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# **The Political and Social Economy of Care**

## **An UNRISD Comparative Research Project**

### **Background and policy questions**

The dynamics of care are receiving more attention from activists, researchers and policy actors today than they did 20, or even 10, years ago. Why is care important and why should policy-making be informed by its exigencies? Some analysts emphasize







nuance, the ratio distinguishes between those needing intensive care and those needing a lesser level of care. Despite these limitations, the ratio was considered useful in allowing comparisons between the relative burden across countries and across time.

The ratio is lowest in the Republic of Korea, followed by Argentina, and highest for Tanzania. The figures suggest that a caregiv

For community care (caring for people outside one's household), in contrast, levels of participation are very similar for men and women except in Argentina (where women record higher levels). **The fact that men's performance relative to that of women is "best" in respect of community care could constitute yet another reflection of the public-private divide: men being more open to participating in unpaid care work when this is in a more public arena.** However, across all countries the participation rates and amount of time spent on community care are noticeably lower than for care of persons, and substantially lower than for unpaid care work defined more broadly.







Cash benefits, in the form of family and child allowances, were never intended for paying for care. The idea, rather, was to assist families with some of the material costs of raising children, and in the process redistributing resources from smaller to larger families and to a period in the lifecycle of families when they are most likely to be hard-pressed financially. It is only recently that policy has begun to recognize the costs involved in caring for children in terms of the income that the carer has to forego. While family allowances vary widely, a common characteristic is that they often defray only a small percentage of the cost of bringing up children. Moreover, while concern for the well-being of families and children is often the stated aim of these provisions, what states do and the conditions on which benefits are made available carry other implicit objectives and consequences, supporting particular models of the family and of gender relations.

**While cash benefits paid to carers may be a less costly option for the public sector compared to the provision of public childcare services, there are several disadvantages attached to this policy option from a gender equality perspective. Cash payments tend to strengthen the provision of care by family members (often mothers), thereby exonerating other sectors from responsibility. In addition, the danger, as mentioned above, is that the payment is often at a low level and brings with it few social security or employment rights. Finally, although providing a payment for the work that women have traditionally done may valorize that work, it also tends to confirm women/mothers as natural care providers.** This last problem could be avoided if payment for care is done in a more gender-neutral form, such as through a carer's allowance or even a citizen's wage, which is supposed to cover care contingencies and other life events, and to be open to both women and men, in all sorts of households and caring arrangements.

The feminist social policy literature, on the whole, rates the provision of public services for care-related needs more positively than cash payments. While it acknowledges that this strategy carries heavy financial implications for the public budget, it has several important advantages from a gender equality perspective. **It tends to legitimize care work, provide relatively well-protected jobs for women (at least compared to the market sector), give unpaid carers greater choice in seeking employment, and improve choice and quality on the part of both caregivers and recipients of care (especially those on low incomes).** While it is acknowledged that locating care work within the public sector is not in itself a panacea for the inferior working conditions that often characterize it, it tends to be better paid when it is located in the public sector than when undertaken privately by individuals.

This text is drawn from the following paper where all references and sources are cited.

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