



Università
Ca' Foscari
Venezia

Corso di Laurea Magistrale in Relazioni Internazionali
Comparate – International Relations

Tesi di Laurea

Is the path towards a 'Caring Economy' possible?
Care work from personal service to collective responsibility

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Anno Accademico:

2013/2014

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ABSTRACT

The purpose of this essay is to explore and analyse the existing interconnections between the Care work, both unpaid and paid, and gender inequalities on a social and economic level.

In particular, the essay will be structured as follows: Chapter I, begins with an overview of the historically gendered nature of the unpaid Care work by drawing upon the feminist body of knowledge of the Sixties and Seventies in Europe and the US. It will shed light on the key concepts of reproductive labour, domestic work and their implications with Care work; work rendered invisible and undervalued.

Chapter II, introduces the roles of the unpaid and paid carers in our contemporary societies; the ethnicization and marketization of Care work over the last decades, in conjunction with the massive entry of women in the waged labour market. It will be similarly illustrated how the underestimation of Care work in the ‘private’ sphere has spillover effects when this enters the market economy.

Chapter III, shifts the attention to the analysis of Care work from an economic perspective from feminist economists’ viewpoint. Care work, whether paid or unpaid, is in this sense scrutinised through the lenses of Bio-Capitalism, as a salient example of the impossibility to separate material from immaterial labour.

In this chapter, moreover, it will be demonstrated how Care work, within a global economy, creates a twofold division of labour: a gendered and a racialized division of labour, due to the development of ‘global care chains’ spread from developing countries to developed ones.

Chapter IV, attests the importance of Care work as a development issue and offers ideas for a better estimate of the work. Some forms of resistance together with social and economic policies that are shaping the current EU care policy landscape will be explored.

Chapter V, will narrow the focus of the topic to the Care of the elderly and the challenges that our ageing societies are posing to our states. The different welfare models of the United Kingdom and the Scandinavian countries in this context will be set as illustrative examples.

Finally, the essay suggests the need for a ‘Caring economy’ to be carried out through the introduction of *Social Wealth Indicators* able to better evaluate a society’s well-being.

INTRODUCTION

Why should we care about caregiving? Because we are all involved. We have all been cared for as children. When our parents are old and unable to care for themselves, we care for them. We need someone to care for us when we are disabled, or we may need to care for a disabled relative or friend.

(Mandell, 2010:5)

The issue of unpaid Care work and more broadly all domestic work historically performed by women within the household, has been at the centre of feminist debates since the late XIX century; yet only in the Sixties and Seventies the issue was extended to the mainstream socio-economic agenda.

First-wave feminist Charlotte Perkins Gilman for instance, in her book *Women and Economics - A study of the Economic relation between men and women as a factor in Social Evolution* already advocated in 1898 the necessity for the work carried out by women at home to be ‘socialized’ and brought it to the public sphere. In her view, women alone should not take full responsibility of the home and family life because of the difficulty of balancing work and family.

During the second half of 1970s, second-wave feminist scholars¹ belonging to the ‘Bielefeld school’, namely Maria Mies, Veronica Bennholdt-Thomsen and Claudia Von Werlhof have tried to explore the intersections between the unpaid domestic labour, in which Care work is included, within the capitalist mode of production, devoted to the ‘breadwinner’ model. Mies argued in particular, that while women have been pushed out of the ‘productive sector’, at the same time they have been used productively for capital accumulation (Mies, 1986). Put another way, the unpaid Care labour and in general all domestic activities performed by women within the household, would constitute the basis and the precondition for the capital accumulation and thus for the development of Capitalism. In Mies’s words, the unpaid domestic labour cannot be granted recognition, since this would cause the capitalist system to collapse.

¹ Anti-capitalist yet non-marxists because their analysis concentrate also on the tension between Feminism and the left. They, in fact, did not envisage in the left the alternative to the Capitalist model. Their famous slogan is *No critique of Capitalism without a critique of Patriarchy!*

In their analysis of the social and economic functions of housework, they linked women's work to their oppression and subordination within a 'sexual division of labour' later reflected on an international division of labour as outcome of a globalizing capitalism.

Mary Mellor's idea (2006) of a model economy in the shape of an 'iceberg' where unpaid labour represents the invisible, private fundament that supports the whole 'visible' and public tip of the iceberg, which is the market capitalist economy, helps to elucidate and simplify the broader feminist idea of a fictitious capitalist separation between the paid productive labour belonging to the public visible domain and the unpaid reproductive labour confined to the invisible private sphere.

It is clear how this relation is overwhelmingly a gendered division², that underpins modern capitalist forms of women's subordination since Care work in particular, but also housework in general, has been traditionally associated with and performed by women, because it is largely perceived as their primary 'natural' function.

These authors and others (i.e. Silvia Federici, Selma James, Maria Rosa dalla Costa) have brilliantly demonstrated how the historical exclusion of the unpaid Care work from the capitalist model of production, largely reflects power relations on the grounds of race, class, and especially gender (Cf. intersectionality). Most importantly, how capitalism has managed to perpetuate and institutionalise a model based on dualisms and dichotomies: between men and women, between production and social reproduction, between emotion and rationality, between different classes, between human and nature. There is today enough evidence that such divisive model has resulted in greater inequalities on a number of different levels, largely income and gender inequalities. By distancing itself from social reproduction over time, it has not promoted, invested or even considered peoples' needs and interests, to the point that today we are in the middle of a deep crisis in care³ (Nancy Fraser, 2013).

By resorting to the vast feminist literature on the topic of unpaid domestic work or reproductive labour, the present essay intends to reflect and explore one particular form of domestic work: the Care work, its gendered and emotional nature, as well as its historical devaluation, which is also reproduced when the work is transferred to the labour market. The focus is on a contemporary socio-economic analysis of unpaid and paid Care work in western societies and the challenges the work is facing today in a climate of economic austerity and unprecedented demographic changes.

² What was called by second-wave feminists 'Sexual Division of Labour'. It will be defined also as 'occupational segregation' in the text.

³ According to feminist theorist Nancy Fraser we are today living a threefold crisis: a financial crisis, an ecological crisis and a crisis of social reproduction or Care crisis.

It is acknowledged that today women still shoulder the overwhelmingly burden of Care work and when they are employed, they either need to pay for a third person or do it on the ‘second shift’ (Arlie Hochschild, 2003) with obvious consequences on their health and social opportunities. The gender discrimination at the base of the system entails for example that, the time women have to spend in performing caring activities will result in long lasting impacts on their opportunities in earning higher wages (Cf. motherhood pay penalty or gender pay gap), developing skills for advancement career in paid employment and, in low-income households, contributes to a deterioration of their conditions, putting them at higher risk of poverty given the costs of caregiving.

The economic and social model derived from Capitalism that has prevailed in western societies so far, is one of non-caring economies, that do not value much the ‘basics of human life’ such as care, protection of living organisms and solidarity. In such an economic framework, Care work has been rendered invisible and neglected because, unlike productive labour, it has not been attached a monetary value and thus, it has not been considered ‘work’. Unpaid Care work has, in fact, not been included in economic calculations that measure a nation’s economic performance, such as the Gross Domestic Product (GDP). This, despite assertions made by feminist economists of accounting unpaid work in the System of National Accounts (SNA) and recommendations for governments advanced during the UN Fourth World Conference on Women in Beijing (1995) to calculate the value of women’s unpaid work and to include it in conventional estimates of national input. It is estimated that if the time spent currently on unpaid Care was valued at an hourly rate equivalent to the minimum wage, these activities would account from about 20% to 70% of the GDP, depending on the applied methodology. By considering the ‘third-person criterion’⁴, it is clear how financially impossible would be for European nations today to replace all unpaid carers if a third person would have to be paid for the caregiver’s work.

As it will be illustrated, the consequence of unpaid Care work’s economic devaluation is a lack of social recognition, even in countries, such as Nordic nations, where social care services has been always conceived as a source of economic growth⁵. Yet, unpaid Care work in all its forms⁶ benefits the society on the whole (ILO; 2007) by providing the daily material, emotional and social support upon which survival, work and social life depend. (Addabbo;

⁴ Developed by economist Margaret Reid for valuing unpaid labour. According to it, an activity should be considered ‘productive’ if it is something that can be purchased or done by a paid worker.

⁵ Where extensive paternity paid policies have not been welcomed with much enthusiasm by men.

⁶ Unpaid care work done by women at home, volunteering, community service etc.

Owens, 2010) It is by its own definition an essential work because precondition for social reproduction and societies' well-being.

Capitalism though, has not only turned women and the family unit in a 'cost-free resource' in order to fill the gaps when public services are not accessible, but it went beyond by commodifying *Care*.

Today, much of the formerly unwaged care activities are commodified: childcare, elderly care, care for the disabled and the ill.

This commodification has occurred precisely at a time of higher rate of women's labour force participation which has brought in the so-called 'feminisation of labour', namely the fact that for the most part, women have been recruited in the service sector⁷ such as the social care sector⁸. Furthermore, the changed nature of the labour market, in which flexible and irregular conditions (i.e. informal activities, part-time work, sub-contracting) once thought to be attribute of women's 'secondary' employment, have become widespread for both sexes⁹ (Cristina Morini, 2010)

Fifty years after feminists claim of women's liberation through access to paid work, there is still a different but strictly related problem: the undervaluation of Care work, undervaluation that has continued in the public sphere with largely low-paid, low-skilled caring jobs. While women spend much more time in paid work today, this has not been matched by any relevant increase of men's unpaid time of caring for children or the elderly. A clear impact on equality levels and given opportunities, as well as on the balance of power between women and men is the resulting outcome.

Most caring jobs today are found either in the hands of for-profit private organisations, which often do not grant much social protection, skills development and career progress, or in the informal sector excluded from labour laws.

In addition, a new pressure of juggling caring and paid work has arisen for women. Women are today expected to participate in the labour market while caring, first for their children and, later, for their elderly relatives – and sometimes even both at once (Cf. Sandwich Generation)

This enforce many women to adjust their lives by choosing often part-time jobs which are low-paid and hold low-status.

⁷ From the 1980s there has been a shift in the employment of developed countries from manufacturing to the service sector where most women found an occupation.

⁸ In Britain, 44.9% of women do paid care work for between 6 and 30 hours a week, compared with only 14.5% of men. (Labour Force Survey, ONS, April 2013)

⁹ Manifestly in today's precariousness of working conditions.

It is thus clear how the root of the problem remains the same: on the one hand, the unshared caring responsibilities between the State and the family, and on the other, between men and women within a manifest gendered distribution of labour.

Finally, in the current climate of economic and financial restraints, the recent reduction in public provisions of social welfare has led to a *Care deficit* in western societies. The rate of life expectancy has increased considerably so that today most developed nations register growing numbers of elderly or disabled parents who are in need for care.

Global capitalism has managed to fill this gap by importing migrant workers from deprived countries and regions to richer ones. Women from poor regions have been taking on the reproductive caring labour previously performed by wealthier more privileged women.

A racialized division of labour has emerged from this phenomenon, added up to the already structured gendered division.

Migrants moreover, in order to perform Care work in western societies, have been bound to transfer their own familial responsibility to other still poor caregivers who must in turn do the same and on and on in the ever longer so called 'Global Care chains' (Cf. Rachel Parreñas). Far from filling the gap though, the effect has been to displace it from the global south to the global north or from poorer countries to richer ones.

These phenomena have been accompanied by new challenges such as an increasingly ageing population in Europe, changes in the labour market and in family structures. The response to these challenges and to the current financial crisis has been so far to undermine social reproduction at the expense of carers and the vulnerable sections of our societies by shifting the responsibility of care back to women.

CHAPTER I

THE GENDERED NATURE OF CARE WORK: A HIGHLY FEMINIZED WORK

Care work is women's work. Paid and unpaid, located at home, in voluntary organisations or in the labour force, the overwhelming majority of care is provided by women. It is often invisible, usually accorded little value and only sometimes recognised as skilled (Armstrong, 2004:4)

Care and caring represent a renewed focus of research in recent times, mostly due to the numerous “care crisis” scattered in the majority of European countries and U.S. since the onset of the global financial crisis in early 2008. It is herein instructive to begin by defining what *care* means, while also recognizing that definitions are contested.

Care work is a kind of work strictly related to the idea of dependence. In our lives, all of us found ourselves, or will eventually find ourselves in the need of care, literally from cradle to grave, simply because we are not totally independent human beings and we rely on the kindness and altruism of others to provide for our most basic needs. Most often, our family members are able to meet our needs, but, for those with sufficient resources, these are handled via market-based services. It is important to highlight in this context the definition of care work as an essential work necessary to sustain life, being capable to ensure the social reproduction of human beings¹⁰, that is the process that makes it possible for the society itself to continue:

Social reproduction refers to those activities established by societies to further procreation, socialization, sexuality, nurturance and family maintenance. Carried out by the family as well as schools, religious organizations and other societal institutions, social reproduction includes: a) reproducing the next generation of workers; b) ensuring the health, productivity and socialization of the current work force; c) managing consumption and d) caring for those too old, young, sick, disabled or jobless to support themselves.¹¹

¹⁰ N. Folbre, feminist economist, in her book *Who pays for the kids*, contrasts production against social reproduction and questions whether society puts adequate resources into social reproduction.

¹¹ Bezanson K., Luxton M., “Social Reproduction and Feminist Political Economy” in Bezanson K. And Luxton M. (a cura di), *Social Reproduction: Feminist Political Economy Challenges Neo-Liberalism*, Montreal, McGill-Queen's Press, 2006.

The aim of Caring is predominantly one of assistance and support and most importantly, his potential lies in the promotion, rather than the diminishing of our capacity to live independently, in dignity and join in with aspects of everyday life.

Caring represents *a combination of feelings of affection and responsibility, with actions that provide for an individual's personal needs or well being in a face-to-face interaction* (Finch and Grove 1983)¹².

A caring relationship involves an interaction between two human beings – the caring one or care worker and the cared-for or recipient of care (Noddings 1984, 1992)¹³ making caring a *relational act* requiring the interdependence between the actors involved, and on the care giver's side, she or he is demanded to know and evaluate the limits of his work, avoiding useless help: *The care worker really hears, sees, and feels what the cared-for conveys and then becomes involved in thinking, planning, and doing what can be done to help* (Noddings 1992)¹⁴. In Nel Noddings's words therefore, care implies the two aspects of *caring for others* and *being cared for*.

In this chapter we would like to examine the significance and role of caring work throughout the history of several Feminist movements and thoughts so as to illustrate how this 'work' has assumed the meaning that it holds today, especially in terms of its feminized nature and the implications that this particular meaning has on many aspects of women's lives.

Historically, the Care work is being identified with women along with the affiliated concepts of reproductive labour and domestic work either paid or unpaid. Care work could be defined as a specific domestic work that, unlike any other, involves feelings and emotions established with the person's cared for, that is to say it incorporates physical activity as well as emotional work. Examples of this work include: child-care, elderly care, care for disabled and the care for sick people among many others.

This work is well known because it is encompassed in the set of domestic activities that women historically performed for their relatives but is mutable in nature being it constantly defined and redefined across history and across societies and intertwined with dimensions of race and class. As we'll examine further on, despite this mutable specificity, the predominant

¹² AA.VV., *Care Work: gender, labor and the welfare state*, Madonna Harrington Meyer (a cura di), London, Routledge, 2000

¹³ Cf. Care-based feminism and the Ethics of Care.

AA.VV., *Care Work: gender, labor and the welfare state*, Madonna Harrington Meyer (a cura di), London, Routledge, 2000

¹⁴ AA.VV., *Care Work: gender, labor and the welfare state*, Madonna Harrington Meyer (a cura di), London, Routledge, 2000

thoughts about women's role and responsibilities have also proved to be very persistent along the history.

1.1 Domestic work, reproductive labour and intersection with Care work

At this stage an explanation that elucidate the concepts of *Care work*, *Domestic work* and *Reproductive labour* through the history since the 1970s is necessary to be able to fully understand the value and importance of these twisted topics debated for centuries within feminists scholars circles. Moreover, of particular importance is the rise in awareness for the first time about women's role in society and the connected stratification of power relations.

The debate on domestic work (DLD) or housework was one of the most productive debates that feminism started in the 60's and 70's, especially in France, United Kingdom and Italy, along with the advent and rapid expansion of Capitalism.

Much of the debate was about how to conceptualize the domestic work of women and its relation to the capitalist "mode of production", as a way to understand the basis of women's subordination.

Before it degenerated into a more or less academic discourse, the issue of housework or domestic work was raised as a *political issue* in the context of the labour struggles in Italy in the early seventies.

Previous to that time, in fact, the private sphere where women were relegated was apparently an area free of politics and the feminist movements did only concentrated its struggles on the public sphere (politics and economics). From 1970s on, women began to politicize their most intimate experiences within the household and start defining the man-woman relation as a political one by coining the slogan 'the personal is political'¹⁵. The following step was the challenge, for the very first time, to the classical Marxist theory on women's work by (leftist) feminists such as Maria Rosa dalla Costa in Italy and Selma James in the United Kingdom¹⁶. The classical division of labour between private housework or reproductive work¹⁷ and public and productive work or wage-work – shared by the terminology of both Capitalist and

¹⁵ Cf. *Body Politics*

¹⁶ Women's work was an area where the Marxist feminist movement broke both with the traditions of the old women's movement and the orthodox left.

¹⁷ Reproductive work is a definition used by Marxists scholars.

Marxists scholars, - was in fact called into question by 'second wave' Marxist feminists scholars along with the very definitions of 'work' and 'non work'¹⁸.

In Dalla Costa essay *The power of Women and the Subversion of the Community*, published together with Selma James in 1972; the Italian scholar clearly points out that the housewife and her unpaid labour constitute the basis for the process of capital accumulation and therefore, they are not outside the process of surplus value production as intended by capitalist theories, but instead they constitute the precondition for the productivity of the (male) wage worker. Dalla Costa found out a strategic link created by capital and the state between the unpaid housework of women and the paid wage-work of men: *In the measure that capital has subordinated the man to itself by making him a wage-labourer it has created a cleavage between him – the wage labourer (men)- and all other proletarians who do not receive a wage (women).*

Dalla Costa also refuses the hierarchical and artificial division that capital has created between wage-workers on one hand and non-wage workers on the other: *When women are concerned, their labour appears to be a personal service outside the capital* (Dalla Costa, 1972:34).

In this book recognition of housework as productive labour and as a source of capital accumulation is made along with the assumption that as capital is able to command both the unpaid labour of the housewife and the paid labour of the wage labourer, the domestic work of women is called *exploitation*. She therefore focuses on the position of women in society seen as a specific manifestation of class exploitation. In addition, Dalla Costa firmly argued against the Marxist notion that, entering the waged labour market would be the solution for the autonomy of women and a precondition for their emancipation. According to her, one cannot understand the exploitation of wage-labour unless one understands the exploitation of non-wage labour: *(...) the challenge is to find modes of struggle which, while liberate women from the home, at the same time they prevent another degree of capitalist control.*

The hierarchical division aforementioned formed the basis for an ideological construction of the sexual division of labour¹⁹ that is clearly reflected today in the kind of jobs undertaken by male and female individuals and particularly striking with regards to the 'Care Work'.

¹⁸ Here we talk about the politicized women's movement that consider women's private lives as a public issue and the structural division of the society between private and public sphere. (cfr. Body Politics)

¹⁹ Term referring to the specialized gender roles of the male breadwinner and the female housewife; or, in the terminology of Talcott Parsons the 'instrumental' and 'expressive' roles. The particular division of labour by sex is usually associated with the separation of workplace from home which followed industrialization in the West. (Dictionary of Sociology, 1998)

The myth of ‘female incapacity’ is also contested by the author and strictly related to the debate of domestic work inside the home and the recent mode of capitalist production. This myth is based on an isolated woman dependant on someone’s else wage, and therefore on someone’s else consciousness:

To the extent that women were cut off from direct socialized production and isolated in the home, all possibilities of social life outside the neighbourhood were denied them, and hence they were deprived of social knowledge and social education (...), the experience of social revolt. And this experience is primarily the experience of learning your own capacities, that is, your power, and the capacities, the power, of your class. Thus the isolation from which women have suffered has confirmed to society and to themselves the myth of female incapacity.

In Dalla Costa’s words, the capitalist society with its exclusion of women from socialized production²⁰ allowed the construction of a distinct ‘female role’ as it is still known today; the housewife being the central figure in this female role and a new definition of family - the nuclear family- existing together with a gendered or sexual division of labour outside the family or private sphere.

Thus, she contested the value attributed to the unpaid work or domestic work carried out by women and its place in capitalist societies arguing that it should be legitimated and waged. Dalla Costa suggests that a demand for wages would raise their consciousness about the importance of their work and women will eventually remark its *social* significance, as a step toward a more comprehensive social change. Eventually, the definition of housework as ‘*personal service*’ in capitalist’s ideology should be replaced by the notions *social reproduction* or *reproductive labour* in order to shift the focus by emphasizing the work’s purpose, namely the societal functions, and importantly the impact on their families.

Dalla Costa’s work definitely contributed to increase the consciousness of the importance of housework, and provoked a long debate on the relation of housework to capital.

What’s more, Dalla Costa’s book has been, during those years, the starting point for inspiring an international network of organisations campaigning for “Wages for Housework” as a strategy to overthrow capitalism and finally having women’s unpaid labour counted. Under scholar Silvia Federici’s assumptions, domestic labour in this context has to be made visible through a wage addressed to women performing reproductive labour.

²⁰ Which contributed to the conception of the myth of ‘female incapacity’

In order for the domestic work to be instrumental to the capitalist mode of production, as S. Federici asserted, a systemic devaluation of domestic labour, both inside and outside of the home, needs to take place. The wage in this context holds a *political meaning* and it is necessary to make the work women do inside the house visible and therefore valuable. She also reconsiders the aforementioned constructed ‘female role’ linking it to the domestic work as a naturalized and sexualized work:

Not only housework has been imposed on women, but it has been transformed into a natural attribute of our female physique and personality. (Silvia Federici, 1975)

Under the capitalist society therefore, we start to see all women’s tasks as basically determined by their ‘nature’.

Ultimately, the movement ‘Wages for Housework’ wanted to achieve a reorganization of work and class relations in the global economy by making the domestic work highly visible.

To conclude, both M. Dalla Costa and S. Federici with their innovative thoughts, offered us one of the most important contributions within Marxists feminists’ theory and struggle from the 1970s, with a redefinition of *work* aimed at ending the invisibility of domestic activities, and the recognition of women’s unpaid labour as a key source of capitalist accumulation.

This debate is of extreme relevance for being able to prefigure some of the more recent concerns about *Care* and the eventual shift in thinking from “domestic labour” to the care economy. Some feminist contributors to the debate, for instance, emphasized the importance of *childcare* both as a main obstacle to women’s participation in paid work, and as a main contribution of domestic labour in capitalist accumulation. Molyneux (1979) criticized the focus developed by many key contributors to the debate “on the *labour* performed in the domestic sphere by the housewife for the male wage worker” because this would have led to:

Over-emphasizing the importance for the male wageworker of the labour performed by the housewife, and to the virtual neglect of that performed on behalf of the next generation of workers in rearing children. Thus only one aspect of domestic labour, arguably the least important, is given serious consideration in this debate, a deficiency not overcome by the occasional generic references in the literature to the housewife ‘reproducing labour power’.

(Molyneux 1979:3)

Increasingly, *Caring*, at least for developed countries, has come to be seen as the core of domestic activities and an area where gender divisions are hardest to change.

Although it is difficult to fit gender issues into Marxist analytical categories due to their conceptualisation of men and women essentially as workers²¹; tracing the history of the Marxist feminist debate on domestic work might be of some utility here to better understand the many contemporary implications connected to the work of caring that will be analysed throughout this essay.

1.2 Reproductive labour, nature and the act of caring

The idea of “reproduction” provides a useful framework for drawing attention to the various processes involved in women’s unpaid work, including Care Work, as a key factor for reproducing societies.

A division between ‘human labour’ and ‘natural activity’ can easily illustrate the concept of *Reproductive Labour* when closely linked to the notion of *Care Work*.

In order to determine the links between reproductive labour and Care work and the related hierarchical sexual division of labour, a clarification of the ‘biological’ biases in a main concept feminists scholars have commonly used in their debates needs to be made: the notion of *nature*.

The term *nature* has always been strictly related to the maternal function of women or their reproductive capability. Feminists’ scholars have claimed that this concept has been used to define their status in society, meaning that women’s household and child-care work have been seen as an extension of their physiology or a function of their ‘nature’²². This definition of women’s interaction with nature has had and still has consequences on the most recent definition of Care work.

But what are the processes that has led to the construction of the specific work of caring, among all domestic work, around women?

An historical perspective, unrelated for a moment to feminists theories, might here be useful for detecting the links between the reproductive capability of women and the act of caring. Women have been attributed a ‘natural’ capacity and desire to care, misconception that has proved to reinforce gender inequalities by disproportionately burdening women with unpaid or low paid care work (Abel 1990; Hooyman and Gonyea 1995).

²¹ As it has been contested, there was, in fact, little space within this analytical frame for *Caring* as a distinct set of activities conceived as a work whose rational is different from any other (mainly due to the supposed dependance between the care giver and care given).

²² Cf. Silvia Federici above

The distinction made with the advent of capitalism between *productive labour* and *reproductive labour*, in which the first one was associated with the public sphere, and results in goods and services that are compensated in the form of a paid wage²³; and the second, reproductive labour, was associated with the private sphere and because it involves the production of immaterial goods such as love, affection and attention is not assigned a monetary compensation. We have already mentioned the fact that the unpaid labour carried out by women in which Care Work is included, is essential for the production of life, as another feminist scholar, Maria Mies, notes in her book '*Patriarchy and Accumulation on a World Scale*':

(...) as the production of life is the perennial precondition of all other historical forms of productive labour, it has to be defined as work and not as unconscious 'natural' activity.

Mies, just like Marxist scholars M. Dalla Costa and S. Federici, defines the work women do as *productive labour as it produces use values for the satisfaction of human needs. (pp. 47) The separation from and the superimposition of surplus-producing labour over life-producing labour is an abstraction, which leads to the fact that women and their work are being 'defined into nature'*.²⁴

Mies tries in her book also to de-mystify some of the common myths born during some of the major phases of human history as a guide for the analysis of the *asymmetric division of labour*, basis for the social inequality between women and men. She argues that this *asymmetric sexual division of labour* once established by means of violence (based on male monopoly over means of coercion, specifically arms), is then upheld by means of institutions or ideological systems such as the church, law, the medicine.

We acknowledge that the latter, in particular, is useful for our analysis on Care work, as far as the formalization of the medical profession is concerned.

During the nineteenth century, women's tasks encompassed not just cooking, cleaning, and assisting sick people but they also used to deliver experienced medical care:

*Women dispensed herbal remedies, dressed wounds, bound broken bones, sewed severed fingers, cleaned bedsores, and removed bullets*²⁵.

Women were, at that time, bestowed high praise for their healing abilities and some of them were also able to transfer these skills into paid employment as midwives. Only women

²³ Because they're attributed a monetary value in the capitalist system.

²⁴ *Patriarchy and Accumulation on a world scale: women in the international division of labour*; 2^o ed., London and New York, Zed Books Ltd, 1998.

²⁵ Abel E., Nelson M., *Circles of Care: Work and Identity in Women's Lives*, Albany, State University of New York Press, 1990.

attended childbirth and they were taught the delivery of a baby from one generation to another. Eventually, with the medicalization of childbirth, male physicians became involved introducing new techniques that competed with midwives so that they strove to hold on their profession and advance through education: (...) *struggling to establish themselves as professionals, nineteenth – century doctors denigrated women’s healing knowledge and tried to restrict the information available to the public. But many doctors were well aware of their own educational deficiencies.* (Abel E.)

As medical science and technology advanced, birth began taking place in hospitals and midwives eventually rose again as educated nurse-midwives. The emotional dimension of care in this context was highly dignified by the nineteenth century medicine. *Most doctors agreed that attention; sympathy and reassurance alleviated emotional stress and promoted healing.*²⁶ (Rosenberg 1987)

However, the emotional component of caregiving eroded during the late nineteenth and early twentieth centuries: *Discovery of the bacteriological causes of specific diseases made it more acceptable for physicians to maintain distance from patients and treat them as fungible. Biological reductionism rendered irrelevant the patient’s emotional and moral state, interaction with providers, and physical surroundings*²⁷ (Rosenberg 1987)

Caregiver’s knowledge was increasingly regarded as superstition and the balance of power shifted from family caregivers to physicians due to the effectiveness of treatments they offered and their consequent prestige: *As the reputation of doctors rose, they could more persuasively portray family caregivers as ignorant and their healing knowledge as superstition.* (Abel E.)²⁸

Along these lines, we assist from another perspective, to the devaluation of the Care work, and specifically its emotional component, in the broader context of reproductive labour.

As this example in the early history of midwifery shows us, the typical components of the reproductive activity of women (motherhood) are believed to have much in common with the work of caring²⁹: treating illnesses, helping childbirth of other women and more generally the *taking care of others* are associated with the ideas connected with motherhood.

²⁶ AA.VV., *Care Work: gender, labor and the welfare state*, Madonna Harrington Meyer (a cura di), London, Routledge, 2000

²⁷ AA.VV., *Care Work: gender, labor and the welfare state*, Madonna Harrington Meyer (a cura di), London, Routledge, 2000

²⁸ AA.VV., *Care Work: gender, labor and the welfare state*, Madonna Harrington Meyer (a cura di), London, Routledge, 2000

²⁹ Caring here intended as taking care for someone’s well-being (health included)

The emotional component in fact, is by far the main factor in Care work (and definitely in motherhood) and the fact that this element has been devalued and made invisible throughout the history³⁰, helps us to understand the low status Care Work is being attributed today.

To sum up, women have been historically assigned Care work because of their reproductive ability and their nurturing activities charged of emotional components. These tasks have been identified as natural activities that don't need a monetary compensation because, in a capitalist vision, they are intrinsically rewarding. These considerations have in turn, contributed to the ideological construction of female roles in societies explicated in economic terms by the sexual division of labour³¹. We can therefore argue that, in the same way gender roles are socially constructed, the work of caring, mainly assigned to women because of their gender roles, is equally a socially constructed phenomenon.

1.3 When Care work assumes the pattern of a gendered activity

As far as Care work is concerned, we will name, from now on, the sexual division of labour as a gendered division of labour.

Care work is in fact an act that, for the most part, women do and therefore is a *gendered activity*:

The occupation is clearly organized by gender, as women comprise 98.5 per cent of family child-care workers. (Tuominen: 115)

The contemporary public value placed on this type of work has been clearly influenced by ideologies and practices regarding women's historically unpaid caregiving work (Abel and Nelson 1990).

As we have remarked hitherto, as for other domestic activities, also Care work has been devalued and made invisible and the historically unwaged work performed by women outside of the formal market economy remains largely ignored.

The historical-ideological drive that associate women with 'nature' and reproductive activities requiring emotions, love, feelings and producing immaterial goods and services instead than material goods, has been crystallized in acknowledged gender roles that associate the work of caring mostly with women.

³⁰ Through the rise of a formal medicine and the ideological construction of gender roles in post-industrial societies; together with the celebration of material goods since the advent of capitalism.

³¹ We'll consider the economic relevance of these constructed roles in the III chapter.

A brief understanding of the *gender roles* aforementioned is useful for determining a *gender identity* recognized unconsciously by women, who in fact, often consider their caring activities as ‘natural’ and a ‘must do’. They, as a matter of fact, define themselves with these functions and activities and even today, they don’t recognize enough the social value attached to them but they still consider most of the job as a private service³²:

*Le donne impegnate nel lavoro di cura non giudicano la propria esperienza come una competenza socialmente riconoscibile, quanto piuttosto come un “compito” da assolvere. Gli obblighi di cura e il tempo ad essi dedicato, sono percepiti come una normale funzione a cui attenersi.*³³

Specific social roles have been imposed by the society and have been at the same time been legitimated because of their supposed roots in the nature.

The issue of *gender identity* and the concept of *gender*³⁴ itself have been tackled during the 1970s and 1980s by constructivism - inspired feminist theorists. According to constructivist scholars, the *gender identity* is a socially constructed process that starts from the assumption that women and men are hierarchically ordered subjects, hierarchy that hides power relations in society. A *gender identity* may then represents a sexualised perception of us and of our behaviour, acquired through a personal and collective experience.

Simone de Beauvoir in a famous excerpt from her book *The Second Sex* (1973) affirmed *One is not born, but rather becomes, a woman*; making it clear that a clear-cut difference exists between *sex* and *gender* by suggesting that gender is an aspect of identity gradually acquired. Consequently, the sex/gender distinction implies also the opposition between ‘being’ female and ‘being’ woman.³⁵

Post-structural feminist and philosopher Judith Butler, moves beyond these assumptions in the 90’s through a renewed radical challenge to the binary categories of gender and sex from trans-gender identified perspectives. In particular in her book *Gender Trouble* (1990), after revising the work of Simone de Beauvoir and Luce Irigaray, and criticising the need for both of them of a representation of a female (self-identical) being, she exposes her main idea of

³² Cf. above Maria Rosa dalla Costa

³³ (<http://www.uildm.it/docs/gdu/Cura.pdf>) Simona Lancioni

³⁴ *Gender* and *Sex* are nowadays considered two separated concepts, theoretically proposed by Gender studies. According to the WHO definition: ‘*Sex refers to the biological and physiological characteristics that define men and women. Gender refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women*’.

³⁵ Here S. De Beauvoir is arguing that everything is associated with motherhood (such as being passive, childlike and in need of protection, and wanting to care for others), are imposed upon women by society rather than being innate characteristics they are born with.

gender as performativity. In other words, according to J. Butler, gender is simply the outcome of repeated acts (acts of performances) culturally influenced:

Gender is stylized repetition of acts ... which are internally discontinuous (...) (so that) the appearance of substance is precisely that, a constructed identity, a performative accomplishment, which the mundane social audience, including the actors themselves, come to believe and to perform in the mode of belief. (...) So that gender is performative is to argue that gender is “real only to the extent that is performed. (Gender Trouble, 1990).

If *gender* is a stylized repetition of actions, as we've seen, specific male and female roles are constructed day after day, and men, just like women, are potentially able to possess certain *soft skills* adequate for the Caring work such as communication, empathy and high levels of affection and sensitivity that have been for so long unilaterally associated with women³⁶. We need to be fully aware that a reinforcement of these 'roles' takes place regularly and unconsciously in our contemporary societies.

1.4 Care-focused Feminism and the ethics components of Care

In parallel with the housework or domestic work debate in Europe, another Feminism trend, unrelated to Marxist theory, and called Feminist Ethics³⁷, was developed with the same concern of the historical devaluation of women's experiences³⁸ along with the consequent invisibility of women's tasks³⁹ but specifically from a moral or ethic perspective. This wave of thought was, on a great scale, preoccupied with imbalances of power and the elimination of oppression for any disadvantaged⁴⁰ group, especially women. Eventually, it concentrated on Care Work among women's tasks holding the name of Care-Focused Feminism.

Feminist ethics, in particular, tried to develop numerous gender-centred approaches to traditional (western) ethics⁴¹.

Although feminist ethics grew in popularity during the 1980s, a feminist approach to traditional ethics and controversy over a supposed 'gendered' nature of morality can be traced back to the 18th century with feminist thinkers such as Wollstonecraft, Perkins Gilman, Mill,

³⁶ Cf. paragraph "the role of male carers" beyond.

³⁷ Feminism that applies to Ethics.

³⁸ For 'women's experiences' here we always refer to middle-class western women.

³⁹ Initially focused on domestic work in general and not specifically to care work.

⁴⁰ The term *disadvantaged groups* refers here to any group with diminished power in relation to the larger social system. (Ex: women in general, racial and ethnic minorities, the elderly, the poor, children and the disabled).

⁴¹ Traditional western ethicists have solely focused on men's moral interests, issues, and values disregarding women's moral experience. In Feminist Ethicists' words, a male-biased ethical tradition.

Stanston and Beecher⁴². They challenged classic assumptions of traditional ethics for which, for example, people experience the world through a universal, abstract, and rational knowledge (therefore based on the masculine traits of reason and aloofness).

On the contrary, Feminist ethicists strive for the formulation of a theory of 'Ethics of Care' highlighting a 'communal' attitude, more associable to women, in which people experience things through a particular, emotional, concrete lens.

In the wake of many of the thinkers who preceded them, twentieth century proponents of feminist ethicists continued using the aforementioned 'communal' lens to develop care-focused feminist approaches to ethics.

The main idea of the *Ethics of Care* is essentially one that the disengaged, neutral model of morality is not adequate overall, particularly in regards to women. It is stressed for women an approach requiring involvement in situations and highlighting the importance of relations between people.

An ethics of care is supposed to direct our focus to the need for responsiveness in relationships (paying attention, listening, responding).

Emotions, in this context, hold a 'cognitive role', allowing us to grasp a situation that may not be immediately available to one arguing solely from a 'justice perspective'⁴³.

One of the main theorist of the *Ethics of Care*, Carol Gilligan⁴⁴, focused on the idea that women have a different style of moral reasoning that men have. They tend to concentrate on interpersonal relationships and details while men analyse situations with abstract rules in order to find a solution.

Gilligan moreover, emphasizes how the roles of mutual interdependence and emotional response play an important part in our moral lives:

many human relationships involve persons who are vulnerable, dependent, ill; frail (...) the desirable moral response is attached attentiveness to needs, not detached respect for rights.

⁴² Charlotte Perkins Gilman for instance, in her well-known book *Women and Economics* (1966), urges women to develop 'economically' by learning how to support themselves financially. As long as women are dependent on men for economic support, she argued, they will be known for their servility and men for their arrogance. That's why women need to equal in economic terms to men in order to develop a highly human moral virtue. In another book, She also imagined an all-female society, *Herland*, a fictional utopia in which the lines between the private and the public sphere have been totally redrawn. A woman-centered society in which competitiveness and individualistic approaches are substituted by cooperation. This ideal world would set the conditions for women to develop in morally good as well as psychologically healthy ways.

⁴³ An Ethics of Justice as opposed to an Ethics of Care.

⁴⁴ Carol Gilligan is considered the founder of the 'Ethics of Care'. She was the first to talk about a *care perspective* stating that men and women tend to look at morality in different ways: justice, being the masculine approach to morality and care the feminine one. (Cf. *In a different voice: Psychological Theory and Women's development*, Harvard University Press, Cambridge, 1982).

Children, for example, must be taught to “value their hearts over their heads” (Gilligan) rather than disregard their natural emotions and together with women, they may exhibit more moral depth than men (Gilligan).

Other proponents of what has been called a *Care-focused Feminism*, such as Nel Noddings, argue that, in the same way we care for others, we also need to be cared for and by doing so we form part of a particular relationship between two parties. Care is, therefore, a central component of moral life. N. Noddings, notably, brings into focus the significance of caring and relationship both as an educational goal, and as a fundamental aspect of education.⁴⁵

While C. Gilligan introduced the Ethics of Care into the public discourse, N. Noddings is the one who “has done most to outline a specific feminist position on moral education” (McClellan, 1999) and whose influence extends to the educational practice.

A rewriting of the Ethics of Care in the late 90’s (especially in contrast with the work of C. Gilligan) has been recently developed by Joan Tronto, professor specialist in Women’s studies. Her thinking had a meaningful impact on the developing discipline of *Ethics of Care* born in the field of moral development theory.

She attempts a deconstruction of Gilligan’s modern thinking by arguing that, although an Ethic of Care could be an important concern for Feminists, the debate around gender differences in morality would destroy the validity of the Ethics of Care as a comprehensive theory (and would make it gender biased and essentialist). Tronto states that Care Ethics should, in fact, be analysed further by looking through a political perspective that broadens Care Ethics to any subjugated groups and not only and primarily to women.

*This is not to say that an ethic of care is morally undesirable but that its premises must be understood within the context of moral theory, rather than as the given facts of a gender-based psychological theory.*⁴⁶

It’s interesting for the purposes of this essay, her analysis of the association between Care and ‘naturalness’⁴⁷; the latter being referred to the socially and culturally constructed gender roles where care is mainly assumed to be the role of the woman.

In her book, *Moral Boundaries: a political argument for an ethic of care* (1993), the scholar rethinks ‘care’ as one of the central activities of human life explaining that this is shaped through politics.

⁴⁵ Cf. Noddings N., *Caring: a Feminine Approach to Ethics and Moral Education*, 1984.

⁴⁶ See Tronto J., *Moral Boundaries. A political Argument for an Ethic of Care*, Routledge, New York, 1993.

⁴⁷ Cf. the paragraph above “Reproductive labour, nature and the act of caring”

J. Tronto, in particular, states that there are four essential ethics elements of care:

- Attentiveness: care requires recognition of other's needs in order to respond to them.
- Responsibility: in order to care, we must take it upon ourselves. A notion related to it, is the concept of obligation, often tied to pre-established societal and cultural norms and roles.
- Competence: to provide care also means competency. If you care without competency, such action would result in the need of care not being met.
- Responsiveness: this refers to the responsiveness of the care receiver to the care. In Tronto's words, this represents another way of understanding vulnerability and inequality by perceiving what has been expressed by those in the vulnerable position, as opposed to re-imagining oneself in a similar situation.

We can conclude that the 'feminist' ethics of care are certainly not a homogeneous set of ideas and there has been considerable debate over the interpretation of care from this perspective. Fundamentally, a true ethics of care should consider the needs of both *the care recipient* and the *care provider*.

Tronto has offered a more political version of the *Ethics of Care* where men and women, rationalism and emotions, public and private realms are fully and equally integrated in a non-polarized way. Accordingly, the emphasis is put on a multiplicity of voices and the importance of placing care ethics into a broader, more political moral theory. We could then assume that, with Tronto's thinking, the ethics of care finally succeeded in overcoming essentialism, binary thinking and gender bias.

1.5 The role of male carers

As previously mentioned in this essay, even when women entered the labour market, both the ideology and the practice of women as carers remained strong.

These changes in work patterns in recent times and the role of women in society provoked a vivid debate around the role of the family as a caring unit. The massive entry of women's into the paid work force has made the time dedicated to care on an unpaid basis diminishing. At the same time, the demographic ageing in many developed countries and major care crisis in others have intensified the need for caring. Notwithstanding this situation, gendered divisions of family care work remain the norm, despite the fact that men have been doing more at

home. In particular, nowadays men have taken more responsibility on caring for their children, being encouraged in playing a more direct role.

It's interesting here, how the aforementioned myth of 'female incapacity' becomes a myth of women seen as the 'most capable' of training children and instilling proper values compared to fathers. According to the constructed separate sphere of ideology resulted from the capitalist mode of production and images of the ideal woman as caring and fragile, images of the ideal men were opposed as individualistic and rough. (*Care work, gender and welfare state*: 26) .

*Mothers are still more likely than fathers to take time off from their jobs to provide continuous childcare. Over the past few decades, however, women have reduced, and men have increased, their hourly contributions to these important housework tasks*⁴⁸.

To set as an example, Robinson and Godbey (1997), using an intensive time-diary data collection technique, report that American women's time spent on housework declined substantially between 1965 and 1985, with employed women shifting considerable housework to the weekends and doing one-third less than other women. At the same time, men's hourly contributions doubled. (pp.31)⁴⁹ .

⁴⁸ AA.VV., *Care Work: gender, labor and the welfare state*, Madonna Harrington Meyer (a cura di), London, Routledge, 2000

⁴⁹ AA.VV., *Care Work: gender, labor and the welfare state*, Madonna Harrington Meyer (a cura di), London, Routledge, 2000

TABLE 1: Time spent in unpaid and paid work by men and women in two-adult families with a child under 5 years old. (*average hours per day*)

Country	Men (Average for all men)		Women (Average for all women)		Ratio (Women to men)	
	Unpaid	Paid	Unpaid	Paid	Childcare	All unpaid
Canada (1998)	4.0	6.3	5.1	5.9	1.4	1.3
United States of America (1995)	2.5	6.2	4.2	4.9	1.9	1.7
Denmark (1987)	2.3	7.2	4.0	5.4	2.0	1.7
Finland (1987)	2.8	6.1	5.6	3.9	2.8	2.0
Sweden (1991)	3.7	6.4	6.1	3.9	1.9	1.6
Italy (1989)	1.8	6.6	6.4	4.2	2.7	3.6
United Kingdom of Great Britain and Northern Ireland (1995)	3.1	6.3	7.4	3.5	1.4	2.4
Austria (1992)	2.2	6.9	5.8	4.7	2.2	2.6
Germany (1992)	3.4	6.1	6.2	4.1	2.1	1.8
Netherlands (1985)	2.9	5.2	6.2	1.7	2.4	2.1
Australia (1997)	2.9	6.1	4.6	6.0	1.8	1.6

Source: OECD Employment outlook, Paris: OECD, 2001, Table 4.5, p. 140.

In the early 1990s a certain number of family scholars, re-stressed the absolute relevance of the family structure as a whole and recommended a greater parental involvement, including economic provision and moral leadership.

On the whole, over the past few decades, we can assert that women have been doing less care and house work, while men have done more.

Sweden, for instance, has been concerned with the gender equality in childrearing and has enacted paid family leave⁵⁰ to encourage father's participation in childrearing. However, official governments have been disappointed by the small number of fathers who took advantage of the paid leave. In 1992, they even appointed a special government commission to investigate why men were not opting for more childrearing. The commission discovered that the single most important factor in determining how much time a father spent with his children was the mother's attitude. The key variable was the mother's education. The more money she earned and the more fulfilment she found outside the home, the more space she was willing to create for the father within it. (Mandell, 2010:10)

In summary, we have witnessed a noticeable (as to say statistically significant) change in the gender distribution of family work, but since women still do at least twice as much of the work as their husband, we can also conclude that divisions of household labour continue to be shaped strongly by gender. Attitudes are changing, yet still too slowly.

⁵⁰ Sweden provides working parents with an entitlement of 13 months paid leave per child at 77.6% of the employee's monthly salary, the cost being shared between employer and the state. (Sternheimer, 2010:254)

CHAPTER II

THE UNPAID AND PAID CARER

Since the definition of *Care* is problematic because, as we have seen, the concept has many meanings and associations, especially if intended in the sense of ‘caring for’; so it is also difficult to attach the label of ‘carer’.

As we’ll see through the essay, a variety of relations evolve between the caregiver and the person cared for.

Care arises not only from unpaid domestic work but also from paid professionals, volunteers and paid non-professionals.

Different activities and multiple forms⁵¹ are involved in the Care Work and if we consider that many people are ‘cared for’ as well as caring for others, and that being ‘cared for’ does not implicate a mere passive role, the picture becomes more complex and we recognise that care relations are culturally and politically shaped. (James, 1992)

For the purposes of this essay, we’ll talk about *Caregiver* when the act of caring is mainly performed in the domestic sphere and *Care worker* when this is carried out in the labour market. In both cases, a good carer is supposed to *give* sustained, close, direct mental and physical attention to the person being cared for.

There are two main ways through which the service of care is delivered: an unpaid work performed by women as a domestic task within the household and a paid work also performed mostly by women in the market place. However, as we’ll look at later on, *unpaid care* can also be performed outside the home, for people who are not members of a person’s own household. It includes a range of community care providers working for the not-for-profit sector, made up of NGOs and community-based and religious organisations. These carers are collectively named as ‘volunteers’.

An unpaid carer⁵² inside the household instead, often provide, in addition to direct physical care (for instance bathing or feeding their baby, taking care of a disabled or ill relative⁵³) a

⁵¹ Specific examples include: a community care provider, a woman assisting for her disabled sister, a husband caring for an elderly wife, a girl minding her younger siblings, a mother/father feeding their baby and so on.

⁵² Sonnya Michel in her article “Claiming the right to care”, *Care work, gender labour and the welfare state*, argues that unpaid women should actually have the right *to care or not to care* by making a self-conscious choice for example, to stay at home with children. Feminism, in her view, succeeded in ‘denaturalizing’ motherhood as women’s destiny, so that it is nowadays no longer a social expectation.

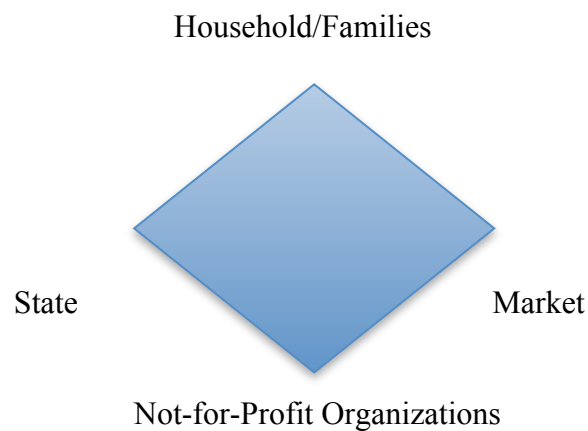
⁵³ We must herein include in the same way domestic tasks such as the activity of cooking the food and washing the clothes for which (in poor countries) fuel and water must have previously been collected.

‘passive’ care or supervision because she or he must remain at a near distance from the ‘vulnerable’ person in case the latter needs some sort of assistance.

The paid carer, on the other hand, is given a monetary compensation and the care activity can be done within the household (nanny, domestic workers) or beyond the home (homes for people with disabilities or older people)⁵⁴. The wage the paid carer is assigned, is delivered either by the State (public sector) in the form of public health and social welfare services, or by the Market (private sector) through a commercial service paid for example directly by the care recipient or his family or via insurance contributions.

On the whole, care services are provided by a wide range of institutions, each one characterised by distinctive strengths and weaknesses, including families, neighbourhoods, the state, the market, and not-for profit organizations (NGOs). These are often pictured in terms of a care “diamond”, as in the figure 1.1 below

FIGURE 1: Institutions providing Care



Source: Author’s figure based on Razavi (2007)

We’ll look into details of these different profiles of caregivers or care workers and the institutions involved in the paragraphs that follow from a strictly economic point of view.

⁵⁴ Some scholars also argue that the work done by nurses, cleaners and teachers for instance, can be accounted as Care Work.

Before yet, we need to examine closely the changing social and demographic context in which the work of carers is embedded.

2.1 Social and demographic context surrounding Care

Over the past fifty years, two main important changes in the family structure, composition, age, and health of most western developed countries, have affected both the demand and supply for care and therefore they can't be overlooked.

Firstly, the massive entrance of women in the labour force over the last half of the twentieth century is one fundamental change that has significantly reduced the time available to women to provide unpaid care at home. This has led, in turn, to increased expectations that men should contribute more in the care of family members.

Secondly, both the decrease in fertility rates and a growth in the elderly population, suggest that in the future there will be more need for unpaid care of adults compared to the care for children.

With regards to the first occurrence, we registered a rise in the employment of mothers with children from 45 to 78% between 1965 and 2000, with full-year employment increasing from 19 to 57% during the same period. (Folbre)

In the United Kingdom for example, according to a 2013 report issued by the Office for National Statistics (ONS), over the last forty years the employment of women aged 16 to 64 rose considerably, while the one for men decreased⁵⁵. At the same time, the report highlights how women dominate caring occupations (accounting for 82% within these occupations types), whereas men tend to work in professional occupations associated with higher level of pay than women (Office for National Statistics, UK).

In the UK, like in the majority of EU countries, most of the shift in more working women and less workingmen, occurred between 1971 and 1991. One main factor was, starting from the 1960s, the rise in service occupations (especially caring ones) and the fall of the manufacturing sector. The growing demand to employ people in the service industry, where

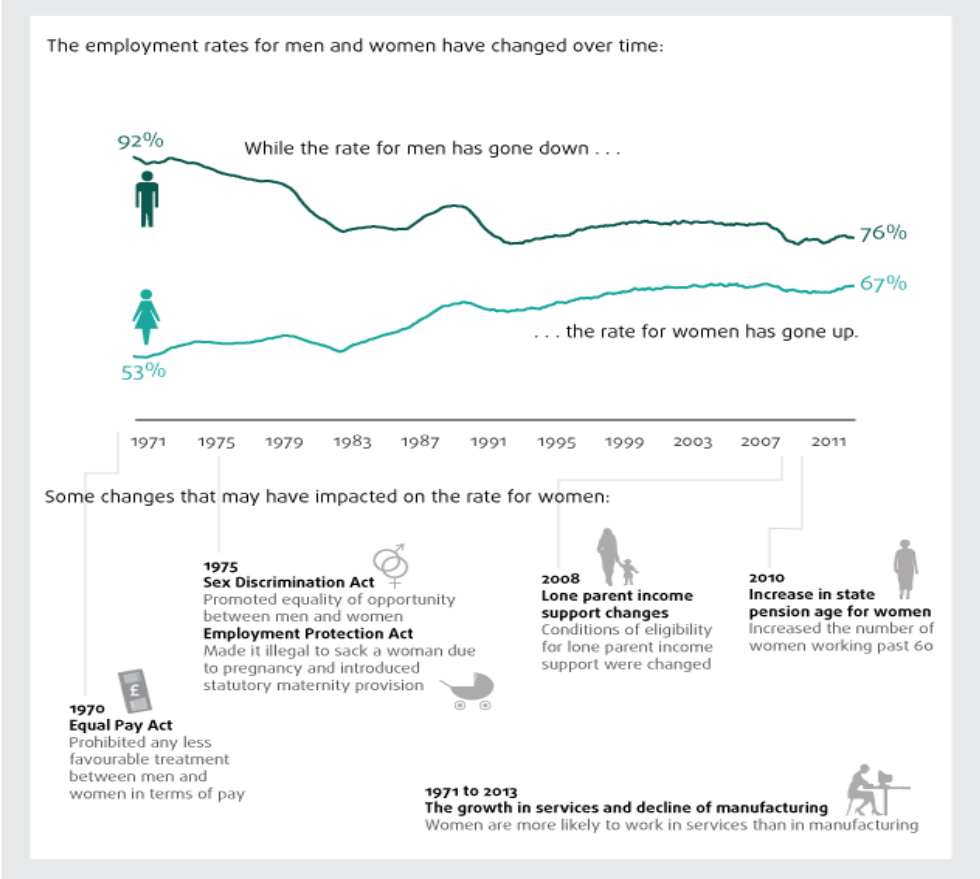
⁵⁵ In April to June 2013 around 67% of women (aged 16 to 64) were in work, an increase from 53% in 1971 while for men the percentage fell to 76% in 2013 from 92% in 1971. *Source: Office for National Statistics*

women have traditionally worked more, has resulted in this important change in the labour market employment rates.⁵⁶

However, with the current widespread recession started in 2008, the employment rates for men fell more than for women and have since levelled off in the last four years with men’s employment rates remaining between 75% and 77% and women’s at 65% to 67%.

The rise in women’s employment is in part due to an increase in the percentage of mothers at work and an earlier return to work after childbirth. (ONS, Office for National Statistics of UK)⁵⁷. Notwithstanding these figures, it is acknowledged that many mothers still implicate their career to focus on family caregiving (ex. raising children full-time), while fathers seldom do so, also on account of their longer paid working hours. (Folbre, 2012).

Table 2: Employment rates for men and women aged 16-64, 1971 to 2013, UK



Source: *Women in the labour market*, Office for National Statistics (ONS), 2013

⁵⁶ We must notice that since the 1970s in the UK, a series of legislation acts such as the 1975 Sex Discrimination Act and Employment Protection Act and the 2010 increase in State Pension Age for women, may have also impacted on the employment rate for women.

⁵⁷ The number of mothers who did not work outside the home declined from 5.6 million in 2006 to 5.3 million in 2008. (*Women in the Labour Market – Full report* ONS, 2013)

In addition, family life has become much more complex, unstable and unpredictable⁵⁸.

It is worth mentioning in this context, without entering into details, that single mothers with racial-ethnic differences (especially poor mothers) also alter the landscape of family caregiving⁵⁹.

As Folbre (2012) puts it:

Because divorce and unmarried childbearing tend to distance fathers and their children, the erosion of caring relationships between the generations can persist as children age into adulthood and older fathers become ill or frail. Moreover, large racial and ethnic differences in family formation and dissolution suggest that care provision varies across groups, especially in reliance on extended family, “quasi-kin”, and friends. (Folbre: 43)

With the second recent change, the fall in fertility rates and expectations of a growing elderly population, the scenery appears to be even more multi-faceted.

The UK’s national population in line with most western societies is ageing rapidly. The more recent national population projection issued in 2012 by the ONS (Office for National Statistics), states that the UK population is expected to increase by 9.6 million over the next 25 years from an estimated 63.7 million in mid-2012 to 73.3 million in mid-2037. The number of people aged 80 and over in the UK is projected to more than double to 6 million in by mid-2037.⁶⁰

Table 4: Estimated and projected population of the United Kingdom and constituent countries, mid-2012 to mid-2032.

	(Millions)				
	2012	2017	2022	2027	2032
United Kingdom	63.7	65.8	68.0	70.0	71.7
England	53.5	55.4	57.3	59.1	60.7
Wales	3.1	3.2	3.2	3.2	3.3
Scotland	5.3	5.4	5.5	5.6	5.7
Northern Ireland	1.8	1.9	1.9	2.0	2.0

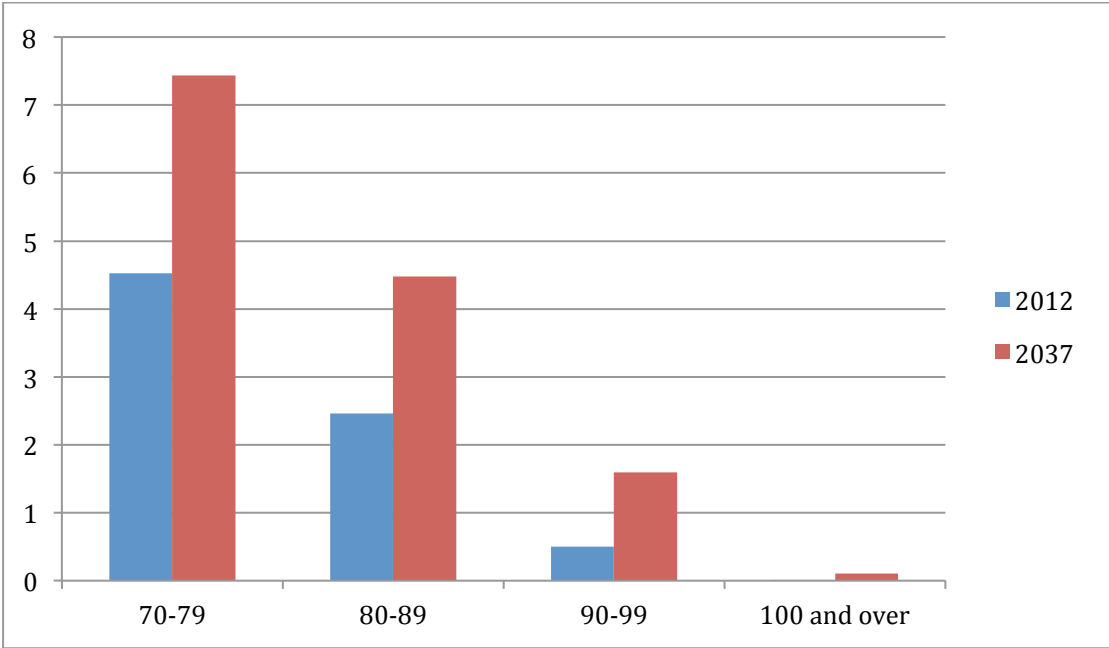
Source: *National Population Projection*, Office for National Statistics (ONS), 2012

⁵⁸ Note that we always refer to western developed countries if not otherwise specified.

⁵⁹ See as detailed below in the paragraph *Low ethnic migrant families*. It is important however, to underline that there has been much less research of the elder family care provision for the UK’s growing older ethnic population than for the majority of white population.

⁶⁰ ONS report *National Population Projections, 2012-based Statistical Bulletin*

Figure 2: Estimated and projected population aged 70 and over, United Kingdom, mid-2012 and mid-2037.



The mixed combination of falling rates of fertility and an ageing population results in the appearance of vertical *multi-generational families* taking the place of traditional nuclear families⁶¹. Stephen Burke, director of the United for All Ages, a social enterprise working with councils and charities reported to the Telegraph:

Like the USA, the UK has seen a big increase in multi-generational households with three or more generations living under the same roof. This has mainly been driven by economic factors- the squeeze on incomes and jobs, the cost of housing and the pressures of both childcare and elderly care⁶².

While, on the one hand, the fertility decline in most European countries has helped to free up time for mothers to participate more extensively in paid employment, it has also reduced the number of adult children available to help in the future their aging family members. This means that fewer siblings will share responsibilities in dealing with family health care problems and, as we can expect, the decision will probably fall on the shoulders of the daughters.

To sum up, women’s life conditions changed dramatically over the past 50 years. For many of them paid work opportunities have offered greater financial security and therefore economic

⁶¹ Cf. Sandwich generation
⁶² <http://www.telegraph.co.uk/women/mother-tongue/9490940/Return-of-the-extended-family-home-as-sandwich-generation-take-in-old-and-young.html>

independence, as well as improved wellbeing (in terms of self-esteem and life-satisfaction). Notwithstanding this important acknowledgement, data show that they are still the main providers of care in most countries in Europe, and they often need to find strategies in order to balance work with care responsibility.

2.2 The unpaid carer or informal caregiver

As we've mentioned before, *unpaid care* is mostly provided within the household but it is not restricted to it. It can be in fact delivered also by friends and family members in different places, such as hospitals, nursing homes, or schools in the form of volunteer activities. The State or public sector is presumed to support the unpaid carer for example in the form of tax deductions or tax credits; direct services provided by government employees (as in public kindergartens and schools); subsidies for market-based services (ex. Child-care subsidies).

However, the coverage is often insufficient and unequal across states. Obviously some communities are able to mobilize more resources for care than others and unfortunately, those most in need of mutual aid may live among those least able to provide it. (Folbre, 2012)

Although care provided within the household among family members is often considered 'better quality care', this depends on a number of different factors that undermine the care provided. These include economic stress; poor working conditions, intrafamily negotiations, the level of state support or simply even an inability to deliver effective care due to inadequate training (Folbre, 2012). Moreover, the burden on families is unequally distributed: daughters for example often feel more responsibility than sons for care of elderly parents due to their culturally determined gender roles⁶³.

The importance of unpaid caregiving is reflected by its inclusion as an item in the United Kingdom in both its 2001 Census and 2011 Census. The last Census for instance, registered 5.78 million people providing unpaid care, and the Office for National Statistics lately issued many reports trying to highlight the growth of the unpaid work in the UK.

Women provide undoubtedly the majority of informal care, however it is defined or measured: in UK, 42% of carers are men and 58% are female with the greatest burden falling to 50-64 year-old women⁶⁴. The gender inequality diminishes among retired people, with men providing a slightly higher percentage of care hours than women. In 2011 in England,

⁶³ Cf. chapter I

⁶⁴ Based on the NHS website and ONS (Office for National Statistics) report *The gender gap in unpaid care provision* (2013)

economically active women in both full-time and part-time jobs provided a greater share of the unpaid care responsibility than men.

Table 5: Unpaid care provision: by age and sex in England and Wales, 2011

Country	Level of unpaid care	Men				Women			
		0 to 24	25 to 49	50 to 64	65+	0 to 24	25 to 49	50 to 64	65+
England	1 to 19 hours unpaid care	1,7	5,5	12,0	7,5	2,1	7,8	16,1	6,6
	20 to 49 hours unpaid care	0,3	1,2	1,9	1,9	0,4	1,7	3,0	1,7
	50 hours or more unpaid care	0,2	1,4	2,9	5,8	0,3	3,0	4,4	5,2
Wales	1 to 19 hours unpaid care	2,1	6,3	11,9	7,0	2,5	9,1	15,6	5,9
	20 to 49 hours unpaid care	0,4	1,5	2,6	2,5	0,5	2,2	3,8	2,2
	50 hours or more unpaid care	0,3	2,1	4,3	7,8	0,5	3,9	6,2	7,0

Source: *Unpaid Care snapshot*, Census 2011, Office for National Statistics (ONS)

There has been clear evidence from the ONS study⁶⁵ that, on the whole, the more the time spent in caregiving activity while working, the greater the negative health consequences for the provider of care: *men and women working full-time in both England and in Wales, and providing 50 hours or more unpaid care per week were between 2.4 and 3.2 times more likely to report their general health as “not good” compared with those providing no unpaid care.*

Findings from the same report show how women in their fifties are more likely to leave the labour market to provide unpaid care for family members than men and besides, the younger retirement age of women frees them to provide care earlier than men⁶⁶.

The most common level of care provision between male and females in terms of hours spent for caring was 1 to 19 hours per week. Above 65 years old, the likelihood of providing care is directed to their own spouse.

2.2.1 Consequences on the unpaid caregiver’s health

Besides the great wellbeing benefits reaped by those who receive some sort of care services, and, on a large scale, to the extended benefit for the society on the whole, the work of Caring

⁶⁵ ONS report *The gender gap in unpaid care provision* (2013)

⁶⁶ Although we need to specify that with the latest ‘State Pension Act’ women will equalise men’s State Pension Age at 65.

represents, as we remarked before, a cost and burden for those who provide care, mostly women. These material costs are measured in terms of physical energy and sometimes health as well as the lack of enjoyment of leisure time: *Care provision requires time, physical effort, and emotional energy. Whatever its intrinsic rewards, it can also impose costs and stresses.* (Folbre, 2012)

The emotional component in caregiving, as analysed in Chapter I, plays an essential role herein that makes it difficult to understand the dynamics and choices of care, because feelings of concern or love for the care recipient together with a sense of moral obligation and guilt are strictly involved in the role.

The British Psychological Society conducted in 2009 a prospective observational study that examined the relationship between the strain and burden of caregiving⁶⁷ and depression and anxiety in a large community sample. The study focused in particular on the psychological morbidity of caregivers and it found that caregivers who experience a greater burden have been found to report more physical and psychological health problems (in particular depression and anxiety). Besides, older caregivers presumably reporting higher level of stress were at increased risk of 4-year mortality (Schulz and Beach, 1999). It is however important to emphasize that social support from the State, was associated with lower levels of depression and anxiety.

Another factor that was taken into consideration was the social isolation from which many informal women caregivers experience if they don't work.

Other studies have also shown that women's mental health is more likely to be adversely affected by caregiving than men's as evidenced by greater feelings of burden, stress, anxiety and depression. (Navaie-Waliser, Springs and Feldman, 2000).

Overall, physical health consequences include: chronic fatigue, sleeplessness, stomach problems, back pain, elevated blood pressure, poor immunitary system function, viral illnesses and increased health care use (Navaie-Waliser, Springs and Feldman, 2000).

Another survey conducted by *Carer's UK - Scotland*⁶⁸ in 2012, found 96% of respondents reporting the fact of providing care as a negative impact to their health and well-being, or that already existing health problems went worsening after taking up the carer's role. Most of the respondents also said they felt isolated and restricted in taking part in leisure activities. On the whole, evidence shows that those providing more or 50 hours of caregiving activities per

⁶⁷ Caregiver depression and other adverse mental health problems have been reported in particular as consequences of care for elderly people.

⁶⁸ www.carersuk.org

week, especially those in full employment but also retired men and women, reported to have the worst health conditions. (See table below)

Table 6: Percentage of men and women with “not good” general health: by extent of unpaid care provision and economic position, and ratio of those providing 50 hours or more per week to those providing no unpaid care in England, 2011.

		No unpaid care	1 to 19 hours unpaid care	20 to 49 hours unpaid care	50 hours or more unpaid care	Ratio 50+ hours: no Care
Men	Full-time	9,0	13,6	18,6	21,6	2,4
	Part-time	15,9	19,6	25,2	30,0	1,9
	Unemployed ¹	16,2	23,1	25,5	28,9	1,8
	Looking after home/family	22,2	28,7	33,1	36,8	1,7
	Retired	49,3	36,9	55,2	60,7	1,2
	Students	4,8	7,9	12,9	22,0	4,6
Women	Full-time	8,0	12,0	18,2	21,5	2,7
	Part-time	11,6	14,4	21,0	22,4	1,9
	Unemployed ¹	14,8	21,5	24,0	26,3	1,8
	Looking after home/family	15,1	20,0	28,7	31,5	2,1
	Retired	51,3	33,7	50,5	57,9	1,1
	Students	5,5	10,3	16,5	23,8	4,3

Source: *The gender gap in unpaid care provision: is there an impact on health and economic position?*, Office for National Statistics (ONS), 2013

In short, international research has provided evidence that, due to the gendered patterns of caring duties featured previously; caregiving primarily negatively affects the health of women more than men (Morris, 2001). This situation seems to be connected with the tendency of women’s carer to care for longer hours and being involved in demanding activities while giving up to social activities and reducing employment hours. As a matter of fact, the economic stress factor and social isolation are to be ascribed as the main responsible for serious health problems.

2.2.2 Consequences on the unpaid caregiver’s economic and social opportunity

Women who carry the burden of responsibility for the unpaid care of their family members and friends have necessarily to reduce their participation in paid employment and must experience pay penalties, incurring substantial lifetime earnings losses (Waldfogel 1997; Budig and England 2001).

A large literature has focused on the costs of motherhood because even a short period of time away from full-time paid employment early in an adult career can have significant negative effects on future earnings. The cutback in earnings of women with children has been called the “family gap” or “motherhood penalty”⁶⁹.

Findings of a study conducted by the London School of Economics (1999) showed how, among seven industrialised countries analysed, the family gap in pay is larger in the United Kingdom than in other countries because of the tendency of UK mothers to work in low-paid part-time jobs but also because even among full-timers, women with children in the UK are lower paid relative to other women than are mothers in other countries.⁷⁰

Providing high-intensity care moreover, can be incompatible with a full-time job or any type of paid employment because caring duties in particular can be very unpredictable in terms of availability, leading to absences from work. Indeed, in the United Kingdom, female carers are 30% more likely to hold a temporary job (OECD – *The impact of caring on family carers*).

According to the ONS report on *Gender gap in unpaid care provision* in the UK, across the economic positions of working full-time, part-time, or being unemployed, women provided more unpaid care in each category than their male equivalent in England and Wales.

Table 7: percentage of full-time, part-time, unemployed men and women providing unpaid care in England and Wales, 2011

Level of unpaid care	Men			Women		
	Full-time	Part-time	Unemployed	Full-time	Part-time	Unemployed
England						
1 to 19 hours unpaid care	7,1	9,0	5,9	9,5	11,7	7,2
20 to 49 hours unpaid care	1,1	1,8	1,5	1,4	2,0	1,9
50 hours or more unpaid care	1,1	1,7	1,5	1,2	2,5	2,0
Provides unpaid care: Total	9,3	12,5	8,9	12,1	16,1	11,1
Wales						
1 to 19 hours unpaid care	8,0	9,4	6,2	11,5	12,1	7,5
20 to 49 hours unpaid care	1,5	2,1	1,9	1,9	2,5	2,1
50 hours or more unpaid care	1,6	2,3	1,8	1,8	3,2	2,4
Provides unpaid care: Total	11,0	13,8	9,9	15,3	17,8	12,1

A relatively new interesting ‘category’ of unpaid carers has arisen since the vast entrance of women in the labour market: the so-called *Sandwich Generation of Carers*. The term, coined

⁶⁹ Several studies found that women with children are paid less and have fewer chances of promotion because they take time out to be mothers. Mothers therefore experience disadvantages in the workplace along with those commonly associated with gender.

⁷⁰ Cf. *The Family gap in pay evidence in seven industrialised countries* report.

by Dorothy A. Miller in 1981⁷¹, stands for individuals (mostly women) that care for their parents while also caring for their young children. Moreover, the majority of them work in a part-time or full-time employment. The combined effect of longer life expectancies and delayed childbearing is an increased likelihood that working-age adults will find themselves responsible for care of younger and older dependents at the same time (Pierret 2006; Spillman and Pezzin 2002).

When they do care for both generations, employed sandwiched caregivers use many strategies to balance work and family demands. The most common strategy seems to be reducing the number of hours of work, which occurs almost twice as often for women as for men (31 per cent of wives as compared to 17 per cent of husbands). (...) If someone is already caring for a child, the impact of also becoming a caregiver for an elderly person is unclear. But at least one recent study suggests that sandwiched caregivers report a lower quality of life than those with fewer care responsibilities⁷² (Folbre, 2012)

As a result of their greater multiple caring responsibilities, women happen to be more likely than men to give up their jobs⁷³ and this discrepancy is even more severe for low-income women.

Another consequence of handling waged work and care duties is that women (either mothers caring for children or wives caring for elderly people for instance) have to renounce altogether to leisure time in order to fulfil their 'role'. As Hochschild puts it:

Most women without children spend much more time than men on housework; with children they devote more time to both housework and childcare. Just as there is a wage gap between men and women in the workplace, there is a "leisure gap" between them at home. Most women work one shift at the office or factory and a "second shift" at home⁷⁴. (Arlie Hochschild, 1989)

In accordance with the "motherhood pay penalty", childcare duties compromise mother's future earnings. When caring dependence enforce women to reduce their hours of work or quit their job altogether, these women may become exposed to poverty- particularly those from low-income backgrounds. (Wellard, 2011)

⁷¹ Miller, D., *The Sandwich Generation: Adult children of the Aging*, 1981

⁷² Cf. Rubin and White-Means study, 2009.

⁷³ Figure from the EHRC show that 17% of unemployed women left their last job to care for someone, compared to only 1% of men (Smeaton et al 2009).

⁷⁴ Hochschild Arlie, Machung Anne, *The second shift: working families and the Revolution at home*, Ch. I, revised edition, New York, Penguin books, 2012

In addition, besides the impact on the professional life of women's carers, the caring duties can also restrict the possibilities for them to have access to community services, leading them to hardly participate to social or leisure activity other than caring.

All the drawbacks so far mentioned, such as loss of employment or opportunities to progress in their career, restricted job choices and loss of leisure represent a huge financial cost on women's shoulder. Furthermore, divorce in the UK for example, has troublesome consequences for women, not only because it increases their reliance on their own (lower) earnings, but also because it reduces their eligibility for benefits, such as pensions, that are based on a husband's (higher) earnings. (Folbre, 2008a).

To summarize, a comprehensive review of research about the unpaid caregiver's economic consequences produced over a twenty-year period concluded that, on the whole: *caregivers are not less likely to be employed than non-caregivers, but that employed caregivers do tend to reduce their labour market hours on average* (Lilly, Laporte, and Coyte 2007)⁷⁵.

2.2.3 Rewards of unpaid caregiving

For many people caring is a valued source of self-esteem and social legitimacy
(Chant 2002a; Molyneux 2007a)

Notwithstanding the negative impacts of caregiving on the carer's wellbeing, there is large evidence that caregiving is also associated with positive outcomes and rewards, even in combination with feelings of being burdened. Several studies have demonstrated that it is possible for caregivers to experience both positive and negative consequences at the same time⁷⁶.

These rewards include:

- satisfaction from doing a job well,
- improved social relationships,
- fulfilling a duty or obligation to the care recipient,
- an intensified sense of self-esteem.

⁷⁵ Folbre, N., *For Love or Money, Care provision in the United States*, Russell Sage Foundation, 2012.

⁷⁶ Cf. Sarah Matthews's study in Folbre, N., *For Love or Money, Care provision in the United States*, Russell Sage Foundation, 2012.

A lot of satisfaction can, in fact, stem from knowing that they're helping someone through a difficult point in their life but much of the rewards depend on the context the caregiver is experiencing.

Leah Eskinazi, director of operations for the Family Caregiver Alliance in San Francisco asserts that for instance caring for someone with dementia can be much more stressful and depressing because the person *is facing a long, inevitable decline. You're caring for someone who can't voice his or her preferences. You're making decisions for another person and for yourself, and that can last for a long time. It's tough.* (Eskinazi, 2013)

This lower quality of life can be attributed to the obligation and intensity of hours in performing a care activity as well as the interactive or unilateral role of the carer.

Clearly, everything much depends on the context. A study conducted by the IFS (Institute for Fiscal Studies_UK) shows that caring for grandchildren is associated with a higher quality of life compared to non-carers (IFS, 2010). 87% of grandparents (aged 45 to 54) found it a rewarding experience that helps forming strong ties with the children they care for, and because they enjoy the ability to experience new things, among other benefits. (Rutter and Evans, 2011b).

An important distinction in all studies about caregiving is made between *active* and *passive* care. *Active care* (or interactive care) includes activities such as: bathing, feeding, toileting and similar hands-on activities. Caregivers in this role, feel that they are contributing to the care recipient's wellbeing and improved health because they also receive in return love and recognition (interdependent relationship). *Passive care* (or unilateral care) instead, requires the caregiver just to be physically present while others provide for his or her direct care. More often caregivers feel that they give out without any feedback in return, so that the relationships between the two is one of unilateral dependence from the care recipient's side. A significant reward from the work of caregiving can only derive from a positive and interactive attitude to caregiving along with a set of favourable socio-economic conditions and external support that help the caregiver carrying out his activities.

2.2.4 Low-income ethnic minority families

Despite caregiving holding positive traits and outcomes for many women, the same is not true for the poorest women in a certain ethnic community, who are indeed more likely to put at risk their health and well-being by devoting time, effort and other resources to the work of

caring. Furthermore, women carers living on a low-income in the current economic climate of recession are additionally burdened by increased time pressure, decline in nutrition, higher levels of stress, all of which combined with decreased income for charities and voluntary sector organisations trying to meet the numerous demands for care services with fewer resources available.

Although this is not the context to expand all different variables affecting the caregiver's role, the impact of race, class and/or ethnicity on the caregiving experience is worth herein a short consideration.

Low-income families rely more heavily on parental care and kin care compared to wealthier families, who can afford childcare centers that offer children more early education (Williams and Boushey, 2010)⁷⁷.

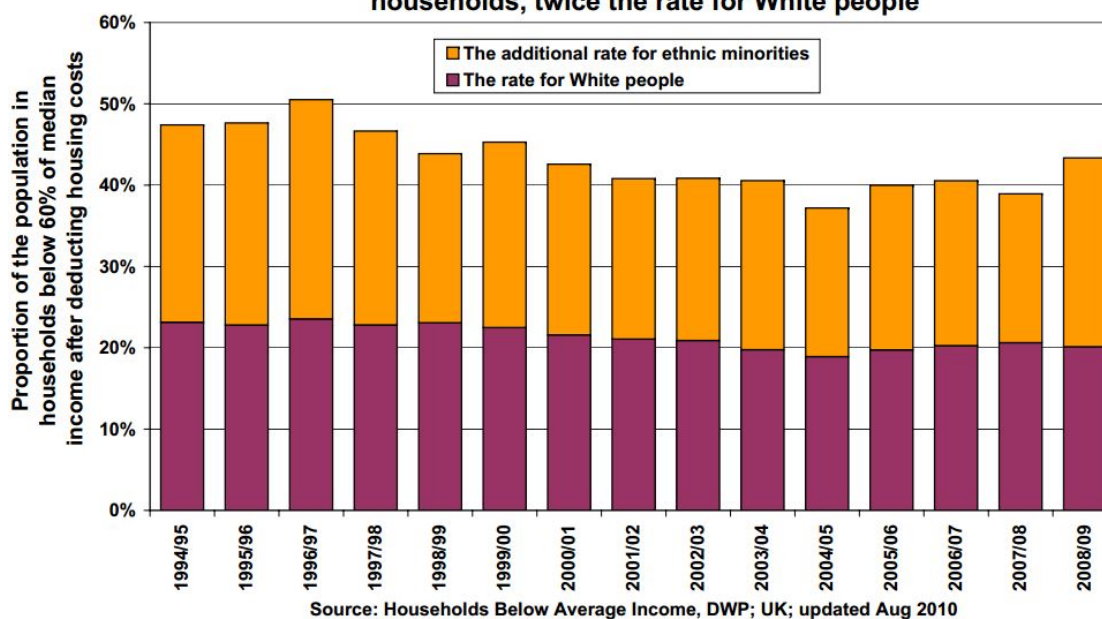
A report issued by the Centre for Research on Families and Relationships (CRFR) based in Scotland, highlighted in 2012 the hardships faced by (lone) low-income families with the aim of informing voluntary and public sector agencies in the development of services. Lone mothers face a higher risk of poverty compared to other family types and also experience more persistent and long-term poverty (Millar 2011; Barnes et al 2010).

Findings from the research report show that among women from low-income families in the UK a high percentage comes from different ethnicities than White background: two-fifths of people from ethnic minorities live in low-income households, twice the rate for the general population⁷⁸. For example, more than half of people from Bangladeshi and Pakistani ethnic backgrounds live in low-income households.

⁷⁷ Folbre, N., *For Love or Money, Care provision in the United States*, Russell Sage Foundation, 2012.

⁷⁸ *Parenting on a low income*, report issued by the Centre for Research on Families and Relationships (CRFR), Scotland.

Around two-fifths of people from ethnic minorities live in low-income households, twice the rate for White people



Lone mothers account for 50% among low-income families, more than twice the rate for couples with children. They don't have the resources to pay for someone looking after their elderly parents, so that they are much more likely to be providing care.

Living on a low income moreover, can bring various stresses such as food and fuel poverty, debt and absence from social activities and holidays; all of which negatively impact family relationships, possibly harm parent's physical and mental health and contribute to feelings of stigma, isolation and exclusion for the whole family⁷⁹. This is added up with the likelihood that low-income families typically report more health problems and a higher incidence of disability than other families. Disability or poor-health generate extra costs to families: it can cost three times more to bring up a child with a disability than a non-disabled child in the UK (Glenn, 2007)⁸⁰ because of the need for specialist equipment or care that are not provided by the NHS⁸¹ or Social Services due to their tight budgets (Shapiro, 2003).

On the other hand, extended family and strong 'bonding' social networks, characteristic of ethnic communities abroad, alongside friends and neighbours, often help unpaid caregivers meet the needs of their dependents. Mothers and female friends are crucial to social support networks, and most informal support is both provided and received by women. (Attree 2005;

⁷⁹ Debt in particular, can represent a key feature of life for some low-income families. For working lone mothers, debts can be generated by through employment changes (job instability or loss), partnering and housing costs (ex. over mortgaging and loans). Debt is one of the most difficult factor of living on a low-wage over time, making life stressful for both women and children (Ridge and Millar 2011).

⁸⁰ Cf. report *Parenting on a low income*, About Families, March 2012

⁸¹ The National Health Service of the United Kingdom.

Ghate et al 2002; Seaman et al 2005)⁸². While this support can be very important, it depends on the availability of resources and life events and as said, many of these families such as single and ethnic minority mothers, tend to isolate and do not have access to formal services. Feelings of isolation and exclusion are brought about by the fact that these families cannot afford any leisure activity or the possibility to socialise on their income.

Although families with income below the poverty level theoretically have access to subsidized childcare, the supply of such services does not meet the demand very often. Many families do not receive all the benefits to which they are entitled and the UK benefit system is usually puzzling and complicated for them.

For many ethnic groups moreover, a lack of cultural sensitivity in services and information can discourage them to have access to them. Ethnic minority parents particularly value interventions, which offer practical help, such as health visiting, and prefer professionals who are non-judgmental, take their concerns as parents seriously, and treat them with respect (Ghate et al 2002).

Families on low-income also face various barriers to employment because they enter in a low-paid, part time cycle while facing discrimination and inflexibility by their employer's side. Finally, the risk of living below the poverty line is accentuated by the likelihood for these families to live in deprived neighbourhoods with inadequate housing and lack of basic amenities and services, all of which can exacerbate stress level.

2.3 The paid carer

The ideologies and practices regarding women's historically unpaid caregiving work clearly influence the contemporary public value placed on this work
(Abel and Nelson; 1990⁸³)

With the historical increase of women's employment and entrance in the growing service industry⁸⁴, more care work has moved from the family to the market.

⁸² Cf. report *Parenting on a low income*, About Families, March 2012

⁸³ AA.VV., *Care Work: gender, labor and the welfare state*, Madonna Harrington Meyer (a cura di), London, Routledge, 2000

⁸⁴ The service industry has grown considerably over the last 170 years. According to the ONS, UK, in 1841, one-third of working people (33%) worked in the service industries. In 2011, 81% were employed in service industries.

Paid carers can be found themselves working within the home, as domestic workers or nannies, or outside the home, in homes for older or disabled people. A few scholars argue also that paid carers are to be found in high-paid occupational groupings, for instance professional occupations such as nurses, doctors, teachers and college professors.

Employment in care industries depends heavily on public spending. *More than 34% of all employees in these industries work in the public sector, a significantly higher percentage than any other grouping.*

As we've been noticing, employment in care industries is distinctively female. In the UK for example, women dominate employment within occupations related to caring and leisure, accounting for 82% of the total population.

Table 8: The percentage of those working in each occupation group, that are men and women, April to June 2013, UK

	Percentage	
	Men	Women
Managers and Senior Officials	66,9	33,1
Professional Occupations	50,3	49,7
Associate Professional And Technical Occupations	57,4	42,6
Administrative And Secretarial Occupations	23,4	76,6
Skilled Trades Occupations	90,0	10,0
Caring, Leisure And Other Service Occupations	18,0	82,0
Sales And Customer Service Occupations	37,3	62,7
Process, Plant And Machine Operatives	88,6	11,4
Elementary Occupations	54,3	45,7

Source: Labour Force Survey household datasets

The table above suggests that women dominate the employment within occupations in caring and leisure; the next most common occupations that women dominate are administrative and secretarial roles and sales/customer service occupations.

As it has been remarked in the previous paragraphs, the growth in paid care jobs has been facilitated by a number of factors:

- The increase in women's labour force participation that extended the demand for services once provided for free by wives and mothers (see Chapter I)
- The ageing of the population associated with fertility decline and increased longevity has equally augmented the demand for adult care services.
- The growing availability of low-wage and especially immigrant workers in recent decades to provide care for children, the elderly or the disabled.

This last occurrence is of particular importance concerning the paid carer's implications with the labour market. According to many scholars, this factor has probably made it easier for highly educated women (middle-class women) to combine family care with paid employment. (Furtado and Hock, 2010). This has resulted in turn, in a rise in both the demand and the supply of women workers in paid care services.

It is also important to stress that most care jobs were relatively immune to the 2008 economic and financial crisis affecting the labour market in view of the fact that paid care jobs are less vulnerable to international competition given the strictly personal, often physical interaction central to interactive care work⁸⁵ (Blinder 2006).

As it was the case for the unpaid carer⁸⁶, also for the paid carer a “penalty” exists, notably a *Pay penalty*. Paid carers have been found to be paid less than other workers with similar characteristics. The *Gender Pay Gap*⁸⁷ (GPG), analysed abundantly by economist scholars, clearly demonstrates that discrimination on a gender basis happens, also when women enter the labour market. One of the most commonly quoted explanations for the GPG is the sexualised division of labour or, in today's lexicon, the ‘occupational segregation of sexes’. In other words, women tend to be present in lower paid occupations compared to men, who, on the other hand, tend to be predominant in higher paid and skilled positions.

A comprehensive analysis of earnings by occupation found that, care workers pay a 5 to 6 % hourly wage penalty, net of their education, experience, seniority, whether they work part-time, and a number of other job characteristics –including the amount of cognitive skills and physical strength required by the job and the percentage of female workers in the jobs (England, Budig, and Folbre 2002).

What's more, research focused on controlling the quantity of care penalty; disclose that female-dominated care jobs are paid less in average if compared to female-dominated noncare jobs at similar skill levels. (England, Budig, and Folbre 2002).

We can therefore gather from this the fact that *care* is clearly embroiled in gender bias and it is culturally devalued due to its deep connections with women and the unpaid care work performed at home: *The most pervasive fear about Care work provided in the public realm is*

⁸⁵ Folbre, N., *For Love or Money, Care provision in the United States*, Russell Sage Foundation, 2012.

⁸⁶ Cf. ‘motherhood penalty’ in the paragraph “The paid carer – consequences on the carer's economic and social opportunities” above.

⁸⁷ The GPG (Gender Pay Gap) is a measurement of the percentage difference between male and female hourly earnings as a proportion of male hourly earnings.

*that providing financial incentives for work that was once performed solely out of love will hinder and devalue the act of caring*⁸⁸.

Social perceptions and expectations presuming that care is best performed unpaid by family members, are challenged by many sociology scholars who argue instead that the ability to provide good care is not predetermined as a biological trait, but it is positively or negatively influenced by social structures. The simplistic distinction between *care* performed for love and *care* performed for money cannot express the true nature of the care work that women perform, whether paid or unpaid.

As Sociologist Francesca Cancian, puts it: *(...) at times low salaries, the desire for profits, and excessive bureaucracy reduce paid care workers' capacity to provide good care. At other times, however, organizational structures can evolve to allow, and even encourage, the provision of good care that is rich with nurturing and compassion.*⁸⁹

As it has been previously mentioned, while on the one hand, Care work in most EU countries has created employment opportunities for women and immigrants, on the other hand, insufficient labour market regulations and open immigration policies have contributed to the formation of an extremely low-wage labour market in which several women do the care jobs that other women escape from performing it in the household.

2.3.1 Low-paid migrant women workers in domestic care: from a gendered to a racial division of labour

Over the last 40 years, the transnational movements of people in search of better life conditions and employment opportunities has represented one of the biggest changes that the globalization has brought about. The 'global north' and the 'global south' had never been so connected and the social-demographic changes aforementioned in the previous paragraphs⁹⁰ help us to understand the sharp increase in demand for domestic workers everywhere in developed countries. It is now acknowledged that middle-class working women and their families rely more and more on domestic workers, and the society as a whole is increasingly characterized by a substantial need for care services.

⁸⁸ AA.VV., *Care Work: gender, labor and the welfare state*, Madonna Harrington Meyer (a cura di), London, Routledge, 2000

⁸⁹ AA.VV., *Care Work: gender, labor and the welfare state*, Madonna Harrington Meyer (a cura di), London, Routledge, 2000

⁹⁰ These are: the massive entrance of women in the workforce, the ageing of societies and the problems that middle-class women encounter in balancing family life and work.

Hence, a high demand for care services mainly in northern developed countries, also representative of a 'care' deficit in these countries, has been fulfilled by migrant women workers from developing countries escaping from poverty, insecurity, violence and abuse. These women have found jobs mainly in care industries, often employed by private households to carry out housework and care for children, the elderly or sick family members or in child-care centers and home-care centers for older people. Western developed countries that allow the entry of domestic workers from other nations do use different methods. While in a few countries, such as Singapore, Hong Kong and Canada, highly regulated government-led contract labour programs exist, in most developed nations of EU and the US an informal, careless pattern dominates.⁹¹

As a consequence of the high demand in care services in recent decades, a new phenomenon has arisen: *the feminization of labour migration*. According to the ILO (International Labour Organization) women represent today around half of the total stock of migrants worldwide (approximately 200million workers) and it has estimated that domestic care workers make up about 4 to 10% of the labour force of developing countries and about 2% of the workforce in developed countries⁹². Asia is one big source for international migrants working as care workers in both within the country and beyond. In the Gulf countries for example, Asian migrant workers made up 40-70% of the labour force in 2000 and in Canada, Filipinas make up 85% of all migrant live-in caregivers.⁹³

For these women, migration is both a personal and family survival strategy. Feminization is more than just numbers in official migration statistics. It refers to the features that define women's migration, such as the concentration of women in temporary labour migration; their likelihood to migrate via undocumented channels, at risk of trafficking and smuggling; their predominance in low-wage and low-status job of domestic work- considered "women's work"- that remains largely hidden in a shadow or informal economy; and the intersecting forms of discrimination (s), harassment and abuse they face throughout the migration cycle (pre-departure, in transit, on-site in destination countries, and on return to origin countries). (...) However, in their search for a better life, these women reap not only the costs but also the benefits of migration. South Asia's women migrant workers for instance gain most from "the empowerment effect" of increased self-confidence and self-reliance. Their increased

⁹¹ AA.VV., *Care Work: gender, labor and the welfare state*, Madonna Harrington Meyer (a cura di), London, Routledge, 2000

⁹² <http://www.unwomen.org/~media/Headquarters/Media/Stories/en/ITUCdwdAnglaisWEBpdf.pdf>

⁹³ UN-WOMEN ASIAPACIFIC report on *Contributions of migrant domestic workers to sustainable development*, April 2013

*income may enable women greater access to land, markets, credit, and other resources to ensure their autonomy, especially when they return home.*⁹⁴

We can therefore assume that, when women's historically unwaged Care work enters the market economy, the gendered division of labour becomes also a racial ethnic division of labour. The status accorded to women's labour is not only influenced by a devaluation on a gender basis, but also a racial and ethnic devaluation when *white (middle-class) women transfer their domestic labour to historically subordinated women of colour, thus freeing more privileged women from undesirable or undervalued labour* (Rollins 1985; Romero 1992; Dill 1988; Nakano Glenn 1986)⁹⁵. In other words, Care work not only is unequally shared between the genders, but also between privileged and disadvantaged women globally (Ehrenreich and Hochschild, 2002).

On the positive side, while families and households in the developed countries benefit from the "care gain" that is generated by migrant domestic women workers, the countries of origin benefit from the economic and social remittances which represent an important source of revenues for them⁹⁶, to the extent that often governments encourage women to seek employment abroad as a development strategy.

On the negative side instead, in a context of deregulated labour markets and the imperative of flexibility, capitalist-minded employers have found it easier to exploit migrant workers at the expense of formal employment and human rights protection. This has been confirmed by the expansion of an informal or 'underground' economy in developed countries where basically most domestic migrant women workers found an occupation.

As a matter of fact, since they don't have a clear status under modern labour legislation, domestic migrant workers tend de facto to perform their work outside the realm of labour regulations and social protections.

*Working behind the closed doors of private households, domestic workers are shielded from public view and attention, and have long remained outside the realm of conventional policy tools.*⁹⁷

⁹⁴ UN-WOMEN ASIAPACIFIC report on *Contributions of migrant domestic workers to sustainable development*, April 2013.

⁹⁵ AA.VV., *Care Work: gender, labor and the welfare state*, Madonna Harrington Meyer (a cura di), London, Routledge, 2000

⁹⁶ According to the Migration Policy Institute (MPI), in 22 countries remittances were equal to more than 10% of the Gross Domestic Product (GDP) in 2006, while in 6 countries amounted to more than 20%. Cf. www.migrationinformation.org/datahub/remittances

⁹⁷ ILO report on *Domestic workers across the world: global and regional statistics and the extent of protection*, January 2013.

Research on domestic workers conditions across the globe conducted by the ILO (International Labour Organization), show that only 10% of all domestic workers (or 5.3million) are covered by general labour legislation to the same extent as other workers. By contrast, more than one-quarter, 29.9% are completely excluded from the scope of national labour legislation⁹⁸.

Their lives and work are in fact regulated by non-state norms regarding work in the employer's household, which differ significantly depending on the cultural context. This results in domestic workers having lower wages, fewer benefits, and less legal or social protections compared to other waged workers. Besides, by being part of a poorly regulated sector – namely the informal sector- domestic workers are vulnerable to abuse and exploitation, including excessive hours, physical and sexual abuse, forced labour and confinement. (Manuela Tomei, Director of the Conditions of Work and Equality Department of the ILO).

A striking example in regard to this is represented by the worrying conditions of domestic women migrants; among those care workers, in the UK⁹⁹.

A report released by Human Rights Watch (HRW) last March, show how migrant domestic workers coming to the UK accompanied by wealthy foreign families are subjected to serious abuses:

It's scandalous that in modern Britain migrant domestic workers are subject to such appalling abuses: confiscation of passport, confinement to the home, physical and psychological abuse, extremely long working hours with no rest days and very low wages or non-payment of wages (...) but instead of protecting these workers, the system makes it harder for them to escape. The UK government is failing in its duty to protect migrant domestic workers, it should recognize how vulnerable these workers are and give them the protection they deserve (Izza Leghtas, western Europe researcher at HRW)

Many reasons are ascribable to this manifest discrimination of domestic workers treated less favourably in the labour market than other categories of workers:

- Low wages in the sector are linked to perceived low skills required for the job;
- The possibility to form trade unions and the right to collective bargaining in the sector has been almost non-existent so far making domestic workers in a weak position;

⁹⁸ ILO report on *Domestic workers across the world: global and regional statistics and the extent of protection*, January 2013.

⁹⁹ Migrants account for 18% of all social workers in the UK as a whole and more than half in London.

- Exploitation can be also partly attributed to failures in national labour legislation that never took the appropriate measures to regulate this market.

We can easily argue that all these factors are a reflection of the historical undervaluation of women in the society extended in this context to the labour market.

In the face of a lack of protection for domestic migrant workers, even in many supposedly advanced countries in terms of basic human right protection such as the UK, many human rights organisations (including Amnesty International and Human Rights Watch) and the ILO have raised their concerns and campaigned for many years, helping to put a spotlight on migrant workers issues. The ILO in particular, has exhorted in 2011 to adopt a convention that would set an international standard to improve domestic worker's rights and give them a recognized status as workers under labour laws. The convention would mean the recognition of domestic work as 'work' worldwide (ITUC report on *Decent work, decent life for domestic workers*, 2010).

CHAPTER III

ECONOMIC PERSPECTIVE ON CARE – FEMINIST ECONOMICS

Through its contribution to human and social capital formation, unpaid work also plays a pivotal role in generating and sustaining economic growth.

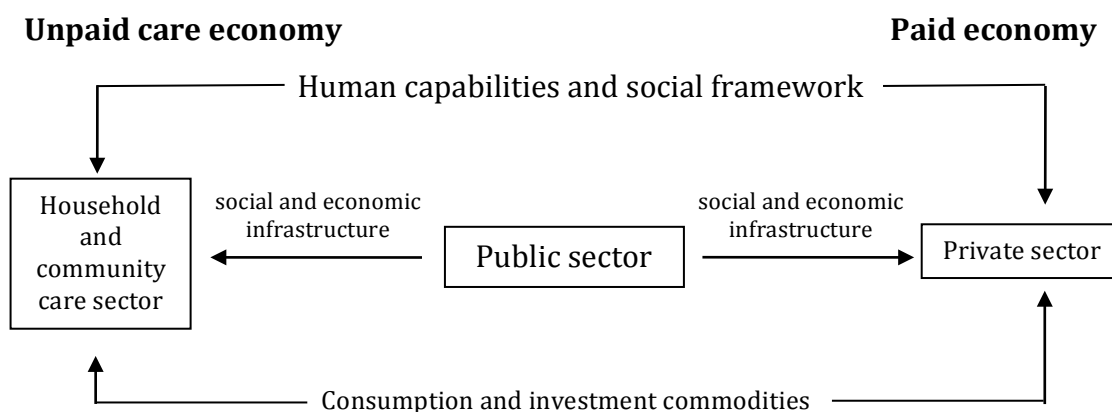
(Folbre and Nelson, 2000).

We've seen in the first chapter that *Care* is a fundamental activity for human reproduction as well as for human well being. Moreover, as it'll be herein illustrated, its importance goes beyond the reproductive aspect because *Care* reveals its central role also in economic development.

In regard to this, there have been important debates within Feminist economists since the Sixties, on how to conceptualize and evaluate the links between the sphere of market-based commodities (goods and services) and the sphere of non-market-based immaterial production or, as nominated before, 'social reproduction'. We'll call in this section the latter *unpaid care economy*.

Although Feminist economists are mainly focused on the unpaid care, they also reviewed the paid care economy in the market place.

THE CARE ECONOMY



Source: *Gender responsive budgeting: manual for trainers*, Bratislava, UNDP, 2005.

Feminist economics arise from the 1960's and 1970's¹⁰⁰ as a reaction to a limited and inappropriate view of the mainstream economy. The industrial Capitalism or fordist mode of growth in fact, prioritised the exchanged products for profit in the market, namely material goods and services, while ignoring the domain of 'social reproduction' or 'unpaid work' constituted by immaterial commodities (mainly services) and not exchanged in the labour market.

We assist therefore, also in the field of economics, to the devaluation of care work considered an unskilled activity. As it will be illustrated in the next paragraph, this is clearly reflected in its invisibility in economic calculations.

With regards to the *Paid Care work*, the situation doesn't seem to change significantly.

Paid services like childcare, elderly care and care for other vulnerable people, represent today a vital part of the economy. As acknowledged, in many Western countries, the demand for care services is growing and so it is the general demand for social services.

While on the one hand, the rise in the demand for care services¹⁰¹ has reduced the burden for the families in providing unpaid care within the household, the demographic challenges and major health crisis have drastically intensified the need for care services. However, because of its historical underestimated trait, the work of care is presumed to be unskilled, with low-pay, low-bargaining power, insufficient social protection and with exiguous chances for promotion.

When the paid Care work is adequately paid and protected, it can meet the interests of both care-workers and those who receive care. Unfortunately, this is not always the case. As previously acknowledged, there is clear evidence that workers who enter care occupations typically pay a penalty in reduced earnings, and it will be similarly illustrated how certain categories of workers, such as migrants, are sometimes not ensured with adequate protection from labour exploitation.

On a more theoretical level, according to several feminist economists such as Deborah Stone¹⁰², when paid work enters the labour market, it needs to cope with the philosophical root at the base of the formal market economy: *liberal individualism*.

Liberal individualism¹⁰³ with its competitive, individualistic approach, has *no place for dependence and the caring work that goes with it* (Stone 1991: 548). As a consequence, the

¹⁰⁰ Although they managed to establish themselves within the field of economics only in the early 90's with the formation in 1992 of the International Association for Feminist Economics and its journal *Feminist Economics*.

¹⁰¹ which happened in conjunction with the massive entrance of women in the labour market; market that turned to be a profitable field for women's employment.

¹⁰² D. Stone is a former professor of politics and social policy at Brandeis University and today independent scholar. She is author of three books, most recently *Policy Paradox: the Art of Political Decision Making*.

philosophy of liberal individualism with its economic complement, the market, ignores and makes no space for the work of caregiving.

As Folbre and England put it: (...) *despite the glorification of autonomy in classical liberal theory, there are inevitable dependencies in human life. (...) Even when we are strong, healthy and “fully trained”, some services are difficult or impossible to self- provide. Moreover, there may be a basic human need to feel loved by others*¹⁰⁴. (Folbre and England, 1997)

To take stock of the situation, Feminist Economists as a non-uniform group¹⁰⁵ share the same general goal: end up the invisibility of women’s unpaid work, and on a larger scale, stop the historical subordination of women. They equally challenge the historical masculine patterns reflected in the traditional, mainstream (masculine) vision of the economy that values independence and detachment over dependence and connection. This mainstream vision is distinctly gender-biased inasmuch as it assumes the *homo oeconomicus* as representative of what it is important for human beings.

The alternative model proposed by Feminist Economists is, however, not a “feminine” economics that intends to replace masculine inclinations¹⁰⁶ with feminine ones, or an economy only practised by women; but instead a more objective, enhanced economic model as a whole. This model calls for characteristics with a particular feminine gender association – in our particular case Care work with its dependency feature - to be better valued in Economics. As feminist economist Julie A. Nelson puts it:

Economic man has no childhood or old age, no dependence on anyone, and no responsibility for anyone but himself. (...) Humans do not simply spring out of the earth. Humans are born of women, nurtured and cared for as dependent children and when aged or ill, socialized into

¹⁰³ In the words of Irfan Khawaja, *Individualism* is the view that individuals enjoy a kind of ontological priority to the collectives they constitute. *Liberalism* is the view that liberty is an inalienable right that ought to receive special protection in the constitution and laws of a just government. “Liberal individualism” then denotes a distinctive combination of liberalism and individualism, according to which *liberalism* as a political ideal is justified and given content by individualism as a philosophical doctrine. (Irfan Khawaja).

¹⁰⁴ Excerpt from the Annual meeting of the American Sociological Association, Toronto, Canada, 1997.

¹⁰⁵ They include a wide range of different specific approaches. These include: a liberal feminism view, Marxist feminism view, socialist feminism, transnational feminism, ecofeminism and others. (Tong, 1998)

¹⁰⁶ A clarification here of how a definition of economics as “masculine” is intended as a reflection of social beliefs about masculinity. The latter has been for so long culturally associated for ex. with elements of rigor, hardness, lack of emotion, objectivity and individual accomplishment in contrast to “feminine” social beliefs of subjectivity, cooperation, emotion, intuitive understanding and connection. Both associations, however, are equally mythical and distorting.

family and community groups, and are perpetually dependent on nourishment, and a home to sustain life. (Nelson, 1995)¹⁰⁷.

3.1 Challenges and objectives of Feminist Economists

Feminist Economics took early inspiration from the WID (Women in Development)¹⁰⁸ movement in the 1970's, which highlighted the role played by women in the development agenda. In particular, the movement stressed women's participation in agricultural production¹⁰⁹ and represented women as active members of the society by refusing the narrow focus on women's roles as mothers and wives.

Starting from the assumption that Economics, like any other branch of knowledge, is a socially constructed phenomenon, one of the main purposes of feminist economists, in the wake of the aforementioned Marxist and Ethicists Feminists, is to make the invisible 'unpaid labour' (in this case, the 'unpaid economy') visible and accounted in the United Nations System of National Accounts (SNA)¹¹⁰. Even though the unpaid work subsidizes the paid work, it is considered as an inappropriate subject for economic research and becomes unrecognized in National Accounts¹¹¹. Feminist Economists argue in fact that households are linked to the rest of the economy through their production capacity as they produce goods and provide services through unpaid work. There are goods and services that are not purchasable on the market but they can only be provided through parents and other family members during childhood for example (care and affection, the preparation of food and so on).

Nancy Folbre, along with other Feminist economists, asserts that our contemporary model of economic development is inadequate and incomplete because it examines only production and not the reproductive production. That's why measures of economic activity such as the GDP

¹⁰⁷ Julie A. Nelson, *Feminism and Economics*, Journal of Economic Perspectives, Vol.9, No. 2, pp. 131-148, Spring 1995.

¹⁰⁸ Women in Development (WID) was the first approach aimed at integrating women in the broader development agenda. This movement, however, focused on women as a separate group and this resulted in women's concerns being 'added on' rather than integrated fully into the project activities. Later on, in the late 1980s, other similar movements came to light as a response to the failures of the WID such as Women and Development (WAD) and ultimately the Gender and Development approach (GAD). The latter, in particular, displaces the focus from women as a group to the socially determined relations between women and men.

¹⁰⁹ Especially in Sub-saharian countries where women assumed a considerable responsibility in food production.

¹¹⁰ The international standard system of national accounts (SNA), sponsored mainly by the United Nations, was intended as a consistent, comprehensive and integrated set of macroeconomic accounts aimed at enabling international comparisons of all significant economic activity.

¹¹¹ Follow-up material in *If Women Counted: A New Feminist Economics* by Marilyn Waring, published in 1988 offers a critique of the SNA and the ways in which women's unpaid work as well as the value of *nature* have been excluded from what counts productive in the economy.

(Gross Domestic Product) are, in her and today's most prominent economists view, misleading¹¹².

Robert F. Kennedy, in 1968 during a famous speech quoted the GDP in these terms:

(...) The Gross National Product does not allow for the health of our children, the quality of their education, or the joy of their play. It does not include the beauty of our poetry or the strength of our marriages; the intelligence of our public debate or the integrity of our public officials. It measures neither our wit nor our courage; neither our wisdom nor our learning; neither our compassion nor our devotion to our country; it measures everything, in short, except that which makes life worthwhile. (Robert F. Kennedy, 1968)

The inclusion of women's reproductive activity would thus provide a correct and objective estimate of the macroeconomics like the work force or the total national income¹¹³.

In relation to the unpaid Care work, which is, along with all other domestic activities performed by women within the household, not remunerated within the System of National Accounts, there is clear evidence that it fuels economic growth through the formation of human capital and reproduction of a labour force that is healthy, productive and possess the basic human capabilities.

In this sense, care services often represent an *investment* in the development of human capabilities or "human capital". For example, whenever a partner provides another with emotional support for many years, he is creating the basis for a successful human capital; or when parents successfully rear children, employers and taxpayers are able to claim a share of the future returns on the human capital created (Folbre 2008).

According to the Italian professor and economist Antonella Picchio, Care work and its quality characteristics are of vital importance for the sustainability of the system as a whole; and the well-being, at which the Care work is aimed, has a fundamental connection with the production, distribution and exchange of wealth, making it one of the major aggregates of the economic system. (A. Picchio, 2001)

Feminist economists claim also that Care work in particular, helps maintaining dignity for the ill, disabled and elderly family that are not in the conditions to care for themselves, so that they too can participate as active members of the society. When this society though, does not

¹¹² These issues are particularly important for the poorer countries today where the amount of unpaid care work is more substantial leading these women to worsen their poverty levels.

¹¹³ Without entering into details, it is however important to stress in this context that the claim of including domestic activities in the SNA has always been object of controversy among feminists with some of them arguing that by putting the emphasis on the housework, there is a risk of glorifying the homemaker role.

take responsibility for its most disadvantaged members, the support and assistance to them becomes a matter of private morality.

When adult children are able and willing to care for elderly parents, costs to public health insurance systems for nursing home expenses are reduced. Yet our economic accounting systems do not measure, much less credit, unpaid family care. (Folbre; 2012)

Despite the actual state of things, a step forward was taken in 1993, when the System of National Accounts changed its definition of ‘work’ and recognized the importance of the ‘Unpaid Labour’, by putting the accent on its productive role. The SNA distinguished, inter alia, unpaid Care work from unpaid agricultural production¹¹⁴:

- Productive activities for household subsistence: ex. Crop cultivation, animal husbandry, collection of basic necessities like water and fuel and raw materials;
- Reproductive activities for household maintenance: ex. Cleaning, washing, cooking, shopping, providing care for children, older relatives or disabled/ill family members, and all volunteer work for community services.

Notwithstanding this recognition, unpaid Care work on the whole is still ignored in labour force surveys, and it is invisible in representations of the economy that inform policymaking. (UNRISD, Research and Policy brief).

Moreover, if measured, the monetary value of such work would constitute between 10 to 39% of a country’s gross domestic product (GDP) (Budlender, 2008).

The justification given for the de-evaluation and underestimation of the work women perform inside the household was, on the one hand, the difficulty or impossibility in quantifying this work and deciding a monetary compensation that would be adequate, and, on the other hand, the allegedly limited repercussions on the economy on the whole.

Professor I. Hirway, director at the Centre for Development Alternatives, India, commented on this exclusion of the unpaid Care work in these terms:

Firstly, these services do not have a limited repercussion on the rest of the economy because these services contribute significantly to the total human welfare and well being and to human capital formation. Secondly, though there are problems with respect to their monetary valuation, these problems are resolvable. And thirdly, attempts need to be made to find out ways and means of incorporating them into macro policies in a meaningful way rather than exclude them from the production boundaries (...) the concept of non- economic unpaid work

¹¹⁴ The unpaid agricultural production is peculiar of developing countries. According to the FAO, women produce more than 50 percent of the food grown worldwide. Their contribution is relevant in farming, forestry and fishing by which women from developing countries produce food for the household and the community.

*is in a fluid status, as it may acquire the status of economic unpaid work in the future! The unpaid non-economic work is after all a macroeconomic variable.*¹¹⁵

Hirway reconceptualised the notion of ‘economy’ by dividing it in two parts: economic work (which belongs to the SNA¹¹⁶) and extended economic work (ESNA work); the latter being the unpaid economy unrecognized by the SNA.

She argues that there is no clear demarcation between the two, especially in developing countries where household work and economic work are mixed up. Additionally, since many ESNA activities occur in the informal market and the nature of informal works around the world¹¹⁷ (including petty trade and services, home based work, unpaid family work etc.) is temporary and scattered, it is indeed complicated to measure it through conventional surveys. However, with these limitations in mind, a measurement of Care work is still possible¹¹⁸.

The reason for a difficult distinction between SNA and ESNA is ascribable to the fact that various economic activities move from SNA to ESNA depending on the circumstances: *when income and employment are rising, during the upward movement in the business cycle or during the process of economic growth, several domestic services like childcare, food processing or cooking etc. enter the market, and when incomes and employment are falling, during the period of economic crisis, these activities move out from SNA to ESNA status.*¹¹⁹

Thus, in general, the more the time women spend on ESNA activities, the less time they have for SNA activities or paid work accounted in the labour market. This means that they also have less time to develop adequate skills for the labour market jobs, leading in consequence to their second-rate status and diminished opportunities:

Since women enter the labour market with a burden of ESNA work, they have limited capabilities, time or willingness to access opportunities for upward mobility in the labour market.

Another aspect hold in high regard by Feminist Economists is the study of factors such as race, class, social status and sexual preference, along with gender, in an ‘intersectional economy’¹²⁰ that takes into account the wide reality. In this sense, in their viewpoint, the

¹¹⁵ http://www.levyinstitute.org/undp-levy-conference/papers/paper_Hirway-Session1.pdf

¹¹⁶ System of National Accounts

¹¹⁷ According to the ILO, the informal economy comprises half to three-quarters of all non-agricultural employment in developing countries. *Source: ILO.org/global-topics/informal-economy*

¹¹⁸ For a measure of unpaid care work activities see the IV chapter.

¹¹⁹ Indira Hirway on panel discussion on *Integrating unpaid work into Development Policy*, Levy Institute.

¹²⁰ See also the concept of ‘intersectionality’

amount of unaccounted unpaid work keeps alive the hierarchical system of structured power relations in place, a system inherent in our contemporary society.

According to Feminist Economists in fact, by failing to recognize the unpaid, reproductive sphere, policy makers can contribute to the *exacerbation of poverty and tensions* within households, ultimately undermining both gender equality and development. To set an example, in the context of globalization, policies conceived to enhance the efficiency of macro economy, such as the reduction in public expenditure to meet fiscal deficits, have serious consequences on poor women that have to increase the amount of unpaid work performed. Public services such as health facilities in fact, would have probably become unaffordable for them following the cut in subsidies or the limited resources spent on health:

The people at the margin are likely to cope with this situation by drawing these services, to the extent possible, within the purview of unpaid domestic services. The sick will be looked after at home, children will be withdrawn from schools and may be put to economic work, many other services, which were bought from the market will be produced at home.

(I. Hirway)

The ultimate consequence is that these poor women appear to be stuck in a vicious circle of unpaid work and poverty. They need to perform more unpaid work because they are poor, and they are poor because their absence from the labour market (which also means less time for skill training) in order to meet their unpaid work responsibilities, confines their upward mobility. In addition, as a result of the heavy burden of unpaid work they have to carry out, they happen to be in poor health conditions, reducing their productivity and income. (Hirway)

3.1.1 The Human Capabilities Approach

Feminist Economists and Philosophers Amartya Sen and Martha C. Nussbaum, proposed in the 1980s an alternative approach to the utilitarian approach dominating traditional economics at the time. The innovative approach at issue has been known as the *human capability approach*; a framework in which the well being of a person must be determined in the space of capabilities.

According to the utilitarian approach, the benefits are reaped by commodity-users, who experience wellbeing in the process of experiencing consumption and the individuality of personal preferences are measured to evaluate wellbeing. (Fuentes and Rojas, 2000 and Qizilbash, 1998).

Hence, while the utilitarian approach identifies individual happiness, satisfaction and pleasure from material needs as indicators of wellbeing; the capability approach claims that human wellbeing is instead always defined and achieved through our relationships to others and the given possibilities that each individual has to achieve its own well being.

In this context, the two scholars have helped and contributed to the development of an alternative measure to the Gross Domestic Product (GDP¹²¹): *the Human Development Index* (HDI), a multidimensional approach that takes into account not solely the income, but also a range of quality-of-life measures for determining the development of a country: educational attainment, health and others that help people to reach their well-being. These measures or, in their words, *human capabilities*¹²², should, in their view, be supported by all democratic countries and, in this context, society's institutions can play a key role in enabling these capabilities.

In this sense, the well-being is measured not by the amount of income or wealth citizens have, but in terms of the various capabilities they have or, in other words, individual's opportunities to achieve *functionings*¹²³ such as being well-sheltered, in good health, educated.

In other words, Sen argued that what is important for wellbeing are not the commodities that an individual has, but what an individual can be or do using those commodities: a person's opportunity to be able to perform and develop personal abilities.

One of the most relevant capability promoted by this conception is the capability of choice itself, which arise from certain material and social conditions. For instance, for poor and very low-income mothers and especially for lone mothers, caring for their own children at home is not an option. They do not have the right to choose and their struggle to care for and protect their dependants under the conditions of poverty and discrimination should be tackled by governments, first of all through public institutions and services.

Sen argues that the GDP thinks about development solely in terms of utility, but this is *inadequate to capture the heterogeneity and noncommensurability of the diverse aspects of development. (...) It also biases the development process in favour of the status quo, when used as a normative benchmark* (A. Sen)

¹²¹ What's more, a study carried out by the Center for Partnership Studies (CPS) comparing statistical measures of 89 nations around the globe, showed that the status of women in society can be a *much better predictor of the general quality of life and long-term economic success than a nation's wealth (GDP)*.

¹²² *Capability* in Sen's words means what people are actually able to do and to be.

¹²³ *Functionings* in Sen's words are defined as the beings and doings of a person, given his/her personal features and command over resources. (Sen, 1985)

The status quo to which Sen is referred to, is the mainstream economy or classical economic theory that made women, along with their liberties, opportunities, political rights and property rights, disadvantaged or second-class citizens. The issue of public support for care for the children, the disabled, the elderly for example, is defined as a core issue for achieving gender justice by the 1999 *Human Development Report*. The unequal distribution of Care work from a gendered perspective, which makes women mainly responsible for providing it, can undermine the development of other capabilities for carers, who, for instance, may be prevented from accessing resources, being educated or progressing in their career.

Therefore, the unequal distribution in the amount of Care or domestic work often mentioned before in this essay, can give rise to an unequal development of individual's capabilities and to inequality on a global level.

The 'capability approach' has the ultimate purpose of promoting a theory of gender justice, or in simple terms an equal gender-access to resources, which would then contribute to a greater degree towards the achievement of a gender equality.

A gender analysis in policy making is clearly fundamental towards the achievement of this goal.

'Gender-budgeting' is, in this regard, a main tool for Feminist Economists and it will be analysed more in detail in Chapter IV.

At this stage, in order to see through the implications and interconnections between the Care work and the global economy, we need to look before at the historical and economic transition from a mode of production or accumulation based on material commodities (industrial-Fordist) to a new stage of contemporary Capitalism, 'Bio- capitalism' or 'Cognitive Capitalism'¹²⁴.

3.2 From Fordist Capitalism to Bio-Capitalism

The Fordist mode of accumulation and production became dominant during the post-war reconstruction era as the typical paradigm of an advanced Capitalism.

A highly structured hierarchical organization with the focus on the production of material commodities were the main features of this model of growth¹²⁵:

¹²⁴ Cristina Morini, journalist and independent researcher, and his husband Andrea Fumagalli, economist, are the main advocates of a Cognitive Capitalism or Bio-Capitalism in the current Economic landscape.

¹²⁵ A pyramidal command structure that usually services a national market with the expectation that the market will absorb the output. https://people.hofstra.edu/geotrans/eng/ch5en/conc5en/table_fordimpostfordism.html

A model of economic expansion and technological progress based on mass production: the manufacture of standardized products in huge volumes using special purpose machinery and unskilled labour (Tolliday, Steven and Zeitlin Jonathan).

The system starts to reveal its failures during the 1970s when the accumulation of mass production resulted depleted, a massive working-class resistance begun to emerge and the market of durable goods appeared saturated. Starting from that time, a Post-Fordist, neo-liberal and finance-driven mode of growth emerged as a reaction, so as to counterbalance the breakdown of the industrial – Fordist model.

Since the 70's in fact, as the world was experiencing a sequence of economic and financial crisis¹²⁶, the post-war liberal 'consensus' that found concrete expression in the Fordist model of growth, the Keynesian welfare State and the Bretton Woods institutions, was about to fade out. The structural crisis of Fordism resulted in stagnation of the productive sectors and the massive transfer of capital to the financial sector.

One of the main strategy used to re-establish the profit was the internationalization of production which, nevertheless, caused a hierarchical development by deeply increasing the competition among people, countries, cities. Post-Fordism was directly focused on the market demand, and on the exploitation of global comparative advantages in terms of labour and resources, and found its model in a networked and flexible organization.

Additionally, during the Post-Fordist era, the production of wealth appeared no longer based exclusively on material production, but increasingly based on immaterial products, difficult to measure and quantify because of a direct result of the use of relational, emotional and cognitive faculties of human beings. Recent remarkable changes, such as the development of science and technology in the past 60 years, have led to an increasing importance of the role of knowledge and information in our societies.

All these important changes are manifestations of this new model of capitalist production (even more extreme) called by many economists *Bio-Capitalism or Cognitive Capitalism*.

Proponents of Bio- Capitalism argue that the economy and knowledge and/or technology are integrated with each other more closely than ever before. Innovation and knowledge have become highly valued and competitive factors in the market.

Moreover, in conjunction with the process of globalization, the production itself is no longer based on a standardized model of production and labour organization, typical of Fordism, but

¹²⁶ We recall among the most significant: the oil crisis (1974/1975), the debt crisis in 1982 and consequent savings and loans crisis in late 1980s and early 1990s, the Asian financial crisis in 1997/1998 until the most recent financial crisis from 2007 up to present. (Altwater, 2009)

instead, on different modes of organizations, characterized by a flexible network-structure. Thus, the traditional, standardized and hierarchical factory-form that emerged from the Industrial phase of production is replaced with a still hierarchical structure¹²⁷, but with the production relocated throughout the territory along subcontracting productive chains.

The main impact of this current mode of Capitalist accumulation or Bio-Capitalism, is that, according to Morini¹²⁸, *life itself is put into work* and the role of working relations is emphasized and directly incorporated within the productive activity (Morini). In other words, Bio-Capitalism, in representing the more advanced version of the capitalist economic model, is strictly intertwined with the life of human beings and the cognitive experiences of people are now highly valued.

Cristina Morini defines Bio-Capitalism as:

A process of accumulation that not only is founded on the exploitation of knowledge but of the entirety of human faculties, from relational-linguistic to affective-sensorial. Biocapitalism points to a broader set of meanings than the ones entailed by the hypothesis of cognitive capitalism. Although we regard it as convincing in accounting for contemporary social and productive transformation, we also note that it runs the risk of being misunderstood as an approach whose only relevant object of study is the exclusive role played by knowledge.

Concepts like Network society, knowledge-based economy, and post-industrial society represent different attempts to conceptualise this new reality.

This new reality constitutes also a new relation to the ‘work’, made of transient borders because of a new transnational market economy. As a direct consequence, also the subjectivity is on the move. The human being or subjectivity embedded in the transnational labour market is then on the move, unstable and fragile; in other words, precarious.

Given that, this subjectivity does not represent a fixed category and so its identity¹²⁹, which is instead constantly modelled and remodelled depending on his/her changing cultural and social experiences. As we’ve aforementioned in the I chapter, the self is mutable because culturally determined in a context of global interconnections, and, as a result, his/her identity is represented as a construction of power relations. We’ll see in the next paragraph how Cognitive Capitalism plays, in this global changing scenario, a fundamental role in controlling and using some of the Care work characteristics to his own advantage.

¹²⁷ The sexual or gendered division of labour.

¹²⁸ Cristina Morini is a journalist and independent researcher interested in “Cognitive Capitalism” as well as in a renewal of Feminist Economics starting from a work feminization perspective.

¹²⁹ Cf. the notion of *gender identity* in the first Chapter

This overview on the transition from one stage to another within the capitalist mode of production, is directly linked with the Care work, as the contemporary work that better represents the new model of capitalism.

3.2.1 Care work as a paradigm of the new model of capitalist production

The Care work is a work that can be included in the 'immaterial production' typical of the post-Fordist era, because provides a service for the community and shares with the Bio-Capitalist model an important characteristic: both of them are based on the cognitive experience of human beings.

Thus, it represents, according to the Feminist economist Cristina Morini,

Un interessante prototipo di questa fase del capitalismo. (...) Il lavoro di cura, il lavoro affettivo-emozionale, ottempera a tutte le condizioni che definiscono il lavoro utile: le energie, l'impiego volontario, il tempo, lo scopo. È nello stesso tempo un 'lavoro utile' e 'sociale' in quanto necessario ad altri e valevole in ogni società. (...) Il lavoro di cura è storicamente soprattutto un'immensa mole di lavoro non retribuito, pur indispensabile alla famiglia e alla società. Esso si fonda sui legami affettivi oltre che sulla gerarchia (la divisione sessuale del lavoro). È l'elemento sentimentale, eminentemente umano (vitale, di sostanza) interno al lavoro di riproduzione a diventare radice della produzione contemporanea. (Morini, 2010:86)¹³⁰

Care Work, therefore represents indeed the *archetype* of the contemporary model of production, namely Bio-Capitalism, because it incorporates important features, exploited by this new type of capitalist accumulation to his own advantage: knowledge and affection.

In other words, the main features of Care Work such as the affective, relational and cognitive sphere¹³¹ are at the same time exploited and made unpaid by Bio or Cognitive Capitalism.

Moreover, another link between Care work and Bio-Capitalism is clear in the non clear-cut definition of borders in the current work. During the Bio-Capitalism era, there is in fact no separation between the human being's body and mind and the work material; as usually happens for Care work, where the flexibility and availability of the caregiver constitute the essential prerequisite.

¹³⁰ Morini Cristina, *Per amore o per forza. Femminilizzazione del lavoro e biopolitiche del corpo*, Verona, Ombre corte, 2010.

¹³¹ That constitute a cognitive production

La materia del lavoro è difficilmente separabile dal soggetto che la produce. La vita del corpo e le singolarità espresse dall'individuo come forma e contenuto a un tempo, emergono come oggetto del processo produttivo, grazie alla soggettivazione della produzione, tratto tipico del capitalismo cognitivo. (Morini, 2010:87)

Morini goes beyond, by asserting that the ultimate aim of the Cognitive Capitalism or 'Bio-Capitalism' is the standardization of specific knowledge (cognitive experience of people) so that it can be assimilated and commercialized.

Assistiamo all'assimilazione, all'interno del processo di produzione di caratteristiche emozionali e relative all'esperienza personale, le quali differenziano gli individui e che funzionano come bagaglio essenziale delle singolarità. In questo senso, precisamente, anche il corpo, la voce, la postura, la sensualità, l'emotività di ciascuno può trasformarsi in strumento di lavoro.

At this stage, it is illustrative to notice how historical dichotomies on which our social and ideological system has been based upon, lose their significance and result contradictory. In this regard, we make reference to the separation between public and private sphere, body and mind, and the differentiation between productive and reproductive work. We also witness a reorganization of time in the sense that we don't assist anymore to a separation between work-time and leisure-time and, on a larger scale, to the traditional separation between public and private sphere typical of the Industrial era. Morini in this regard talks about an 'anthropological revolution'.

As we've remarked above, the 'reproductive labour' and so the unpaid Care work, have never been attributed an economic monetary value because of the undervalued nature of the work which results in services and immaterial goods not immediately quantifiable.

Consequently, as women represent the majority in performing Care work, they, are also the more representative for this type of contemporary accumulation:

Quella di 'prestatore di cura' (traduzione letterale dell'inglese 'care-giver') rappresenta un'altra definizione possibile per un tipo di lavoro che comprende una serie di attività, storicamente nascoste tra i meandri delle relazioni familiari, relative al mondo degli affetti e oggi diventate interessanti per il biocapitalismo. (Morini, 2010: 109)¹³²

Hitherto, Morini was referring specifically to the unpaid Care work, but, even when Care work entered the labour market, the exploitation and devaluation continues to take place

¹³² Morini Cristina, *Per amore o per forza. Femminilizzazione del lavoro e biopolitiche del corpo*, Verona, Ombre corte, 2010.

regularly. We assist, in fact, to an explicit sexual division of labour for this kind of work, which remains, to a great extent, performed by women in the labour market.

The shift, in the 1980s from the industrial labour to what has been called ‘immaterial labour’, essentially cognitive work that produces information, ideas, states of being and relations, generates a *precarization* of work relations.

This precarization is explicit in the mixture and interchangeable character of life and work, the ephemeral borders between them:

Vita privata e vita lavorativa si integrano all'interno degli spazi domestici e i due ambiti si trasformano e si ibridano reciprocamente. (Morini, 2010: 58)

In this regard, Morini talks specifically about a *feminization of waged work* closely related to the process of globalization. On the one hand, the process of feminization of waged work is referred to the implementation on a global scale of low-cost labour (which highlights, once again, its devaluation) performed by migrant women and, on the other, in western countries, a tendency for women to be employed mainly in the service sector, which clearly marks a separation of roles between men and women¹³³.

Moreover, the feminization of waged work is characterized by a high level of flexibility, feature that can be linked to the precarious bio-capitalist model of accumulation.

For instance, Care work requires flexibility in terms of time, hours of work, the eternal potential availability of the caregiver. This prevailing flexibility makes it difficult to adequately remunerate Care work in the labour market:

il valore prodotto dal lavoro oggi eccede sempre la remunerazione. Assumendo una caratteristica generale, esso non riguarda più il solo lavoro di cura. Nel momento in cui il processo produttivo ingloba conoscenza e affetto, desiderio e corpi, motivazioni e opinioni, è quanto mai evidente come ‘non possa risultare pagato’ ciò che viene effettivamente ceduto. Nel lavoro domestico come altrove. (Morini, 2010: 132)

Morini finally asserts that the flexibility feature also required by Bio-Capitalism leads to ‘an extended precarization’ to all workers and the society on the whole. Eventually, as the Care work performed by women is a model of the current Bio-Capitalism, this model is applicable with its precarious, flexible characteristics, to all works and workers.

¹³³ Cf. Sexual Division of Labour

When talking about ‘*paid Care work*’, Morini talks about a work performed in the labour market as *emotional labour*¹³⁴ where the element of “emotion” represents the product delivered on the market; a product that is now commercialized:

(...) *il lavoro coinvolto nell'affrontare i sentimenti delle persone, lavoro in cui elemento centrale è la regolazione delle emozioni. Il lavoro emozionale diventa 'lavoro sociale' essenzialmente attraverso il risultato: l'emozione risulta modificata dal/attraverso il processo produttivo.* (Morini, 2010:109)

Ultimately, *Life* results to be the object of the productive process in Bio-Capitalism. However, when affectivity and life happen to be produced and commercialized, they come into conflict with the requirements and rules of the market economy.

3.3 Paid Care work: tensions when Care enters the labour market

*The conflict between the universalism of bureaucracies and the particularism of caregiving*¹³⁵
(Abel and Nelson, 1990:12)

The relationship of Caring in the public sphere is a different kind of relationship compared to the one-to-one interaction carried out in the private household. Other external parties are involved and embroiled between the care worker¹³⁶ and the care recipient: for ex. payers (such as insurance companies and government programs); for-profit organisations and not-for-profit organizations that provide caregiving services; or government agencies that oversee government-funded services. All of these external actors have some sort of authority over what happens in the caregiving relationship and they pressure caregivers and the persons they care for through norms, rules and policies belonging to the public world. The values, feelings, and deep interactions that make up the essence of *Care* in the private sphere are often devalued and discouraged in order to make care compliant with the image of work that predominates in the public world. As many scholars have argued, norms, ideas, and rules about care in the public world are in some ways incompatible with the norms, ideas and rules about care in the private world.

¹³⁴ For more material subject about the emotional labour see the work of Arlie Hochschild.

¹³⁵ Abel, Emily K., and Margaret K. Nelson. “Circles of Care: An Introductory Essay”, in Emily K. Abel and Margaret K. Nelson (eds.), *Circles of Care: Work and Identity in Women's Lives*, State University Press, Albany, New York, 1990.

¹³⁶ The term *Care Worker* itself, suggests a modern industrial and bureaucratic concept.

The work of the American sociologist Talcott Parson during the 1950s and 1960s for example, represents a classic statement of the clash between the caring activity and the impersonal uncaring workplace. He argued that economic relations in society *are expected to be emotionally neutral, to be guided by universalistic rules that treat all relevant actors the same, and to be limited specifically to the characteristics of the person that are relevant to the transaction. Family relations in contrast are expected to be emotional, particularistic, and diffuse; or oriented to the whole person.*¹³⁷

According to the Parsonian theory, expressive actions are opposed to instrumental actions. The former actions like the ones involved in the work of caring are rewarding in itself because they contribute to a valuable personal relationship. Instrumental actions instead, are aimed at efficiency, money and respect (Parsons and Bales 1995).

The unlimited maximization of profits and efficiency typical of the capitalist economic model, could easily lead for example, owners and managers of caring enterprises to hire few paid care workers (paid a low wage) to raise profits; this will diminish the quality of care as well as the working conditions of care workers. An increase in the number of people cared for obviously leads to a decline in the quality of care each person receives. The caring activity in itself would be therefore destroyed and the gains in productivity for the market economy would be only illusory.

Furthermore, since good wages are seen as a reward for applying a specialized knowledge and the Care work is considered unskilled or not requiring any training, paying a low wage to care workers appears reasonable. We return to the basic idea that holds and justify all our assumptions throughout the essay: the idea that simply because Care work is valued less (because of its traditional link with women's work in the home) so it is paid less than men's work and vice versa, the fact that it is less paid seems to justify its unskilled and devalued nature.

Many social scholars also raised concerns about whether market competition is able to produce high-quality care. As we aforementioned earlier throughout the essay, the quality of care in the paid economy will depend on a number of factors related to the institutions providing care. Work organizations can in fact obstruct the caregiver's ability to care even when the care worker is motivated by a deep commitment to the care recipient. Obviously, low wages, the absence of benefits and poor working conditions don't help in achieving a good quality of care leading to turnover and workers exhaustion.

¹³⁷ AA.VV., *Care Work: gender, labor and the welfare state*, Madonna Harrington Meyer (a cura di), London, Routledge, 2000

A high-quality of care jobs instead, would require a relevant degree of worker's autonomy and control, adequate compensation that inspires job commitment and a cooperative approach with the others involved in the recipient's care. All quality jobs appear to have common features across care occupations, including independence, decent pay, discretion, flexibility, the possibility to collaborate and benefits¹³⁸. The challenge is therefore to find a way that allows women care workers to fully participate in the labour market without having to rely on extremely low-wage care labour taking the place of household labour.

The element of *affection* or emotion for a high-quality of paid care work is in particular hold in high regard by feminist scholars. Very often though, when *Care* is recast in the image of work as we know it, the element of love is discouraged by the organizations for which the care provider works: organizations where care is being treated as a commodity, it is measured, allocated and regulated by norms about which caregivers and care recipients have little say.

Deborah Stone, after interviewing a host of caregivers asking for what defines 'good care' in their view, identified six tensions between the caregiver's more particular concepts of good care and public sphere rules and norms:

1. Talk versus Tasks
2. Love versus Detachment
3. Specialness versus Fairness
4. Patience versus Schedules
5. Family relations versus work relations
6. Relationships versus rules

The first component concerns the talking and listening as fundamental elements of the caregiving task. According to Stone, no matter how good the technical task performance, it is not good care if it does not include verbal and nonverbal communication. In the public sphere, however *caregivers learn that talk is not considered work. Here is the danger of caring work in the public world: talking is not 'doing your work'. Not that talk is forbidden (...) but talk is no longer valued for its own sake*¹³⁹. (Stone)

The second component involves the emotional and spiritual parts of the work. In the work world, love or emotion are thought to interfere with rational decisions and efficiency. In interviews carried out by Stone on caregivers, she found that the employers and the professional norms they were taught, were all used to discourage getting "too emotionally

¹³⁸ Folbre, N., *For Love or Money: Care provision in the United States*, Russell Sage Foundation, 2012

¹³⁹ AA.VV., *Care Work: gender, labor and the welfare state*, Madonna Harrington Meyer (a cura di), London, Routledge, 2000

involved” with the people they were caring for. Sometimes, however, caregivers are the only people the care recipients enter in contact with and they can talk to. Most importantly, on the caregiver’s side, love is often a spontaneous and unavoidable feeling arising from their work, which is perceived to be wrong by the public caregiver’s perceptions.

Because professional training and workplace culture emphasize the importance of detachment, caregivers sometimes feel badly about their strong emotional attachments. They come to see themselves as emotionally immature, professionally incompetent, and sometimes even guilty of transgressing the rules of good care¹⁴⁰. (Stone)

The third component, specialness versus fairness, is strictly correlated to love and affection. *Love means special attraction, preference for some people more than others, stronger loyalty to some people than others, simply making someone else special.* Specialness however, is opposed to the governing norms of the public sphere where equal treatment is respected. Here once again, caregivers have to face the conflicting moral decision between treating someone uniquely or rather holding that all people should be treated alike.

Patience, for what it regards the fourth component, is seen by caregivers as a preliminary step towards mutual trust. Patience is defined not necessarily in terms of time but rather of responding to individual’s needs. As we can expect, care enterprises consider patience a waste of time in the path towards their maximization of profits. Standard working tasks in fact are not concerned with the need to respond ‘individually’ to the recipient’s needs. The resulting time rationing required in most caring jobs *undermines the illusion caregivers try to create that each client is special. Not having enough time to do what you think the client needs is a source of stress and guilt for caregivers. Being unable to slow down to the client’s time highlights both the client’s neediness and the caregiver’s inadequacy.* As said earlier, good care requires some sense of being able to allocate time according to individual’s needs and to be free to escape from the controlled schedule.

With regards to the fifth element of tension, the affective relationship between the care worker and the care recipient goes beyond, and it is sometimes turned into a family relationship. This happens naturally when: *Caregivers spend more time with their homemakers than they actually do with their families a lot of the time.* (Karner 1998:77) This is well the case of transnational mothers that migrate to western countries and spend most of their day caring for a child for example, whereas their biological child is left behind in their

¹⁴⁰ AA.VV., *Care Work: gender, labor and the welfare state*, Madonna Harrington Meyer (a cura di), London, Routledge, 2000

country. The result is often that they get close and they deliver love and maternal affection towards the children they look after rather than their own child.

Finally, the last component, namely relationship versus rules seems to sum up and pull together all other elements.

*(...) caregivers do what they do by making relationships with their clients. They become like family and friends, yet they are professionals or employees or both- roles that limit their ability to act as friends.*¹⁴¹

Touching, for example, is a complicated issue in caregiving. Apart from health social workers, for whom the job is supposed to include hands on contact with patients, for most caregivers physical contact is expressly prohibited¹⁴². Moreover, being with a client only for the sake of providing company is not paid for; although this is fundamental for certain care recipients.

The moral conflicts emerging for caregivers from these six tensions in paid care work, illustrate how the main features of the contemporary capitalistic economy clash with the basic requirements for ‘good care’. Care work is about constructing simple human relationships, turning strangers into kin. We need to make care public in ways that do not destroy its value.

As it will be demonstrated, these moral tensions are even more powerful when they relate to transnational migrant women who displace their affection and love to other countries mostly for economic reasons.

3.3.1 Globalized Care and displaced love: Global Care Chains

As been shown beforehand, in this age of globalization, migrants no longer live in a confined space; on the contrary, their daily activities are situated at the same time in both sending and receiving countries of migration. Therefore they are nowadays often named ‘transmigrants’, meaning *immigrants whose daily lives depend on multiple and constant interconnections across international borders and whose public identities are configured in relationships to more than one nation-state.* (Glick- Schiller et al., 1995:48)

¹⁴¹ AA.VV., *Care Work: gender, labor and the welfare state*, Madonna Harrington Meyer (a cura di), London, Routledge, 2000

¹⁴² Since the 1970s, when sexual and physical abuse by caregivers became recognized as a serious problem, institutions have developed regulations and policies to protect vulnerable populations. Partly because of this, agencies tend to use hard-and-fast rules against to define acceptable and unacceptable forms of touching. (AA.VV., *Care Work: gender, labor and the welfare state*, Madonna Harrington Meyer (a cura di), London, Routledge, 2000)

Moreover, these ‘trans-migrants’ are mostly represented by women deciding to migrate independently. As mentioned earlier throughout the essay, the structural reasons at the root of this feminization of migration, are strictly related to their ‘gender’ nature, given that, on the one hand they have been historically directly associated to the reproductive labour and, on the other, an increasing commodification of these reproductive activities (mainly Care work) and then a huge demand of this labour as a response to the crisis of care (or ‘care’ deficit) in Western countries, has largely prevailed since the last 40 years. Therefore a ‘gendered international division of labour’ has been predominant, since most of the work available to women migrants was mostly concentrated in the domestic services¹⁴³. As a consequence, we can argue that as much as the care sector retains migrants, it also encourages further flows.¹⁴⁴ As a result, the nexus between migration, gendered labour and care provision has become a key issue of concern in public and social policy (Razavi 2007a) with the international migration functioning as a driver for the analysis of care regimes.

The reproductive labour and so the Care labour, has long been a commodity purchased by class-privileged women in order to manage the balance between a successful career and a family and especially to relieve themselves of their household work. As Glenn (1992) has noticed, *white class-privileged women in the United States have historically freed themselves of reproductive labour by purchasing the low-wage services of women of colour. In doing so, they maintain a racial division of reproductive labour.* (Glenn, 1992)

From the following, a twofold division of labour arises: one racial division of reproductive labour accompanied by a gendered division of reproductive labour. These both very important but separated discussions on the status of women are connected by what R. Parreñas has called *The international transfer of caretaking*. This social phenomenon involves women from developing countries migrating to perform reproductive labour, in particular childrearing and elderly care, for wealthy western families from developed countries that can afford to ‘outsource’ care for their children or their older relatives. This phenomenon that links women in an interdependent relationship, clearly reproduces an additional hierarchical system of inequality between women, besides the one already existing between men and women in the

¹⁴³ With regards to the sending countries, the Philippines has long been recognized as one of the largest contemporary suppliers of domestic care labour. What’s more, very often these women have an higher education and the so-called ‘brain drain’ consequent to their economic migration, leads to the impoverishment of the sending countries’ human capital.

¹⁴⁴ Some countries of origin specialize in ‘exporting’ female care migrants to specific destination countries. Thus, for example, women form the overwhelming majority of immigrants from the Philippines, Cape Verde, Poland and Ukraine in Italy (“Change in care regimes and female migration” in *Journal of European Social Policy*).

sexual division of labour: *at both ends of the migratory stream, they (women) have not been able to negotiate directly with male counterparts for a fairer division of household work but instead have had to rely on their race and/or class privilege by participating in the transnational transfer of gender constraints to less-privileged women. (...) many women are able to pursue careers as their male counterparts do because disadvantaged migrant women are stepping into their old shoes and doing their household work for them. As women transfer their reproductive labour to less and less privileged women, the traditional division of labour in the patriarchal nuclear household has not been significantly renegotiated in various countries in the world*¹⁴⁵. (Parreñas, 2001:79)

Drawing from Parreñas's concept of 'international transfer of caretaking'¹⁴⁶, Arlie Hochschild developed and expanded this field of study by focusing on the transnational transfer of childcare. He illustrates in his work, how besides the outsourcing of childcare from wealthier mothers in western countries to poorer immigrant women from developing countries; the latter is obliged to leave behind their children and families along with their supposed 'caring responsibilities'¹⁴⁷. This led, in turn, to a delegation of childcare in the poor country to another woman to substitute for her. This other woman is often brought in from an even poorer household or she might be a member of the migrant's woman extended family. These phenomena create a cycle of 'displaced care' named by the author *Global Care Chains*¹⁴⁸. This is defined by the author as *a series of personal links between people across the globe based on the paid or unpaid work of caring* (Hochschild, 2000:131).

In the context of a globalizing capitalist economy, both, the 'poor' and the 'rich' woman, needs to delegate the childcare work to someone else. This 'someone else' could be expected to be the father; however, as a range of studies suggest (Gamburd 2000; Keezhangatte 2007; Ramji and Uma Devi 2003), men rarely take up the responsibility for care-giving but rather, appear to need care when women migrate.

Hochschild expresses clearly in this one sentence the various interconnections that the global care chain involves:

¹⁴⁵ Parreñas, Salazar R., *Servants of Globalization: women, migration and domestic work*, Stanford University Press, California, 2001.

¹⁴⁶ Term used by Parreñas in her research on migrant domestic workers in Rome and Los Angeles in 2001 in her book *Servants of Globalization: women, migration and domestic work*, Stanford University Press, California, 2001

¹⁴⁷ This 'outsourcing' of childcare can occur on an national scale (rural-urban migration), on a cross-border basis or an international scale; although the latter results to be the more frequent nowadays.

¹⁴⁸ The study on 'Global Care Chains' extensively deepened by other scholars, represents one example of the analysis of the international migration of female domestic workers in the context of globalisation. Although also internal migration chains might be of relevance for some larger countries such as India and China, given their economic growth, we herein focus solely on the international migration chains.

An older daughter from a poor family who cares for her siblings while her mother works as a nanny caring for the children of a migrating nanny who, in turn, cares for the child of a family in a rich country. (Hochschild, 2000:131)

As we descend along this 'chain' the value ascribed to this work (already inadequate) decreases significantly. In other words, as each stage of the chain is remunerated to a lesser extent, it becomes often unpaid at the end of the chain.

Through these mechanisms of internationalisation, a new form of family structure takes place: the transnational family¹⁴⁹. According to Hochschild, these networks are not limited to adults: they represent *global links between the children of service-providers and those of service-recipients*. (Hochschild 2000:132)

This new transnational family model with the migrant women at the centre, challenge the traditional family structure with the men as the typical 'breadwinner'¹⁵⁰. When immigrant women migrate to developed countries, they are the one to take on the role of the main financial caretaker of the family by sending their earnings back in their country of origin in the form of remittances.

More importantly, transnational households contribute, to a large extent, to maintenance and perpetuation of inequalities and social division. As mentioned, they highlight in fact the social divisions of class, income and status between households from developing countries and those from developed countries that, besides, manage to contain the cost of reproduction by keeping the wages of migrant workers to a minimum.

The 'global commodification of caretaking' or international transfer of caretaking in Parreñas' words, is also the global commodification of the new family structure resulted by migration patterns. This entails the reduction of family ties on behalf of commodity-based relationships. This model is clearly exemplified through the demonstration of love with material goods (mainly money in the form of remittances). As Parreñas has found in her studies on Filipino migrant domestic women workers, *time with children is less important than giving money to them. (...) personal relationships are marred by their commercialization with the prevalence of capitalist activities*.

¹⁴⁹ Rachel Parreñas defines transnational families as *families whose core members are located in at least two nation-states*.

¹⁵⁰ According to sociologist Parson T., the nuclear family model (arisen with the development of modern industrial economies and early capitalism) was consisted of a breadwinner husband and a homemaker wife with their children. The male breadwinner, in this model, provides for the instrumental needs of the family unit (food and shelter as well as other material needs), whereas the housewife provides for the expressive needs of the family unit (affective and emotional needs as well as socialization). This view of the family is also called the 'male breadwinner model'.

Finally, as transnational families clearly experience pain and grief due to the separation from their loved ones, migrants and their families suffer from an *emotional dislocation*, a form of major distress for immigrant women and their families. In the next paragraph, the element of displaced ‘love’ will be analysed more in detail.

3.3.2 The Care drain phenomenon

The dislocation of affection and love and the subsequent emotional strains among members of transnational families, is a specific experience of immigrant women caused by the geographical distance.

R. Parreñas, in her studies on migrant Filipino women¹⁵¹ found that migrant mothers cope with feelings of loss and loneliness deriving from the pain of family separation in three key ways:

the commodification of love, the repression of emotional strains, and the rationalization of distance by either justifying that the material gains provided by transnational households far outweigh their emotional costs to the family or by reasoning that physical distance is a manageable challenge. (Parreñas, 2001:122)

Thus, emotional constriction is used as a means to ease the emotional dislocation but, as Parreñas suggests: *emotional repression enables parents to delay the reunification of their families. The longer they delay reunification, the more they aggravate the intergenerational strains of transnational household formation and the harder it is for them to return, face their children, and confront the tensions that migration has caused the family. These tensions do not disappear in time and are not voided by the material security brought by transnational household formation.*

Arlie Hochschild¹⁵², goes beyond these assumptions by studying the feeling of unconditional maternal love through the lens of a globalizing capitalism. She argues in her essay *Love and Gold*¹⁵³, that rich countries ‘extract’ love from poor ones, in the broad sense that they are

¹⁵¹ Cf. Parreñas, Salazar R., *Servants of Globalization: women, migration and domestic work*, Stanford University Press, California, 2001.

¹⁵² A. Hochschild is professor emerita of Sociology at the University of California, Berkeley. In her book, *The managed heart: Commercialization of human feeling* (1983), she looks at the consequences that *commercialized emotions and feelings* have on women in particular. She sees feelings as social expectations governed by certain feeling rules as emotional guides in society. Women are required to do more emotional work, especially commercialized emotional work.

¹⁵³ Hochschild, A., “Love and Gold” in Luciana Ricciutelli, Angela Miles and Margaret McFadden (eds.) *Feminist Politics, Activism and Vision: Local and Global challenges*, Zed Books, London (Great Britain) and Toronto (Canada).

taking caregivers away from the south and transferring them to the north. She links the historical extraction of gold and other material resources from the Third World to the present extraction of emotional resources.

Is an emotion a resource like gold or ivory that can be extracted from one place and taken to another? (Hochschild, 2004:26)

She continues in saying that migrant's children often receive a better education thanks to their mother's remittances, but the losses in terms of maternal love are greater and long lasting. They, in fact, receive in turn insufficient care, which leads to a failure of meeting their developmental and emotional needs.

While much of the analysis on the interconnections between Gender, migration patterns and care regimes has focused on the effects on wealthy countries¹⁵⁴, for example in East Asia, Europe, and North America (Kofman and Raghuram, 2012),

less attention has been paid to care chains in the global South, along with its diverse and dynamic patterns.

An imbalance between the demand and the supply for care occurs in Southern countries, due to these women caretakers' migration: a phenomenon so called *Care drain*¹⁵⁵. It represents the impact at the other end of the global care chain; a 'Care gap' that needs to be filled. By leaving their families behind, these migrants enable a *care gain* in the receiving countries and a parallel *care drain* in the sending countries (Hochschild 2003, 186-7), which in turn leads to the continuation of social inequality on a global scale. Hochschild also argues that the 'winners' are families at the top of this global care chain, who buy a cheap care labour while additionally gaining what she calls "emotional surplus value". At the other end of the chain though, are families in the sending countries, mainly children and elderly people in need of care, who pay the social and emotional cost of the deficit of care and emotional work because they don't have any real choice in this process. Children whose parents – but especially mothers - migrated abroad are more likely to feel depressed and say that they feel unloved and emotionally neglected (SFR 2007).

¹⁵⁴ In the same way as most research focuses on South-North migratory flows and not much on the South-South migration.

¹⁵⁵ Term coined in parallel to the *brain drain*. It consists of migrants who leave behind their dependants and move in 'five main migratory streams – from Eastern Europe to Western Europe, from Mexico, Central and South America to the United States, from North Africa to Southern Europe, from South Asia to the oil-rich Persian Gulf and from the Philippines to much of the world – Hong Kong, the U.S., Europe and Israel' (Isaksen *et al.* 2008, p. 405).

How *Care substitution* is therefore organized in the sending context of migrants overall?

A series of studies conducted by Lutz and Palenga-Mollenbeck¹⁵⁶ on Ukrainian and Polish women migrant domestic workers, identified four care patterns used for filling the gap of care in the sending countries: the fathers left behind, grandmothers, female friends, family members, caring children and Skype mothering.

Findings from the research studies show that fathers generally share the care work with other relatives, mostly with grandmothers so that their caring obligations do not change significantly after their wives leave, because grandmothers and other relatives are considered the suitable female replacement for the migrant mother (Lutz and Palenga-Mollenbeck, 2012). Female persons act as ‘foster mothers’ for the children with grandmothers being the most important group of carers, given that they also act as ‘supervisors’ for young fathers who are also being ‘looked after’. Next to gendered norms, the two authors see the important role of grandmothers as a response to care regimes in Eastern Europe, governments that since 1989 have become very family oriented. (Lutz and Palenga-Mollenbeck, 2012). Female friends and other relatives also acted as care substitutes, however not fully reliable and stable ‘replacement carers’. Extended family for example, often fail to provide continuous care, and children find themselves shuffled between different relatives or guardians (Piperno 2007a). They mostly helped occasionally in emergency situations in paid or unpaid forms (ex. assisting with homework and caring for elderly people).

In many cases, siblings cared for each other, at least for some periods of time, resulting in teenagers acting as ‘substitute parents’. In having to cope with financial and educational issues, they happen to limit the time dedicated to themselves (Lutz and Palenga-Mollenbeck, 2012).

Skype mothering appears to be another partial arrangement. Due to low costs of international calls via telephone or Internet (for ex. using the Skype server), for Polish domestic workers in Germany, communication with their family was possible on a daily basis. Yet, Skype mothering has many limits and it is not often perceived as a substitute for physical presence¹⁵⁷.

¹⁵⁶ Lutz H., and Palenga-Mollenbeck E., “Care workers, Care Drain, and Care chains: reflections on Care, Migration, and Citizenship”, in *Social Politics: International Studies in Gender, State, and Society*, Vol. 19, No. 1, Spring 2012.

¹⁵⁷ Limitations such as the camouflage of their own feelings behind the screen or the play of an artificial role for not hurting the mother or the child with bad news.

Finally, migrant Polish mothers happen to arrange their work and family life according to the organization of a replacement carer for their employers that enables them to return to their families at regular intervals¹⁵⁸ (Lutz and Palenga-Mollenbeck, 2012).

It is important to highlight in this context, that although we're focusing herein on the negative impacts of migration, we need to bear in mind also the benefits that migration entails for women: an increased autonomy, a more economic well-being for the migrant's children and, to a larger extent, for the economic development of the regions from which migrants originate, thanks to the remittances they send home.

In another study conducted by Gheaus A. on Romanian women migrant domestic workers, she found that families respond to the neglect and abandonment suffered from many of their children with improvised alternative forms of care similar in patterns to the ones identified for Polish migrant women beforehand.

The author underlines how severe are the consequences for those who stay behind also in terms of degradation of migrant family relations¹⁵⁹ due to the failure of Romanian public institutions to make up for the loss of care entailed by migration.

Research on Romanian children suggests that, although mother's migration is temporary, the effects it has on children is often similar to the effects of parents' divorce or to the death of (one of the) parents. (SFR 2007)

Migrants in countries such as Romania, live in a constant economic insecurity due to the failure of the State in providing for an economic redistribution. This leads to the forced choice migrant women need to make between caring for their children or seeking economic well-being for themselves and their families. In this sense, the countries of origin should take action in some ways in order to compensate the drawbacks.

A very interesting point she makes in her analysis though, is the claim that the moral problems caused by the 'Care drain' phenomenon are problems that concern the society on the whole, and therefore are problems of social justice (Gheaus, 2013). The social 'responsibility' of protecting the vulnerable members of the societies¹⁶⁰, such as children, is not being fulfilled if we intend *care* in the sense Feminist Ethicists meant: *the activity of meeting needs, including developmental, emotional and relational needs. Care-giving derives its value from the moral requirements that universal human neediness puts on everybody*

¹⁵⁸ The short distance between the countries and the relatively liberal political migration regimes make frequent trips home possible.

¹⁵⁹ Often also resulting from the stress of 'care shortage' in the country of origin of migrants. (Gheaus, 2013)

¹⁶⁰ If we also intend caring relationships as relations holding a universal value.

(Kittay 1999, Engster 2008). From this definition, we understand how harmful is the 'Care drain' in the sense that it unsettles the needs of migrants and their offspring.

Furthermore, according to the author, not only the emotional needs of the children left behind are not met, but also those of the migrant mothers, who experience a deep frustration in not being able to love their children and being loved back. That is why, mothers who work as nannies, end up in building strong relationships with the children of whom they take care: these relations replace then the emotional connection with their own children: *since parenting is a caring relationship involving both parents' and children's needs for love, and given that prolonged absence leads to a deep frustration of parent's needs to love and be loved by their children, sometimes their love is being 'transplanted' into the country of immigration. (...) There are testimonies of migrants who acknowledge that they came to love their employers' children more than their own.* (Gheaus, 2013)

On the other side, children in the country of origin, especially the very young have the feeling of having being abandoned: *they do not understand why their parents left and feel betrayed.* (Isakens *et al.* 2008, p.413). As a consequence, the author found that these children are at higher risk for school abandonment and bad behaviour: *as a result of their confusion and sense of abandonment, Romanian children whose parents work abroad are considered to be at a higher risk for deviant behaviours and school failure. Absenteeism, dropping out of school and social marginalization are often highly correlated to parental migration.* (AAS 2006).

Eventually, Gheaus looks at the possible solutions including desirable policies to mitigate the harms of care drain. She is first of all interested in addressing the question of whom would be responsible for ensuring the well-being of migrant's children.

At first glance, since the Romanian state is failing in ensuring the right of these parents of being able to combine caring with an employment while benefiting economically from the remittances coming from migrants; it should be the one to take action for compensating the offsets of the *Care drain*. However, she argues that both receiving and sending countries must take responsibility for the well-being of migrants' children. Receiving countries benefit too, as they can buy the Care work at low price from migrants while being able to follow their own careers knowing that someone's looking after their dependants. Most importantly, the cheap work offered by migrants allows these states to neglect their obligation to provide adequate public forms of care to their own citizens. (Gheaus, 2013).

Thus, according to the author, despite being both responsible, the sending states are the main concerned in adopting policy solutions and the European Union should instead deal with the care shortage occurring in Romania due to women's migration.

The policy solutions envisaged by the author mainly concern an overall redistribution of human and material resources.

These are:

- The redistribution of wealth in the region or the *avoidance of big discrepancies between different regions and between cities and rural areas (which) would reduce the economic need to migrate.* (Gheaus, 2013)
- The involvement of fathers in the care activity so to allow the distribution of the burden more fairly between men and women while increasing its symbolic value. This in the particular case of Romania, could be a solution to the care shortage.
- Enabling migrants to bring their children with them through for example, economic capability, flexible working schedules and the availability of child care arrangements in the destination country. However the author notes that *in many cases this can only be a second best solution, since it involves moving children to a foreign country, often for undefined periods of time, at an age when disruption in schooling and living conditions may be unwelcome.* (Gheaus, 2013)
- Extra support to childcare institutions in the sending states provided by both sending and receiving countries (ex. by directing some of the taxes the Romanian state raises on remittances into childcare).

It should be acknowledged at this stage, however, that the welfare systems of the countries affected by Care drain, such as Romania, are likely to be very weak; therefore the major role has to be played by the receiving countries that benefit from this migration. The author calls for a principle of solidarity at least at the level of the European Union that recognizes this deficiency.

In conclusion, from the commodification of *Care* and the globalization of this social reproduction, we can easily debate that Care labour is not only determined by gender, class and race but also by immigration changing patterns. The care¹⁶¹ provided by migrants and their contribution to social reproduction, also ensures the maintenance of (European) welfare states more generally¹⁶², whether it is in the private household, the private residential home or a state institution. As asserted earlier in this essay, the State can partially get away with its

¹⁶¹ We recall that *Care* is only one of the activities contributing to social reproduction.

¹⁶² Cf. Chapter V.

responsibilities of ‘providing care for its citizens’ by leaving the burden of Care work to private households as an unpaid work or in this case, by appealing to migrant women as a low-paid work.

CHAPTER IV

CARE AS A DEVELOPMENT ISSUE

How to better evaluate Care work

Across the world, women and girls commit substantially more time than men to unpaid care work. This heavy and unequal responsibility for unpaid care is a barrier to women's greater involvement in the labour market, affecting productivity, economic growth and poverty reduction. Most importantly, the unequal distribution, intensity and lack of recognition of unpaid care work, undermines the dignity of women caregivers, obstructs their enjoyment of several human rights, undermines progress towards gender equality and entrenches their disproportionate vulnerability to poverty across their lifetime.

(UN report , 9 August 2013)¹⁶³

Since the Fourth World Conference on Women in 1995, where a Platform for Action for gender equality and women's empowerment was adopted in Beijing, progress have been made across regions worldwide; yet women still remain the main carers of children and the elderly, with care responsibilities accounting for the main reason limiting women's prospects to a balanced working and family life. (Langbakk, 2011)

The declaration, for the first time, highlighted the urgent need of coping with the unequal distribution of paid and unpaid work between women and men as an essential move towards the realization of gender equality.

More than ten years later, another major report was issued by the UN in 2013¹⁶⁴ as a response to insufficient progresses made in many countries, with particular reference to developing ones. According to this recent report, the persistent neglect of unpaid Care work by policy makers, entails dramatic long-term consequences on poor women living in developing countries. The stress this time was, in fact, a violation of women's basic human rights and the blame was on the states failing in regulating, funding or providing care. Compared to women living in developed countries, disadvantaged women from deprived nations obviously pay a higher price because the amount and intensity of Care work increases considerably in contexts of poverty. This is due to the absence or inadequacy of infrastructures (piped water and decent

¹⁶³ http://www.un.org/ga/search/view_doc.asp?symbol=A%2F68%2F293&Submit=Search&Lang=E

¹⁶⁴ The 2013 UN report issued by the UN Special Rapporteur on extreme poverty and human rights Magdalena Sepulveda Carmona, represents a landmark statement in the recognition of unpaid Care work as an issue of primary importance because of its links to poverty and women's human rights.

roads) , resources to pay for care services or time-saving technology (such as fuel-efficient stoves) , coupled with more entrenched gender roles in those societies.

Most importantly, *not only women living in poverty perform the lion's share of unpaid care work, they also stay poor because they do so.* (UN report, 2013) In other words, Care work increases their vulnerability to poverty, because, to a greater degree than women from developed countries, intensive unpaid care workload limits and compromises their access to education, to income-earning activities and their capacity to accumulate retirement incomes and savings. What's more, they are likely to engage in low-paid unprotected work because of the consequences that the burden of Care work has on their physical and psychological status, they remain financially and socially dependent on their husbands and their lack of time compromise their right to participate to the same extent than men to public life¹⁶⁵.

The responsibilities that women have to bear and raise children will affect their right to access education, employment and other activities related to their personal development. They also impose inequitable burdens of work on women (...) Relieving women of some of the burdens of domestic work would allow them to engage more fully in the life of their communities. Women's economic dependence on men often prevents them from making important political decisions and from participating actively in public life. (Convention on the elimination of All forms of Discrimination Against Women- CEDAW)

In a nutshell, they find themselves in the impossibility of enjoying basic human rights because *Care work* condemns them to a vicious cycle of poverty and deterioration of their conditions. Therefore, the UN rapporteur recommended governments of poor developing countries to take serious concrete steps in order to ensure that care responsibilities are shared and balanced among women and men and that, overall, the burden of care for households is reduced.

Thus, not only in western developed countries *Care work* is a barrier to gender equality - given the disproportionate burden falling on women's shoulders – but, in developing countries, the violation of gender rights involved with the unpaid Care work is accompanied by a violation of basic human rights (to education, political participation, leisure and decent work).

After all, as politician Hillary Clinton stated during the World Conference on Women in Beijing, *Women's rights are human rights.* (Hillary Clinton, 1995)

¹⁶⁵ Clearly the situation is even worst for those who experience discrimination also on the grounds of ethnicity, race, colour, health or marital status. (UN report, 2013)

Thus, with women's condemnation to poverty¹⁶⁶, tackling the issue is not only a matter of social justice but a fundamental human right to be respected.

While fostering sociocultural change is a medium- to long-term objective, ensuring the equal enjoyment of rights of men and women is an immediate obligation for States. Therefore they must take immediate actions to alleviate the intensity of women's unpaid care work and redistribute their disproportionate share, including through the "provision of the necessary supporting social services to enable parents to combine family obligations with work responsibilities and participation in public life" (UN report, 2013) One of UN main goals towards the MDGs (Millennium Development Goals) is notably the promotion of gender equality and the empowerment of women.

Women with equal rights are better educated, healthier, and have greater access to land, jobs and financial resources. Their increased earning power in turn raises household incomes. By enhancing women's control over decision-making in the household, gender equality also translates into better prospects and greater well-being of children, reducing poverty of future generations. (UNDP- section 'Gender and Poverty reduction').

For attaining these MDGs¹⁶⁷ and thus approaching the realization of gender equality on all levels, many developed countries, especially at the EU level, have adopted economic responses and, at a national level, welfare policies have been approved in order to better evaluate Care work.

Before looking at these policies though, it is instructive to resume all the main reasons, analysed throughout the essay, that argument why Care work (both unpaid and paid) should be held, at present, in high regard by policy makers in Europe and not neglected, especially when addressing issues of gender equality.

- Care work has a major impact on the health and well being of the caregiver's life, mainly that of women. The repercussions can be physical (headaches, backaches), emotional and psychological (feelings of guilt and anxiety along with high levels of stress).
- Care work represents a clear-cut obstacle to many women's economic empowerment and political participation in the public sphere.

¹⁶⁶ According to the UNDP, six out of ten of the world's poorest people are women.

¹⁶⁷ Unpaid Care work will be notably included in the post-2015 iteration of the UN's Millenium Development Goals in the framework of Sustainable Development Goals.

- Care work creates and underpins gender inequalities and contributes to the exacerbation of poverty given its gendered and racialized features.
- Care work will be increasingly required in the near future given foreseen demographic challenges and the health care crisis in most EU countries.

In order to achieve the set of objectives posed by the UN and other renowned international human rights organisations within the framework of the future global development agenda, it is imperative to address issues related to women's unpaid Care work.

In this regard, Feminist economists as a whole, call for a *redistribution of this essential work* which is commonly treated as an individual or a family problem rather than a social and collective responsibility. This means, on the one hand, *a more equal sharing of Care work responsibilities* in the private sphere by de-feminizing the work of caring as a 'woman's activity' and, on the other, the State needs to tackle *effectively* and *competently* the issue with targeted interventions *through public social policies* that would allow a change in the organization and the allocation of Care work.

Ultimately, a broader cultural change is imperative in order to achieve all the aforementioned objectives. In the long run, this would be possible through specific development actions that challenge persistent cultural norms. The main challenge to be addressed is undoubtedly ending the gendered division of labour that reinforces and amplifies gender inequalities in the first place, both at the social and economic level.

4.1 Ways of better valuing unpaid Care work: Economic responses to Care

What are some of the actions that can be taken by national governments bodies to ensure a better evaluation of unpaid Care work?

In other words, what the ways, according to Feminist economists, that would enable the unpaid Care work to be "*counted*" in statistics, "*accounted for*" in representations of the economy, and "*taken into account*" in policy making (Elson, 2000:21).

Let's reveal here tested measures taken in the past by many European countries:

➤ Time-use surveys (TUS)

As a key social indicator, they are used to collect data on how people allocate their time to measure the huge amount of unpaid work performed as well as the Care paid work brought in labour force surveys.

Time use surveys (TUS) offer a unique statistical means for valuing unpaid work and its interactions with other activities, such as earning and income, and how it varies across a range of individual and social characteristics.

This tool has been used on a large-scale in numerous developed countries since the early 1990s; while reaching developing countries only after the United Nations World Conference on Women in 1995¹⁶⁸.

At the European level, an online database that intend to calculate and provide a comprehensive picture of people's use of time in some European countries, is in place since the nineties. This is known as the Harmonised European Time use survey (HETUS), promoted by the Eurostat¹⁶⁹ in collaboration with National statistical institutes of EU states, and whose aim is to harmonise time use statistics in fifteen European countries on the base of several guidelines or recommendations.

Time use surveys can use different approaches in measuring activities, but the most commonly adopted is by far *the time diary study*. Time diaries gather information about both *who* does the activity (including with who, where and when) and the *time budget* (how much time spent on each activity).

Nancy Folbre divides all activities to be measured into four main categories¹⁷⁰:

- *Paid work*: the time spent working for pay and travelling to and from paid work.
- *Unpaid work*: time devoted to activities such as child care, adult care, the cleaning and maintenance of the home¹⁷¹ plus travel time associated with these activities. Volunteer work is included in this category.
- *Self-maintenance*: time spent sleeping, bathing, tending to personal needs and eating, plus the travel associated with these activities.
- *Leisure*: time spent socializing, reading, watching TV, or engaging in sports or other recreational activities, plus the travel associated with these activities.

Time use surveys are typically applied to adults who are supplying care, rather than to children or other individuals who are receiving care. Researchers use considerable discretion when designating which specific activities represent care activities. The 'assessment'

¹⁶⁸ The Beijing Platform for Action urged countries to develop "suitable statistical means to recognize and make visible the full content of the work of women and all their contributions to the national economy, including their contribution in the unremunerated and domestic sector" (United Nations 1996:25)

¹⁶⁹ Statistical office of the European Union and body of the European Commission located in Luxembourg. Its aim is to provide statistical information at a European level as to harmonise and compare data across its members states. <http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home>

¹⁷⁰ Folbre, N., *For Love and Money: Care provision in the United States*, Russell Sage Foundation, New York, 2012

¹⁷¹ Activities that someone else could be paid to do on one's behalf.

preliminary stage is a fundamental step in this regard: an activity is typically labelled as care only if it involves helping another person – typically someone who needs help as a result of age or disability (Folbre, 2012) or an activity in which *workers are supposed to provide a face-to-face service that develops the human capabilities*¹⁷² of the recipient (England et al. 2002, 455).

Time Use Surveys differ from labour force surveys because they tell us how much time a person from a particular social group (such as female or male, young or old, rich or poor) spend on sleeping, eating, employment-related work, socializing, and unpaid Care work in an average day or week; whereas labour force surveys can only tell us the *likelihood* of a person of a particular age or group to be employed or unemployed, the type of work they do in employment and the conditions under which they work. (Budlender, 2010:2)¹⁷³

On the one hand, the main advantage of time-use data is the acquisition of socio-demographic information useful to determine who provides informal childcare in a designated country. Fundamentally, they offer a way to measure the gendered division of labour and thus provide us with important information about gender inequalities in societies. (Budlender, 2010)

The HETOS platform besides, offers a cross-country comparison among EU countries on how women and men spent their time, helping thereafter policy makers to implement communal policies at the EU level.

On the other hand, the main limitation of this tool is its uncertain validity along with some interpretation problems. It is difficult to find a balance between the quality of information received and the informant burden. The informant could similarly underrepresent activities that are not undertaken on a regular daily basis. In addition, the informant could underestimate or neglect the hazards that the job involves or the impact that technology can have if available¹⁷⁴. Moreover, it goes without saying that people perform different activities at different paces. As Folbre puts it: *A survey question that focuses only on time devoted to specific “activities” without examining how these activities are timed, or what constraints they impose on other activities, sometimes misses the point*¹⁷⁵.

Finally, unfortunately, the evidence from TUS is not always analysed or made available to a large audience nor is it used to inform policy makers (Budlender, 2010) who could instead

¹⁷² For a definition of human capabilities see Chapter III.

¹⁷³ Budlender, D., *Time Use Studies and Unpaid Care Work*, UNRISD, Routledge, London and New York, 2010

¹⁷⁴ For example, considering domestic activities, cooking on a smoky stove is much different from cooking on a cooking range. (Hirway)

¹⁷⁵ Folbre, N., *For Love or Money, Care provision in the United States*, Russell Sage Foundation, 2012.

begin to consider it as a serious policy issue able to give an overview of the extent of gender imbalance in the distribution of this work.

➤ Household Satellite Accounts (HSA) to the GDP

Household Satellite Accounts (HSA) are supplementary accounts that include all activity that could be delegated to another person¹⁷⁶ in case the caregiver would not be available or even never existed. These activities are divided into functions providing housing, transport, nutrition, clothing, laundry services, adult care, childcare and voluntary work.

For instance, by drawing upon the very first report issued by the Office for National Statistics' in UK on *Household Satellite Accounts: valuing informal childcare in the UK (2010)*, an assessment of the informal childcare activity in the United Kingdom is calculated. The report also considers the time a child needs supervision: both active and passive care are accounted. Passive care accounts for the time a parent is not physically interacting with the child but still responsible in case of need.

Table 9: Informal childcare hours per child (UK)

					hours
					% change
	1995	2000	2005	2010	1995 - 2010
Under 5	8270	8139	8118	8092	-2,2
5 - 7	7517	7493	7461	7416	-1,3
8 - 10	7546	7523	7504	7492	-0,7
11 - 15	6045	6090	6036	6011	-0,6
Total	7316	7242	7187	7216	-1,4

Source: *Household Satellite Accounts, Valuing Informal Childcare in the UK*, Office for National Statistics (ONS), 2010

The main issue here is to identify whenever a third person would be necessary if the unpaid carer would not be available. In this regard, Nancy Folbre addressed the question: *If all unpaid care services were withdrawn, how many paid workers would be required to replace them?* (Folbre, 2012).

¹⁷⁶ For example, if I were to iron my own shirt or mind my own child, this service would not be included, however, if I were to pay someone to do it for me it would.

This statement clearly reveals the *quantitative* significance of the unpaid Care work carried out within the household. Seen from another perspective, it shows how a large supply of unpaid workers reduces the demand for paid care workers.

The UK report mentioned beforehand, estimated informal childcare in the UK as corresponding to either 18% or 23% of GDP in 2010 depending on the rate used¹⁷⁷.

Chart 1: Value of Informal Childcare as a Proportion of GDP

	Value - Gross as a % of GDP	Value - Net as a % of GDP
1995	16,48	15,28
1996	22,10	16,60
1997	21,49	16,30
1998	20,72	15,72
1999	24,25	18,09
2000	22,60	18,11
2001	24,15	19,18
2002	24,90	19,57
2003	25,45	19,59
2004	24,29	18,77
2005	24,40	18,79
2006	23,57	18,16
2007	23,20	17,81
2008	23,60	18,30
2009	24,19	18,96
2010	23,36	18,28

Source: Office for National Statistics, UK (ONS)

The main difference between these two approaches of measuring the unpaid work or household production is that, while Time Use Surveys (TUS) take into consideration the inputs of the activities, Household Satellite Accounts (HHSA) calculate the outputs.

In other words, whereas TUS focus on the time spent on productive activities throughout, for instance, a 24-hours period; HHSA value what the household *produces*, for example the number of children cared for or the number of meals prepared. (ONS; 2010). This is generally easier to undertake because of the equivalent market value that can be attached to the service.

It is therefore possible for Household Satellite Accounts to assign a monetary value to unpaid activities by *multiplying the volume of output by an appropriate market value or price*¹⁷⁸.

¹⁷⁷ As to say, using gross wages (representing the cost to households were they to employ a nanny to provide the childcare they give) informal childcare was valued at the equivalent of 23% of GDP, an increase from 16% in 1995. Using net wages (representing what informal carers would receive were they to be paid the same rate as nannies) informal childcare is valued at the equivalent of 18% of GDP, an increase from 15% in 1995. http://www.ons.gov.uk/ons/dcp171766_300224.pdf

The nearest market equivalent to the services provided by informal carers is the one provided by an employed live-in nanny and the rate is calculated per child.¹⁷⁹ Moreover, by separating informal childcare in active and passive one, different prices can be applied reflecting their different valuation and the effort made.

Unfortunately, this estimate is difficult and approximate due to a lack of information concerning the variation in quality between households, but mainly because standard methods of valuation for assigning a monetary value to unpaid Care suffer from a bias originated by circular cause and effect.

Cristina Morini clearly explains this concept: *Wage rates for paid caregivers are often relatively low, in part because a large supply of unpaid care reduces market demand for paid care and in part because paid caregivers often cycle in and out of the labour market in order to meet their own family's care demands. Applying these wage rates to unpaid labour allows us to assign it a market value, (...) but it does not tell us much about the long-run cost of a possible decline in the supply of unpaid labour, since that decline would probably increase the price of paid care by increasing demand.* (Morini, 2012:110)

Those problems contribute to the much debated tendency to take unpaid care for granted and to implement policies that may increase the burden on unpaid caregiver's shoulders. Extra effort should then be devoted to improve these methods of valuation and serious consideration should be paid in possible declines in the supply of unpaid Care work independently from demographic trends.

To resume, countries provided with both Time-use data and Satellite Accounts can have a *fair* estimate of the 'additional value' or contribution unpaid activities make on the GDP. Accounts estimates range, depending on the country and on the method used¹⁸⁰, from about 20 % up to 60% of GDP¹⁸¹. These data once again clearly highlight the pivotal role of this invisible sector of the economy and in particular, women's contribution to economic wellbeing. In this regard, it is very important to notice how households are constitutive elements of the economy, strictly intertwined with the market and the state. From another

¹⁷⁸ *Household Satellite Accounts: valuing informal childcare in the UK, 2010*

¹⁷⁹ Yet a nanny live-in is paid not just in wages but also in accommodation and food and sometimes she/he receives additional perks such as the use of a car. This is the reason why a nanny live-in wage is deemed to be lower than the daily nanny rate.

¹⁸⁰ Taking the time cost of raising children into account, for example, would lead to a very different calculation, altering estimates of the relative well-being of households with and without children (Folbre, 2008a)

¹⁸¹ For Canada and the US, for instance, is estimated respectively at 45% and 42% of GDP (Harvey and Mukhopadhyay, 2007).

perspective, once highlighted the unpaid work's contribution and estimated value, it is evident how this allows for a smaller wage fund and thus greater profits for the market, which facilitates the process of accumulation at any given time. (International Labour Organization, 2009)

Put it differently, in order to maintain the same standard of living for employees and their families, a higher wage would be necessary, making the unpaid time spent on these activities a transfer (in a form of a 'gift') from one institution, the family, to another, the market. (Antonella Picchio, 2003)

In concrete terms, Time-use data and Satellite Accounts help in identifying the volume of necessary unpaid work that should be provided by the public sector: health, education, transportation, water, sanitation and for our purposes, childcare and elderly care. As previously mentioned, in a number of cases, this leads to a reduction of the caregiver's time dedicated to social engagement: limited time spent in market participation or involvement in political processes, in attending school and medical appointment, skill upgrading, or artistic expression. At other times, it considerably reduces the time for leisure and self-care. (ILO, 2009)

We conclude this section by acknowledging how, on one side, Satellite Accounts and Time-use data have so far played an essential role for an estimate of the unpaid production in countries that adopted them; on the other side, there is still a great need to operationalize these new ideas and integrate them in an efficient model that can be used for macro-economic analysis and impact-assessment utilisation. In any case, giving visibility to the unpaid work by providing an estimated and imprecise value of it, is still more useful than not doing it because we cannot have at disposal a perfect set of data.

The main political aim underlying the utilisation of these two instruments for the time being is, in fact, not necessarily one of assigning a monetary value to the unpaid work but rather attracting the attention of economists by promoting a more accurate and comprehensive valuation of the unpaid work. Money, in fact, would not necessarily reflect the real value of this work for the society.

➤ Gender-responsive or gender-sensitive budgets:

Gender-sensitive budgets recognise the ways in which (mainly) women contribute to the society and economy with their unpaid labour in bearing, rearing and caring for the people in the country. (UNDP, 2005)

Another economic response for a better evaluation of Care work is represented by applying gender-sensitive budgeting in macro-economic calculations. This does not mean to produce separate budgets for women and men, but instead to examine any form of public expenditure from a gender perspective.

As aforementioned, there are many cases in which government budgets are subsidized by unpaid Care work. In this sense a gender sensitive budget is conceived for governments to adjust their priorities and reallocate their resources to achieve, on a long term, gender equality and advancing women's rights. By using a gender-sensitive budget, countries can make sure that the needs and benefits of all different social groups are met, especially of those who need it most. In particular, gender-sensitive budgets are mostly used by civil societies organizations as an advocacy tool or by governments bodies and International Organizations with the purpose of ratifying treaties or conventions as it was the case with the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) in 1981.

In the UK for instance, the UK Women's Budget Group¹⁸² (WBG) was established in 1989 and it is now made up of feminist economists, researchers, policy experts, activists and trade unions members. It focused traditionally more on taxes and benefits for women than on government expenditures. Yet, the WBG group annually releases a report of government's expenditure in order to determine how much gender equality has advanced or has been pulled back.

Especially since 2010, the group has blamed the austerity measures implemented by the UK government accusing it to have undermined even more British women's equality by reducing employment opportunities in the public sector (the biggest employer for women).

Lastly, on a more general level, it is worth mentioning that, since 2006, along with the application of gender-sensitive budgets, governments bodies and policy makers can draw on informative supplementary instruments for progress guidance: the *Global Gender Gap* reports

¹⁸² UK Women's Budget is an independent, voluntary organization.

constantly released by the World Economic Forum¹⁸³. The series of reports measure gaps in gender equality across four main sectors (health and survival, educational attainment, economic participation and political empowerment) and enable a comparison across regions and income groups over time.

4.2 Ways of better valuing Care work: Social responses to Care

Let’s now look at some welfare policies adopted by the government of the United Kingdom as an illustrative case¹⁸⁴, aimed at easing the burden of women unpaid caregivers and empowering them.

- How to re-evaluate the work of unpaid caregivers

PUBLIC SOCIAL POLICIES THAT SUPPORT UNPAID CARERS	WHAT IS ABOUT	DESIRABLE BENEFIT
<i>Family caregiver support and Community-based services</i>	<p>Within the framework of a user-centred or empowerment approach, it emphasizes the need to assess the caregiver’s own needs in order to tailor services and expand opportunities for consumer direction. This could include:</p> <ul style="list-style-type: none"> • Providing information to the caregiver for accessing local resources or information about diseases and disability. • Carers support groups and individual counselling. • Training and awareness from former carers to help them better cope with care activities. • Community programs, education and training for caregivers. 	<ul style="list-style-type: none"> • Enhancing the mental or physical health of family caregivers. • Diminishing levels of anxiety and stress. • Better quality of care. • It would equally ensure the carer the right to have a life outside caring, hence, involvement in the public

¹⁸³ Independent international organization incorporated as a not-for-profit foundation in 1971, aims at improving the state of the world by engaging business, political, academic and other leaders of society to shape global, regional and industry agendas. (http://www3.weforum.org/docs/WEF_GenderGap_Report_2013.pdf)

¹⁸⁴ Diagram based on the Government UK website (<https://www.gov.uk/government/topics/social-care>) and the UK- based organization Carers UK website (<http://www.carersuk.org/for-professionals/policy>) and the NHS website (<http://www.nhs.uk/Pages/HomePage.aspx>)

	<ul style="list-style-type: none"> • Respite care services: government funding for allowing the caregiver taking breaks from work by offering temporary residential, nursing or social accommodation to the care recipient. 	sphere.
<i>Telecare services¹⁸⁵, social alarm systems and care robots</i>	As a whole, the use of information and communication technology for providing support and assistance to the person in need for care, especially elderly and disabled people. Telecare, widely used in Scotland, is a technologically advanced system use sensors used to prevent and monitor potential risks for dependant people. This service is intended to enable vulnerable people to continue living in their own home, independently or with the assistance of carers.	<ul style="list-style-type: none"> • Providing caregivers with greater personal freedom. • Avoiding unnecessary stress for the caregiver.
<i>Financial support for family caregivers</i>	<ul style="list-style-type: none"> • Tax credits and direct payments to caregivers. • Carer's allowance: generally for those providing more than 35h a week of care activity. • Carer's credits: credits towards the pension while the unpaid carer is not making any contribution because of the caring role. • Pension credits: for people who have reached their State pension age. 	<ul style="list-style-type: none"> • Offset the costs necessary in providing unpaid care. • Ensuring greater caregiver's financial security.
<i>Carers' centres and forums</i>	Centres designed for sharing information and support among caregivers, for instance through a network of local carers. This include: <ul style="list-style-type: none"> • identifying carers' needs • establishing links with other carer's groups • make facilities available to them • offer advice and practical support 	<ul style="list-style-type: none"> • The carer role is now highly valued and dignified
<i>Jobsharing, flexitime and</i>	Carer-friendly employment arrangements that work as supportive services for unpaid	<ul style="list-style-type: none"> • Boost the morale of

¹⁸⁵ Telecare usually refers to equipment and detectors to provide continuous, automatic and remote monitoring of care needs, emergencies and lifestyle changes, using information and communication technology to trigger human responses or shut down equipment to prevent hazards. (Beale et al., 2009) It is now estimated that there are about 1.7 million telecare users in the UK.

<i>telecommuting</i>	caregivers that need to balance their caring responsibilities with their careers. The key to an effective support in this sense is ‘flexibility’ for carers .	caregivers • Ease the caregiver’s stress levels
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All these public policies and other similar policies adopted by other EU governments, are specifically focused on *caregivers* and not solely on care recipients as it is generally the case. In this sense, the desirable approach to be used is one in which the needs of both actors involved in the care mutual relation are taken into serious account. This approach fully involve caregivers as partners in care and assess their specific needs and preferences.

Nevertheless, other more ‘traditional’ or common social policies, still need to take place if unpaid women caregivers are to be truly empowered economically and their work valued. These essential provisions include a large availability and thus large funding in public social services such as free pre-school educational facilities for children, childcare centers or daycare centers, residential and nursing homes for elderly people or social policies such as *parental pay and leave* (especially paternity leave). Funding is in fact, a crucial issue; the poor value attached to Care work is largely reinforced by cuts and inadequate funding of care services. Decisions to spend on care services are made by third parties such as government’s bodies on the basis of norms and preferences rather than by consideration of the gain to either the recipient or society as a whole. (Folbre, 2012). In this particular era of austerity, governments should not affect local provisions as it is happening at the moment.

Finally, another option to be taken in consideration which is being currently much debated in Europe, is the *Basic Income*. This stands for a direct financial support to all citizens that would allow caregivers to bear less financial pressure in meeting their family member’s needs and more flexibility, for example, in returning to employment or education since they would dispose of an income that would enable them to fund replacement care for their dependants. Most importantly though, it would recognize that *all* citizens contribute to social reproduction in some way, even if they’re not paid for it. As we often mentioned throughout the essay, recognition of the unpaid work done at home is the first fundamental step.

A Basic Income Earth Network (BIEN) was founded in 1986 as the Basic Income European Network, and developed as an international network whose purpose is to connect individuals and groups committed to or simply interested in the basic income, by encouraging discussion and spreading information about the topic throughout the world. More recently, an alliance of EU member citizens and organizations, called the European Citizens Initiative (ECI), launched in 2013 an official petition to make EU authorities examine their proposal of an

Unconditional Basic Income for all (also called it ‘emancipatory welfare’) at the European level, partly as a reaction to the austerity measures taken by EU states that are fostering poverty levels in many countries. The proposal made explicit reference to the article 25 of the 1948 Universal Declaration of Human Rights which quotes:

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection. (Article 25, Universal Declaration of Human Rights).

They also made proposals on ‘how’ this income should be financed, for instance, through consumption taxes on luxury goods and polluting products. However, they did not succeed in collecting the 1,000,000 signatures necessary in order for the proposal to be considered at the level of the EU Commission.

In Italy, Feminist economist Cristina Morini and economist Andrea Fumagalli have largely supported this economic alternative tool and they have founded the Basic Income Network Italia that campaign for a Basic Income granted to all Italian citizens. Morini, in particular argues that the Basic Income would increase the potential self-fulfilment of unpaid women carers.

Ultimately, international human rights organizations and NGOs need to campaign and lobby governments with recommendations on the unpaid Care work re-distribution. In order to do this, the unpaid Care work needs to be considered a top priority in their agenda and be tackled as much as other ‘women’ issues¹⁸⁶.

Some international organizations working on poverty and development have already begun to address the issue more vigorously since the latest UN declaration that connected poverty to unpaid Care work¹⁸⁷, like Oxfam, ActionAid¹⁸⁸ and the Institute for Development Studies. It is now the Human Rights Organizations’ turn to raise their voice in favour of unpaid Care.

¹⁸⁶ Only recently, NGOs and other organizations began to take more seriously the unpaid care topic. To date much attention was reserved to subjects such as violence against women or reproductive rights.

¹⁸⁷ See Chapter IV, first paragraph.

¹⁸⁸ ActionAid has led last year a project in several african countries using tools such as time use diaries among others. Cf. http://www.actionaid.org/sites/files/actionaid/recognise_redistribute_reduce_0-3.pdf

- How to re-evaluate the work of paid care workers and thus make it dignified and respected

As it has been mentioned earlier in this essay, the work of paid care workers is prone to a high level of precariousness due to social (specific gender, race, social class and migration patterns) cultural (stigma and familiarity) and economic reasons.

This has led to its exclusion from protective labour laws in many national contexts worldwide, and, in others, to lower degrees of legal protection. This key aspect has made domestic workers a vulnerable and easily exploitable category.

In the UK for instance, domestic workers can be paid less than the national minimum wage when they are provided with accommodation for the family they work for¹⁸⁹ or, when considered as family members, they are excluded from working time regulation altogether¹⁹⁰; which means the length of time they work is not regulated. In other countries, such levels were attained and even worst conditions were experienced by domestic workers until the point that many international organisations began to develop initiatives that could give visibility to this ‘disadvantaged job sector’ and end the historical exploitation that affected it.

In 2011, the International Labour Organization (ILO)¹⁹¹ promoted an International Convention aimed at protecting the rights of care workers¹⁹², which come into force on September 2013. The Convention, conceived under the principle of universality of human rights, intends to set labour standards for domestic workers and ensure that their basic human rights are fully respected. Some of the most relevant articles of the Convention are:

- Ensure that all domestic workers enjoy effective protection from all forms of abuse, violence and harassment. (article 5).
- Ensure that all domestic workers enjoy minimum wage coverage (article 11) and fair terms of employment as well as decent working conditions (article 6).
- Ensure that all domestic workers has the right to a safe and healthy work environment (article 13) and that they are adequately provided with social security protection, particularly with regards to maternity (article 14).

Concrete examples of the more pressing demands were the pay of overtime work, a guaranteed one day off per week along with holidays and consideration about the annual cost of living increase. (Mandell, 2010)

¹⁸⁹ Regulations 36 and 37 of the Minimum Wage Regulations, 1999.

¹⁹⁰ Regulation 19 of the Working Time Regulations.

¹⁹¹ Since 1999, the ILO has set up a Decent Work Agenda as a means to fight poverty and promote development worldwide. The Agenda is part of the Millenium Development Goals (MDGs) of the UN.

¹⁹² Formally the *Convention concerning Decent Work for Domestic Workers*. To date only 12 countries have ratified and submitted the Convention.

Moreover, given that, as acknowledged, most domestic workers are migrants, specific provisions addressed to their migration status are made.

Unfortunately, Conventions approved at an international level do not enforce the law and they cannot oblige states to ratify them either; therefore policies at a national level must be implemented in order to enforce real change.

Let's now have a look at what can be done in the public sphere at a national level for paid carers in order to free their job from the disregard it suffers.

GOVERNMENT POLICIES AND CIVIL SOCIETY'S ENGAGEMENT	WHAT IS ABOUT	DESIRABLE BENEFIT
<i>Organization and unionization of care workers</i>	This include the freedom to form associations and trade unions on an international level by all care workers. The lack of unionization of care workers in many countries affects their bargaining power allowing them to be exploited ¹⁹³ .	<ul style="list-style-type: none"> • Higher pay rates for <i>care workers</i> • Empowerment of <i>care workers</i> and increased job satisfaction. • <i>Care workers</i> are given voice and visibility
<i>Training of care worker's skills</i>	Qualifications for care workers include university work-based degrees ¹⁹⁴ , certificates and diploma for specific care settings.	<ul style="list-style-type: none"> • Professionalisation of <i>Care work</i>, now considered a skilled job • Better quality of care; care workers possess the knowledge, skills and practice to cope with. • Career prospects of advancement

¹⁹³ It is important, however, to underline how very often, due to their precarious work conditions (ex. informal contracts) joining a trade union could endanger their job security.

¹⁹⁴ In the UK a degree course called *Elisabeth Care* is already in place at the University of Surrey and it is specialized in the care of older people.

<i>National minimum wage¹⁹⁵ for all domestic workers</i>	The national minimum wage must be ensured for all domestic workers, including care workers even if they are live-in workers or au-pairs and are thus provided with food and accommodation. The national minimum wage set minimum hourly rates that employers must pay their workers.	<ul style="list-style-type: none"> • Dignity for the <i>care worker</i> and better value for the job • Prevention from exploitation and extra workload.
<i>Lobbying and campaigning</i>	NGOs and other charities organizations can lobby governments and decision makers to adequately allocate funding to the social care sector for example. Lobbying can also serve as a means of giving visibility to the underfunding of the sector.	<ul style="list-style-type: none"> • Governments allocate more funding to the social care sector. • Improvements are made in the way care services are delivered and financed
<i>Recruitment of more men into the caring profession</i>	Governments efforts to attract more men into the caring work could be made through employment campaigns	<ul style="list-style-type: none"> • Status of caring being ‘raised’ • Care work better paid • More diverse workforce.
<i>Pre-departure orientation seminars for migrant domestic workers</i>	Information and advice about migrant’s rights, entitlements and obligations.	<ul style="list-style-type: none"> • End the abuse of domestic migrant workers • Migrant <i>care workers</i> feel more comfortable and prepared in performing the job.

With regards to paid care workers, it is important that the care workforce of each country is empowered and that is able to enjoy a higher bargaining power.

While governments have the important duty of creating the right policy framework for improving care worker’s opportunities, it is also crucial for the organizations to create a favourable workplace.

¹⁹⁵ An authoritative study by King’s College London, estimates that there are in the UK between 150,000 to 220,000 care workers which are paid below the national minimum wage. This is often the case for domestic workers live-in, who live with the family and are supposedly treated ‘as part of the family’. In the UK care workers are also almost never paid for travel between clients.
<http://www.kcl.ac.uk/sspp/departments/sshm/scwru/pubs/periodical/2011/issue16.aspx>

In order to achieve this, most EU countries need to maintain high public awareness in this respect and prioritise enforcement through political campaigns, more media attention and public outrage.

4.3 Culture change

This last aspect for better valuing Care work is obviously one of more difficult application and long-term vision but of primary importance.

➤ Gender Curriculum design and gender training in public education and media campaigns

Gender curriculum design in public education involve a re-structuring and re-definition of school curricula from a gender inclusive perspective. It could include for example, recognition that women's experiences have historically been different, not properly represented or even trivialized. In other words, it means using gender lenses when teaching, becoming aware of gender biases and discriminatory behaviour, so to avoid the reinforcement of them in educational practices. To this purpose, teachers should be effectively trained on gender issues and they should be willing to promote gender equality. In more concrete terms, this might include the revision of textbooks and other learning tools to diminish gender stereotyping in the school curriculum, particularly in relation to Care work and domestic activities.

The education system reflects, teaches and therefore perpetuates social attitudes and values about women. Traditionally, women have been steered towards jobs and careers that are inferior in status and remuneration. Family life education has often supported a traditional, rigid patriarchal family structure. (IREX; Gender Awareness Training manual)

Gender (equality) training is a development action of mediation with the long term objective of creating gender awareness and knowledge. It involves the analysis of the 'personal' or public –political sphere.

A facilitated process of developing awareness and capacity on gender issues, to bring about personal or organisational change for gender equality. (BRIDGE, report on Gender and Development, 2000)

Women and men from an early age should be taught that roles in the public sphere are interchangeable and they should consequently be trained in activities or areas traditionally associated with one 'identity' or the other.

Since gender is a deeply controversial topic, it is fundamental to bear in mind some of its intrinsic aspects:

- Understanding the importance of the differentiation between 'sex' and 'gender' mentioned at the outset of this essay.
- Gender is a social, political, cultural and highly emotional aspect
- Gender reflects power relations

In the context of public education, it is necessary the deconstruction of deep-rooted societal norms and assumptions and a major deconstruction of the status quo and the hegemonic forces that contribute in reinforcing it. In particular, gender training courses in secondary school and at the University could end the occupational segregation or gendered division of labour in the market labour. This could encourage more men in taking up caring professions, and viceversa, make more women aware of the diverse career opportunities available to them. Career advice and guidance professionals have a vital role in providing information to women and men.

On the other side, policy and decision makers, educators and leaders of NGOs, must be fully trained on gender equality in order to be able to influence and coordinate between them, gender-balanced policies at local, regional and national levels.

However, it is worth mentioning that one must be wary when this is applied to developing countries. In these cases, hegemonic ways revealing a North-South power dynamic about 'advanced' gender relations risk to take place.

➤ Media campaigns

It is well known how mass media have the power of spreading stereotypes, especially through the portrayal and representation of women and men that reflect their values in society. Many studies have shown how the predominant image of women in magazine advertisements is of *weak, childish, deepened, domestic, subordinate creature, the producers of children and little else compared with men.* (MediaWatchGlobal)

According to the UN, the media constitutes one major challenging area of work for the advancement of gender equality. Once again, the issue here is, in the words of the American sociologist Riane Eisler, deconstructing a deeply-rooted *gendered system of values* starting by being aware of its existence.

The landscape of carers is nowadays diverse and heterogeneous if compared to several decades ago. As more and more countries made legal same-sex foster adoption (such as the UK, Sweden, Spain, Belgium, Iceland and so on), media should portray more often this existing variety of carers such as same-sex partners carers or, given the increasing divorce rates in recent times, single parents carers¹⁹⁶. A father and a mother are still presented as the norm while many increasing realities are left behind and are under-represented.

¹⁹⁶ the same could be said about the low visibility in the media of carers assisting a disabled child or parent or teenage carers.

CHAPTER V

CARE WORK IN THE CONTEXT OF AGEING SOCIETIES

Older people as a group provide an invaluable economic and social contribution to society in areas such as volunteering, childcare, care of other adults and charitable giving. (Deloitte report, 2013)¹⁹⁷

After having examined the responses that governments and other civil society organizations can adopt in order to give a more accurate value to the work of caregivers, we will look in this last chapter at one particular type of Care work, which nowadays results to be the more challenging to cope with: the care of the elderly and its intersections with gender issues.

We will focus our attention on the EU member states landscape of rapidly aging societies in a climate of economic austerity and thereafter we will analyse two antithetical welfare states approaches to the care for the elderly: the UK liberal welfare model and the Scandinavian social-democratic model.

5.1 Contemporary challenges for long-term of the elderly in Europe

The two main aspects to be taken into serious consideration when tackling issues of elderly care are, on the one hand, socio-demographic pressures coupled with concern about gender equality issues and, on the other, political and economic pressures, including social protection systems now under increasing strain in the face of the recent global economic crisis.

The socio-demographic aspect is manifest in the lowering of fertility rate along with increase in life expectancy within the European Union. Both factors have important implications for the care of the elderly: it is in fact estimated that while by 2020 people aged 65 and over will comprise more than one-quarter of the total population, the decrease in birth rates means that fewer caregivers will be available in the future if care for the elderly will continue to rely heavily on families. According to Eurostat, by 2020 there will be only three people of working age per person aged over 65 in Europe¹⁹⁸.

¹⁹⁷ Deloitte Centre for Health solutions, *Better Care for Frail Older People: working differently to improve care*, 2014

¹⁹⁸ It is also estimated that by 2050 one third of the population in Poland, Italy and Germany will be over 65 and 25% of the total population in Belgium, Sweden and the UK. http://ec.europa.eu/health/mental_health/docs/services_older.pdf

Expectations that children will care for their aging parents have been always fostered by the myth of *filial responsibility* in Western nations. The idea behind was often phrased in moral terms, the explicit statement that as a matter of love and respect for parents, the children, and as we witnessed, daughters in particular, should take up the responsibility for their aging parents¹⁹⁹. Thus, as the family was, and it is still today at different levels depending on countries, the main source of care for older people, the predicted shortage of family members available to play the role of caregivers in the near future²⁰⁰ pose a serious concern for most European nations. Smaller families mean also that less women, the main providers of care, will be alone forced to shoulder both the labour and the responsibility for caring on their own. Moreover, several studies reveal that in many EU countries an increasing proportion of older people are living on their own, without any form of family care neither state support. (Walker, 2000). This is partly due both to demographic changes and geographical mobility, but it also appears to reflect a desire for separate places of residence on the part of both older and younger people, making it clear that often the ‘family institution’ is not the main supporter anymore.

In the United Kingdom for example, the over 65 living alone account to a 31% while those elderly aged 75 and over account for more than half (52%) (ONS, 2013). Among those, as mentioned, women represent in all countries the majority of lonely elderly because of their retarded death rate. Older people living alone are also likely to be poorer than elderly couples and this is the reason why in countries such as the UK, home care has traditionally been targeted at or restricted to those living alone. (Walker, 2000)

The other contemporary challenge states are faced with when addressing the issue of elderly care has a political and economic nature.

It is important herein to remark that in a capitalist perspective, care of dependent elderly is largely seen as a public expense and burden to avoid (Bulcroft *et al.*, 1989).

As scholars Ferguson and Lavalette affirm, most state investments in welfare services have generally a ‘dual character’ from a purely economic point of view. On the one hand, they bring benefit to the recipient(s) whilst, at the same time, they represent an investment in future economic assets²⁰¹. However, this is not the case with the expenditure addressed to the

¹⁹⁹ Moreover, women have always been more likely to take responsibility for their elderl husband or other dependants because of the differential death rate that favours women. Men have in fact, according to statistics, life expectations about 7 years shorter than women. (Montgomery and Borgatta, 2000). This fact makes women also very often caregivers for their expiring husbands.

²⁰⁰ because of the current trend towards smaller family sizes.

²⁰¹ For example, education or the NHS in Britain bring important immediate support services to users, while, at the same time, help to reproduce or maintain a healthy, trained or educated future working population.

elderly portion of the population and on those with a range of physical and learning disabilities.

Investment in older people has no positive future ‘investment function’ and, indeed, may actually help keep people alive longer, consuming resources without producing any economic return for the system. (Ferguson and Lavalette, 2014:9)

In other words, in a society where aging is mainly seen as a negative phenomenon characterized by impaired capacities, the elderly will be naturally considered to have less potential to actively participate in social and economic life and thus they are seen as passive users of services.

The costs implications of population ageing– in terms of pensions, health and social services are in fact combined with political concerns about taxes associated with welfare spending. This view in a context of economic austerity in the aftermath of the 2008 global economic crisis, has led most European governments to impose severe cuts in welfare spending, largely to care for the elderly²⁰² under strong request made by governing financial bodies such as the International Monetary Fund (IMF) and the European Central Bank.

However, contrary to a purely economic view, it is important to remember that across Europe, a great deal of informal care is concentrated in the third age. Thus, in the UK, some 46% of all carers were aged 50-74 (in 1985) and one-fifth of those in this age group were carers²⁰³.

This suggests that they are already making a substantial contribution. (Walker, 2000)

Moreover, the elderly if in good health, often make a difference when volunteering for their local communities.

When debating the possible responses and policies to implement in regard to older people, Feminists economists stand out for alternative approaches that recognize the right of women *not* necessarily to participate in care by offering them a choice; or the implementation of policies that provide support and recognition to unpaid women caring for their elderly relatives. As it will be demonstrated, in order to tackle the issue of elderly care, a major reorganization and planning of the European long-term care policy is needed in conjunction with a shift in cultural values, since, largely all over Europe²⁰⁴ *there are highly persisting social expectations that family members, mainly women, will continue to provide massive amounts of care for their older family members.* (Interlinks, 2010)

²⁰² Although, certainly much depends on the ideological posture on the government’s side, whether they underpin an anti-welfare attitude or not.

²⁰³ Here again most carers happen to be women.

²⁰⁴ Although there are some exceptions such as most Scandinavian countries.

In particular, *care for the elderly* should be one of the top priorities on the social care agenda in all EU countries for the reasons listed beforehand. Countries across Europe must acknowledge the fact that we live in ageing societies and that the issue of sharing the responsibility of the elderly should be tackled with absolute urgency. In the next paragraph, we will look at the crisis of the social care system in Europe and the impact that this has on the elderly and their carers.

5.2 The crisis of social Care in Europe: responses to austerity

Social Care can be defined as support for *people of all ages with certain physical, cognitive or age-related conditions in carrying out personal care or domestic routines, as well as support for their carers. It also helps people to sustain employment in paid or unpaid work, education, learning, (...) and other social support systems. It supports people in building social relationships and participating fully in society.* (Commission on Funding of Care and Support, 2011, p.4).

This form of sustenance can be publicly (through social care services) or privately provided (i.e. unpaid support from families or other informal carers and paid support from the private or voluntary sector). We focus in this chapter on the public support supplied by local authorities and given to older people aged over 65, although social care is in general addressed also to working-age adults and children.

With the rise of neo-liberal policies²⁰⁵ since the late 1980s in most European states and especially since the financial crisis characterized by severe recession as of 2008, Europe found himself with the pressing urgency to face an important challenge related to the fracture between its social welfare system (which includes social care) and the already mentioned new socio-demographic challenges. A combination of elements that comprise structural transformations of the labour market, the new demographic context and family changing patterns have placed a strain on traditional social protection systems²⁰⁶ all over Europe. The consequence of this state of affairs in times of economic crisis, was that national budgets and welfare institutions have resulted as the prime candidates for reduction and downsizing.

The future of European welfare regimes is therefore not expected to be very positive for the youth, the elderly and the families. While feminist economists call for a ‘family-friendly’

²⁰⁵ These include, e.g. the flexibilization of labour markets, the erosion of employment security and budgetary austerity.

²⁰⁶ Largely created in the Post World War era.

state and employment policies that will make it possible for parents to combine work and childcare without having to sacrifice their careers or neglect their children, aged parents or disabled family members (Mandell, 2010:5), the example of many EU countries demonstrates that, despite projections of future demographic trends, times of financial crisis and fiscal constraints have led to drastic reductions in social investment.

As mentioned earlier, the expected rise in demand among the older section of the population for long-term care (LTC) means a much more *dependent* society overall, also given that, on the other side, the supply of healthy, working-age adults able to provide these services steadily decrease²⁰⁷. It is clear how social care services in this context, play an essential role in protecting, caring for and empowering the elderly at critical points in their lives.

Poverty levels attained in later life is also a major concern in some European countries, according to the charity organisation Age UK, with findings showing that Great Britain has worrying levels of poor people after retirement age²⁰⁸.

Despite this situation, the impact that the economic crisis had on the ability of local authorities to provide social care services for elderly people has been considerable in all EU countries with the only exception of the Scandinavian region.

In the United Kingdom, the proportion of publicly funded services is decreasing more and more²⁰⁹ as The National Audit Office (NAO) in UK concluded in his findings of a study on *Adult social Care in England*²¹⁰ in 2014:

the majority of the reduction has been achieved by cutting the amount of Care provided through the tightening of eligibility rules. Local authorities typically only pay for individual packages of care for adults assessed as having high needs and limited means. As a result, most people struggle even to get an assessment, never mind a service. (Adult Social Care in England)

Shortage of public funds in most EU countries depends largely on conscious political decisions about which proportion should be devoted to the care of older people.

The consequences of the combined rising needs, reduction in local authority spending and cuts in benefits at the European level, fall on the shoulders of *informal carers*, who are now under pressure like never before. Unpaid family members, friends and neighbours²¹¹ in fact, provide the most of care and support for those who cannot afford private care services in the

²⁰⁷ This phenomenon has been defined the ‘family care gap’.

²⁰⁸ <http://www.ageuk.org.uk/money-matters/income-and-tax/living-on-a-low-income-in-later-life/>

²⁰⁹ Local authorities total spending on social care for older adults fell 12% in real terms between 2010/11 and 2012/13 and is projected to continue falling.

²¹⁰ <http://www.nao.org.uk/wp-content/uploads/2015/03/Adult-social-care-in-England-overview.pdf>

²¹¹ They are all defined *informal carers*.

labour market, but they are also growing older and thus they are likely to be in need of care services themselves:

Between 2001 and 2011, the number of informal carers rose faster than population growth (...) . Informal carers are doing more hours of care per week and are, on average, getting older. National and local government do not know whether the care and health systems can continue to absorb these cumulative pressures, and how long they can carry on doing so. (Adult Social Care in England)

The dual role of informal carers, both as providers of care and as clients with their own needs for support, leads to an increasing necessity to design policies that aim at their inclusion in LTC (long-term care) systems where their needs are assessed and recognized.

In the next two paragraphs two opposite welfare approaches to social care in Europe will be explored, with specific emphasis on the social care of the elderly and the consequences on their carers: the liberal welfare State in the United Kingdom and the social-democratic welfare model in Scandinavian countries.

5.2.1 Adult Social Care in the UK- a prime example of privatization and strong market reliability

Within the EU, the United Kingdom represents an extreme case in which, under Margaret Thatcher and the Conservative governments of the 1980s and early 1990s, a ‘mixed economy’ in care for older people and other groups was created under the direction of the central government. The delivery of local support and care services are shared between state agencies, voluntary organizations and private and commercial organizations.

During the last two decades, the huge privatization plan undertaken by the coalition government has made possible a massive transfer of social care provision to the private sector.

This political posture has led vulnerable people, primarily elderly, to be often in the hands of individuals and companies whose primary concern is not with the welfare of their clients and residents but rather with the generation of profit.

Reliance on for-profit companies is tricky. If profitability drops in one sector, the company will leave the field, moving on to other, more lucrative markets. (Mandell, 2010:75)

Since Margaret Thatcher’s government position was strongly allied with neoliberal reforms and policies, the state interventionist strategies adopted during the post-war welfare era were replaced altogether with the removal of all barriers to market forces and an increase of market

involvement in the welfare state within a broader political and economic project in Britain. (Ferguson 2014)

This environment provided the essential scenario for the creation of a market in social care. The *Care marketisation* caused, during the 1980s, a shift from 90% of care services provided by the public sector (residential care, day care and home care) directly in the hands of private corporations. The reason for this Conservative political decision was twofold: firstly, the privatisation or marketisation of care services would increase ‘choice’ with personalised services that best fitted the user’s need. Secondly, the introduction of competition would ameliorate the quality of the care service²¹².

According to social science scholars Ferguson and Lavalette²¹³, the probable reason for the current crisis in social care Britain is living today, is ascribable to these political decisions to open up social care provisions to market forces²¹⁴.

The main social care policy that has characterized the United Kingdom since the formation of the Coalition government is the ‘*Personalisation*’ policy, which consists in providing individuals with a personal budget so to allow them to purchase their own care on the market. According to the UK Department of Health: *every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings.*

While proponents of this approach – including both Conservative and Labour Governments²¹⁵ since the mid-1990s (Ferguson, 2007) – emphasize that services are tailored to meet each individual’s need and that the scope is to promote users’ and communities’ independence and self-reliance; opponents stress the shift of responsibility from the state to the individual service user (DH, 2010a).

What is obvious is that, since the adoption of the ‘*Personalisation*’ policy, the situation has not improved for care workers in the UK: they have historically experienced poor status and low-pay and continue to do so in modern Britain. The introduction of competition in the last

²¹² The emphasis of the Conservative government’s policy was on flexibility, choice (‘wider range of services for the consumer’) and plurality (‘where possible should induce the active participation of the individual and his/her carer’). *Source*: DH (1989) *Caring for People*, Cm 849. London, HMSO

²¹³ Cf. I. Ferguson, M. Lavalette, *Adult Social Care*, Policy Press, University of Bristol, 2014.

²¹⁴ which, for the most part, were continued by New Labour governments from 1997 onwards. (Walker, 2000)

²¹⁵ Conservative party or Tory party is the centre-right political party and the Labour party is the centre-left party in the United Kingdom.

20 years into social care in Britain, has rather led to a *race to the bottom* (Cunningham, 2008 and Lavalette, 2014) in which their conditions have worsen²¹⁶.

In addition, in terms of social care funding, following the outburst of the global economic crisis, the sector has experienced a deep crisis with extensive cuts in welfare spending imposed by the Coalition Government since 2010. The rollback of the welfare expenditures in social care resulted in a major impact on the poorest and vulnerable sections of the community, primarily the elderly section of the population.

This is not the time to disinvest in social care, when we are going through a period of upheaval and transformation with a view to redesigning services to meet the challenges of our changing demography. (Ferguson and Lavalette, 2014: 71)

Many studies conducted in Britain in the past few years, revealed that most local authorities have firmly restricted social care for the over-65s in response to cuts, with significant declines in the number of people receiving these services. A study conducted by Nuffield Trust²¹⁷ in partnership with the Health Foundation for example, assessed the impact of social care cuts in the United Kingdom. Findings show that cuts will have a major impact on the health and wellbeing of older people and that of their carers in Britain²¹⁸. Government's figures in Britain show that in 2012 local authorities have spent 4.5% less in real terms on social care for older people alone than the previous year. With the number of disabled elderly also increasing, in a climate of austerity, more and more old disabled people will be unable to get the support they need to live their lives independently. (Ferguson and Lavalette, 2014:4)

Additionally, most charities and voluntary organizations²¹⁹ in Britain depend heavily on local authority funding and have been among the main victims of the cuts. (Kane and Allen, 2011)

It is crucial to remember that these reductions in social care services for older people occurred over an era of growing demand for these services among the over-65s as the UK population

²¹⁶ A *Financial Times* investigation in 2011 has shown how the private sector pays lower wages on average than the non – profit and public sectors and has higher turnover rates (O'Connor and O'Murchu, 2011) <http://www.ft.com/cms/s/0/307bbd3e-8af5-11e0-b2f1-00144feab49a.html#axzz3BhCIIdok>

²¹⁷ Charitable trust based in London that conducts independent evidence-based research and policy analysis for improving health care in the UK.

²¹⁸ Figures show that for example spending on residential care for older adults was reduced by £331 million between 2009/10 and 2012/13, accounting for a 13% reduction. http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/140326_qualitywatch_focus_on_social_care_older_people_0.pdf

²¹⁹ They provide the majority of care services in the UK's public sector.

ages rapidly. It is foreseen that in the next 20 years there will be a rise of nearly 50% in the number of UK citizens over 65s²²⁰.

The study concluded that these elderly are now either bound to use their own resources to support themselves or go without care if they cannot afford to buy them.

With regards to the *personalisation* approach, many scholars²²¹ argue how in a climate of huge cuts to local authority budgets and diffuse austerity, the approach results in less choice, since service users are unable to afford the costs. For some, the rhetoric of *empowerment of communities and users* proved to be a cover for further privatization, marketisation of care and the withdrawal of the state. (Ferguson and Lavalette, 2014).

We can draw from this data that the majority of older people's needs are not being met by public funded services and that, in time of crisis, most of these needs are being filled by informal carers. On the one hand, an assessment based on a General Health Survey (GHS) and ELSA data in 2001/02 and 2008, found unmet need rates of 50 to 66% in older people needing assistance and, on the other, data from the 2001 and 2011 Census found that the number of caregivers providing care for a total amount of hours up to 50 h per week rose by about 2%.

Age UK²²² has also calculated that across England some 800,000 of the two million older people with care needs receive no formal support from public or private sector agencies. (Age UK, 2011)

This findings demonstrate once again that, despite the increase demand on care services, there is also a rise in unmet needs with the consequence that families and unpaid caregivers has to take all the burden on their shoulders.

For all of the above reasons, adult social care in Britain has become the primary focus of much media and public attention in recent years. Serious public concern is reported about incertitude over how the long-term care of elderly people should be tackled.

The consequences on older people and their carers in Britain have been devastating and they address equality issues on different levels: firstly, it is a matter of increasing poverty levels

²²⁰ The population of the very elderly, those over 85 in UK was 1% in 1985, 2% in 2010 and it will about 5% in 2035.

²²¹ Such as Ferguson and Lavalette. Cf. I. Ferguson, M. Lavalette, *Adult Social Care*, Policy Press, University of Bristol, 2014.

²²² UK largest charity organization working with and for older people in Britain.

among the elderly section of the population because of their inability to buy care on the market due to extremely restricted eligibility criteria²²³ of public care provision:

The way that people pay for care is complicated and unfair. There is financial support available for people who meet the eligibility criteria set by their local council and who are on low incomes with low levels of savings. However, the majority of people have to pay the full cost of their care and face losing everything. (Age UK, 2014)

Secondly, it is also a matter of gender inequality because of the elderly responsibility falling back on informal carers:

If they (the elderly) are deemed ineligible for public social care provision but they are lucky enough to have friends, relatives or neighbours who can step in with support, they may well be able to sustain their independence at home, albeit at some emotional and/or financial cost to themselves and others around them. (Age UK, 2014)

These serious concerns have been at the fore of the UK recent debate on social care and the government's response has arrived early this year with a new legislation that puts the 'carer' at the centre. The Care Act 2014²²⁴, approved last May, seems to be in fact a step in the right direction because it strengthens the rights and recognizes the role of the carer within the social care system by acknowledging for the first time her or his right to receive services. Local authorities will be now required to assess carer's needs and give them support if they need it and this will prevent, in some ways, possible future expensive interventions.

Notwithstanding this important step forward, many are concerned about whether the resources necessary for carers' assessment will be continually available in the current tough financial climate:

The real challenge is how to do this for less money – both for the public sector but also for families struggling with diminishing resources²²⁵.

An assessment of carers' needs is not enough, carers need to hold an active role within the UK social care system and similarly, care services, if adequate, can be an important engine for growth in the economy and not considered a drain of resources.

²²³ Funding is increasingly concentrated upon people with 'substantial' or 'critical' needs.

²²⁴ <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets>

²²⁵ <http://www.theguardian.com/social-care-network/2014/jul/09/care-act-support-for-carers>

5.2.2 The Nordic social democratic model: towards a sustainable social care for the elderly

The Nordic model is about universalism, generous benefits, social citizenship rights, dual-earner model, active labour market policies, and extensive social services. (Joakim Palme, 1999:15)

An opposite model compared to the liberal British welfare model and alternative pattern if compared to most Mediterranean welfare models, is one offered by Northern European States or Scandinavian states. This model has been historically less reluctant than other welfare models to take collective responsibility for the members of his society through extended social welfare provisions. This entails that the care for the elderly for instance is considered to be under the responsibility of the State, rather than the family.

Nordic welfare states (i.e. Sweden, Finland, Norway and Denmark), are indeed well known for the universal nature of their welfare provision, which has its roots on values of equal opportunities for both women and men, social solidarity and security for all. A key principle of universalism is coverage for all and applies to care for the marginalized and vulnerable members of the society, including the elderly.

A common feature of all Nordic welfare states for instance, is the ‘service-intensive’ nature of their welfare: spending on social services including childcare and services for families amounts to over 20% of total expenditure in Denmark and Sweden compared to an average 4-5% across all other OECD countries²²⁶.

The Nordic model is also characterized by a strict interconnection between welfare and labour market policies²²⁷: in Sweden, for example, parental leave compensates new parents for time away from work for a total of 13 months, at 80% of their previous earnings²²⁸ and a universal child allowance pays approximately \$135 a month for the first child and progressively more for each additional child. Sweden has also been a leader in policies for the disabled, that aim to enable them to live like others, and much effort has been made in order to provide employment, even for severely disabled people. (Mandell, 2010:24)

²²⁶ Sweden for instance, provides generous family benefits that assures mothers and fathers financial security at childbirth, and allows mothers to be able to juggle work and family life through the availability of comprehensive and financially affordable child-minding services and care of the elderly.

²²⁷ The welfare system is mainly funded by taxes, which are relatively high in the region.

²²⁸ Families with an absent parent receive also an advanced maintenance payment, a very generous public grant to the custodial parent. (Mandell, 2010:24)

Denmark happens to be, of all countries in the world, the one with the most extensive provision of help and care for the elderly in their own homes, providing care free of charge for 22% of the population above 65/67 years old. (H. Hvid and A. Kamp, 2012)

Other ‘family-friendly’ policies enable more women to access the labour market and increase therefore the proportion of ‘dual earner’ households.

Finally, the universality of employment opportunities is translated in very low poverty risks in Nordic countries.

The Nordic welfare model is associated with a political commitment to universal social security and publicly funded care services. (...) the success of the model can be seen in relatively low-income inequality, high rates of full employment, especially for women, a relatively high level of gender equality and a high birth rate compared with other welfare models. (Kautto et al., 2001; Esping-Andersen, 2007).

Finnish independent researcher Hilikka Pietilä, shows how the Finnish generous welfare model for instance²²⁹ was the precondition to eradicate poverty and build a prosperous society, fueled by continuous economic growth and social development and not quite the opposite²³⁰. In other words, building that type of welfare society, characterised by a human economy which does not embrace neither Capitalism nor Socialism and value most their citizen’s caring needs while assuring a broader gender equality, seems to be also a model of wealth and well-being.

The industrial and commercial economy should be seen only as auxiliary, serving the needs of families and individuals instead of using them as means of production and consumption. (Pietilä, 2007)

With regards to the elderly social policies, all Scandinavian countries have three main characteristics in common:

- Universalism
- Home based Care
- Professionalisation of *caregiving work*

Universalism is the main successful idea at the base of the Scandinavian social-democratic model applied to the elderly and their carers. It holds the belief that everyone works in the labour market, i.e. both the unpaid daughter caring for their elderly parents and their parents.

²²⁹ which can be extended to other Scandinavian welfare models, yet being aware of their however numerous differences.

²³⁰ As to say that she denies the common belief that only rich countries are able to provide their citizens with a magnanimous welfare State, given that, Finland as well as other Scandinavian countries were fairly underdeveloped and poor during the 1940s and 1950s. (Pietilä, 2007)

The social welfare system is mainly about responding to the needs of the whole population, not only about the poor.

Secondly, in accordance with the belief that it is more sustainable for older people to live as independently as possible rather than be institutionalised in home care, the principle ‘at home as long as possible’ has largely prevailed among policy makers in the late 1970s (Dahl 2000; Lewinter 2004). Hence, the care for the elderly is offered in their homes by providing adequate trained home helpers. By these means, Nordic states managed to contain expenditures also in situations of restricted funds, relieving hospitals and nursing homes to take care of the sick and those who were not able to live at home. (Rasmussen 2004)

*When home care and retirement homes for older people were established in the 1950s and the 1960s as part of the public welfare programs in the Nordic countries, the overall goal was to enable older people to continue their normal lives as long as possible by staying in their own homes*²³¹. (Helge Hvid, 2012)

In this way, on the one hand older people are empowered to act as consumers and can make choices over a range of high-quality services available to them and, on the other, ‘potential’ informal carers are relieved from the main caring tasks thanks to the State who takes the whole responsibility by bringing professional carers into the home of the older person.

Thirdly, the *professionalisation* of care workers happened in conjunction with the historical withdrawal of the caring activities from the home into the public sphere like in other countries with the difference that Nordic countries made *care* the responsibility of the State.

The State empowers care workers by delegating them responsibility for the care in the homes of the recipients. Care workers can therefore enjoy a high degree of autonomy and independence concerning the assessment of their client’s needs. Training for care workers has become common practice given the dominant discourse on the ageing Scandinavian societies and the consequent future need on more care workers. In order to make the work of caregivers more attractive also for male counterparts and increase recruitment, better training and better work values has to be attached to the job. Moreover, better training is likely in turn to enhance the quality of care provided and ameliorate the status of the category of care workers.

All these provisions for the elderly and their carers are ensured by tax funding, and the taxes are obviously very high, but *if these services remain attractive for all groups in society, i.e. the legitimacy of a fully tax financed system remains high* (Meagher and Szebehely, 2010). That is to say, municipalities, representing the government at a local level, hold a very

²³¹ Helge Hvid, *Elderly Care in transition*, Copenhagen Business School Press, 2012.

important role and are very close to the population because they collect most of the tax revenues and deliver excellent services to the population, so that people can clearly see where the money goes and are willing to pay.

This model has successfully resulted in an egalitarian impact on gender, race and class variables, which makes the Nordic welfare state overall on top of the UN's annual rankings of global wealth, health and education²³² and lower poverty levels. Gender equality, care of the elderly and health centres represent some of the areas where Nordic European countries have special competencies and that possibly make them global leader in the development of innovative solutions in the social sector and a model example for other European countries.

5.3 The need for a comprehensive LTC policy in Europe: it is time for carers to be cared for

A fundamental shift is needed in the way society views and values the contribution of carers and the importance of caring for others. As more people live into old age with disabilities and long-term conditions, more and more of us will find ourselves providing vital care and support to loved ones. It is time that this contribution to society is valued and celebrated.

(Carers UK, 2014)

The social-democratic Scandinavian model and its long-term care (LTC) policy has shown us how important is to raise the status of formal careworkers in order to bring about some major changes in the informal sector.

Scandinavian countries represent the only example in Europe of states that have set professional requirements and standards for formal caregivers, which makes their profession's status and working conditions fair and adequate in the labour markets. Besides, informal carers are, at the same time, granted significant support in the form of social rights and high monetary benefits that enable them to gain a greater sense of dignity in doing their job and put them closer to the status of formal careworkers in the public sector. We can gather from this evidence that the two roles are strictly interlinked and policy actions adopted on one sector (i.e. the public) will have repercussions on the other. The same principle in fact applies to all other EU countries, where, in fact, the profession of formal careworker is held in low regard and, consequently, the status of informal carers is unrecognized and undervalued. Hence, the

²³² It is important to mention that despite this overall growth the recent global financial crisis reached also Scandinavian countries with severe recession, yet they managed to react better than other OECD countries.

informal caregiver position cannot be improved without the enhancement of the formal careworker position through their better financial and social status.

In this context, one possible solution for the future planning of long-term care for the elderly alongside additional funding, is a comprehensive LTC policy approach that integrate formal and informal carers' needs with those of older people. This action plan would possibly enable a real public debate between all actors involved in *care* and decisions can be taken about specific measures addressed to informal carers besides those taken for the elderly.

In the elderly's interest, mobile health and social care services²³³ might be undertaken so as to prevent older people from unnecessary and even harmful hospitalisation. Furthermore, as a preventive social policy measure, elderly-friendly public spaces might increase their social participation, enhance their quality of life and satisfaction with uncontested positive effects on their general health; thus making them less needy.

With regards to informal carers, advocacy groups could play an essential role in this context because they are able to allow them to have a stronger political voice with an active role in the long-term care policies (through i.e. 'Carers associations').

For both, the elderly and the carers, broader opportunities for social participation and some sort of 'decisional power' at a local level are imperative if a collaborative and preventive approach in LTC has to develop.

Innovations such as preventive and rehabilitative approaches in long-term care (LTC) need organisational coherence and coordination rather than fragmentation. (Ham, 2012)

The personalisation approach adopted in the United Kingdom has proved to be unsuccessful and inadequate. A new 'community' approach should therefore emerge within the planning of new EU social care policies: a stance that includes the opinions of older people, voluntary organisations, formal careworkers and especially informal carers.

A simple assessment of carers needs in the UK will not be sufficient if carers are to be truly empowered within the broad social care system. As the model of social care in Scandinavian countries has demonstrated, carers have to be fully integrated in the system by i.e. shaping the services that support them at a local level and by having easy access to information, training and good-quality services. The establishment of community networks for carers is also very important so that carers can come back to them whenever they need it.

Finally, employers need to be involved in helping to support their employees in the workplace so to enable them to juggle their caring responsibilities.

²³³ Cf. paragraph above. Approach based on the similar Scandinavian principle of an home-based service.

If we are to give Care work the central place in society it deserves, carers need to have a voice in services and to be partners in the health and social care system. Basically, carers need now to be listened and cared for.

Every hospital should be carer friendly, every employer should have a carers' network for mutual support and every contact should count. We have all got a role to play²³⁴.

²³⁴ <http://www.theguardian.com/social-care-network/2014/jul/09/care-act-support-for-carers>

CONCLUSIONS

We cannot solve problems with the same thinking that created them

(Riane Eisler, 2011)

The present work has tried to shed light on the economic and social impact of Care work from a gender perspective along with reasons at the root of the alleged incompatibility of the work of caregiving within the current global economic system. The latter has manifested itself in the enduring resistance on the part of economists to the recognition of its key role on aspects regarding the wealth and well-being of a society.

It is today acknowledged worldwide that the economic and social paradigm all western societies have so far embraced, and which has arisen substantially from the Industrialization era, has failed in ensuring the world's population well-being and prosperity, and instead has led us to face many global challenges: from worldwide gender and income inequality to global warming and increased poverty and violence.

Many renewed scholars and critical theorists have identified in today's many global challenges the symptoms of a threefold, multidimensional crisis: a financial, environmental and social reproductive crisis.

In this context, it is clear how in order to address the crisis of social reproduction represented by the 'Care deficit' most developed nations are living today, unpaid and paid Care work must become a priority in the agenda of decision-makers. Yet economists, have been deeply uncomfortable with the idea that Care work could be fundamental for a nation's economic prosperity. As feminist economist Nancy Folbre argues: *what they really resist is the idea that altruism might be one of the engines of economic growth. This would destroy their model that self-interest drives everything.* (Folbre, 2008)

From the paper, it has emerged how this current capitalist hierarchical model does not underpin social reproduction in which the Care work is embedded, but rather extol unlimited growth over subsistence and reproduction; competition over cooperation; structured divisions over inclusion and seeks to model and subordinate the work of caring to a market economy.

However, as the reflection on the work of Marxist feminists Maria Rosa dalla Costa, Selma James and Silvia Federici, among others have largely demonstrated²³⁵, the old capitalist and socialist systems have both failed in giving visibility and adequate value to the most basic and fundamental human work: the work of *Care*.

A whole new system of values appear to be necessary nowadays, a system that allows the union between Care and Economy for socially sustainable countries.

International organizations such as the United Nations, the International Labour Organization, governments at all levels and academic scholars, have all acknowledged by now the key role played by Care work in our contemporary societies and how a shared responsibility in performing caring activities would enhance the work-life balance and thus the productivity of our societies.

Many countries have already taken important steps forward in the commitment for a greater gender equality, by thus giving more value to caring.

Some of these, as we have seen, include economic measures such as gender responsive budgeting and others, involve social policies aimed at empowering women informal carers.

Time–use data (TUS) from different countries worldwide however, have shown that women still disproportionately perform the lion’s share of unpaid caring activities and even in countries with the most generous welfare states’ provisions²³⁶, the path towards an equal sharing of caring responsibilities is yet far away.

At the EU national level overall, more government funding on care services is surely needed, but until the contribution of Care work is fully taken into account and adequately valued, it is unrealistic to expect more policies that invest in and care for the populace (Eisler, 2012)

In addition, in a European socio-demographic context in which older persons live longer to the point of needing relentless care and future caregivers are projected to be insufficient, countries struggle to find solutions to these pressing problems.

Technology has proved to be a partial solution advocated by many to fill the gaps of future carers deficit. Yet, as Mies notes:

(...) in spite of complete automation and computerization, people still have bodies which need human care, and this does not come from machines (Maria Mies, 1986)

²³⁵ A feminist critique of both capitalism and marxism was first articulated in the ‘Campaign for Wages for Housework’ in the Seventies. In the author’s thought, Marxist critique of Capitalism failed in recognizing the relevance of women’s unpaid reproductive work in the process of capital accumulation.

²³⁶ Scandinavian Nordic countries.

The essay has given evidence of how all socio-economic policies and other solutions adopted by most welfare states for valuing *Care* and carers are not sufficient and have so far not succeeded in leading us towards better social accounting systems.

Despite the many efforts made so far by countries at different degrees to give a more accurate measure to the work of care, more consistent indicators and methods need to be implemented with urgency. The current economic and financial crisis could then function as a ‘pretext’ for reassessing and reviewing the current understanding of what is considered ‘work’ by moving beyond conventional economic theories.

A major shift is needed today. Many feminist economists and other prominent scholars are advocating since many years the necessity for this change in our view of the economy.

In the same way, as worldwide known sociologist and researcher Riane Eisler has put forward, a new perspective on Economics must emerge, not a new model, but rather a new vision of the same model, a major change in our view of reality. (Riane Eisler, 2012)

It is of foremost importance that this new perspective begin with two important acknowledgements : firstly, that we have all inherited a gendered system of values that holds the belief that women must be the primary caregivers and, secondly, that interactions among people immensely contribute to well-being and prosperity, in Eisler’s words, they constitute indeed the real wealth of nations. In order to achieve the aforementioned objectives a *change in the conversation* is unavoidable because new socio-economic systems cannot be built upon the same frameworks that created the past ones.

Among the many alternatives to the current economic methods and measures envisaged by experts to adequately evaluate societal well-being, *the Social Wealth Indicators* developed by Riane Eisler’s Centre for Partnership Studies²³⁷ (CPS) represent in my view a valid instrument to be adopted at the earliest opportunity. Riane Eisler has developed these indicators within a holistic, more human vision of the economy²³⁸ based on a non-hierarchical caring system embedded with values of reciprocity and exchange rather than self-interest and competitiveness. An economic system which is more coherent with human nature and which gives value to three main life-sustaining sectors by including them in economic calculations of a nation’s growth: *the household economic sector*, *the natural economic sector* and *the volunteer economic sector*. These new economic measures, if adopted by all, would at last give visibility and value to the work of caring for others.

²³⁷ Cf. Caring Economy Campaign.

²³⁸ The adoption of a system based on a ‘human economy’ has been advocated also by economist Hilikka Pietilä, in which she has identified three distinct components : the household economy, the cultivation economy and the industry & trade economy.

As was argued throughout the essay, these changes would benefit not only women carers but nations overall.

The ‘Social wealth indicators’ provide with data on the economic contribution derived from investment in *Care*. Basically, they show the enormous return on investment from caring for people and the nature.

Specifically, these include :

- Caregiving measures: such as the availability of high-quality care from child-care to elderly care; the economic output of unpaid care work and the pay for caregivers compared to professions requiring equivalent levels of training and skills.
- Social connectivity and cohesion measures: the value of nonprofit and volunteer contributions.
- Environmental measures such as air and water quality.
- Social Equity measures: evaluate the status of women and children as predictors of general quality of life and long-term economic success²³⁹. Also determining the human rights status (i.e. discrimination against women and other minorities).

One of the arguments in favour of adopting ‘social wealth indicators’ is that empirical evidence²⁴⁰ has shown that in context where people feel cared for, creativity and productivity rises. The most striking example is the one offered from the four highest-ranking nations (Sweden, Finland, Iceland and Norway) who built their economic growth and fortune on a generous welfare state that takes good care of its citizens.

In the transition of our societies towards a *Bio-capitalism*²⁴¹, marked by knowledge and service-based economies, Care work holds great importance in the future development of high-quality human capital²⁴²: it offers in fact valuable resources for the development of human capabilities by raising children, for instance, and by providing the next generation with education, health, and values essential to becoming productive members of society (Antonopolus and Hirway 2010; Eisler 2007; Folbre 2006)

A new perspective on the economy has also been advocated within a strand of thought developed by feminist anthropologist Maria Mies, along with her colleagues from the

²³⁹ Cf. Global Gender Gap reports. Many studies have linked a woman economic status to a nation’s growth and economic productivity.

²⁴⁰ From neuroscience and management studies.

²⁴¹ From the definition of Cristina Morini and Andrea Fumagalli.

²⁴² Investment in early childhood care and education for instance, profoundly impacts brain development and thus, whether human capacities reach their fullest potential (Perry, 2002)

‘Bielefeld school’, namely the *Subsistence Perspective*²⁴³, which takes into serious consideration women and the nature.

Yet, unlike Riane Eisler’s ultimate goal of developing new economic instruments at the level of governments, civil societies and decision-makers; the subsistence perspective is rather a perspective ‘from below’, conceived as a change in behaviour and addressed to women in their everyday life as strategies that will help to empower them.

A subsistence perspective of the economy implies a detachment from the unregulated market by re-acquiring autonomy and independence in provisioning so to restore a ‘subsistence’ security for everyone. Mies envisages a market economy not oriented towards profit but rather intended for basic needs and use-values, subsistence trading and mutual aid, all of which can be done through the establishment of decentralised, autonomous regional economies.

In Mies’ view, this would enable the reestablishment of the ecological balance because agriculture would be oriented towards self-sufficiency, as well as the activation of creativity, solidarity and social cooperation much needed today.

A new concept of work (and time) should equally arise: one that considers work immediate life production, because, at last, life can only reproduce itself through nature and women²⁴⁴.

Countries that have raised the status of women through a more equal partnership between women and men both in the family and the State, appear also to be the ones taking more care about the environment (i.e. Scandinavian countries). It is manifest how the connection between the status of women and the status of our natural environment is hence essential.

Although the paper has largely focused on ‘gender’ in developed countries²⁴⁵, we acknowledge the limits of its restriction to it, because the issue of Care work and more broadly of the unpaid domestic work should not be left to the ‘women’s sections’ of national governments, international organizations, NGOs and the academic community. It is not a feminist concept anymore but is one of the big issue of our time in general since it is a matter of social reproduction, and thus should be relevant to everyone’s interest. Its connections with the deterioration of the environment, that have not been tackled in this context, are of particular interest for further research and discussion for the future development of a new

²⁴³ Linked to the eco-feminist movement. Cf. Mies, M., Bennholdt-Thomsen V., *The subsistence perspective: beyond the globalized economy*, Zed Books, 2000.

²⁴⁴ They both support and made possible our existence, as Mies suggests: *Life comes from women and food comes from land*. (Mies, 1999)

²⁴⁵ Moreover, it was not possible to deepen the subject of unpaid Care work performed by peasants and women in developing countries and their connection to the West (although briefly mentioned in Chapter IV) because this broad topic would deserve a whole paper dedicated to it.

economic theory, capable of reducing the need for economic growth in industrialized countries while reducing worldwide disparity and exploitation of natural resources. The suggestions and insights presented in this essay are intended as an exhortation in the process towards such a new system.

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NHS – National Health Service; www.nhs.org.uk
ONS- Office for National Statistics; www.ons.gov.uk
OXFAM; <http://www.oxfam.org.uk/>
IFS – Institute of Fiscal Studies UK; <http://www.ifs.org.uk/>
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