



# The Care Economy: a new research framework

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## The Care Economy: a new research framework

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## The Care Economy: a new research framework

Ito PENG

### Abstract

*Care economy refers to the sector of economic activities, both paid and unpaid, related to the provisions of social and material care, which contribute to nurturing and supporting the present and future populations. Broadly, it includes direct and indirect care of children, the elderly and the disabled, health care, education, and as well, financial and other personal and domestic services aimed at supporting and enhancing individual well-being. Although largely invisible and scarcely accounted in national account systems, such as GDP, care and care work is increasingly recognized as essential for the maintenance of capability and well-being of individuals, and for the functioning of society and the economy. In almost all high- and middle-income countries the combination of the shift from an industrial/manufacturing to a service-based economy and the steady socio-demographic changes over the last several decades have made care economy an increasingly relevant social, economic and political issue today. Yet, despite growing awareness, the concept of the care economy remains ambiguous and the research on the topic germinal.*

*The objectives of this paper are to: 1) trace and elucidate the ideas around the care economy; 2) analyze key concepts and debates around the idea of the care economy that may contribute to future research; and 3) discuss a potential research and policy agenda for understanding care economies today. I draw mostly from feminist research within the fields of social policy and welfare states, economy, sociology and political economy, highlighting some of the key debates and areas of convergence.*

**Keywords:** Care economy, well-being, capability, welfare state, social policy

## Introduction

Care economy refers to the sector of economic activities, both paid and unpaid, related to the provisions of social and material care, which contribute to nurturing and supporting the present and future populations. Broadly, it includes direct and indirect care of children, the elderly and the disabled, health care, education, and as well, financial and other personal and domestic services aimed at supporting and enhancing individual well-being. Although largely invisible and scarcely accounted in national account systems, such as GDP, care and care work is increasingly recognized as essential for the maintenance of capability and well-being of individuals, and for the functioning of society and the economy (Folbre and Nelson 2000; Folbre 2006; Sen 1993). In almost all high- and middle-income countries the combination of the shift from an industrial/manufacturing to a service based economy, and the steady socio-demographic changes marked by fertility decline, rapid population ageing and increased women's labour market participation over the last several decades have made care economy an increasingly relevant social, economic and political issue today. Yet, despite growing awareness, the concept of the care economy remains ambiguous and the research on the topic germinal. The objectives of this paper are to: 1) trace and elucidate the ideas around the care economy; 2) analyze key concepts and debates around the idea of the care economy that may contribute to future research; and 3) discuss a potential research and policy agenda for understanding care economies today. I draw mostly from feminist research within the fields of social policy and welfare states, economy, sociology and political economy, highlighting some of the key debates and areas of convergence.

Section 1 begins with the question of why we should care about the care economy. Here I point out some of the social and economic factors, such as population ageing and changes in economic structures, that are making the care economy more visible and critical for individual well-being and smooth economic functioning today. In Section 2 I review the theoretical and empirical contributions of feminist scholarship on care economy. I highlight in particular three disciplines where feminist scholars have made significant contributions – social policy and welfare state, economics, and sociology and political economy. In section 3 I focus on two emerging research focuses that may have the potential to push our understanding of the care economy forward: feminist economists' attempt to rethink mainstream neoclassical economic theory, and collaborative research efforts amongst welfare state, sociology, political economy scholars in understanding the care economy from an institutional perspective. I conclude with a potential research and policy agenda for advancing our understanding of care economies.<sup>1</sup>

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<sup>1</sup> I would like to thank Social Sciences and Humanities Research Council of Canada (SSHRC), Sciences Po (LIEPP Program) and Fondation France-Japon de L'EHESS for their generous funding support for this research.

## I. Why Care About the Care Economy

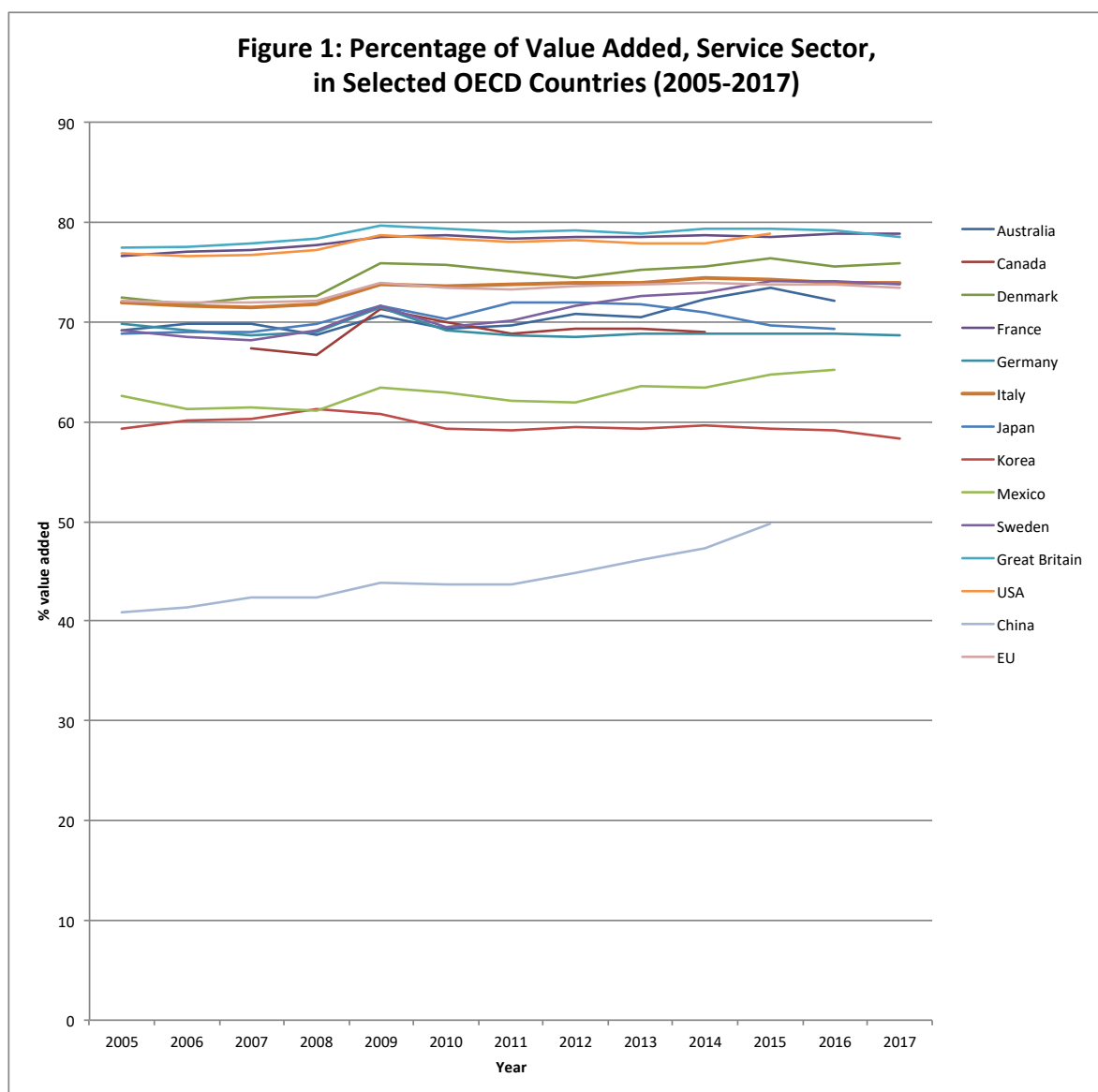
There are a number of reasons why we should care about the care economy. First, we need to know more because it is one of the clearest manifestations of the 21<sup>st</sup> century social and economic transformations. Today, the economies of all the high-income and most of the middle-income countries are predominantly service based, both in terms of the value added and employment generation, and within the service sector, care services is one of the fastest growing subsectors and will likely become the largest in the future.<sup>2</sup> The service sector economy has been expanding steadily across the OECD since the 1970s: it now accounts for over 70% of total employment and value added in almost all of the OECD member countries, employing approximately 435 million people as compared to 227 million workers in manufacturing and industry (Wolfl 2005; OECD n.d.; see also Figures 1 and 2).<sup>3</sup> Within the service sector care services is one of the fastest expanding subsectors. This is mainly due to the large and growing demand for care resulting from the combination of ageing populations, women's increased employment, and changes in norms about care, including increased societal acceptance of outsourcing child and elderly care and in some cases increased public and private investments in social care. In the US, the health and social assistance occupational sector has been growing faster than any other occupational sector in terms of employment generation. The US Bureau of Labor Statistics estimates this subsector will create approximately 4.0 million new jobs between 2016 and 2026, overtaking sales occupations. It is projected that by 2026 not only would there be more people working in care services than in retail, the two occupational sectors of "health care support" and "healthcare practitioners and technical occupations" alone will contribute about one-fifth of all new jobs (US-BLS 2018: 4). Even in China, where manufacturing and industry have been the main driving force of national economic growth since the 1980s, services now account for 58.8% of the total value added (as compared to 36.3% for manufacturing and industry) (OECD n.d.; China-National Bureau of Statistics 2018; see Figures 1-3). By 2017, 44.9% of the total workforce in China was employed in services (compared to 28.1% in manufacturing and industry), a substantial jump from 32.4% in 2007 (China-National Bureau of Statistics 2018). Within the service sector in China, the "care services" as defined by industry classifications under "Education", "Health and Social Services" and "Public Management, Social Security and

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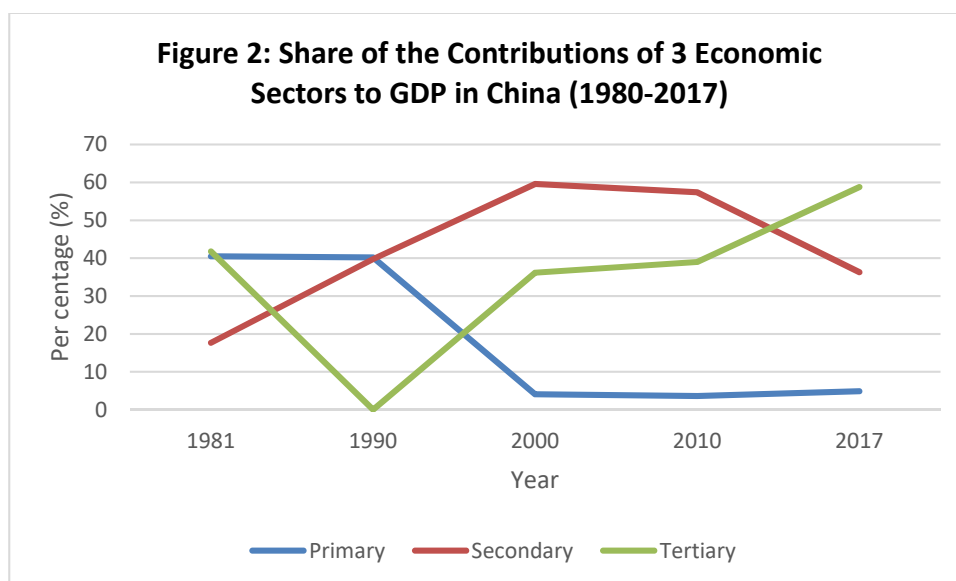
<sup>2</sup> Care services is defined here as work that involves provisions of private and social care, and includes education, health and personal care services. In North America, this falls into NAICS occupational categories within Sectors 61 (Educational Services), Sector 62 (Health Care and Social Assistance) and sub-Sector 814 (Private Households), which employs cooks, maids, nannies, butlers, and outside workers, such as gardeners, caretakers, and other maintenance workers. In Europe this fall into NACE Rev 2 classification category 85 (Education), 86 (Human Health and Social Work Activities), 87 (Residential Care Activities), 88 (Social Work Activities without Accommodation), and 97 (Activities of Households as Employers of Domestic Personnel). While most national statistics account for reported economic activities taking place within these reported occupational classifications / economic activities categories, they do not include unpaid care services provided by family, friend or volunteer carers, or the paid care services provided by informal care providers.

<sup>3</sup> "The 34 OECD member countries are: Australia, Austria, Belgium, Canada, Chile, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Korea, Luxembourg, Mexico, the Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey, the United Kingdom, and the United States." (OECD Watch n.d. <https://www.oecd-watch.org/oecd-guidelines/oecd> ).

Social Organization” is one of the fastest growing sub-sector. By 2016 these three industrial classification sectors accounted for 20% of the tertiary industry sector and over 10% of the total national GDP. Indeed, the value contribution of the care services in China is now larger than “Whole Sales and Retail Services” industry, which has hitherto occupied the largest value share within the Tertiary industry followed by “Financial Services” (China-National Bureau of Statistics 2018). The importance of service sector for China is further reinforced by the government’s 2017 national plan to set up a US\$4.4 billion fund to support high-value service exports and to raise the service sector’s economic contribution up to 70-80% by 2020 (Hsu 2017). In short, the 21<sup>st</sup> century global economy is marked by the dominance of services, and care services is set to occupy an increasingly large share within this new economy.

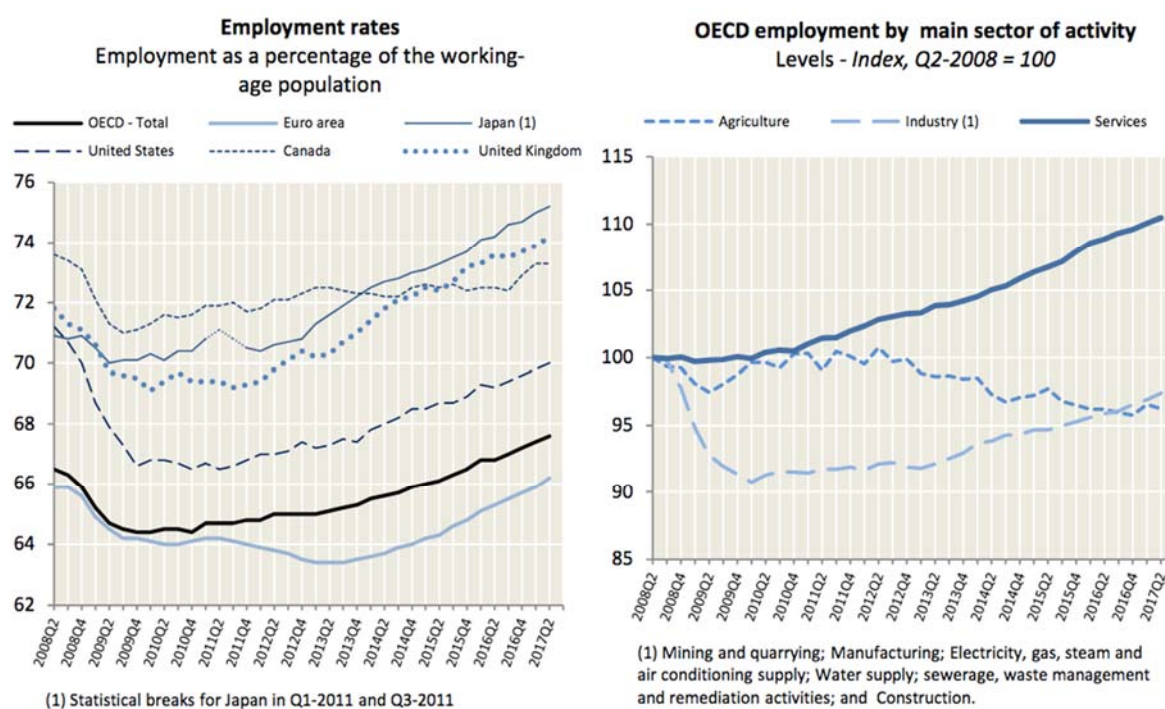


Source: OECD Data (n.d.) <https://data.oecd.org/natincome/value-added-by-activity.htm>



Source: National Bureau of Statistics of China, *China Statistical Yearbook 2018*, [www.stats.gov.cn/tjsj/ndsj/2018/indexeh.htm19.2](http://www.stats.gov.cn/tjsj/ndsj/2018/indexeh.htm19.2)

**Figure 3: Employment as a Percentage of Working-age Population, and OECD Employment by Main Sector of Activity (2008 – 2017)**



Source: OECD Data (n.d.) <https://data.oecd.org/natincome/value-added-by-activity.htm>

The second reason why we should care about the care economy is that it constitutes a qualitatively different kind of labour and labour process compared to the manufacturing and industrial economies. The types of activities involved in care are qualitatively different from manufacturing and industry in that they “typically involve the provision of human value added in the form of labour, advice, managerial skill, entertainment, training, intermediation and the like.” (OECD 2000: 7) Care services must be consumed at the point of production, and this tangible nature makes care particularly time sensitive and individual and context specific. Not only is it not possible for care services to be produced and stored for later use, as in the case of the manufacturing of goods, each unit of care services must also accommodate to the preferences and tastes of the clients served. Thus, for example, an ethical care worker would not force her/his client to eat three meals in one sitting in order to complete the required day’s quota of meals, nor would such care worker force her/his client to eat food that she/he doesn’t like or to treat her/his client inhumanely. Because of these interpersonal dimensions productivity gain in care services is difficult without quality loss (Ghosh 2016). Such quantity-quality trade-off and other difficulties associated with productivity gain inherent in care work in turn depress the market value of care work under the existing economic equation postulated on the manufacturing and industrial economic conditions.

In addition to the problems associated with productivity gains, the care economy also differs substantially from manufacturing and industrial sector economies in that it is dominated by women both at the supply and demand side. Because much of care services involve activities that have been historically done by women in unpaid form within the household, such as rearing, raising and educating children, aiding and caring for the ill, the disabled and the elderly, and providing personal assistance for adults, a significant societal and cultural bias against care work exists (England 2005). If it is paid, this work is often accorded with low wages and low occupational status because of its association with women’s unpaid work. At the same time, because of the cultural associations between women and care, women are more likely to be channeled into care work, which in turn, further reinforces the societal gender bias that support the devaluation of this work. At the demand side, women are also more likely to be clients of care services because as mothers, daughters or daughters-in-law they are more likely to be delegated with the responsibility for, if not directly providing, managing care of family members. They are, therefore, more likely to be the main person responsible for employing and managing care workers and/or organizing care for their children and their ageing parents and/or ill relatives. Furthermore, as they are more likely to outlive their spouses who they may care for in their old age, women are more likely to be left in need of public or private care services in their old age.

Finally, the increased marketization and commodification of care through the expansion of social care or through increased outsourcing of care to paid care providers in the market and/or in the community in the recent years also highlights the ambiguous nature of care work and the care economy. There is now a considerable amount of studies showing increased privatization, marketization, and commodification of care since the 1990s as a result of welfare state reforms in most of the OECD countries (see for example, *Current Sociology* 2018, 66(4) – Special Issue on Global Sociology of Care and Care Work and *Journal of*



*European Social Policy* 2012, 22(4) – Special Issue on Care, Markets and Migration in a Globalizing World). As care shifts from unpaid/informal work undertaken by family and community members to paid work carried out by care workers in the market, the status of care work and the economic accounting of such work change dramatically. This points directly to the gaps and contradictions in the existing economic theory, and as well, to the social and economic inequalities that arise from care. Mainstream neoliberal economic theory clearly fails to capture important and extensive economic activities that are happening outside of the market. As a result, it is unable to explain the qualitative transformation of these activity as they move from the household to the market, and is blind to the increasing blurring of the borders between the market, the family/household and the community as care traverses these boundaries. In addition, with the increased marketization and commodification of care, issues of affordability and distributional consequences of care become crucial. Access to quality care and unpaid care work burden are to a large extent determined by the level of economic and social inequalities within a society.

The above characteristics associated with care and care work reveal that despite the increasing public and policy awareness of, and its growing social and economic importance and size, the care economy remains both under-researched and under-theorized. The noticeable differences between the care economy and the manufacturing and industry economies also suggest that the care economy cannot be easily explained or understood using the existing mainstream economic theory. This in turn leads us to not only rethink the existing economy theory, but as well to rethink the economy itself.

## **II. Feminist Contributions to Care Economy**

Feminist scholars from a wide range of disciplines have been engaged in research and debate about the care economy. In particular, those in fields of social policy/welfare state, economics, and sociology/political economy have made notable contributions to the theoretical and empirical understanding of care economies. Although their research arose from different theoretical concerns, increasing interdisciplinary collaborations amongst feminist scholars in the recent decades have generated a richer and more comprehensive understanding of the care economy.

### **2.1. Social policy and welfare state**

Feminist social policy and comparative welfare state researchers were amongst the first to address the issue of care. Pointing to the mainstream welfare state scholarship's neglect of family and gender, feminist researchers sought to centre gender in welfare state analysis by emphasizing various ways in which gender relations shape welfare states, and how welfare state policies and institution in turn structure gender relations (Gordon 1988, 1990; Hernes 1987; Fraser 1994; Ruggie 1984; Leira 1992, 1997; Lewis 1992; Orloff 1993, 1996). For example, building on the previous feminist debates on reproductive labour, early feminist welfare state scholars critiqued the welfare state's deep-rooted gender bias and the

institutionalization of gendered welfare system. Highlighting the welfare state's "two-tier" system consisted of the entitlement and insurance based social protection (e.g. pension, health insurance, employment insurance) predominantly for and accessed by men, and the needs-based social assistance system (e.g. social welfare, income assistance, child allowance) largely claimed by women as mothers, feminists scholars helped expose the implicit and explicit gender assumptions embedded in welfare state system. They argued that modern welfare states were built on the assumptions about the family consisted of a male breadwinner and a female housewife/carer in a stable marriage. The implicit gendered relations assumed in such family model not only naturalized women's dependency on men, but also justified unequal access and citizenship rights between men and women to welfare state benefits (Fraser 1994; Lewis 1997; Land 1978; Waerness 1984; Ungerson 1990; Hernes 1987). As a corrective to the dominant comparative welfare state theory, feminist welfare state scholars used Esping-Andersen's welfare regime typologies (Esping-Andersen 1990) as a starting point to develop different regime models that could better address the gendered dimensions of welfare state, including the male breadwinner (Lewis 1992), autonomous households (Orloff 1993), and dual-breadwinner household/adult worker household models (Fraser 1994; Lister 1997).

Through these exercise, care emerged as a key analytical concept for feminist welfare state scholars. It clearly captured women's life condition and brought women's work and responsibilities into focus in an unprecedented way. Beyond this though, it offered a useful vector to analyze social and political economy that shapes women's lives and work and their relationships to the family, the state and the society. Indeed, as care began to shift from being unpaid to paid labour, and move from the private to the public spheres, feminist welfare state scholars saw an opportunity to analyze the relationships between productive and reproductive labour, and as well, the role of welfare state policies in determining women's work and structuring women's citizenship and rights. Daly and Lewis (2000), for example, propose the concept of "social care" as an analytical framework to study welfare states and how they change. Pointing out that social care "lies at the intersection of public and private (in the sense of both state/family and state/market provision); formal and informal; and provision in the form of cash and services", they embed care in political economic analysis of the welfare state (Daly and Lewis 2000: 282, bracket original). Later reflecting on the contributions of feminist welfare state scholars Daly and Michel (2015: 501) contend,

In feminist analysis care was used not just because it was an activity with profound meaning both for identity and social reproduction but as a way of making connections, of moving beyond or crossing fixed spheres and pointing to large trends (commodification, marketization and so forth). There has, for example, been an explosion of work on child care—identifying its institutional/organizational features—and on institutional arrangements to enable "work-life balance"... An enduring interest has been to trace the consequences of paid and unpaid care—at home and abroad—for individual and family lives and economic and societal organization... The comparative dimensions were especially developed, by "regiming" care and giving it a place in the comparative welfare state lexicon.

One stream of care regime scholarship that tries to directly apply social and political economic analysis is the work on the care diamond. This research builds on the idea of the mix-economy of welfare to examine how social, economic and political institutions configure and articulate with each other to shape, produce, and transact care. Building on Jenson and St-Martin's (2003) notion of welfare diamond, Razavi (2007) conceptualizes a care diamond constituted of the state, markets, family/households and the community/voluntary sector, and forming "the architecture through which care is provided"<sup>4</sup>. The concept of care diamond provides an effective way to visualize the shape of care in macro political economic sense, and to describe the ways in which different institutions arrange themselves, and in relation to each other, to provide and/or finance care. Additionally, it also serves as a powerful framework to analyze social and political economic dynamics of the changing institutional configurations over time and under different political regimes. The application of the care diamond framework has yielded a large body of empirical work illustrating the diversity of care and care work, and the changing configurations of care architectures over time in responses to changing social and political economic contexts, particularly in developing context (Razavi 2011; Razavi and Staab 2012; Peng 2011; Budlender and Lund 2011; Cook and Dong 2011; Faur 2011).

By extending the concept of care beyond its relational and normative analytical frame, and by incorporating social and political economic analysis, feminist welfare state scholars have thus pushed the understanding of care beyond from the earlier feminist work. The conceptualization of care and its relationships to key societal institutions such as the state, the market, the family and the community in turn offers an effective way to analyze the care economy.

## 2.2. Feminist Economics

Feminist economists have been questioning the androcentric dualism inherent in mainstream neoclassical theory. They argue that neoclassical theory, premised on the idea of *homo oeconomicus* (based on the idea of a rational white male citizen worker) and the principle of the free market, is fundamentally patriarchal and fails to recognize the complexity of real economics. At a conceptual level, feminist economists have called for a rethink of economic theory and a full integration of care and care work into the economic analysis (see for example, *World Development*, 1995, 23(11) – Special Issue on integrating gender in economics). They argue that an integration of care in economic analysis is important because: 1) real world economy relies on trust and reciprocity to ensure the smooth running of the market; and 2) there cannot be productive labour without reproductive labour, indeed, the reproductive (care) labour underpins productive labour (Folbre 2001; Elson 2017; Schmitt et al 2018). At a more empirical level, feminist economists also have been unravelling the intra household dynamics and division of labour that determine the distribution of unpaid care work. They challenge the mainstream, unitary household models developed by economists such as Gary Becker, Reuben Gronau and Jacob Mincer, arguing that the notion of "comparative advantage" and specialization as applied to the analysis of the gender division of labour within the family

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<sup>4</sup> see UNRISD, *Political and Social Economies of Care Project*.

[http://www.unrisd.org/80256B3C005BB128/\(httpProjects\)/37BD128E275F1F8BC1257296003210EC](http://www.unrisd.org/80256B3C005BB128/(httpProjects)/37BD128E275F1F8BC1257296003210EC)

(Becker 1991) not only rationalizes women's (unpaid) housework but also serves to justify and reinforce gender wage gap. And the idea that relative productivities were said to make it rational for women to specialize in housework while men specialize in wage work, since women's earnings were less than men's on the job market, not only assumes rational decision making within a harmonious household and but also that women's unpaid housework would somehow promote collective household wellbeing in the form of a larger household output.

The increased commodification and marketization of care that have resulted from neoliberal economic reforms in many OECD countries have underscored the size and the significance of care for the total economy, and the arbitrariness of the divide between paid and unpaid/informal care work. Feminist scholars therefore argue that the economic accounting system that focuses only on market activities misses a huge segment of economic activities that are taking place within the household, the community and other non-market spaces. To redress the National Account System's omission of unpaid and informal care work outside of the market, feminist economists have begun developing indices and macroeconomic models that would more accurately measure the contributions of care to economy (Folbre 2006; Elson 2017; De Henau et al 2016; De Henau, Himmelweit and Perrons 2017; Braunstein, van Staveren, and Tavani 2011; Fontana and Wood 2000).

Collaborations between feminist economists and sociologists show adverse labour market outcomes for women with care responsibilities. First, there is a considerable amount of research showing that the unequal distribution of care responsibilities between men and women is a key contributing factor to gender wage gap and to various labour market disadvantages faced by women, including poorer working conditions and reduced employment and occupational advancement opportunities (Budig and England 2001; Budig, Misra and Boeckmann 2016; Kuhhirt and Ludwig 2012; Abendroth, Huffman and Treas 2014; Gangl and Ziefle. 2009). Younger women often incur significant care penalty due to child birth, child rearing and care, while older women often face an additional care penalty related to elder care. The cumulative effects of the care penalties for women include less hours worked, lower wages, less promotional opportunities, precarious employment status, and long-term economic and social insecurity (Budig and England 2001; Budig, Misra and Boeckmann 2016). Second, in addition to unequal labour market outcomes, women's care responsibilities also come with time and emotional costs that can affect not only women's economic well-being but also emotional and health well-being. Analyses of Time Use Surveys show that universally women are substantially more time-pressed than men because the increase in the total amount of time women spend in paid work is not balanced out by the reduction in the amount of time they spend in the unpaid care work at home. Indeed, globally, despite the noticeable increase in women's paid work time, domestic time distribution for unpaid care work between men and women remains largely unchanged, as women continue to take on the lion's share of unpaid care work—a phenomenon which Hochschild (1989) aptly refers to as “the second shift”. This has adverse effect on women's mental and physical health (Craig, Mullan and Blaxland 2010; Roeter and Gracia 2016). Finally, studies also show that the increased outsourcing of household/familial care responsibilities in a neoliberal market economic context has, rather than equalizing care responsibilities between gender,

created increased social and economic polarization amongst women along the socio-economic, racial/ethnic and citizenship lines. As well-educated and higher income women outsource their familial care, less educated and lower income women often from racialized and/or immigrant communities are taking up the work of care in the market (Hochschild 2000; Parrenas 2000; Duffy 2005; Hondagneu-Sotelo 2001). The failure of mainstream neoliberal economic theory to acknowledge and account for care and the care economy therefore has led to a serious omission of a significant and vital sector of economic activity, a fact that cannot be easily ignored or left unaddressed.

### **2.3. Sociology and political economy**

Feminist scholars working in the fields of sociology and political economy have also made significant contributions to the idea of care economy. In particular, two streams of sociological and political economic research have provided important contributions to the theoretical and empirical understanding of the care economy: sociological research focused on the societal valuation of care and care work (England 2005; Budig and Misra 2011; Folbre 2006), and political economic work related to transnational care migration and global care chains (Hochschild 2000; Parrenas 2000; Yeates 2009; Williams 2010; Michel and Peng, 2012, 2017; Peng 2017). Sociological research on societal valuation of care and care work emerged from those working in the subfield of sociology of work. They were particularly interested in the question of paid and unpaid work and its impacts on gender inequality. Collaborative research between feminist sociologists and feminist economists shows that both men and women working in female dominated occupations, such as care work and other forms of “interactive service work”, face wage penalties. This suggested not simply gender discrimination within the labour market, but also a systematic pay bias against occupations that are female dominated (England, Budig and Folbre 2002; Leidner 1993). There are a number of explanation for this (see England 2005 for a full discussion of emerging theories of care work). The cultural devaluation perspective argues that the cultural association of care with women’s unpaid labour leads to a systematic devaluation of care work. This perspective is supported by empirical studies that consistently show a pay penalty associated with care and interactive service work. The “public good” framework maintains that because the indirect benefits of care work for those other than the direct beneficiaries of care are diffuse and difficult to measure, it is often not calculated in the wage of care workers. For example, while it is widely understood that good childcare may contribute to raising healthy, productive, and law abiding adult citizens, the benefits of which will be enjoyed by the society as a whole, those future benefits are difficult to measure. Because the real value of care work is not accurately quantified, and those future benefits are not calculated into the wage structure of care work. Finally, the “prisoner of love” framework (Folbre 2001) argues that the care worker’s personal attachment and commitment to her care recipients make it difficult for her to withhold care in order to demand higher pay. Unlike manufacturing work, the very personal and interactive nature of care work thus constrains care workers from taking industrial action to demand higher wages.

Feminist scholarship has also shown that the social historical construction of care work not only reflects unequal gender relations but also racial, ethnic and class divides. Work by

sociologists such as Duffy (2011), Hondagneu-Sotelo (2001) and Romero (1992) reveal that not only is care work accorded low wage and low prestige, it is also often relegated to immigrant women and women of colour. Moreover, within care occupation, white middle-class women are more likely to take on “nurturant” care work such as nursing, social work and teaching, which are more likely to be given professional status and command higher wages, while women of colour and immigrant women are more likely to be occupy the lower-rank care occupation performing “non-nurturant” care, such as cleaning, laundry, and food preparation (Duffy 2011).

In the last decade and a half this work has also merged with the field of migration studies as the commodification and marketization of care has intensified global migration of care workers. The dominant conceptual frameworks utilized in this area of research are the global care chains (Hochschild 2000) and the global division of reproductive labour (Parrenas 2000). These frameworks offer a particularly global political economic dimension to the emerging concept of care economy. Building on the concept of global value chains, the global care chains concept describes “a series of personal links between people across the globe based on the paid and unpaid work of caring” (Hochschild 2000: 131). This process outlines a situation whereby a woman in a rich country outsources her care responsibilities to a female migrant care worker from a poorer country at a low wage in order to manage a waged employment outside of her home. To take on the care of her employer’s family, the female migrant care worker in turn outsources her familial care responsibilities to another woman in her home country for even lower wages, who in turn may outsource the care of her familial responsibilities to another woman or to a family member for even lower wage or for free. The concept highlights not only the mobilization of women’s labour through formal and informal market mechanisms but also clear global social and economic interdependencies amongst women over care within the capitalist market economic context. Although much of this research have been hitherto approached from the Global South to North migration perspective, more recent scholarship is increasingly focused on the Global South to South care migrations. Contrary to the dominant understanding, the size of South-South care migration (e.g. within Asia Pacific, Caribbean and Latin America, and Africa) is much more significant than South-North (Kaufman and Raghuram 2012; Peng 2017; Huang, Yeoh and Toyota 2012; Yeoh and Huang 2014; Hoang et al 2015; Lourdes 2008; Nunes Carrasco, Vearey and Drimie 2011).

### **III. Potential Research Agenda and Directions**

As discussed in the previous section, the last few decades have seen a steady advance in feminist contributions to the theoretical and empirical understanding of the care economy. Feminist research and debate on the care economy have been accelerated by the increased commodification and marketization of care and a growing public and policy awareness of this phenomenon. The increasing interdisciplinary collaborations amongst feminist scholars also have led to the convergence and consolidation of understanding about care economies. In this section I spotlight two promising areas of research endeavours that may have potential to help

further advance our knowledge of care economies: the rethink of mainstream neoclassical economic theory, and collaborative research efforts to integrate comparative welfare state and political economic analyses of care.

### 3.1. The rethink of the mainstream neoclassical economic theory

Feminist economists have endeavoured to make care visible by integrating it into both micro and macroeconomic theorization and analyses. This is being accomplished in a number of ways. First, feminist scholars have made significant efforts to convince global and national policy institutions, such as the UN and the World Bank, to apply a more gender-sensitive accounting system in their socio-economic development indicators. This has led to efforts at mainstreaming the System of National Accounts (i.e. GDP) and policy development (Hannan 2000; UNESC2004; Folbre 2006; Elson 2017). Many national governments have adopted gender mainstreaming strategy by embedding gender-based analysis in their national auditing and accounting and in policy development. Key international organizations such as the UN have also developed measures such as Gender Development Indicator (GDI) and Gender Empowerment Measure (GEM) to measure *gender inequalities* in men and women's access to and control over different social, political and economic resources and power.<sup>5</sup> These indicators have been important in exposing the impacts of gender inequalities for individual socio-economic and personal well-being outcomes within countries and over time. Despite these attempts, however, these measures have been criticized for not fully accounting the real cost of care. For example, by using the same HDI indices to measure gender gaps, GDI follows the same neoclassical accounting method to measure gross national income. It therefore misses the unpaid care done outside of the market – a significant amount of women's labour activity. Feminist economists have called for additional and/or alternative indices to more accurately measure the care economy. Pointing to HDI and GDI's failure to take account of the "burden of financial and temporal responsibility for the care of dependents", Folbre (2006: 183), for example, offers six possible indices that would measure the amount of input men and women put into care, including indices that could measure the differences in the levels of care responsibilities and the financial and time costs incurred by men and women in providing care.

Second, feminist economists also have developed gender-aware macroeconomic models that introduced unpaid work and gender differences in a variety of ways ( Braunstein 2000; Fontana and Wood 2000; Braunstein, Van Staveren, and Tavani 2011). These models reveal the hidden costs and adverse consequences of economic policies in terms of unpaid work, women's wellbeing, feedback loops on future growth, and the nurturing and development of both present and future generations. Hence they have provided a deeper understanding of how the non-market production is necessary for the functioning of other economic sectors that conventionally have served as the domain for macroeconomic analysis. There are still some challenges, however. For example, in her survey of four different macroeconomic models that

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<sup>5</sup> GDI is a measure aimed to capture gender gaps in human development achievements using the same three indices used for the UN Human Development Indicator (HDI) – life expectancy, education and gross national income per capita – whereas GEM is used to capture inequalities in political and economic participations and power over economic resources between men and women.



have incorporated care as an economic activity, Van Staveren (2005) found that despite the models' ability to reveal the structure of care in economies, they were unable to account for non-structural features of caring, such as the low substitution elasticity of care, individuals' motivations for care, and network support that might exist in communities for care. Van Staveren's work thus points to some of the gaps between theory and measurements in developing macroeconomic models for the care economy. Braunstein, Van Staveren and Tavani (2011) apply some of Folbre's (2006) input indices such as financial and time costs of paid and unpaid work to develop a structuralist macroeconomic model that distinguishes what they refer to as "selfish" and "altruistic" economies. Their efforts similarly show the difficulties associated with developing an alternative economic model that takes account of unpaid work and care; at the same time, their work also reveals a huge potential for understanding the complexity of economic structure that such a model offers.

In another, and more direct economic simulation analysis of the value of care, De Henau et al (2016) and De Henau, Himmelweit and Perrons (2017) show significant positive returns to public investment in social infrastructures, particularly in care services, in both developed and developing economies. Using input-output tables produced using national government statistics, they show that public investment in social infrastructures can lead to job creation directly related to the areas of investment and as well generates multiplier effects in other economic sectors leading to further job creation. Although significant challenges still exist in developing macroeconomic models that would more accurately capture different dimensions of the care economy, what this research shows are the value of economic models in alternative economic theory building, the importance of collecting and enhancing high quality quantitative and qualitative data to help improve model and theory building, and the importance of these models for policy analysis and policy development. A promising new development in this direction is the Gender Aware Macroeconomic Model (GAM) project, a collaboration of feminist economists, sociologists and demographers, that aims to develop gender aware macroeconomic models for policy analysis that integrates care. This project attempts to generate and utilize quantitative and qualitative data related to individual and household time use and care responsibilities, national and local care policies, and institutional arrangements in care provision and care receiving to understand the nature of care (paid and unpaid and formal and informal) and to develop more comprehensive macroeconomic models (see Hewlett Foundation n.d.).

### **3.2. Collaborative research efforts amongst welfare state, sociology and political economy scholars**

The increased collaborations between welfare state, sociology and political economy scholars to understand the nature of the care economy also offers significant promise. Coming from an institutional perspective, these collaborative research efforts focus on policy and institutional responses to the changes in social, economic, and political contexts. The combination of socio-cultural changes and a series of economic crises since the 1990s – the Asian economic crisis of 1997/98, the Dotcom crash of 1999/2000, and the global financial crisis of 2007/8 – have been followed by some considerable societal institutional reorganizations and neoliberal



policy reforms. For example, many countries adopted structural adjustment programs that included welfare retrenchment and labour market flexibilization and deregulation policies in response to the crises and societal changes. In most countries welfare retrenchment and the replacement of standard employment by contingent, non-standard and informal employment have not only heightened individual and family economic insecurities but also exacerbated social and economic inequalities along the class, race and gender lines. On the social front, women's increased education and the shift from the male breadwinner to the adult-worker model have normalized socio-cultural expectations about women's life-time paid work; yet this is often contradicted by increased labour market insecurity and persistent gender and racial/ethnic inequalities and discriminations. Adding to this, rapid population ageing and low fertility, increased human and labour migration, and increased population diversity in almost all middle- and high-income countries have also destabilized the existing socio-economic institutional arrangements, creating tensions and disruptions that require institutional adjustments and reorganizations in response.

These factors have directly and indirectly affected care and the care economy. First, these social and economic changes have led to increased demand for care, just as the supply of care workers and caregivers is becoming scarce. Second, these changes have also created huge political pressures on governments to address care issues. To balance the public demands for care on the one hand, and the fiscal pressures to restrain social spending on the other, many governments have become increasingly reliant on the market and the community/NGO sectors to provide care. In some countries, the governments have adopted decisively pro-market strategies by systematically marketizing and privatizing care and care services, while in other countries, the governments have attempted to socialize care through such mechanisms as long-term care insurance, and in the process taking on financing and regulatory roles and allocating care services and delivery to public and private for and not-for profit providers. All these actions have made the care economy much more visible and central to national social and economic policies. In short, the institutional reconfigurations in response to the new social, economic and political contexts not only illustrate the multiple dimensions of the care economy, but also more closely embed the care economy in public policies and the formal economy.

A fruitful approach to undertaking an institutional analysis of the care economy might be to use the concept of the care diamond (Razavi 2007) as a starting point to map out the changing shapes of care architecture, paying attention in particular to how these political economic dynamics and institutional arrangements determine ways in which care is provided, financed, regulated, and transacted. We might then apply more in-depth historical institutional analysis to scrutinize the interactions of different institutional actors in negotiating and shaping care, and to examine the mechanisms of the diverse care economies and their outcomes. If we consider institution as “the *building-blocks of social order*” (Streeck and Thelen 2006: 9, emphasis original), then we might consider the changing social and economic contexts, such as economic crises, population ageing, shift from male breadwinner to adult-worker household models, and changes in gender and family relations, as both abrupt and gradual forces disrupting the existing institutions and institutional arrangements.

Feminist scholars in welfare state, political economy and economics disciplines already have made some inroads in mapping out institutional reconfigurations associated with care using the care diamond framework. For example, UNRISD's *Political and Social Economies of Care Project* (2007-2010) has made extensive use of this framework to examine the changes in care and care policies in nine middle- and high-income countries across four continents. While this work has provided much insight to the diversity and changes in the care diamond, most of the studies still remain largely descriptive. It would be important to push this research forward by undertaking in-depth political economic and institutional analyses of changing care architecture that would probe the processes and mechanisms of changes and continuity. Such analyses will require both quantitative and qualitative work aimed at tracing and explaining abrupt and gradual institutional changes over time. A prospective approach currently being undertaken in this area is the Capitalism, Welfare and Care (Capwelcare). This has been proposed by a group of scholars in the fields of political economy, welfare state and sociology. They attempt to combine concepts from the French Régulation – a historical institutional approach – comparative welfare state, and care diamond to explain the diverse institutional responses and outcomes in relation to socio-demographic changes and care economy (Lechevalier and Ochiai 2018). Some feminist economists also have begun to explore this possibility (Schmidt et al 2017).

### **Conclusion: towards a new research agenda**

Considerable changes in social, economic and political contexts in recent decades have made the care economy a highly visible and relevant issue today. In this paper, I traced feminist contributions to the theoretical and empirical understanding of the care economy, and pointed to two promising areas of research: the rethink of mainstream neoclassical economic theory, and collaborative research efforts to integrate comparative welfare state and political economic analyses of care. Feminist scholars have made a number of important contributions to our understanding of care and the care economy. First, their work has shown the critical importance of care for the maintenance of individual and societal well-being. There is now a broad and growing agreement amongst researchers in the fields of social policy, economy, sociology, and political economy, and amongst policymakers, that care is what enables individuals, families and societies to sustain productive work; put differently, care work underpins productive work. The recent surge in the commodification and marketization of care and the sense of care crisis felt in many countries have shown clearly the extent to which individuals and families depend on care for their well-being, and how much societies and economies depend on care for their smooth functioning.

Second, feminist scholarships also show that despite its importance, much of care and care work still remain largely hidden and ignored. To make it visible, feminist scholars have challenged mainstream economic, welfare state, and sociological theories and proposed alternative theoretical framework and conceptual models. They have also begun to collect qualitative and quantitative data on paid and unpaid care work, and the formal and informal economies in which care work is embedded. Finally, feminist scholars have also advanced our understanding of the care economy by developing conceptual frameworks that put care at the

centre of social, economic and political economic analyses, and that connect care to various societal and political institutions from local to global levels. However, significant challenges remain. The failure of existing economic theory to account for unpaid and informal work, and the lack of precise indicators to capture social and economic contributions of care work makes the accounting of care work difficult. Large national surveys such as Time Use Surveys are also not fine-tuned enough to address variety of paid and unpaid care work. The increasing convergence of care work and migration further complicates the economic accounting and social and political economic analyses of care and care work. As well, there is a dearth of detailed qualitative data on care work, particularly unpaid and informal care work. All these data require time and resources.

The feminist endeavours to rethink mainstream neoclassical economic theory and to develop a more comprehensive institutional analysis of care and the care economy hold much promise. In both cases, it would be crucial to gather good quality qualitative and quantitative data. In this final section, I outline in point form a set of research agenda may help move the research forward.

#### *I) Descriptive Data/Information*

- Overview of the care economy architectures in different countries, locations and contexts.
- Outline of changes in institutional actors/forces:
  - State – political parties and structures, electoral processes, interest groups, legal/legislative arrangement, welfare policies, global pressures towards welfare retrenchment.
  - Market – economic crises, level of market regulation/liberalization, employment and labour market structures, labour strength, industrial relations model, level of marketization of care.
  - Family – changes in: demography and family structures; attitudes towards and norms about gender, marriage, women's roles and care; women's employment rate; feminist/women's social and political mobilizations; and intergenerational support.
  - Community/voluntary sector – level of civil society mobilization, changes in community and voluntary sector roles in care provision.

#### *II) Quantitative Data*

- General Social Surveys
  - Time Use Surveys (TUS)
  - Family Surveys
  - Surveys of Caregiving and Care Receiving
- General Household Surveys (GHS)
- Labour Force Surveys
- World Value Survey

#### *III) Qualitative Data*

- Process tracing
- Interviews with key social, economic and political actors
- Interviews with formal, informal and unpaid care providers and their care recipients and families

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