

Care work in the recovery economy: Towards a caring economy

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Excerpted from overview

The care economy—the economic sectors that involve paid and unpaid care, including childcare, elder care, and health care—is one of the fastest expanding economic sectors globally. A 2015 study of 45 countries by the International Labour Organization (ILO) found that there were 206 million people in care jobs such as early childhood educators and long-term care providers. But the complex work involved in this crucial sector tends to be poorly understood, undervalued, and unprioritized. The COVID-19 pandemic has brought an increased focus on care, highlighting how the lack of support for care sectors and the increasing trend of financializing access to care have placed equality and health on fragile grounds during this crisis.

As society emerges from COVID-19 into a recovery economy, questions about the future of care also emerge. What organizational and policy changes are needed to ensure that care work and caregiving is more equal and sustainable? And what research questions on the care economy remain to be investigated? To explore these lines of inquiry, the Institute for Gender and the Economy convened a virtual research roundtable on Care Work in the Recovery Economy in January and February of 2022 with support from Women and Gender Equality Canada and the Social Sciences and Humanities Research Council of Canada. The workshop hosted over 60 scholars and practitioners from around the world who presented their cutting-edge research, identified research agendas, and discussed policy implications for the future of care. This report highlights key policy and research insights from the roundtable, including the following:

1. Intersectional perspectives in data collection and analysis on the care economy will allow for more nuanced and complex understandings of care.
2. Data collection and analysis should capture the complexity of the care economy by focusing on historically neglected care activities. This may include data on the value of unpaid care, on less direct forms of care work (e.g., care advocacy), and on temporary and migrant care workers and their transitions in and out of care work.
3. Including paid and unpaid care workers' voices in policymaking and aligning policies with communities and care workers will result in more effective policy outcomes.
4. The toll of the COVID-19 pandemic on care workers highlights the importance of making their physical and mental wellbeing a policy and research priority, including through ensuring high-quality working conditions with labour protections.
5. Care policy should not be seen as independent of other government policy making. Integrating care policies with immigration, economic, technology and other policies would help care workers, including temporary workers, have protection from precarity.
6. Policymaking should take both the direct impacts on outcomes as well as “expressive” impacts that shape the culture and norms about what is acceptable into account.
7. Measuring the value of care accurately means measuring not only economic growth and gain (e.g., GDP), but also the less visible, yet foundational, benefits of care to society, such as physical and mental well-being, capabilities, inclusion, and so on.
8. Without stability and resilience of care systems, care responsibilities are hard to manage and can disadvantage caregivers' careers, create gender inequity, and lead to overwork and stress.
9. Technological “solutionism” and other short-term fixes alone will likely not lead to a sustainable and more equal care economy.
10. For-profit models have not historically resulted in high-quality and affordable care. Non-profit and cooperative models may be better options for a higher-quality care system.
11. Care work takes many different forms, both paid and unpaid, and is connected to all sectors. Understanding “chains” of care is important to understand who might benefit or be disadvantaged.

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