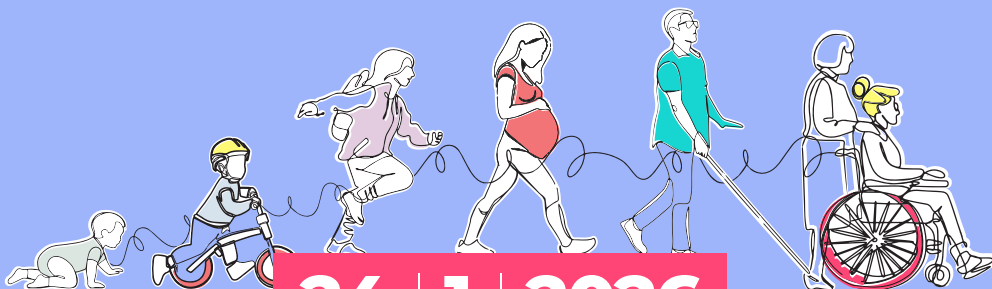


# ZAIN WHO CARES

Zaintzak guztioi eragiten digu, baina guztiok  
zainduko gaituen sistema eraikitzen,  
ala eraisten gabiltza?



**24 | 1 | 2026**

**Consolidated and edited report**

**Bizkaia Aretoa-EHU | Bilbo**



## Greeting and presentation

Coppieters and Alkartasuna Foundations.

## Debate

Why a person-centered public and universal care system?

Opening remarks from Professor Kathleen Lynch, UCD Professor for Equality Studies (Emerita) and Irish Commissioner for Human Rights and Equality.

### Speakers

- “Towards a new UN convention: a rights-based approach to care”. **Nena Georgantzi, AGE Platform Europe & University of Galway, Ireland.**
- “Care system and its political implementation from the Social justice perspective”. **Tine Rostgaard, Department of Social Sciences and Business professor at Roskilde University, Denmark.**
- “Political approach to the European Care System: A review of the European Care Strategy”. **Dana-Carmen Bachman, Social Protection and Demography Head of Unit at the Directorate-General for Employment, Social Affairs and Inclusion of the European Commission.**

## Break

## Roundtable

Diverse approaches to care.

- Feminist Movement: **Denon Bizitzak Erdigunean Platform**
- Care Cooperatives: **Maitelan**
- Institutional: **Arrasateko Udala eta ZainSare proiektua**
- Academic: **Ane Izagirre, Sociology and Social work researcher, and “Member of Parte Hartuz Research team”. *Universal care undermined. What is at stake?*”**

# PART ONE

## GENERAL FRAMEWORK AND INTERNATIONAL PERSPECTIVES

### 1. Iria Epalza

“What is care, if not the defence and security offered to us and given by us in the different areas of life?”

Iria Epalza’s opening address strikes at the heart of the current clash between European geopolitics and social policies. She redefines the concepts of “Security” and “Defence,” challenging militaristic discourse and placing care at the centre of the welfare state.

- **True security:** real security is not found in stockpiling weapons or expanding military budgets. It is the peace of mind that comes from a fully collectivized, public healthcare system that protects citizens when they are vulnerable. Security means ensuring that children in schools and older adults at home or in care facilities are looked after with dignity.
- **True defense:** this does not mean having an army to fight off an attack. It means having support and protection during life’s vulnerabilities and in the struggle for autonomy. Maintaining the integration of people with disabilities into society—rather than leaving them on the margins—is a nation’s primary line of defence.

Epalza criticizes the current drift of the European Union (EU) on the international stage. She argues that if Europe appears “weak and directionless” today, it is because it is trying to adopt the logic of war and the arms industry.

- **The core of Europe is peace:** Europe was not born to be a military power; it was born for the exact opposite reason: to prevent war and conflict.
- **The power of cooperation:** she emphasizes that Europe's original success is rooted in peace, collaboration, community development, and welfare. The strength of this alliance lies in its social values, not in its capacity for destruction.

The most critical part of the speech targets current political trends. In trying to compete with superpowers whose systems are built on aggression, war, and death (blocks like the US, China, or Russia), Europe is destroying its greatest treasure: the welfare state.

- **Our strength:** Europe does not need to mimic the world's largest armies. Our main strength—the area where we lead the world—is universal care, education, accessible healthcare, and dignified care services.
- **Being a model for others:** instead of copying others, we must serve as a model for social policy and citizen protection.

## 2. Kathleen Lynch

### “Profit and care do not go hand in hand”

Kathleen Lynch's presentation reveals the structural contradictions and “ontological blindness” of the current economic and political system. The professor emerita from University College Dublin did not merely present a moral argument; instead, she built a radical critique of political economy and affective justice. Here are Lynch's main theses:

## A) Capitalism's "Hidden Debt" and Social Reproduction

Lynch recalled a fundamental premise of feminist materialism and critical economics: capitalism and neoliberal economics only measure and value "production," using Gross Domestic Product (GDP) as their central axis. However, for this system to function—for a worker to "simply" show up every morning at a factory, office, or shop—that person must be fed, clothed, healthy, and emotionally stable.

- **Free raw material:** the entire process of preparing workers for labour is called Social Reproduction Work. Historically and traditionally, this work has been carried out outside the market and inside the home, on the backs of women.
- **The market's debt:** in Lynch's words, capitalism owes a continuous, structural debt to care work. The economic system exploits this free raw material to maximize profits but refuses to absorb its costs or value it socially. Without care work, the entire economic system would collapse within 24 hours.

## B) "The "Global Care Drain" and Global Chains

One of the most striking points of the speech addressed the geopolitical dimension of care work and globalization. As women in Western countries integrated into the labour market on a massive scale, a major care deficit emerged inside the home. However, this gap was not filled by men taking on care responsibilities, nor by states building robust public services.

- **Racialization and migration:** the solution turned to the brutal commercialization of care. Immigrant women from the Global South are hired under exploitative, precarious conditions, frequently working as live-in caregivers.

- **Affective drain:** Lynch denounced the structural cruelty of this process. These immigrant women are forced to leave their own children, partners, and elders in their home countries (under the care of other female relatives) to come to Europe and satisfy the care needs of the wealthy and middle classes. This dynamic extracts “affective wealth” from the Global South for the benefit of the Global North, causing a worldwide breach of affective justice.

### C) The Politicization of Dependency: The Bourgeois Myth of Autonomy

Lynch strongly attacked the myth of the “autonomous and independent individual” constructed by liberalism and capitalism. This system views the ideal citizen as a self-sufficient, rational, financially independent man who requires no support framework. In this logic, being dependent (due to childhood, disability, or old age) is associated with weakness, failure, or “second-class citizenship”.

- **Ontological interdependence:** Lynch completely overturned this view. By our biological and ontological nature, humans are interdependent. We all rely on one another; at some point in our lives, we will all need care.
- **It is not charity:** once we accept that dependency is part of our biological reality, care can no longer be viewed as an act of “charity,” “pity,” or “philanthropy.” Care is the most fundamental political and democratic right.

### D) “Affective Justice” as a Political Goal

If a society considers itself democratic and just, it cannot measure justice solely through legal frameworks or economic distribution; it

must also measure it in the affective sphere. Affective justice works in two directions, and both must be guaranteed by law and public infrastructure:

- 1. The right to be cared:** every citizen must have access to dignified, high-quality care, regardless of their financial resources or background.
- 2. The right not to care (or to care under dignified conditions):** no one should be forced (due to gender or lack of resources) to sacrifice their professional life, personal life, and health to care for a relative. Those who provide care must have the necessary resources, time, social protections, and full economic recognition.

**Conclusion:** discussing care is not a “soft topic” or a private domestic matter; it means tackling the largest political and economic conflict hidden by capitalism.

### 3. Nena Georgantzi

#### “Recognizing Care as a Human Right Would Redirect Political Priorities”

Nena Georgantzi, a leading international and European voice for the rights of older adults, approached the issue from the perspective of legal architecture. She addressed the need to link care with human rights, exploring how care can be integrated as a universal right into our political, legal, and social agendas.

#### A) Care as a Life-Cycle Right and the Current Legal Vacuum

Georgantzi exposed a major limitation of current legal and political frameworks: the tendency to treat care as a problem, a burden, or

a private family matter. Her core thesis defends that care is a right that must be recognized across all stages of life, rather than a service restricted to specific ages or conditions.

- **A fragmented protective framework:** international law currently recognizes care only in very specific contexts. For example, children's rights are protected through the Convention on the Rights of the Child, and people with disabilities through the Convention on the Rights of Persons with Disabilities. However, to guarantee it as a general right that spans the entire life cycle, a new international convention is essential.
- **The importance of language and state obligation:** governments often avoid using human rights terminology when discussing care. This language has direct consequences: it creates duties, standards, and expectations. Framing care as a human right would place an obligation on the public sector to take responsibility for this task, preventing it from remaining an invisible or optional matter.
- **Relieving the burden on families and women:** due to poor funding and weak public services, the care of older adults in many countries silently and indirectly falls back on families. This places the burden primarily on women within unpaid, informal structures. A rights-based framework would require public authorities to put an end to this practice.

## **B) The Principle of Equal Dignity and the Danger of “Ageism”**

The second main pillar of the speech argues that human dignity cannot be measured by age. Human rights belong to every person simply by virtue of their existence, not based on their productivity, economic contribution, or utility to society.

- **Distorted logic during crises:** ageism is the most dangerous form of discrimination during times of crisis. Linking welfare and care systems to productivity brings a perverse logic: while childcare is seen as an investment in the future, elder care is viewed purely as a cost. Because of this, care for older adults is often deemed less deserving, particularly when it is linked to a loss of personal autonomy.
- **Inequality in service quality:** this logic directly harms the quality of support. Across the European Union, care services vary significantly based on age; older adults frequently receive lower-quality care, less funding, or less personalized attention.

### C) Elder Care as a “Journey,” Not a Waiting Room

Georgantzi introduced a powerful concept: instead of viewing elder care as life’s final waiting room, it must be understood as a dynamic journey or pathway.

- **Autonomy and active participation:** too often, care is understood purely as the management of end-of-life risks. According to Georgantzi, care must enable participation, recovery, and autonomy. When care is properly funded and designed to strengthen people’s capacities, it can prevent dependency and reduce long-term costs.
- **Sustaining social contribution:** understanding care as a continuous process allows individuals to remain active members of society. This completely challenges the very idea that care marks the end of a meaningful life.

## D) The Practical and Symbolic Role of a New UN Treaty

At the conclusion of her speech, Georgantzi called for a new UN Convention on the Rights of Older Persons as a practical and symbolic tool for change. International treaties compel states to protect and fulfill rights, turning mere declarations of values into legally enforceable standards.

This treaty would clarify state responsibilities, establish global standards, and shift the social perspective on aging. Recognizing care as a right would redirect political priorities, positioning care as a public good vital for cohesion, equality, and well-being at all ages.

## 4. Tine Rostgaard

**“The specific policies implemented determine who must bear the burden of care”**

Tine Rostgaard analysed the deep current crisis and the lights and shadows of the Scandinavian system, which is often considered a model of universality and social justice. She showed how a system built on universal rights, equality, and public responsibility is placed in jeopardy by demographic aging, staff shortages, and constant pressure on public budgets.

Rostgaard argued that care systems are systems of social justice because they distribute time, risks, money, recognition, and dignity; the specific policies implemented determine who must bear that burden.

## A) “The Scandinavian Promise”: Care as a Citizen’s Right

Rostgaard outlined the four main pillars of the original model:

- **Universality as a citizenship right:** elder care is structured as a social right, not as charity or a duty belonging to families. This separates care from social class and breaks dependency on family resources.
- **Universality of services:** services must be high-quality, accessible, and affordable so that all social groups use them. Otherwise, public care risks becoming a “poor service for poor people” if the middle class abandons the system.
- **De-familiarization and gender equality:** shifting the responsibility of care from the family to the public sphere aims to protect women’s employment and emancipation. Therefore, care is a fundamental part of the gender contract.
- **Professionalization:** ensuring that work is qualified, regulated, and protected by strong labour institutions.

She highlighted an important limitation: even in these systems, the family never completely disappears. The family maintains emotional responsibility and often becomes the coordinator of care (“intimacy at a distance”). When public services are cut, this informal structure becomes as vital as it is risky.

## **B) Three Forms of Crisis: Resources, Citizenship, and Legitimacy**

When public care is stripped down, care does not disappear: it shifts location, adapting primarily to families and the market. This shift plays out completely differently depending on class and gender. Rostgaard divided the crisis into three indicators, all of which are issues of justice:

Type of crisis	Description and consequences
Resource crisis	<p>While the population ages and needs become more complex, there is less formal care, and home-care services are shorter and more fragmented. When services decrease, family care grows (on the backs of women). Because the work is undervalued, there is a shortage of staff, leading to rigid standardization of services. A vicious cycle is created:</p> <p>Stripped-down care &gt; worse working conditions Staff shortages &gt; even more stripped-down care</p>
Citizenship crisis	<p>Without changing major laws, municipalities can indirectly tighten eligibility criteria. Consequently, high-income groups purchase private services as a supplement, while low-income groups cannot. Universality on paper turns into practical ghattization: a minimal public system for those who depend on it, and a private market for those who can pay.</p>
Legitimacy crisis	<p>When the public system is unreliable, citizen anxiety grows and solidarity weakens. This puts governments under pressure to implement quick, superficial reforms without fixing structural problems. Crises risk making the most vulnerable groups (caregivers and older adults with the least voice) invisible, a realm that is quieter than hospitals.</p>

## C) Political Implementation: The Reality of Reforms and the “Buurtzorg” Model

Implementation is not a technical matter, but a distributive one. Current reforms show three main trends:

- **Deregulation or local autonomy:** this is presented as an innovation, but it creates unequal access and weaker accountability, turning equal rights into variable rights.
- **Organizational reforms (Stable teams and relational care):** in Denmark, inspired by the Dutch Buurtzorg model, small teams have been created. Workers organize their own workdays and decide what to do alongside the older adult to guarantee trust. This is a very promising path toward dignity, but it only works when there are enough staff and time; otherwise, it is nothing more than the “improved organization of a resource shortage”.
- **Recognition without redistribution:** applause or symbolic recognition is not enough. Recognition must be material: improving salaries, increasing ratios, granting autonomy, and respecting the workers’ voices; otherwise, the care gap will remain.

**The Social Justice Test for Care Reforms:** Rostgaard concluded that to measure whether a care system reform is successful, the following questions must be answered: Does it reduce inequalities in access? Does it lighten the burden on families—and particularly on women? Does it elevate the dignity of older adults? Does it combine worker recognition with economic redistribution? If the answer is no, legitimacy will stabilize momentarily, but the crisis will persist unchanged.

## 5. Dana-Carmen Bachmann

**“There is no public quality care system without qualified, recognized, and decently paid workers”**

Dana-Carmen Bachmann, as the head of the Social Rights and Inclusion unit at the European Commission, brought the most institutional, pragmatic, and regulatory perspective to the table. Her presentation detailed the macro-policies designed by the European Union to tackle the care crisis, but also the jurisdictional limits that Brussels faces.

### A) The European Care Strategy

This roadmap promoted by the European Commission brings a paradigm shift: care is no longer viewed merely as an internal matter for each country, but as a strategic priority for the social sustainability of all of Europe. The strategy has two symmetric pillars, both to be protected equally:

- **People receiving care:** guaranteeing quality of life, universal accessibility, and quality of services at all stages of life (from childhood to old age)..
- **Caregivers (Both formal and informal):** dignifying their working conditions, guaranteeing training, and paying attention to their physical and mental well-being.

### B) Labour Force Collapse and the Demographic Crisis of Sector Devaluation

Europe is aging, but public and private care systems cannot grow due to a lack of workers. Bachmann made the diagnosis clear: the low wages, precarious contracts, split shifts, and lack of social prestige suffered by the sector cause young people and workers to avoid it.

Making the sector attractive is not just a matter of social justice, but an essential economic requirement for the survival of the system.

### **C) The Principle of Subsidiarity and Brussels' Legal Limits**

Contrary to what many citizens believe, Brussels has no direct jurisdiction to regulate or manage the healthcare systems, care homes, or social services of member states; those powers belong entirely to the states (and in our case, to the provincial councils and the regional government). How, then, can Europe exert influence? Bachmann mentioned two main tools:

- 1. The European Pillar of Social Rights:** a framework of recommendations and political commitments adopted by member states, which gives governments a “push” to create legislation in a specific direction.
- 2. Financial Conditionality:** Europe distributes funds (Next Generation, European Social Fund...), but to receive these funds, states must commit to reforming, digitalizing, and professionalizing their care systems.

### **D) Gender Equality, Work-Life Balance, and the Child Guarantee**

When formal public care services do not exist, women are the ones forced to leave the labour market or take reduced hours to care for relatives. The European strategy aims to promote shared responsibility between men and women (co-responsible care) through parental leave and cultural shifts.

- **The Child Guarantee:** Bachmann emphasized that talking about care is not just about talking about old age. Guaranteeing public, high-quality nursery and early-care services for children aged 0–3

is essential to cut social inequalities among vulnerable backgrounds from an early age and to give parents equal opportunities.

## SYNTHESIS AND KEY DEBATES (PART ONE)

All speakers agreed on one main conclusion: the current care model is unsustainable and on the verge of collapse. The solution cannot involve commercializing care further (doing business with private companies) or placing a heavier burden on the backs of families (women).

The roadmap left by this first part of the seminar is clear: care must be redefined as a public and collective good. This requires:

- Strong international legislation (Georgantzi).
- A new affective ethic to challenge the logic of capitalism (Lynch).
- Public and universal structures, but managed from a humane, non-bureaucratic perspective (Rostgaard).
- A firm political and financial commitment from governments (Bachmann).

# PART TWO

## CARE FROM THE BASQUE PERSPECTIVE

### 1. Txefi Rocco | Denon Bizitzak Erdigunean (Everyone's Lives at the Centre) Platform

Txefi Rocco explained the political and practical process started by the feminist movement, highlighting the General Feminist Strike of 2023 as a milestone.

- **Roots and Lessons from the Pandemic:** the multiple crises we face (social, economic, ecological) became evident during the pandemic. She denounced that despite the applause from balconies, care work was being turned into a commodity for business and speculation. Starting from that moment of isolation, the feminist movement wove networks town by town and territory by territory to build an alternative.
- **Care as a Collective Right:** she rejects treating care as an individual problem tied to a specific moment in life. We have care needs throughout our entire lives, with varying intensities, and they are the responsibility of society as a whole.
- **Structural Change and Intersectional Justice:** she denounced the current care model as neo-colonial, and patriarchal, because it relies on the precarious hiring of racialized women. The goal is to bring care into the public sector, de-familiarize it, and create emancipatory relationships.

The Four Pillars of the Basque Public-Community System

1. **System:** it is not an isolated service, but a complex ecosystem.

2. **Basque:** rooted in our historical, cultural, and political conditions.
3. **Public:** because it is the only way to guarantee a universal right.
4. **Community-based:** because everything should not be left to the State or families; neighbourhood networks and apartment blocks must be activated, recovering relationships destroyed by capitalism, but without refeminizing those networks.

### **Denouncing Privatization and Articulating the Public-Community Sphere**

A large part of her speech focused on dismantling the capitalist foundation of the current care model. She denounced that vulture funds and large private companies are taking over the management of nursing homes and home-care services.

*“The sustainability of life cannot be a source for economic profit”.*

When care becomes a business, the only way to cut costs is to worsen workers’ conditions and lower service quality. The General Feminist Strike was not just a call for women; the movement did extensive institutional work with trade unions and migrant collectives, reinventing the concept of a “strike” beyond a productive work stoppage.

Rocco made it clear that “community-based” does not mean the State evading its responsibility. There is a risk that administrations will dump the care burden onto the free labour of the community and families (historically women). Therefore, the community model necessarily requires strong funding and public protection, so that neighbourhood networks ensure closeness, but without precarity.

As a concrete proposal for transition, she put forward the Social Agreement of the Basque Country: institutions, social movements,

and workers in each territory must sign a Popular Care Pact, driven by sovereignty, to overcome the limits imposed by Spanish Foreigners Act and alien dependency laws.

## 2. Elisa Peredo | Maitelan Cooperative

Elisa described the daily reality of professional domestic caregivers and how Maitelan cooperative tackles structural exploitation with great legal, economic, and human precision.

- **The Foreigners Act and the Trap of Live-In (Interna) Workers:** Elisa strongly denounced the Spanish State's Foreigners Act, which forces immigrant women to work undocumented and in the underground economy for three years while attempting to register on the municipal census. Many families and intermediary companies exploit this situation to impose vulnerable 24-hour shifts under a live-in regime. These workers have no right to strike, nor do they have decent compensation for dismissal.
- **Maitelan's Economic Structure:** as a social initiative cooperative, Maitelan does not distribute financial profits among its members; all earnings are directed toward improving the service and raising salaries. The cooperative refuses to accept services of less than 2 hours, because one-hour services ("express wake-ups or cleaning") cause precarious, constant travel for workers and a cold, mechanical treatment of the user.
- **Self-Care and Trauma Management:** many domestic caregivers must look after individuals with dementia, Alzheimer's, or aggressive behaviour alone, without any help, which causes isolation and secondary trauma. Maitelan integrates group therapy spaces and specific psychological training into their work structures.

- **The “Neighbourhood Care” Experiment in Hernani town:** thanks to an agreement with the Hernani Town Council, migrant caregivers have been paid to take time off to learn Basque, spending half their working hours at the local Basque language school (euskaltegi). This has fulfilled two goals: facilitating the social and cultural inclusion of these workers and ensuring closer, more therapeutic communication with local Basque-speaking older adults.

### 3. Jasone Giraldo | Arrasateko Town Council

Giraldo explained the tension between the theoretical framework and the limits of municipal management, showing what can be done from a small institution through the “Zainsare” (Careweb) space.

- **Jurisdictional Limits and Political Creativity:** the main part of institutional care (nursing homes, large dependency subsidies) is in the hands of the Provincial Council, while the Home Care Service falls on the town councils. Jasone explained that town councils cannot turn into mere complaint offices. While the Provincial Council’s waiting lists are long, town councils must use “legal loopholes” and political creativity to guarantee social protection.
- **The Participatory Diagnosis of Arrasate:** before creating “Zainsare,” the Town Council mapped out the local care chains. Thanks to a mapping process conducted by the feminist movement, it was revealed that hundreds of migrant women were isolated in homes in Arrasate, without participating in the town’s social life and without even knowing that municipal services existed.
- **Sensitizing Employer Families:** often families do not see themselves as “employers,” and due to a lack of management

experience, they violate workers' rights without bad intentions (miscalculating vacations, lengthening shifts...). This space provides families with clear contract templates, mediation in conflicts, and awareness sessions so they view caregivers as workers with rights.

- **Intercultural Network:** Thanks to their direct connection with the *Ekin Emakumeak* association and the local Muslim community, “Zainsare” has become a sanctuary, building bridges to overcome language barriers and administrative fears.

#### 4. Ane Izagirre | University of the Basque Country (Researcher)

Izagirre's contribution provided the most academic, comparative, and critical dimension to the panel, analyzing the erosion of welfare state models.

##### **A) The Dismantling of the Swedish Model and Lessons of the Era**

The Swedish example is highly significant. Following the 1990 economic crisis, Sweden implemented a neoliberal management model (New Public Management) in care. To reduce costs, they restricted the number of places in public care homes for older adults and strengthened the Home Care Service. But Izagirre warned that this aging at home has, in many cases, turned into “aging alone,” because the public service is only present in the home for one or two hours a day, leaving older adults isolated the rest of the time.

##### **B) Inequalities in Gipuzkoa's Home Care Service (HCS)**

In her research, Izagirre compared the HCS across nine municipalities in Gipuzkoa region. She concluded that each municipality (depending on its economic resources and political will) has very different criteria for providing the service: some offer more hours, others require higher co-payments, some have outsourced the service to private companies,

and others manage it publicly. This breaks equity (equality) among citizens.

### **C) The Fallacy of Freedom of Choice (Marketization)**

She criticized the system active in Sweden known as LOV (Act on Freedom of Choice System). With this system, users can choose which company will provide their home care from among many private firms. In reality, however, families with the fewest resources and lowest levels of education lack the information to make a good choice, and large corporations capture clients through marketing without guaranteeing service quality.

Izagirre argues that the user does not want to be a “customer” choosing among 20 companies; what they want is a single, stable public service managed with the same staff.

*“Freedom of choice for what? I prefer to have a single public provider, but to have flexibility in hours or continuity”.*

### **D) Shifting Political Focus: From a Medical Model to a Relational One**

She denounced that current administrations understand care as a “timed checklist”: administer medication (10 minutes), shower (20 minutes), prepare food (15 minutes). The emotional, affective, and relational dimension of care (going for walks, talking, keeping company) is being left out of the system, “as if it were not essential,” which leads to the dehumanization of older adults and the sick.

### **E) The 6 Conditions for Universal Care (According to Marta Szebehely)**

For a system to be universal, it must meet the following conditions:

1. **Broad rights:** when the rights understanding is narrow, needs do not disappear; they shift to the family or the market.
2. **Public funding:** to level the playing field among different classes.
3. **Quality:** only when it is high-quality service will those who can afford alternatives also use the public system, giving thus legitimacy to the system.
4. **Use by the majority:** used by most potential citizens in need.
5. **Uniformity:** being the same for all citizens without special rules of eligibility or “merit”.
6. **Public / Non-profit providers:** the presence of numerous private providers (as in Sweden) brings confusion and deepens inequality.

## MAIN CONCLUSION AND PANEL DEBATE

At the end of the four presentations, it became clear that we are facing a major transition:

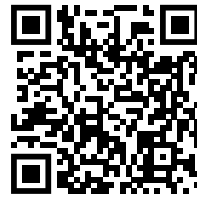
- The Basque feminist Movement marked out the macro-political struggle and street mobilization.
- Maitelan Cooperative and Arrasate town councillor showed how concrete local and regional solutions (cooperatives and municipal spaces) can be built.
- Ane Izagirre reminded us that today we limit care solely to satisfying basic physical needs from a medical focus, leaving aside people’s meaningful relational and emotional lives.

The current model is unsustainable; the only solution lies in building a public-community, affective, and universal framework. To achieve this, a collaborative infrastructure that takes into account public institutions, the social and labour spheres, the feminist movement, and academia is essential.

You can watch the videos of the *Zaintzen Zain* conference here:



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