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## The Caring City? A Critical Reflection on Barcelona's Municipal Experiments in Care and the Commons

Angelina Kussy, Universitat Autònoma de Barcelona  
David Palomera, Universitat Autònoma de Barcelona  
Daniel Silver, the University of Manchester

### Abstract

There is an urgent need to develop a coherent political strategy to address the crisis of care. Allocation of care through the market or the state leads to a *care* and *democratic* deficit. Organising care on the logic of the commons provides an alternative paradigm rooted in democracy and solidarity. Municipalism aims to build institutions to enable the commons; it represents a political strategy to the crisis of care at scale. In this paper we explore *Barcelona en Comu's* experiments in care to build upon what Dowling (2018) has termed 'care municipalism'. Our case study focuses on domestic care work as a domain that reflects the core inequalities of the crisis. Through our analysis we have identified three key features of care municipalism: firstly, a feminist narrative of care; secondly, new forms of organising care; and thirdly, building social infrastructures. The paper closes with a reflection on the limitations of *Barcelona en Comu's* experiments in care from a perspective of the commons, before outlining a future research agenda to contribute towards more caring cities.

### Keywords

care crisis, social reproduction, care commons, care municipalism, domestic work, care democracy, social care

## From Care Crisis to Care Municipalism

We are currently living through what Nancy Fraser (2016) has identified as a ‘crisis of care’, where the crucial activities sustaining people’s lives, such as childcare, mental, and physical health services, elderly social care or the maintenance of physical spaces are unrecognised, undervalued, and under-resourced. Social care<sup>1</sup> is at the centre of the care crisis. The social care system has been placed under immense strain due to an ageing population and the incorporation of many women (who had previously done unpaid caring work) into the labour market. These dynamics have pushed up the cost of caring for older and disabled people. As a result of social inequalities, many people who require care support often experience low-quality services or are not supported in ways that meet their needs. As well as inequalities that structure how people receive care, the crisis is underpinned by an unequal allocation of care responsibilities. Capitalist states externalise the public responsibility of providing care to private households, which results in women doing unpaid caring activities within their families – very often with limited social protection for themselves. Public provision of care is often delivered by migrant women (Comas d’Argemir, 2020), who are overexploited and trapped in global ‘care chains’ doing low paid and precarious waged care work (Hochschild 2014). Austerity and the retrenchment of social infrastructures has deepened the crisis.

The pandemic has both exposed and intensified the crisis of care. Mezzadri (2022) argues that the pandemic should be understood as a systemic crisis of social reproduction that is consistent with the logics of capitalism. The growing privatisation and commodification of care constitute part of the broader phenomenon related to the depletion of social reproduction. Social reproduction explains how societies divide and plan the efforts to provide and maintain the most basic means of existence, such as shelter, food, health and social care, and methods of their redistribution. A critical lens of feminist political economy on social reproduction entered the public debate from the

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<sup>1</sup> Defined here as physical care (such as feeding and washing) and mental care for more vulnerable groups of the society including children, elderly and disabled people, as opposed to the sanitary care provided in the hospitals.

1970s when feminist thinkers and political activists focused on women's household care activities that were treated as hidden work (Dalla Costa and James, 1975). As part of the movement, they organised international strikes and campaigns, such as 'Wages for Housework'. Without domestic work, they argued, the productive paid labour that was realised under employment contracts would not be possible - because before labour power can produce anything, the labourer as a subject must first reproduce itself. This reproduction is impossible without foundational caring activities. These care activities are predominantly fulfilled by women in patriarchal societies.

Social Reproduction Theory (Bhattacharya, 2017) paints a broader picture of various social struggles in this context. While the feminist analysis of social reproduction in the 1980s focused on unpaid domestic work, recent interest has shifted focus to include both waged and unwaged daily activities of social reproduction (Bakker 2007). Feminist scholars and activists argue that care should be central to an analysis of society and economy, but also recognise social reproduction as the foundation for anti-capitalist struggle (Jeffries, 2018). Activism against manifestations of the crisis of care can be seen around the world. But despite this everyday resistance, 'no mass movement to improve care has arisen, despite repeated attempts on the part of scholars and activists to make such a thing happen' (Tronto, 2013: ix). Resistance to the crisis of care remains dispersed and lacks the scale necessary to provide a coherent alternative for a more just allocation of care.

This paper aims to contribute ideas about how to develop a concrete strategy to address the crisis of care at scale. Tronto (2013) explains that while care is the foundation of social life, it is relegated economics and rarely seen as a key political concern – resulting in social injustice and an absence of democratic control. She argues that care must be placed at the centre of a new political vision to transform the unequal allocation of caring responsibilities in society and make politics more responsive to the everyday life of the people: in other words, to make politics more meaningful. As the issue of care affects everyday life and is foundational to society, so it requires a form of inclusive

democratic control. There is an absence of democratic control through the bureaucratic state or capitalist markets. And so, Tronto (2013, p. xiv) argues that a fundamental question for societies is how can caring responsibilities be more democratically and equitably allocated? Responding to this question can address both the *democratic* and *care* deficit.

The current allocation of care in society both produces and deepens inequalities. Common resources have been historically expropriated through the state with policies of imperialism, commodification, privatisation, and financialisation. The state actively promotes and enforces such logics in ways that perpetuate the crisis of care. The capitalist market has taken advantage of the care crisis through a 'care fix', driven by the commodification of care services through financialised capital (Dowling, 2018). Through existing state and market frameworks, care responsibilities are predominantly assigned to women or migrants - subjects who are marginalised in political life and have little influence on decisions about care. A more democratic model rooted in social justice would be based upon the inclusive participation of marginalised groups to be able to regulate the distribution and control of care. A reconfiguration of care requires the involvement of public institutions to address the 'gendered, class-laden, and racialised divisions of care responsibilities that divide such responsibilities into public and private ones' (Tronto, 2013: 171). While Tronto identifies the need for democracy and care to be connected, she does not prescribe how this should be achieved as she argues that it should be democratically decided upon in particular contexts. But this does not preclude thinking about the paradigms for democratic allocation that can best guide the norms and rules under which these decisions are made. To develop an alternative mode of governance for a more democratic allocation of care, we must first identify the limitations with current alternative political strategies.

While reflecting on how to tackle the care crises, most scholars and activists tend to think of the 'public' as equivalent to the state (Purcell 2016). However, there is a theoretical and political contradiction in recognising the roots of the care crisis in the

productivist economic paradigm of modern nation-states, while at the same time appealing to the state to resolve it merely through more investment. The current political horizon is limited to asking the capitalist state to pay for some social protection to support social reproductive activities on which it currently 'free rides' (Fraser, 2016). Moreover, the literature on social reproduction often treats reproduction and production as separate spheres (Kussy and Talego, 2017, Comas d'Argemir, 2020). In doing so, firstly, this literature often essentialises caring work as a woman's job. Secondly, through mirroring economic theories, it reinforces the distinction between production and reproduction as two separate spheres - and so neglects the historical roots of this division in the rise of nation-states and the growth of capitalism (Kussy and Talego, 2017). Such an incomplete problematisation will result in strategies that do not lead to transformation.

Dominant social policy approaches that allocate care through the state or the market assign a passive role for communities in which democratic control is limited. An alternative approach that is based on the commons can foreground more radical forms of democracy and solidarity - emphasising the importance of including communities within governance to co-determine the norms and rules to which they are subject (Leithenser et al, 2021, p,2). In comparison to the exclusions that are inherent in private and state management of resources, the key foundations of the commons are inclusion and participation.

There is a connection between the crisis of care and the commons (Federici 2011; Martínez-Buján, 2020; Recano, 2020). Commoning can be understood as an act of resistance against enclosures and privatisations, and as an advocacy for the creation of non-commodified systems of social production related to communitarian forms of property and governance (Federici, 2011; Giuliani and Vercellone, 2019). Inspired by Federici (2011: 144), we define three intertwined pillars of the commons in relation to care: firstly, a common interest beyond the current capitalist social reproductive regimes; secondly, solidarity, together with communal cooperation, co-responsibility,

and self-governance; and thirdly, the material dimensions, which constitute the assets that allow for self-reproduction.

Place-based initiatives based on the commons are crucial for enabling a more communitarian provision of care. But in themselves, place-based initiatives remain insufficient as they rarely offer a political strategy for transformation at scale beyond reclaiming the commons or 'prefiguring' small-scale alternatives. Although these initiatives offer daily care practices and provide conditions for caring relations, they often fail to consider the material needs of society and the need for public infrastructures to provide professional and technologically advanced care. Small scale commons initiatives therefore represent only the communitarian part of the commons, which without the material counterpart, can lead to 'commons for a chosen few' (Federici, 2011: 145).

To advance the commons in ways that can transform society, post-capitalist ways to reproduce social life other than those provided by states and markets are needed (De Angelis, 2014). The public can be conceived of (both in theory and practice) beyond the state: it is possible to 'imagine and create *publics without the State*' (Purcell, 2016). Public institutions can be reconfigured to support the commons. There can be a progressive relationship between public institutions and the commons, in which institutions can enable new relationships of the commons to flourish (Leitheiser et al, 2021 p.7). Public institutions can enable commons projects to be connected and scaled up to achieve more transformative change (Cumbers, 2015). Reimagined public institutions hold potential to secure the democratic and material foundations needed to address the care crisis.

Municipalism has a significant potential to address the crises of care through a reimagined public that can enable the commons. Municipalist initiatives emerged as a response to conditions of crisis in politics and urban governance (Davies & Blanco, 2017). Protests and square occupations led to the 2011 Indignados movement (15M), which

perceived the state as a distant and abstract power hijacked by capital (Blanco et al., 2019). This led to the inception of new municipalism, with Barcelona as one of the vanguard cities in a global movement (Thompson 2021). Urban activists and intellectuals argued that social movements should go beyond the squares and occupy institutions of power by running in local elections to bring 'real democracy' into cities, towns, and villages. Hundreds of platforms that were confluences of leftist parties, activists, and citizens, ran in Spanish municipal elections referring to the paradigm of the commons. Barcelona en Comú (Bcomú), with Ada Colau (an anti-eviction activist back then) as a candidate for mayor, won the 2015 municipal elections united with other existing left-wing and ecologist parties. Similar processes also took place in other countries. Municipalist platforms started to collaborate. They came together through the 2017 Fearless Cities summit in Barcelona. Consequently, new municipalism started to consolidate as a global movement, situating municipal politics as a 'strategic front' for developing transformative politics (Russell, 2019). The 2017 summit also promoted the 'feminisation of politics' (Roth et al., 2020), which was related to an ethics of care, and aimed to transform patriarchal institutional and policy-making models into safe, participatory, and inclusive environments with thriving direct democracy.

While some municipalist scholars have engaged with social reproductive issues such as urban-placed tenant unions (1), or the re-municipalisation of resources (Angel, 2020; Muehlebach, 2018), a connection between the commons, municipalism and the crisis of care remains rare (Martínez-Buján, 2020). More broadly, the crisis of social reproduction has not been sufficiently addressed in urban theory (Joy and Vogel, 2021). Recently, scholars have highlighted the potential to use care as a principle to transform urban spaces into 'caring cities' (Valdivia, 2018; Power and Williams, 2020). 'Urban researchers have expanded ideas of the sustainable city, the resilient city, the smart city, the creative city, the just city, and the sharing city. Why not the caring city?' (Power and Williams, 2019: 8). In this vision of the caring city, critical urban scholarship engages with the creation of a city infrastructure that facilitates the practice of care; however, this literature remains predominantly focused on physical urban infrastructures rather than

engaging with social infrastructures and the broader governing practices and modes of organisation that inform care. We argue that an engagement with the commons should be central to this literature because it represents a transformative paradigm for organising care beyond the state and the market.

The transformation of local institutions through the logic of the commons has become a key strategy of municipalism (Bianchi, 2022). Municipalism provides an institutional framework to enable the commons to develop in ways that can create more caring cities based on a democratic transformation of how care is organised. As Federici (2019, p.721) explains, 'we cannot exercise any form of collective self-government unless our reproduction has a territorial basis.' Bookchin (2015: 44) insisted how democratic forms power can be most effectively realised at the municipal level. Municipal governance is deeply embedded in the politics of everyday life and the starting point for participation (Sitrin and Azzellini, 2014: 67). Municipalism represents an 'institutional struggle for the commons' (Mattei and Mancall, 2019: 736) that opens a 'participatory space between the administration, community-based organisations, and social movements to reclaim common resources and institutions' (Bianchi, 2018: 3). Municipalism does not follow the contradictions of state-centric scholarship; rather, it aims to extend the capacities of a reimagined public sector together with a concrete strategy to foster the commons, while also emphasising the material needs of everyday life.

A central principle of municipalism is 'collaborative theory building', which is practice-led and identifies common features that can be used to enable shared learning across diverse contexts (Russell, 2019: 991). Theories that are developed collaboratively through practice can be used to guide future action. Dowling (2018) has put forward the concept of 'care municipalism' based on using public funds and non-profit ownership models (primarily through re-municipalisation) to offer a democratic locale for the negotiation of participation, ownership, and the allocation of resources, without the 'dangers of exclusivity that are hazards of small, self-selecting collectives' (Dowling, 2018: 258). Care municipalism provides a conceptual foundation that can be used to

facilitate thinking about a more democratic allocation of care through municipal institutions. But as with any theory, there is scope to develop it further through empirical investigation. In the following sections, we will contribute to the conceptual development of care municipalism. Goetz's (2005) three-level view of concepts consists of theoretical description; the constituent features of the theoretical concept; and a final dimension that can determine the extent to which a particular feature is present or absent. In this paper, we build on the theoretical description of care municipalism to identify three constituent features through an empirical case study of Bcomú's experiments in care. We then reflect on how these have been put into practice in relation to whether logics of the commons are present or absent.

### **Case Study: Barcelona En Comu's Response to the Crisis of Care**

Bcomú is a paradigmatic case of new municipalism and provides an illuminating case to explore the potential for care municipalism. We selected a case study research design as this enabled us to 'close in' on experiments in care at a municipal level and explore points of inquiry directly as they unfold in practice (Flyvbjerg, 2006: 235). Case study research design supports an investigation of how different theoretical positions interact with empirical evidence, which particularly suits the paper's aim to strengthen the conceptualisation of care municipalism by relating the ideas to BComú's experiments in care.

Thinking on the commons must go hand in hand with a continuous critique of capitalism (Mattei and Mancall, 2019). And so, in our case study, we primarily focus on migrants' domestic work in adult social care as a key intersection that reflects capitalist logics. The poor working conditions of care workers and the way they are entangled in circuits of migration, dispossession, racism, and exclusion based on citizenship represents a core manifestation of the crisis of care. A focus on adult social care, in turn, is also crucial due to the general devaluation of care work in capitalist societies, but also because under capitalism elderly people are often seen as 'unproductive burdens' upon which spending

should be kept to a minimum (Federici 2014). The focus of our case study is particularly pertinent as migrant's domestic work became the major pillar of the Spanish long-term care system during the last decades, while the core contribution of BComú on the issue of care has been to focus public policies and discourse not only on the receivers of care but also on the providers of care.

In Spain, the country's historically familial welfare regime and the migration model encouraged the expansion of the domestic sector as the main source of care provision for the elderly in the last three decades (León, 2010). Domestic care is a highly feminised and 'foreignised' sector: 88,4% of the employees are women and around half of them have foreign origins (Chulvi, 2019: 26). Domestic work in Spain is characterised by poor work conditions and frail social security protection. Up to 40% of domestic workers work in the underground economy. In 2017, 51,6% of domestic work employees (mainly women) had part-time contracts (85% of them received a monthly salary of less than €717,2). Employees are often exposed to bad working conditions, such as unpaid overtime. There is a lack of paid holidays, and the incidences of sexual and mental harassment are higher than average (Chulvi 2019: 27). Domestic care workers are also discriminated against by law since domestic work is registered upon a Special Regime of Household Employees, as opposed to the Social Security's General Regime; as a result, domestic workers do not benefit from the same rights to sick leave or unemployment subsidy as other workers (León, 2010).

The crisis of social reproduction in Spain deepened after 2008, following the financial crisis and the response of the Spanish state and the European Union in the form of austerity (Papadopoulos and Roumpakis, 2018). Unemployment and poverty rates rocketed. The number of foreclosures increased dramatically, leading to increased homelessness - especially in low-income neighbourhoods (Blanco et al., 2019). Austerity measures weakened the conditions necessary for caring including: the social and family fabric, housing, time, mental health, and income (Palomera, 2014). Those deprived of social protection became hard-pressed to care for others, which further exacerbated

the social care crisis. Due to the institutional hierarchy in Spain, municipalities depend on budget transfers from higher administrations. In the context of austerity, municipal budgets for social spending were significantly reduced. As an economically powerful city, Barcelona had more financial capacity to partly substitute the reductions from the state as opposed to municipalist platforms in poorer cities. Nevertheless, Barcelona still does not have control of revenue or over the conduct of social care domains such as nursing homes, which are of regional competence.

For our case study, we draw on a documentary analysis of the official sources of local administration in Barcelona. We accessed 18 policy strategies and reports, and 10 press releases (2015–2021). Documentation was selected relating to care policies in Barcelona. In the data gathering process we mainly focused on public municipal documents related to political statements and policies on domestic care work, whether private or municipally provided, but also investigated key policies related to care in any form. The municipality develops these policies mainly through strategic plans released by the political body in charge of providing social care and other services relevant for domestic workers (which has been governed by Bcomú in both mandates): The Social Rights, Global Justice, Feminisms, and LGBTI areas (named Social Rights Area, or SRA). For this political body, we did extensive research of all the strategic plans and policy documents produced between 2015 and 2021. We also did selective research on policies of other departments that related to domestic care work. In addition to the documentary analysis, we conducted four in-depth semi-structured expert interviews with Lluís Torrens, the Director of Social Innovation: Social Rights, Global Justice, Feminisms and LGBTI in the City Hall of Barcelona; Xavier Rubio, the Project Manager in the Commission of Social and Solidarity Economy of the City Hall of Barcelona; Carmen Juarez, a co-founder of Mujeres Migrantes Diversas, syndicalist, and former live-in carer; and Maria Rosa Dalurzo, a care worker from Sindillar, an independent union of domestic and care workers in Barcelona.

The following sections present the findings of our research and are analytically organised through three key features of care municipalism. These features have been developed through relating the data from our case study with the theoretical framework of three intertwined pillars of the care and the commons, namely: common interest, self-governance, and ensuring the material foundations for reproduction. Through this iterative engagement, we have constructed three constituent features of care municipalism (as related to domestic care work): firstly, a feminist narrative of care to frame strategies; secondly, new forms of organisation for domestic care workers; and thirdly, broader social infrastructures of care.

### **Developing a Feminist Narrative of Care**

BComú developed a feminist diagnosis of the crisis of care and related it to gender inequalities that reside in the invisibilisation, naturalisation and under-valorisation of care. In doing so, BComú created a counter-narrative to contest dominant discourses. Care has been re-framed as a matter of public responsibility as opposed to a private issue (which in practice is predominantly ascribed to the work of women). BComú designed the Democratisation of Care Government Measure (Ajuntament de Barcelona, 2017), based on the diagnoses and recommendations of two feminist scholars (Ezquerro and Mansilla, 2018) and in consultation with members from social movements. This measure focused on care recognition, socialisation of care responsibilities (care commoning), un-gendering the division of care, and reframing the rights of care receivers as citizens instead of consumers. Other strategic measures followed a similar discourse, highlighting gender and class inequalities in the provision of care.

The strategic documents produced by BComú condemn the feminisation of care work and poor labour conditions. They demonstrated how these factors disempower the workers in both public and private care services, while also resulting in poor care provision for residents. BComú adopted a multifaceted perspective to social care, including a recognition of the broader conditions of social reproduction that are needed.

BComú's new narrative highlights the need to move towards more person-centred care. It demands the socialisation and co-responsibilisation of care, including new participatory frameworks and empowerment of female carers to self-organise. Through this process, BComú have promoted a new political vision for care work in the city that recognises a common interest between receivers and providers of care.

A webpage entitled 'Ciutat Cuidadora' ('Caring City') has been created, which aims to promote the new political vision to residents across Barcelona through explaining the importance of 'care' and denouncing entrenched structural inequalities. Crucially, BComú recognised the providers of care as subjects who should receive public attention and policy interventions. This move represents a significant political shift, as people providing care have traditionally been absent from dominant discourses and policy frameworks. The City Council's official documentation highlights the idea that family carers (who are normally seen as 'morally obliged' to care) should be empowered with the capacity to make free choices as to whether they feel able to care or not. If family members do choose to provide care, then this care work should be supported by public institutions, and they should be materially supported to fully participate in society.

During the pandemic, BComú launched the campaign 'Let's Take Care of Those Who Take Care of Us, It Is Just'. This campaign delivered an itinerant orientation service for live-in carers in affluent neighbourhoods (where domestic care work tends to be concentrated), including the distribution of leaflets explaining domestic workers' labour rights. This new service not only informed workers about their rights but symbolically demonstrated municipal solidarity with the workers. BComú also used their position to give visibility to the civil-society demands in different places and support on the state level the ratification of the 189 Agreement of the International Labour Organisation concerning the protection of domestic work, which had been developed by associations of care workers and labour unions.

Transforming the narrative of care to include a more gendered perspective demonstrates the value of care work in the city. It emphasises how women have always participated – in one way or another – in the public and productive spheres, as well as how reproductive and care activities not only take place in the household but extend to the public sphere. BComú' have advocated the position that care should not be seen as the sole responsibility of women, but rather should be recognised as a social and public obligation (Ajuntament de Barcelona, 2017b: 3). BComú's narrative not only embraces the feminist call for creating more caring cities (Power and Williams, 2020), but it also creates a significant symbolic rupture with the conceptual divisions around issues of production/reproduction and private/public. BComú have demonstrated how the provision of care can be recognised within the fabric of the city by contesting the discourses and dichotomies that contribute towards the crisis of care.

### **New Forms of Organisation to Support Care Workers and Commoning Care**

BComú has recognised carers as key subjects of social policy. But turning this narrative into concrete policies has challenges because there are limitations to what can be achieved at the municipal level. The City Council does not have the power to introduce laws to protect workers in the private sphere, where many problems exist. A key proposed area for BComú's intervention in care organisation was the municipal home care service. The municipal home care service has previously been configured through neoliberal logic of New Public Management, with norms and laws that rest upon the values of competition, standardisation, rationalisation and the sanctity of the free market. Consequently, tight efficiency rules and minimising costs has ultimately resulted in poor labour conditions for workers.

BComú's 2015 electoral programme advocated for a feasibility analysis for municipalising the externalised home care services. This had been demanded by care workers' organisations. However, while Barcelona re-municipalised some services and created new public companies (for example in the energy sector, see: Angel, 2020), the

proposed reforms to municipal home care service encountered legal, structural and political barriers. The City Council has two possibilities for municipalisation: either to create a new public company or to internalise workers inside the public worker's regime. Due to competitive rules imposed at the European level that demand new public companies to be as cost-efficient as competitors, the legal reports of the City Council concluded that the creation of a public company of care workers was not a viable option. The other option of internalising the public worker regime of around 4000 care workers in a City Council that has 13,000 municipal workers was not pursued because of organisational dynamics, labour regulations, and budgetary limits at the local and regional level, as well as the austerity rules at the national level. Laws on public hiring imposed further limits, as service municipalisation would require recruiting municipal workers through a competitive process, based on the accreditation of formal competencies, which could result in the expulsion of many currently working home carers. The lack of progress towards re-municipalisation of care remains a disappointment for many of those involved.

Due to the difficulties in re-municipalisation of care work, BComú's strategy has instead turned to new forms of organisation inside and outside public service delivery structures to support localised self-organisation. These new forms of organisation have focused upon fostering a more cooperative organisation of care and rooting it in neighbourhoods along with the principle of territorial proximity.

A key aspect of BComú's strategy has been the creation of a new administrative department that aims to strengthen and expand the cooperative movement. BComú's attempts to strengthen the cooperative organisation of care work has been done in collaboration with an existing labour training and economic activation municipal agency ('Barcelona Activa'). The City Council supports the cooperative movement by giving them visibility, strengthening the network of social and solidarity economy initiatives, and supporting public and cooperative agencies to procure services from each other.

The migrant cooperatives Mujeres Pa'Lante (which includes many domestic workers as members) and Ca l'Abril (exclusively dedicated to social care) have been supported by the BComú administration. Mujeres Pa'Lante has existed as a network and mutual support association of migrant women in Barcelona since 2007 and provides psychological and legal support to domestic workers. Mujeres Pa'Lante was financially assisted to be set up as a cooperative by the City Council. Ca l'Abril was developed directly by the City Council by gathering care workers and devising a tailored plan to develop their businesses. After its inception, the organisation started to work in an incubatory process of the City Council, where they received information and support. But organising domestic workers within cooperatives is only the first foundation; enabling these cooperatives to achieve financial sustainability is an arduous task because it is difficult to compete in the market against providers that are characterised by a lack of unionisation and low costs.

Despite a vast array of actions, the City Council has been criticised for these new care initiatives. Syndicalist Carmen Juarez, the co-founder of Mujeres Migrantes Diversas, emphasises how care workers and migrant associations have limited capacity to participate and influence the policies that have been developed. The association has experienced barriers in the public tendering process and found it difficult to compete with larger organisations that have greater technical and financial capabilities. Even with the training provision, it took two years of pressure by Mujeres Migrantes Diversas to achieve a compromise and ensure the accessibility of courses for migrant live-in carers who do not have the time during the weekdays nor the required documentation. Such limitations reduce the scope for the City Council to fundamentally resolve issues experienced by domestic care workers. As care worker Maria Rosa Dalurzo explained: 'nothing has fundamentally changed here...Immigrants in Barcelona can manage their registration, elsewhere they cannot [and] there are free training courses... but that is not the essence of our problem'.

Care has also been reorganised on a territorial basis. This has been driven by the principle of proximity, in which services are organised close to where people use them. Development of services in a specified area creates the opportunities for fostering a more effective organisation of care provision, as explained by Torrens: “When you divide the city into 300 parts, you make a bigger problem smaller [referring to childcare and elderly care]. You make it more manageable and human scale... It’s about dividing the problems into smaller portions and dividing responsibility...”.

BComú have supported care and domestic workers (and their organisations) to regulate and formalise care worker’s contracts (as in the campaigns mentioned before). Consequently, a pioneering centre Barcelona Cuida (‘Barcelona Cares’) was created with the aim of becoming a reference office for domestic care workers and family carers. The centre provides counselling and training on labour and migrant rights, as well as other types of support to care workers, including psychological aid. The City Council plans to create more centres around the city in distinct neighbourhood centres. The aim is to make the existing city services more accessible and to develop singular programs for caregivers and care receivers - including community and public resources, legal and labour counselling, and meeting spaces. According to the interviewees, Barcelona Cuida offers services that are valued among care workers, but the services are not widely known about. New governance structures to design and manage the centres do not exist, and participatory spaces to support the involvement of social movements and advocacy groups are limited. For instance, when it was first inaugurated, the centre did not cover basic demands of organisations, such as a meeting room and computer access, nor training or psychological support.

The creation of care superblocs has been piloted in four low-income neighbourhoods in the city as another reform to organise care on the principle of proximity. Care superblocs were inspired by an internal report of the municipality and the diffusion of the Buurtzorg model (Monsen and Block, 2013). The system is based on creating small teams of up to fifteen care workers. These workers support approximately 40 and 70

people who live in the same residential area (between three and six blocks in the Eixample district, for example). A recent study showed that working in a reduced space with a self-managed team improves service quality of care provision and work conditions for carers (Moreno, 2021). The care superblocks have been created in Barcelona to support stable communities of care that can improve the quality of service and the labour conditions of the workers. The care superblocks aim to empower care workers by creating small teams that self-manage their work, providing them with physical space to meet and plan their activities, allowing greater communication with other municipal and health services, and reducing their commuting times between homes. Full time contracts for the workers are promoted.

The reorganisation of care provision is seen as a first step to activate community assets in order to develop shared responsibilities for care and provide more tailored support. By allowing workers to self-organise and adapt to particular household's needs, it is expected that improved forms of communication, organisation and co-responsibility with families and neighborhood actors will emerge. This approach can potentially strengthen the foundations for communitarian care, such as organising group activities. Furthermore, it is expected that the efficiency gained through working in localised teams will create more free working time for care givers, which will then allow them to spend part of their working hours in designing communitarian activities. This communitarian dimension has not been developed yet, but the ideas behind care superblocks highlight the potential of the 'public' to foster the 'commons' (Martínez-Buján, 2020) and highlights some ways in which communities can become more involved in care practices (Moreno, 2021).

### **Building Social Infrastructures**

Many care workers experience the effects of the crisis of social reproduction in their everyday lives. As Torrens informed us, domestic care workers often need to access assistance from other areas of social services. It is therefore imperative to also consider

the policies that can support care workers in their lives beyond their paid care work. While it is outside the scope of this paper to explore all the policies of BComú concerning social reproduction, in this section we look at some of the ways that social protection has been developed that impacts on the everyday lives of those who provide care.

In 2019, BComú increased the budget of the Social Rights Area in the domain of social care. Between 2015 and 2021, the budget of social services, social promotion, health, and education increased by 39.7% (according to municipal budget information provided to us by Torrens). The municipal home care service, the second-largest public tender of the City Council in terms of budget, saw a significant increase from a total of €77m in 2015 to €101m in 2019. This increase in budgets demonstrates how municipal institutions can adapt budget priorities to meet the material demands of people in ways that are not possible through small scale alternatives.

Childcare services have been made more accessible by constructing new childcare buildings in shipping containers, which allowed for the fast creation of publicly managed buildings with a territorial perspective (based on the needs of each district and neighbourhood). BComú introduced progressive pricing for municipal nursery schools and raised the age that children are eligible for public after-school care from four to twelve years old for low-income families. These reforms facilitated the entry of low-income families and therefore reduced the care burden on women who would not otherwise have been able to afford it. BComú plan to increase the number of municipal nursery schools from 102 to 115 over the next four years, adding a thousand more places for children to reach a total of 9500. The new plan involves a budget of €24.9m and expands the services offered by nursery schools, extending more care activities and services to vulnerable families (Zechner 2021).

BComú's designed policies to provide support to people through the pandemic that recognised the disproportionate impact it was having (Shea Baird, 2020). BComú increased spending on social services and specialist support, for example through

additional support for women experiencing domestic violence. The municipality froze rent payments for residents of public housing. There has also been an active registration of undocumented migrants as official residents by BComú. As a result, migrants were able to access housing, health, and education services that they would otherwise be denied. Moreover, Barcelona invested €1.5m in dealing with the mental health impact of the pandemic. The city has identified the importance of strengthening grassroots community initiatives beyond city hall and provided funding for them. While in many places the pandemic exacerbated inequalities, these reforms have helped reduce some of the most deleterious effects.

### **Advancing Care Municipalism Through the Lens of the Commons**

Through this paper, we have investigated the case of BComú to explore a concrete example of what Dowling has termed 'care municipalism'. We have primarily focused on migrant domestic workers in the domain of adult social care as this represents a key nexus of inequality in the crisis of care, and as such represents a pivotal foundation for democratic transformation and social justice. BComú's strategy for the care crises demonstrates how the public sector can begin to organise care based on the principles of the commons. BComú's feminist narrative of care has helped to build a new common social interest. Through the project of care superblocs, public municipal assets have been used to provide a foundation for more communitarian provision of care beyond the current market/state dichotomy. The construction of social infrastructures helps to embed crucial local support for residents. BComú have made important steps forward to develop a more caring city.

Despite clear advances, it is important to reflect on the limitations of BComú's experiments in care to develop the concept of care municipalism. BComú has recognised the importance of care and has helped to provide training for care workers. However, despite the stated aim to alter the existing unequal gender division of care work (Ajuntament de Barcelona, 2017), the measures to address this remain insignificant (Celi

and Ezquerro, 2020). The same limitations are evident with the persistence of class, race and citizenship status inequalities in the allocation of care. While the need for a free choice to care is highlighted concerning family carers, no similar incentive has been created by BComú concerning waged care workers, who are mostly low-earning immigrants working in poor conditions.

To be recognised as a social force of transformation (De Angelis, 2014), the municipalist strategy must proceed beyond the narrative recognition of care and towards the concrete improvement of labour conditions for carers; it must empower them with real choices and disrupt the current regime of social reproduction based on the divisions between native population and migrants (del Re, 2020). Zechner (2021: 96) has explained that one of the main limitations of care commoning under new municipalism in Spain is a certain blindness to the issues of race and class. Our case study confirms Zechner's critique on the absence of migrant perspectives and active participation in shaping municipalist discourses on the commons (Zechner 2021: 153). Expanding the concept of care municipalism through a lens of the commons would mean that a strategy is needed to build a common interest between women and men, native population and migrants, and upper class and working-class communities. By creating a more comprehensive common interest on the foundation of care, support for transformation of the existing system can be broadened.

The need to overcome a division between a caring administration and cared-for citizens is fundamental to building care municipalism on the logics of the commons. In terms of communal cooperation and self-governance, the case of Barcelona reveals the dangers of reproducing existing hierarchies and creating a division between those who care and those who are cared for; for instance, Barcelona's participatory framework for the design and implementation of care policies stands between public tenders that are highly bureaucratised and remain inaccessible for non-professionalised collectives. The limited expansion of democratic modes of governance in the domain of care work has been a disappointment. While there have been significant barriers, the limitations of

BComú's interventions demonstrates the need to imagine and effectively common the governance structures to create a system of collective decision making between the municipality and citizens, as well as between professional carers and those who receive care. The same process of commoning governance can be used to build broader social and spatial infrastructures to support a more caring city.

The care superblocs represent an important measure to think prefiguratively about fostering communitarian care. But there are also critical challenges to consider with this model. In an overworked capitalist society, social reproduction is rooted in capitalist accumulation and its logic of imposing intensive labour. Therefore, shifting care responsibilities from the households to the neighbourhood could enable capital's tendency to exploit caring work without paying for it. To avoid such exploitation, initiatives such as the care superblocs would require a simultaneous partial de-commodification of social life. Policies would need to be implemented that break up the relation between income and labour to support the equal participation of residents in social life. Failing to do this means that the commons could easily be co-opted and end up supporting capitalist accumulation as another element of its current care fix (Federici 2011, De Angelis 2014, Dowling 2018). A 'communitarian care' model in the current context could, in fact, mean that people end up doing more unpaid caring work in their time outside of waged work. This would result in people having less time for autonomous activities, such as active political participation - which is a hallmark of municipalism and a condition *sine qua non* for altering the whole social reproductive regime. Commoning without the material assets for a more equal distribution of care responsibilities means that only those who command the material resources for their own reproduction can fully participate in the caring city.

Putting care at the centre of democratic politics requires a transformation of the current division between care and wealth, as well as between the economic sphere and the reproductive one (Tronto, 2013). BComú has not fundamentally transformed these divisions. It maintains different departments for economic affairs and social services, for

the productive and reproductive spheres. The danger of the commons being co-opted is related to this maintained division, whereby the community might be seen as a mechanism through which to save on what the economic approach sees as a “cost” for increasing resources for production (Federici, 2011; Martínez-Buján, 2020). Municipalism has been most effective in promoting the commons when it has engaged citizens through assemblies and organised around concrete material demands of social reproduction. These participatory politics can form a strategy to advocate for more competencies for the municipality to address the care crises. To secure the material foundations that can support the commons and overcome the challenges imposed by limited budgets and capabilities, cities could aim to become stronger political actors and demand more powers from the state. Municipal institutions could collaborate effectively with social movements from their cities to make these demands collectively. Municipal institutions can work with these new movements to collectively pressure the state to provide more competencies and investment to address the care crisis. If this was successful, then municipal would have more possibilities to expand the commons and sustain the material foundations that are needed.

Despite the limitations of BComú’s experiments in care, there are clear insights that we can draw upon from our case study to inform the conceptual and practical development of care municipalism. Bookchin (2015) argued that minimum reforms aim to improve daily life, while maximum reforms are about building on the ideas produced through these reforms to encourage the imagination of alternative forms of social relations beyond capitalism. Applied here, BComú have instigated a series of what we might consider being minimum reforms. These reforms can be used to think more expansively about alternatives to the existing organisation of care. An approach that is rooted in the commons can push the practice and theory of care municipalism further; it can also create the foundation to overcome the neglect from theorists of social reproduction on questions of democratic control. Analysing BComu’s case through the commons allows us to reflect on the limits of Barcelona’s experiments in care municipalism and advance ideas through which to build the commons through the public.

Engaging with the improvements and limitations of Barcelona has helped to identify the importance of the commons to the concept of care municipalism: firstly, there should be a common interest beyond the current capitalist social reproductive regime which addresses inequalities of race, gender, and class: BComú's case demonstrates the need to develop a common interest that can overcome divisions between the carers and those who are cared for, as well as broader social inequalities. Secondly, there should be support for communal cooperation and self-governance: the case of BComú highlights the limitations when the municipalist platform creates or uses the communal assets for creating local welfare without the mechanisms for their self-governance; and finally, the material dimension that involves the assets that allow for self-reproduction should be developed: Barcelona shows the need to consider the material conditions upon which communitarian care can be effectively implemented. Barcelona's case shows the limits of care municipalism when all the pillars are not implemented together.

The approach that we have demonstrated through this paper can be used to guide collaborative theory building on care municipalism to create more caring cities. The theory and practice of care municipalism can be developed through future research that explores empirical cases of democratic experiments in care. The analytical framework identified through our case study can be used to guide investigation into firstly, the foundational narrative of care in the city; secondly, new forms of organising care that are being created; and thirdly, the building of social infrastructures to support equal participation. Further analysis to assess the extent to which experiments relate to the logic of the commons can help to inform an assessment of an alternative social organisation of care in different locations. Urban scholars can work alongside those involved in practices of care and the commons at a municipal level to contribute towards collaborative theory building. These collaborations can help to create more caring cities to fundamentally challenge the *democratic* and *care* deficits at the heart of capitalist societies.

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