

EXPERT GROUP MEETING REPORT

PUTTING CARE FOR PEOPLE AT THE  
CENTRE OF A SUSTAINABLE AND JUST  
ECONOMY



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# PUTTING CARE FOR PEOPLE AT THE CENTRE OF A SUSTAINABLE AND JUST ECONOMY



**RESEARCH AND DATA SECTION**

**UN WOMEN**

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# THEMATIC TAKEAWAYS

On Tuesday, 15th December 2020, a group of external experts and UN Women participants gathered in a virtual, four-hour ‘Expert Group Meeting’ (EGM) to discuss the topic of “Putting care for people at the centre of a sustainable and just economy”. The purpose of the meeting was to inform UN Women’s ‘Feminist Plan for Sustainability and Social Justice’, which will lay out a visionary agenda for how the current COVID-19 crisis can spur action towards a more equitable future. The EGM was structured around three sessions, each of which involved a presentation and two responses from expert contributors. The topics of the sessions were as follows: (1) How can the COVID-19 crisis be harnessed to put care at the centre of economic and social policies, and what actors and alliances are needed? (2) How can care be better integrated into sectoral agendas, such as early childhood development, social protection and workers’ rights? (3) How can we strengthen the recognition, rights and working conditions of paid care workers?

This thematic report drafted by UN Women highlights some of the main takeaways from the meeting, based on the contributions made by expert participants.

## **I. The pandemic is a potential window of opportunity to reimagine care – but transformation is not guaranteed**

The crisis has made visible the extent to which our economies and societies rely on the unpaid and underpaid care work of women and revealed the fragility of collective care solutions. At the same time, the care sector has gained greater visibility during this time. Care work has been deemed ‘essential work’ in countries across the world, and the public has a newfound recognition of the skill required for such roles. As such, COVID-19 presents an opportunity for a U-turn in the organization of care work, shifting from a ‘low road’ (of low-quality/low-pay care provision), to a ‘high road’ approach with a focus on quality care, economic security and decent working conditions for those who provide it.

However, the transformative potential of the current conjuncture is far from being realized in many countries despite the new spotlight on care – both paid and unpaid. Across the world, we find families juggling care work with very little or no state support, labour markets either expelling women or squeezing their work, and community-based delivery of services that are running on low-cost or unpaid women’s work, often without adequate PPE or compensation. COVID-19 has exposed glaring gaps in social protection coverage and adequacy. The [UNDP-UN Women Global Gender Response Tracker](#) reveals that only 11 percent of social protection and labour market measures

implemented by countries in response to COVID-19 address care work, and almost two-thirds of countries do not have any measures to address unpaid care work. Countries with comprehensive social protection systems prior to the pandemic were able to respond rapidly, including by scaling up support for unpaid care, whereas other countries were forced to improvise and implement new measures in the midst of crisis.

These lessons provide a strong case for creating more care-responsive social protection systems including through: the extension of (1) paid leaves to ensure time for care and that care is shared equally among partners or carers, (2) contributory and non-contributory benefits to strengthen the economic security of those who require and provide care, and (3) accessible, affordable quality care services. Yet, looming austerity and a challenging macroeconomic context will pose a formidable challenge to more expansionary care policies. Even where more expansionary macroeconomic policies are being promoted, they may not necessarily take care into account. While development banks have been making funds available for renewable energy or climate mitigation, for example, recognition of the value of long-term investments in care provision is lagging behind.

Although the need for change is very apparent and has entered the public consciousness in a new way, the barriers to transformation are considerable. The political economy of material accumulation is deeply intertwined with patriarchal narratives of care coming ‘naturally’ to

women, and therefore often relies on their unpaid and underpaid work -- a 'strong current' to swim against when imagining economic alternatives. Furthermore, the past teaches us that shocks do not necessarily lead to progressive change, and more equitable sharing of care in the early stages of crisis may not be maintained in the longer term, raising questions of sustainability. This is a moment with a lot of disruption in the care infrastructure, but without mobilization and decisive action, the effects of the crisis will be regressive. In Latin America, for example, the advancement of gender equality had become an important dimension of social policy reforms in several countries prior to the pandemic but has been displaced by the 'tyranny of the urgent' in the response to COVID-19. Instead, emphasis has been placed on income provision with little to no consideration of care responsibilities, and there is a risk that austerity once more will take the drivers' seat of policy decision-making. Whereas in Northern America, both the United States and Canada have made recent ambitious plans to address prior weaknesses in national care infrastructure, with a focus on increasing pay and training for care workers and improving access to affordable childcare and long-term care. The danger of the care discourse being co-opted and instrumentalized but not delivered upon also looms large, for example, when states rely on and monopolize the "voluntary" work of grassroots organizations for social service delivery without commensurate improvements in their rights and working conditions. As such, we must be realistic about the scale of challenges being faced and the possibility of backlash.

## **II. The devaluation of care work, both paid and unpaid, must be challenged**

As the pandemic has unfolded, workers in health and social care, education, and public transport have been newly recognized as "essential", but this recognition has not been matched with commensurate efforts to improve their working conditions and wages. There has been some pushback against the idea that a high level of risk is an unavoidable part of care jobs, with workers highlighting the role of understaffing in elevating exposure, as well as lack of access to adequate PPE to mitigate the risks they are taking onto their own bodies and families. This momentum should be harnessed to advocate for greater public investments in the care sector, including: (1) the provision of living wages to paid care workers, (2) enabling conditions for the unionization and collective action of care

workers, (3) paid sick leave and care leave for all care workers, and (4) stronger protections from workplace hazards.

Another key step in recognizing the value of care work is to expand our definitions of what constitutes it. Over the years, as the term 'care worker' began to gain political valence, it evolved from being purely about unpaid care to encompass a lot of paid care too. While this was a huge step forward, defining the category and limitations of paid care workers is not always straightforward, especially during a pandemic, when many essential workers are experiencing threats to their health despite not working in 'care sector' as such. A broad definition of care work could bring a larger group of workers together to make common demands for their rights. Furthermore, mainstream conceptions of what constitutes 'skilled' labour need to be interrogated to position care work as highly skilled and unpack gendered constructs of 'women's work' as 'unskilled' work. We should also complicate the notion of a unidirectional flow of care and recognize the reciprocity of some intergenerational and gendered provision of care, where girls, boys and older women can be both caregivers and care-receivers.

While there are benefits to a broad definition of care work, if definitions are too expansive (i.e. 'everything that makes life possible on earth'), the concept loses its relevance. It is also important to distinguish between paid and unpaid care work at the same time as stressing their interlinkages. Both are (a) skilled work, (b) bound up with inequalities based on gender, race, class, migration status, among others, and (c) devalued for many of the same reasons. However, paid and unpaid care are not exact substitutes, and must instead work in complementary fashion, providing different yet interrelated services that together improve the quality of care and wellbeing for all. For example, the provision of paid care services (such as daycare centres, long-term care facilities or personal care assistants) can enable unpaid family caregivers to provide more compassionate and sustainable care alongside specialized services, mitigating caregiver burnout and allowing caregivers to adapt to the needs of the care receiver.

## **III. Caring for people is a collective responsibility that cannot be left to individuals and/or markets**

There was consensus around the need to see care as both a collective responsibility and providing collective benefit, with some debate as to the role of public and private provision within this. As a collective social responsibility and public good, care should be funded primarily through progressive taxation to support a diversity of modalities of care provision. Better childcare means support not only for formal daycare centres, but also for (often informal) home- or community-based providers. Support for diverse modalities is especially significant for women informal workers, who may have concerns about the quality of state-provided services, combined with a distrust of the state which is often seen as a perpetrator of violence towards them in their daily lives. As such, it is important to create space for difficult conversations around the role of the state in care service provision and how to build trust in public institutions.

Such discussions should also be aware that the transformation of informal community-based care services into state-funded services can go in different directions depending on the context, and whether states are aiming to expand social protection or are operating in a context of austerity. Relatedly, in countries in the global South where private childcare services are emerging in the absence of public forms of provision (rather than the privatization of pre-existing public services), governments risk ceding the opportunity to set the policy and regulatory agenda on care to private foundations, investors and providers. The precarious situation of many healthcare workers, combined with rising attacks on rights to freedom of association during the pandemic, make it even more difficult to influence such policy debates.

A series of key questions can be asked of any care provision to assess whether it is moving in a progressive direction: (1) is *coverage* being extended to enable more people to access care services? (2) are we seeing greater improvements in the level and quality of care provided? And (3) are there improvements in *equity* in terms of race and class both in terms of access to services and patterns of care provision. Spending *differently* is just as important as spending *more* on care, to better distribute resources, especially wages in the care sector. It may also be the case that, depending on the context, actions such as extending school hours or adding services to old age transfers could have more direct impact than embarking in complex negotiations around the creation of national care systems.

#### IV. The care crisis is deeply connected to other structural crises that are both driven by and perpetuate multiple and intersecting inequalities

The current crisis of care cannot be separated from other structural crises that the world is facing, from the environment and climate crisis to income inequality, debt and poverty. The undervaluing of the environment is analogous to the undervaluing of care work and reflects similar causes. In fact, one could go as far as arguing that the primary purpose of all human activity is ensuring social reproduction, and productive activities are only one aspect of this process. We need ‘joined-up’ thinking to understand the interconnected nature of these issues. Care needs to be considered through the lens of gender, class, race, ethnicity and migration status, and as involving a diverse and complex web of interests and actors rather than a discrete set of activities and services. Ultimately, having peaceful, caring and just societies matters more than having so-called ‘strong economies’.

Inequality is not just a *consequence* of the pandemic (i.e. that the costs have been unequally distributed between women and men as well as among different groups of women), but also a *driver* and *source* of challenges faced. The existing social organization of care reflects profound inequalities of status and power, and often exploits the labour of racialized women, migrant women, and women working in informal settings. In health care settings too, employment is stratified by race and gender, with workers at the bottom of the earnings and status pyramid composed mostly of women of color. When considering community healthcare workers specifically, who have been a bedrock of pandemic response in many countries, there are disparities in the gender composition of the workforce depending on whether work is paid or voluntary, and between urban and rural settings. Such inequalities can be beneficial for those in power. Yet, countries with the greatest inequality have been among the least able to cope with the pandemic, since inequality undermines cooperation, trust and social cohesion.

Multiple and intersecting inequalities influence the differential impacts of the pandemic on care work. For example, in many countries in the global south, where most workers are self-employed or casual workers, the deep impact of the pandemic on livelihoods and earning has further compounded care deficits, with women

searching new avenues for employment, and either bringing their children along to work or making informal childcare/homeschool arrangements. Despite common stereotypes, these women are not simply 'passive mothers' but frequently balance caregiving alongside income generation. Such nuance must be accounted for when designing care systems.

## **V. It is time for different and often disparate actors to come together to put care at the centre of economic recovery and transformation**

Just as expert contributors emphasized the way in which the care crisis is inextricably linked to crises in the environment, climate, poverty and inequality, so too did the experts agree that the solutions to these overlapping crises must involve diverse and innovative alliances, and that the current moment is ripe to bring together previously disparate actors in a common vision. COVID-19 has created a few winners but many losers, and alliances must be crafted among these many losers to move away from a crisis-ridden, growth-centred model, and put care at the centre of economic recovery and transformation.

The moment is particularly ripe for bringing environmental justice and feminist agendas together around the idea of care being essential for sustainable development. Creating decent jobs in the care economy means creating low-carbon jobs that are also good for the planet. There are also opportunities for cross-movement advocacy around food security and worker's rights. There has been an

immediate rise in food insecurity and informal worker households during the crisis, with implications for women and children's nutrition, and this insecurity is amplified further by climate change. Common ground can be found in recognizing that women are simultaneously producers and traders as well as managing household food and nutrition during the crisis. For many women with low incomes and those working in subsistence agriculture, contrasting 'productive' with 'non-productive' work is irrelevant, since food production work is both a precondition of survival and an extension of caregiving. Alliances can therefore be made between women's rights and children's rights/child development advocates, to reframe childcare as an asset and opportunity to promote health and invest in the future of children, and to show that ensuring the rights of unpaid caregivers and paid childcare workers is integral to child development.

Cross-sectoral linkages are also needed. In the past, advocacy for care has often been siloed, and it is difficult to cut across the gender world and the social protection world. The health sector, for example, is often imagined as separate from child or long-term care. Yet, the pandemic has revealed the complementarity of the work of healthcare workers (doctors, nurses) and that of unpaid or low-paid care workers in other sectors. The feminist plan has potential to provide a cohesive vision of a care economy that brings together key actors and works for everyone.

These alliances will not happen automatically but will require purposeful engagement with non-traditional audiences and allies.

# PARTICIPANTS

## I. Expert Contributors

- **Mignon Duffy**, Associate Professor of Sociology, University of Massachusetts Lowell
- **Nancy Folbre**, Professor Emerita of Economics and Director of the Program on Gender and Care Work, Political Economy Research Institute, University of Massachusetts Amherst
- **Chidi King**, Director of the Equality Department, International Trade Union Confederation (ITUC)
- **Joan Lombardi**, Senior Scholar at the Center for Child and Human Development, Georgetown University, Washington DC
- **Juliana Martinez Franzoni**, Professor at the School of Political Science and the Center of Research and Political Studies (CIEP), University of Costa Rica
- **Rachel Moussié**, Deputy Director of the Social Protection Programme, WIEGO
- **Ito Peng**, Canada Research Chair in Global Social Policy, Department of Sociology, University of Toronto
- **Shahra Razavi**, Director of the Social Protection Department, ILO
- **Dzodzi Tsikata**, Professor of Development Sociology and Director of the Institute of African Studies (IAS), University of Ghana

## II. Additional Expert Participants

- **Claudia Abreu Lopes**, Research Fellow, UNU-IIGH Malaysia
- **Deeptha Chopra**, Senior Research Fellow at the Institute of Development Studies (IDS) at University of Sussex, Brighton, UK
- **Raquel Coello-Cremades**, Policy Specialist for the Americas & Caribbean Regional Office of UN Women
- **Bobo Diallo**, Economics Specialist, Economic Empowerment Section, UN Women
- **Diane Elson**, Emeritus Professor at Essex University
- **Ruth Graham Goulder**, Social Protection & Gender Adviser, UNICEF

- **Zahrah Nesbitt-Ahmed**, Gender and Development Research Manager at UNICEF Office of Research – Innocenti
- **Venge Nyiorongo**, Policy Specialist on Sustainable Development, Economic Empowerment Section, UN Women
- **Abena Oduro**, Associate Professor of Economics at the Department of Economics, University of Ghana
- **Seemin Qayum**, acting Chief of the Economic Empowerment Section, UN Women
- **Chemba Raghavan**, acting Chief/Officer in Charge of Early Childhood Development, UNICEF
- **Johanna Riha**, Research Fellow, United Nations University International Institute for Global Health (UNU-IIGH)
- **Elena Ruiz Abril**, Women’s Economic Empowerment Regional Policy Advisor for West and Central Africa, UN Women
- **Gita Sen**, Distinguished Professor / Director, Ramalingaswami Centre on Equity and Social Determinants of Health at the Public Health Foundation of India
- **Anasuya Sengupta**, Senior Social Policy Specialist, Development Pathways
- **Sudeshna Sengupta**, Independent Consultant and Researcher
- **Veena Siddharth**, Consultant on human rights, advocacy and evaluation
- **Sofia Sprechmann Sineiro**, Secretary General of CARE International

## III. UN Women Team

- **Anduriña (Andy) Espinoza-Wasil**, Coordinator, Research & Data Section, UN Women
- **Daniella Sapozhnikova**, ICT support
- **Silke Staab**, Research Specialist, Research and Data Section, UN Women
- **Constanza Tabbush**, Research Specialist, Research and Data Section, UN Women
- **Laura Turquet**, Policy Advisor, Research and Data Section, UN Women
- **Loui Williams**, Research Assistant, Research and Data Section, UN Women



# AGENDA

Time (EST)	Session	Key questions
9.00 – 9.15	<p><b>Introduction</b></p> <p>Brief overview of Feminist Plan and introductions by participants</p>	<ul style="list-style-type: none"> <li>● Overall framing of the Plan – rethinking the economy to enable the flourishing of people and planet.</li> <li>● How do care issues fit into the overall Plan?</li> <li>● What do we want to get out of this meeting?</li> </ul>
9.15 – 10.15 (1h00)	<p><b>Towards a caring post-COVID economy</b></p> <p>Chair: Silke Staab</p> <p>Presentation of framing paper by Juliana Martínez Franzoni (15 mins)</p> <p>Response by Nancy Folbre and Dzodzi Tsikata (15 mins total)</p> <p>Discussion (30 mins)</p>	<ul style="list-style-type: none"> <li>● What new insights has the COVID-19 crisis generated in terms of the kind of state support that is required to sustain caring relationships in families and communities?</li> <li>● How can the COVID-19 crisis be harnessed to put care at the centre of economic and social policies? What are key pillars of care-centred economic recovery and transformation?</li> <li>● What kind of actors, alliances and pathways for influence can we envision for a “caring economy” to take shape in different contexts?</li> <li>● How can bottom-up, community-based care solutions be related to and supported by public policies to overcome fragmentation and avoid an overreliance on women’s unpaid and underpaid labor?</li> </ul>
10.15-10.30	BREAK	
10.30 – 11.30 (1h00)	<p><b>Breaking silos, forming alliances: how can care be better integrated into early childhood development, social protection and workers’ rights agendas?</b></p> <p>Chair: Laura Turquet</p> <p>Presentation by Shahra Razavi (15 mins)</p> <p>Response by Joan Lombardi and Rachel Moussié (15 mins)</p> <p>Discussion (30 mins)</p>	<ul style="list-style-type: none"> <li>● What are some of the blind spots in early childhood development, social protection and labor rights agendas at global and national level when it comes to care and how can their understanding of social protection be broadened to include care more fully?</li> <li>● Does the experience of COVID-19 provide an opportunity for reframing early childhood development and social protection systems around the idea of care? How?</li> <li>● How can we make the case for child and other care services to be considered an integral part of social protection systems?</li> <li>● How can feminists and child rights advocates come together around the idea of care?</li> </ul>
11.30-11.45	BREAK	

<p>11.45 – 12.45</p>	<p><b>Strengthening recognition, rights and working conditions of (paid) care workers</b></p> <p>Chair: Constanza Tabbush</p> <p>Presentation Mignon Duffy (15 mins)</p> <p>Response by Chidi King and Ito Peng (7 mins each)</p> <p>Discussion (40 mins)</p>	<ul style="list-style-type: none"> <li>● How can the COVID-19 crisis be harnessed to push for better recognition, representation and reward of (paid) care workers?</li> <li>● What policies have been effective in improving working conditions and reducing wage penalties for care workers, particularly at the lower end of the earnings pyramid? (e.g. long-term care workers, childcare workers, personal assistants, community health workers)</li> <li>● What kind of actors, alliances and pathways for influence can we envision for care work to become decent work in different contexts?</li> <li>● What forms of support do community-based health and childcare workers need? What pathways are there for strengthening their position?</li> <li>● Are there examples of successful movements for improving the remuneration and working conditions of paid care workers?</li> </ul>
<p>12.45 – 1.00</p>	<p>Final comments and wrap up</p>	

# WHAT IS THE FEMINIST PLAN

## Introduction by Laura Turquet

- This EGM is one of a series that the Research and Data Team at UN Women is convening to inform a project called 'Beyond COVID-19: A feminist plan for sustainability and social justice'
- On behalf of the team I welcome you and we are delighted to have such a fantastic group of experts from academia, civil society and the UN.
- We hope that the Feminist Plan will guide policy-makers and advocates and help influence the creation of a more equal and sustainable post-COVID world – ambitious aims!
- Almost a year into the pandemic, we know COVID has exposed the large-scale failure of our current economic systems to protect life and livelihoods, and has brought to the fore the critical issue of care. COVID has exacerbated the huge inequalities that have built up over past decades, and shown how fragile and unsustainable our economies really are.
- COVID-19 is providing a warning of what's rapidly coming down the track and is already with us in terms of the environment, which also represents another major failure of dominant economic models.
- We want to make the case for a radical rethink of economic and social policy, centred around the question of what the economy is for and what we really value.
- We would like to propose that the purpose of the economy is to support the "flourishing and survival of life", which is a formulation of Julie Nelson.
- To achieve that, we need a policy paradigm that integrates care for people and the planet.
- The Feminist Plan will bring together a basic visionary agenda with a set of concrete steps to help us get there. There will be selected policy priorities and a set of key enablers.
- The policy priorities are:
  - Putting care for people at the centre of a sustainable and just economy. Lessons from the pandemic can inform a long-overdue paradigm shift that recognizes the central quality of care and the deep interactions between market and non-market dimensions of our economies.
- Sustaining livelihoods and an adequate standard of living. The costs of the economic shock of COVID have not been distributed equally and inequalities in the world of work have become even more apparent. Many countries have taken extraordinary measures but it is unclear how long these policy supports will be sustained. Rather than returning to the status quo, bold steps are needed to address the economic insecurity we were seeing even before the pandemic struck, especially in the context of widespread levels of informality and vulnerable employment.
- Addressing the environmental crisis and enabling gender-just transitions to sustainable production and consumption patterns. Wildly unsustainable patterns of consumption and production have extremely unequal gender impacts and those who have done least to cause the problems are the most vulnerable to those impacts. At the same time, alternative policy frameworks we are seeing such as Green New Deals and degrowth have typically paid limited attention to gender dynamics and care.
- What are the enablers we need to get there?
  - Harmonising macroeconomic policies and governance with social policies and objectives. What immediate measures are needed to contain the damage of the economic crisis and to ensure the availability of fiscal space to respond to the crisis and protect livelihoods, as well as stave off further damaging austerity measures.
  - Creating the conditions for implementing feminist policies in a time of crisis.
  - Redefining state-market and state-society relations. Although wealth and privilege can protect individuals from this pandemic up to a point, it has also meant that an individual's health is only as strong as their neighbor's. We need more egalitarian solutions to ensure collective health and wellbeing.

# SESSION 1: TOWARDS A CARING POST-COVID ECONOMY

## I. Introduction by Silke Staab

- The care crisis has been a striking feature of this pandemic and we want to focus attention on how to address it in the Feminist Plan.
- This meeting will be structured around four central questions:
  - What (new) insights has the COVID-19 crisis generated in terms of how dependent states and economies are on unpaid care work as well as caring relationships in families and communities?
  - How can the COVID-19 crisis be harnessed to put care at the centre of economic and social policies, thereby increasing social justice now and resilience in the face of future shocks? What are key pillars of care-centred economic recovery and transformation?
  - How can bottom-up, community-based care solutions be supported by public policies to overcome fragmentation and avoid an unsustainable reliance on women's unpaid and underpaid labour?
  - What kinds of actors, alliances and pathways for influence can we envision for a "caring economy" to take shape in different contexts?
- In subsequent sessions, we will focus on two further questions:
  - Integrating a care lens into sectoral agendas, including social protection, early childhood development and workers' rights
  - Achieving better recognition, representation and reward for (paid) care workers, including community health workers and community-based childcare workers.

## II. Presentation by Juliana Martínez Franzoni

- We all agree that COVID-19 creates an opportunity to make a U-turn regarding the organization of care work. To quote Nancy Folbre's 2006 paper, it is a chance to move from a 'low road' of unpaid and precarious women's work, to a 'high road' of care work as decent work.

- We have an opportunity, yet at the same time there are many obstacles along the way.
  - This crisis has made visible women's undervalued paid and unpaid care work, and it has also made visible fragile or non-existent collective care solutions
  - So far, we have seen a lot of the 'low road' approach to care work, as exemplified by the UNDP and UN Women Global Gender Response tracker: Only 8 percent of social and labour market measures implemented so far address care work, and two-thirds of countries do not have any measures at all addressing unpaid care work.
- As the pandemic unfolded, several countries declared care work as 'essential work'.
  - However, while it is true that our most valuable and irreplaceable citizens are those who work in health and social care, education, public transport and so on, this value is still not reflected in compensation and labour policies.
  - We find families juggling care work with very little or no state support, we find labour markets either expelling women or squeezing their work, we find community-based delivery of services that are running on low cost or unpaid women's work.
  - So, while we have the recognition that care work is important, we are yet to transform that recognition into placing care at the centre of economic and social policies.
- **How can we put care at the centre of economic and social policies in a post-COVID world?**
- Fiscal stimulus and recovery policies offer a window of opportunity and must include care work.
  - Spending more is as important as spending differently, and having a better distribution of resources, particularly when it comes to wages in the care sector. For example, in the US contractors that manage elderly care homes have received government stimulus funds, yet failed to use them to compensate care workers or provide greater staffing, instead prioritizing profit.
- Mainstreaming care perhaps more promising than engaging in discussions around national care systems particularly in the context of austerity. This means

having care work present across policy functions (from funding, to delivering and regulation), but also across policy sectors.

- Actions such as extending school hours, expanding childcare services, adding services to old age transfers, are all attainable and could have more direct impact than embarking in complex negotiations around the creation of national care systems.
- We must mobilize actors across the care diamond. Governments are critical, but not enough. We also need to mobilize not-for-profit entities and social enterprises.
- **How can we increase our ties with the movement for the green economy?**
  - The undervaluing of the environment is analogous to the undervaluing of care work, and reflects similar causes.
  - The collective reorganization of care can be framed as another dimension of sustainability, that is equally integral to stimulus packages for job creation and greater resilience. This will require greater awareness among economic decision-makers of the cost of neglecting care, and linking care systems with the health and energy sectors. It will also require activists and researchers in the care and climate world to work together beyond their comfort zones.
- **How can bottom-up, community-based care solutions be supported by public policies?**
  - We already know that the integration of community-based services into a broader public sector strategy can solve acute problems while also creating decent work. And in fact, in many parts of the globe, it's the only way to move forward.
  - At the same time, these strategies can also become part of the low road approach to care work, by relying on an army of unpaid or underpaid female labor, labelling these workers as “collaborators” rather than workers, and payments as “incentives” rather than salaries.
- Community health workers may be receiving small payments by state governments to be the first line of defense as far as health-related demands go, with hardly any PPE.
  - These community workers can generate bottom-up or meso-level action.
  - Yet in order to be effective, they need broader coalitions with other social and state actors, including recipients. Their demands can converge

around decent work and quality care work for all, including working conditions, funding etc.

- **What kinds of alliances and pathways for influence are needed to bring about these changes in different contexts?**
- Shocks do not necessarily lead to progressive change, and unless there is political action, effects will be regressive. This political action needs to counteract state weakness in the face of powerful corporate interest.
  - COVID has created some winners and many, many losers. We need to find alliances amongst the many losers to put care work at the centre of policy concerns. Through these alliances we can negotiate issue framing, even when there are conflicting views, and iron out some of the differences.
  - We know the economic elite is fragmented regarding their preferences concerning redistribution, and this fragmentation can be identified and benefited from.
- There is an opportunity for coalition building for environmental and climate issues. Can we move care work beyond existing siloes? Into labour sector reform, fiscal policy, renewable energy. This is ambitious but may be the only way to move forward and benefit from the current public consciousness regarding the importance of care work as essential work.
- The importance of building this high-road to care work now: we will need more feminist leaders pushing this agenda.
- In the paper we discuss the notion of ‘trojan horses’, i.e. small steps which create incentives for other measures to follow/incremental means that promote a new path dependency.
- COVID-19 has revealed the importance and fragility of the way we currently organize care work. The risk of returning to old structures is unjust and foolish. Changing the course requires changes in the collective organization of care work, in light of the huge diversity in care diamonds across the world.
- We know more about what we need to get done than how we should get it done.

### III. Response by Nancy Folbre

- The project strikes a nice balance between critical thinking and proactive/cutting-edge efforts to mobilise around some really important goals.
- **Lesson 1: more attention to healthcare sector is needed.**

- We tend to see healthcare as a separate sector, and a whole policy domain of its own, because doctors and nurses have traditionally been viewed as highly paid professionals, not necessarily allied with people doing unpaid or low paid work. However, what we have seen in the pandemic is a tremendous complementarity of unpaid care in the home and dealing with the health dimensions of the crisis.
- The healthcare industry has a very big stake in a more efficient and equitable care delivery system, and we should add that to the list of sectoral strategies.
- **Lesson 2: We have to be more careful about how we define care workers.**
  - As the phrase care worker began to gain more political valence, it evolved from being purely about unpaid care to encompass a lot of paid care too, to emphasise undervaluation of paid care work. This is a huge step forward but also it is not as easy as we might think to define who the paid care workers are.
  - The pandemic has made us realise that a lot of essential workers who are not necessarily in care industries were experiencing threats to their personal and family health yet continue to do their jobs with great effort and integrity.
  - The boundaries that a lot of academics have drawn around the paid care workforce are not as defined as we like to think.
  - I favour a really broad definition of care work. However, if it's too broad – such as 'everything that makes life possible on Earth' – then everyone is included and the phrase loses its relevance.
- **Lesson 3: It is important to show that the care agenda is economically feasible.**
  - Talking about fiscal space is important, talking about how many jobs will be created and the boost to GDP is important.
  - However, sometimes to expand the GDP argument goes against our larger assumptions – such as getting women into paid employment and shrinking the amount of time devoted to unpaid labour as a way to boost economic growth. Essentially, this argument devalues unpaid work by saying, let's look at how gender equality is going to increase GDP. I think GDP is the enemy in the discussion, and is a scorecard that works against us. There is a false trade off being presented between public health and economic growth. Even countries that didn't impose big public health restrictions had serious economic impacts, because people's concerns about health are important to the economic decisions that they make.
- So, GDP is unhelpful in making us focus on the wrong things, and the pandemic offers a chance to rethink this.
- UN Women is in a good position to speak to this debate because of the legacy of the SDGs and the emphasis upon human capabilities. There is a lot of vocabulary and language that could be used more effectively around the anti- or beyond-GDP argument.
- **Lesson 4: It is true that there is tension between having an overall national care plan and having more decentralized Trojan Horse projects.** I don't think we should take a position on that, but I do think we should be ecumenical and say there is a tension between the two, and which is the best strategy depends on which country you're in and what point in time around what particular issue.
- **Lesson 5: Finally, we need to talk more about inequality, not just as a consequence (e.g. the costs were unequally shared amongst women), but also as a driver/source of problems.** The countries with the greatest inequality were the ones least able to cope with the pandemic, since inequality undermines cooperation, which undermines care provision. Emphasising inequality would help align us with other progressive movements in a way that would be helpful for all of us.

#### IV. Response by Dzodzi Tsikata

- I found the framing of the paper to be very helpful for thinking through these issues and understanding that home-based care and institutional care are two sides of the same coin.
  - It is important to pay attention to how to address the deficit of care in economies, where the majority of workers are self-employed or casual workers in precarious work, living from hand to mouth, or are migrants... women's responses to the care crisis display some specificities here.
  - Women in the Global South are not leaving the workforce to care for children, but rather they are finding that their customers are drying up, and so are searching for new avenues for employment. They are bringing children with

- them to work, and making informal homeschool arrangements. Domestic work and sanitation work are something we should pay attention to.
- The agri-food system is an area where we can make a lot of gains, if we think about how women are very active as producers and traders, as well as managing food and nutrition.
    - In the pandemic, there have been discussions about food availability, the truncation of school feeding programmes now that children are out of school, and about household food security and nutrition. Therefore, the food sectors, policy actors and peasant movements and campaigners, should all be aligned in their advocacy.
  - Regarding UBI and cash transfers for the poor: this discussion needs to be fleshed out and examined in terms of its philosophical and conceptual basis.
    - The critique of market-based social protection policies should inform our thinking going forward.
    - The work UNRISD and other orgs have done in this area should also inform our thinking. We should more strongly critique productionist orientation of social policy and how this perpetuates the view that measures are handouts.
    - We need to draw attention to the fact that many times, women who have benefitted from social protection programs have to fulfill normative expectations of a maternalism and marital piety and selflessness, to qualify for support.
  - The struggle needs to involve alliances between youth social movements, environmental movements, peasant and labor movements.
    - In some situations, it is difficult for people who are being cared for to advocate for themselves, (the elderly, children, people with disabilities). In these cases, it is important to think about human rights and human dignity considerations in making the case. This would also open up alliances with human rights organisations and strengthen the alliances we are able to tap into.

## V. Question and answer session

### Ito Peng:

- We have been talking about making care work a political agenda, but we have yet to come up with a strong economic proposition as to why the focus on care makes sense. COVID has opened an opportunity

to make a strong and convincing argument that more care work and good care infrastructure are crucial for social and economic development.

- Who do we need to bring on board to push the political demand for care?
- So many social policies focus on a productivity-based market-oriented policy solution, and you suggest that we need to return to a more value-based normative human-rights oriented social policy. If so, where are the opportunities for having that kind of conversation?

### Sudeshna Sengupta:

- When we talk about mainstreaming care or putting it at the core of public policy, how will the gendering come in, will it come in through defamiliarizing? How do we bring that into the policy narratives, that care is to be defamiliarized?

### Shahra Razavi:

- What lessons can we learn from Latin America regards the potential of using the community sector/so-called 'third sector' cooperatives as a way of trying to beef up the provision that happens outside of families but also not within states and not within markets?
- How do we do this care provisioning or social provisioning through the third sector in ways that are not exploitative of those who provide the care, as well as how to avoid states coming in and turning these modes of organizing into clients, i.e. where strong voluntary movements become monopolized by the state?

### Chidi King:

- My thanks for the invitation to be here and to the discussants.
- I want to reflect on the political economy of care –how do we put this at the core of political agendas? The social organization of care is mainly put in the hands of women who have the least amount of power in our social systems—racialized women, migrant women, women working in informal settings. And the reality is that this is very beneficial in terms of how those in power within our political systems have organized our economies.
- Formalising the substantial amounts of work done in undervalued and low paid jobs is seen as a cost and drain to our economies. How do we flip all of this and make care central to political agendas, to make this seem like an investment?



**James Heintz:**

- There is a distributive political tension that I want to call attention to, which is beyond the tensions between the market and non-market economic institutions, or between men and women. That is: a strong intergenerational distributive conflict.
  - Not only in terms of different age cohorts having different risk and vulnerability to the current pandemic, but also who has a claim on health services and who doesn't, especially as we move forward into a period of potential austerity. Who has a claim on these care services? How do we see these tensions playing out and how do we address these issues on the policy front?

**Ruth Graham-Goulder:**

- Who is the target audience for this feminist plan? It is a very ambitious agenda covering huge swathes of policy areas.
- I lead on gender-sensitive social protection in UNICEF. I don't think COVID has really shifted the average practitioner's view of the main objectives of social protection. It has been about scaling up what is already existing, rather than rethinking the entire social protection system.
- One of the challenges we have is different actors coming at care from different perspectives, not bringing people together. We are often siloed and it is difficult to cut across between the gender world and the social protection world. Is there a productive way to bring together a coalition to advocate for this feminist plan?
- We also need to think about the quality of care being provided.
- What could be valuable in this feminist plan is a cohesive vision of a care economy that works for everyone and brings together key actors.

**Veena Siddharth:**

- We should make a distinction between the technical issues, which we are exploring, and the political framework, which is where alliances will happen. Alliances happen when you take the time to invest in knowing other sectors.
- In the 1970s, there was extensive technical work that looked at the unsustainable debt of the poorest countries, but which did not really take off. We can draw an analogy with what is happening here. How do we make the narrative we are telling take off? By

linking with bigger issues of what is happening with social investments, poverty and care.

- The challenge will be in the framing. Alliances do not happen automatically. We need to find individuals in non-traditional alliances to plant seeds into other movements

**Anasuya Sengupta:**

- For women in subsistence agriculture, the categories we create in terms of productive and reproductive activities are irrelevant – food production is an extension of unpaid care work. When there is a productivist lens on agriculture, and when there is a push to move from subsistence to commercial agriculture, that is where a lot of the economic devaluation is, and also where the devaluation of care work occurs.
- Secondly, I agree that a lot of the critical reframing of social protection has not happened. Yet, we need to acknowledge the little wins along the way. There are spaces opening up for us at Development Pathways to push for rights-based, universal social protection, and to use evidence on why everyone is entitled to social protection and income security.

**Chemba Raghavan:**

- I agree that the focus needs to go beyond GDP. One way to do this would be to address more explicitly the linkages with child rights and child development, critical point of collaboration across sectors and agendas, and how care work is linked closely to gaps in these areas.
- Elevating the child rights/wellbeing also serves to support the political buy in process that needs to happen.

**Sofia Sprechmann:**

- Thank you so much for the excellent framing, Juliana and Veena. For building forward, I would love to hear what you think of providing gender-sensitive, universal social protection by setting up a global, multilateral fund for social protection as called for by the Global Initiative for Economic, Social and Cultural Rights (2020). See 'Over 200 Civil Society Organisations and Trade Unions Call Together for a Global Fund for Social Protection' here: <https://www.gi-escr.org/latest-news/civil-society-calls-for-a-global-fund-for-social-protection>



**Veena Siddharth:**

- Going beyond GDP to define productivity in terms of rights and wellbeing is key. As is bringing in the long-term costs to future generations, children and how that links to the planet.

## VI. Responses by panelists

**Dzodzi Tsikata:**

- The point of everything we do on this planet is social reproduction, and production is only one aspect of this.
- We need to move away from privileging production and begin to see these other issues. For example, having peaceful and just societies seen as just as important as having so-called 'strong economies'.
- Also, we should attend to young people and their struggle to become adults, including housing issues.

**Nancy Folbre:**

- There is a taboo about discussing intergenerational issues but they have come into play in responses to the pandemic.
- People like me working within the economics profession are trying to redefine measures of productivity in broader ways. Sometimes I am tarred

with the Economists' brush, but this is also a conceptual battleground.

**Juliana Martínez Franzoni:**

- I would not use de-familialisation as a framework for discussing care. We agree that this is where we should be heading, but it does not work as part of the narrative and draws a lot of our allies away.
- We have plenty of evidence to show that reorganizing care work to be more collective would have an amazing effect on employment.
- Under certain conditions, I would use the GDP argument because it is instrumental under certain circumstances.
- In terms of community-based services, there are a diverse array of outcomes. It depends a lot on the overall framing. Are we aiming for expansion of social protection or are we under austerity measures? The transformation of the same community service will lead different directions depending on the context.
- This has a lot to do with collective action, and having governments that see collective action as positive. The political economy around community-based services will therefore define whether this is a high road or a low road.

# SESSION 2: BREAKING SILOS, FORMING ALLIANCES

## HOW CAN CARE BE BETTER INTEGRATED INTO EARLY CHILDHOOD DEVELOPMENT, SOCIAL PROTECTION AND WORKERS RIGHTS AGENDAS

### **I. Introduction by Laura Turquet**

This session is about breaking siloes and forming alliances, and how we as women's rights advocates can form alliances between early childhood development, social protection and worker's rights agendas.

### **II. Presentation by Shahra Razavi**

- COVID-19 has not only revealed the importance and fragility of the care economy, but has also exposed the gaps that exist in social protection systems in terms of adequacy of benefits and in coverage.
- It has also illustrated the importance of having comprehensive social protection systems already in place before crises hit.
  - Countries that had comprehensive social protection systems had a much easier time to quickly mobilize the needed support and scale up the kind of provisions that they had in already in place, through automatic stabilisers and systems to easily scale up when the need is there.
- As it was, a lot of countries had to improvise to implement new measures in the midst of a crisis.
  - This has generated political openness and responsiveness in terms of the need to build a social protection system, starting with a social protection floor with income guarantees for people across the lifecycle, as well as access to health care across the life cycle.
- Almost every country has put in place some kind of social protection provision during this crisis.
  - Yet only about 8 percent of measures have addressed unpaid care such as through paid family leave and flexible work arrangements (from the Tracker). So, there is potential but most

social protection responses have not met the needs and demands of unpaid carers and of the care system.

- **How can social protection and social security become care responsive?** Through three aspects of the care economy:
  - Paid leaves – time for care (parental leave, paternity and maternity leave)
  - Financial provision – different allowances and both contributory and non-contributory benefits.
  - Services – early childhood education and care, long-term care services
- Social protection has the potential to address issues around the care economy, above.
- **Why has social protection not been as effective as it could have been in addressing the care economy and gender inequalities in care?**
- First, there is still a **formal employment bias** within social protection systems – there has been a growth of temporary and atypical forms of work and employment, and labour market transformations over many decades have led to increased rates of informal employment and complex subcontracting arrangements, which lack social protection.
  - This weakens the reach of both paid leave and the financial provisions made available through social insurance-type programs, that are more redistributive and can reach more people.
  - Important work is needed to adapt the design of contributory social protection systems so they can be more effective in reaching non-standard workers and those in the informal economy, particularly women, with things like paid leave and an adequate pension.

- Indexation in pension schemes and care credits for pensions are innovations that are important for women for example.
- In addition, there is a big movement in terms of providing non-contributory social assistance schemes (social pensions, cash transfers) – delinked from employment. Some of these have been effective in closing gender gaps, e.g. the social pensions provided universally to people of a certain age. But many of these non-contributory transfers are at a low level, and this is concerning since women remain disproportionately reliant on them. This then highlights the importance of extending coverage of contributory systems into workers in the informal economy.
- Second, there is a **cash bias** within social protection – which has tended to focus on financial transfers (pensions, child benefits), with little attention to services.
  - This is because of the legacy of a male breadwinner bias which assumed one person to be providing all the income, and another to be providing all the care.
  - Services are particularly important for allowing women to enter the labour force and remain within the labour force. Long-term care services are also becoming important for women, who tend to live longer than men and are more likely to be left without a partner/spouse to care for them.
  - Takeaway: don't fetishise cash transfers, instead connect transfers to services and worry about investments in services.
- Third, the **commodification bias**. When you have weak provision of publicly-financed, accessible and quality care services, cash transfers may end up emphasizing that care provision is familiarized i.e. women are the ones providing care, or outsourcing care to migrant workers. If an allowance is made for someone to provide care, it is likely to be the woman who does it.
  - Expose the false promises of marketisation, and instead, worry about how services are provided, publicly financed and publicly delivered.
- There is a looming austerity, even though the IMF director has been speaking about countries spending as much as is needed to stimulate their economy.
  - Countries are being required to reduce their budget deficits by as early as the first quarter of 2021.
- The macroeconomic context doesn't look like it will be very enabling, we must consider what this means for our proposal around supporting community-based solutions.
- In many countries, there is job potential in the care economy, and this can make a compelling argument regards the need for urgent public investment in care systems and universal care provision.
- At the global level, there is a place for joined-up work to promote a human centred response to COVID. (incl ILO, UNICEF) and then perhaps be taken more seriously by IMF and World Bank

### III. Response by Joan Lombardi

- Some of the early feminist movement did not focus as much on children's issues such as child care, and there was sometimes difficulty bringing those two worlds together. Part of that was understandable, because there was an effort to advocate for women's rights in ways not only associated with their role as mothers
  - It was reflected in some of the reports on women, for example the Beijing PFA has limited information about childcare
  - However, this seems to be changing. Even before COVID-19, organizations such as ILO and UNICEF started to bring women's rights and childcare agenda together. The World Bank is also currently working on a report.
- COVID has shifted our focus to the role of care. Yet, I have seen many stories about essential workers but without childcare being mentioned.
- We have seen a shift in many contexts from centre-based care to home based care, or from home-based care to no care.
- There is new momentum around a focus on racial equity: within the care workforce, women of colour are the least paid and the least recognised.
- I have tried to talk about childcare not as a deficit, i.e. that it is somehow bad for children, but as an opportunity -- we need to reframe childcare as an asset. I try to talk about 'healthy childcare' to make a link that this is about an environment of care, and an opportunity to promote health and to invest in children.
- One thing that's difficult is that policy makers want to pick either paid leave, or cash or child care services, but that's not what we want. We need the three of them together (US 'welfare wars' didn't want women to stay home, then sent them to work without adequate support for childcare)
- We have tried to move childcare from being solely a "protection"/welfare issue to being an educational

issue, but we lost some things on the way. We need to work on framing childcare as a social protection issue for families and a child development opportunity for children.

- We need to think about the quality of the childcare being given, which comes down to how we treat care workers, in terms of pay and working conditions, which in turn affects child development.
  - We need to talk about how the caregiving environment for children affects their education. Caregiver wellbeing affects child development all day long.
- **Key lessons:**
  - We have to see this as a public good and finance it as such.
    - We need public funding for childcare – if not you have affordability working against quality (and that’s basically the care worker and her pay and status); you can have a financing system that builds on the richness of community based solutions
  - A key alliance we need is between parents and providers; and we need to not see childcare just as a women’s issue.
  - Childcare is not a market. Voucher programmes alone do not work.
  - Finally, we need a range of options.
- Childcare is not just about centres, and we need support for home-based providers, and a continuum of family-based care to care in another person’s home to care at centres -- we need a system that supports all of that.

#### IV. Response by Rachel Moussié

- With allies, we have problematized the notion that women from the Global South are passive mothers who have time to breastfeed and have not much else to do.
  - When in fact, many women are not only primary caregivers but also informal workers, and so instead, childcare provision needs to be cognizant of women’s participation in the informal economy. This opens the door for broader alliances and here are three possible entry points:
- First, I think that there’s an opportunity now to bring the climate advocates together with feminists and talk specifically around recovery, food security, and children and women’s right to health. There has been an immediate rise in food insecurity in informal worker households between March and July.
  - This opens the door to make links between malnutrition, child poverty and food insecurity

among informal worker households, particularly in cities. Malnutrition and child poverty are important areas of focus within the ECD community - and rightfully so.

- I draw inspiration from a [‘South Feminist Futures Festival’](#) held last week where feminists and climate advocates were talking about food sovereignty moving towards agro-ecology to meet local market needs, while privileging less processed foods to reduce the incidence of non-communicable diseases for children and adults.
- The pandemic also highlighted food vendors as essential workers in cities, many of whom are women informal workers. Connecting the dots between these interrelated issues can lead to broader alliances between informal workers organisations, ECD community, food security/sovereignty movements, and feminists.
- Second, creating the space for tough conversations around the role of the state, private foundations and childcare is tricky but necessary. In our conversations with women informal workers, many raise concerns about the quality of state-provided childcare services, combined with a distrust of the state which can be a perpetrator of violence towards women and informal workers in their daily lives.
- The model of publicly-funded community care services elaborated on in the discussion paper, is the future of accountable and quality care provision
- There is a tension with private foundations that are giving greater visibility to childcare in recovery plans, and have resources readily available to support social enterprises operating even in imperfect policy and regulatory frameworks. Foundations and private providers have proven incredibly useful in certain contexts for improving regulatory frameworks where these are weak.
  - However, there is a tendency to emphasise private provision as the preferred childcare model. This threatens a more inclusive debate on childcare.
  - Furthermore, Govts in the Global South are constantly playing catch-up rather than first establishing their own vision for policy and implementation plan for childcare provision. As such, centre-based childcare services are emerging for the first time through private provision – rather than as a public service.
  - What this means is that primary caregivers who use childcare services - many of whom are women informal workers - are usually not

- organized and are not privy to these negotiations with governments that are dominated by private foundations, investors and private providers.
- The trade union movement and feminists have a long history of challenging privatization processes and can identify strategies for resistance. For example, trade unions can mobilise around the global day of action for care, as one of many strategies to expand on.
- Finally, there is something to be said for expanding the definition of who cares.
  - Among women informal workers who provide informal care work, the focus tends to be on women of reproductive age. But girls and older women and men, who may also be informal workers, can be caregivers too, not just care-receivers. So we need to emphasise the intergenerational and gendered provision of childcare within households: this complexity is necessary.
  - There is also scope to expand to other care providers, e.g. health care, child care, elder care workers and building these alliances is key to challenging the privatization agenda in the care sector.
  - In the ECD community, domestic workers are not spontaneously thought of as part of the childcare workforce, and their contribution to children's development and nutrition and health is often overlooked, even though their contribution is substantial.
- Breaking down the siloes as to who is and is not part of our movements is an important first step to acknowledge the contributions made by diverse workers in both the formal and informal economies

## V. Question and answer

### Chemba Raghavan:

- There is a crisis of care and learning for children in COVID, with parents becoming frontline responders in this scenario. Rachel's point about the complexity within families of who is caregiving is important.
- As is the point on the need for broader pillars to come together in this debate and highlight the links between e.g. food insecurity and childcare. This is an innovative approach for many governments right now.
- Including child wellbeing in the framing is important to accelerate political momentum.

- I could not say enough about public financing as a backbone in this scenario. This is a concrete outcome for us all to get behind.

### Anasuya Sengupta:

- It is important to look at *who* cares: for example, adolescents are also critical caregivers in their families. Reciprocal relationships of care are prevalent in many parts of the Global South, particularly between adolescents and older persons in skip generation or joint family households.

### Ito Peng:

- What new narratives or direction could we focus on to make connections with different communities and actors, forming new and unexpected alliances? Could we think of a narrative that is about investing in a *common* future? (e.g. future of our children, future of our environment) where we could all find our interests represented?

### Veena Siddharth:

- Perhaps children's rights are the bridge between care and the climate?

### Juliana Martínez Franzoni:

- It is striking to me that across Latin America, gender was well-established as part of most policy reforms in terms of pensions and health care. However, when COVID hit us all of a sudden gender was banished from the agenda. There has been emphasis on income provision with no consideration of childcare or family responsibilities, and this is worrisome. Are there ideas on how to make sense of this and create a barrier to this backlash?

### Sudeshna Sengupta:

- I believe the absence of trade union (TU) involvement in mobilizing childcare workers is leading to inadequate tractions in the childcare movements. I wonder which strategies can excite TUs. At one point, FORCES had strong TU presence but at present except SEWA there is hardly any presence. Also absolutely agree that ECD movements should build alliances with domestic workers' collectives.

### Veena Siddharth:

- There are funds at most of the development banks for renewable energy, climate mitigation and adaptation.

So those areas are seen as long-term investments that are valuable post crisis, but there isn't the same recognition of care's value.

**Anasuya Sengupta:**

- Childcare is also an important opportunity to change dominant parenting and family models that have shaped social protection for so long.

**Veena Siddharth:**

- Yes, [childcare] is not just a women's issue! It will be important to establish the common gain and have a strategy for the authoritarian, patriarchal political movements so prevalent now.

**Ruth Graham-Goulder:**

- We need a flexible model that takes account of specific contexts, different forms of work, choice of parents... and this point about the wellbeing of caregivers alongside children and other recipients of care - so key.

## VI. Responses by panelists

**Rachel Moussié:**

- One of the challenges we discovered through our research with the ILO is that many childcare workers are informal and providing childcare in home-based settings, the same challenges that exist for organizing domestic workers and home-based workers also exist for organizing childcare workers.
- In India, there has been a tension, due to limited investments in child care, between public childcare providers and the multiple NGOs and workers organisations providing childcare services, all of whom want to receive public assistance, when there is only a small pool of funding for childcare.

**Joan Lombardi:**

- There are some tensions in who is referred to as 'care worker', for example at one point, someone said I should stop using the word child care and just use early education or use early learning, as it would get more traction. The range of people in the field that do caring can make it difficult to organize.

**Shahra Razavi:**

- The 8 percent statistic emerging from the UNDP-UN Women COVID-19 policy tracker was quite a shock to many of us, I had not realized quite how badly social protection responses were doing in terms of their gender and care responsiveness, and this is a reflection of the way in which we think that families and women can provide care, as infinitely elastic supply, which will pick up all the pieces without any kind of support.
- The gains made in Latin America in terms of integrating gender into social protection do still stand quite strongly, and I hope that we will continue to see more of that moving forwards.
- We don't have good advocacy for many long-term care providers because many of them are not nationals of the countries they are providing care, do not have proper contracts and so on. The issue of long-term care needs attention.
  - I would like to see the ILO social protection work focus on long-term care, as an issue that does not necessarily 'invest in the future' in the same way as childcare, since it is often people at the end of their lives. There is not a productivity argument to be made: it's about dignity and a human rights agenda and is something we should all care about.

# SESSION 3: STRENGTHENING RECOGNITION, RIGHTS AND WORKING CONDITIONS OF (PAID) CARE WORKERS

## **I. Introduction by Constanza Tabbush**

- This third and final session is entitled, 'strengthening recognition and working conditions of paid care workers.'
- We had some great insights from the previous session on breaking the siloes between social protection and care, and some of the incremental means by which to improve working conditions of care workers, such as for instance extending social protections to informal workers.
- The previous session also identified some of the key challenges to building broad-based coalitions, one of which is the fragmented and stratified nature of the care workforce, often cutting across sectoral policies and involving multiple providers and political actors, as well as unions.

## **II. Presentation by Mignon Duffy**

- I will focus on how to leverage this current moment to get to where we need to.
  - This has been shaped by my participation in the <http://careworknetworkresponds.com/> network and conversations within that, where we have tried to collate some feminist responses and knowledge of care in thinking about responses to COVID-19.
  - In the United States, the Biden Harris team included a care plank in their campaign platform that addressed policy for long term care, education and child care all under one umbrella, and this kind of thinking about care holistically and as a system not a set of discrete services is a huge step forwards.
  - At the same time, the pandemic highlighted the links between structures of care and inequalities based on gender, migration status, age, race, disability, class, that have been brought prominently into public discourse.

- In the US, the pandemic has coincided with a period of reckoning around racial equality, and these things can be brought together.
- Just like the dye that doctors use to see pathways on CAT scans and MRIs, that they've never seen before and suddenly becomes lit up in a fluorescent colour: the connections are not new, but the visibility around care is new.
- The idea of the 'essential worker' has become part a central part of the COVID narrative in many countries.
  - In most cases the designation of essential was used to identify workers exempt from lockdown rules because their labor was considered critical to public health and safety or ongoing economic activity.
  - In practice, a designation as an essential worker meant you had the privilege of putting your own body at risk, so that others could continue to get groceries, drink liquor, eat meat etc.
- Care workers made up a large part of the essential workforces identified during the pandemic and most parts of the globe.
- There has been some pushback that this level of risk is an unavoidable part of the job – workers have highlighted the role of understaffing in elevating exposure, and lack of access to adequate PPE to mitigate the risk they were taking onto their own bodies and families.
  - In order to move this discourse into effective advocacy for protections for care workers, we need to emphasise that these jobs are dangerous even in non-pandemic times. Care work is often quite dangerous and there should be structural ways to mitigate those risks.
  - It is strategic to argue that care work is not only hard/difficult but is skilled labour.
- We also need to be clearer that paid care and unpaid care are not exact substitutes for each other, but that:
  - Both paid and unpaid care work require skill; both are inextricably bound up with inequalities in the social organization of care and both are devalued



for many of the same reasons – but they are not substitutes.

- As a scholarly community, we need to do a better job of theorizing the relationship between paid and unpaid care beyond a substitution model.
- One of the dangers of this moment is that women are taking on additional unpaid care responsibilities, which has the potential to be regressive, pushing many women out of the paid labour market and exacerbating unequal gender distribution of unpaid care.
- Paid care not only gives women the option of reducing their unpaid care load, but can also offer something qualitatively different and important. This argument can help us in arguing for public and private investment into paid care, combined with policy supports for unpaid care.
- I have identified policies that we can gain momentum on to leverage for public and private investment in the care sector, including:
  - 1. Raising wages - provision of living wages to paid care workers**
    - Adding value difference from unpaid care
    - Increased and targeted public sector support through relief efforts that invest in care infrastructure and minimum wage policies
  - 2. Access to unionization for care workers**
  - 3. Paid sick leave and paid care leave for all care workers**
    - It's never been clearer that workers who are sick endanger everyone
    - Having emergency provision for paid leave are essential, as is moving towards the creation of permanent paid leave policies
  - 4. Stronger protections for care workers from workplace hazards**
    - Immediate provision of emergency equipment
    - Making sure all categories of care workers are included in health and safety regulations and safe staffing levels
- Overall, this is a moment with a lot of disruption in the care infrastructure, and whether this is progressive or regressive depends a lot on the context.
- Finally, global migration is a huge piece of the paid care workforce and understanding inequity in the paid care workforce, and the Feminist Plan needs to address that.

### III. Response by Chidi King

- The link between paid and unpaid care work and women's reproductive role is crucial to understanding all the deficits we are trying to address and redress.
  - We see vertical occupational segregation (in the positions women hold once they work in a particular sector);
  - We see horizontal occupational segregation, which is often linked to the fact that care responsibilities make it difficult for women to spend hours at work or concentrate on professional development or climbing the career ladder.
- We need to redefine care as a collective social responsibility funded primarily through progressive taxation.
- When we talk about sustainable development, the role of care is essential. When we talk about investing in care jobs, we mean low-carbon jobs that are good for our planet.
  - How do we then ensure that workers in these sectors, despite the prevailing wisdom of austerity, are able to have pay and decent conditions?
- Our discussion takes place in the context of austerity measures imposed since the financial crisis, and current measures are on top of that. They are not in the future, they are coming now. World Bank is already imposing new conditionalities and moves towards fiscal consolidation.
  - This is a huge step back especially where countries must already service large debts. Very little is being talked about cancellation of debts that are already inequitable.
- Migrant workers, who dominate in health and care sectors, have been under strife – losing their jobs, being stranded at borders.
  - Yet, at the same time we see governments moving to conclude bilateral agreements to get the health and care workers into developing economies to bolster healthcare systems made fragile by decades of austerity measures.
- The precarisation of healthcare workers, combined with the attack on rights to freedom of association, make it difficult for such workers to organize in defense of their rights.
- Trade unions are building alliances with other civil society organisations in different sub-sectors of the health and care sectors.
- We need to connect discussions on food sovereignty and agriculture, as well as inter-agency alliances



between different parts of the UN to push the agenda on care.

- At the centre of the new social contract has to be gender responsive social protection, as a key aspect of rebuilding the trust between citizens and government.
- If you look at the skills involved in care work – measured objectively – it is hard to understand why care work is so undervalued, in terms of the skills, effort and responsibility involved.
  - This should be some of the highest paid work around. This is not just something that women do naturally. Only when you recognize this, will you see the value in both paid and unpaid care work.

#### IV. Response by Ito Peng

- Thinking through intersecting variables along the lines of gender, socioeconomics, race, ethnicity, migration status is very important, because it reveals how care work is organized around a diverse and complex set of interests and actors.
  - We need to make these linkages in order to achieve our feminist social policy objectives.
  - Care and care work need to be viewed from a more systemic holistic perspective, not just discrete activities and services.
  - In addition to the multiple inequalities highlighted by COVID, we must understand the global dimension of this pandemic's spread and how we are economically, politically and personally interconnected to each other.
- Raising wages and improving working conditions of care workers is crucial. How do we do this? Can we just rely on policy measures?
  - Govt of British Columbia (one of the ten provincial governments in Canada) is a good example of positive government policy response to the COVID – early on in the pandemic, it brought frontline care workers into public services, folded these workers into the public sector union, and raised their pay and conditions to public sector levels. It also imposed that LTC homes should hire staff as full-time workers, and banned frontline care workers from working in more than one LTC homes. This was a very good thing, but no other places did that. The people of British Columbia voted in a minority labour govt (NDP) that formed an alliance with green party about a year before the pandemic; but we can't

rely on such political moments to enable these changes to happen.

- So, another strategy is to address the issue of skill, and argue that care work is a highly skilled work. Trouble the idea of the concept of skill itself.
  - 'Skill' is a creation of the 19<sup>th</sup> and 20<sup>th</sup> century male industrial economy, where 'skilled work' is associated with male work, and 'Non skill' with female work. This idea or bias about skill needs to be rethought, and skill brought into care work (both paid and unpaid).
- This makes me think that we need to address and engage with social and political actors other than unions and the state – actors such as professional associations, e.g. medical and nursing associations that are the gatekeepers of these skills.
  - With COVID, we might have an opening for such an alliance, to bring health care into the care economy conversation- not just considering care workers as an important part of the health care, but also to redefine care work as skilled and professional work. I think people in health care are beginning to open up to this idea.
  - It would be really important to make care and care work not just a social and economic agenda, but a political agenda and to form some non-traditional alliances.
- We cannot forget the dimension of race and migration in talking about care work. Health care workers mobilities across nations – the reliance of many on migrant healthcare workers.
- Finally, we need to think about the scale of our interconnections.
  - For example, the role of the community and NGO sector in creating infrastructures for care is important, but connecting that to national level policy is also important.
  - In addition, we need to give ourselves one more jump to lodge our connection with the global political and economic bodies like UN Women and ILO, IOM and other organisations including WIEGO.
  - These vertical multi-scalar linkages need to be consciously developed.
- How to sustain this feminist policy project post-COVID? We need some strategies to embed this feminist policy agenda in the global policy agenda and ensure it is sustainable.

## V. Question and answer

**Johanna Riha:**

- From the perspective of many countries across the African continent, the community health workforce is the bedrock of delivery of healthcare to many communities, especially in rural areas. Again, this workforce has been made extremely visible through the COVID pandemic and the rapid mobilization of community health workers to respond.
  - In many countries, there is a two-tier system in terms of the Community Health workforce, which is a formal paid group that are integrated into the health system, plus a largely voluntary group which is often much larger.
  - You also find large variations in the composition of male and female community health workers, and that disparity changes between urban and rural settings.
  - This has to be considered when talking about different contextual realities of the community health workforce – what communities are they working with and what is the cultural context in which they work?
- There is a lack of disaggregated data on this workforce, and more systematic evidence is needed on how for example, gender and foreign policies interventions affect the community health workforce, as a pathway to achieving things like universal health coverage and better primary healthcare.
- We need to integrate the voices of community health workers into the design and implementation of policies, to draw attention to the realities on the ground.
- There are unintended consequences of some policy actions, for example increasing wages may mean CHW might be considered more of a man's job, and so more likely to be offered to men in the community than women. So involving CHW in the design of policies/programs can ensure programs are attuned with gendered realities on the ground.

**Claudia Lopes:**

- Even where policies may be designed with gender in mind, when they are enacted on the ground, the situation can be different.
- For example, the community health workforce in Mozambique – career progression policy requires 8-week training, this may discourage some women to apply. So, the workforce may become more

unbalanced in terms of gender as we go further up the pyramid.

**Veena Siddharth:**

- The market has become accustomed to undervaluing care and ignoring the lack of security that it brings. A very good illustration is what Juliana cited, that assisted living facilities in the US struggling with COVID have used stimulus funds to hire more care workers or pay existing workers more.

**Sudeshna Sengupta:**

- The narrative on care coming "naturally" to women is a patriarchal construct. It helps the political economy of material accumulation as well as patriarchal subordination of women in an intertwined manner. The political economy of material accumulation thrives on free and underpaid care work and natural resources. All these are connected. Hence, we are swimming against a strong current.

**Veena Siddharth:**

- Yes, and this patriarchal framing is supported by many women as well, especially in authoritarian/populist regimes. Faith-based groups will be important allies also. There could be some openings with groups working on the climate and children could be the lead.

**Dzodzi Tsikata:**

- Johanna, thanks for raising the question of data. Many states do not have basic up to date information about all their populations, what they do, and how they organize it to support social policy. This should be prioritized as an important post-COVID agenda.

**Deeptha Chopra:**

- Lots of writeups of care in the pandemic have focused on women juggling childcare and paid work, but there is less focus on cleaning, cooking and procuring food. Especially in low-income settings and lockdowns without social provisions, there is a huge amount of work created just to procure food and water.
- If domestic work is not part of the unpaid care framework than domestic workers are also not part of it
- In addition, we need to focus on making all jobs in the informal economy decent, since these are jobs that women do in particular to fit around their unpaid care work responsibilities.

**Veena Siddharth:**

- The danger is that care and the care discourse is co-opted but not delivered upon. It will be important to see what exactly institutions are doing to invest in care programs, and to what extent care is part of post-COVID reconstruction.

**Anasuya Sengupta:**

- In rural, agricultural societies, community gatekeeping within existing systems of indigenous knowledge leads to the devaluation of women's knowledge, and thereby the work they do is considered to be 'unskilled' and simply their 'natural inclination'. Economic development and urbanisation are often portrayed as promises to address these gender inequalities, which is entirely a false narrative.

**Shahra Razavi:**

- There is greater appreciation from the public who have had to do some of the care work that care workers do, realizing they are not equipped to teach their children or bathe their elderly parents, and so on. The question is now, how do we translate that in a way that helps us move beyond applause and translate into proper rewards?
- Employers are always willing to talk about skills and productivity. How can we bring in what is meant by skilled work and a recognition that definitions of 'skill' are deeply gendered? This may be a good moment where there is enough public awareness of this work to shift thinking at the global and national level.
- A question for Mignon: you emphasise that paid and unpaid care are not substitutes, but they are connected, and there is continuity between the two. Can you elaborate please?

## VI. Responses by panelists

**Ito Peng:**

- Domestic workers do a lot of frontline care work, yet their work is located in the private sphere.
  - This reveals how our understanding of 'care work' is so dependent on where and who does the work, and the definition of care completely changes with where the work is being done and by whom.
  - There is something illogical and context specific about the idea of care work.
- There needs to be a global conversation around defining these skills. The metrics we use and the

indicators we use, are already a century obsolete. We need to rethink this.

**Chidi King:**

- For us it was very interesting that when the international care work coalition was formed (between WIEGO, Intl Domestic workers federation), some resistance we experienced was from domestic workers themselves who did not see themselves as care workers.
  - So we had to embark upon education sessions for members to understand that they are all part of a care workforce, and that in many instances what you're doing is delivering care – when looking after children, elderly relatives or disabled people in their homes. This is care work and is skilled work and should be recognised as such.
- It is interesting to me that during the pandemic, health and care workers have been lauded as essential, when previously their only recognition as essential workers in labour law was to restrict their rights e.g. their right to strike, because their work is seen as crucial.
  - So previously, there was this limited way of recognizing them as essential workers, but how do we make sure this is scaled up?
  - What are the conditions that will lead to decent work for these care workers, e.g. labour protection guarantees, social protection coverage? How do we scale these up to become widespread, not the exception and only where care workers have been able to organize and unionise?

**Mignon Duffy:**

- I want to respond to the question about the difference between paid and unpaid care work, because this is connected to a lot of issues around domestic work, and is essential in order to make an argument for the social organization of care and the set of policies to support it.
  - On the one hand we have some policy structures that go to the familial sector in a problematic way, while other policy structures focus on paid care. We don't want to make unpaid care invisible again through a sole focus on paid care.
- How do real families experience care as a partnership and collaboration between paid care work and unpaid care?
  - In an ideal world, if I am taking care of my elderly mother, if I have more paid supports available to

me that makes my life better. I could pay someone to come in and help bathe her or take her to a place where she can socialize, and so on. And if she is in a long-term care facility, that needs to integrate the care work contributions that I and other family members are making in a complementary way.

- Through this thinking, we can start to tease out the different ways that paid and unpaid care are operating in partnership with each other right across elder care, childcare, education, and healthcare, in order to make a stronger argument for simultaneous investment in both.

# FINAL COMMENTS AND WRAP-UP

## Concluding comments by Juliana Martínez Franzoni

- We can agree that a collective reorganization of care work that puts care at the centre of the agenda should involve (1) *generosity* in terms of the level and quality of care, and (2) *equity* in terms of race and class.
- This question/framework could lead us to a pluralism of approaches to care provision.
- There is a lot of diversity around the world in terms of service provision, whether they are publicly funded or private, home-based care or institutions, and so on.
  - Not all such options in all places stand the test of furthering coverage, generosity and equity. This question can be helpful as a compass for assessing care policy architecture, whether it is a third sector provision or community-based services: does it help us reach broader coverage with increased generosity and equity?
  - Service delivery is one key aspect of policy architectures, along with funding, and the actual set of benefits and eligibility criteria involved.
- Another topic that the discussion did not touch upon so much is funding and taxation, not only at the global level but also at national and sub-national levels.
  - There is much to be understood about the role of global value chains – for example, a product sold in Paris by l’Oreal benefiting off the cheap labour of women in Peru, who are making the beauty products.
- There is a question of whether and how companies such as l’Oreal should be held responsible for funding the social protection of cheap labour in Peru, or not?
- The conversation about global value chains has a lot to do with the capacity of social protection systems to mobilise resources in a progressive way – to pass from wealthy components of the value chain, to less wealthy ones.
- We could do way better in exploring this topic and it could expand the options regarding funding for low- and middle-income countries.
- Finally, we have policy outputs and architectures, and then we have the complicated political economy of how to change things.
  - For example, in a lot of countries there is space to improve taxation, but the political economy of increasing taxation to fund some of these reforms is really difficult.
- It’s clear from the conversation that alliances have to be broad. Unions are super important, but because of informality, racial and gender inequalities, we need way more than that. The political economy of negotiation and alliance-forming has to be broader in scope.

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