



ISSUE BRIEF

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#3

Cluster 2: Bringing an end to pervasive global women's inequality in the workplace

Addressing care for inclusive labour markets and gender equality

The establishment of the Global Commission on the Future of Work in August 2017 marked the start of the second phase of ILO's Future of Work Centenary initiative. The six thematic clusters provide a basis for further deliberations of the Global Commission. They focus on the main issues that need to be considered if the future of work is to be one that provides security, equality and prosperity. A series of Issue Briefs are prepared under each of the proposed clusters. These are intended to stimulate discussion on a select number of issues under the different themes. The thematic clusters are not necessarily related to the structure of the final report.

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Introduction

The quality of care work, both paid and unpaid, is a central issue for the future of work. Care work is essential for the reproduction of the future workforce, for the health and education of the current workforce, and for caring for the growing numbers of people in old age.

Care work is also at the core of ensuring a future of work with gender equality. Most of the unpaid care and household work the world over is provided by women, but care provision determines whether women can enter and stay in employment and the quality of jobs they perform. The majority of paid care workers are women, frequently working in the informal economy, in very poor conditions and receiving low pay. Yet, in spite of women significantly shouldering the costs of care, care deficits persist.

Who will provide for the increasing care needs in the future? Under what conditions will such care be provided? What policies can be put in place to contribute to inclusive labour markets and advance gender equality? Our capacity to address these questions will be essential to deliver a future of work with gender equality.

This Issue Brief examines the centrality of care work in labour markets and society. It considers the contribution of care work to advancing gender equality and points to the importance of promoting transformative care policies.

Key findings

Why does care work matter for achieving gender equality in the future of work?

Care work consists of the activities that meet the physical and emotional needs of adults and children, old and young, frail and able-bodied. It includes direct personal care as well as household maintenance tasks that are a precondition for care. Women, particularly poor women, provide most of the unpaid care and household work (ILO, 2016a; UN, 2016). While estimates vary, studies find that when all work is accounted for, both paid and unpaid, women work much longer hours than men (UN Women, 2015; Samman, Presler-Marshall and Jones, 2016). Women devote an estimated one to three hours more a day to housework than men; two to ten times the amount of time a day to care (for children, the elderly and the sick), and one to four hours less a day to market activities (World Bank, 2012). This can make women time-poor, further reinforcing trajectories of impoverishment (Zacharias, Antonopoulos and Masterson, 2012).

Unpaid care provision shapes the ability, duration and types of work opportunities which women are able to take advantage of, reinforcing gender gaps in occupations, pay and career development. These barriers further constrain women's bargaining power within households, and can limit their enjoyment of the right to education, health and social protection (including pensions) and to participation in all spheres of life (Sepúlveda

Carmona, 2013). Women, particularly in low-income countries, still spend long hours providing care due to the lack of basic infrastructure (e.g. carrying water). This has an impact on the well-being of care recipients, undermining children's development and a dignified end of life for the elderly.

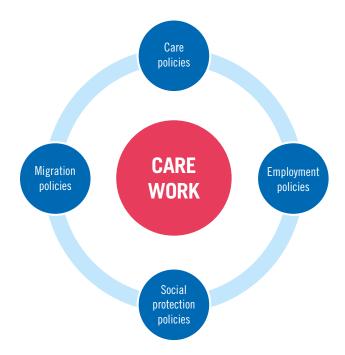
The association of care with women's "natural" inclinations and abilities, rather than the skills acquired through formal education or training (see Issue Brief No. 8), is behind the feminization of paid care work. Sixty-five per cent of all paid care workers worldwide are women; globally they make up 60 per cent of workers in education, 70 per cent of workers in health and social work, and over 80 per cent in domestic work in most regions of the world. In health and social work, women are concentrated in lower-skilled jobs, with less pay and at the bottom end of the professional hierarchies (ILO, 2017). Domestic workers around the world often work for low pay and under poor and exploitative conditions, without contracts or access to social benefits (Otobe, 2017). Migrant care workers, particularly those providing home-based care services, are even more vulnerable to exploitation.

Female paid care workers represent almost one-fifth of all women in employment. Their poor pay and working conditions thus contribute directly to gender inequalities in the labour market. In turn, dire employment conditions (high turnover, low qualifications, fragmentation of the working process, exposure to workplace violence, and high ratios of care recipients to paid carers, for example) affect the quality of care provided and hence the well-being of care recipients. In addition, care service provision, quality and affordability affect the supply of labour, particularly women's. Care work is thus a key dimension of achieving equality in the world of work.

What are transformative care policies?

Care policies are public policies that allocate resources in the form of money (including income), services or time to caregivers or people who need care. They include leave policies (e.g. parental leave), care services (e.g. early childhood development and care (ECDC)), social protection and cash transfers (e.g. childcare grants), work arrangements (e.g. teleworking and flexitime), and infrastructure (e.g. sanitation and delivery of water to homes). Recognition that the equal distribution of unpaid care work and the professionalization of care provision can be powerful drivers of gender equality has made care policies figure prominently in public policy debates. This is because care policies redistribute care provision between women and men and between households and the society at large and reduce the drudgery of certain forms of unpaid care work. Care policies ensure the well-being of societies. They also create opportunities for employment and can enhance labour market inclusion of all groups in society. Transformative care policies guarantee the rights of caregivers and care recipients, as well as their agency, autonomy and, ultimately, their well-being (UNRISD, 2016). They include attention to who provides care, the quality of care provision, and the working conditions of paid care workers, as well as the financing and distribution of care and care work. Transformative care policies combine employment policies, social protection policies and migration policies, to achieve inclusive labour markets and gender equality in the future (see figure 1).





In Sweden and Norway, for example, good quality gender-neutral parental leave (13 months), followed by children's universal entitlement to ECDC (12 months), has resulted in high levels of women's labour force participation. In many Latin American and several African countries, the absence of care service provision coupled with wage inequality has led to a relatively high proportion of women in domestic work (most of them informally employed) and high labour force participation of educated women. In some high-income countries, it is women's part-time work that makes up for the absence of affordable childcare, at the cost of losing income. The persistent gap between adequately paid care leave entitlements – which should be equally accessible to both women and men – and the availability of affordable care services, have implications for both overall inequality and gender inequality.

Migration policies can also shape the opportunities for, and the quality of employment of, migrant care workers, who make up a growing proportion of care workers in private households as personal carers, childminders or domestic workers. Au pairs, who are not in employment, are also increasingly a source of relatively cheap childcare services (Adamson and Brennan, 2016). Several countries have traditionally relied on immigrant medical doctors and nurses, not always guaranteeing their fair treatment (see, for example, Gammage and Stevanovic, 2016; Meghani, 2016; ITUC, 2014). Good practices on ethical recruitment have improved the situation of Filipino and Indian nurses in the United Kingdom (Calenda, 2016), while bilateral agreements between countries of origin and destination can contribute to guaranteeing domestic workers' access to social protection (ILO, 2016a).

Social protection policies can also enable transformative care policies, in which good working conditions for care workers are the flipside of quality care, both paid and unpaid (Folbre, 2006). These policies can be adjusted to accommodate the needs of workers with family responsibilities, with the explicit goal of reducing unpaid care

work. For instance, in South Africa, the country's "Expanded Public Works Programme" involves employment creation (although jobs are often temporary), training and job accreditation in early childhood development and home and community-based care services (Parenzee and Budlender, 2016). In the north-eastern regions of Brazil, microcredit and skills training for women are supplemented by publicly funded childcare services for children under the age of six under "Brasil Carinhoso" ("Caring Brazil"), a sub-component of the cash transfer programme "Bolsa Familia". Carefully designed cash-for-care schemes, combined with the fact that beneficiaries need to justify their expenses, as in the Netherlands, have discouraged recourse to a low-paid, unregulated (and typically migrant) care workforce (ILO, 2016b). Care policies are also increasingly becoming part of social protection systems. The Uruguayan National Integrated Care System was created to implement and coordinate care policies for adults with specific care needs, including persons with disabilities, and for young children. The system's objectives include respect for caregivers' rights, both paid and unpaid (Esquivel, 2017).

Employment policies can also help to both improve the quality of care and ensure that care work enhances labour market inclusion and equality. Care service provision is labour intensive, but it is precisely for this reason that the expansion of care services has the potential to generate large-scale job creation in both higher- and lower-income countries. Ageing societies in some countries are likely to both increase the demand for care provision and provide employment opportunities (see Issue Brief No. 2). While technology can certainly complement human care interventions in a positive way (e.g. hydraulic powered robotic arms, robotic vacuum cleaners), this is one of the sectors with relatively low potential for complete automation (see Issue Brief No. 6). Recent estimates show that investment in the care economy of 2 per cent of GDP in just seven high-income countries would create over 21 million jobs, 75-85 per cent of them going to women, given current patterns of employment segregation. For emerging economies, a similar investment would potentially create 24 million new jobs in China, 11 million in India, nearly 2.8 million in Indonesia, 4.2 million in Brazil, and just over 400,000 in South Africa, of which 43-74 per cent would go to women (De Henau, Himmelweit and Perrons, 2017). Public investment in the care economy would also lead to the creation of comparatively better-quality jobs (with social security benefits) (De Henau and Perrons, 2016).

How can care policies be financed?

The financing of transformative care policies raises important questions. Pressure on public financing and costs has led to the privatization of sections of care provision. There is concern that this could lead to the segmentation of the care labour force, the deskilling of labour processes and downward pressure on wages, ultimately eroding the quality of care provision. In the United Kingdom, for example, care workers caring for children aged 0–3 years earn substantially less in the private sector than in the public sector (Gambaro, 2017). Cash-for-care schemes in elder care and for persons with disabilities have led to the expansion of self-employed home-care workers whose working conditions are poor, whose jobs tend to be unprotected and who have difficulties unionizing, as has been reported in the United States (Martin et al., 2009). This has fuelled debates on the types of policies that might fund care provision as well as facilitate better quality care work.¹ A related question is how all forms of paid and unpaid work are measured, so that they can be adequately reflected in decision-making and macroeconomic policy formulation (see Annex).

¹ In 2017, the proposed care funding plan in the United Kingdom proved highly controversial and became known as a "dementia tax" that was ultimately set aside.

Some considerations

Transformative care policies hold opportunities for securing the enjoyment of human rights for those who provide care and for those who need care, creating employment and contributing to labour market inclusion and gender equality in the world of work. This raises some important questions:

- How can employment and labour market policies, grounded on a bundle of carerelated international labour standards, contribute to the redistribution of unpaid
 care work? How can we ensure that care jobs are decent jobs, with adequate
 remuneration, working conditions and representation?
- How can social protection systems guarantee that all persons in need can access
 quality care services and cash benefits that simultaneously address unpaid care work
 and the need to access quality employment?
- How can macroeconomic policies ensure the fiscal space for investment in the care economy, with quality jobs for both women and men? How can the implementation of the new labour statistics standards adopted at the 19th International Conference of Labour Statisticians (see Annex) guarantee the adequate measurement and value of all forms of unpaid and paid care work?

Annex: Measuring unpaid care and household work in labour statistics

The United Nations System of National Accounts (United Nations et al., 2009) establishes the criteria for compiling economic information that feeds into the calculation of gross domestic product (GDP) and other macroeconomic aggregates. However, as the Commission on the Measurement of Economic Performance and Social Progress notes: "GDP is an inadequate metric to gauge well-being over time particularly in its economic, environmental, and social dimensions" — among other reasons because it excludes the services produced by unpaid care and household work.

The System of National Accounts (SNA) 2008 lists as reasons not to include unpaid care and household work within the SNA production boundary:

The relative isolation and independence of these activities from markets, the extreme difficulty of making economically meaningful estimates of their values, and the adverse effects it would have on the usefulness of the accounts for policy purposes and the analysis of markets and market disequilibria (United Nations et al., 2009).

Progress in time-use data collection and in valuation methods now provide the information base to calculate Household Sector Satellite Accounts, to measure unpaid and household work (or household production) outside GDP but within the SNA general production boundary.²

Current measures in the SNA 2008 provide an unbalanced view of the contribution and cost of care work in society. When women enter the labour force, GDP by definition goes up. However, the concomitant reduction in unpaid care and household work is not accounted for. Similarly, when cutbacks in government funding of public services increase the demands on unpaid care and household work, the cost of that additional work also goes unaccounted for. Instead, what is observed is an artificial increase in "efficiency" that can have important effects on society if that care is not provided, if it is replaced by inferior quality care, and/or if carers have to take time off from paid work in order to provide care. Moreover, in not recognizing that unpaid care and household work is an investment in future generations, total investment is underestimated (UN Women, 2015). The measurement of unpaid care work is not intended to justify or prevent women from entering the labour force. Instead, it is an acknowledgement that to keep total well-being unaffected, such work has to be replaced – a dimension currently not captured in economic aggregates.

The inadequate measure of unpaid care work in the SNA compromises the usefulness of this for care and other policies, as well as for inter-temporal and cross-country comparability. Before 2013, comparability was also at stake in labour force statistics. Measurement of employment was intended to include work for pay or profit as well as some forms of unpaid work. However, the unpaid forms of work that were included, such as the production of goods intended for own use (e.g. subsistence farming), could be excluded from measurement if they were not deemed to represent a significant

² Household Sector Satellite Accounts are tools to measure and quantify the value of the output of unpaid care work, including the contribution of the not-for-profit sector, in the System of National Accounts. The construction of satellite accounts, currently available in a broad range of countries, has allowed a better assessment and visibility of the economic value of unpaid care work and its gendered nature, as aggregate macroeconomic variables (see Abraham and Mackie, 2005).

contribution to household consumption. As a result, these activities were poorly captured or not at all measured to estimate employment. Similarly, water and wood fetching have long been considered as production of goods by the System of National Accounts and thus an economic activity within the SNA production boundary. Yet, with a few notable exceptions, labour force surveys did not count them as part of the activities to identify the employed.³ Commonly, countries measured these activities separately from employment or did not measure them at all.

In 2013, the 19th International Conference of Labour Statisticians (ICLS) introduced a "conceptually revolutionary definition" of work which includes, but transcends, work for pay or profit and comprises "any activity performed by persons of any sex and age to produce goods or to provide services for use by others or for own use". The expression "for use by others or for own use" refers to the production of goods and services provided in the home and the community for other household members and for personal use. Work includes unpaid activities such as own-use production of services and volunteer work in households producing services for other households. The "household" as well as the "community" (for volunteer work) become economic units in which both paid and unpaid work is performed. This concept of work is aligned with the 2008 SNA general production boundary, whilst the activities within the SNA production boundary (own-production of goods for final use; employment; unpaid trainee work and some sections of volunteer work) are clearly defined (table 1).

The new standards for work statistics adopted by the 19th ICLS provide a consistent framework to measure all forms of care work in labour force statistics that is also aligned with the International Classification of Activities for Time Use Statistics 2016 (ICATUS 2016). Care work can be carried out for profit or pay (care employment) or be unpaid (as either unpaid care and household work, volunteer care work, or unpaid trainee care work).

In providing guidance on the measurement of care work, the new ICLS standards emphasize the complementary function of labour force surveys – the best-suited household surveys for collecting statistics of work and the labour force (including own-use production work) – and specialized household instruments, such as time-use surveys. The relevance of unpaid care and household work in the SDG framework, as monitored by the SDG target 5.4, promises to improve the measurement and thus the recognition of unpaid care and household work, through internationally harmonized and comparable statistics in both labour force surveys and time-use surveys.

Table 1 shows (in red) the care economy as the sum of all forms of care work. This conceptualization captures three important ideas about care work:

- the idea that care work produces value and is therefore part of the economy, captured either in the SNA production boundary or in SNA Household Sector Satellite Accounts or other similar instruments;
- the notion that different forms of care work are interrelated, as the conditions in which care is provided for profit or pay, for example, are related to the conditions in which it is provided on an unpaid basis; and
- the fact that the amounts of care work provided and the conditions of that provision
 affect the economy at large, as reflected in economy-wide indicators such as GDP
 or total employment as well as in well-being indicators such as measures of poverty
 and inequality.

³ In a review of country labour force survey (LFS) practices (2000–10), the ILO identified between three and six countries that explicitly measured fetching water and collecting firewood and included it within employment. Another 18 measured participation in these activities, but separately from employment (see ILO, 2013).

The new standards for work statistics adopted by the 19th ICLS present a challenge and an opportunity. Working with constituents and National Statistics Offices (NSOs) to effectively measure the care economy will be crucial for gaining a better understanding of the role of unpaid care and household work in engendering paid employment and in interacting with a broad range of inequalities in the world of work. This knowledge will also help inform a broader approach to economic, social and labour market policies, and will support the SDG implementation process.

Table 1. Care work and its relations to the 19th ICLS Resolution I, ICATUS 2016 and the System of National Accounts 2008

For own final use		For use by others								
Own-use production work							Othor	Volunteer work		
of services		of goods	Employment		Unpaid trainee work		in market and non-market	in households producing		
	r services for household	of goods for own final use	Employment and related activities			5. Unpaid volunteer, trainee and other unpaid work				services d work
4. Unpaid caregiving services for household and family members			in corporations,	Employment in household	13. Employment in household and households enterprises to provide services	53. Unpaid trainee work and related activities	59. Other unpaid work activities	households 52. Unpaid communi	ty-	
Unpaid work		Work for pay or profit			Unpaid work					
pe of e work Unpaid care e care and household work onomy					"Unpaid		"Volunteer care work" (as a subset of volunteer work)			
			"Care employment" to provide care services in care occupations or care sectors (as a subset of employment)			trainee care work" to provide care services in care ccupations or care sectors (as a subset of unpaid trainee work)		Unpaid community- and organization- based volunteering to provide care services in care occupations or care sectors		Unpaid direc volunteering for other households to provide care service akin to unpai care and household work
				Activities	within the SN	A production bo	undary			
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Notes

