
WHO CARES ?
REBUILDING CARE IN A POST PANDEMIC WORLD
(Brazil, Canada, Colombia, France, United States and United Kingdom)

Summary

Care work gained more visibility during the pandemic crisis, yet, little has been done to improve care infrastructures and the conditions of care workers. Therefore, the project aimed to assess the impact of the crisis on care provision, in order to rebuild a more resilient and caring society in the post-pandemic. Main results have been already published in an edited book *Care and Pandemics. A transnational perspective* (Brill, 2024), and a second one is been prepared on *Caring beyond borders* (Policy Press, forthcoming).

This research project is structured along 4 axes:

- Axis 1: needs and modalities of care provision,
- Axis 2: labour conditions and rights of care workers,
- Axis 3: public policies on rebuilding social infrastructure,
- Axis 4: community-based strategies of care provision.

As for Axis 1, we have contributed to a better understanding of the extent and modalities of care work. In fact, despite the impressive figures on people mobilized in the socio-economy of care, which fostered the growing interest of academic literature on the subject, important challenges remained mobilizing our teams towards analytical goals such as: (i) measuring the scope of care occupations (and not only focusing on it through the lens of economic activity sectors), (ii) documenting internal heterogeneity in paid care, (iii) comparing inequality patterns between countries, and avoiding reductionisms that subsumes singularities in a simplistic differentiation between the so-called “Global South” and “Global North”. The team is facing those challenges by contrasting realities of different countries engaged in the project. The novelty of this analysis comes from a methodology that makes national employment surveys comparable, without losing sight of their care regimes singularities (due to the different weight and modality of the State's presence in supporting, directly or indirectly, the provision of care), and variations on their care labour markets (both due to the different weight of informal labour relations, as well as the greater or lesser presence of the family as a direct employer of care workers). By developing the concept of “halo of care”, we proposed a typology of care work based on three dimensions: the context in which work relationships occur (domestic or in institution), the nature of the interaction between care workers and beneficiaries (direct or indirect) and the importance of continuity in care relationship based on the recipient's needs (recurrent or non-recurrent). This typology allowed us to analyze the occupational classifications of different countries in a comparative perspective, highlighting the varied scope and breadth of the care labor market, and different patterns of inequalities. A first systematic test of this approach has been presented on the occasion of the III International Colloquium (S.Paulo, April 2025); a transnational group analyzed the cases of Brazil, Colombia and France.

Another analytical advance in this axis relates to the explorations on the gray market of home care workers. Systematically documenting and analyzing the gray market is of critical importance. Estimating the size of this part of the home care market, as well as analyzing gray-market worker characteristics and employment

conditions, is a relevant achievement. As state and federal policymakers devise plans to address the many challenges presented by the aging of the population, the paucity of data on this segment of home care remains a serious gap. To explore the relevance and characteristics of this market the US team conducted in the summer of 2024 a survey of U.S. home care regions, recruiting respondents through Facebook and Instagram video advertisements. The survey yielded about 5000 valid responses in four regions: New York City, the Los Angeles area, selected urban areas in the Southeastern region of the country and selected urban areas in the Southwest. Respondents are almost entirely female, over-two thirds are immigrants and about 90 percent are people of color. Most are paid by home-care agencies but about 18 percent are “gray market” workers hired directly by families. A preliminary paper reported first results on the III International Colloquium of “Who cares?” project (Sao Paulo, April 14-16), addressing relevant issues as the pay rates, working hours and conditions, job tenure, job satisfaction and other variables, and how these vary between the “gray market” and agency-employed home care workers, as well as by region.

As for Axis 2, we developed an innovative methodology, combining qualitative and quantitative approaches, and incorporating strategies that ensure the active participation of care workers in the design, implementation and data analysis. In 2023, we conducted 21 focus groups with 179 workers in 5 countries out of the 6 countries of our consortium (Brazil, Colombia, France, the UK and the US). The results were presented to the participants in 2024 through interactive workshops, and served as a basis for the development and piloting of the international survey.

This survey aims at comparing care workers’ rights, working and health conditions during and post-pandemic, and assess into what extent the pandemic has changed those. The survey is still ongoing, however, preliminary results (survey + focus groups) already indicate that, despite certain improvements in indicators such as salary, employment and formal access to rights, precariousness continues to mark the daily reality of care workers. We can highlight in particular increased workloads without corresponding pay rise, greater difficulties in finding a job after the pandemic, high levels of indebtedness, persistent work-related health problems and daily experiences of violence, racism and coercion. Thus, even though the pandemic did worsen care workers’ conditions, they still face many forms of exploitation beyond the crisis period.

Qualitative in-depth studies have also been conducted, to compare institutional and household care work in France and Brazil, exploring the experiences and perceptions that emerged during the pandemics.

Another analytical goal on this axis relates to the study of new forms of working relations and employment conditions put into place in care labor market by digital intermediaries as care platforms. Within a very heterogeneous set of intermediaries, digital platforms for paid domestic work have aroused particular interest, given that they are presented as a disruptive phenomenon with great potential for expansion. If in the last decade the study of these new actors in developed countries has intensified, empirical research in Latin America is more recent. We assume that far from being neutral actors in the encounter between supply and demand, domestic and care work platforms organize through their design and infrastructure the criteria for selecting worker’s profiles by formatting the information available on their workers. In that sense, intermediation becomes a real pre-selection process. New fieldwork has been conducted in France, Brazil and Colombia and the transnational team has already produced relevant conceptual and methodological achievements on firm strategies and workers perceptions, as well as on new forms of worker’s agency in this segment of care labor market. Seven different care platforms (1 in Colombia 1 in France and 5 in Brazil) have been studied, and a comparative paper on Brazil and France has been presented in the III International Colloquium (Sao Paulo, April

2025), analyzing the role of online labor market intermediaries in sorting the workforce and dealing with inequalities in access to employment. Departing from two databases of web scraped profiles extracted from two home service platforms in France and Brazil, we have been exploring the impact of technical devices on the way workers present themselves and how clients select them.

As for Axis 3, we have been exploring ways to assess policies and rights of care workers in Europe and the Americas, assuming the high value of transregional and comparative approaches. As for French and European surveys they are revealing of a care (work) crisis: labor shortages, poor working and employment conditions as well as high exposure to workplace psychosocial risks. This crisis, which pre-existed the pandemic, has become particularly visible since then, and is still unresolved. Therefore, the research that has been conducted by French colleagues questions the role of public policies and regulations of care work: a mix of underinvestment in public services, fragmented care work regulations, exemptions from the labor code for domestic workers. Such a mix tends to make the exit from the care crisis more difficult. Our research examines the fragmentation of public policies shaping the care economy and segmenting the female-dominated care employment. Employment regulations differ between care sectors (health, social, early childhood, dependency) and according to the nature of the employer (public, private, individual employers). We also focus on policies and regulations implemented in France during and since the pandemic, emphasizing their various scales (national, European and international). Finally, we have also stressed both the progress made and the shortcomings to identify public policies and regulations that could pave the way out of the crisis of care and care work.

As for the South American context, an exemplary study has applied the Global Care Policy Index (GCPI) methodology, developed by colleagues from NYU, to better understand the Brazilian case, and also in order to explore the potential of this tool for analyzing the level of state protection granted to care workers prior to the pandemic. In a first stage, the team focused on applying GCPI Sub-Index B, which concerns paid domestic care workers. One of the key challenges in utilizing the index within the Brazilian context stems from the substantial fragmentation concerning the occupational circumstances of these workers resulting in significant heterogeneity in coverage and rights attainment. Two distinctive attributes of the Brazilian care labor market merit attention within this assessment: firstly, the notable proportion of informal labor within the sector, and secondly, the diverse contractual frameworks, each offering varying levels of protection. Subsequently the Brazilian team invested on the analysis of the Sub-Index A, which targets protection policies offered to individuals with family caregiving responsibilities (as pregnancy and maternity protections, maternity and paternity leave, flexible work arrangements, and family-friendly workplace policies).

Besides, an in-depth case study has also been conducted on the recent experience of Colombia, which has concluded with the public policy agenda-setting and formulation of the National Care System. This experience highlights the centrality given to the recognition and protection of care practices in peasant communities and ethnic peoples, as well as to the guarantee of the rights of caregivers. However, it notes the difficulties in understanding the System as such and, especially, in its relationship with existing social security and protection systems. Although it is concerned with the social organization of care, it is left without programs and instruments of intersectoral coordination to articulate the interventions that can give weight to the Care System.

Finally, the Canadian team has been exploring how institutional action on care work also can lead us to question the mistakes, negligence, and moments of inattention that may occur. Their analysis built upon 15 interviews conducted in 2024 with workers from the Youth Protection Directorate (DPJ), which in Québec is the State body responsible for protecting uncared children, putting an end to any situation that endangers the

child's safety or development, and preventing such situations from happening again. The team will analyze (un)care within “non-facilitating” contexts and the possible impacts both for those who provide care and for those who are (un)cared for.

As for Axis 4, results approach two main relevant - although still underexplored - topics, both by means of creative ongoing research. The first one, conducted by members of the Brazilian team is the field of the so-called “queer care”, focuses on the needs, practices, and challenges on providing care for LGBTQIA+ as a conceptual frontier where the project is producing substantial and innovative results. The second one is the subject of collective care, where Brazil, Colombia and France have been doing relevant intellectual investment. Attuned with the literature (mostly from Latin-America) on community care, the Brazilian team has been reflecting on the experiences put into place under the critical context of Covid-19 crisis. The study relies on empirical evidence, encompassing a thousand of solidarity campaigns conducted in Brazil during the pandemic. The analysis provides insight into the nature and structure of those chains, increasingly important in recent years, especially in Latin America. Understanding the ecosystem that supports the campaigns and examining its configuration will offer valuable perspectives to the field of care studies, particularly concerning countries characterized by high levels of poverty and inequality. The Colombian team has been analyzing the experience of the “maroon guards”, civil authorities of community self-management in Afro-descendant Colombian territories, which are preserved especially in rural areas, in accordance with their own traditions and systems of government. The team analyzes the role of these organizations during the pandemic in the Southwest of Colombia, facing not only the health emergency, but also the socioeconomic crisis and violence derived from the expansion of illicit crops and groups outside the law in the region. They conclude that community care for life occurs through the strengthening of the community fabric, food security and the development of mechanisms to protect the lives of leaders. Finally, the French team has been focusing on the social logics of associations run by and/or for disabled women, which have emerged to help meet their unmet social needs. Stemming from highly territorialized local solidarities, these associations offer a variety of services to act against social and political injustices (access to housing, social rights, combating domestic violence, etc.) and promote participation in cultural and sporting activities (yoga workshops, gentle gymnastics, reading club, socio-aesthetics sessions). The team has been exploring their ability to contribute to forms of community care, while taking into account the multiple difficulties they face.