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# Editorial: The politics and practices of care

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The notion that we are in the midst of a generalised ‘care crisis’ has steadily gained momentum in public discourse over the last 15 years, often acting as an index of other crises—crises of welfare reform, the pandemic and the unfolding cost-of-living crisis. As useful as this notion may be for galvanising people to act, much rests on the ideological framing both of ‘care’ and ‘crisis’. Since crisis suggests a deviation from the norm, the notion of a care crisis can be mobilised to either highlight perennial inequalities of care or to obfuscate them. It can be mobilised to defend or critique the status quo. Given that this is the case, it is crucial to unpack not only the meaning of care itself but also to ask, ‘who cares?’ and ‘crisis for whom’? (Dowling, 2022). This special issue of *Concept* explores these critical questions by providing a space for practitioners, academics and activists to explore different ways of thinking about and practising care.

As a concept, care is capacious. Care is capacious since it underpins the work of social reproduction in households, communities and society-at-large (Dowling, 2022). As a result, we can think of practices of care, or carelessness, operating in different contexts and at different scales. Care might take the shape of individual practices of self-care and self-help. It might manifest as informal networks of mutual aid and grassroots community action. Care might mean institutionalised public services provided by the state or the third sector. Then again, care is often treated as a commodity like any other, brought to the market in the form of goods and service to be purchased by ‘consumers’ of care either directly, or indirectly through processes of competitive tendering.

Care isn’t merely practised but also felt. As a feeling, it can be experienced as burden, obligation, worry, love, affection, commitment, passion, compassion, devotion, anger, frustration and so on. To conceive of care as feeling opens up different possibilities for thinking critically about it. For example, care can be more or less compassionate: we can feel cared for without feeling loved (hooks, 2000, p. 7). At a more abstract level, we might then usefully distinguish between "‘*caring for*’, which includes the physical

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aspects of hands-on care, '*caring about*', which describes our emotional investment in and attachment to others, and '*caring with'*, which describes how we mobilise politically in order to transform our world' (Tronto, in Chatzidakis *et al.,* 2020, p. 21. italics added). Although these distinctions don't exhaust its various meanings and valences, they are useful in highlighting that care is always relational and, as such, relations of care can be more or less egalitarian.

Thus, in addition to being capacious, care is contested. Care can act both as a 'barrier to public space' and 'the fulcrum of a new public politics' (Emejulu and Bassel, 2018, p. 111). Any proposed 'solution' to the care crisis will contain tacit assumptions and presuppositions about the underlying nature of the 'problem' of care which, in turn, are informed by our ideological assumptions about human nature (Dowling, 2022; Bacchi, 1999). And, of course, the relative positioning and meaning of 'community' at any given moment is contingent on the ideological framing of care. This is particularly evident when we consider the relationship between caring for others and being cared for. When 'caring for' is commodified, the interests and dignity of those doing the caring and those being cared for are often played off against each other, as care providers seek to increase profits in a low productivity sector through increasing prices, suppressing wages and avoiding tax (Dowling, 2022, p. 224). As a gendered and racialised class relation, care allows 'professional managerial' women to participate in the labour market by exploiting the 'poorly paid migrant women to whom they subcontract their caregiving and housework' (Arruzza, Bhattacharya and Fraser, 2019, p. 24). When time is disproportionately spent 'caring for' we have less of it to 'care about' and 'care with'. For example, Emejulu and Bassel (2018) explore this dynamic in the context of women of colour's activism in London. They describe care as a barrier to public space in the face of austerity cuts which disproportionately impact middle class and working-class women of colour. However, they also describe care as the 'organising principle that galvanises collective action', where 'caring about' requires 'the development of a political imagination that takes seriously the lived experiences of the most marginalised' (ibid., p. 114-5).

If 'caring about' and 'caring with' suggest more compassionate and egalitarian modes of caring, it doesn't necessarily follow that 'caring for' is intrinsically hierarchical or inegalitarian. One issue that contributors explore in this special issue is what egalitarian practices and relationships of ‘caring for’ look like. Obviously, the mere act of de-privatising care does not guarantee more egalitarian caring relationships. Institutionalised care can be experienced as paternalistic or even oppressive—something ‘done to’ clients whose agency in relation to such care is questionable. Whilst, in the 1990s, these debates were taking place in relation to ambivalent experiences of ‘care in the community’ (e.g. Williams, 1993), the terrain has now shifted to the ubiquitous discourse of co-production. Dowling (2022, p. 224) argues that for co-production to lead to more 'democratic and inclusive care' we 'must not lose sight of the debate over economic power, about the relationship between public and private finance, and the organisation of work'.

In this issue, our anonymous On the Block contributor analyses these issues by critically reflecting on their own involvement—both as a community worker and a disabled person—with Scottish Government consultations around the creation of a National Care Service (NCS). They argue that the consultation reproduced the 'invalidation and epistemic injustice' that most disabled people experience, and questions whether the NCS will lead to meaningful change given its ongoing reliance on private providers and the lack of real input from disabled people. This experience is negatively contrasted with the process of the Mental Health Law Review which appeared to offer a more authentic and democratic model of co-production.

Mel Aitken, alongside Mae Shaw, interviews colleagues at Edinburgh Young Carers (EYC). Aitken and Shaw’s interviews partly document the enduring challenges faced by young carers as well as the practitioners who work alongside them: challenges including stigma, (in)visibility, support and poverty. Practitioner interviews such as these provide vital insights beyond the numbers, especially when the numbers are notoriously unreliable due to young carers often being invisible and isolated—a problem compounded by the pandemic. However, the interviews equally speak to the 'collaborative and supportive culture within the organisation'. They offer a window into how organisations such as EYC foster dignified and egalitarian practices of caring for, caring about and caring with.

Marjorie Mayo analyses widespread practices of community-based mutual aid that proliferated in response to the pandemic. She discerns several tendencies, based on her own experiences of mutual aid during the peak of the pandemic: they are practices premised on social solidarity, not charity. As a result, these practices eschew the value judgements about desert that typically accompany more hierarchical caring practices. Mutual aid practices are also sometimes underpinned by processes of democratic decision-making. For these reasons, Mayo frames mutual aid as a prefigurative practice. To prefigure means to manifest the sort of society we want to see through our actual caring practices in the here and now.

Finally, Shaw's review essay of the Care Collective's 'Care Manifesto' deftly brings a range of historical and contemporary sources to bear on her analysis of its main propositions. A key reference point for Shaw is Nancy Fraser's recent book, *Cannibal Capitalism*, which underscores the latter's longstanding contention that care is a fictitious commodity. Summarising Fraser, capital treats the unpaid (gendered and racialised) labour of care as a 'free gift' required for its reproduction. If we accept this position, it follows that the neoliberal attempt to commodify care is ultimately self-defeating (like the 'tiger that eats its own tail', to paraphrase Fraser). On this analysis, the care crisis, far from being contingent, is baked into neoliberal capitalism.

Whilst mutual aid offers prefigurative glimmers of egalitarian care, practised by communities in spite of state and market failure, Shaw considers the Care Manifesto's central concept of 'the caring state', which values care taking over profit making and nurtures everyone's capacity to care about, with and for. As Shaw brings to our attention, the concept of a caring state, and its emphasis on public infrastructures that facilitate mutuality and community, makes explicit the connection between care and participation in democratic life—a connection that is highly relevant to educators, those working with communities and therefore to readers of this journal. With that, we welcome you to this special issue and hope that it serves as a timely and useful resource for thinking critically about contemporary challenges and opportunities for practice through the lens of care.

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