

Lifelong Education, Social Inequality and the COVID-19 Health Pandemic

What can lifelong education researchers learn from the COVID-19 pandemic? There are, of course, 'quick' lessons: societies, for instance, clearly learn from experience. East Asian societies, and governments, learned from SARS, and the devastating effect it had in cities such as Guangzhou, Hong Kong, and Beijing in 2003 (Abraham, 2004). Of course there was the general lesson that a new coronavirus should not be taken lightly: no doubt there was also a lot of deeper and more detailed knowledge developed within institutions – hospitals, emergency services, schools and the like – about how to handle such situations. In this editorial, however, we want to reflect a little more widely on what light the pandemic shines on longstanding problems in lifelong education.

Half a century ago, Ragnar Frisch and Jan Tinbergen were awarded the inaugural Nobel Prize for economics in recognition of their work developing dynamic models for the analysis of economic processes. Tinbergen in particular (e.g. 1975) wrote of how economic inequality could be understood as inevitably arising from the race between education (in its role as supplier of skilled labour) and technology (and the commensurate demand for that skilled labour to utilise it). As Heijdra and ter Weel (2019) suggested, labour market demand since the 1970s in particular is characterised by technological developments favouring high skilled workers significantly over their lower skilled peers. This leads, they argue, to an ever-increasing wage premium as measured through economic returns for any extra years spent in formal education.

On a macro level this phenomenon is witnessed across most if not all societies - although some sociologists have disputed the contingent nature of any 'graduate premium' in developed countries (see Bathmaker *et al.*, (2013) for a summary of these arguments). We have explored in previous editorials (Waller *et al.*, 2014; 2015) how access to better rewarded high skilled work is often itself skewed by prior social inequalities in a given society. And when we consider this on an international scale with comparisons between societies, the picture becomes bleaker still for those starting from a position of economic and social disadvantage, given their reduced access to scarce educational resources. The consequence of this is what Heijdra and ter Weel (2019: 215) suggest is the situation whereby 'supply is not able to catch up with demand, leading to higher levels of wage inequality in many countries', and, we could argue, between countries as well.

Whilst education, technology and employment opportunities and the economic and social inequalities these can lead to are inevitably enmeshed together, how is this dynamic affected by the current COVID-19 global health pandemic? Starting in Wuhan, China, and thought to have been transmitted from animals in a live food market, the first recorded cases are currently thought to have occurred in November 2019. The virus has since spread world-wide, and with this crisis occurring just over a decade since the global recession that began with the international banking crashes of 2008, the virus has brought pre-existing inequalities into sharper relief.

According to the World Health Organisation (WHO), at the time of writing this editorial, whilst the outbreaks have seemingly peaked in much of Australasia, Asia and Europe, incidents of COVID-19 are still on the increase in many places (e.g. the Americas and Africa); there are already nearly nine million recorded cases, and almost half a million recorded deaths. These startling figures are, if anything, likely to underestimate the true position. Given the intense pressures on political leaders world-wide to tackle the virus, it is probably a fair assumption that the actual figures of those infected and/or killed by the virus are higher rather than lower than those reported to the WHO.

Infection rates and deaths seem to be higher amongst the economically disadvantaged in every society too, due in part to their less favourable and often cramped living conditions, and the type of work they do. Those people in 'front-line' roles working directly with the public less able to socially isolate or otherwise distance themselves from others at risk of transmitting the virus. In many developed nations including the UK, the US and much of Western Europe, infection rates and deaths are significantly higher amongst people from Black and Minority Ethnic backgrounds as well. Whilst these groups are often over-represented in front-line services in these societies, including the best educated and highest paid health care staff, they are also more likely to be working in far lower paid health care, retail and low grade service sector roles, for instance in public transport, cleaners, security guards and driving taxis. Workers doing such jobs, are generally those with the fewest education qualifications, and they experience increased exposure to large numbers of people and perhaps less opportunity to claim sick pay or other social benefits given the frequently more precarious nature of their work.

The additional 'cost' to these disadvantaged communities, such as potential serious illness and death, compound the economic insecurity and restricted access to scarce resources such as formal education, further compounding social inequalities.

What could the international community and individual societies have done to anticipate this crisis, and to mitigate its effects? Public health and other experts have been predicting the likelihood of an influenza virus or other public health crisis for decades. The WHO (2010) defined such a pandemic as occurring 'when a new influenza virus emerges and spreads around the world, and most people do not have immunity. Viruses that have caused past pandemics typically originated from animal influenza viruses'. And their website currently includes a list of 20 pandemic or epidemic diseases, including SARS, Lassa fever, Zika virus and Ebola, so whilst COVID-19 is a new form of deadly virus, it is not unique in terms of its ability to devastate economies, communities and the lives of individuals.

As educationalists, and those interested in lifelong education at that, what could our contribution to tackling such outbreaks be? Bodies such as the WHO (2017) and authors such as Taylor (2019) have previously highlighted the potential role for education in preparing for the 'inevitable' next outbreak of a pandemic virus – through the influencing of behaviour. In this journal we have previously published work looking at emergency preparedness as a form of public pedagogy (e.g. Preston *et al.*, 2011). Preston *et al.*'s article referred to how a wide range of materials are used in public preparedness for emergencies '...including not just leaflets and public information films but also family learning activities, community learning activities, interactive websites and audio and video materials' (2011: 750). For the authors these educational materials

'...are both lifelong (aimed at all ages, from young people to older citizens) and life-wide pedagogies (aimed at communities, businesses and the public sector) which can be conceived to be part of lifelong learning (being socio-culturally embedded) rather than lifelong education (Billett, 2010)' (2011: 750).

As educators we can contribute our skills and expertise to benefit our own academic communities, the education of our own students, and the wider public too; we have been doing so by moving classes online, meeting virtually rather than face-to-face, and organising new online programmes. However, the expectation that we can readily do so, and that we, our students and potential students will all enjoy access to the necessary resources (including time) to facilitate their full engagement ignores social and economic inequalities arising in part from the application of technology (as suggested above).

We also suggest that as people in relatively privileged positions and with access to a potential audience we also have a duty to highlight the social and economic inequalities this crisis has exacerbated, whether it is amongst the economically disadvantaged, the old and/or already socially isolated, or those from minority ethnic or other underprivileged communities. The article by Preston *et al.* (2011) did just this, using critical race theory in highlighting the 'the absent–presence of race' in the policy discourses for public preparedness for health and other emergency planning.

Hopefully the world will be emerging from this public health crisis as 2020 draws on, leaving us to face a significant new challenge of social and economic 'reconstruction'. In part, no doubt, we shall rebuild some of what has been lost. There may however be benefits from the enforced lockdown that we wish to keep – the move to online learning is replete with emancipatory possibilities assuming everyone has access to the necessary resources to participate, and that the costs of programmes are within reach of all. The environment has benefitted from reduced economic activity and travel, and many people have had time for deep reflection, and to recalibrate their work/life balance - potentially improving their mental health in the longer term (Waller *et al.*, 2018) whilst overcoming significant challenges in that area in the short term.

As we have argued previously in these editorials, lifelong education must be viewed again as a public rather than a private good, beneficial to the economy and wider society and funded by states rather than individuals accordingly. The decision as to who will fund the changes most of us desire is one for us to feed into locally and nationally. If spending on lifelong education is viewed as an opportunity to contribute to re-booting our battered economies, and as an investment in the future of our societies, communities and individual lives, then surely that's worth all societies putting money into?

Richard Waller,
Steven Hodge,
John Holford,
Marcella Milana
Sue Webb

References

Abraham, T. (2004). *Twenty-First Century Plague: The Story of SARS*. Hong Kong: Hong Kong University Press.

Bathmaker, A-M., Ingram, N. and Waller, R. (2013) Higher education, social class and the mobilisation of capitals: recognising and playing the game, *British Journal of Sociology of Education* 34 (5/6) pp.723-743

Beck, U. (1992) *Risk Society: Towards a New Modernity* London : Sage

Billett, S. (2010) The perils of confusing lifelong learning with lifelong education *International Journal of Lifelong Education*, 29(4), 401–413 in Preston, J., Avery, B., Chakrabarty, N. and Edmonds, C. (2011) Emergency preparedness as public pedagogy: the absent–presence of race in ‘Preparing for Emergencies’, *International Journal of Lifelong Education*, 30:6, 749-762

Giddens, A. (1990) *The Consequences of Modernity* Cambridge : Polity

Heijdra, B.J., ter Weel, B. (2019) Jan Tinbergen: Engineering a Better World. *De Economist* 167, 215–219 [<https://doi.org/10.1007/s10645-019-09348-8>]

Preston, J., Avery, B., Chakrabarty, N. and Edmonds, C. (2011) Emergency preparedness as public pedagogy: the absent–presence of race in ‘Preparing for Emergencies’, *International Journal of Lifelong Education*, 30:6, 749-762

Taylor, S. (2019) *The psychology of pandemics: preparing for the next global outbreak of infectious disease* Cambridge: Cambridge Scholars Publishing

Tinbergen, J. (1975) *Income distribution: Analysis and policies* New York: North-Holland Publishing Company

Waller, R., Holford, J., Jarvis, P., Milana, M. and Webb, S. (2014) Widening participation, social mobility and the role of universities in a globalized world, *International Journal of Lifelong Education* 33 (6), pp. 701-704

Waller, R., Holford, J., Jarvis, P., Milana, M. and Webb, S. (2015) Neo-liberalism and the shifting discourse of ‘educational fairness’, *International Journal of Lifelong Education* 34 (6), pp. 619-622

Waller, R., Hodge, S., Holford, J., Milana, M. and Webb, S. (2018) Adult education, mental health and mental wellbeing *International Journal of Lifelong Education* 37(4) pp.397-400

World Health Organisation (2010) *Emergencies preparedness, response – diseases* [https://www.who.int/csr/disease/swineflu/frequently_asked_questions/pandemic/en/] (accessed 22/06/2020)

World Health Organisation (2017) *A strategic framework for emergency preparedness* [<https://www.who.int/publications/i/item/a-strategic-framework-for-emergency-preparedness>] (accessed 22/06/2020)

World Health Organisation (2020) *Coronavirus disease (COVID-19) pandemic* [<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>] (accessed 22/06/2020)