Promoting basic social and health care work through education – global North and global South in comparison

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Introduction

In this chapter we discuss the function and recognition of basic social and healthcare work in the global context of 'the totality of societally recognized work' (Glucksman 1995) and the mainstream educational structures and hierarchies. It builds on lessons learnt during the ReWell Project (2014-2016) that focused on promoting regional wellbeing through adult and vocational education. The case studies in the course Vocational Education and Culture in University of Tampere, research theses of participant students and joint intensive seminars in Tanzania, between university staff, students and regional actors from Finland, Tanzania and Uganda were significant sources of information for this paper[1]

A pragmatic ground for the comparison is the joint project, but there is a more political and ethical reason. Although globalization is mainly considered as an industrial and commercial project, it also includes distinctive solutions in basic social and health care. Despite being a service, which is produced and consumed locally and simultaneously, basic social and health care is embedded in global industrial clusters and commodity chains. Still, minor attention is paid to the conceptual and practical diversity in organizing care work in different geo-economic and geo-political locations. The comparison between the global North and South, represented by Finland, Tanzania and Uganda remains fragmentary, but intends to raise discussion about the interrelatedness of local and global divisions of labour, and relations between local and global production and consumption (Narotzky

[1]Anja Heikkinen from Finland, Perpetua Kalimasi from Tanzania and Elizabeth Opit from Uganda were supervisors in the ReWell project. Jesse Sjelvgren participated in courses with ReWell teachers and students, and accomplished his MA thesis on development of competence-based curriculum for practical nurses in the Tampere Region Vocational College. Recruitment and qualification in basic social and health care hardly differ between youth and adults, we don't discuss them separately. More information about the project for example http://mzumbe.ac.tz/rewell/.

1997; Kerswell 2011). While Tanzania and Uganda share quite much with other countries in East-Africa, Finland can be considered rather similar with other Nordic countries.

In this chapter, basic social and health care is viewed from the perspective of the workers - the content of their work, the patterns of their education and recruitment to employment, and their work conditions - in the context of wider social and occupational structures and hierarchies. Instead of evaluating different solutions according to countries´ rankings in economic development or corruption, we hope to understand better the challenges faced by globalization at so far ends of the globe. In the global North, prevailing neo-liberalist policies have opened up public welfare services to trans-national competition, increasing the power of multi-national care businesses to dictate the meaning and content of basic social and health care. In the global South, penetration of multi-nationals into national industries benefit from exploitation of traditional familial patterns of care. However, provision of care should be a fundamental duty of the nation-state and a fundamental right of its citizen. Workers in basic social and health care are in core position to identify and response to citizens´ needs, but when welfare services become one industrial cluster serving the competitiveness of other industrial sectors, can they have ownership of their work and education anymore?

In questioning the global division of basic social work, health care work and education, we use provisory categories of occupational agency and social reproduction of the means of livelihood. The relation between subject and object, individual and society, free will and material conditions are traditionally in the core of philosophical, religious and social scientific debates. However, it has become extremely popular in contemporary psychological, sociological and educational research on occupational work and education. A powerful research stream has built on Margaret Archer´s studies on culture and agency on an individuals' capacity to influence structural – economic, cultural societal - conditions of their actions. According to her, the opposition of agent and structural causality could be transcended through a historical perspective, which interprets structures as embodiments from individuals´ intentional and non-intentional actions. They restrict and liberate individuals to exercise their wishes and wills, and indicate the complexity of prevailing power relations. (Archer 1996).

While the emphasis in agency-approach is on socio-cultural and individual formation of occupational identities, the means of livelihood-approach considers cultures as real experiences that engender reasons for action embodied in the production and reproduction of material life (Narotzky

1997). Following her, the global capitalism functions beyond wage-labour-capital relations, "irrespective of the actual 'ownership' status toward certain means of production" in labour, financial or product markets. While the complex logic of capitalism promotes celebration of cultural particularity, whether as political and economic, work-organizational or currently 'virtual/social media' communities, the challenge of mobilization of potential counter-hegemonic consciousness and action remains. In order to be more concrete about this, Kerswell (2011) reminds us about the 'global commodity chains', which constrain the ability of workers to consciously develop local or global alliances.

We subsequently make a short introduction to work and education in basic and social health care in Finland and the East-African regions of Tanzania and Uganda. We describe the context where negotiations about their education take place and discuss the options they have to participate in defining their work through educational reform. Discussions are related to occupational, educational and cultural factors, which are presumably relevant for understanding and changing existing practices in basic social and health care, both locally and in the global division of labour.

Basic social and health care work in Finland, Tanzania and Uganda

In Finland, the social welfare and health care acts oblige municipalities to organize common and special social and health care services to all citizens. The basic social and health care workers commonly known as *practical nurses* work in public, private and third sector (Non-Governmental Organisations). Currently, 70 % of practical nurses work in the public sector and 91% of all the practitioners are female. The employment rate, a total of 85 %, is higher than any other occupation in Finland (Superliitto, 2014). Practical nurses' work is rehabilitative, educative and caring. Their aim is to promote health, prevent problems and provide rehabilitation for the clients in social and health care services. Workers in basic social and health care consider themselves needed because they are "close to other people and usually our task is to be 'voice' for the weakest people in our society" (Female 1985, Lyamba et al 2015).

Typical social work settings for practical nurses are early childhood education in kindergarten or family-setting, child welfare units, disability and mental health units, home care and institutional units for the elderly. For health care settings, there are wards, clinics, health care centres, dental care, emergency departments and home care. 65% of the qualified practical nurses work in social

services while 35% serve in health care (Superliitto 2014; 2016). The practical nurses themselves consider requirements for basic social and health care to include “basic knowledge, instruction skills, aseptic skills, skills of using different kinds of care instruments, rehabilitative skills, positive attitude towards every day, flexibility, acceptance of differences, respect for other people, encouragement of others and ability to throw oneself into 'situations' in work” (Lyamba et al 2015).

In Uganda and Tanzania, there are some categories of basic social and health care services. Formal qualifications are a pre-requisite for only in the case of ‘nurses in hospitals and health centres’. They provide health care services such as health assessments, teaching about diseases and treatment, dressing changes, wound care, management, medication reconciliation, reports and administration. One becomes a nurse upon acquiring competence-based qualification of one, three or four years’ of a general nurses training course. The entry qualification for the course is the Ordinary Secondary School Leavers’ Certificate with passes in science subjects, especially biology. The nurses are largely employed by the Ministry of Health, private health centres and medical stores.

Other categories of basic social and health care workers are recruited regardless of their educational background. They are generally domestic workers, working for private employers or families, and trained on the job. Basic social and health care workers have different names, such as ‘house helps’, ‘house maids’, ‘house girls or boys’ and ‘house assistants’ both in Tanzania and Uganda. Most of them are young girls between 16 and 25 years because in the East-African societies, domestic chores are primarily done by women while young boys are employed mostly by families engaged in activities such as poultry and animal keeping. The services offered by the indoor house maids in Uganda and Tanzania include “babysitting, cooking, washing clothes, buying groceries, housekeeping or caretaking, washing cars, attending to the sick and the aged, taking the children to and fetching them from school” (Tanzanian female University Teacher, June 2015). Recently in Tanzania, also energetic old women have been employed as house helps, but usually they undertake the activities during the day and return to their families in the evening.

In Tanzania, the job description of domestic workers varies from one household to another depending on the initial agreement and nature of the household. Some are permanently staying in the household and some come to the house in the morning and leave in the evening after finishing prescribed tasks. For the workers who are staying with their employers in the house, they do

perform the prescribed tasks according to the context as well as any other emerging tasks at any time. For the workers who are not permanently staying with the employers, they are usually responsible for prescribed tasks during the day, then they go back to their homesteads after wards. In rare cases the employer can direct the house help to seek help from other family members, especially younger girls and boys. However, there are variations in the nature of tasks and activities in different households and to different employers. If the family is engaging in peasant agriculture, a worker may be obliged to join in agriculture or animal keeping. If the household is family with little children, the domestic worker may be obliged to babysit as well as to do cleaning, washing and cooking.

In Uganda, the term 'domestic engineer' is a recent invention coined for domestic workers by youth elites to acknowledge the "technical" and "professional" services they render to their clients. Ikiriza (2014) mentioned that "they do duties that their employers are unable to do for themselves in distinguished ways." Relatedly, Lubale (personal communication, October 13, 2015) observed that "although some people think that domestic work is uncomplicated, it still remains real work just like other jobs. This work can be physically, emotionally, socially and psychologically challenging. This type of work demands long hours, from preparing children to go to school in the morning to finishing up when all others have gone to their beds. A domestic worker brings skills and experience into the home of her employer." These excerpts connote that the work of house helps is specialized and valued by the clients and can be done only by persons of their calibre and training.

Ownership of basic social and health care education

In Finland social and health care work is strongly defined through education. The basic social and health care qualification for a 'practical nurse' is an upper secondary qualification which can be accomplished in vocational colleges or in vocational adult education institutes. It was developed in 1993 by merging previously separate lower social and health care qualifications. (Järvinen 1993.) At polytechnic and university levels, social and health care is divided into different qualifications. Polytechnics offer bachelor level qualifications in social services and nursing, as well as a few master level degrees in social services and in health sciences. Universities offer Bachelors, Masters and Doctorates in social work and in health sciences.

Alongside the general reform of Finland's vocational education system, education for basic social and health care is competence-based. Steps towards this were taken since 1993 through the

performance-based qualification system for adults. The current reform builds on recommendations from the European Union for the member states in 2008, to use European Qualification Framework for lifelong learning (EQF) in their education systems. According to EU this would enable compatibility of vocational qualifications between European countries and therefore increase workers' mobility between European countries and facilitate their lifelong learning (European Commission 2008, 3). Finnish National Board of Education (FNBE) considers competence-based education as one solution for responding to the changing needs of the working life and educating labour force with market relevant skills (FNBE 2015, 7).

Jesse Sjelvgren used subjective-centred socio-cultural approach (Eteläpelto et al 2013) for studying agency in the process of development of curriculum for practical nurses in Tampere Region Vocational College in 2015. At the end of the planning phase of the Curriculum Development (CD) process, six teachers (planners) and three program coordinators were interviewed. The study focused on the relation between structural – societal, communal and social – causes and participants´ agency, from the side of the individuals (Moilanen 1999, 98). In Finland, vocational institutes form their own curriculum on the basis of the national core curriculum. It should be developed in cooperation with work-life representatives to ensure that actors in the field can influence the education of the future workers (FNBE 2013). However, study findings indicated the opposite. Cooperation between teachers and work-life representatives, such as the vocational advisory board, was very limited or absent. In practice, the board´s role was to approve the final version of the curriculum. While teachers who worked as curriculum planners did not have time to cooperate with the practitioners, they trusted their previous experiences from the field, such as from supervision of students' on-the-job-learning periods (Sjelvgren 2016).

The study showed that teachers have much space for their own agency in the process. This enabled teachers to develop psychological ownership towards their planning work, and feel that the planned content was their own. Psychological ownership is formed through being in control, intimately knowing the target and investing the self into the target (cf. Pierce et al. 2001). Since the planning was not strictly guided, teachers had wide possibilities to interpret the core curriculum and use their own agency in the process. The content of the curriculum was linked to their professional expertise and experience from the field and intertwined to their identity and previous knowledge. However,

when coordinators made modifications to these contents, teachers resisted the changes because they felt that the ownership of their work was being threatened. In light of these events, teachers acted as gate-keepers on what content was important in the curriculum and what kind of needs working life would have. However, due to teachers' powerful agency in the process, practitioners' experiences and voices are marginally heard and recognized in the development of their education. This signifies imbalanced power relations between educators and practitioners. It is reasonable to ask, should practitioners be empowered and therefore have more influence on developing their education?

The findings correspond to the Vocational education and culture-course interviews of local Finnish practical nurses who highlighted the importance of practical training and practical knowledge over theoretical knowledge in their education and practice.

> There is much inequality in competence-based qualification. This means that the evaluation made by workers (work-place instructors) in on-the-job-learning places is very different when different students apply to show their skills in practice. Different things affect students' evaluation (how they like the person etc.) There are also difficulties in showing how students can show that they have learned theoretical knowledge (this is required in their vocational skills demonstration) and how they can use it in practice. It also feels that there is a pressure to increase the number of practical nurses which lowers the standard required for this work. Present education should be more compact, without too much theory and I would like to increase the amount of practical learning (on-the-job-learning + practical skills). (Female 1985, Lyamba et al 2015).

They felt that the skills and theories they were taught in the vocational institute did not match with the skills they needed in their daily work. While vocational competencies should be based on the real needs of the occupation, it remains unclear who are the right persons to determine those needs?

In East-Africa, education for social and health care is not considered as vocational. Furthermore, education and certification of qualifications is only required from domestic workers who serve as home nurses. The other categories of domestic workers join the occupation without any certified formal qualifications or education. They learn their jobs through the informal training they receive from the employer and earlier socialization in their homes or work places. House helps who master the competences required for their work receive no certification but may receive a salary increment upon the employers' discretion.

The absence of certified qualifications in basic social and health care work disadvantages both the employers and the employees in various ways. On the one hand, in some instances, employers receive substandard work from unqualified house helps. The Head of Tanzanian National Resource Centre of Vocational Education and Training Authority supported this observation when he said: "there is no service satisfaction because they make many mistakes as their initial service delivery is so wanting while they learn on the job at your expense and some of them never learn" (Maro, personal communication, June 2015).

On the other hand, house helps are exploited by the employers based on a widely upheld view that domestic workers do not have certified qualifications. Arinaitwe (personal communication, October 20, 2015) noted that "employers feel it is okay to pay them anything, and they too have no bargaining power because they have no educational papers – the education they have was not paid for with tuition fees like the formal one, 'so why are you demanding for so much'… some employers have been known to argue like that".

Basic social and health care work in the orders of occupations and economy

Finnish context

In Finland, social and health care work is traditionally considered indispensable for the functioning of the economy and industries. It is financed through state and municipal taxes, insurance payments and employer or customer fees, and organized by municipalities in public, private or third sector organizations (NGOs). Practical nurses are mobilized into their own union (Super): the level of unionization is very high and they have a collective labour agreement on salaries and work conditions. The basic salary is under Finnish average, but because of shift, night and weekend work, their hourly wages may increase by 25-100%.

As indicated earlier, despite collective labour agreements practical nurses have minor opportunities to decide on education and development of their own occupation, on how their work is organized at societal level, which skills or competencies should be valued and how they should be practiced. The teachers of social or health care dominate the CD process, although their professional paradigm on necessary skills and competences differs from that of practical nurses. According to the Finnish National Board of Education (2015, 7) one reason for the delay in adoption of competence-based curriculum is the clinging of teachers to their science-based or subject-oriented profile, which may lead to resistance towards the reform. Although practical nurse qualification was established from separate basic social and health care qualifications in 1993, in polytechnics and universities the

fields still have separate scientific basis, studies and professional aims. The study (Sjelvgren 2016) shows that the boundaries between social and health care in practical nurse qualification may not be transcended yet, because of the division among the teachers. For students the contest of paradigms shows as contents which are not relevant to occupational practice: “I think in practical nurse education there should be less learning of moral values and more time focused on teaching practical skills” (Female 1991, Lyamba et al 2015).

While their work is so regulated through legislation, labour contracts, qualification control, salaries and requirements on work-conditions, most practitioners and educators hardly reflect on these controversies, especially while ageing population and rising standards of living increases rapidly employment in social and health care. However, the latest concerns among different social and health care professionals are about participation – through unions - in the current reforms in social and health care. For several years, leading politicians – both conservatives and the social democrats - have aimed at improving efficiency of basic social and health care through centralization, creation of large units, opening up services to trans-national markets, and – what is relevant here – lowering the occupational standards for distinctive social or health care qualifications. (cf. Kalliomaa-Puha et al 2016.) Alongside with social and health care reforms, the government continues reforms in vocational education, challenging previous funding criteria, diversifying increasing workplace learning. (Grahn-Laasonen 2016, 34.) Both changes demand educators and practitioners in basic social and health care to find new ways to practice their agency and to negotiate their different paradigms of basic social and health care education.

Tanzanian and Ugandan context

In Uganda, the Employment Act (2006) states that there is no permit requirement for one to recruit a domestic servant for employment. Beyond this there is no other specific provision in the Constitution or in the labour laws regarding domestic workers. A similar scenario prevails in Tanzania. Consequently, the recruitment of basic social and health care workers in the South is privately and informally transacted in the following ways:

Direct negotiation with parents/guardians. Employers usually pick relatives as house helps from their homes after seeking their parents’ or guardian’s consent to employ them.

Go-between business agents (Recruitment bureaus): The bureaus outsource house helps from both rural and urban areas and link them to customers/employers at a fee. This is an increasing phenomenon in Kampala where the recruited house helps and their employers both need to pay the Recruitment bureau for networking them.

Advertisements: In Uganda, individual house helps and Recruitment bureaus are increasingly using advertising services. Also in big cities such as Dar-es-alaam, bloggers are use blogs or informal street companies to advertise posts of house helps. They act like middle persons for employers to get a house help as indicated in Advertising Dar (2016). Some adverts describe different house helps needed as follows:
"35 year old female is looking for a job as a housekeeper, maid, babysitter or office cleaner. I have 8 years working experience and I am fluent in English and Kiswahili. I am also willing to learn to prepare meals. Kindly call Ester 0716148583." Another post read; "I am 38 year old female. Looking for a job as a housekeeper, maid, babysitter or office cleaner. I have 14 years working experience and fluent in English and Kiswahili. Call Martha on 0783008225." A similar post was written that, "I am 28 year old female looking for a job as a housekeeper, maid, babysitter or office cleaner. I have 4 years working experience and fluent in Kiswahili. Call Fellen 0685743726."

Sometimes house helps use to walk around the street to look for jobs themselves. In many cases these encounter difficulties because some employers are afraid to hire them, because they do not know where they are coming from. If employed, some employers end up mistreating or harming them, believing that since it was the employees who needed the job they have to tolerate any kind of treatment exposed to them by their respective employer. In this case, it was just a favour for them to be employed. Employers tend to pretend that they were not in need of them, but they just decide to employ them. However, in some situations, employers take this as an opportunity to get a house help with no cost, because at times it may require that the employer sends bus fare and small subsistence money to facilitate the trip from home to the employer. A slight difference is among domestic workers who are recruited to go abroad as migrant domestic workers especially in Arab countries. Apart from the previous ways of recruitment, migrant domestic workers may be recruited through Tanzania Agency for Employment Services, under the Ministry of Works, Labour and Employment (ILO 2014).

In response to the International Labour Organisation convention (ILO 2014), which Tanzania among other countries ratified in 2013, the government proposed a minimum salary of 60,000 Tshs for the house helps. However, there is no follow up of the proposed payment, and employers pay 30,000 - 50,000 Tshs or even less, depending on their agreement and the nature of tasks. Salary scale is a challenge, since some families pay in kind, with promises like taking them to school for further education or being given capital to start business over time. This depends on the age and decision of the house help's parents for minors. Some parents can even force the child to send the

salary to them as payback of the work done by their child. In this way, they use their children as a labour force for capital gains. However, the payment rates by employers such as diplomats and experts working in different institutions are slightly higher, ranging between 90,000 and 200,000 Tshs (ILO 2014). In Uganda there is no fixed wage for a domestic worker and it depends on what the employer is willing to pay or the domestic worker is willing to accept. Consequently, the employer can set a very small pay for a worker, since there is no legal obligation.

Although domestic work is not regulated in Uganda and Tanzania, employees can report, like any other employee, to the District Labour Officer, who will call the employer to settle the matter. If the complaint is not resolved, it may be brought to the attention of the Labour Commissioner. In the cases of Tanzania, a house help may reach the social welfare office within the local area to complain against any form of mistreatment that cannot be tolerated. Furthermore, basic social and health care workers do not have employment contracts. Therefore, when they enter the labour market, they usually do not know their rights. The absence of employment contracts makes it easier for employers to terminate domestic staff at will without any notification. This is one of the reasons domestic staff do not have job security at their places of work. Such labour rights as annual leave and social security is still a huge challenge in the South. A recent study indicated that 70% of domestic workers in Tanzania have never been given chance to go for their annual leave (ILO 2014). In many cases, when the family goes for a holiday, a domestic worker is required to remain at home for security purposes. In addition, even though the laws in Uganda and Tanzania generally recognise a notice period for termination of services, domestic workers hardly receive it from their employers and vice versa. This is because it has been abused by the workers in a manner that disadvantages employers. Once served with a notice period, some domestic workers have been known to steal from their employers, become in-disciplined, abandon the job and begin to render poor quality services.

While domestic workers in East-Africa have no collective representative such as the union for practical nurses in Finland, their bargaining power depends on the value which individual employers attach to their services. The work is sometimes so valuable that employers are willing to put up with their limitations than dispense them off. Imoit (personal communication, October 21, 2015) mentioned that;

> I have children… though I have always been sceptical about the conduct of domestic staff towards children, especially with the recent trend where some of them molest and abuse kids in the absence of the parents, I can't

> resist having one. I have decided to get one. The pressure from my place of work became too much and I became unable to bear the responsibility of giving my children the moral support they need…. I developed a means of relating with my house maid so that she would treat my children well… I buy clothes for her once in a while and I give her 'tips'… so far it has worked she takes care of my home and children properly when I am not around.

Agunyo (personal communication, June, 13, 2015) observed that "Employees may do away with a relative who is at loggerheads with a distinguished house help within a home." Acen (personal communication, October 22, 2015) concludes that some employees are even willing to employ and accommodate female house helps in their homes with pregnancies or children. Due to good behaviour and hard work, some house helps have pleased their employers and get opportunity to go to schools for academic education or vocational courses paid by their employers, employers give them property at their death, or sponsor their children and relatives' education. Some house helps start small businesses after accumulating enough money and start their own successful family life (Tanzanian University Teacher, personal communication, June 2015).

Comparative remarks

In their reflections the participants of the ReWell project assumed that in both locations, the traditional patterns of generational socialization are eroding and the familial solutions cannot provide qualified basic social and health care. In Finland, the reduction of the universalist, impersonal and public welfare, in the absence of familial patterns of care, is threatening the personal agency and citizenship of both providers and consumers of social and health care. In East-Africa, economization of care relations may threaten indigenous forms of life without systems of public recognition and protection. In the Table 1, a provisory comparison is suggested between agency in basic social and health care work, which is assumed to contribute to agency of individuals and collectives in the wider context of civic and occupational life.

Table 1. Comparing agency in basic social and health care between Finland and East-Africa

Finland	East-Africa
Union of practical nurses, bargaining power. Societal recognition and occupationalization of basic social and health care work. An important part of vocational education. Public, formal (legally controlled) responsibility and maintenance of occupation and education by taxes, i.e. universalist social security: economic and social independence of individuals from informal (family, relatives) structures and networks. Formal, monetary, impersonal social relations: vulnerability during reduction/deregulation of social and health services. Participation in CD processes at national, representative level, but HE graduates of social and health care dominate, especially at regional level as teachers, administrators and work-life representatives.	No mobilization of either employers or employees in basic social and health care, despite dissatisfaction. No formal recognition as certificates, tariff agreements, salary scales, labour contracts. Not part of "vocational education and training." Informally recognized: flexible adaptation among families, kinships and local communities to external economic and employment change and to informal division of work, to social and economic status between women. Private, non-monetary economic sphere – marginal public (tax-based) system for welfare. Socialization into house help work is controlled by families/kinship, employees, and employers. Informal, sex-based division of health and social care is (also) an aspect of 'indigenous' ways to make a living, related to social and ethical values.

The apparent differences between the global North and the global South might still be functional for the global commodity chains, where local cultural particularities support the dominant geo-economic and political order, and promotes the competitiveness of local and national industries. (Kerswell 2011; Moisio et al 2013.) This includes subsumption or exploitation of traditional moral and religious practices for justification of division of work between and among sexes, whether it takes place in an occupationalized and monetized form as is the case in Finland or unstructured as in East Africa. (Narotzky 1997.) Furthermore, different solutions may provide social and physical compensation in front of global economic imperatives, but they also indicate differences in the 'agency of regions' or countries in geo-economic competition.

On the surface, organization and practices in basic social health care work and education in Finland and East-Africa seem as if they would represent different planets: the one based on public and collectiveness, the other on familial and individual responsibility and recognition. On the other hand, the current policies in Finland supporting initiatives in the private sector, and proposed in the

ReWell project for East-Africa, are strikingly similar. In the global North, globalization is used as a justification for reducing public responsibility, for promoting private provision and individual responsibility. In the global South, the lack of tradition and trust in public solutions and the growth of a wealthy middle-class justify the focus on private, individualized basic social and health care, hopefully leading to public, collective systems, guaranteed by legislation. In the hegemonic geo-economic and geopolitical agendas, places and people are valued differently depending on their capacities to operate in markets. Therefore, the social and health care policies in Finland support the creation of commercially efficient urban metropoles integrated to trans-national ´social and health commodity chains´, however still building on public funding and regulations. In East-Africa the lack of public infrastructure and funding, in connection to corruption in governance and massive poverty, seems to justify hopes for more universal care through markets. (Moisio et al 2013).

Concluding remarks

The practical nurse in Finland and the house help or domestic worker in East Africa might be called hybrid occupations, which are exemplary for global change in social and health care work. The first is an outcome of socio-political decision, where education is used for creation of a new occupation to bridge traditional division between social and health care work. This relates to long-term policy of improving vocational education through upgrading vocational teachers to higher education graduates, who do not represent the occupation of the students, and rather identify with their own educational and occupational background either in social or in health care. In this context, development of competence-based curriculum sounds paradoxical, while it should not reproduce previous occupational profiles any more. The second hybrid seems to be an extremely flexible reaction to diverse demands of labour markets and welfare needs, which are weakly regulated or publicly controlled. The lack of recognition and formal qualifications makes it almost impossible for workers to have agency and ownership of their occupation.

It is high time for public and private vocational education colleges in East-Africa to think about special courses for home nurses or house helps to expose them to various skills, knowledge about their rights and contracts. The social ties and needs are rapidly changing in Tanzanian and Ugandan societies. There are several homes full of old men and women who need help and support. In many cases, religious institutions are taking care of them with the support of informally educated helpers. Even with the affluent families in the society, it has almost become impossible for them to stay and survive without a house help because everyone is either studying or working in a public, private or self-employed job. They need someone to help children, disabled or elderly people in the house.

Formal education is believed to be the weapon for their work to be recognized by relevant authorities and the entire community may change the current attitudes towards them.

Basic social and health care is indispensable for the general wellbeing, safety and democracy in any community and requires collective political decisions and solutions. Public authorities, such as ministries of social welfare, work, labour and employment and labour organizations should commit to international guidelines and conventions to guarantee equal rights to wellbeing. Governments should enforce all regulations and legal structure to enhance the status and rights of workers in basic social and health care. They should implement training policies and vocational education institutions for basic and social health care, fixed salary scales and laws against persons who employ minors as domestic workers. It may not be, however, possible or rational only to wait for policy-makers and public authorities to solve the challenges in the global South. Wealthy families may have more concerns about quality and willingness to pay for qualified basic social and health care providers. Educational institutes may be freer to develop programmes and qualifications for them.

Even in the global North, it is questionable whether current reforms are increasing the ownership and agency of practitioners in developing social and health care, when trans-national businesses can increasingly dictate its aims and content. The agency of practitioners in CD processes relates to their agency in wider society and labour markets. The practical nurses in Finland are highly and collectively organized, but how far are global labour associations interested in extending similar strategies and practices to opposite end of ‘global commodity chains’, although this would benefit some of the most vulnerable workers in the global division of labour? A step forward could be borrowing of some practices in the North, such as establishing a union, as a strategy for improving workers´ agency in basic social and health care.

What is the agency of educational institutions and actors, beside citizens, public authorities and workers themselves, in developing basic social and health care? One alternative could be to develop collaboration and dialogue between universities and teacher education institutes with practitioners, unions and policy-makers. Educators are key actors in raising continuous awareness among workers about their rights and responsibilities and among employers – whether private or public – to enable decent conditions for work.

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