

Who Cares? The Impact of Neo-liberalism on the Care Workforce in the UK

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Harvey (2009) suggests that neo-liberalism has been a political-economic way of thinking since the 1970s which strives to deregulate, privatize and remove state control from many social welfare provisions. This neo-liberal doctrine has led to the privatization and marketization of the care sector in the UK and created a world where profit-making is of a higher priority than people (The Care Collective et al., 2020).

Rottenberg (2018) suggests that neo-liberalism has encouraged people to view themselves through a market lens in which they are being judged by market categories such as profitability, thereby leaving little room for taking care of one another. The marketisation and the privatisation of the health care sector has led to health care provisions being framed as a response to the demands of the market; a situation which this contribution will examine critically.

The neo-liberal mindset advocates for minimal government intervention so that the rules of the market can be followed meaning the market can run effectively (McGregor, 2001). Therefore, resources can be utilized efficiently which will lead to economic growth and, in principle, neo-liberalists believe that only those who are part of the market transaction should benefit from this. McGregor (2001) further suggests that neo-liberal advocates argue that social policy which supports the needs of some people more than others is unfair as not everyone benefits equally from government support; consequently, people should

look after themselves and their families on an individual level.

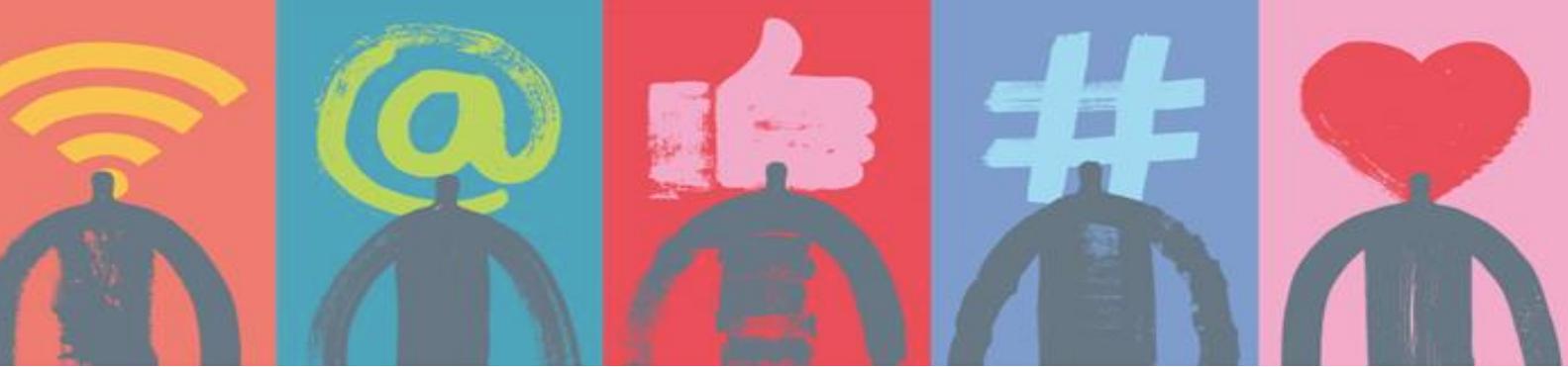
However, this political-economic way of thinking implies that society is meritocratic, with everyone starting on the same level and if you cannot provide your own solutions to your problems you have failed. Hence The Care Collective et al. (2020) contends that due to neo-liberal policies the world lacks care, and we are in a care crisis.

Greater flexibility within the workforce is needed to achieve market responsiveness and following the capital accumulation crisis in the mid-seventies, companies needed to form new strategies for making profit (Grint and Nixon, 2015). In the care industry sufficient care in the right places at the right time is crucial and with fluctuations in demand, a range of contracts is more cost-effective than maintaining a larger workforce (Grint and Nixon, 2015).

As much as this flexibility may benefit firms and companies, it does not always benefit the workforce and it can often lead to unstable and unprotected work causing workers a great deal of anxiety. This range in contracts, such as 'bank' work, part-time work and zero-hour contracts means less worker benefits, such as sick pay, are provided for the workforce and the company has no obligation to provide work. It can be suggested that precarious work offers a great deal of risk in contemporary society; it is often poorly paid with limited social benefits and creates a lack of job security (MacDonald, 2016).

In a neo-liberal market in which efficiency is key (Kerasidou, 2019), care assistants are provided with time slots to visit clients and a list of jobs to





complete leaving little time to care for the well-being of the client and higher focus on getting the jobs done in the allocated time. The time pressures implemented by neo-liberal market forces have made person-centred care increasingly difficult and if the care assistants do not have the time to care, then who is caring for the well-being of the vulnerable?

The time constraints of the care sector can have huge emotional and physical strains on the underpaid care assistants. Sapphireeye (2011) on *forums.moneysavingexpert.com*, for instance, explained that carers do not get paid for any time that they are not at a person's house, which means that travel time is not included in their pay and they are also not given enough time to travel to the next visit. This neo-liberal efficiency means that carers are having to constantly work at a fast pace, either at clients houses or whilst travelling to their next visit. In addition, carers are eating on the go, not having the time to use the toilet, and barely having enough time to have a drink which makes an already physically and emotionally demanding job even harder.

The emotional labour of the job is incredibly challenging, carers have to support people who are vulnerable and potentially be the only human contact that someone receives in a day. However, due to neo-liberal market forces, they must constantly keep an eye on the time, making the job even more emotionally difficult as they could feel guilty for not spending longer with the clients. On training days workers are specifically told to leave their emotions at the door and greet every client

with a smile which tallies with Hochschild's (1983) idea of emotional labour.

Paulabear (2010) on *MoneySavingExpert* highlights the directive that "no matter what the job throws at you, be nice" which is more than a suggestion to always keep a positive attitude. This, in theory, seems like a natural thing to do in a care sector job but after long tiresome shifts, it is hard to maintain and the strain of emotional labour can lead to psychological affects, well-being affects and increasing job dissatisfaction (De Castro et al., 2004).

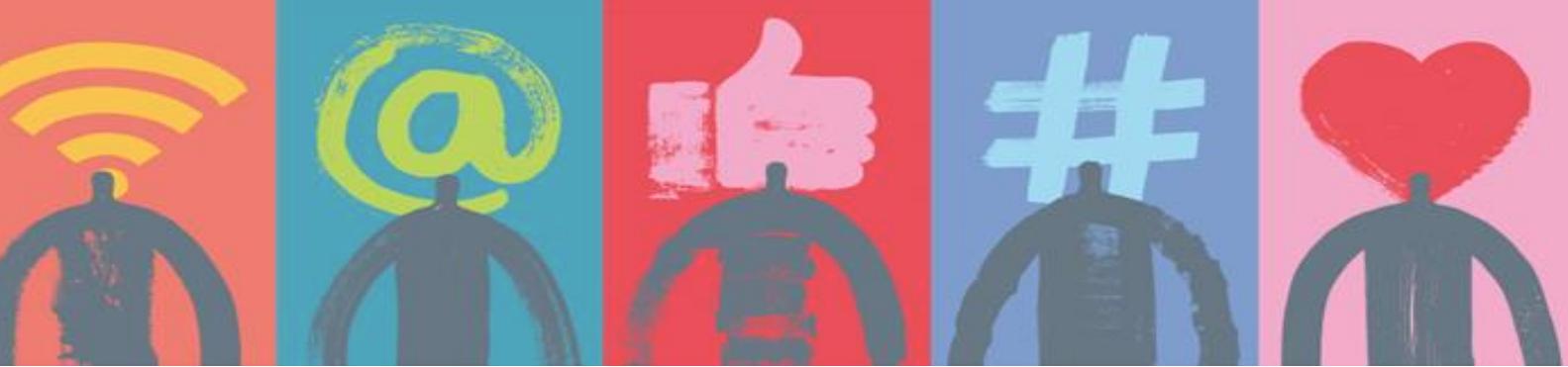
It can be argued that care sector work has been underpaid and undervalued throughout history. Irving (2008) suggests that the skills needed for this



line of service work are natural to women rather than acquired through training and therefore not as highly valued. The key skills needed in care work such as good emotional management, a nurturing nature and to be caring, reflect domesticated work which women have done in their households throughout history; skills

which are not recognised in the formal labour market.

Grint and Nixon (2015) suggest that emotion skills are emphasised in low-paying service work and also seen more appropriate for women because the traits needed for these jobs are seen as second nature for women. Moreover, care work, in which women dominate, tends to offer less progression and room for development (Dalingwater, 2018) thereby restricting women to stay in these low paid, devalued jobs. Thus, alongside carers having to suffer emotional labour, precarious work and being overworked they are also harshly underpaid



because the nature of the work is not valued as a skill in society and is dismissed as “women’s work”.

The Care Collective et al. (2020) state that neo-liberalism has no ounce of care as the principles of care are outweighed by ‘totalitarian, nationalistic and authoritarian logics’ (The Care Collective et al., 2020: 4). Neo-liberals advocate that members of society ultimately are only concerned for themselves and will look after themselves and their own, but have no interest in others.

The Care Collective et al. (2020) suggest that for society to improve, people need to start looking out for one another again, the individualism imposed by neoliberal beliefs need to come to an end. Instead of profit and the economy being the ultimate priority people need to care about each other again, offer support and look after the well-being of others. It can be argued that this is the crux of the care crisis; if people had compassion for others like they do their own, the world would not be in this crisis.

Although austerity is not a new concept, it has been suggested that since the financial crash in 2008, it has become prominent in the neo-liberal project (Schwiter et al., 2015). This idea refers to weakening government involvement in public goods and services, which as has already been identified, has led to the privatisation and marketisation of the health care sector. Therefore, some companies that provide care are owned by private businesses who exploit the carers for little pay whilst enjoying the profit.

These neo-liberal changes do not only affect care workers directly through the privatisation and marketisation of the health sector but also potentially through the social benefits cuts that have been implemented. Due to the care sector

being a precarious and low-paid job, with carers earning around £8.50-£9.50 an hour (nurses.co.uk), this means that they may have to rely on social benefits. In this neo-liberal age, it is increasingly hard for people to get welfare support from the government as the neo-liberal goal is that the government have minimal intervention.

This could make it incredibly hard for carers to provide for themselves and their families. Especially following post-Fordist changes to the workforce, which has led to a range of contractual agreements available, denoting work as increasingly precarious. Therefore, it seems that the care sector workforce is suffering large inequality.

In summary, it has been outlined that the neo-liberal (and post-Fordist) developments in contemporary society have affected the healthcare workforce in many ways. The privatization and marketization of the health sector has been just one of the ways neo-liberal market forces has affected care assistants; this privatization and marketization has led to

more clients being seen in a shorter period, which suggests that there is not enough time to check on the well-being of the old and vulnerable.

Hochschild (1983) and the idea of emotional labour is relevant as emotional labour is a large part of care assistants’ job where carers see hard and challenging situations daily. The precarious work that has followed post-Fordist changes to flexible contracts can have a significant impact on carers as the large firms try to keep their core members of staff to a minimal so profit can be optimised. Finally, The Care Collective (2020) state that neo-liberal society has led to people no longer caring for anyone but the individual and enhancing profit. The ideas discussed throughout suggest that we should be asking, who is caring for our carers?





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