

Interview with Ito Peng

At the annual SASE meeting in Japan, the FFJ team had the privilege of interviewing Ito Peng, professor of Sociology and Public Policies at the University of Toronto. She is currently director of The Centre for Global Social Policy (CGSP) and leads a multi-year project funded by the Social Sciences and Humanities Research Council of Canada on "Gender, Migration and the Work of Care".



parts of the world to migrate to richer part of the world to work as care workers.

So in my research we look at the changing social and economic contexts, how they shape and structure the patterns of migration and the forms of care that has been provided, and how public policies or social policies also contribute to shaping the global migration of care workers, and turning these kinds of work into a form of global care work. In short,

To begin with, what are your current research interests?

My current research investigates transnational migration of care workers. I try to examine how the changes in a number of social and economic contexts, such as demographic ageing, low fertility, changes in the women's labour market participation, and the changes in family structures and the norms and practices about family and caregiving, all contribute to creating huge demands for care such as child care, elder care and care for disable people, particularly in rich countries in the world, and how those demands for care, in turn, creates a huge magnet for women care workers particularly from poor

this is a large global comparative research that looks at the movement of care workers, the kind of care that's been provided, both in the public and private spheres, and in paid and unpaid format. We also focus in particular on Asia-Pacific.

What is the genesis of your current research?

I have long been doing research in the area of comparative welfare state. I think my interest has been always on the East-West comparison of welfare state policies and social policies that relate in particular to family, gender, and women. Within the last ten to fifteen years, a lot of this research has begun to focus on the issue of care. Not

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just because care is something that women do and that it enables us to look at the way that welfare state is shaped and organized, but also because care is a critical vector to understand our current economic structure and our current socio-economic institutions. This is probably why my previous research has gradually led me to focus on comparing welfare states and institutions using the lens of care as an analytical framework. Furthermore, in the recent years, care has become a key policy agenda and a key research focus in many countries because of the changes in demography or the changes in other social and economic institutions. That in turn, led me to increasingly explore the link between care, care policy and the migration. Because what we have seen is that in this change process, we also see the issue of care and care work beginning to intersect with the issue of migration. This is why I decided to merge the two areas and to investigate further on this research topic.

What is the definition of care workers?

The term care worker is actually remarkably difficult to define. Partly because, there is no really clear and consistent definitions for *care* and *care work* themselves. I would say most of the researchers would define care as a reproductive work, paid and unpaid, that would go towards nurturing and sustaining the well-being of people in current and next generation. So in the broadest sense, it includes a huge gamut of activities. It includes not only, child care, elder care, care of the disabled, which are quite easy to define, but some people would also broaden that to include other kinds of nurturing work. Teaching, counseling, personal care, financial support, any kind of personal support, would be included as care and care work in that case. The definition of care workers could range from very high-skilled workers such as doctors, nurses, therapists... to those that are considered very low-skilled workers such as domestic workers and live-in caregivers. For the purpose of my research we are looking at that lower end part because there is already much research done with doctors and nurses.

My definition of care work for the purpose of my research, limits to the personal nurturing and

supportive work for children, the elderly and the disabled people. With child care, it could include pre-school aged children and after-school care but also in some cases, early child education as part of that care package. For the elderly care, we normally think of long-term care like home help or daily assistance but if we look towards the more complex care needs area, it begins to blur with some of the medical health care as well, such as nursing care, twenty four hours care or, care for the chronically ill elderly. Those are also part of the elderly care. Therefore, even if we limit within this particular sector group – child care, elder care and the care of the disabled – it is still extremely broad.

Because of the breadth of activities involved in *care*, the definition of *care work*, in this context, is also very broad. In terms of care workers, it ranges literally, from highly institutionalized care that is clearly defined, such as kindergarden teachers, *crèche* workers, nursery assistant, home helpers or elder care workers in the nursing homes, all the way to much more fuzzy

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areas. For instance, in Taiwan you have programs such as live-in foreign caregiver program where the idea is that you hire a foreign person – usually from Indonesia or the Philippines or Vietnam – to come live in your home and provide care twenty four hours for the disabled elderly persons. But in practice, when you look at the activities of these care workers, what you find is that because they live in in their employers’ home and provide twenty four hours care, if there are children in the house, they are not only looking after the elderly persons, assisting them in their daily activities, but also might be minding children as well. We know from the surveys in Taiwan and Hong Kong that since they are still living with you, they often end up doing cleaning, cooking, and before you know, they are doing a huge range of activities that looks more like domestic work than care work. Because care and these household activities often overlap with each other, all of which is part of caring for somebody, then, care work becomes extremely blurred. So, in my definition of care work, and this is really

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important in the case of live-in caregivers and live-in domestic helpers – the term that they use in Hong Kong – all these are part of care work, because in practice that is what they do.

Is the situation of care workers in Europe different from that in East Asia?

What I found quite similar in both in Europe and in Asia in terms of care and migration is that in both places, there has been an increasing use of migrant workers. If you look into the case of Asia, there are countries, like Hong Kong, Singapore, Taiwan, that have for a long time, used large numbers of foreign care workers mainly for the elder care. I think in the recent decades, in Europe, many countries also have begun to use foreign care workers. Italy is one of those countries, so is Germany, and in France too, we see more foreign care workers, and if not, people with immigrant background working as care workers. Studies show that in Europe also, the work of care workers, particularly the live-in ones, often spread into domestic work. In the sense that the use of non-native born care workers and migrant workers, and the blurring of the boundaries between care work and domestic work, are something that both Asia and Europe share in common.

Another thing that I think both regions share in common is the fact that most of the care workers are women, particularly in childcare. This is true in the EU and in Asia. In the case of elder care, I think, women still dominate but probably the gender composition of elder care workers is more balanced, probably because elder care tends to intersect with health and nursing care. In that sense I think there is more opportunities for men to enter and also for men to want to work in that area. Elder care in some parts requires more physical strength, and again because of the medical dimension of it, it's probably a little bit more acceptable for men to perform that kind of work. Those are both commonalities that I see in the two regions.

In terms of the differences though, I think there are a few in the way that care is being provided. It's quite universal that even with most "advanced welfare state", family is an important care provider. So even in place like Sweden, where care is regarded as socialized, outsourced or commodified, the family still provides care. However, the extent of the family's role in providing care, and the social and political expectations for the family to provide care is quite different in Europe as compared to Asia. For example, we could

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say very clearly that in Asia, the family still plays a very large role in providing care, and the family is expected to play a very large role. Even in country like Japan where the government tried to and is trying to socialize part of that care through long-time care insurance for the elderly or through public child care systems, still, families' role in care is extremely high. And moreover, I don't think the government expects or wants that to change much. Whilst I think, in Europe, even though family has important role in providing care, cultural assumption and the actual practice of family care is probably not as intensive and extensive as it is in the case in Asia.

Having said that, I think that another interesting thing comparing Asia and Europe is the amount of diversities within each of these regions. In Europe we know that there is a really diverse range of policies and formats in care, in both child care and elder care, and because of these different care regimes within Europe, the use of the migrant care workers is also quite different amongst countries within Europe. We could say the same for Asia as well: there are so many different approaches to care and the use of care workers within Asia. Even though they may share as a region, strong emphasis on the family, still within that you see place like Japan and South Korea where there is much more attempts

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to socialize both child and the elderly care, as compared to places like Singapore and Taiwan where care is really not socialized in the sense that the governments assume that the family will deal with this, and that they should deal with this through the market. As a result in the cases of Hong Kong, Taiwan or Singapore, basically, care is left to the family and the government gives families some subsidies and allowances, and families try to purchase care through the market, often by hiring private, foreign live-in caregivers and domestic workers or helpers. Thus, in both regions, there is a real diversity in the care and the patterns of migration.

Do immigrant care workers bring their own cultural and social practices about care?

I think care is one of those labour or services in which culture and individual preferences are extremely important. So for instance, particularly in the case of elder care, some of the reasons Japanese people give, on the paper, as to why they resist having foreign workers to come into the country to care for them, are problems with language and problems associated with cultural understanding of care. This is because care is a very personal thing. Often, the barrier is that the user or the client of care services wants the care worker to adapt to the user or the client's culture. So for example, a Japanese elderly people would want a Filipina or an Indonesian care worker to care for them in a "Japanese way", and not to bring in the Filipina or the Indonesian culture or practice of care. To me, at least in Asia, the practice seems to be more that foreign care workers trying to adapt and learn the culture of the country they are working in.

I think what your question raises is very interesting because these care workers begin to adopt dual culture; in a way, these care workers are constantly shifting from one culture to another, and I wonder, in the process of shifting cultural practices and ideas, whether there might be some changes at the both sides. In the clients' demands for foreign care workers

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to adapt to them, these foreign care workers begin to adapt the clients' culture of care but probably the clients also begin to understand a little bit about the caregivers' cultures. So there might be some merging or translations of cultures happening at that space. I think the most interesting part is how these care workers themselves become a kind of embodiment of the cultural translation. They are in one person holding both cultures, so yes, cultural learning probably happens between the client and the care workers, but I think the biggest cultural or multicultural transformation is happening for care workers themselves. In the first instance, it is the care workers themselves who have to adapt to the host country culture and therefore, they are the ones who are really making transformations, and in the process, probably, they are changing their home country cultures a bit. Maybe in the long run, both the host and the home countries might change in terms of their understanding of care and that happens through care workers as a conduit of the transformation.

In your view, can Europe and Asia learn from each other's policies?

I think both could learn from each other a lot, both in terms of providing positive and negative examples. What Europe could probably learn from Asia is, first of all, the understanding of what are possible scenarios for rapidly ageing population, and as well in the future, possible visible population decline and what needs to be done in advance to avert the worst case scenario. In a way, Asia – well, Japan more specifically – is what we might call, "a canary in a coal mine" or an early warning in terms of demographic tsunami. Asia is a test case in the field of the future of population changes and care. What we already see in Asia are possibly some interesting, good, and innovative examples of social policies. For instance, Japan and South Korea have some experimentation with social policies, whether it is working or not, they provide a very good example of what countries are trying to do on the ground. Asia has also countries, like Singapore,

China, and Taiwan that are trying different formats and all these would be good examples for Europe to learn. Europeans could say, we have or have not the same problem, but I think having different case studies, different contexts, enables people to have much better insight into their own situations.

At the same time, I think that Asia could also learn from Europe, particularly in terms of the potential for more regional approaches to social policy and immigration, and its successes and failures. Because, it looks like Europe is going through some difficult times now regarding these matters, Asia could learn from both the successes and failures of that regional approach

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in both care and migration policies. In the long run, I think that one of the aims of comparative public policy is about learning the best practices so that you could improve your policies at home.

Some Readings...

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Rhacel Salazar Parrenas (2008) *The Forced Domesticity: Filipina migrants and globalization*, New York: New York University Press.

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Has your stay in France given new perspectives to your research?

My research, so far, has been primarily focused on the Asia-Pacific region. I thought I knew something about care and migration policies in Europe as well, from my readings. But what surprised, and pleased, me so much about spending some time in France was that even though I thought I knew something about Europe, I realised that I did not know as much as I thought. And by spending sometimes in France, it made me really appreciate the real substantive component of French welfare state, French care policy and French migration policy, and then more broadly of EU policies about these topics. So for me, it was a really worthwhile time spent. For instance, I knew from my readings, that French family policy, French social policy, is extremely pro-family. But I did not realise the extent to which, and how pro-family, it was. We have all more or less read about that so we intellectually know, but it is not until you actually observe how families really do utilise those and expect that as the norm that you realize how it works.

“France charts a very different welfare state trajectory.”

Another example that really impressed me with France is the extent of its “welfare-stateness”, shall I say. The fact that, for example, education is considered free – that principle about *gratuité*, *égalité* and *laïcité* – that it should be free and available to everybody is a concept that you understand intellectually but not quite understand it until you are there and you are talking to people in France. If you look at how much university tuitions, in North-America for example, have gone up and the fact that people accept that – *albeit* grudgingly – as part of the maybe new economic reality or new market mechanism, and then I talk to my French colleagues and they say, “but it’s incredible! Education should be free!” and you see in fact, young people in France go to university for free or almost free. Even compared to other EU countries, like the UK, the French welfare state is strong. So certainly compared to North America, particularly in the US, France charts a very different welfare state trajectory. So for me those were the kind

of concrete experience that I had. Where things that I thought I knew but I obviously did not know implicitly, deeply until I have been there.

What do you think of the many critics in France about the system's inequalities regarding the access to higher education?

It is true, even in place like France where education is technically free, there is a different kind of barriers that makes access to education unequal. Having said that, I think that maybe it is like looking at glass half full or half empty, I think we all want to achieve that ideal situation *but*, seeing what is happening in other place makes me really appreciate the fact that in France, at least, the education tuition is free and more or less available and accessible for students. Take for example in North America, particularly in the US, where the university tuition has doubled, tripled within the last decade or so. For parents, including myself, who have children who attend universities in the US, it is a lot of money; the education cost is a huge burden for many families, even for those with two reasonably good incomes. In Canada as well, university tuitions have risen steadily because the government subsidies for university have declined over the years. In Asia, it is the same. But there, for aspiring middle-class families, there is an added pressure to send their children to prestigious foreign – usually North American or European – universities to help them gain a competitive advantage. I just had a discussion with a colleague in Korea, who was so happy that her daughter was accepted and will be going to a good university in the United States. But in order to afford that, her husband actually had to change his job. Because one, education is so important in Asian societies; and two, it is

the wish of many middle class, working class and many families, to enable their children to have good education. However, faced with a huge debt and cost of education, families have to strategize on how to afford that. Sometimes it means incurring huge debts that the entire family shoulders. Sometimes, people have to change jobs and/or mortgage their houses. These are strategies families take in order to afford higher education for their children. But think

“Families have to strategize on how to afford higher education in the US.”

about that: yes, it is true that having all said and done, even with the French free education system the access to education might not be equal; but at least, that tuition barrier is not there, or at least not as high, as compared to other countries in North America or in

Asia. So in that sense, for me, it was really about understanding implicitly by being in France that people believe that education should be free, and that they won't accept the kind of expensive education system in North America or Asia, I hope...

For me, in this age of shrinking welfare states, what impresses me the most about France is how, at least on principle if not in real practice, how much France is still trying to maintain that idea of welfare state.