Undervaluing the Work of Care- Podcast Transcript

Introduction

The Care Matters podcast is brought to you by the ESRC Centre for Care and CIRCLE, the Centre for International Research on Care, Labour and Equalities. In this series, our researchers welcome experts in the field and to those giving or receiving care to discuss crucial issues in social care as we collectively attempt to make a positive difference to how care is experienced and provided.

Duncan Fisher

Hello and welcome to Care Matters. The podcast from the Economic and Social Research Council, Centre for Care and the University of Sheffield's CIRCLE Research Centre. My name is Duncan Fisher and I am a research associate at the Centre for Care. We are delighted to welcome three esteemed guests to Care Matters; Nancy Folbre, Naomi Lightman and Shereen Hussein. In this episode we will discuss the devaluation and underpayment of care work.

Drawing on experiences from the USA, Canada and the UK, we consider the challenges of assigning value to care, emphasising social, cultural and intergenerational dimensions. I will now introduce our guests. Nancy Folbre is Professor emerita of Economics and director of the Program on Gender and Care Work at the Political Economy Research Institute at the University of Massachusetts, Amherst, and a senior Fellow of the Levy Economics Institute at Bard College in the United States.

Her research explores the interface between political economy and feminist theory, with a particular emphasis on the value of unpaid care work. You can learn more about her at her website and blog, Care Talk. Naomi Lightman is an associate professor of sociology at Toronto Metropolitan University. Her areas of research expertise include care, work, migration, gender and critical research methodology.

Shereen Hussein is professor of Health and Social Care Policy at the London School of Hygiene and Tropical Medicine and leads the Care workforce Change Research Group at the Centre for Care. She is an established, multidisciplinary research leader with extensive social care and health research experience, working primarily with policymakers in the UK and internationally. Welcome to Care Matters, Nancy, Naomi and Shereen.

So when we talk about care, we can often see this as devalued or underpaid. So what does it mean when we say that care is devalued or underpaid? Maybe, Nancy, we could come to you first to think about this question?

Nancy Folbre

Well, one big thing that comes to mind is that care is devalued because it's hard to make a profit on it because care, by definition, is an effort to meet people's needs, not necessarily to just take advantage of their purchasing power. But another factor is that care has big multiplier effects. That is, if you care for someone, they're more likely to care for someone else, to care for someone else, etc., etc..

So what that means is it's really important to the economy and to the larger social climate, but it's very hard to capture the value that's created. The value that's created is very diffuse. It's very you

know, it's it sort of escapes the money metric. And so it's not going to be valued in money terms as much as it should be.

Naomi Lightman

And I think what's striking about care is, you know, we all rely on care at some point in our lives. But it is work that was traditionally done for free by women in private homes. And I think that is part of that relationship. We are we just don't value at the same as other types of jobs.

Shereen Hussein

Really what's interesting for me that the care economy itself, so the care is one of those big growing sector where you can invest and the care is sold in a in a very expensive way through a consumer lens. But the care work itself is not valued. So it's very easy to find situations where care is quite expensive to buy.

However, people who are providing care, particularly those, of course, who are providing unpaid care, even though providing paid care are less valued. And this is because an assumption. So of course, it's difficult to put an economic value on the product, but also an assumption that this comes naturally to people and people can do it easily. So there is a question as well about structures and employment and qualifications and career path and the divergence between care as a product and a consumer kind of targeted product is different from care being valued as a type of work.

Nancy Folbre

Yeah, another way to put that in kind of the language that economists use is that care workers have very little bargaining power. And that problem is really compounded because often their clients don't have much bargaining power either or not much political voice. So both workers and consumers or care services are don't or in kind of a weak position in the overall economy.

Naomi Lightman

Yeah, I think what also what Nancy's saying, of course, is that it's overwhelmingly women and immigrants and people of colour that are doing these care work jobs. So they are people that have weaker bargaining power and are just generally more vulnerable in society. And it's pretty striking how this is really consistent across countries, across continents, across welfare regimes in the global north and the global south. So it's really a universal phenomenon that we see.

Duncan Fisher

Yeah. And I think that that interestingly it comes back to your initial point, Nancy, about profit, because you know what Naomi says about the people who do the vast majority of the caring. We know that. We know who does it. But we also know that there are people who do profit from care and, you know, who make who make money off of care as well.

And that tends to be not the people who are obviously here who are doing the work on the ground. You know, so actually in the UK, we know that, you know, there are corporations who do make quite a lot of money out of it.

Nancy Folbre

Yes, that's very true. But often and this is especially the case in the US, their ability to turn a profit is very much based on public subsidies, taking advantage of public infrastructure. So it's a kind of collaboration or, you know, concentration of economic power between the market and the state that allows a lot of profit to be made.

In both the US and the UK, the health care system is heavily subsidised by the public sector, but a lot of the add on services are have been taken over by private firms and private equity and often really exploiting the structure of public support. So I don't know, one really shocking example recently in the US was private equity firms moving into hospice care, which is care for people who will be dying within a very short period of time.

And the way in which the public subsidy was set up made it very, very easy to defraud the system and just garner huge profits without providing any services at all and in hospice care.

Shereen Hussein

And also just given the human input is a very important input in the provision of the care. So once you move out of care homes, which the structure and the infrastructure is, is one of the big investment, the profits margin can only come from the human input because the human input and interface is, is the care is a provision of care.

So there is there is kind of a fundamental kind of tension between making profits and valuing the care work because the margins comes from the wages of the care workers and back to norms point where the majority of those who provide care are women with multiple responsibilities. So we know that a lot of women working formerly in care have informal care responsibility.

We know that women migrants, we know that people from ethnic minorities and from kind of communities where there is a lot of inequalities. So then these are people who do not have the bargaining power, like Naomi said. And what another issue is interesting is what motivate people to work here. And this is a kind of paradoxical situation. So people come into care because they love doing care.

They want to feel the rewards from the people that they feel that they are helping others. And I think this this point is exploited all in through the system. So the system itself, kind of the structure, exploits this fact. So kind of, you know, we reward you in different ways, which is not wage related. We will acknowledge you worked like what we've seen during COVID, which is kind of, you know, clap to carers, but it didn't translate in the UK, It didn't translate to any wages or career progression.

So there is this tension between having a business care as a commodity and care is reliant on the human input and then kind of knowing that the specific groups are attracted to work and care and therefore our ability and system, particularly exploiting, exploiting their characteristics and exploiting their motivations to work in that sector.

Naomi Lightman

Yeah, and I mean, I think we certainly see this marketisation of care that you're both talking about really globally. So increasing kind of profit motive in various sectors of the economy. But we also have this huge care deficit where we don't have enough workers to do these jobs and we have an entire you know, we call it the global care chain, but it's an, you know, transnational global system where we import women from poorer countries or poorer parts of countries to come do jobs that typically native born workers are not interested in doing, largely because of pay and working conditions, and not to take away from what Shereen was speaking about in terms of kind

of the non pecuniary benefits. So the real relationship between wanting to do better or help other people that motivates people to do these jobs. I also think we have entire immigration streams set up that kind of create incentives for migrants to come and do these jobs. So certainly in Canada where I live and work, we have an entire immigration stream for living care workers.

And what we see is that even within that, even as you know, there's a policy understanding we need women to do these jobs once they come, they're typically unable to do the jobs that they're trained for. And again, this is not just the case in Canada. They're they're overwhelmingly overqualified. We have many barriers for them to become permanent residents so they can actually stay in the country.

There are overwhelmingly kind of transnational parenting. So they have families abroad that they would like to bring over. But there's many barriers to do so. So I think there's a lot of ethical issues in terms of the conditions that we create when we have people come over specifically to do these jobs. And that's even separate from the fact that this is very low wage, very physically demanding, mentally straining, complicated work that, you know, as I'm sure we're going to talk more about, we really don't value.

Shereen Hussein

Yeah, well, thanks, Naomi, for bringing the immigration and the kind of mobility, the global mobility that we're seeing. And many countries are seeing this as a solution to many issues, particularly care where you can talk to my kids a lot of it. So rely on people who have other motivation and other drivers to come and work. And we've seen over and over in the UK, especially with Brexit and other kind of immigration policies, that is tightening entry into the care work that some of these policies have kind of exploited.

Further workers who are driven to come to help, usually help their families back home who have different responsibilities. So they have different priorities. And we kind of they are accepting certain conditions and certain forms of pay and work that they might not have accepted otherwise. They have their own pressures back home. They made a commitment to send, to remit and to care, to save for some time.

And a study that we just finished looking at the experience of live in care worker in in London that showed that there is quite a high level of exploitation and particularly with live in care where you don't have your own space to live in. So you're completely reliant on the client or the older person that you are supporting own accommodation in food and quite a lot of difficult decisions has to be made.

So we need to think more about the group of workers who are attracted to to these kind of jobs. And in our research also, even, you know, British white women who come to this work usually have multiple caring responsibilities. They like the flexibility of work, but it means for them that they have to work so many shifts to just get the you kind of the decent income that they need to live.

And so there was quite a lot of complexities. And with population ageing where we have shrinking working age and you kind of difficulty in optimising care, you're reliant on these migration chains, you're relying on the vulnerability of certain groups in the community to make this input. And I think the system is kind of set up to overlook this contribution.

So making it more complex to translate this into an economic value.

Nancy Folbre

I mean, I think migration itself is not the problem is the low pay and really poor working conditions and in the paid care sector that are basically kind of treating the desire to help others as though it's an inexhaustible resource when in fact people cannot provide good care unless they have some amount of job security and some amount of ability to get to know and engage with the people that they're caring for.

And, you know, what's happened is that we've designed these really low wage, low road jobs where there's really high levels of burnout and turnover. So it's not really good for consumers, for clients either, so that our whole system of care provision really needs to be reformed.

Naomi Lightman

Yeah, And just one thing I was thinking about with regard to this recently is, you know, what happens to care workers when they themselves age. And I recently wrote a paper looking at this in the Canadian contacts, just kind of tracing over time the income and kind of social supports available to women who had migrated through the caregiver program in Canada.

And not surprisingly, I think to me are to people listening to this podcast are they have very low incomes when they age. You know, in Canada, they are relying on our old age income support. So even as they're working multiple jobs, as we've noted, they're doing such, you know, essential labour over time, they're not set up to, you know, kind of provide for their families or age with dignity, dignity.

And I think that is, you know, a real social then that that's just unconscionable, really, that they're coming and doing this, this essential labour and then they themselves are not able to have adequate income when they age or out of adequate savings. So I think it's a very short it's often very short term policies. We're just trying to fill gaps in our labour market and there isn't like a long term or system level thinking in terms of how we're sending these people up to function fairly and equally in society.

Nancy Folbre

You know, so and in the US, undocumented workers are particularly vulnerable because they have absolutely no access to any kind of social benefits or pension benefits or access to health care. So it's a really extreme example of that kind of the disposable worker model.

Duncan Fisher

And I say, yeah, I think we can see these kind of trends are similar in different contexts, but also the particularities of context important. And at the centre recently we had a really interesting seminar because the current issue of the International Journal of Care and Caring is all about care in Southern Africa. And one of the papers is about workers from Lesotho who migrated to Southern Africa to work in the mines.

And there was lots of discussion about, Yeah, well what happens to these people when they finish working and what can a provision there is? And also the question of that you can absorb, they're not only about the case, the care cycle and thinking about life course, you know, this is a context where life expectancy is way lower than in North America or Europe.

So which brings us on to thinking a bit more about care. So if we think about we're talking obviously a lot about valuing care, so are the respective approaches that you've all taken and research and can we put a value on care? Or if so, how can we do that? Maybe, maybe you can all think about some of the theoretical ideas, possibilities that you've used to maybe tackle these questions.

Nancy Folbre

Well. Well, one, you know, one strategy is to look at kind of the output of care, that is, to look at indicators of health, mental health and physical health. There's a lot of research on child outcomes, on, you know, vulnerability to illness. I mean, we certainly saw during the COVID pandemic a lot of a lot of indicators of lives lost as a result of very inadequate care.

And but I think we're generally it's important to look at the social climate and to see how care is related to really serious social costs like crime, like drug addiction, like alcoholism. What has come to be called in the US deaths of despair are taking a more ecological approach that is not just individual health outcomes, but what happens to communities when they're deprived of the level of care that they really need to, you know, to reproduce themselves?

And there's I think there's a lot of interesting new research on that. A lot of it shows that inequality of access to care is a very, very toxic factor on the community level.

Shereen Hussein

Absolutely. And I think from my point of view, it's really important to think about the policy and the structures and the long term of the sustainability of the kind of outcomes that we want to have on the idea of, you know, you know, as Nancy said, you kind of, you know, the Met an unmet need. So we have in the UK, we just finished a study on unmet needs among older people and there are huge inequalities related to different groups and related even to different geography.

And if we think as if care as a very important campaign component to sustain people's life and high quality life as much as possible with their needs throughout their life, course that would be of great value to the whole society. So I know that there is a huge body of literature trying to make the economic costs between social care and NHS or the health care, which usually health care is much more expensive.

But it's bigger than that. It's broader than that. It's how we function as a society, how we continue living and participating and engaging. And there is huge intergenerational transactions that happens through this as care is not one way. It's, you know, bi directional, multidirectional. So people who receive care themselves are usually provider of care in other spheres and other contexts.

So it's not like there is a deficit of the group who receive care. But a lot of, for example, people living with disabilities would need care and then they would be very productive socially and economically. And if we talk about older people, the huge impact in terms of grandparenting, in terms of financial transaction and housing transaction, so a need to see care in a much broader sense and have a multiplicity of outcomes that sits within the macro level.

So the societal level, I think that goes back to Nancy's eco kind of ecosystem more ecologically kind of sustained holistic approach. As long as we just so fixated about the individual outcome itself when it comes, say, towards the end of life, then the future returns might not be as high. So you can make some arguments when you talk about child care, where their future investment and returns to investment can be fruitful.

But that kind of type of very limited argument will hinder the whole society because it will constrain people from thinking about care as a very important element, just like having parks and having a means of living our lives in in a in a better way and enhancing the quality of life for everybody. So care is a very important component in that structure.

Naomi Lightman

Yeah, I mean, I completely agree that taking a more, more holistic approach and thinking about our entire system of care provisioning, paid and unpaid marketisation, non-market types does really essential. But I think when we think about inputs and outputs, it's also about process. And that's

where the workers come in because, you know, we absolutely won't have a system of high quality care provision if we don't value the people that are providing those services.

So I think that is where issues like wages, working conditions, you know, access to paid sick days, all the things that were really, I think, highlighted during the pandemic when we saw such a crisis of care really across the globe. Those are the issues that are going to set us up for sustainable care provision. So once these become jobs, that's people not just are motivated to do because they want to help others, but are motivated to stay.

And over time, that's when we're going to see these long term improvements in outcomes for clients or recipients of care. So it's all very much interconnected and I think we need to look at it in that sort of way, just like we need to take more of an intersectional approach when we look at the devaluation of of the people receiving care, but also the racialised and migrant women that are providing these services overwhelmingly.

Shereen Hussein

So just to add something that also the care work itself is changing. So for example, the work that we're doing in centre at the Centre for Care, we're looking at how policy, macro level and the kind of direction of, you know, local authorities and the government changing the interface of care work itself. So we're seeing a lot of changes in the roles in the tasks of care workers, the level of skills that they are required to do, the pandemic has actually shifted a lot of work from health to care, where there was lockdowns and restrictions and nurses and health care provision were not able to be in in care homes.

Actually, care workers started to do that, to learn online and to take these tasks. And now the government's through their kind of social care workforce policies, are enforcing this through the kind of delegation processes and guidance. And we're seeing this growth in the responsibilities of care workers and the expectations from care workers. But we're not seeing any evaluation of that and read words.

So it's again, we're relying on the model that they are doing this. The semi quasi vocational work that they are doing because they love doing care and hence we don't have to put a reward structure but keep kind of adding to their tasks and adding to the responsibilities. And many of them are willingly taking this because they want to, to provide better quality of service.

So it's kind of the whole structure is, is set up on that assumption that people will always come to care. There will be always groups coming for whatever reason that they want to do that work and they will take on more. So it's really important to step up and think about the policies and to go how sustainable is that policy in the in the future?

What is the cost? What is the human cost to that? What is the societal cost to that? When you create inequalities, further inequalities among this group, who's providing that that valuable work but they don't feel valued. So there is a societal cost and the societal problems that Nancy hinted towards earlier in the discussion. So we need to think about that more holistically.

But again, try to translate it to economic costs, because without that, you know, many policy makers will not listen to that argument. Well.

Nancy Folbre

One of the problems that we've run into in the US is the lack of adequate data on care provision, both unpaid and paid. It makes it really hard to do the kind of policy analysis we'd really like, like to

do to make the case. And we just finished a couple of co-authors and myself just finished a report on measuring care and looking at care data, infrastructure.

And just to give example of one important finding, there's really no information on care deficits in the US. There's some assessment of food deficits of people that are going hungry, but there's no systematic sauce for how many people need child care but can't get it. How many older people or people with disabilities need need? How many community based services but can't get it?

So it's really, really important to develop our our data infrastructure in order to be able to look at the policy issues in a more, you know, a more effective way.

Naomi Lightman

Yeah, I'd certainly echo down in the Canadian context too. I think that's true internationally, and it goes back to the fact that this hasn't been a policy priority, but we don't have data or we don't have enough data. We have, you know, important qualitative studies that, for example, look at language barriers experienced by ethnic minorities, seniors who need to access home care.

You know, I can think of a good studies on that in Canada, and I'm sure that's the case in Canada and the UK. But we don't have national level data. We certainly don't have international comparative data to get at that care deficit. And I'd certainly agree that that really hinders our ability to advocate for what is necessary and to kind of create policy changes.

Are I don't, you know, work to create policy changes at the more macro level.

Duncan Fisher

Yeah. And I guess that that is I mean, this kind of lack of data certainly would that would fit in with what you're saying. Naomi But and that kind of it being a lack of a policy priority, but I guess also which also reflects and then they can have a lack of unity in the care workforce and is fragmentation, which is also linked to a marketisation, outsourcing a lot of a lot of these processes, imminence obsolete.

I suppose that is a factor in there that, you know, lack of bargaining power as well, that the care workers hold and the UK, we have a we have a devolved system. So in Scotland at the moment there's there are moves towards a national care service. We're going to have an election at the UK level next year. The Labour Party currently are quite far ahead in the polls and they're certainly looking quite closely at having a national care service in Scotland.

Similar to what we have in health care with our National Health Service. So I wonder in North America for any kind of that, any discussion about moving towards a more kind of unified care workforce or are we talking about professionalisation here? Are there any moves in the North America to think about these things?

Naomi Lightman

Yeah, well, I think about in Canada are really a current examples that our federal government very recently instituted a national child care policy. And, you know, I don't want to take away from this. This is a huge victory for women, for society as a whole. I recently became a mother. This is something that's like immediately relevant to me.

But it goes back to or some of the challenges we're seeing is that there aren't enough workers to fill the new places that have been provided and child care centres. And this is especially true in kind of more rural or remote or less central areas. So I know I sound like I'm beating a dead horse, but I think it goes back to this idea that they have to be well paid jobs that people are motivated to deal.

And if we don't have enough childcare providers, it really doesn't matter or enough people that want to do that job that stay in that job. High levels of turnover, high levels of burnout that are related to poor working conditions, then, you know, it's really at the level of rhetoric. So that's one thing I'd say. Just the other point I wanted to make is that, yeah, bargaining power very important.

And I think we've all hinted at this, but it's very hard for especially home care workers to organise. A lot of people working in the care economy are, you know, working at isolated work places, you know, not large places where where, you know, organising is easier, like a hospital or even a long term care home where there are higher, certainly higher rates of unionisation.

And also just that these are people that are often working, shift work, working multiple jobs, and it just makes it that much more challenging to kind of have a large organised strategy. But I think it's something that cell unions and kind of advocates need to be working towards.

Nancy Folbre

So in the U.S., the Democratic Party has really moved towards a very strong care agenda and they outlined legislation last fall as part of what was called the Build Back Better Act that was really, really pretty, very promising. With attention to raising wages of low paid co-workers, increasing the supply of childcare and home and community based services. You know, it lost by one vote basically in the Senate.

So it's very contested. And I think it really helps us understand that care provision is really a site of very complicated distributional conflict. We live in a world where there are a lot of different forms of collective conflict going on between workers and employers, between citizens of affluent countries and citizens of poor countries. There's also a distributional struggle over people who are providing care and people who are getting it basically for free.

So I think it's it kind of just thinking about these issues kind of can maybe help us understand why we live in such a complicated political environment.

Shereen Hussein

And I think this lack of voice and fragmentation of care workers pose also challenges when we do research on the value of care. So although that there are steps are being taken in the UK, for example, we have a care register in Wales and in Northern Ireland and in Scotland we don't have one in England, which has the largest number of care workers and just not having a register of people working in care in itself.

It makes it very difficult to understand who is doing what, where and increasingly and it goes ways. So there are a lot of good reasons why we having diversity in the care provision, because we want to allow people to have choice and control and decide the type and nature of work and policies like personalisation and personal budget, which is cash for care, allows people to choose from a market, but it also increases the fragmentation of that market.

So it's very difficult to understand fully the landscape can make assumptions, but there is a lot of missing gaps and data unfortunately is not great. So we have some data in England primarily collected from employers. So we lose a lot of the voices of the most kind people who are the most peculiar or conditions, who are kind of self-employed or casually employed or doing different things like personal assistant.

So again, we need course we need better data, but we need, we need better sources of data and we need to take maybe even when we do research, we incorporate qualitative and quantitative

approach more formally through different techniques. So recently I was just speaking in one of the seminars for The Science of Care of using Bayesian methodology to include some quantitative is to use quantitative big data set, but also to use qualitative, you know, research to add in indicators so we can have a more holistic picture.

So as researchers, we want to make better use of all the information and resources that we have. And data sources are not kind of say or we only need some quantitative data because sometimes you don't have that. You have a good quality. Qualitative studies use these as indicators to help you kind of draw a picture, a broader picture of all care workers, what they do, how we can value the work that happens within different happened in different structures and are paid differently in different ways.

So exactly the complex nature of the provision of care will translate itself when we when we come to do research on the value of care.

Duncan Fisher

Yes. Well, I guess that a lot of what we've been pointing to and thinking about and through as the value of care. But we're I guess we're thinking also about the fact that the value of care is more than is more than an economic thing. It's more than a fiscal thing in nature. So I wonder if anyone wants to maybe come in there and speak to that and that point in a broader sense, moving beyond thinking about quantifying care and thinking about just as a form of research, I wonder if anyone wants to. Come in on that point.

Nancy Folbre

Well, I'll come in because I think economics really has to change. I think what has come to be called an economic approach is basically kind of the money metric and gross domestic product. And really what economics should be about is the production and the development and the maintenance of human capabilities that have intrinsic value, not reducible to dollars and thinking about, you know, what, what's the relationship between how we're organising, how we're spending our time and our money and what's happening to our collective capabilities is just a better way of thinking about the economy.

And in fact, there's a lot of interest now in on the macroeconomic level and on the national policy level about thinking about the quote unquote wellbeing economy and just changing the scoreboard instead of measuring success in terms of gross domestic product, to think of a dashboard of indicators that we would want to use in which mental and physical and community health would be first and foremost.

Naomi Lightman

Yeah, I think there is a growing recognition of the importance of focusing on inequalities, inequalities among care provision, inequalities among care recipients. And, you know, if we go back to this holistic idea, then that's thinking about the ways that gender and migration and race play out specifically within our care economy. And you know how we think about this going forward.

Maybe it's through legislation, maybe it's through increased social supports, maybe it's through, you know, greater universalisation and the provision of health and education and social services. But I think we need to recognise that, you know, as long as these care chains are so fundamental to our care economy, we have a responsibility as countries that are receiving care providers to think about not just them as filling gaps in our labour market, but to think about them as human beings and think

about the ways we can help them to have, you know, permanent resettlement in countries, bring their family members over to do the job that they were trained to do, you know, so that

if they were nurses in their home countries, they're able to be nurses at least relatively quickly when they come here, and so that they can become with their families, you know, not be separated for decades so that they have maternity leave and, you know, sick leave and fair wages. And, you know, I did research on personal support workers who are working in long term care homes right when the pandemic hit.

And I think the pandemic was kind of like a magnifying glass. It just made everything, all these existing inequalities worse. And this was I mostly do quantitative research, but to speak to what she means that I think that we did qualitative work because there was no quantitative data at the point at that point, and it was so important to hear from these women's voices themselves and they were saying their wages were 50 to 70% reduced during the pandemic.

I mean, these are already low wage workers. So we need to kind of prioritise, I think creating or reducing inequalities in our labour market and in our kind of social policy systems. If we want to improve our economy going forward.

Duncan Fisher

Sorry, now we can just come in there and just ask why? Why were the way it is so reduced so heavily at that point?

Naomi Lightman

Absolutely. So we're this was within long term care homes. And what happened was that there were single site work policies across Canada. I think also in the UK, in the US, meaning they could only work in one long term care home. And that makes perfect sense from a public health perspective. And the women I spoke to absolutely understood that.

But the truth is they had been working at multiple job sites. And why was that? Because employers were reluctant to give them permanent full time jobs because then they have to pay them benefits. So, you know, when the pandemic hit all of a sudden they could only work three quarters of a job when before they'd been working one and a half jobs.

And so, yeah, that meant that in addition to kind of doing this work where they were very scared about their own well-being, their health, their family's health, the fact they also were then unable to pay their mortgage or their car payments, let alone send money back to their families, which is something that, you know, most of them had been doing on a very sustained basis.

So that was just really striking to me in terms of how when things get really tough, it's the most vulnerable workers that are hit the hardest.

Shereen Hussein

And very similar results we found from ING in England. So we did two studies, one looking at the single side policies and the different policies that were introduced during the pandemic. It was a comparative study and we have kind of done this data now. But in England there were similar issues to do with lockdowns within particularly care homes where people who used to and we talked about that earlier, to maintain a decent living, they have to work in multiple sites.

They have to work in multiple jobs. But when the pandemic hit and with some of these restrictions, they were not able to work in multiple sites. So they have to only reduce their hours. But more than

that. So we had another study, a big large survey, around 1800 responded with high sick leave. And while high infection rates people had to do more hours unpaid.

So if you have if you're already running at a low capacity and there is a high vacancy rate, people who will remain on site when others fell sick, they are doing more hours and unpaid hours. So there was a huge inequalities, a huge level of exploitation. And our study showed something very hard that there was high level of abuse as well.

So that image of of care workers in the UK was terrible because they were thinking people who go to homes to do a home care basically are infection spreader. And there was there was huge public abuse. So coming from the public, people working in care, workers working in residential care and have to apply restriction around family visitation were seen as the bad guys who are preventing family coming to see their loved ones.

And hence they have been facing a lot of abuse because people are frustrated and getting, you know, that frustration on them. So on top of working more hours and having less pay, they were actually facing huge level of abuse. That 25% of our sample said that they received abuse and that figure increased to nearly 50% among people from ethnic minorities.

So that shows you again, that there is vulnerabilities and hierarchies within vulnerabilities. So this is a really that is we really need to look at that. But at the same time, we're seeing policy pushing forward for care workers to do more tasks, to do more work without acknowledging them. So coming back to the question around kind of, you know, moving forwards and thinking about what needs to be done, and it really, you know, building on the issues of migration, the issues of realising the value of care more than just dollars and more than just the immediate return there is, there are different returns is thinking to have a global perspective as well, because this is

a mobile world. We know that a lot of countries in Europe and North America will continue to have shrinking working age and they will continue to need and require people who do that work. A lot of them are migrants. But think about that as a global perspective because other countries as well are ageing. So we need to think about the whole care in a very, you know, kind of a holistic, but more than national, it's very global and there is a lot of, you know, transactions, international transactions that are happening and care transactions that people care about, road care at a distance, provide care virtually or provide care in two places.

So we need to have a holistic national view, but also a more global view are having a bit of foresight to the future that we are all going through, needing more care because we're all living longer. But unfortunately we're not living healthier all the time. There will be need for for care during our late lives. So thinking about that more globally, more holistically across national borders, So so believing care will help us all to age together.

Better to move to a better future, to have, you know, better futures for all children, but for ourselves. So we can work longer. We can we rely on to re-enter to economies, different economies and have this social productivity in our societies.

Nancy Folbre

I would just add one thing, which is that we've really focussed on and with good reason, focussed on low wage workers and most of what we've been saying. But it's also true that the care workforce includes a lot of relatively well-educated and well-paid workers that we think of as being pretty middle class nurses and teachers. And our research in the US shows that these workers are paying a big penalty relative to what workers with similar education and experience are earning.

And in fact, we also found somewhat to our surprise that even managers and professionals in health and education and social services were being paid far less than managers and professionals in business services. And this comes back to the point about the difficulty of kind of monetising or capturing the value of care that's provided. And I think it also creates the potential to create some kind of cross-class across race alliances, around the importance of really value and care.

Duncan Fisher

Yeah, we haven't really touched upon the question of gender or class or so much, but I think Naomi's point about and thinking intersectional about this would, you know, and would incorporate that. I wonder if maybe you could just say a little bit more about that intersectional approach? Possibly. Some of our listeners may not be so familiar with that.

Naomi Lightman

Yeah. Well, I mean, first, I think in terms of what Nancy just said about that devaluation within the industry of care, even at different levels of occupational professionalisation, the main lens we see with that is gender, right? This is these are overwhelmingly feminised and feminised industries. So again, jobs that women do pay less. We know this and jobs that women do are disproportionately jobs within the caring industry.

So I think that this gender lens is very much relevant. Yeah, all the way from doctors to, you know, early childhood, you know, care assistants.

Nancy Folbre

And also relevant to all women who are mothers because we know on top of penalties and paid care work that women pay a huge penalty and lifetime earnings from from creating the next generation. You know the work on which are kind of future as a society on the costs and benefits of that work are very unequally distributed and really contribute to the feminisation of poverty.

Naomi Lightman

And caring for parents and people with disabilities. Yeah, So I mean, I think gender is really glaring any, any way we look at this this care deficit or this devaluation. And I think in terms of a more intersectional lens, it's you know, it is the kind of transference of care responsibilities from kind of upper class women to who, you know, are overwhelmingly entering the workforce or have entered the workforce for decades now.

But their ability to do so is, you know, oftentimes on the backs of lower class women who are overwhelmingly racialized or migrant women. And this is kind of how we've set up this kind of gender equality in the labour market is such that there is really intersectional disadvantage and such that it's only possible for upper class women to get these great jobs and kind of do it all in quotations because, you know, more vulnerable women are doing the kind of backroom dirty jobs or raising children or caring for elderly people or people with disabilities.

So I think it's really incumbent on us to think intersectionality when we're trying to look forward in terms of making improvements to how we value care, how we provide care, how we think about care.

Duncan Fisher

And I think, Nancy, can I mention touched upon the future, the future of the planet. And I think you remember hinting at the importance of thinking about take intersectional approach, thinking about care in holistic terms, in terms of our future and the claimant's future. So maybe, maybe we can

finish by Nancy. Maybe you could make a point in there about connecting discussions with the climate.

Duncan Fisher

We haven't talked about that, but maybe you could round things off.

Nancy Folbre

Well, first of all, I mean, I think there is kind of a wave of interest of concern of urgency about the social climate as well as the physical climate. And we can learn so much from a comparison. You know, just think how long it took us to figure out that our climate is changing and to persuade people, not everyone, but many people, that the causes of that are really rooted in the way we've organised our economic system.

And, you know, we're in a similar situation. It's very hard to understand climate, what's happening to climate. It's hard to understand the social climate. We're just in the middle of figuring that out, really, how inequality and how unmet need and how collective conflict impose social costs. So I don't think there's I don't think we have a magic solution, but we do have I think a lot of motivation to think more creatively about a more sustainable and equitable economic system and really realising that those two things have to go together.

Duncan Fisher

Thank you very much. And I think that's a good way to end and for us to think moving forward, to embrace those challenges. So all that remains for me to do now is to thank our guests. Thank you.