DEFINING CARE: CONCEPTUALISATIONS AND PARTICULARITIES

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Further articles by Prof. Jayati Ghosh in this series:
→ The structure of care work and inequalities among care workers
→ Recognising and rewarding care work: the role of public policies

What are the activities that constitute care work and what is the care economy? This is a more complex question than may be supposed at first, partly because definitions of work are themselves not always clear-cut. Despite the essential nature of care activities, it is only relatively recently that care work has been recognised as such, that is, as productive work. One reason for this is that work has traditionally been seen as referring to those activities that fall within the production boundary framed by the UN System of National Accounts (SNA).[1] This has tended to exclude activities that produce goods and services for household consumption, so that a range of care services was automatically excluded. The nature of work and how to capture it in empirical data have been among the most complicated and debated issues in social sciences. Internationally accepted definitions of work and of economic activity have themselves changed over time. Most standard dictionaries define work as any 'activity involving mental or physical effort done in order to achieve a result'.[2]

Economic activities are typically defined in a more restrictive way, as actions that involve the production, distribution and consumption of goods and services at all levels within a society. Of course, this begs the further question of what constitutes 'goods and services'. Workers are seen as coterminous with economically active persons, and are those who are engaged in activities included within the boundary of production. This in turn includes (a) the production of all individual or collective goods or services that are supplied to units other than their producers, or intended to be so supplied, including the production of goods or services used up in the process of producing such goods or services; (b) the own-account production of all goods that are retained by their producers for their own final consumption or gross capital formation; (c) the own-account production of housing services by owner-occupiers and of domestic and personal services produced by employing paid domestic staff.[3] If this is taken to its logical conclusion, it should indeed include a very large range of human activity, especially once the second element of the production boundary is taken into consideration. Even so, some activities of social reproduction remain within an undefined and often shifting grey area, particularly the 'production' of children and the tasks associated with this.

1 The System of National Accounts (SNA) is the internationally agreed standard set of recommendations on how to compile measures of economic activity. The SNA describes a coherent, consistent and integrated set of macroeconomic accounts in the context of a set of internationally agreed concepts, definitions, classifications and accounting rules. Source: https://unstats.un.org/unsd/nationalaccount/sna.asp.

2 This formulation is from Judy Pearsall (ed.): *The Concise Oxford Dictionary.* Tenth edition. Oxford, Oxford University Press, 1999, p. 1647.

3 OECD. 2002. *Measuring the Non-Observed Economy.* Paris.

The revised SNA of 2008 clarified the scope of the production boundary. 'Economic production may be defined as an activity carried out under the control and responsibility of an institutional unit that uses inputs of labour, capital, and goods and services to produce outputs of goods or services. There must be an institutional unit that assumes responsibility for the process of production and owns any resulting goods or knowledge-capturing products or is entitled to be paid, or otherwise compensated, for the change-effecting or margin services provided.'[1] But this only defines economic production in general: that to be used in the SNA is further restricted. So, activities undertaken by households that produce services for their own use are excluded from the concept of production in the SNA, except for services provided by owner-occupied dwellings and services produced by employing paid domestic staff.[2] This effectively implies the exclusion of most services produced by households for their own use. Recognising that this makes quite a big difference, the UN Statistical Commission was at pains to explain why they were so excluded. It was noted that this exclusion was related not to any conceptual belief that these are not economic activities (indeed it was accepted that they are), but rather the result of the perceived difficulties of estimating and imputing values to such services, which were seen to be 'self-contained' within the family. As a result, such activities, while recognised to be economic in nature, were excluded from the national accounts computations because of 'the relative isolation and independence of these activities from markets, the extreme difficulty of making economically meaningful estimates of their values, and the adverse effects it would have on the usefulness of the accounts for policy purposes and the analysis of markets and market disequilibria.'[3]

This exclusion does make sense from the point of view of deriving national accounts, since any estimates to impute values to such activities would not only lead to an inflation of the national product of poorer countries where there is more widespread reliance on unpaid labour, but also suggest that poorer households (where more of such activities are unpaid) are actually better off than is suggested by their monetary incomes, simply because their members are forced to take on more unpaid activities themselves. But on another conceptual plane, with reference to the assessment of work itself, this is surely unsatisfactory, indeed something of a statistical cop-out. Also, there have been unfortunate repercussions of this usage on important definitions used by other international institutions, particularly the concepts of work and gainful activity. The ILO for example had already chosen to define the economically active population as 'all persons of either sex who furnish the supply of labour for the production of economic goods and services *as defined by the United Nations systems of national accounts and balances* during a specified time-reference period.'[4] As long as the production boundary of SNA activities was reasonably broad-based and inclusive, this allowed a range of activities to be included, that is, all production and processing of primary products whether for the market, for barter or for own consumption, the production of all other goods and services for the market and, in the case of households which produce such goods and services for the market, the corresponding production for own consumption. However, when the production boundary itself was restricted in the SNA, the definition of economic activity also became more constrained as a result.

The ILO has for some time had a broader definition of work, when setting guidelines for national definitions of work for the purpose of data collection. In 1982, it argued that 'unpaid family workers at work should be considered as in self-employment, irrespective of the number of hours worked during the reference period. Countries which prefer for special reasons to set a minimum time criterion for the inclusion of unpaid family workers among the employed should identify and separately classify those who worked less than the prescribed time. Persons engaged in the production of economic goods *and services* for own and household consumption should be considered as in self-employment if such production comprises an important contribution to the total consumption of the household' (emphasis added). In theory, this should therefore allow the inclusion under self-employment of those involved in the tasks associated with household reproduction. However, even the ILO has tended to lump together categories like 'students' and 'pensioners' with 'homemakers' as 'mainly engaged in non-economic activities', which as we have seen is fundamentally problematic from a conceptual standpoint.

In a later consideration of informal employment, the ILO once again expanded its de facto definition of work.[5] Persons in informal employment were said to include not only employees holding an informal job in formal-sector

1 United Nations. 2009. *System of National Accounts*, 2008. New York: United Nations, pp. 97–98.

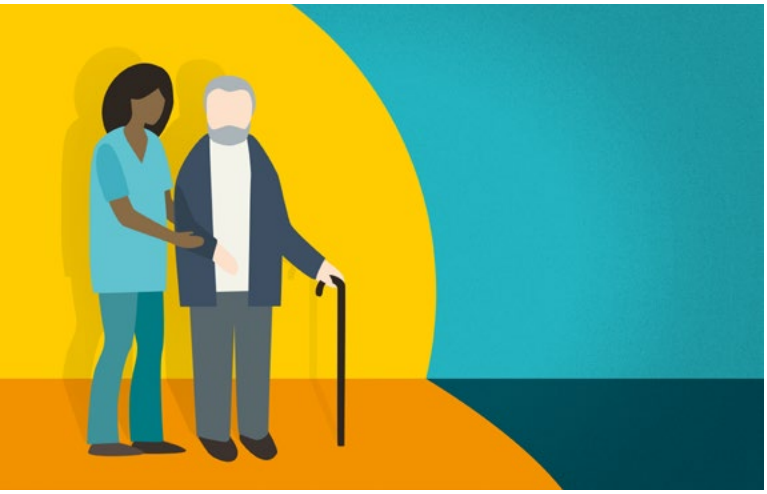
2 Ibid, p. 98.

3 Ibid, p. 99.

4 ILO. 1982. *Resolution concerning statistics of the economically active population, employment, unemployment and underemployment* (extract). Geneva: ILO (emphasis added).

5 ILO. 2013 [2012]. *Decent work indicators*. Geneva: ILO.

enterprises and contributing family workers in such enterprises, but also paid domestic workers employed by households in informal jobs; *and own-account workers engaged in production of goods exclusively for own final use by their household*. Once again services were not explicitly included, but with the dividing line between certain goods and services a rather fuzzy one, this left open the scope of including as workers those who contributed to household consumption in different ways. Further, the concept of 'unpaid helper in family enterprise' generated a further grey area of economic activity, as it is hard to say, for example in a peasant household in a dominantly rural economy, which specific activities are part of a household enterprise and which are oriented to self-consumption, and to treat only the first set of activities as 'work'.



The anomaly in terms of valuing economic output that this implied was most famously expressed by George Bernard Shaw's statement that if he married his housekeeper, national income would fall. But it indicated a fuzziness in the concepts of both income and work that still remains in both national income and employment data, since some forms of self-employment are seen as contributing to national income while others are excluded, for no particularly logical reason. For example, the activities associated with motherhood are typically seen as 'non-economic'. Yet many of the most essential of such activities can be outsourced, such as breastfeeding, delivered through the hiring of a wet nurse, which then makes it an economic activity, with the wet nurse engaged in paid work. An even more extreme but recently proliferating example is that of surrogate motherhood, in which a woman is paid to be impregnated, carry a child in her womb and go through childbirth, making all of these explicitly paid economic activities which, in turn, also contribute to national income to the extent of the remuneration received. Yet a woman who does this for her 'own' child rather than someone else's, and without monetary reward, is classified as 'not in the labour force' in most if not all national statistical systems – and indeed, the very notion of 'maternity leave' from paid work suggests that the mother is in effect on some sort of holiday, rather than actively engaged in the work of producing and nurturing a child. In short, whether or not a given activity counts as productive depends primarily on its being 'delegated' and traded. All services produced for own account or in caring for other household members are thus discounted, just like leisure activities or self-care.[6]

Some of this contradiction was resolved by the 19th International Conference of Labour Statisticians (ICLS), which distinguished between work and employment and expanded the concept of work: 'Work comprises any activity performed by persons of any sex and age to produce goods or to provide services for use by others or for own use'.[7] The inclusion of the last phrase 'for use by others or for own use' provides the crucial difference, as it includes the production of goods and services performed in the home for other household members and for personal use. So work is now defined irrespective of its formal or informal character or the legality of the activity. It only excludes activities that do not involve producing goods or services (eg begging and stealing), self-care (eg personal grooming and hygiene) and activities that cannot be performed by another person on one's own behalf (eg sleeping, learning and activities for own recreation). The significance of this definition is that it maintains that productive work can be performed in any kind of economic unit, including the family or household. Employment – defined as 'work for pay or profit' – therefore becomes a subset of work. Figure 1 provides a graphical representation of this, which clarifies those forms of work that are seen as part of the SNA production boundary.

Care work is often considered to be confined to activities that involve 'looking after' someone else in a variety of ways.[9] This would then include all the activities

6 Florence Jany-Catrice and Dominique Méda. 2013. "Les nouvelles mesures des performances économiques et du progrès social. Le risque de l'économicisme", *Revue du MAUSS*, 41(1): 371–397.

7 ICLS. 2013. *Resolution concerning statistics of work, employment and labour underutilization*. Resolution I, 19th International Conference of Labour Statisticians, Geneva, 2–11 October. Geneva: ILO.

8 Ibid, p. 3.

9 See, for example, Michelle Budig, Paul England, and Nancy Folbre. 2002. "Wages of Virtue: The Relative Pay of Care Work", *Gender & Society*, 49(4): 455–473.

Figure 1: Forms of work and the System of National Accounts 2008

Intended destination of production	For own final use		For use by others					
Forms of work	Own-use production work		Employment (work for pay or profit	Unpaid trainee work	Other work activities*	Volunteer work		
	of services	of goods				in market and non-market units	in households producing	
							goods	services
Relation to 2008 SNA	Activities within the SNA production boundary							
	Activities inside the SNA General production boundary							

* Includes compulsory work performed without pay for others, not covered in the draft resolution.
Source: ICLS Resolution[11]

and relations involved in meeting the physical, psychological and emotional needs of dependent adults and children. The key term here is that of 'meeting needs' and therefore of dependence, which has typically been seen to interpret care work as looking after the young, the elderly, the sick, and the disabled or differently abled. However, healthy adults also need care of various types, and so a more inclusive definition that more accurately covers the entire care spectrum would cover all the activities involved in social reproduction, which also includes cooking, cleaning, provisioning for the household and a range of other domestic services.[10] The essence of care is that it is directed towards serving people and improving their well-being in different ways. Therefore, the key feature of care activities is that they are fundamentally *relational* and involve human interaction, even in cases where they appear to be more mediated by technology.

To arrive at a more precise definition of care work, consider the following. There are certain goods and services that are essential for human survival, or to improve the quality of human existence up to a certain minimum standard. Those who provide the services so required are engaged in direct care work, and those who enable such services to be provided are engaged in indirect care work. In addition, some of these needs can be met through the provision of infrastructure and amenities (such as electricity, piped gas and water), which obviously improves the quality of life of the recipient. Insofar as these are not provided, however, they must necessarily be provided within the household or by purchase, since human life would not be possible without fuel for cooking and water, for example. To the extent that these are delivered – either by household members or through market transactions – these also constitute care work, although such infrastructure or amenities per se are not part of the care economy. So care work refers to services that contribute directly to social reproduction, or indirectly substitute for the absence of external provision of basic infrastructure that is essential for human survival.

This broader definition of work that is now internationally accepted allows for a better and more comprehensive understanding of care work. Adapting and extending the typology provided by Folbre,[11] it is possible to define various categories of care work, which encompass both paid and unpaid care activities in direct and indirect forms.[12] Table 1 provides some examples of various types of care work, which are only a subset of the myriad activities that can constitute care. It is immediately evident that some of these activities shade into one another and the distinctions are often blurred. The very nature of care work is that it can encompass a wide variety of different activities, require multi-tasking and move across a paid/unpaid, home-/institution-based continuum, and incorporate many different levels of skill and training requirement.

10 Mignon Duffy. 2005. "Reproducing Labor Inequalities: Challenges for Feminists Conceptualizing Care at the Intersections of Gender, Race, and Class", *Gender & Society* 19(1): 66–82; Debbie Budlender. 2004. *Why should we care about unpaid care work?* Harare, Zimbabwe: UNIFEM Regional Office; Debbie Budlender. 2008. "The statistical evidence on care and non-care work across six countries", UNRISD Gender and Development Programme Paper No 4. Geneva: UN Research Institute for Social Development.

11 Nancy Folbre. 2006. "Measuring care: Gender, empowerment and the care economy", *Journal of Human Development*, 7(2), July: 183–199.

12 Unlike Folbre (2006), no distinction is made here between SNA and non-SNA activities within unpaid work. This is because the distinctions remain blurred (for example, SNA considers fetching wood and water to be within the production boundary, but does not include essential household services) and most national statistical systems still do not incorporate the broader SNA definitions of economic activities when estimating national income.

Figure 1: Types of care work with some examples

Provider/recipient	Nature of care work	Children	Elderly	Sick / differently abled	Healthy adults	Self
Unpaid work by household members within household and by volunteer workers in community	Direct	Childcare within families, including breastfeeding, feeding, bathing, cleaning, watching over, assisting with learning/education (homework), playing	Assistance with eating, bathing or moving around	Nursing, assisting mobility and daily functions	Counselling, listening	Seeking medical help, exercising
	Indirect	Growing food for own consumption, cooking, cleaning, laundry, providing other essential services like shopping for necessities, fetching and carrying fuelwood and water for household consumption				
Informal market work by paid workers	Direct	Feeding, bathing, cleaning, watching over, teaching	Assistance in daily functions and mobility, nursing	Nursing, therapy and other assistance in daily functions	Providing personal services	
	Indirect	Informal paid work for cooking, cleaning, laundry, providing other essential household services, procuring water or fuel, shopping for necessities				
Paid formal employment	Direct	Childcare providers, day care, paediatric workers, early-education workers	Geriatric services, family day care, old-age-home workers	Nurses, doctors, physio-therapists, other clinical and medical services	Therapists, counsellors, nutritionists	
	Indirect	Managers, administrators and other service providers (like clerical or sanitary services) in childcare, elderly care and daycare facilities, clinics, hospitals, nurseries and kindergartens, schools				

Clearly, the care economy is larger than the activities performed by care workers, because it includes the set of supporting activities (and occupations) that enable the provision of care. For example, the managers, accountants, technicians and office workers in a hospital or a health clinic are generally not themselves classified as care workers, but their work is integral to the provision of care in that hospital and they would therefore be part of the larger care economy. Similarly, those involved in the administration, maintenance and cleaning of nurseries are not seen as care workers but they too form part of the larger economy of care. Many service workers who would not perceive themselves as part of the care economy provide at least some services that are integral to the ultimate provision of care. Inevitably, there are grey areas in this categorisation. For example, are pharmacists (who store, preserve, compound and dispense medicinal products and counsel on the proper use and adverse effects of drugs and medicines) direct care workers because they deal directly with patients and counsel them on drug use, or are they indirect workers in the care economy who play a role similar to lab technicians conducting pathological tests? These are not easy distinctions and there are bound to be objections to either classification. Nonetheless, what is clear is that care workers form a subset of the total care economy, which makes the latter even harder to measure but nonetheless also more extensive.

CARE AS A RELATIONAL ACTIVITY

An important feature of care work is that, because of its relational nature and the associated flexibilities required of workers, even in its most 'unskilled' form, care work is never likely to be 'routine' and will generally require cognitive input and responses. So technology can never replace human engagement completely, even if it can assist in reducing the drudgery of some care activities and make others easier to perform more efficiently. In a context in which there is generalised fear of robots and automation increasingly replacing human workers in a range of manufacturing and service activities, this has important implications. Many care services necessarily require face-to-face relationships, and even if technologies can assist in these and make them more productive, the human element cannot be eliminated. For example, the use (and abuse) of new technologies, such as televi-

sion, video games and tablets, to stimulate learning in children and provide self-entertainment possibilities, is now widespread; yet it is also questioned by experts, who note that the substitution of direct human engagement with these technologically enabled substitutes may be problematic, especially for very young children. Similarly, it is well known that with regard to care for those with learning disabilities, or mental health problems, or the elderly with particular needs, that human interaction is all-important, and reducing it by trying to substitute machine-enabled treatment can have seriously adverse implications.

As Himmelweit has noted, '*[c]are is a personal service,* not just the production of a product that is separable from the person delivering it, but the *development of a relationship* which has implications for attempts to raise the productivity of care and deliver it more flexibly.'[13] This feature makes it fundamentally different from other economic activities. It also creates, as Folbre has perceptively noted,[14] a fundamental imbalance in bargaining power: because caregivers care *about* those whom they care *for*, they find it hard to withdraw such care or even threaten to do so, making it more likely that they will accept worse conditions of work.

The other aspect of care is that demand for care is hard to adjust and in some cases cannot be adjusted at all – and since it is relational in nature, this means that non-delivery of such care will result in actual detriment to the potential receiver rather than simply deferment or reduction of perceived wants. This is true both temporally and in terms of the nature of the care requirement. Infants necessarily require care for a significant duration of time, which cannot be shortened or postponed. For instance, the World Health Organization recommends exclusive breastfeeding up to six months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond.[15] Elderly people with mobility constraints or those with particular disabilities will require care and assistance in certain daily activities, which must be provided for them to carry on with their lives. The demand for care (in terms of the real need, rather than the monetary ability to purchase care) can in this sense be interpreted to be inelastic with respect to price; what will vary according to price and income is not the provision of care per se, but the wages and conditions under which it is provided.

All these relational aspects of care have several important implications. Most significantly, it means that the care economy broadly defined will continue to be an important source of employment-generation in the foreseeable future. Indeed, precisely because of this continuing relational nature, the care economy is likely to expand at a faster rate than many other economic activities. This aspect of future demand is explored in greater detail in Article 3 of this series, 'Recognising and rewarding care work: the role of public policies' (link to be added when available), but the positive point that emerges out of this is that fears of labour displacement caused by technological progress (which have become much more pronounced in recent years) need not be realised if social and economic arrangements are more directly designed to promote good-quality care work along with other creative activities.

KILL AND PRODUCTIVITY IN CARE WORK

Several features of care work require the interrogation of standard notions of labour productivity. First, because of the specific nature of care work, better quality care (whether in paid or unpaid forms) typically requires more intensive human input. So standard approaches based on puerile notions of labour productivity may not only be irrelevant for such activities, but even misleading and counterproductive. It should be obvious that 'good quality care, whether paid or unpaid, is very labour intensive'.[16] Himmelweit noted that the difficulty – if not impossibility – of increasing productivity of care workers without eroding the quality of the output is one of the distinctive features of care work.[17] Unlike many other activities, this is one sphere in which productivity cannot be raised significantly through mass production. Therefore, assessing improvements in care services or ascribing greater 'efficiency' to them, on the basis of criteria like numbers of people served per care worker, is not only wrong, but also often downright misleading. There may be some aspects of care delivery that can indeed be made more efficient and productive by reducing drudgery, difficulty and repetitiveness by substituting machine labour for human labour – and these should

13 Susan Himmelweit. 2008. "Rethinking gender, care and economic policies", Paper for UN Division for the Advancement of Women Expert Group Meeting, Geneva, 6–9 October.

14 Nancy Folbre. 2021. *The Rise and Decline of Patriarchal Systems*. London: Verso Books.

15 WHO. 2016. *Guideline updates on HIV and infant feeding*. Geneva.

16 Razavi, S. From Global Economic Crisis to the 'Other Crisis'. *Development* 52, 323–328 (2009).

17 Himmelweit, Susan. 2005b. "Can we afford (not) to care: Prospects and policy", London School of Economics Gender Institute Working Paper Series, Issue 15. London: LSE.

be welcomed. However, in general, productivity in care work cannot be measured in the standard ways beloved of economists and policy makers.

Second, this has implications for the work burden and its effects on quality of care. A nurse having to deal with many more patients will simply not be able to provide the same quality of care to all of them as with a smaller number of patients; early childhood learning is often closely related to the degree of attention a child receives from the caregiver/teacher; and so on. Indeed, there is now a large body of evidence that reinforces the importance of high staff-to-child ratios in early childhood education.[18]

Third, since caregiving also has emotional and psychological aspects, overwork of caregivers would not only reduce the quality of care but may even cause impatience or irritation or neglect on the part of the caregiver, thereby leading to harm for the recipient, whether the recipient is an infant or small child, or a frail elderly person, or a sick person or a differently abled person with special needs, or even a healthy adult with a specific care requirement. This means that it is in society's interest to ensure good conditions of care delivery in both paid and unpaid forms. Therefore, the current emphasis placed by policy makers in many countries, on cost-cutting and increasing productivity defined in terms of numbers of people served per caregiver, must be strongly critiqued.

Fourth, it is also evident that different care activities require different degrees of skill and prior knowledge. Some care workers, such as doctors, are indeed known to be highly skilled and require specific and often very advanced levels of qualifications. However, the skills and knowledge required for other kinds of care activities are often not adequately recognised. For example, to be done properly, early childhood education or geriatric care requires both training and quite specific skills, yet only in very few societies do those providing such care have access to appropriate training. This is particularly so because in most countries (especially in the developing world) so many of these services are performed in informal settings by unpaid or low-paid workers. This in turn means that – even when such services are provided – they are often provided with inadequate quality simply because those providing what should be skilled services have simply not been trained in the relevant skills. When the wages available to working women are low, sometimes lower than the cost of privatised childcare, the opportunity cost of work is correspondingly such as to encourage mothers to stay at home to provide childcare even when they may not have the requisite skills.

CARE, THE AFFECTIVE ELEMENT AND THE FEMINISATION OF CARE

There is another feature of care work that can make it qualitatively different from other kinds of work. While many kinds of work can create worker alienation, this need not always affect the output or outcome of the work. In the case of most care work, however, aside from the most routine tasks, there is a strong affective element and the interactional nature of the work means that human emotions and empathy play some role in affecting the quality and outcomes of such work. This has varied implications. Lack of recognition of this affective nature can lead to deterioration of quality, not only for reasons of overwork, but also if worker alienation is pronounced. Conversely, the affective or emotional element can also lead to greater self-exploitation of the worker, not only in unpaid care within families and communities, but also in some paid care work.

Much care work, especially of the unpaid variety, is actually delivered in the context of socio-cultural norms about familial duties, responsibilities and commitment. These are of course rooted in sentiment, but they also interact with patriarchal structures and values to create highly gendered divisions of care work in most societies. So a critical aspect of care work is its feminisation, in every country and society and through history. It has

18 Huntsman, L. 2008. *Determinants of quality in child care: A review of the research evidence.* Centre for Parenting and Research, NSW Department of Community Services; OECD. nd. *Encouraging Quality in Early Childhood Education and Care.* OECD Research Brief: Working Conditions Matter, available at www.oecd.org/education/school/49322250.pdf (accessed 15 April 2017).

been estimated that around 76.2 per cent of the total unpaid care work in the world is performed by women.[19] According to the Report of the UN Secretary General's High Level Panel on Gender Equality and Women's Economic Empowerment, 'data from 65 countries suggest that women spend 45 minutes more on average than men on paid and unpaid work every day, for almost six additional weeks of total work annually and 5.5 extra years over five decades.'[20]

The concentration of women in care activities has obvious effects on how care work is perceived, and the extent to which it is recognised and rewarded. It necessarily determines the degree to which women – who are thereby tasked with most care responsibilities – can engage in remunerative employment rather than unpaid care work. This in turn has an impact on the wages that women workers can command in the labour market, since they end up devoting more time to care work within families. This also generates a 'wage penalty' for non-care work for women accordingly. Grimshaw and Rubery found that globally, the motherhood pay gap increases as the number of children increases, with mothers of three or more children experiencing a significant wage penalty in paid work.[21] Developing countries show a higher unadjusted pay gap than developed countries, and in the former the gender of the child also matters, as daughters are more likely to assist in household tasks (care work) and therefore reduce the motherhood gap.

The World Bank found that across all countries, irrespective of their per capita income or degree of development, women bore the disproportionate burden of responsibility for housework and other care work, while 'market work' or employment was disproportionately available to men.[22] This was found to be an important factor driving segregation and the consequent earnings gaps. In addition, it meant that most women across all societies typically worked longer hours than men, whether or not they were recognised as doing so. Obviously, such patterns were found to be greatly accentuated for women after marriage and childbirth. Research by the ILO[23] has emphasised that even when women are employed, they still carry out the larger share of unpaid household and care work, which limits their capacity to increase their hours in paid, formal and wage and salaried work. As a result of their need to perform unpaid care work at home, women are more likely than men to work shorter hours in paid employment, whether voluntarily or against their choice, even as they work longer hours overall.

Where there is a large amount of unpaid work that is performed in a society, and where the bulk of that is performed by women, the participation of women in paid care services also tends to be much more disadvantaged. Since the unpaid labour performed by women in domestic care is not remunerated, and often not even recognised, it is easier for society in general to undervalue such work in general, whether it involves care of the young, the old and the sick or other forms of care activity. And this in turn leads to lower wages and worse working conditions, especially when many of the paid care workers involved in such activities are also women. The very existence of the continuum therefore affects not only the bargaining power of paid care workers, but also social attitudes to them and to their work, and indeed their own reservation wages and self-perceptions. It has been found that women are over-represented – especially in developed countries – in lower-paying sectors of health, domestic work, social work, education, wholesale-retail trade, and communication services, with very little change over time.[24] These dynamics are self-reinforcing: the lower status of women in society contributes to low social valuation of the (largely unpaid) work that they perform, which in turn means that their paid work is similarly undervalued even by the market.

In the absence of adequate and effective regulation, the above dynamics can contribute to a general undermining of wages, working conditions and social protection for care workers. The implications of the unpaid-paid continuum are exacerbated by other features of care work that operate to create occupational and wage discrimination against such workers. Thus, care work is often performed by those with lower educational attainments, even though the level of skill required is often quite high, albeit socially unrecognised. A disproportionate share of such work is typically performed by those who are in any case disadvantaged in the labour market – women, certainly, along with other categories like

19 ILO. 2018. *Care work and care jobs for the future of decent work*. Geneva: ILO

20 UN Women. 2016. *Leave No One Behind: A call to action for gender equality and women's economic empowerment*. Report of the UN Secretary General's High Level Panel on Women's Economic Empowerment. New York: UN Women, p. 25.

21 Damien Grimshaw and Jill Rubery. 2015. "The motherhood pay gap: A review of the issues, theory and international evidence", *Conditions of Work and Employment Series* No 57. Geneva: ILO.

22 World Bank. 2012. "Gender Equality and Development", *World Development Report 2012*, Washington DC: International Bank for Reconstruction and Development and the World Bank.

23 ILO. 2016. *Women at Work Trends 2016*. Geneva: ILO.

24 UN Women. 2016. *Leave No One Behind: A call to action for gender equality and women's economic empowerment*, p. 25.

immigrants and ethnic minorities. The nature of such work – for example, being more amenable to part-time employment and informal contracts – also contributes to its devaluation both in market terms and in social perception. As a result of these various factors, care work may involve a wage penalty even when it is performed by men, as found by Budig and Misra in their study of 12 countries.[25] However, this is not given, but also depends critically upon patterns of public intervention and labour market regulation within countries.[26]

SIGNIFICANCE OF CARE WORK FOR THE ECONOMY, FOR ACCUMULATION AND FOR SOCIETY

Obviously care work, of both paid and unpaid varieties, is essential for human survival; in addition, it contributes significantly to human well-being, social development and economic growth.[27] Indeed, unpaid and underpaid care work provides a very significant subsidy to the formal economy[28] and represents the 'backbone' of social protection.[29] However, because so much of it is effectively invisible, and because it tends to be undervalued even by the market, these crucial features are often unrecognised, disregarded or brushed aside, not only by society in general but also by policy makers. This has several implications. First, there have typically been fewer attempts to measure or quantify the economic significance of care work, and thereby to recognise its critical role in underwriting all other human activities and the economy. Second, there is typically inadequate attention given to the conditions under which care work is performed, and therefore little knowledge of the adverse effects of the worsening of such conditions of work. Third, macroeconomic policies like those of fiscal austerity often see public provision of care as a soft target for expenditure reduction, either because the broader economic importance of care is not recognised, or because it is (cynically) assumed that such care responsibilities that emerge because of inadequate public provision or the reduced delivery by states for whatever reason will be taken over by unpaid labour within households. Finally, all this means that there is even less recognition of the vast potential of the care economy as a source of good quality employment generation in the future, in all societies, whatever their current level of development, and of the strong positive multiplier and linkage effects that the expansion of good-quality care activities can generate.

The importance of care work is evident not only in terms of its economic value, but also its social contribution – and like many other necessities, people tend to realise its significance more when it is absent. The rapid dismantling of social safety nets – and the consequent shrinking of the care economy in both paid and unpaid forms – in post-Socialist countries of the former Soviet Union and East Europe has been linked with plummeting marriage and birth rates, as well as rising death rates associated with greater individual alienation and lack of care.[30] Similar outcomes have been noted in the United States,[31] not only in terms of increased social violence and crime but also rising death rates including through suicide,[32] at least partly resulting from social isolation, absence of adequate public care and increased inequalities that have put greater pressure on familial care provision.

Unfortunately, despite its obvious importance, official attitudes that explicitly or implicitly devalue care work tend to permeate policy discussions, even among well-meaning government officials who wish to increase public expenditure. In all of this, it is difficult to miss the gender dimension, which – whether explicitly or not – reveals and then reinforces existing patriarchal systems and attitudes. It is noteworthy how, across the world in

25 Michelle J. Budig and Joya Misra. 2010. "How care work employment shapes earnings in cross-national perspective", *International Labour Review*, 149(10). Reprinted in Mark Lansky, Jayati Ghosh, Domonique Meda and Uma Rani (eds) 2017. *Women, Gender and Work Volume 2: Social Choices and Inequalities*. Geneva: ILO.

26 Shahra Razavi and Silke Staab. 2010. "Underpaid and overworked: A cross-national perspective on care workers", *International Labour Review*, 149(4), reprinted in Lansky, Mark, Jayati Ghosh, Dominique Meda and Uma Rani (eds) *Women, Gender and Work Volume 2: Social Choices and Inequalities*. Geneva: ILO, 2017; and Naomi Lightman. 2017. "Discounted labour? Disaggregating care work in comparative perspective." In Lansky, Mark, Jayati Ghosh, Dominique Meda and Uma Rani (eds) *Women, Gender and Work Volume 2: Social Choices and Inequalities*. Geneva: ILO

27 Razavi, Shahra and Silke Staab. 2012. "Introduction: Care Workers in the Global Economy: Worlds Apart?" *Global Variations in the Political and Social Economy of Care*. New York: Routledge, UNRISD.

28 Diane Elson. 2005. *Unpaid Work: Creating Social Wealth or Subsidizing Patriarchy and Private Profit?* Levy Economics Institute; and Rania Antonopoulos. 2009. "The unpaid care work-paid work connection", *Working Paper No 86*, Policy Integration and Statistics Department. Geneva: ILO.

29 Elson, Diane (1991) 'Male bias in macroeconomics: The case of structural adjustment', in Diane Elson (ed.) *Male Bias in the Development Process,* Manchester: Manchester University Press, pp. 164–190; Folbre, Nancy. 2001. *The Invisible Heart: Economics and Family Values*. New York: New Press.

30 Nicholas Eberstadt. 1994. "Demographic Disaster: The Soviet Legacy", The National Interest, Summer; and Nancy Folbre. 2014. *Who Cares? A feminist critique of the care economy*. New York: Rosa Luxemburg Stiftung New York Office.

31 Wilkinson, R., & Pickett, K. (2009). *The Spirit Level: Why More Equal Societies Almost Always Do Better.* London: Allen Lane.

32 Sabrina Tavernise. 2016. "Suicide rate surges to a 30-year high in the US", *New York Times*, 22 April.

the wake of the global financial crisis, stimulus packages were heavily designed to increase physical infrastructure, involving more construction activities that typically employ more male workers in what are seen as 'proper' jobs. They were much less oriented towards expansion of social services that would improve quality of life, and would also provide more employment for women even as they reduced the unpaid labour of women. The International Trade Union Confederation (ITUC) notes that the 'neglect of social infrastructure projects reflects a gender bias in economic thinking and may derive from the gender division of labour and gender employment segregation, with women being over represented in caring work, and men over represented in construction.'[33]

In this context, the vision for 'the purple economy' as elaborated by Ilkkaracan is relevant.[34] Just as the idea of a 'green economy' is based on natural sustainability by internalising environmental costs into production and consumption patterns, so the 'purple economy' would be based on the sustainability of caring labour, by internalising the costs of care into the workings of the economic system. This involves recognising that human societies depend upon caring labour as an indispensable component of well-being and therefore the economic system must both account for care work and enable its provisioning in a sustainable manner, without relying on mechanisms that reproduce inequalities of gender, class or other social attributes.

33 ITUC. 2016. *Investing in the Care Economy: A gender analysis of employment stimulus in seven OECD countries.* International Trade Union Confederation, March, p. 12.

34 Ipek Ilkkaracan. 2016. "The purple economy complementing the green: Towards sustainable economies, caring societies". Paper presented at conference on "Gender and Macroeconomics: Current state of research and future directions". New York: Levy Institute and Hewlett Foundation, 9 April.

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Recent books

The Making of a Catastrophe: Covid-19 and the Indian Economy, Aleph Books (forthcoming 2022).

When Governments Fail: Covid-19 and the Economy, Tulika Books and Columbia University Press (2021, co-edited).

Women Workers in the Informal Economy, Routledge (2021, edited).

Never Done and Poorly Paid: Women's Work in Globalising India, Women Unlimited, New Delhi (2009).

Elgar Handbook of Alternative Theories of Economic Development (2014, co-edited).

After Crisis, Tulika (2009, co-edited).

Demonetisation Decoded, Routledge (2017, co-authored).

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ABOUT THE PROJECT

It took us a global pandemic to realise that we depend on care. But despite all the clapping from the balconies, caregivers continue to live and work in precarious and vulnerable conditions. It is high time for a care revolution! We need to move away from a profit-driven model of growth to a care-driven model. In this spirit, the Foundation for European Progressive Studies and the Friedrich-Ebert-Stiftung launched a Social Democratic Initiative for the EU Gender Equality Strategy, placing the role of care work and care jobs at the center of our common activities. By raising the question "Does Europe Care for Care?", we focus on care as a cross-cutting issue and promote the cross-fertilization of progressive thinking between stakeholders across Europe. Building on our network of care experts, this Care4Care Policy Brief Series gives center stage to a long overseen phenomenon that deserves the fullest political relevance and attention. The series identifies common challenges and possible good practices across countries, whilst drawing concrete recommendations with the objective of feeding into national and EU level policy responses.

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Defining Care: Conceptualisations and Particularities

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Part-time Work: Risk or Opportunity?

In this second article of the FEPS-FES Care4Care Policy Brief Series, Dr. Janna Besamusca and Dr. Mara Yerkes (Utrecht University) outline why part-time work (PTW) is inextricably linked to care and to gender. Whilst the pandemic has only contributed to increasing the already existing inequalities associated with it, the authors offer a more nuanced picture of part-time workers' profile whilst addressing the socio-economic risks and opportunities this type of employment presents. Drawing on the EU context, this policy brief concludes by outlining a set of policy measures to ensure that PTW is not synonymous with precarious and gender unequal work in a post-pandemic perspective.

Vital Yet Vulnerable: Europe's Intra-EU Migrant Caregivers

In this first article of the FEPS-FES Care4Care Policy Brief Series, Dr. Petra Ezzedine (Charles University, Prague) questions the migration angle in the face of late modern societies' chronic care shortage. Their populations are ageing, and the traditional assumption that families (and predominantly their female members) represent an unlimited, endlessly flexible reservoir of care has been challenged. There is an indisputable social need for institutions to care for elderly people and for hired domestic care workers. The author explores how the EU relies on internal predominantly female) migrants to provide much of the workforce to meet these needs. In view of how current care policies put them in a highly vulnerable labour position, this policy brief concludes with a set of short- and long-term conclusions.