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Redistribution and Recognition of care: its transformative power in a university context

Redistribución y reconocimiento de los cuidados: su potencia transformadora en contexto universitario

Lorena Pezoa Carrasco[1]

Metropolitan University of Education Sciences (UMCE), Chile

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How to cite

Abstract

The recognition and redistribution of care is a question of justice, since it reproduces inequalities and oppressions. However, there is a transformative power present in care -emerging from the critique of the sexual division of labor, the invisibilization of interdependence and the accumulation of wealth as a horizon- that tensions, resists and transforms the organization of care in different spaces, including universities. This article proposes a first conceptual approach

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[1]Autor correspondiente: : Lorena Pezoa Carrasco ✉ lorena.pezoa@umce.cl

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to care in the university context from the contributions of care policies with a gender perspective and feminist perspectives, in order to build university care systems that reinforce existing actions and collaborate in the organization of the projected ones, in a structured way and with a political and ethical support. Along with this, it will be proposed that social workers can actively contribute to the installation of care systems in universities.

Resumen

El reconocimiento y redistribución de los cuidados es una cuestión de justicia, toda vez que en ellos se reproducen desigualdades y opresiones. No obstante, hay una potencia transformadora presente en los cuidados -que emerge de la crítica a la división sexual del trabajo, la invisibilización de la interdependencia y la acumulación de riqueza como horizonte-, que tensiona, resiste y transforma la organización del cuidado en distintos espacios, incluidas las universidades. En este artículo se propone un primer acercamiento conceptual a los cuidados en contexto universitario, desde los aportes de las políticas de cuidados con perspectiva de género y perspectivas feministas, para construir sistemas universitarios de cuidados que refuercen las acciones que ya existen y colaboren en la organización de las proyectadas, de manera estructurada y con un sustento político y ético. Junto con esto, se planteará que trabajadoras/es sociales pueden contribuir activamente en la instalación de sistemas de cuidado en las universidades

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Introduction

The opening of gender directorates and offices in Chilean universities, which emerge as a result of the feminist student mobilization throughout the country in 2018, has allowed the gradual installation of gender policies that are initially proposed from three strategic lines: institutionalization, training and research and eradication of gender violence, which are suggested by the Gender Equality Commission of the Council of Rectors of Chilean Universities (CRUCH). The reflections that served as an impulse to write this article arose in the process of construction of the gender policy at the Universidad Metropolitana de Ciencias de la Educación (UMCE) located in Santiago, Chile. UMCE is currently developing a strategic line of action on care in the university context. This initiative was developed from the results of the Diagnosis of Gender Relations at UMCE, conducted by the Gender and Equity Observatory, which warns that it is appropriate to channel the care needs of the university community from an institutional response.

In coherence with the above, this article aims to contribute in that direction through the discussion of some proposals or orientations from the feminism of Fraser (1995), Carrasco (2013), Tronto (2013) and Federici (2013), but also from care policies with a gender perspective of Batthayány (2015; 2021), Aguirre and Ferrari (2014), Pautassi (2007), or Madrigal and Tejada (2020), among other authors, that allow progress in the construction of university care systems contemplating four aspects: lines of intervention, measures for care, target populations and relevant actors, in order to organize in the first instance an institutional response, in which workers and social workers in their official or academic performance can contribute.

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Redistribution and recognition of care as a matter of justice

It is complex to define what justice is without resorting to injustices, particularly when the expectation is to reflect on aspects that affect everyday life, and not exclusively on conceptual abstractions. Justice is not experienced directly, "on the other hand we do experience injustice directly, and only through it we get an idea of what justice is, (...) justice is the overcoming of injustice" (Fraser, 2012, p.1), placing injustice at the center as an experience is linked to the approach of "subject as positionality: incardinated, contextual and socially and affectively interdependent" (Cubillos and Zarallo, 2021, p.21) which questions the universality of abstract principles as the only referent, betting

on "a situated ethics that conceives a different relational order: one that contemplates the impacts of an interwoven power matrix and visualizes an autonomous moral subject, but interdependent, endowed with reason, but also with sensitivity" (Cubillos and Zarallo, 2021, p.26).

Fraser (1995) points out that it is necessary to distinguish analytically two dimensions of justice, redistribution, oriented to economic aspects, and recognition, linked to cultural issues, in order to analyze different solutions and effects. However, "economic injustice and cultural injustice are usually intertwined to the point of dialectically reinforcing each other" (Fraser, 1995, p.6). Subsequently, the author complements what has been pointed out with the dimension of representation corresponding to political injustice, that is, exclusion from decision-making (Fraser, 2015). The challenge is, then, to advance in redistribution, recognition and political representation in the area of care, so that it is society as a whole that assumes the organization of care, and not only women, leaving the tension of managing it to households (Carrasco, 2013).

The redistribution and recognition of care is part of the demands for justice, and even more, it is a call for life in a broad sense, which can go in a different direction from neoliberalism (Tronto, 2013) and conservative discourses. From its unfair distribution and scarce recognition emerges a component of resistance, since, despite all the obstacles, care sustains links, not only in families, but also in groups of friends, communities, institutions, in the defense of nature, in small gestures and in actions of greater scope, it is present outside and even within its commodification. There is a possibility in their redistribution and recognition to turn the socioeconomic and cultural organization towards life, sprouting a subversive component when it discomforts, resists or transforms the current organization of work - traversed by sexual division and precariousness - (Federici, 2013), the accumulation of wealth as a horizon (Carrasco, 2013) and the invisibilization of interdependence (Tronto, 2013). It is not a matter of romanticizing care, but of recognizing that it can have the power to transform individualism (de la Aldea, 2019) and the patriarchal order, and for this, advancing in representation is indispensable (Fraser, 2015; Rodríguez, 2021a).

The transformative power of care

Care becomes a transformative power that modifies the questioned sexual division of labor, making interdependence in social relations visible and highlighting the aspiration to give a central place to the sustainability of life.

The demands and actions aimed at overcoming the sexual division of labor are aimed at socializing care in different spaces, such as families, the community and the labor

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market, pushing for a new form of organization of care.

As Federici (2013) argues, domestic work is eminently performed by women, thanks to a naturalization that explains the relationship between women and domestic work, which also justifies the absence of wages. For the author, both the non-wage-earning reproductive sphere and the wage-earning productive sphere are within capitalism, consequently, women, beyond the wage, are part "of the framework of capitalist relations, because we have never been outside them" (Federici, 2013, p.40).

In recent decades women have massively entered the labor market, although this has meant for a sector of them an improvement in their conditions and a deployment of life projects "what awaits the vast majority of women is something else: precarious, poorly paid work (...) and of course the bulk of women's paid work is decidedly not liberating" (Arruzza et al., 2019, p.96), consequently, the fulfillment of women's economic autonomy in the current labor market is questionable.

Added to this precariousness, care work in the domestic space has not been redistributed with men, on the contrary, it has meant strenuous double workdays, therefore, "achieving a second job has never freed us from the first. Double employment has only meant for women to have even less time and energy to fight against both" (Federici, 2013, p.56); on the one hand, against the obligatory and naturalization of care work, and on the other, against precariousness in the labor market, both issues closely linked to the sexual division of labor. In Latin America, women spend "on average between one-fifth and one-third of their daily or weekly time on unpaid domestic and care work, while in the case of men this proportion is around 10%" (Economic Commission for Latin America and the Caribbean, ECLAC, 2017, p.30).

But care does not only take place in the domestic space; the conceptualization of care circuits by Guimarães (2019) is a contribution to understanding this. The author distinguishes between three types of care circuits: profession, obligation and assistance. The first covers paid work associated with care, the second covers care in the family context, and the last covers care developed in community relations, for example, among neighbors in the same neighborhood. This last circuit makes it possible to visualize care arrangements associated with solidarity and mutual support. As can be seen, care goes beyond the public/private divide, developing in both spaces.

According to Tronto (2013), the division between public and private space negatively affects the valuation of care in the theory of democracy. In this binomial, care is associated with the private sphere, a place where those who would be dependent are located, and in opposition to this, the public sphere, a space accessible to those who would be independent. In addition, these spheres are hierarchically organized, with the public sphere being more highly valued. The author states that the inclusion of

those excluded from citizenship - for reasons of race, gender, among others - implies a step from the absence of citizenship and dependence to the acquisition of citizenship and independence, and it is in this assumption where she notices a problem, since it obscures the fact that all human beings are interdependent, since we depend on the care of others, to different degrees, for example, throughout life. Tronto (2013) aims to overcome the dependent/independent dichotomy to think of a democracy that includes care as part of this interdependence inherent to the human condition, and therefore, as a collective responsibility of society.

Despite the various social relationships established in care, the invisivilization of interdependence is linked to the assumption of an individual who is built according to his or her personal merits, which is not innocuous. The meritocratic promise, of dubious result, pushes towards disproportionate demands and self-demands that are accompanied by frustrations and guilt for not achieving the ideals of success. Consequently, pains on the personal level, but also an incentive to justify various social injustices based on the independent/dependent duality, as if dependence lies in lack of personal effort (Fraser and Gordon, 2015).

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Faced with the invisibilization of interdependence, "it is they, care, with their ethical power, that lead us to the recognition of the fragile and vulnerable human condition" (de la Aldea, 2019, p.40). This recognition favors the involvement in social life, between conflicts and convergences, in order to meet and take care of ourselves.

Therefore, it is intended to value interdependence as bonds of reciprocity (Carosio, 2014) in a between that finds us, which requires "observing reality with a non-dualistic consciousness that recognizes the interrelation, the weft of union that bathes human behaviors. The complementary opposites give-receive are aspects of the same" (de la Aldea, 2019, p.15). In relation to the above, dependence to develop daily survival activities would not be the only condition to require care (Tronto, 2013), since "we are all interdependent social beings in need of care" (Carosio, 2014, p.26).

Consequently, care is not possible from social isolation, interdependence appears as a condition for life, and life as an end in itself, therefore, considering it as a right is relevant, being Pautassi (2007) a reference in this matter. The author raises the proposal of care as the right to care, to be cared for and to self-care, a triad that reinforces a conceptualization of care in different directions that are woven in "a complex network that sustains life" (Tronto, 2013).

The ultimate meaning of the aspiration to prioritize care is to give a central place to life, which implies questioning the value we place on it and the socioeconomic organization that conditions it. A contribution in this direction is the concept of sustainability of life coined from feminist economics, "which aims to integrate the different processes that have as their objective the life of people" (Carrasco et al., 2011, p.60). This implies the recognition of interdependence -among humans-, and of eco-dependence,

making explicit that human existence is impossible without nature, that we are part of it (Carrasco, 2021). The sustainability of life requires care, but this collides with the capitalist system, since,

> *the objective of the space of capitalist mercantile production is the obtaining of profit, on the contrary, the objective of the space of care is the well-being of people. Two absolutely irreconcilable contrary objectives. The choice is to opt for one of them and put the other at their service (Carrasco, 2013, p.51).*

In this sense, the unlimited accumulation of wealth is a nonsense for the sustainability of life, which puts humans and nature in the place of means, as inexhaustible instruments for the enrichment of a small sector of the population.

With all of the above, the transformative power of care proposes a horizon towards which to advance and at the same time is a transformative action, which opens the reflection on the why and how to address care in the university context.

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Towards a university care system with a gender perspective

Reviewing some experiences in Chilean universities, it is noticed that the issue is poorly developed, however, there are measures for care in a disintegrated way: nursery services, pre and post natal leave -as part of the national labor law-, parental and marental leave for students, maternity and paternity guidance services, among others, generally associated with the role of mother and father of young children. It is also important to mention that the University of Chile has a policy linked to care with a focus on work-family reconciliation with social co-responsibility (Universidad de Chile, 2019) that coordinates care measures in the indicated line, giving a normative and theoretical referential framework that is positioned from the gender perspective, complementing national and university regulations.

A university institutional response should consider national legislation and public policies for its planning, and, together with this, observe the experiences in regional public policies. At the national level, there are care measures that are already part of labor legislation or policies aimed at children, the elderly or people with disabilities. At the regional level, there are Latin American experiences of countries that have created

care systems such as the Sistema de Cuidados in Uruguay or the Red de Cuido in Costa Rica, so there are experiences to draw inspiration from when thinking about building care systems for universities.

Considering the regional experience, it is important to keep in mind some aspects involved in the construction of the Uruguayan Care System, raised by Aguirre and Ferrari (2014): a) context in which the system emerges, political context, public policies, social pacts and the relationship between care policies and gender equality; b) information and knowledge to make a diagnosis focused on care; c) actors involved for the construction of the system; d) the concept of care and interpretative frameworks; e) target population; and f) perception of actors after the construction process has started.

Continuing with Aguirre and Ferrari (2014), in their analysis of the Uruguayan process they distinguish between actors with formal decision-making power, actors of interest and actors of context. In this case, the first were the government and its ministries, the second, civil society, companies, think tanks and universities, and the third, mainly international organizations, including the Economic Commission for Latin America and the Caribbean (ECLAC), the United Nations Population Fund (UNFPA), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and the International Labor Organization (ILO). Keeping proportions in mind, this distinction between actors is applicable to the university context.

Another relevant reference is what Sánchez-Anconchea and Martínez (2018) call the policy architecture, which is organized based on four components: funding, providers, benefits and eligibility. The first refers to budget, the second to those who grant the benefits, whether the public, private or mixed sector; the third component involves defining what those benefits will be -of time, monetary transfers or services-, and finally, establishing criteria for selecting the target population, either with universality or targeting criteria.

However, in the understanding that establishing a university care system is an incipient idea, it is considered that in the first instance it is relevant to propose as an initial step: a) defining lines of intervention; b) making explicit possible care measures; c) specifying the target population; and d) identifying relevant actors. By working from these four aspects, the construction of an institutional response in this area can begin from a gender perspective, which considers modifying the sexual division of labor

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(Batthayány, 2021), valuing interdependence (Tronto, 2013) and prioritizing care, questioning unlimited enrichment (Carrasco, 2013). Once this first step is organized in a participatory manner with the university community, it is suggested to advance to the so-called policy architecture (Sanchez-Anconchea and Martinez, 2018).

Returning to this first step, the proposal is that the dimensions of care - self-care, co-care, socio-care and eco-care - should predominate (Madrigal and Tejada, 2020), as lines of intervention to organize what would be a university care system to which different units and members of the university - relevant actors - contribute with their work, through measures for care - time, services and others - aimed at target groups - chosen with criteria of focalization or universality.

The organization of a system based on these lines of intervention makes it possible to weave with the threads of care, since without them there is a risk of making a sum of the parts, of programs or actions aimed at different target populations, and not a web of situated actions that integrate the different experiences and needs, as a fabric with a common meaning, the sustainability of life (Carrasco, 2013).

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All the measures for care that have already been taken in universities are important contributions, however, there is a need for them to be addressed from a perspective that considers work-family reconciliation with social co-responsibility, and at the same time, goes beyond this, hence the relevance of distinguishing lines of intervention in care.

Care and its dimensions: possible lines of intervention from universities

For Fischer and Tronto, care is defined as:

> *an activity that includes everything we do to repair, maintain and continue our 'world' so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment, all of which we seek to weave together into a complex web that sustains life. (1990, in Tronto, 2013, p.38)*

This definition allows addressing care in a broad sense, however, a central aspect is that care implies actions that are part of a complex network that sustains life. In coherence with this, Madrigal and Tejada (2020) identify four dimensions of care to analyze the relationship between care and masculinities in Central America, in the context of the

pandemic, which have an analytical distinction, but are closely related in everyday life.

These dimensions are the following:

Self-care: understood as caring for oneself in order to live for oneself and to be able to care for others. At this point, the authors point out how complex the privatization of the conditions for self-care becomes, both because of the satisfaction of the needs of those who lack income and because they have to bear the weight of discourses that blame them for this dissatisfaction. Self-care is closely related to the following three dimensions, in terms of conditions -socio-care-, and links -co-care-, which are intertwined, this being one dimension of an interweaving.

Co-care: involves interpersonal relationships in the development of life-sustaining activities in the family, domestic and community spheres; thus, co-care involves dynamic relationships of interdependence both in terms of the care given and the care received. The authors stress the need for co-responsibility in caregiving, particularly given the low participation of men in caregiving.

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Sociocare: refers to the provision of decent and sufficient conditions for care that will enhance co-responsibility between men and women. For the authors, this involves the State directly, generally through social protection systems, employment policies or other support services under the ministries of health and education.

Eco-care: this is seen as care for the planet that sustains us. The authors highlight the importance of making visible "the expropriation, extraction and annihilation of large corporate conglomerates" (Madrigal and Tejada, 2020, p.121), going beyond discourses focused on individual or collective responsibility behaviors.

These dimensions are a way of schematizing the care that can be considered to organize a university system. For these purposes, it is appropriate to think of these analytical dimensions as interrelated lines of intervention, and that for planning and implementation purposes, in each of them different measures for care are grouped together, with a scope limited to the context and social function of the universities.

Along with this, it is proposed to consider in the lines of co-care and socio-care the concerns and occupations regarding coexistence, in the sense of caring and being cared for in "dynamic relationships of interdependence" (Madrigal and Tejada, 2020) and the responsibility of the institution to provide conditions for coexistence. In the

documentary study by Wilker et al. (2020) on educational policies in Chile and the province of Santiago between 1991-2019, it is stated that in schools there is a clear relationship between care and good coexistence, however, in universities coexistence has been a little developed area, being relevant its approach for the organization of the community, the teaching-learning processes and the construction of democratic spaces, especially in initial teacher training careers, regarding its impact on the school system (UMCE, 2020). The care in coexistence is also related to the care of work teams, in this sense it seeks to target the university community as a whole.

Despite the need to concretize actions, it should not be forgotten that the interweaving of these four lines of intervention is linked to critical views of the organization of care -the sexual division of labor, the invisibilization of interdependence and the prioritization of wealth accumulation instead of life-. As examples for the university context regarding self-care, university spaces are an opportunity to reflect on imperatives of individual success linked to production (de la Aldea, 2019) or cultural mandates of masculinity that distance males from caring for themselves and others (Madrigal and Tejada, 2020); "duties to be" that hinder social bonds (critical reflections that are a contribution when this makes transformations possible or helps to make one's own limits visible, not so when new behavioral imperatives are created), in this way, spaces such as the classroom or psychosocial services are opportunities to open up these questionings. Regarding co-care (Madrigal and Tejada, 2020), this can be linked to the approach of team care and coexistence without gender bias that includes the participation of the community -especially men-, in these concerns and occupations. Regarding socio-care (Madrigal and Tejada, 2020), to have a gender and people development policy for the reconciliation of work and family with social co-responsibility, resulting in concrete measures to care. And finally, to sustain life in a broad sense, it is urgent to rethink the meaning of the economy, caring for the ecosystem is essential, which collides with the accumulation of wealth as a goal, being universities a space for eco-care (Madrigal and Tejada, 2020) from the production of knowledge in this area, but also from the implementation of measures within the institution.

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Some key measures to promote a system of care at the university

To realize the ethical-political aspirations of redistribution and recognition of care that cross the lines of intervention, it is necessary to plan and implement measures for care that give them shape, in order to favorably affect the material conditions and symbolic aspects of daily life. These measures would serve as a hinge between the lines of intervention and the satisfaction of care needs.

In order to classify these measures, which make it possible to implement a care system,

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distinctions and emphases in terms of care policies are used. According to Batthayány (2015), time to care policies -work permits-, cash for care policies -transfers-, and caregiving services are the most applied in the countries of the region .. In the case of the Uruguayan Care System, the target population included people who care for those who, due to health reasons or stage of life, cannot carry out their daily activities for survival without support, incorporating both unpaid and paid care work. Being one of the concerns for paid work "the working conditions, remuneration and formalization of male and female workers in the sector" (Aguirre and Ferrari, 2014, p.43).

In addition, it is relevant to consider social infrastructure, understood as a resource of special interest, as it makes visible the importance of having infrastructure "that reduces the burden of domestic work as part of unpaid care (drinking water, electricity, public transportation systems)" (Muñoz, 2017, p.26).

And finally, maintaining the gender perspective in care systems, as mentioned by Rodríguez (2021b):

> *All advances in the expansion and management of care services must be kept on alert in order to operate in a transformative sense. Keep in mind the objective of social and gender co-responsibility. National care systems cannot be sustained, once again, on the exclusive work of women. (p.89-90).*

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Thinking about a university response implies managing the care measures dictated at the national level and at the same time adopting others of an institutional nature, which, through different channels, contribute to their redistribution and recognition. In coherence with the above, six types of care measures will be mentioned:

- Time measures: time is a variable inherent to any action and, therefore, to work, in this case care work, consequently, the time to care becomes a precious resource. Thus, all kinds of work and academic leaves that grant time to care are along these lines: pre and postnatal marental and parental leave, leave for medical leave for children, elderly or injured people, etc. But also time for self-care, respecting acquired labor rights such as bereavement days, vacation periods and working hours. Time for co-care in the care of teams, for example, holding weekly meetings, making joint agreements, defining roles and functions, having spaces for reflection and recreation.

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2 Batthayány, en el módulo 5 del curso Sistemas y políticas de cuidado en América Latina de la Especialidad de Políticas de cuidados con perspectiva de género-CLACSO 2020-2021, refiere a otras dos políticas de cuidados: sobre condiciones laborales de las personas cuidadoras y políticas de transformación cultural. Ambas son una referencia para la clasificación de medidas para los cuidados.

- Monetary transfer measures: this refers to an amount of money granted to purchase care services in the market or to meet the needs of caregivers to carry out daily activities. This point is complex to implement from the universities for budgetary reasons, however, there are cases in which by obligation of the labor law it is appropriate to do so.

Service measures: these involve actions for the care itself. Services may be provided directly by the state or by private companies through state subsidies, as well as by civil society institutions or community organizations. For example, early childhood education -which as an educational process is associated with care- is a highly demanded service, and there are experiences in Chile of agreements between universities and the National Board of Kindergartens (JUNJI) to provide formal education to children of student mothers and fathers. Care services for students linked to self-care, such as guidance on parenting/parenting, sexual and reproductive education, support for academic insertion and mental health care. Services for co-care, for example, risk prevention training for work teams, conflict resolution instances that affect coexistence, administrative procedures in cases of abuse of power - impunity is a problem in order to care for coexistence -, gender violence prevention workshops, among other services for co-care. On the other hand, in the eco-care dimension: recycling services, generation of knowledge on sustainable energy, teaching courses on ecosystem care; are examples of services for the university community or knowledge made available to society for eco-care.

- Social infrastructure measures for the care it is necessary to have certain infrastructure that provides material conditions for public use. In the context of the university, this can be seen in breastfeeding and changing rooms, ramps and elevators, improvements in lighting, maintenance of green areas, installation of bicycle racks - as an incentive for clean means of transportation - which, as they become normalized, become part of the daily space. In this aspect, schools of art, geography or architecture have a lot to contribute.

- Measures to improve the working conditions of care workers: in the case of universities, for example, cleaning work. Improving working conditions contributes in terms of income redistribution and at the same time in the recognition of this socially undervalued but indispensable work. Care is not only feminized, but also racialized and

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stratified by social class (Carrasco, 2021) and this is reflected in cleaning services.

- Cultural change measures: the measures outlined above can become merely practical and weak if they are not accompanied by cultural changes, running the risk of being easily disinstalled. Consequently, cultural change makes the difference between one-off modifications and transformations.

In order to build a care system, in addition to the proposal of measures, it is necessary to define target populations and relevant actors, which will possibly be marked by diversity, one of the challenges being to generate a work network where the different positions and emphases complement each other.

Every measure is aimed at a target population chosen with criteria of universality or focalization, depending on its meaning. In some cases it will be aimed at the entire community with certain nuances depending on the status, for example, in the cultural change measures, while in others it will depend on two eligibility variables, as in the nursery services in agreement with JUNJI aimed at children of student mothers or fathers, with the requirements being the filial bond and the status, or in other cases, it will be some physical disability that makes it necessary to define preferential parking lots. Thus, there are multiple possibilities and it will depend on the needs established in each context, hence the importance of building participatory processes that give relevance and legitimacy to the definition of target populations.

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Following Aguirre and Ferrari (2014) and Batthayány (2015), three actors are identified: formal decision-making, interest and context. The first ones, refer to entities that are part of the decision-making structure, for example, in this case, university governments, rector's offices, boards of directors and directorates, among others, however, for a system to give positive results it must have the community, being a priority to generate binding participation mechanisms, with special consideration of those who will live a direct effect as a consequence of the decisions taken, regarding the importance of representation (Fraser, 2015; Rodríguez, 2021a).

In relation to the above, a second classification are the stakeholders, composed of those specific groups united by approaches, demands and experiences associated with care issues in the university context. For example, centers of studies on inclusion, gender or sustainability, groups of people with disabilities, animal groups, workers' associations or unions.

Finally, the context actors would be organizations around the university such as the Ministries of Education, Health, Labor, Women and Gender Equality, among others, or inter-university spaces, in the Chilean case, instances such as the Consortium of

Universities of the State of Chile (CUECH) or the Council of Rectors of Chilean Universities (CRUCH).

In addition, it is essential to build a care system that involves an internal and external network, which considers the gender direction, transversality office, direction of student affairs, direction of people development, study centers, careers, student groups - federations or assemblies -, extension units, among others, and maintain coordination with the external network, National Board of Kindergartens, National Disability Service, Ministry of Women and Gender Equity, Ministry of Environment, social organizations or other contextual actors identified in each space.

It is possible that an organizational structure that gives rise to a driving council of the system may be required, however, it will depend on each university the organizational structure that is considered relevant and the changes in the institutional framework that it entails.

To recapitulate, with all that has been pointed out, it is proposed to understand care as the framework of actions that welcome and make life flourish in different lines of intervention -self-care, co-care, socio-care and eco-care-, through measures of time, services, infrastructure, monetary transfers, working conditions in the area of paid domestic work and cultural changes, which requires the participatory definition of the target populations, involving in the planning and implementation of the system the relevant actors of each space, so that we find ourselves in a university community that takes care of itself.

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Conclusions

Implementing measures for care can be functional to neoliberalism and also to the conservative discourse, therefore, it is relevant to make visible that the transformative power of care is experienced when it enables social interventions aimed at redistribution and recognition. But it should not be forgotten that it is a problem of social injustice, therefore, it requires the participation of those who are affected and affected by it, being the political representation (Fraser, 2015; Rodríguez, 2021a) indispensable for the satisfaction of needs in a relevant and contextualized way.

Universities can propose to be relevant actors for transformations that give space to care: in the internal functioning of institutions, in the training of future teachers and professionals and in raising a public voice in this regard. In this article, the aim was to contribute to the first aspect mentioned through the construction of a university care system.

Two challenges can be seen in this pretension: first, to make visible and coordinate the existing actions; and then, to project others jointly among the different units of the universities, without falling into a sum of unconnected issues. In order to facilitate this, it is hoped that what has been developed around lines of intervention, care measures, target populations and relevant actors will be a contribution.

In relation to the last point, it is a challenge for social work, both academic and professional, to position itself in the relevant actors, making visible its contribution to overcoming social problems related to care. In fact, there is a close relationship between care and social work, in child protection programs, care for the elderly, gender violence, school coexistence, among others. In universities this relationship is present, for example, in the daily interventions of the welfare departments or in academic activities in the field. And also in the relationships established between social workers, as revealed by the research of Muñoz and Duboy (2022) with a different kind of networking, of collaboration and mutual support of "entangled" or "clarified" solidarity, where co-care mediated by affective bonds prevails as a way of resistance to the overload imposed by the logics of productivity oriented to the fulfillment of goals.

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In this relationship -social work and care-, it is pertinent to insist on the ethical and political component, in a social work "that places solidarity and care at the center as a transforming impulse in our societies" (Ioakimidis, 2021, p.29) for overcoming social injustices. Consequently, moving towards care from a position that questions "who is responsible for sustaining life and how we should organize ourselves as a society to put life at the center, as a task that implies collaboration, interdependence and recognition of our fragility in the act of inhabiting the world" (Muñoz and Duboy, 2022, p.153). Possibly, it is necessary to experience the discomfort or anguish provoked by questions about care and the meaning of our work, in order to create new ways of making social interventions, being fundamental the teamwork between social and interdisciplinary workers.

One of the purposes of social work is to transform problems that constitute social injustices, thus, dealing with care in universities is an open field for its professionals, who can collaborate both in planning and execution of social interventions as well as in systematization and research.

Recognizing and redistributing care at all levels, from the home to the parliament, is more than a declaration of good intentions, or just the delivery of monetary transfers; it is a deeper call for attention, a turn towards ethical subjects who, recognizing their limitations, do not shy away from taking responsibility for the consequences of their

actions or seeking collective meeting spaces to overcome social injustices, where, between conflicts and tuning in, the recognition and redistribution of care takes shape in everyday life, because "the personal is political", and politicizing care is urgent.

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Author's biography

Lorena Pezoa Carrasco is a Social Worker, Universidad Tecnológica Metropolitana (Chile), Master in Gender and Cultural Studies, Universidad de Chile. She works on university gender policy and social interventions at the Gender and Sexualities Office of the Universidad Metropolitana de Ciencias de la Educación (UMCE), Santiago, Chile. Correo electrónico institucional: lorena.pezoa@umce.cl

ORCID ID: https://orcid.org/0000-0002-1537-2849