



Conversation with Yara Tarabulsi

Ashley Hopkinson

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Ashley Hopkinson: Hi. My name's Ashley Hopkinson. I'm a journalist and manager of the Solutions Insights Lab. I'm here with Yara, and we're going to talk about wellbeing. Yara, can you introduce yourself and tell me a little about yourself and the work you do?

Yara Tarabulsi: My name is Yara Tarabulsi, and I'm the outreach and advocacy officer at the Global Alliance for Care. The Alliance is a global multi-stakeholder community that works to advance the care agenda on the global, regional, and local levels. It has over 180 members as of now, and it has a multi-sectoral composition. We have national and local governments, civil society, international organizations, philanthropies, and academia, and our main objective is to work towards the recognition of care as a right, as work, and as a public good.

Ashley Hopkinson: How do you define the care economy? Is it the field at large? Is it caregivers, providers, families, or a combination of all these groups?

Yara Tarabulsi: The care economy, strictly speaking, is a more macro-level concept. It's a macro picture of how care is given and received in society, along with all of the social, economic, and cultural arrangements that define the provision and reception of care within a society. Unfortunately, it is most often through the private provision of care within the household, mostly by women or through a state provision.

Ashley Hopkinson: Can you share a little about a project that you have found to be really impactful, something that you see making a difference or making progress in the area of care?

Yara Tarabulsi: I would definitely say the model of comprehensive care systems, which is something we've observed a lot in Latin America. Latin America has been a pioneering region for the issue and for tackling the issue through a gender-equal, inclusive, and human rights approach. The idea behind these models is to tackle care because we know care is a very broad array of activities and work; it's all the activities that ensure the wellbeing of people, of the planet, and even of our societies and economies. You need to tackle this issue with a very comprehensive lens. The idea of a comprehensive care system involves a whole-of-government approach, where many ministries and government institutions are working together to make sure that care is equally distributed among society, so it's not seen as the sole responsibility of women, and also to make sure that people who need and require care can receive it in a way that is accessible, inclusive, and just.

These models usually involve the equivalent of a Ministry of Women, but also Ministries of Education and Ministries of Health, for instance, who come together to articulate these services that are related to care. This can include things like medical attention, educational services, and sometimes even recreational services like cultural activities or sports. They make them all complimentary, and they try to make sure that there are no gaps in the service provision. At the same time, they make sure to have efforts such as cultural change campaigns and awareness raising, so people know that everybody's responsible for care, not just women, but also men, the state, and the community. The private sector also has a role to play.

There are also a lot of legal frameworks which can recognize care at a judicial, legal, or sometimes constitutional level, and make sure that care and labor rights are addressed. For example, that can be done through advocating for parental leaves to be equal between men and women, or through providing training and decent work initiatives for caregivers. They either professionalize them or make sure they have decent salaries and things like that. This big amalgamation of services is what makes up a comprehensive care system.

We have a great example in Uruguay's national care system, and also at the local level in Bogotá. The interesting thing about Bogotá, which has been very inspiring for many policymakers and experts, is that Bogotá also has an urban planning dimension to its care system. It organizes all these services into very accessible care blocks where they're practically walkable and very easy to reach. It also reduces the time that women usually have to invest in providing care. Instead of spending two hours to get the kid to school or to get the groceries, you can do all of that within 20 or 30 minutes.

Ashley Hopkinson: Could you briefly describe the Bogotá care blocks, and what they look like?

Yara Tarabulsi: The first thing that's very important to highlight about the Bogotá district care system is that it was precisely developed recognizing the disproportionate responsibility that women have for providing care work, and it was specifically designed to address that. There was a lot of research and data generated about the time women invest in care and how that affects their free time.

The care system has many components, and one of them is the care blocks. In this case, the care blocks plan cities so that all of the services and activities around care are easily accessible. Things like medical clinics, grocery stores, and recreational areas like football courts exist and are easily accessible. A lot of what gets sacrificed because of caregiving responsibilities is women's self-care and, in a sense, their own wellbeing, so services that ensure the self-care of women are there, too.

Generally speaking, that's the care blocks model. It also has many other accompanying activities. There is a care school directed at men. There are mobile units for people who live in harder-to-reach areas that don't have sufficient infrastructure to organize care blocks. It's a very comprehensive model, and has been a great practice throughout the region.

Ashley Hopkinson: What do you think were the building blocks to success? You mentioned data, and doing data analysis and research to figure out where the needs were. Were there other practices or processes that you think made this successful? If other people are looking at it wondering how they could replicate it or do something similar, what would you say?

Yara Tarabulsi: Many things happened in the right case at the right time to achieve success, but I can cite a few things that I think were very helpful for this success to materialize. First, there was already this growing momentum around care that was being talked about, especially in the region. The regional conferences of women of Latin America, which were organized by the United Nations Economic Commission for Latin America and the Caribbean [ECLAC], had been talking about the issue for many, many years. Many commitments came out of those conferences that emphasized the importance of taking action, especially at the local level, to reduce, recognize, and redistribute care work.

Second is political will. These things don't happen without people in government who are willing to make the change and willing to take a feminist perspective, especially after having seen the mobilization of feminist movements and having heard feminist experts talking about this issue for decades. It was a gigantic effort of institutional coordination. They had to convene a working group to create this care system, which involved the Secretariat of Women, who is the main figure in charge, as well as other types of local governments who were involved in the care blocks.

Ashley Hopkinson: That's really powerful. You also mentioned something about a Ministry of Women's Initiatives in Uruguay. Can you share a little bit more about what's happening related to the care work in that area?

Yara Tarabulsi: Each country has to figure out internally what kind of governance structure it needs to have for these sorts of systems. In Uruguay, it's a Ministry of Social Development, and there was a very strong policy that came from the national level. There was also a law that mandated its creation, and they needed to have an inter-institutional coordination group to make it happen. It involved the Ministry of Social Development, the Institute for Youth, a fund for social security, and, if I'm not mistaken, the Ministry of Education, but I would have to double-check that.

Ashley Hopkinson: I'm seeing that wellbeing economics brings the need for interdependency into focus. This isn't going to work if people, organizations, and governments are siloed. Have you found, as an organization with Global Alliance for Care, that collaboration and recognition around interdependency have helped your work? Have you noticed it helping others in the field?

Yara Tarabulsi: Oh, absolutely. It's one of our main pillars. The reason the Alliance was created is because we recognize that if care is a responsibility of everyone, everyone has to be involved. It is the responsibility of everyone because everyone needs it at some point. It should be the basis of our economic relations. It's not, unfortunately, but we should be building our societies and our economies based on the fact that we all are connected and we all need each other. That's why relationships of extraction and domination will not work. As we've seen, they are not conducive to the well-being of people.

That's also why we have such a diverse multi-stakeholder composition. Everybody has something to bring: governments, civil society, international financial institutions, to name a few. However, when you see the reality, I believe there are a lot of misunderstandings and misconceptions about care that often translate into work being done in silos. Many people understand care as just being child care and think this policy should only involve the ministry of the family, or whatever equivalent a country has in place. Some people don't consider domestic work care. Yet it's such a huge part of where women invest their time. We've largely seen that even more time is spent on domestic chores like groceries, cooking, and cleaning, than on directly tending to a child or an older person.

We push for this idea that care is very broad and involves all these different activities that are nevertheless undervalued and underrecognized. That means that more people need to be involved, and we cannot be limited to this very small, segmented view of who is involved. We know that it's important because it can be overwhelming for many, and we know it has to be a progressive

approach. You can't do everything in one year, so we hope that this main, broader objective is what people are ultimately working towards.

Ashley Hopkinson: Would you consider the organization's work to be bridge-building? Are you helping people find each other and find avenues of support to make this work less overwhelming?

Yara Tarabulsi: Yes. We do that in several ways. Directly connecting people is one way. We help people know who's working on what, how they can help them, and what kind of opportunities they have to offer. We also do a lot of learning activities and exchanges between different actors who are working on care from different aspects.

For example, one issue that is becoming very important is the connection between care and climate change. How is care involved in mitigating or adapting to climate change? It's also one of the most under-recognized aspects of care, so we organize dialogues and communities of practice for people who are interested in learning more about this to come together on the issue. Our advocacy efforts are based on this collectivity. We don't want just one voice to dominate the conversation on care. We want multiple people, especially caregivers and receiver organizations, to be present in spaces and to manifest and express their demands and their priorities.

Finally, we work on narrative change and communications, which also need to be collective and cooperative processes because we need to know how to talk about care. For example, for the private sector, it's going to be different on different continents. It's going to be different in Southeast Asia than in Northern Europe. People with disabilities are going to have specific decisions to make about the language we use when we talk about care for people with disabilities. Those are just a few examples of why for us, collective action is at the heart of all of our efforts.

Ashley Hopkinson: I know it can be challenging to get over the hurdle of making sure that your work is not misunderstood or narrowly relegated. What would you say are some challenges you face when it comes to addressing caregiving as an aspect of the wellbeing economy and conversation? Do you feel like there's a gap that needs to be filled in that area?

Yara Tarabulsi: Because of the reality of the landscape of development, there's always going to be competition, and this is something that we really want to counter. We want collaboration rather than people competing for spaces. We want to make it a friendly environment for everybody, and to make sure there's room and space for everybody. But sometimes the dominating logic of development and

civil society is having to compete for funds or for space. That's a very difficult challenge that we often have to face within the debates that we try to foment.

I would also say it's sometimes very difficult to know what kind of narratives and what kind of language to use. What engages some publics and not others? Talking about this agenda as a feminist agenda may put off some people, and you have to really think about how to avoid sacrificing principles in order to get buy-in from certain actors. That's a very tricky space to work in.

Sometimes, there are disagreements between different actors. We seek to be this flexible space that is promoting debate and promoting dialogue, but sometimes actors butt heads about issues. There's a huge debate about whether caregiving should be paid or not, and whether that's replicating certain gender roles. Some say if you pay somebody for their caregiving, they're going to keep doing it all instead of making it a shared responsibility. Whereas some others say people are doing the caregiving and they need remuneration right now. There are all of these different debates that we don't want to be definitive about because social agendas are always under construction. They're always getting new voices and new perspectives, and we think that these debates can be the source of a lot of enriching conversations, new policy measures, and new policy developments. This is really what we're trying to promote rather than to resolve an issue and have that solution be set in stone.

Ashley Hopkinson: Do you ever come up against cultural practices and values, people saying, “That’s just the way it is, that’s just what people do”? But then people are exhausted, or they don't have the finances they need because care work is considered free? Is there a difference between how the care economy lands in say Latin America or South America versus the way it lands in Europe, or other places?

Yara Tarabulsi: Yes. I think one of the most pervasive challenges of this agenda is the whole labor of love idea. There is sometimes an idea in some communities that care is something you do for free, and if you give it money or quantify it, then it loses its nobility. It's one of the most difficult challenges, and it translates onto a policy level because you can provide daycares and you can provide other forms of care services, but that doesn't mean that people are going to use them. South Korea has one of the most generous parental leave policies in the world, and they often see that men don't use these policies. Even if they have them, they don't use them because it's not perceived as something that you should do. It would have negative social connotations.

Same for something like the care blocks. It will still be women who take their children to daycare, not men. A lot of people have said that that's why you have to work with community authorities and community leadership at a social norms level. These authorities are very well respected and listened

to, so this is a good entry point from which to start combating this because when it's top down, you're not going to have the take up that you want, and it might be a waste of money, where people are not benefiting from the policies that you're working on.

Ashley Hopkinson: Given the right support—like finances and people—what would you like to see scaled, replicated, or done to advance the movement? What would you like to see grow or expand?

Yara Tarabulsi: I would definitely say this comprehensive care systems model because I think it is one of the most innovative ways of thinking about care, and also thinking about the right to care, which means considering both receiving and providing care as a right. You should be able to provide care without having a detrimental effect on your economic participation or your personal wellbeing. Receiving care if you need it should also be your right.

Self-care is also part of this broader right to care as it was conceptualized by Laura Pautassi, an Argentinian lawyer. This is a concept that I would like to see either codified into laws, or put into practice within policies. I'd like to see it be taken out of Latin America and adapted into other contexts because I think it's one of the greatest innovations that Latin America has come up with. It would be great to consider how you can adapt this to local models and rural contexts with less infrastructure and more difficult access and so on.

I think something else that should be talked about more are risk care policies. The first thing people ask is: How are we going to finance this with so little budget? I think it needs to be talked about in parallel with discussions of economic justice, especially within the global south. If we don't have the fiscal space to fund these policies, how do we expand the fiscal space? Do we have a fiscally progressive environment? Is all our money going towards debt servicing? What is being funded that may not be care-friendly within national budgets? Where can we find money that is being used on things that are actually detrimental to people and to their wellbeing? I think these are conversations that need to be taken way more seriously. I know many people are reluctant to do it because these are very serious issues, which may get a lot of resistance from certain actors and certain policymakers, but I think it's becoming urgent because the question is popping up a lot.

Ashley Hopkinson: You mentioned that care is connected to other issues, not just economics. It impacts labor, housing, and other areas. What do you think it might take to demonstrate the value of the care economy and help other actors, like leaders and decision makers, to prioritize this area of wellbeing?

Yara Tarabulsi: I think there are several very persuasive kinds of arguments that can be made. The first is that care needs are going to increase because we have aging populations, and there are declining fertility rates. So if you look at it from a numbers perspective, there are going to be fewer people available to provide care and more people who need care. Healthcare systems and welfare systems are eventually going to have to deal with this, and they are not equipped to do so. Climate change is also going to threaten our infrastructure and threaten our existing services, so there is a sense of urgency there that we need to address.

A lot of people go with the financial argument that revenue can be created from creating more care jobs with care policies, from tax revenue, from formalizing care work and taxing it, and from involving more women in the workforce because they don't have to tend to other care responsibilities. There is an understandable criticism to that kind of argument that it just plays to these classical economic ways of thinking, but it is also very attractive, a very good argument to make to certain policymakers who are looking at it in economic terms.

Finally, there is the argument that care is at the center of everything, and it's related to all of these different issues. We know a lot of countries are dealing with migration, and that has a care component because many migrants end up doing care labor, and migrants of course don't have the infrastructure they need or the services they need to tend to their own care needs. Countries in conflict and in vulnerable contexts often have their care infrastructure break down. Women bear the brunt of that.

I think care really is at the center of all of it. All of these big, urgent development problems that we're dealing with have a huge care component. However, care is also part of many solutions. The pandemic showed us this, of course. I think it's time to look at it, take it seriously, and tackle it.

Ashley Hopkinson: Do you have an insight or a takeaway, some piece of wisdom that you've learned through your work with the Global Alliance for Care, that someone else can learn from? What could you share from your work that might be valuable for someone else?

Yara Tarabulsi: The main thing we've learned from the work of the Alliance is probably that care is a cross-cutting issue, and all these other issues are cross-cutting. Climate is a cross-cutting issue. Gender is increasingly being seen as cross-cutting because you need a gender perspective in everything. You need a care perspective in everything. You need an age-sensitive perspective in everything. People might complain about having to consider all of these different issues, but that's the point. You can't look at any issue in isolation, and if you look at any issue in isolation, you're going to reproduce inequalities and injustices that have been there historically. The only way to counter that is to start bringing in all the different perspectives and voices, bringing in the people who are affected by

these issues. For us, it's caregivers and care receivers who need to be at the forefront, so we have this kind of dialogue with them, and try to understand what is going on and what needs to be done from their perspective.

Another takeaway is that you can't do it all yourself. You need other people who specialize in the issue, and who are working on the ground with the topics you're dealing with.

Ashley Hopkinson: Yara, is there anything you want to add to the conversation that you think is important regarding the care economy or wellbeing economy. or the work that you're doing?

Yara Tarabulsi: I would invite anybody who's interested to join the Global Alliance for Care as a segue into keeping this collaborative work going. I also invite reflection on how care affects every single one of us, and how everybody, at some point, has to provide or receive care. I think this is something that we need to keep at the forefront of our minds when we talk about wellbeing because care is at the center of achieving that.

Ashley Hopkinson: Thank you so much.

Ashley Hopkinson is an award-winning journalist, newsroom entrepreneur and leader dedicated to excellent storytelling and mission-driven media. She currently manages the Solutions Insights Lab, an initiative of the Solutions Journalism Network. She is based in New Orleans, Louisiana.

** This conversation has been edited and condensed.*