities and disabled. For women, their already existing disadvantage was thus intensified if they belonged to a minority ethnic group or had a physical disability.

What Dowling argues is that such consequences were by no means a necessity, but rather a result of an ideological agenda. Even the IMF admitted that austerity measures do not necessarily lead to economic recovery while Philip Alston, the UN special rapporteur on extreme poverty and human rights, called them a “*radical social engineering [...] designed to instil discipline*” (pp. 59–60). By demonising recipients of benefits and creating a new ‘us and them’ narrative, the government thus promoted a specific neoliberal ‘ethic of care’ that shifted the accountability from society to the individual.

Since the state withdrew from a number of its social functions, other actors had to step in. Care became private in terms of responsibility, spheres of life and marketisation, leading to the so-called ‘triple privatisation’. Despite the number of adult recipients of care being approximately constant, the number of informal, unpaid carers increased by 25 per cent between 2005 and 2014 with most of them exceeding fifty hours of unpaid care work a week (pp. 84–85). Moreover, it is not only adults who care – in 2013 there were about 166 thousand children caring for a chronically ill or disabled relative, two fifths of them being between 10 and 14 years old (p. 87).

Apart from these invisible carers, the care sector became dependent on two other groups: volunteers and food banks. While volunteers use their free time to, for instance, facilitate the work of health professionals in hospitals, food banks have developed into essentially an institutionalised part of the system. Paradoxically, they are praised as a symbol of a compassionate society, yet their beneficiaries are often subjected to pity or condemnation for supposedly being incompetent. Along the lines of neoliberal logic, *“stigmatisation and victimisation are here played off against one another to reinforce the idea of a civic duty of care motivated by empathy or ethical values, as opposed to any entitlement to assistance on the basis of membership of the polity”* (pp. 91–92).

As Dowling points out, this ‘community turn’ has antagonistic implications. On the one hand, collective caring can indeed strengthen communities and lay grounds for alternative politics. On the other, the same appeals may clearly serve as a cover for measures that severely strain communal capacities and exploit their reproductive value. Thus, for Dowling, community is not the ultimate solution. Although she acknowledges the potential of collective caring, her attention focuses on the structures formed by the state.

After the aforementioned curtailing of public funds and privatisation of care, social service provision has changed considerably. Care homes financed by local authorities became a scarce commodity, while home care expanded but lost public funding. In addition, private companies put care workers under significant pressure. In an attempt to decrease costs, care businesses extend working hours from 8 to 12 hours a day, introduce zero-hour contracts and reduce the possible time a caregiver can spend with a client. The care sector is

also transformed by expanding automation, which on the one hand facilitates some physical tasks, but on the other enables monitoring of the care worker's mobility and time. The alleged rationalisation thus mainly consists of re-drawing boundaries between work and free time rather than raising efficiency.

As the population is aging, financing adult care becomes not only a pressing issue but also a promising business. To compensate for budget cuts, the British government decided already in the early 2000s to initiate 'social impact investing', i.e., to enable a financialisation of care through various investment instruments. The central organisation 'Big Society Capital' was subsequently established, once more referring to community empowerment and civic engagement. The types of investments vary; however, one of the popular instruments, the 'social impact bond' (SIB), promises a financial return on an investment between 12 and 30 percent. In contrast to outsourcing, social impact investing requires the investor only to provide money, while the local authority or government commissions some other organisation to perform the actual work. Since such investment generally bears high risk and low returns, the British government already admitted that it has plans for a secondary market that would "*trade and issue insecurities*" (p. 159).

Notably, financialisation of care is gaining a global impact. Alongside the UK, the US and Canada, which take the lead in social impact investing, other countries like Germany or Switzerland are joining in, with parts of South East Asia and Africa showing interest. The first SIB project in the US was introduced by the state of Maryland in 2010, and it was aimed at reducing the length of foster care as well as juvenile recidivism. Belgium followed as one of the first countries in continental Europe to have an SIB project. A local 3-year project using social impact bonds was launched there in 2014, targeting unemployment and juvenile recidivism as well (Nazari Chamaki – Jenkins – Hashemi 2019: 291–292). Altogether, the global impact investing market already amounted to \$502 billion in 2018 (p. 144). While financialisation is promoted as a solution to underfinanced care and an incentive for domestic markets, Dowling strongly warns against it. It is not only that care is instrumentalised by the market, but structural reasons are omitted, and complicated cases may be dropped as "*those with wealth to invest decide what constitutes a 'social problem' and how it should be addressed*" (p. 157). What is more, it is those who are abandoned by austerity measures that eventually turn into objects of financialisation and profit-seeking, Dowling argues.

Adapting care to the markets is further illustrated in the last chapter, which best links the personal level with the societal context. Here the author diverts from social service provision and shifts to the business of self-care that includes phenomena like clean eating or clean loving. What she finds is that the wellbeing business is essentially a prolongation of the neoliberal ideology of caring. According to it, people have to take care of themselves both because they are their most valuable asset and because no one else will take care of them. At the same time, Dowling indicates that people seek self-care in order to find stability and control over their lives, ultimately demonstrating their political choices through consumption.

The argument made in the book is that the realm of care and social reproduction is directly influenced and formed by existing material relations of wealth and power. Capitalism is thus part of the problem. However, the proposed solutions do not truly alter current socio-political arrangements. Although some problematic aspects of the welfare state are acknowledged, the structural changes that the author calls for, such as allocating more resources and societal capabilities to care, ensuring better working conditions (e.g. an immediate end to zero-hour contracts), establishing collective infrastructures based on risk-pooling or protecting care from high-risk investments, mostly take place within its framework. Such a lack of alternatives nevertheless points to another important aspect of the book, which is the role of the future. In Dowling's view, financialised capitalism and austerity measures in particular symbolise a mode of governing based on "*expectations, projects and speculations about future gains*" (p. 49) which, however, are never realised. Together with the capitalist capability to co-opt alternatives, our ability to imagine different futures is thereby crippled, limiting chances for change.

Dowling admits that there is no easy solution to the crisis. What she suggests instead is to start rethinking care in our societies and put it in the centre of our consideration. The ultimate goal is thus to broaden the debate and promote the idea of democratisation of care in terms of its recognition, redistribution and reduction.

There are many aspects of the book that could be developed further here – from the gender and ethnic dimensions to the potential of automation or the mechanisms of financialisation. *The Care Crisis* represents

a robust study based on ten years of research that forms a comprehensive picture of the current state of care. Although it is intended for a wider non-expert audience, the author stuck to the rigour of academic writing – Dowling’s examination is nuanced and exhaustive in references and data, which certainly makes it a valuable piece of writing. Most importantly, the British case shows how far the situation can go if certain global trends are implemented without restrictions, which is why the book is highly relevant even beyond the British context.

What could be criticised, however, is that in the book, the crisis is covered from so many angles that the original idea disappears. The author often departs from a topic to describe the surrounding context, moving from the present to the past and back, and sometimes repeating the point, which reduces the coherence of the message. As a result, the reader may feel a lack of an overarching framework, even though a connection exists. Despite its weaknesses, *The Care Crisis* is able to bring important insights to the discussion about care and show that a free market and financial capitalism may not always be the most efficient and prosperous solution.

The coronavirus crisis has painfully reminded us of how dependent we are on care. Dowling now incites us to think in which direction we want to continue. Will we leave care to the interests of private capital, or will we re-appropriate it as an essential part of our existence? It is high time to start the debate.

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