Clean Up Time! Redesigning Care after Corona

A Position Paper on the Care Crisis from Austria, Germany and Switzerland

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August 2020

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Starting Point

The effects of the Corona crisis in the care sector are not surprising. A crisis of care certainly existed prior to COVID 19: in the field of education and in the health sector, in social work and in the everyday life of families. This was outlined in our Care Manifesto in the summer of 2013:

“Care is in a major crisis in all of its aspects. This crisis affects essential activities such as education, nursing and personal assistance for others, paid and unpaid support in institutions and in private households, with regard to health, learning, individual welfare and much more – in short: caring for others, for community concerns and as its basis self-care, day after day as well as during the ups and downs of the life course. Care for others can include loving attention and compassion but it can also be stressful and worrisome. Nonetheless care is not a private matter but a social responsibility. Even though certain care issues are currently being discussed in public (e.g. the expansion of day care facilities, the nursing crisis, burnout etc.), there are no fundamental solutions in sight. The extent of the crisis can only be seen if all of the care sectors are taken into account as a whole.”

The Corona pandemic highlights the care crisis, which can now be perceived and felt even more clearly. It is obvious in the shortage of nursing staff as well as in the need for 24-hour care providers for the elderly from Eastern Europe. Families with children are affected as well, especially when they have to coordinate working at home with home schooling – an impossible task for single parents. With care facilities shut down, relatives have to step in to provide support for their disabled family members. And last but not least, children and adolescents are hurting by not being able to go to day care centres, after-school programmes and youth centres. The problems that come to light when social work, health and nursing care structures are driven by economic criteria are plain to see, as shown by the blatant lack of personnel and equipment. On the one hand, care providers are finally being regarded as “relevant for the system” and applauded as such, but on the other they have not been adequately represented in crisis teams and expert committees.

In the ongoing pandemic it becomes undeniable yet again that to be human does not only mean wanting to be independent and autonomous but to experience vulnerability and dependency as well. People cannot survive without care at any age. Women take on a disproportionate share of care in families as well as in the labour market. However, more and more men are discovering that care can be meaningful and fulfilling in both fields. We should think about care without gender stereotypes and without reinforcing gender hierarchies. And pay for care work has to take gender into account as well. The current crisis can provide an opportunity to organize and to finance our health, social and welfare systems and the entirety of care in a more socially responsible manner instead of merely offering bonuses and calling care employees heroes. That is why we suggest some initial work packages based on our re-

search and occasionally illustrate them with examples from Austria, Germany and Switzerland.

Care Reform Work Packages

I. Introduce Care Mainstreaming!

Depending on others and caring for one another are not marginal concerns. On the contrary, human and social life consists of interdependencies that are addressed with different types of care. Therefore, any fair society must focus on these necessary activities and needs that are relevant for all. Care must be taken into account in every economic and socio-political planning process from the beginning: care mainstreaming means that each political measure of every government department has to assess its effects on people who are responsible for care, on care givers and on care receivers as a mandatory part of every decision-making process. This requires a comprehensive social debate about how we want to organize care and include the input of all stakeholders. Austria, for instance, has introduced an online forum to discuss the future of nursing, and parliamentary decision makers will be required to take its recommendations into account.

II. Adequate Pay and Rewards for Professional Care Work!

Financing clinics, nursing, social or educational facilities based on public funds and the payment of contributions must be transformed so that they focus on social policy mandates instead of returns on investment. First and foremost, attention must be paid to ensuring high quality conditions for care receivers and professional care givers. The Austrian case shows one way to implement this politically: e.g. non-profit nursing homes are compulsory in several of the federal states.

Adequate classification of care work that corresponds to the specific requirements of the job is also essential in professions requiring specialized, often demanding training. Since the 1980s elaborate models of job evaluation have been developed that include both relational skills and direct responsibility for others.

Most care workers in nursing, education, social work as well as cleaners in schools, hospitals and office buildings are not unionized. And in many of these fields only a small share of employers are bound by collective wage agreements. Consequently, there are none of the crucial prerequisites for successful collective bargaining or for regional collective agreements. For more power in collective bargaining, to say nothing of negotiating better wages and working conditions, significantly more care sector employees have to unite and be organized. Until this happens, it is up to politicians to enforce minimum standards within an appropriate framework for care as is currently happening in Germany in the field of nursing care. In addition to a general minimum wage, a "care commission" consisting of employer and employee representatives negotiates a minimum wage for this specific sector of the labour market. However, this can only be one step towards a system of adequate and fair wages. Many other care workers with a low level of organization would need this as well.

III. Improve Working Conditions in the Field of Care!

Better pay alone will not increase the number of people wanting to work in care professions such as nursing, social work or childcare. The working conditions of professional care work today are key factors. The denigration of professional care over the ‚real'care and personal support of one's family must be challenged. Starting image campaigns emphasizing that living conditions in care facilities can be better than their reputation and that day care centres can offer particularly good learning and development opportunities is not enough. In addition to well-trained staff, high-quality professional care requires adequate care ratios and case numbers, enough time to discuss care provision with care receivers and a modicum of documentation focusing on essentials. The Swiss "nursing initiative" of the professional association SBK (Swiss Nurses Association: www.pflegeinitiative.ch) is an example of political activities that support professionals in doing what they are trained for: to encourage people's self-sufficiency. Flat hierarchies are needed as well as participation in the design of work processes and continuous advanced training opportunities. There is another good example in Germany: activist organization and labour disputes at the Berlin hospital Charité in 2014 resulted in a better care ratio and ended the outsourcing of certain groups of employees (e.g. cleaning staff, janitors).

Precarious forms of nursing and care, such as 24-hour care provision at home, need to be restructured. Adequate social insurance and remuneration, fair access to social benefits, regulated working conditions with enough time for recreation and relaxation, decent living conditions in households and a secure residency status have to be guaranteed. This should be implemented without resorting to pro forma self-employment and dependence on agencies. European interdependency has to be taken into account as well, so that care workers do not solve problems of one country while exacerbating the care crisis in their countries of origin.

A first step would be the ratification (Austria) or implementation (Germany, Switzerland) of the ILO Convention 189 for Decent Work for Domestic Workers. Corresponding campaigns need to be carried out jointly with advocacy organizations of migrant domestic workers, unions and NGOs. Local campaigns are also needed to inform migrant workers about their rights and households about their responsibilities.

IV. More Time for Care, Every Day and During the Life Course!

Care requires time – in the professions and in private. Care tasks have their own logic and do not follow standardized cycles, and the quality of care strongly depends on being able to take that in account. That is why everyone must receive the right to take time for care tasks when they start their careers. This would invert the relation between an exception and the rule when using time for care needs. So far, any interruption or reduction of gainful employment has been seen as a deviation from 'normal' employment. Since increased care needs can occur at any time and are often unpredictable, rigid individual regulations - for example after the birth of a child – are not particularly helpful. Consequently, a care time budget needs to be decided individually as well as flexibly for different care tasks over the course of one's life. And since personal care tasks are socially relevant activities and working societies depend on them, this must be accompanied by the right to wage replacement and so-

cial security as well. Such an “optional time model” (www.fis-netzwerk.de) aims to make career interruptions or reduced working hours for care tasks the new normal for everyone. If this is taken for granted, particularly women will no longer bear the risks of care-related breaks from the labour market.

This time model can only have gender justice effects if it is flanked by tax and social security regulations (e.g. for pensions) and by abolishing the gender pay gap.

V. Digitization and its Effects on Care Work: Critical Assessment and Gender Justice!

Massive economic pressure in care institutions is driving digital rationalization and standardization processes. However, these cannot simply replace care work that needs immediate interaction, communication and relationships based on personal trust.

One possible danger of digitization is that its implicit technological possibilities could be seen as solutions for difficult working conditions, without addressing the structural reforms needed by care receivers and care givers. Where many women are employed in care professions, there is less advanced training and professional development than in companies, especially since women often work part-time and interrupt their careers. Combining family responsibilities, employment and advanced training is even more challenging for single parents. Care employees, however, must not be left behind by the development of digitization in their professions.

A change of perspective is needed to develop gender-equitable and non-discriminatory technology. More women are required as designers who can then involve care employees in technology development and take their experiences into account. In order to combine family and labour market activities with gender equality, changes have to take place on many levels of society. Mobility and flexible work schedules can provide opportunities. However, clear regulations and company agreements that do not focus on employer concerns exclusively need to go hand in hand with digitization.

A new precarious market in private households is currently spreading, provided online by agencies that connect households with flexible care workers. A number of digital platform economy start-ups are making profits by app-based brokering of services. But the flexibility they advertise comes at the expense of the workers who bear the brunt of the risks they pass on. That is why specific labour and occupational safety laws are needed for care employees in the platform economy.

VI. Caring Communities: Support Caring Neighbourhoods!

If we have learned anything during the Corona crisis, it is that people are very willing to stand together, to look out for and to care for one another. Neighbourhoods are important resources for everyday life, but they cannot fill in the blanks of the welfare state continuously. That is why support structures are needed today as well as in the long run, e.g. full-time social workers who can connect and strengthen the contributions of volunteers. Social services should also support and provide information to

people who are caring for and supporting others in families, in flat-sharing communities and in the neighbourhood. Neighbourhood cafés and village shops could also act as contact points. Participation in urban and regional planning is important in order to create meeting spaces and suitable infrastructures as well as to factor in the needs of people with disabilities.

VII. Adequate Protection Against Violence!

Care is emotionally charged as it is based on relationships and contacts, whether in families or in the professions. Care has to be receptive of others in an asymmetrical context, on the part of the caregiver as well as of the care receiver. Desires, fears, anger, shame and other emotions have to be dealt with and procedures negotiated or at least mutually accepted. As a result, care can fail due to misunderstandings, neglect, abuse or violence. It is a balancing act between devotion and boundary management, between responsibility and patronizing, between lack of interest and self-sacrifice. Care relations are especially fragile in asymmetrical contexts such as parent-child relationships, care for children in institutions, nursing at home and in institutions and hierarchical relationships between women and men. Violence often remains invisible, especially in times of isolation such as during the Corona pandemic, even though many indicators suggest that assaults are increasing since it is more difficult to avoid one another and deal with additional stress. Further research is needed to examine how violence in families and in institutions has changed during and since the Corona crisis as well as to determine how protection and counselling services are working, who they reach and who they do not and how they need to be extended.

The Istanbul Convention of the Council of Europe (effective since 8/1/14 in Austria, 2/1/18 in Germany and 4/1/18 in Switzerland) already calls for regular monitoring of violence against women and of domestic violence, ensuring the protection of all victims of violence, needs-based protective and counselling services, effective protection of the rights of children and removing obstacles to cooperation between participating institutions in order to safeguard the right to physical integrity for all.

VIII. Take Participation Rights of Care Recipients Seriously!

In the course of the Corona measures, restrictive decisions in institutions such as bans on visits and leaving the house were made without involving the monitoring authorities. Not even those responsible for home supervision, legal guardians or adult representatives were allowed to enter. Care recipients, e.g. disabled people, were not represented in crisis teams. The legal obligation to provide necessary funding for inclusion was called into question. However, the guidelines of the Disability Rights Convention (UNCRPD) have to be enforced in crises, too. The same applies to the principles of the Convention on the Rights of the Child. That means that participation as co-determination (“with us, not about us”) needs to be strengthened and implemented in all decisions affecting care recipients. This also means that the expertise of care receivers should be actively included in the development of concepts and measures. Therefore, structures and processes promoting participation such as self-representation committees in institutions, participative aid and social planning are necessary.

IX. Strengthen European and International Solidarity!

The Corona crisis exposed that politicians strengthened the framework of the nation-state in the face of danger. That was where solidarity was to be seen most frequently. But Europe stands for international cooperation, in general and especially in times of crisis. Therefore civil protection plans across borders are required as well as non-bureaucratic collaboration enabling mutual assistance in the event of care needs. In addition, fundamental rights such as the right to asylum and the right to reproductive choice must continue to be guaranteed. The European Pillar of Social Rights proclamation, adopted in 2017 by the European Parliament, the Council and the Commission, with its three components “Equal Opportunities and Labour Market Access”, “Fair Working Conditions” and “Social Protection and Social Inclusion” must be implemented swiftly and include an invitation to Switzerland to participate (https://ec.europa.eu/commission/sites/beta-political/files/social-summit-european-pillar-social-rights-booklet_en.pdf).

This is not an exhaustive list of work packages. But whoever attempts to do too much cleaning up and remodelling at the same time usually doesn't get anywhere. So let's start with these points. We do not want to go back to the ‘old normal’!

Forge New Alliances!

The upcoming cleanup will only be accomplished if everyone works together, particularly the various stakeholders. We as an initiative of researchers can provide social and health science expertise. But specialist knowledge is needed from the field of care practice, from care receivers and other participants from every area of care: nursing and eldercare, personal support, education, counselling, social work and more. In this regard, the expertise of charities, administrative bodies, unions and initiatives dealing with individual or general care issues is indispensable.

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Suggested citation: Thiessen, B., Weicht, B., Rerrich, M.S., Luck, F., Jurczyk, K., Gather, C., Fleischer, E. & Brückner, M. (2020), Clean Up Time! Redesigning Care after Corona. http://care-macht-mehr.com/

Thanks to Deborah Oliveira (Gender Studies, University of Basel, Switzerland), Katharina Pühl (Rosa Luxemburg Foundation, Berlin) and Dr. Sarah Schilliger (IZFG University of Bern, Switzerland) for their advice and suggestions.