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Care and the pandemic

# Some thoughts on “Care”

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**One of the most obvious things that has become clear during the pandemic is the importance of care in our societies. What became very clear in this economic crisis and the pandemic is that the care system as it is currently organised, is [woefully inadequate](#) for the job that it is needed for it to do. Moreover, different types of care are required depending on our stages in life and circumstances in life. So what this piece is beginning to address is the importance of care in our societies and the problems with how it is currently done.**

If we are to transform the manner in which care is provided, we must first understand the importance of it in our societies, the manner in which it is being done, and understand that those getting support and assistance and those providing support and assistance in the historical and the current care system have lived with a system that covers neither of their needs. Workers are treated as unskilled, receive low pay and have awful working conditions. Those getting support and assistance are objectified and treated as “vulnerable”, unable to express their wishes and their needs. The infantilisation of those getting support and assistance has led to their expressions of self-determination ignored; they are treated as though they are unable to express their wants and desires or to explain their needs. Even worse, they are treated as “burdens” in our societies, unable to work and provide for themselves like working class people are supposed to be doing. What needs to be recognised is that disability is a socially based oppression caused by how the capitalist system views the role of the majority as workers; it is not the impairments that cause the oppression but how society deals with those that have impairments and the role of working class people in the society.

What we need to be fighting for is for those that need care and assistance to be able to live as independently as they are able to do. This means that they are not treated as the passive recipients of a service but as valued members of our societies that they are. That means that their voices and their expression of their needs must play a central role in the manner in which support and assistance they receive is given.

In the next pieces for the ACM, I will begin to raise the issues of how we together can change and transform the provision of care to actually cover the needs of those that need support and assistance as well as addressing the abysmal working conditions and pay that those that work in the care sector. Standing as allies alongside of those working in the care sector as well as allies for disabled people that get support and assistance is solidarity work which we must do. What is needed is a major transformation in how we think of care, how it is provided and the needs of those that actually get support and assistance to ensure that they have some control over the support and assistance they receive. Many of these ideas have come out of the 'Disabled People's Movement' and address issues such as the rights of self-determination, independent living and ensuring that the voices of disabled people are heard and listened to.

## What have we learned from the pandemic?

The current situation in the provision of care that has been made so clear by the pandemic has led to calls for increased funding for social care; this is the case in many advanced capitalist countries. President Biden has included a massive increase in funding for care in his proposed budget, this problem has also been recognised in Britain and other advanced capitalist countries as a serious problem that must be addressed. However, the organisation of care and the role it plays in our societies given the over-reliance on the private sector to sort economic problems means that the actual input of how this should be envisaged is not developed and we are left with the feeling that even if we could get government funding for this important sector, the manner in which provision

is carried out is simply not being developed.

The failure of the capitalist system itself to ensure that this important series of services exists provided by the private sector became clearly evident during the pandemic. The importance of profitability in the capitalist system and how it relates to production decisions cannot address the social needs of our population adequately. In a private system, either the family itself has to cover the costs of care or do it themselves. Given stagnant incomes and an economic crisis, this means that unless you have the finances, you cannot obtain care. What care has become in this situation is perhaps decent provision for those can afford it, but insufficient or non-existent provision for everyone else; there is often a two-tier system available for those people that can pay for it from the private sector. Moreover, we need to raise the provision of care through the public sector which is grossly underfunded and has often been a “one size fits all” type of provision rather than ensuring that the specific needs of those receiving care are addressed. Additionally, most of public sector care has been privatised in the age of neoliberalism through either local councils or local towns or cities paying private sector agencies for care provision or money given to those needing care and assistance so that they can arrange the support and assistance needed.

The [Women's Budget Group](#) has compiled the following information for Britain about women and the pandemic:

- Women are the majority of employees in industries with some of the highest Covid-19 job losses, including retail, accommodation and food services.
- Overall, more women than men have been furloughed across the UK, and young women have been particularly impacted. Estimates for the end of January 2021 see a significant rise in furloughing as a result of the third national lockdown, reaching 32 million for women, and 2.18 million for men.
- Black, Asian and Minority Ethnic (BAME) women began the pandemic with one of the lowest rates of employment. In 2020 this was still the case, with BAME women's employment at 62.5% and the highest rate of unemployment at 8.8% (compared with 4.5% for White people and 8.5% for BAME people overall). Between Q3 2019 and Q3 2020, the number of BAME women workers had fallen by 17%, compared to 1% for White women.
- 46% of mothers that have been made redundant during the pandemic cite lack of adequate childcare provision as the cause. 70% of women with caring responsibilities who requested furlough following school closures in 2021 had their request denied. This has led to almost half (48%) worried about negative treatment from an employer because of childcare responsibilities.
- Employment for disabled people has fallen more rapidly during the crisis than for non-disabled people (1.9% compared with 1.1%) and disabled people are currently 2.5 times more likely to be out of work than non-disabled people.
- During the first national lockdown, those in low-paid work were twice as likely to be on furlough, or have their hours reduced than those in higher income jobs, hitting women in particular as there are twice as many women as men in the bottom 10% of earners.

What additionally became evident during the pandemic is the role of women in doing the work that is formally treated as care in the economy and what happens when the underfunded inadequate care sector has to pick up the pieces in a global pandemic without the necessary resources. For something so deeply essential in our societies to be left to either a private system based on profitability or to be covered by families individually has not only been demonstrated to be problematic at best, it has enshrined in the system itself, the oppression of women doing unpaid labour in the home. Moreover, those doing care in the home for their family members get limited financial and material support;

there is a small benefit stipend for those caring at home for family members in Britain, certainly not enough to live on. This work continues throughout your working life and into your retirement, we often see retired disabled women continuing to care for their family members. Finally, if we are really trying to ensure that social needs are covered in our societies, we need to discuss this issue of provision of care in our societies as social issues, not individual problems which need to be addressed individually.

## What is care work?

When we think of care, what is it that we are talking about and how is currently conducted? Care in our societies is a very broad thing. If we simply just think about the issue of raising children, it ranges from childcare at home, in crèches and nursery schools, and some care is done in schools by guidance counsellors and other support staff and even teachers. There is, of course, support and assistance for those with impairments and under the notion of care, we must include support and assistance for the elderly and retired at different stages of their lives. Care is provided in the medical profession by physiotherapists, by nurses, etc. Moreover, aspects of care are also conducted in social work, in support for marginalised communities, in shelters for those fleeing domestic violence, and in mental health support just to name a few.

Care in our society exists in a broad range of things; from support at home by family, social services visitations at home, in nurseries (where it is combined with education and includes socialisation), in nursing and care homes and it falls under public and private service provision. A large part of caring falls under the title of social reproduction which is primarily done by women at home; this includes of course, caring for children, socialising them for their future roles in society, it includes caring for family and extended family members that are sick, that have impairments and that are elderly. One way to think of this is that care at home provides emotional support, physical assistance for tasks that need to be done for people either who cannot work (due to age and some impairments) and to ensure food, clothing, a clean home, and even nursing for those that need it.

## The economics of care

When women do this work at home for free, we are providing a service for the society (which is often seen as being a good mother, daughter, sister, grandmother or aunt) as these are essential things that if the capitalist system needed to pay for directly (even if they dump it on the state to cover through taxation, it means a change in the nature of goods and services produced in our countries) it would impact on profits and surplus value produced in the system as a whole it would increase the costs of that which is necessary to not only physically reproduce the working class, but to ensure that the skills that the economy requires in order to cover its costs (and wages are a cost to the capitalist system) which must be done in order for the economic system to be continuous. Rather than treating the provision of care covered by the society it falls under the rubric of personal responsibility.

If you think about it, the system itself needs to ensure not only the sufficient raw materials needed for current (and future) production, and it needs to eventually replace fixed capital which depreciates over time. Moreover, the fact that labour power is an essential part of the production of goods and services means that since replacement of the labour force takes place over time (there are child labour laws and also infants cannot work) this future generation of workers needs to be fed, clothed, loved, access health care, get education and socialisation as they cannot survive without this. But since it is the sale of labour power that the working class does, it is not only the physical reproduction that the capitalist economy needs to be reproduced, but the skills and ability needed for workers to do their jobs in the future. Although we often treat the ability to labour as indistinguishable, the reality is that there are specific skills, knowledge, education that comprise the sale of labour power. Some of these things are taught at

home, but others are taught in education, training, and on the job learning.

# The provision of care

One of the main problems that have occurred due to austerity is the destruction of government funding for the care sector and increasing privatisation of work done in this sector in the advanced capitalist world. Privatisation impacts on the quantity of care that is available that you can access (it needs to remain profitable if privatised). It impacts also the quality of care available and whether someone can actually access the support and assistance they need (again, it needs to remain profitable). Rather than ensure that people’s needs are being met, care and nursing homes have become institutionalised as warehouses for those needing support and assistance as well as basic medical help.

# Women and care work

What became obvious during the pandemic is that the manner in which care is being provided has serious consequences for women and these consequences not only continue the oppression of women at home doing unpaid labour, but it also impacts upon our work in the labour market. It does this in several ways.

On the one hand, given our caring responsibilities to our immediate and extended families, women are often forced into part-time employment in order to be available to cover childcare and care for family members that are sick, have impairments and are elderly. This means that women with care responsibilities at home are trapped in part-time often low paid jobs to cover their caring responsibilities at home; often they need to do several part-time jobs to ensure that they have an income as well as to caring responsibilities.

On the other hand, the reality is that women are also overwhelmingly those working in care sector provision across professions and employments. We work in nurseries and crèches, we are primary school teachers whose work has a strong component of care as well. We are those that work for private agencies send care workers into homes to assist and support those with impairments, we work in care and nursing homes providing support and assistance and we are predominantly those working in social work offering support and assistance. Moreover, it has become increasingly evident that our care work is viewed and treated as unskilled labour which means that we get [low pay and bad](#) working conditions.

Also given the way that the private care sector is organised, we are often working alienated from each other as we go from private homes to different workplaces to provide assistance and support; that means that building relationships with co-workers is difficult and addressing working conditions and pay requires a collective effort in trade unions and trade union organisation and recognition for “unskilled” workers working individually is very hard.

An additional consideration is that because those working in the care sector do this work because they enjoy caring for those needing support and assistance, demanding better wages and conditions may be seen by them to be overstepping.

[Ali Treacher](#), a care worker and trade union organiser, explains the difficulties in organising care workers in her article:

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Often, carers believe that they do the work they do for moral reasons as opposed to economic ones, and that the two are counterposed. To ask for more money, or to ask for value and recognition or to engage in class struggle, is to be a bad carer. The idea is that we don't do this because we have to pay our bills, we do it because we care. Even when workers are making arguments for higher pay, they often revert back to saying: “We need this because the quality of care needs to be better for the service user.” If we do anything for ourselves, it can be painted as selfish. That narrative and false class consciousness is a massive barrier, because it is so culturally ingrained and tied up with the role of women as unpaid caregivers throughout the history of capitalism.

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The [Women's Budget Group](#) analysed the state of the care sector in Britain and found the following horrible state of affairs in Britain:

- The need to reform the social care sector is long overdue. Decades of cuts, deregulation and privatisation have left the sector in crisis and ill-equipped to respond adequately to the Covid-19 pandemic. In addition, throughout the Covid-19 pandemic, the social care sector has been treated as the “poor relation” to the NHS, with less access to PPE, testing and resourcing.
- As a result, those in need of care and those providing care – the majority of whom are women – have been disproportionately impacted by Covid-19. At the peak of deaths in the first wave (last week of April 2020), there were 2,769 deaths involving Covid-19 in care homes in the UK compared with 938 in hospital.
- Care workers are twice as likely to die from Covid-19 as non-key workers, with Black, Asian and ethnic minority (BAME) workers at a particularly increased risk. Care workers are also more likely to die from Covid-19 than their NHS counterparts.
- The origins of the crisis in care predate the Covid-19 pandemic:

– Deregulation and privatisation have led to a care sector that is dominated by private providers focused on increased financial yields and cost minimisation.

– Funding has been inadequate to address rising needs for decades, and there are increasing geographical inequalities in the social care system.

Although government grants to local authorities halved since 2010, responsibility for resourcing care remains with local authorities. Income from local taxes, including the increases announced in the 2020 Spending Review, have been insufficient to compensate for these cuts.

– Staff shortages are high and likely to worsen. Nearly a fifth of the current workforce were not born in the UK. The post-Brexit immigration system excludes thousands of potential care workers because they do not meet the pay and qualification thresholds. Prior to the pandemic, in a workforce of 1.2 million there were 122,000 social care staff vacancies.

– The numbers of unpaid carers have grown steadily over the last two decades and particularly during the Covid-19 pandemic. Since the onset of Covid-19 the numbers of unpaid carers have increased by an estimated 4.5 million to over 13.6 million in total and support needs have intensified.

While those that work in education and the public sector have been able to protect working conditions and their wages through unionisation, those working in zero hours contracts, in agencies providing support and assistance are far less able to do so as their jobs depend on the private sector agency hiring them and their power is limited as an understatement.

Because it is believed that somehow care work is “women’s work” as though somehow we are genetically predisposed to do it rather than being socially conditioned to being seen as our responsibility, it hides the reality that anyone can do it and that it is rewarding and socially important work. To be more precise, our societies cannot function without this type of work.

Another thing that became very clear during the pandemic is the interdependence between women workers. With

schools closed, women were forced to leave paid employment to help children learning at home. Instead of this becoming a shared responsibility of families with two parents, overwhelmingly it was women that took on this task and were forced to leave work. Key workers that are women needed to keep their children in school in order to continue working as key workers. In Britain, children of key workers and children that were vulnerable (e.g., have impairments or are living in unsafe circumstances) remained in on-site education which required that classrooms and education itself had to be transformed in order for continuous education. So if you work in the care sector, as hospital and medical staff, in supermarkets, and in education at all levels, you needed other women to be in work in order for you to continue working and this was what kept our societies running during the pandemic. Women held our societies together during these crises and we need to ensure that not only is this work acknowledged but the importance of this work itself to keep our societies running.

## Some final thoughts

In many respects, the contradictions inherent in the roles that working class women play in the capitalist system has been laid bare by the pandemic. On the one hand, they want us in the work force because they need us there. On the other hand, the system relies upon women to cover social reproduction in the home at the cheapest cost to the ruling class. It is this contradiction that has left working class women still trapped in “traditional women’s labour” with low wages, part-timism and poor working conditions. The problem for the overwhelming majority of women is not breaking the glass ceiling; rather it is the recognition of the importance of their labour in the capitalist economic system and decent wages income (so including benefits), access to services (e.g., childcare, social care) and working conditions that reflect the importance of the work that they do in our societies.

What must be remembered when we are looking at something like care, is that we are discussing care in the societies in which we live and what has often happened is that care has literally been delegated/relegated to individual members of families and extended families to ensure that the needs of family members are met rather than ensuring that this is treated as the societal responsibility which is what it actually is; something that impacts all the members of our society and it must be addressed in that manner.

With almost all economists talking about government directly intervening in the economy and investing to get us out of the economic crisis we need to be stressing that investing in care is investing in our societies and that it provides work for a far wider group of people than traditional government investment in construction and infrastructure which create jobs mostly for men. The socialisation of caring (bringing it into the public sector control) will not only provide employment, it provides something people living in our societies desperately need and it will address the needs of those that get support and assistance and at the same time address not only women’s oppression but the super-exploitation of women working in the care sector itself. Add to that that this work is carbon neutral and we have a win-win. But we must remember that the needs of those getting care and assistance must be at the forefront of all this discussion. The care sector needs to be transformed so that it serves the needs of people working there as well those that get support and assistance or all we will do is reproduce the problems that have existed in the system both historically and currently.

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Source [Daily Kos](#).

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