Revue des politiques sociales et familiales

Comparative perspectives on homecare employment and services during the pandemic: learning from a worldwide crisis

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Revue des politiques sociales et familiales

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Presentation of the special issue

Unprecedented and unexpected, the Covid-19 pandemic led governments around the world to adopt radical measures with enormous consequences (Béland et al., 2021; Bergeron et al., 2020). While countries in the North introduced measures providing replacement income for employees who were furloughed, and could rely on structured healthcare systems, countries in the South were much less likely to introduce such policies and placed more emphasis on social distancing as a means of reducing the spread of the virus (ibid). While governments and central civil services devised most public policy measures, other organisations at various levels (social partners, local authorities, NGOs and service providers) that had to implement it, along with employers and individual workers. At the individual level, the policies introduced to cope with the pandemic often led to the increased isolation of households, in ways that differed depending on the social classes and territories concerned (Craig, 2020; Ramos, Martin and Bonvalet, 2021; Barbier et al., 2021).

Within the same country, the measures taken did not affect different social groups and business sectors in the same way. The increase in the number of sick people sometimes raised community awareness of the importance of homecare activities, defined as *"generic activity that includes everything we do to maintain, perpetuate, repair our world under so we may live in it as well as possible. This world includes our body, ourselves, our surroundings and the elements that we seek to connect in a complex life support network"* (Tronto, 2009, p.143). Social science research has stressed the transformation of care activities for others caused by the health crisis, and the role of those carers in keeping people alive in this particular period (Bahn, Cohen and Van der Meulen, 2020; Rubery and Tavora, 2020).

While healthcare workers were often applauded in many countries, in some cases, homecare workers also received attention from the general public, the media and even governments. However, the various segments of the homecare sector were not all dealt with in the same way. The vast majority of these workers are women and are poor (Avril and Cartier, 2014; Devetter, Dussuet and Puissant, 2017; Pulignano, 2019)[1]. Among them, women from immigrant backgrounds and subject to racism are over-represented, in particular in large cities (Kofman et al., 2005; Parreñas, 2001; Falquet et al., 2010; Lutz, 2011; Marchetti, 2014; Avril, 2014). Their living, working and employment conditions differ greatly, depending on their own family situations; on the structure within which they work - in a care home or in their patients' homes -; and on the labour pool and country they work in (Avril, 2014; Van Hooren, Apitzsch and Ledoux, 2019). Those who work in their patients' homes have different statuses: they can be declared or not, they can be employed by the households, they can work for a public-sector or private-sector service provider (for-profit association or non-profit) or they can be self-employed; they can live-in or live-out or they can be occasional, temporary workers (Ramos and Belen Munoz, 2020). These differences in status can also lead to types of segregation, depending on the social characteristics and the ability to take action of the workers, their employers and the recipients of the care they provide, which vary from a professional segment of the sector to another (Van Hooren, 2021; Apitzsch and Shire, 2021).

Following the arrival of Covid 19, similar questions were asked: how can we ensure that the health of both the care givers and their patients is protected? Some care tasks require close physical proximity. Homecare workers often work in many different places and have to travel between them by public transport, which they also use to bring in provisions. How to ensure the carers' income when the amount of work has been reduced? How to designate and recognise the work done during this particular time? The crisis was itself subject to overlapping periods, with their own separate timescales, which varied depending on the contexts: the period of the shortage of masks and PPE, the periods of the lockdowns, the periods of waves of vaccinations, the periods of increased workplace absences due to self-isolation requirements for those who had been in contact with infected people and the periods of bonuses or wage increases debates, etc. To what extent did the pandemic reveal longstanding dysfunctions? Did it introduce longer-term changes? Some articles could thus reposition the pandemic crisis in a medium-term or long-term perspective, by showing the changes that were or were not introduced by this new context and explaining why.

In private homes, public authorities have much less control over terms of employment and working conditions, and homecare workers can be much more vulnerable to decisions made by their employers (Blackett, 2019). In addition, casual employment is much more common in private homes than in care homes, even if some differences exist between different countries. In the first case, tools to monitor working and legal relationships, *a fortiori* specific standards and advice during a crisis are rare or even non-existent. Legal constraints were not the same in care homes and private homes: for example, the rules forbidding family visits to many care homes for the elderly in Europe in 2020, and the compulsory vaccination of care home staff in 2021 could not or could less be imposed on homecare workers, especially those directly employed by the households in homes, where the negotiations of public-health rules were left to the unbalanced couple of employer and employee.

Given these elements, this special issue aims to compare the way in which the crisis impacted care workers who work in private homes, in different national, territorial and social institutional contexts. A comparative approach is essential to study the variables at play, for example the effects of national and local rules. It is also essential to analyse the congruent issues that confront workers and employers, or the similarities of their claims, and the repertoires of actions taken in different countries. The variety of experiences of homecare work during the

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[1] For this reason they will be designated as female workers in the rest of this Call

pandemic in countries in the North and the South, as well as within different continents and countries, could also be considered.

This special issue thus aims to bring together articles about people engaged in paid, declared or undeclared, employment or service-provision relationships that provided care for others, in particular for those considered as vulnerable (children, the elderly, the disabled, etc.), in their own homes (e.g. nannies and mothers' helps, foster parents, etc.) or the home of the public helped (e.g. home-helps, cleaners and childminders) during the pandemic period. We hope to bring together contributions about different contexts that could lead to international comparisons between similar workplaces and activities: homecare activities, performed through a service or an employment relation. The contributions should not aim to all be systematically comparative but their grouping could lead to comparisons. How to account for differences in the responses to the uncertainty linked to homecare working and employment relationships depending on the countries, territories and sector segments concerned and on the social characteristics of the protagonists? How are institutional factors and social dynamics expressed? To answer these questions, different approaches (anthropology, sociology, political science, economics and law) to, and different levels of analysis (macro, meso and micro) of, institutions, organisations and inter-personal relationships are possible. More precisely, we suggest three, complementary and non-exclusive streams of inquiry.

- **Axis 1: Recognition and reward of homecare workers**

- **Axis 2: An employment relationship based on a social relationship in an intimate context during a crisis**

- **Axis 3: Actions and claims**

Axis 1. Recognition and reward of homecare work

The Covid 19 crisis raised a wide range of questions about the recognition and reward (Honneth, 2000) of homecare workers.

First, in some circumstances, the pandemic crisis led to an increase in the hours worked by homecare workers. By contrast, in other circumstances, it led to a reduction in the number of hours worked or even the ending of the activity altogether, because the workers were ill, because they feared being infected with the virus, because they found it impossible to travel to their workplaces, because the care recipients no longer required their services and/or because recipients families decided to provide care themselves. In the latter cases, did the homecare workers receive any replacement income, and if they did, what did they receive and how? This involves studying the ways in which the different segments of the homecare sector were, or were not, deemed eligible for assistance with this loss of income, and how these measures were adopted and implemented. If they were not eligible for replacement income, how did these workers manage to pay their bills? On the other hand, while they were often considered as always being available to help others (Weber, Trabut and Billaud, 2014), in cases where their working hours increased, how were these decisions made? Were they paid more? If yes, how? This requires an enquiry into the measures of work, how work is recognised and how it was rewarded in the exceptional period of the pandemic crisis.

Second, before the crisis, a lot of social science research stressed that homecare work was "invisible" and undervalued (Paperman and Laugier, 2006; Tronto, 2009), due to the feminised

workforce (Daly and Rake, 2003; Dussuet, 2005; Avril, 2014) which lacked the necessary resources to describe and obtain more value for its skills (Hayes, 2017). During the crisis, some of these workers were considered as front-line or second-line workers, celebrated as heroines, sometimes by stressing the feminised characteristics of their work, without this leading systematically to a recognition that they should be paid more (Rubery and Tavora, 2020; Cullen, 2021).

However, in several countries, the pay raise given to healthcare workers was also extended to care workers, including homecare workers, through the creation of "Corona bonuses" or grants (e.g. in France, Germany, the UK and Belgium, etc.). Specific grants were also introduced for homecare workers. Sometimes their employment contracts were amended or their hourly pay rates increased. How were these measures discussed? Which players lobbied to obtain these changes and how? How can we explain the success or failure of these actions? Where did the money for the salary increases come from? Who benefitted from them, more precisely? To what extent were institutional contexts and political and social configurations able to influence these changes?

These different types of re-valuing were sometimes in continuity with pre-existing institutional structures (Van Hooren, 2018), and could be seen as excluding certain categories of homecare workers from grants and pay rises. How can we explain this phenomenon? What were the principles used to award these grants or pay rises, and what effects did they have? Contributors can ask questions about how inclusive the measures implemented were, both in the texts of the legislation and in their implementation, and the social and political mechanisms of this exclusion (ibid.). By examining the implementation of these changes, contributors could also ask whether or not they constitute new sources of conflict.

Axis 2. An employment relationship based on a social relationship in an intimate context during a crisis

The Covid 19 crisis, with its restrictions on movement and the many measures implemented to contain contagion, can be seen as a critical scenario in which the inherent tensions in employment relationships become more problematic. As these relationships in the homecare sector are mostly governed by employers (Blackett, 2019), the way in which this work was performed during the pandemic crisis was probably strongly linked to the employers' requirements (Acciari, del Carmen Britez and del Carmen Morales Pérez, 2021; Pereyra et al., 2022). In the intimacy of a private home, state regulations rarely has an effect, because national governments lack the legal and institutional resources to monitor these employment relationships and/or the parties are unaware of the law or deliberately choose to ignore it. Has the pandemic affected these specific ways of organising employment relationships in the homecare sector? How has it led to changes in the content of the work, including the division between physical and emotional work (Avril, 2014)?

Contributions can look at the factors influencing this reconfiguration: the ways in which these working relationships develop (full-time, part-time or live-in), and the origins of the workers (from rural regions of the same country, from neighbouring countries or from countries far away) constitute crucial factors in redefining the new ways of organising homecare services (ILO, 2021). Besides, the reorganisation of homecare relationships during the Covid period can also depend on the ways in which the relationships in care homes have changed, or

changes in the work of employers and/or the beneficiaries of homecare. The closure of schools, the reorganisation of retirement homes and homes for the disabled, telework, were at the origin of new types of employment relationships and homecare services. Temporarily put in place at the start of the pandemic in March 2020, they continued in 2021, with differences depending on the countries, territories and social categories involved (ILO, 2020).

In this context, this axis explores the changes in employment relationships by asking three levels of questions:

1. Firstly, did government policies contribute to the reorganisation of homecare employment and work relationships? Did the provision of government funding for the workers and/or their employers change their working relationships? What were the effects of these policies on the experiences of the workers, their employers and/or the beneficiaries of their care? How were national and local public-health rules (mask-wearing, vaccinations, etc.) established? Who was responsible for devising the public-health rules? How were the rules protecting the health of various groups negotiated, given the existing public-health rules and policies and the existing social and family configurations?

2. Secondly, regarding the relationship between care in care homes and homecare: does the inability of care homes to offer care to children, the elderly and the disabled change the structure of professional homecare? Did the government policies directed at care homes have a direct or indirect effect on the way in which households managed homecare services and employment?

3. Thirdly, did homecare workers have the resources required to negotiate new working conditions and did this change during the crisis? Did any conflicts result from the new employment and working relationships, and, if they did, how were they resolved?

Axis 3. Actions and claims

From the start of the pandemic and the first lockdowns, mothers' helps, *Tagesmütter*, childminders, home-helps, cleaners, *Pflegehilfen*, *badanti, cuidadoras, alfahulp, trabajadoras del hogar* and other homecare workers were confronted with the many challenges and questions mentioned above. This axis investigates the ways in which the organised players in the sector were able to take actions, satisfy demands, express their claims and/or whether alternative means, such as collectives, self-help groups or demonstrations emerged during this period. There are often many intermediary players in this sector, reflecting how it developed and its complexity (private-sector, public-sector, non-profit, employment by the households): including employers' organisations (Ledoux, Guiraudon and Encinas de Munagorri, 2021), trade unions, family associations, and self-help associations for foreign workers, among others (Ally, 2005). If we accept the hypothesis that the role of organised players varied depending on the contexts in question, some questions arise:

1) What type of role did the organisations play (helping and advising the public, employees and families; lobbying government to obtain equipment or financial compensation, explaining and distributing standards, litigating to obtain more rights)?

2) Did the players work together? What sorts of alliances did they create? Did any tensions or divisions appear?

3) What claims did they make to local and national governments, and were they successful, or not?

4) Were there any spontaneous actions by groups other than the organised players?

In the medium term, we can also ask ourselves:

5) whether or not the pandemic and the recognition of the role of these "front-line workers" changed the power relationship between employees, employers and government in a lasting way.

6) whether or not we can observe, after the crisis, a change in the ways of working, the priorities and the strategies of the organisations involved in homecare work, or a continuity or a return to the *status quo*.

A crisis situation can test the capacity of collective players to effectively defend the interests of those they represent. The organisations could have been subject to vertical decisions by governments, or could have been overlooked with regard to institutional care and eligibility to receive replacement income, financial compensation and other measures. As for the workers, they were already one of the most precarious groups before the pandemic. Those workers who were the most exposed to the virus on public transport or when visiting several different private homes found themselves in complicated situations regarding their own families or the families of their patients. The question of access to healthcare, as well as that of their financial survival or their return to their own families was sometimes posed for those who were foreigners, undocumented immigrants or undeclared workers. In many countries, homecare workers set up their own organisations outside trade unions, sometimes using WhatsApp (in Argentina), Facebook (in France) and Lin (in Japan) to claim rights. Was this a virtual version, adapted to lockdowns, of the groups of care workers who had, for example, met in large groups on their days off to create collectives as they had done in places such as Hong Kong?

It will be important to analyse whether or not workers were able to organise themselves during the pandemic, when the issues were vital, as well as in the post-crisis period, when the questions of working conditions, pay and recognition remain just as important. To cite the triptych created by A. Hirschman (1970), which means of expression of discontent did they use: "exit" (leaving the sector altogether), "loyalty" (continuing the attachment to the people they care for) or "voice" (publicly expressing their discontent)?

This themed issue will bring together academic articles, synthesis articles, case studies, methodological studies, book reviews and reports on conferences and seminars that will allow us to clarify the answers to these questions from different angles. Articles based on empirical studies, using quantitative and/or qualitative methodologies are expected.

Editorial process

Contributors are invited to submit a 200-word summary and key words before **5 July 2022** indicating their suggestion for the section in which their contribution could appear, together with a short biography. If their proposed contribution is accepted, they will be required to submit it by **1 February 2023** at the latest for review by two experts and discussion by the editorial committee. **There is therefore no guarantee that all contributions will be published** before they have been approved by the two academic experts and by the **editorial committee** during the first quarter of 2023.

Guidelines for contributors (in French and English), which must be followed for all contributions submitted, are available on the journal's website:

https://www.cairn.info/revue-des-politiques-sociales-et-familiales.htm?contenu=apropos

Calendar

- **5 July 2022**: deadline for receipt of summaries of proposed contributions

- **1 February 2023**: deadline for receipt of original versions of contributions by co-ordinators, followed by dialogue with contributors

- **1 April 2023**: deadline for submission of contributions to editor-in-chief and to two expert evaluators

- **May 2023**: Editorial committee meets to select contributions for publication

- **10 July 2023**: deadline for submission of final versions of contributions

- **July 2023 - February 2024**: revision, checking, proof-reading and layout of contributions

- **March 2024**: Publication of special issue

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