



Transforming care work within an era of changing priorities of care policy

DOI:

[10.1177/10242589211029485](https://doi.org/10.1177/10242589211029485)

Document Version

Final published version

[Link to publication record in Manchester Research Explorer](#)

Citation for published version (APA):

Johnson, M., & Pulignano, V. (2021). Transforming care work within an era of changing priorities of care policy: Editorial. *Transfer : European Review of Labour and Research*. <https://doi.org/10.1177/10242589211029485>

Published in:

Transfer : European Review of Labour and Research

Citing this paper

Please note that where the full-text provided on Manchester Research Explorer is the Author Accepted Manuscript or Proof version this may differ from the final Published version. If citing, it is advised that you check and use the publisher's definitive version.

General rights

Copyright and moral rights for the publications made accessible in the Research Explorer are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

Takedown policy

If you believe that this document breaches copyright please refer to the University of Manchester's Takedown Procedures [<http://man.ac.uk/04Y6Bo>] or contact uml.scholarlycommunications@manchester.ac.uk providing relevant details, so we can investigate your claim.



EDITORIAL

Transfer
2021, Vol. 27(3) 275–287
© The Author(s) 2021
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/10242589211029485
journals.sagepub.com/home/trs



This thematic special issue of *Transfer* titled ‘Transforming care work within an era of changing priorities of care policy’ explores how policy, institutional and market-driven transformations of care regimes across Europe impact upon the quality of care services and the quality of care work. In this special issue, we bring together a range of national perspectives on changing models of care delivery and care work that spans *Ireland, Italy, Poland, Spain, Sweden* and *the UK*, complemented by a transnational analysis of EU health-care policy. Although each contribution situates the specific challenges of precariousness in a particular institutional and market context, by collating these seven perspectives we see common challenges emerging for care workers in diverse settings including residential, domiciliary and long-term care, public and private sectors, liberal and coordinated market economies, as well as southern, northern and eastern Europe with varied traditions of formal and informal familial care.

Given the significant challenges arising as a result of the COVID-19 pandemic this special issue is an important opportunity to reflect on the resilience of care systems across Europe, while also exploring alternative futures for care workers and care work. Newspaper reports of staff shortages, a lack of personal protective equipment, and the limited entitlement of many workers to welfare benefits are all clear symptoms of a sector in crisis. But while there are acute challenges arising specifically from COVID-19, the pandemic has in many ways crystallised long-term structural problems in how care services are funded, designed, and delivered. For example, demographic shifts such as an ageing population and increased international migration, set against the restructuring and retrenchment of welfare states in many countries have created significant challenges in terms of the coverage and quality of state-funded care services. Additionally, cost-driven outsourcing combined with the weakening of collective bargaining pose challenges for the stability of care services, and for the regulation of working conditions. These issues highlight the various contradictions between the different roles of the state in shaping the market for care services as a policy-maker and macroeconomic regulator, as an employer, and as a ‘client’ at the head of increasingly long and complex supply chains. This special issue will cover a series of issues dealing directly or indirectly with such contradictions.

The first contribution of the articles in this special issue is to explore the consequences of the long-term fragmentation and marketisation of care for both quality and working conditions, ranging from the transnational level through to the workplace level.

The first article by *Stan and Erne* reveals the contested and contradictory dynamics surrounding the creation of a transnational European health-care system. The authors argue that in order to understand changing care regimes within European countries, close attention has to be paid to the transnational interconnections and interdependencies that arise from increasing policy and market integration across Europe. On the one hand, EU integration and cross-border mobility have not led to the simple harmonisation of health-care provision or working conditions across countries and gaps remain in terms of access to care, and the quality of care services and care work. On the other

hand, the EU's legitimisation of privatisation and macroeconomic austerity policies after the 2008–2009 global financial crisis (articulated clearly in the EU's New Economic Governance framework) have contributed to a degree of levelling down of standards across historically distinct national health-care regimes.

The article by *Ciarini and Neri* draws on a study of three Italian regions (Lombardy, Veneto and Lazio) to explore how the broad trends towards privatisation and austerity identified by Stan and Erne impact on national and sub-national systems of policy-making and governance. The article provides an account of the key changes in the Italian health-care system, and explores how the structure and governance of health care, and the working conditions of care workers have been negatively affected by privatisation and marketisation. The authors argue that while there is clear evidence of the transnational policy doctrine of privatisation being articulated through regional-level decisions, the ideological commitment of local policy-makers to distinct public, private, and mixed models of provision helps explain regional differences in both the quality and resilience of health and care systems which were clearly exposed by the COVID-19 pandemic.

The challenges of formalising and regulating care systems in the shadow of austerity is explored by *Sánchez-Mira, Serrano Olivares and Carrasquer Oto* in their study of long-term care in Spain. The authors argue that the late and somewhat hesitant development of a formal long-term care system in Spain has been beset by challenges of fiscal austerity and labour market reforms (pre and post the 2008 crisis), and the reliance on cash transfers means that many older people still rely on informal familial care and cheap migrant labour. The limited professionalisation of the highly gendered 'home-help' role has particularly detrimental effects for women as both paid and unpaid carers.

Thörnquist explores the ongoing battle for free workwear for care workers in Sweden which has become highly symbolic of the steady marketisation of the Swedish care system, and the transfer of financial risks onto individual workers. The article highlights how care workers are exposed to market pressures and commodification even within a Nordic welfare model, and also points to the growing importance of legal protections in regulating workplace standards in a historically voluntarist system characterised by centralised collective bargaining.

In the case of Poland, *Kubisa and Rakowska* show how the social and policy emphasis on the quality of the relationships between individual care workers and their clients (the 'prisoner of love' dilemma) diverts attention away from the deleterious effects of outsourcing and fragmentation, and obscures the true nature of the employment relationship between largely female care workers and the state. The downward pressure on pay and conditions exerted by the state has been facilitated by the weak and fragmented nature of trade unions in female-dominated industries such as care.

Two further contributions explore the clear impact of fragmentation and marketisation in the liberal market contexts of the UK and Ireland. *Johnson, Rubery and Egan's* analysis of the UK explores the increasingly complex relationships between central government as the funder of care provision, local (municipal) government as the purchaser of care, and private providers as the direct employers. Strong cost competition in the market exerts significant downward pressure on pay and conditions, but the fragmentation of responsibility between these various actors also serves to constrain mobilising efforts among trade unions.

Murphy and O'Sullivan's contribution on the long-term care sector in Ireland shows how comparatively low public expenditure on care provision and the increasing marketisation of care services have undermined the provision of quality care and decent work, particularly among 'Section 38' workers who are not recognised as public employees (and therefore not offered the same terms and conditions as public employees). There are also parallels with the experience of some southern European countries, whereby the move away from charitable and non-profit

provision helped to formalise care services, but also increased the scope for large private providers to dominate care markets and drive down pay and conditions.

The second contribution of the special issue is to empirical debates around the role of trade unions in contesting the erosion of standards in care work, while also identifying new theoretical frontiers in the debates around the nature of collective worker action and the future of organised labour in low-wage industries. The articles in this special issue point to a dynamic, if fragile, patchwork of solutions to precariousness that encompass organising, mobilising, and social campaigning, driven forward by a mixture of militancy and social partnership.

Ciarini and Neri show how the resistance of trade unions at regional level in Italy helped to slow the process of outsourcing and resulted in the development of new hybrid public-private organisations. At the same time, COVID-19 has created opportunities for the social partners to negotiate new national agreements that protect the safety and working conditions of employees, and extend common standards and contractual rights to all types of employment contracts. On 25 March 2020, a new agreement was signed by CGIL, CISL and UIL, the Ministry of Health and private providers which introduced new preventive measures to protect workers in terms of protective equipment and tests for personnel exposed to the virus.

By exploring the dynamic relationship between legal regulation and the multi-level collective bargaining framework in Spain, *Sánchez-Mira, Serrano Olivares and Carrasquer Oto* raise important questions about the regulation of pay and conditions in the care sector, while also adding nuance to the debate around the 'organised decentralisation' of collective bargaining. The authors argue that the fragmentation of collective bargaining across regions and localities has segmented pay and conditions between high- and low-wage areas, but the low overall status of a female-dominated profession is a critical barrier to the coordinated upgrading of pay and working conditions across the sector.

Kubisa and Rakowska explore the challenges of organising and mobilising different groups of care workers in Poland where strike action, outside of highly institutionalised public sector professions such as nursing, has proven to be difficult to initiate and sustain. The authors chart new fields of workers' struggles both within and outside of formal trade union structures, and show how highly precarious care workers have increasingly turned to unofficial strike action and protests to defend pay and working conditions. Such actions have successfully made care work visible to clients, families and wider society, and made a powerful argument that precarious working conditions are detrimental to the quality of care.

In the case of the UK, *Johnson, Rubery and Egan* explore new repertoires of trade union action that move beyond traditional organising and mobilising strategies. The ethical care campaign led by the public sector trade union UNISON successfully placed poor working conditions, and specifically zero-hours contracts, on the political agenda and helped build support for increased central government funding for social care. The campaign also provided a framework for municipal authorities to improve pay and conditions locally through better commissioning practices. However, the lack of positive spillovers into other geographical areas underline the unresolved tensions between short-term non-confrontational strategies that deliver on key issues such as the living wage, and longer-term capacity building rooted in more antagonistic approaches.

Murphy and O'Sullivan also explore the role of public campaigns in improving pay and conditions for workers and building collective representation among precarious workers. The authors argue that while in Ireland campaigns have gained some public support, successes in terms of both defending and improving pay and conditions have been hard-won by public sector trade unions through negotiation, strikes and strike threats. In turn, the resource-intensive nature of these

multiple strategies has arguably reduced the capacity for organising in parts of the private sector where standards are particularly precarious.

In the case of Sweden, *Thörnquist* identifies emerging hybrid models of regulation that seek to incorporate elements of legal protection into a wider system of collective bargaining. The author argues that while the trade unions have long campaigned for the right to free workwear as a fundamental provision for care workers, it was also seen as potential distraction from wider campaigns around pay and conditions. Against this backdrop, legislative intervention was seen as a pragmatic compromise that protected individual workers but not at the expense of the union's long-term agenda.

While this special issue further exposes the entrenched precariousness faced by care workers as a result of long-term policy failures and myriad regulatory weaknesses and gaps, it also reveals the scope for contestation and resistance to downward pressures on care work and care workers. We conclude this editorial by pointing to the COVID-19 pandemic which we see as an opportunity – aside from it being a dramatic reality – to reflect on the sustainability and stability of care services, and to reinforce the public values and social bonds of good health and care for all.

The theme of this special issue is also the subject of research that received funding from the European Research Council (ERC) grant under the European Union's Horizon 2020 research and innovation programme [grant agreement number 833577] – ResPecTMe AdG project.

Mathew Johnson and Valeria Pulignano