

WHO CARES ABOUT CARE WORKERS?

EXPERIENCES OF EXPLOITATION DURING AND POST-PANDEMIC BRAZIL, COLOMBIA, FRANCE, THE UK AND THE US

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This document presents preliminary findings from **21 focus groups conducted with 179 low-paid care and domestic workers in Brazil, Colombia, France, UK and the USA**, as part of the transnational project “*Who Cares? Rebuilding Care in the Post-Pandemic World*”. We highlight here some of the key themes brought forward by workers, with the aim to make their voices and experiences more visible in public debates.

Why this study?

It may seem like a lot has already been said about the pandemic, however, there is a group of workers who have been consistently overlooked: the lowest-paid and most precarious care workers - those working in other people’s homes, or those on the lowest pay in nursing or care homes. They are the workers who take care of our elderly, disabled people, children and homes. More often than not, they are women, racialised and/or migrant, they earn below the minimum wage and are either working without contracts or on the most precarious contracts. While many studies highlight the loss of employment for domestic workers, few have paid attention to the working conditions of those who remained employed (see for instance [Acciari, Brito & Pinto, 2024](#)).

The pandemic may have made things worse, but the underlying causes of worker’s exploitation were already present before the crisis and most likely are still in place today. Since other crises are likely to happen, we need to better understand workers’ health, working and living conditions to avoid repeating the social and human disaster of Covid-19.

Who did we talk to?

Using the [ILO definition](#) of care workers, the workers we spoke to provided **paid personal services, either direct or indirect**, to households and people in a situation of relative dependence. They carried out tasks such as **cleaning, cooking, bathing, feeding** for an elderly or dependent person.

- Home-based: the whole range for domestic work: cleaners, nannies, care givers
- Long-term facilities such as nursing homes: the care workers who are not nurses or doctors and have tasks of direct care with patients

In 2023, with the help of our partners in each country, we conducted **21 focus-groups** with **179 low-paid care and domestic workers**.

Colombia

- 3 focus-groups with non-organised domestic workers
 - 3 focus groups unions of domestic workers
 - 2 cities: Cali and Bogotá
- Total of **60** participants.

Brazil

- 4 focus-groups with unions of domestic workers
 - 3 focus groups with associations of care workers (both home-based and institution based)
 - 3 states: Pernambuco, Rio de Janeiro and São Paulo
- Total of **59** participants.

US

- 3 focus-groups with associations of domestic workers (online)
- Total of **23** participants.

21 focus groups
179 workers

UK

- 1 focus-group with an association of migrant domestic workers
 - 1 focus-group with non-organised home-based care workers
 - 1 focus-group with unionised institution-based care workers
- Total of **19** participants.

France

- 1 focus-group with unionised home-based workers
 - 1 focus-group with non-organised institution-based care workers
 - 2 cities: Blois and Paris
- Total of **18** participants.

Getting voices heard

We also held feedback sessions in 2024 with participants in Brazil, Colombia and the UK in order to discuss those preliminary results and address their comments and questions on the study. They all emphasised the importance of being heard and sharing their pandemic experiences and work stories.

What did workers say?

DECENT
WORK

FORCED
LABOUR

To guide the focus groups discussions and analyse our data, we used the framework of exploitation developed by Boufkhed et. al. (2022). This conceptualises labour exploitation as a *continuum* ranging from breaches of decent work standards on one end to forced labour on the other. There are 5 key dimensions where worker exploitation can occur along the continuum with nuances and variations representing individuals' experiences of minor breaches of social and legal protection up to threats to their security. These dimensions may impact in various ways how workers perceive their general health, which constitutes a final point of analysis. This framework provides us with valuable insights on their working conditions during and post-pandemic.



Social and legal protection

This dimension covers existing labour protection and employment conditions, and aims to assess to what extent rights are respected or violated. It includes aspects related to contracts and workloads, social benefits, and rights' enforcement.

Overall participants felt that with the pandemic **their workload had increased but not their salaries**, and that this situation remained the same until now. Most domestic workers in Brazil and Colombia found it harder to get a job post-pandemic. In all the countries, many participants commented on their difficulties due to **the cost of living crisis**. Key barriers to accessing rights included: type of contract, level of informal job (Brazil and Colombia), and immigration status (USA and UK). In Brazil and Colombia, we also observed a polarisation between the domestic workers who lost their jobs and perceived unemployment as being the biggest problem, and those who remained employed and found instead that the main issue has been increased exploitation at work.



“if you don't stand for yourself and set at least the working hours, even if you're a day labourer, you end up being exploited, because the boss wants you to do 3 days of work in one.”

- Brazilian domestic worker

Health and safety at work

This dimension covers health, safety and psychosocial hazards at the workplace, for instance, provision of training, protective equipment or exposure to hazards.

Participants working in institutions appeared as being more protected than those working inside other peoples' homes. In general, they did receive training to do their tasks, and -when available- personal protective equipment (PPE) were compulsory in most institutions during Covid-19. The focus-group in France was a noticeable exception as care workers reported having been **forbidden to use face masks** during the first month of the pandemic to avoid scaring out patients. In contrast, most domestic workers did not receive training or PPE, and there were **no clear rules or sanitary guidelines for work inside private homes**. Instead, they had to juggle between different individuals' own ad-hoc rules that differed between homes. In France and the UK, institution-based care workers also complained about managerial techniques and excessive surveillance, and felt that their lives was less considered than those of their patients or bosses.



“COVID is the first virus, bosses are the second”.

- UK care worker

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Finance and migration

This dimension comprises aspects related to financial issues such as wage deduction, and issues related to immigration status. It includes some indicators of modern slavery such as workers being misled about working conditions before getting the job, or the withdrawal of personal documents.

In all countries, almost all participants shared issues related to their salary or payment, even though they were not international migrants. Many reported **unlawful wage deductions, pay retention during the lockdown, constant task slippages and additional unpaid work, or the necessity to contract debt to survive.**

Immigration status was a key factor determining workers' access to rights and social protection. In the USA and UK, which have a 'hostile environment' for immigrants, restrictions on immigration rights created barriers for workers to defend themselves against employers' abuses or access the health systems. This was particularly true for the USA where several workers had an irregular status and for domestic workers in the UK whose visas are precarious and limited in time. Several **participants reported for instance having refrained from going to the hospital or not having access to the health system at all.**



"just for the fact that I'm an immigrant, that I am a woman, or that I'm not a person in power, or because of language, I'm not sure what it is but I don't want to imagine another worker that is suffering through the same thing."

- US domestic worker

Shelter and security

This dimension refers to the way workers are treated, it includes elements of threats, intimidation and coercion, many of which are indicators of modern slavery.

Elements of coercion and mistreatment were overwhelmingly present across the 5 countries, regardless of workers' status or work setting. Participants shared countless stories of being insulted, physically and sexually assaulted by employers and/or patients, and those with direct caring tasks expressed having felt forced to keep working despite the risks during the COVID-19 period because they were emotionally attached to their patients. **Some domestic workers in Brazil, Colombia and the UK were forced to spend the lockdown at their employers' and prevented from going back to their own homes.**



"At some time the government declared lockdown, my employer didn't allow us to go out then, even in the park".

- UK domestic worker

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Dehumanisation

This dimension was not present in the original framework, but added as a result of the focus groups that matched an important worker-led conceptualisation described in [Boufkhed et al \(2024\)](#). It aims to capture workers' perception of dignity and respect at work.

It shows more specifically workers' expectations about what their work should be and how they feel treated, beyond legal aspects. The international literature shows quite well the gender, race and colonial relations that shape domestic work, and the historical devaluation of reproductive labour ([Blorfied, 2009](#); [Cox, 2006](#); [Ehrenreich & Hochschild, 2003](#)). In all our focus groups, **participants saw their job as being extremely important**, as many were frontline workers during the pandemic, and they perceive their work as sustaining society's care needs. However, they contrasted this with the lack of respect and dignity from employers, and many felt betrayed by their -often long-term- employers.

There was a generalised perception that employers, and society more broadly, don't care about care workers. In all groups, participants shared stories of humiliation, such as insults about their physical appearance in Brazil and Colombia, or being subject to different treatment and rules than the patient or family during COVID-19 as workers were the only carrier of the virus.



"Employers are like slave owners".

- Colombian domestic worker

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Perceived health

Finally, we asked workers about how they perceived their (physical and mental) health in general and during the pandemic.

Mental health was very present in every focus groups, and most participants would refer explicitly to issues such as **depression, anxiety, panic, fear and feeling of isolation**. Many felt torn between the fear of getting sick or even dying, and the obligation to keep working to support their families and take care of other people. For those working in institutions, death was omnipresent, and they lost an unusually high number of patients. Physical health was also a concern for many, and very similar occupational health issues were observed across the groups, such as back pain, joints and muscular pain, and skin burnt from chemical products in the case of domestic workers. Several workers shared about new allergies that happened to them since the COVID-19 pandemic.



“We were walking towards death every day”.
- French care worker

What now?

This first analysis of low-paid care workers' experiences during and post-pandemic confirms some elements well-discussed in previous studies ([Acciari, 2019](#); [Boris & Klein, 2012](#); [Chaney & Castro, 1989](#); [Hirata, 2021](#); [Nadasen, 2023](#); [Posso, 2008](#); [Sedacca, 2022](#)), such as:

- the historical devaluation of reproductive labour,
- the intersectionality of oppression these women workers face,
- their position of vulnerability and exclusion on the labour market.

Our study contributes to these debates, and offers a framework to analyse more systematically the dimensions of labour exploitation of this workforce.

Furthermore, our focus groups shed light on the experiences of a population that was at the frontline of Covid-19 and amongst one of the hardest hit sectors, but who remained relatively understudied and underheard.

Across the 5 countries, participants reported:

- increased workloads without the equivalent salary compensation,
- more difficulties to find jobs or to make ends meet in the post-pandemic period,
- persistent work-related health issues,
- everyday forms of violence, racism and coercion.

With the results of the focus groups, we are now designing a transnational survey in order to measure systematically these issues and quantify in a comparable manner the different dimensions of exploitation faced by care workers in the 5 countries.

If you work with or are yourself a domestic or care worker, in a private home or in an institution, and want to take part in the survey, please get in touch! We want to make sure workers' voices are heard and hope that robust data can support strong advocacy strategies to improve workers' living conditions.

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