

Glasgow's Healthier Future Forum 24

A Healthy Future for Children and Families

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Care economy and childcare

This seminar is an opportunity to engage in the important pressures we need to discuss. The pressures on families, on individuals, on public resources, and on political processes to make policy and resourcing decisions that can address the multiple dimensions of the provision and receipt of care.

I am going to talk about care and the gendered constructs of care. I will talk about the structural constraints of gendered norms and how these manifest in women and men's economic status, time use, and the provision of care. I will discuss these elements in the context of current policy frames and resource allocations in the context of Scottish public policy.

Conceiving of care as a public expenditure with no return, rather than a public good is unhelpful. Unpaid care – of children, older people, disabled people, and others requiring personal or other forms of care on a short or long-term basis – underpins our economies but yet is not recognised in this way in usual economic models. The provision of care itself has not been valued economically or socially. More recently, gross value added or replacement care cost estimates have been attributed to care, such as the £10bn replacement care value represented by family carers. When I was Director of Carers Scotland some 15 years ago, that figure was £3.4-5.6bn, so this figure has increased twofold at least in that time.

Given the structure of the formal labour market and the gendered norms that underpin economic, political and social structures, women continue to provide the most hours of care, provisioning for needs within their own household and across multiple relationships. Attitudes to care giving are changing – slowly – with the Fathers Network for example, among those arguing that young fathers are more determined to have greater involvement in childcare. Recruiting more men as workers in social care and childcare is still a significant obstacle in terms of breaking down the gendered norms and economic inequalities in the sector.

Paid care work is not well paid. Back to the question of values: how we value care, the provision of care, and who is providing care. For as long as care is considered women's work or women's role, it will continue to be low paid as there is a relationship between the value of the work and the value of women's work. As one of the five C's of occupational

segregation – care, along with cashiering (retail), clerical (admin), cleaning, catering (cooking and waiting) continue to be low paid jobs where women predominate.

In 1993, in her book *Moral Boundaries*, Joan Tronto asked: “What would it mean in late 20th century [American] society to take seriously, as part of our definition of a good society, the values of caring – attentiveness, responsibility, nurturance, compassion, meeting others’ needs – traditionally associated with women and traditionally excluded from public consideration?”

She argued we need to start talking about a care ethic that includes the values traditionally associated with women, rather than a notion of women’s superior morality given women’s link to care and caring. The success of that project, Tronto challenged, requires us to rethink the boundaries conventionally drawn between morality and politics. Only when those boundaries are thoroughly reconfigured can we begin to bring the work of care giving out of the shadows and into the public realm where it can receive its proper due.

Twenty years later Tronto suggested in *Caring Democracy* that “thinking about caring in its broadest and most public form as the way society allocates responsibilities creates an opportunity to open the political system to the real concerns of citizens”. I think that is the point we have reached in Scotland now with publicly funded childcare the focus of political will and intent. The challenges of social care provision, the autonomy and agency of disabled people entitled to care, and the political decisions on allocating limited public finances to support care needs remain unresolved. An economic strategy that promotes inclusive growth pursued in the context of a government intent on the realisation of human rights presents challenges in public spending decisions, but is also evidence of a disposition to start to think differently about economic policy and public finance. Approaches to resolving some of these tensions form part of the work we try to do in the Equality and Budgets Advisory Group which I chair.

The framing of care as a political ‘problem’ has been a consistent element of the feminist ‘project’. From the demands of the women’s liberation movement for affordable, accessible, and available childcare, through the arguments of Tronto that care is a matter of democracy, and the feminist economics arguments from Himmelweit, Elson and others that we must value care as having an intrinsic value as well as making a significant contribution to our economy.



From a feminist economics perspective, we argue that care and the provision of care as unpaid labour supports the so-called productive economy but is not recognised in formal accounting of the economy. The concept of care as unpaid labour, and as largely associated as ‘women’s work’ combine to reduce the value – social and economic – of care. This results in care work being unpaid, low paid, and undervalued. As Sue Himmelweit, renowned scholar and advocate of this perspective argues,

“Feminist economists have stressed that economic development requires a well-functioning social infrastructure that includes accessible care services, not only to enable people to be employed and to contribute to output and growth, but also because the fundamental aim of economic development should be to improve the wellbeing of the population as a whole.” (in Campbell and Gillespie, 2016)

For Tronto again, this progression of care moves us towards a state of caring for citizens and to care for democracy. It means moving through different progressions of thinking about care – as a burden, care as an expression of love, care of self and others, doing and receiving care. We all live in the economic world as workers and consumers; the world of intimate caring in our households and in our circles of friends, and in the political world.

In Scotland, childcare was made a political problem requiring a public policy response in the lead in to the 2014 referendum. Ailsa McKay, my friend and then my mentor at GCU, in true feminist, transformative advocacy form, sought to maximise the political opportunity of the forthcoming independence referendum and around the 2013 Women’s Summit had conversations with the then Deputy Leader of the SNP, Nicola Sturgeon. At that Summit, the now First Minister described investment in childcare as “economic infrastructure”, a theme she followed up in her 2014 SNP Conference speech when talking about the Queensferry Crossing, with this commitment to childcare:

“I want to make one of our biggest infrastructure projects for the next parliament a different kind of bridge. I want it to be comprehensive childcare, giving our young people the best start in life and a bridge to a better future.” (Sturgeon, 2014. Cited by Himmelweit in Campbell and Gillespie, 2016)

This approach to thinking of childcare investment was set out in the 2013 WISE Briefing Paper by Ailsa McKay, Diane Elson and Jim Campbell, which was also the basis of Ailsa's proposals to the National Council of Economic Advisers and what then became the childcare offer in the 'Scotland's Futures' White Paper ahead of the IndyRef in 2014. In that WISE paper, colleagues argued for the public benefits of public investment in childcare, on the basis of these benefits:

- It reduces limits of parents', particularly women's labour market participation which in turn contributes to economic growth, advancing gender equality, and improvements in welfare sustainability.
- It contributes of childcare expansion to local economic development by increasing employment.
- It contributes to addressing child poverty by giving children access to childcare and supporting child development, although from other perspectives this is regarded as early institutionalising of childhood and should be approached with caution and flexibility.
- It contributes to fertility rates by reducing the costs associated with childcare.

"Therefore for all of these reasons some form of public subsidy is necessary in order to ensure that childcare provision is at the socially optimal level."

These arguments and many more, led to the ELC Expansion programme and a protected spending commitment, which while some have evidenced is insufficient, including early years advisors and Audit Scotland, has been retained across successive budgets despite challenges to priorities in other areas or indeed critiques that question the 'legitimacy' of such levels of spend on childcare.

There are tensions, some conceptual, some practical, some financial. These include the core tension of decoupling gendered norms and gender relations; the expansion of funded childcare provision for parents and carers supports access to paid work in the formal labour market – and allows choice for parents, and time to care. Expansion of access to the labour market is one element of the argument for increased childcare provision. In terms of being a gender equality policy, it has the potential to contribute to re-establishing/decoupling gendered norms and the subsequent gendered consequences and economic inequalities that arise from them. Reconfiguring investment in childcare as social investment, whereby economic infrastructure is also investment in children's wellbeing and development, in the Scottish context, contributes to achieving the targets on child poverty reduction, the Fairer Scotland Duty, and wellbeing outcomes overall. There are also many ways in which childcare benefits women and men, including in time use, use of public spaces and services.

As the flowing section of recent evidence for the [Commission on a Gender Equal Economy](#) by Eva Neizert highlights.

Women continue to undertake the lion's share of unpaid work

Despite increasing participation in the paid labour force, women continue to undertake the majority of unpaid work. Time use data shows that women in the UK, on average, carry out 60% more unpaid work than men, with transport (driving self and others) being the only area where men exceed the time spent by women (see Figure 2). The gender disparity is most marked in childcare, cooking, laundry and housework. Breaking this down further, it is women aged 26 to 35 who undertake the most unpaid work (34.6 hours on average per week (67%) compared with 17.4 hours (33%) for men in the same age group). The data also shows that those on low incomes carry out a fifth more unpaid work, on average, than those on high incomes.

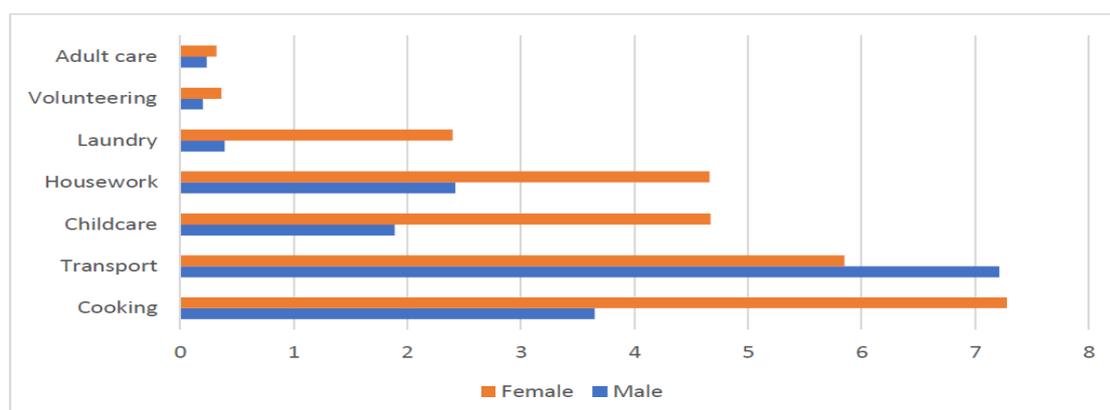


Figure 2: Average hours of unpaid work done per week in each category for men and women, UK, 2015 (Source: HETUS 2015)

Data for the period from 2000 to 2015 shows that, in respect of both childcare and adult care, there has been little shift in the overall gender division of unpaid work. For childcare, there has been a slight increase in the proportion of unpaid work by men where there is a preschool child in the household, but a decrease where the youngest child is in primary or secondary school. In fact, the overriding trend is a reduction in the total amount of unpaid childcare, suggesting that most of the gains in respect of gender equality are the result of women doing less unpaid work, rather than men increasing the amount of unpaid work they do.

	Age of parent's youngest child living in same household					
	Pre-school		Primary school		Secondary school	
	2000	2015	2000	2015	2000	2015
Male	86.7	90.7	38.7	28.2	12.1	8.0
Female	209.2	199.4	82.3	74.5	28.7	19.9
Total	295.9	290.1	121.1	102.7	40.8	27.9
% by females	70.7	68.7	68.0	72.6	70.3	71.2

Table 2.1: Average daily minutes of childcare provided, by gender of parent and age of their youngest child in household, UK, 2000 and 2015 (Source: HETUS 2015)

In respect of adult care, the proportion of care undertaken by women increased between 2000 and 2015 (see Figure 3). The gender disparity is most marked among those aged under 50, suggesting that the responsibility for caring for ageing parents falls primarily on women. Among those 50 and over, care is more likely to be for a partner and so more evenly shared, although 62.6% is undertaken by women. Overall, in the period from 2000 to 2015, the amount of unpaid adult care has increased.

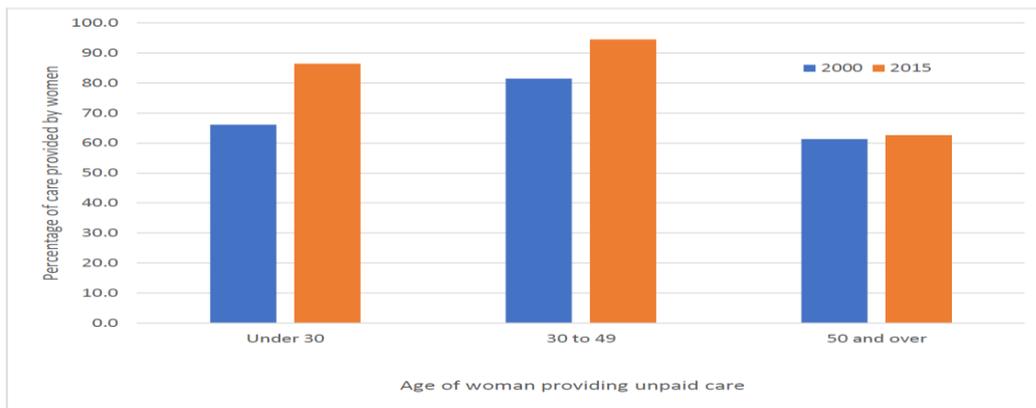


Figure 3: Percentage of adult care provided by females by age group, UK, 2000 and 2015 (Source: HETUS 2015)

Similar trends in the continued gendered division of unpaid work are in evidence in other advanced economies, with only some of the Nordic and Scandinavian countries showing more marked trends towards gender parity.

Research from Germany points to the strong role played by gender norms in maintaining these persistent inequalities over time. (Grunow et al.) tracked the division of unpaid household labour over the first 14 years of marriage among heterosexual couples and found that even though nearly half of newly-wed couples share household tasks evenly, the husband’s share declines over the course of the marriage, particularly at the birth of the first child. Moreover, they find that husbands increasing their share of housework is uncommon, even when women’s earnings and hours increase.

Women are more likely to be in part-time and insecure employment, and to be paid less than men

- 40.5% of all female employees work part-time compared with 12.8% of all male employees.
- The percentage of women in temporary forms of employment at 8.8% is nearly double the male rate of 4.5%
- Women make up a greater proportion of those on zero hours contracts, accounting for 54.7% of all employees on these types of contracts.

	Full-time	Part-time	Temporary
Male	86.8	12.8	4.5
Female	59.1	40.5	8.8

Framing care and childcare

The childcare expansion programme in Scotland initially was heavily framed around women's paid economic participation. While that is a fundamental element and a necessity in relation to women's economic independence and greater equality, I do urge caution around purely instrumental arguments that equate addressing care provision as principally a route to paid work for women or that women's equality is contingent upon participation in paid work. Public provision of care facilities is about substitution and offering alternatives to gendered roles and assumptions. Public provision of care should be valued for the significant skills involved, the social and affective benefits, as well as the provision of social care being part of the social contract between the citizen and the state.

Under international human rights conventions, states must ensure "the maximisation of available resources for the progressive realisation of rights". In addition to this compliance argument, the Human Rights and Human Development perspectives of realising capabilities and realisation of rights through provision of person-centred, funded social care that facilitates individuals' participation in social, economic, political and cultural life are core.

Publicly funded care facilitates participation in paid economic activity. That is one of the public good benefits of funded care. Parents and carers can participate in paid employment, contributing as workers and tax payers. The expansion of care facilities creates short term construction jobs, but longer term the expansion of the care workforce creates jobs – for women and men but only if the pay rates and the stereotypical assumptions about care work are addressed.

The multiplier benefits of expanding publicly funded care through investment of public resources are numerous and significant.

Investing in social infrastructure to create a caring society has a favourable impact on gender equality in employment. Unlike investment in physical infrastructure, that gives jobs mainly to men and therefore entrenches rather than challenges gender divisions. The UK Women's Budget Group (WBG) study for the International Trade Union Confederation (ITUC) showed that, for the UK, investing in care would:

- produce twice as many jobs as investing in construction
- produce almost as many jobs for men as construction and far more for women
- raise women's employment rate by 5.1% and men's by 2.3%
- reduce the gender employment gap by 2.8 percentage points (almost a third of the existing gap of 9.9%).

UK WBG research on the impact of government spending on social infrastructure, focused on seven high income countries. Results revealed that investment in childcare and elder care services is more effective in reducing public deficits and debt than austerity policies

which reduce spending. We saw a boost to employment, earnings and economic growth. And more social infrastructure spending fosters gender equality.

Investing 2% of GDP in the UK care sector would generate twice as many jobs as the same investment in construction.

The ITUC report from 2017 showed that investing 2% of GDP in the caring industries would generate up to one million jobs in Italy, 1.5 million in the UK, two million in Germany and 13 million in the USA.

Looking at similar investments in the caring and construction industries, you see that both would generate increases in employment and add to growth. But investment in the caring sector creates more jobs overall, with a higher proportion of those jobs going to women.

Findings are consistent across seven countries: Australia; Denmark; Germany; Italy; Japan; UK; and USA. Investing public funding worth 2% of GDP in care services would boost overall employment rates by between 2.4 percentage points in Italy (one million jobs) to 6.1 percentage points in the USA (13 million jobs).

It would raise women's employment rates by much more than that, given their greater concentration in the care industry: between 3.3 percentage points in Italy (660,000 jobs) and 8.2 points in the USA (8.7 million jobs) with rises of more than five points in Japan (two million jobs), the UK (1.1 million jobs), Australia (400,000 jobs) and Germany (1.4 million jobs).

Investing in care would provide 4.3 million more jobs for men in the USA compared to 4.8 million if the investment was in construction industries. In Germany, men's employment would increase by 650,000 from investing in care and by 750,000 from investing in construction.

Men's employment would rise more than women's if the investment took place in construction industries. However, men's employment would increase by almost as much with investment in care because of the larger overall employment effect.

It is not because of differences in average wage levels that investment in care industries creates more jobs than equivalent amounts invested in construction industries. Wage levels are similar in both sectors in all countries apart from the USA and the UK. Rather it is because care industries are more labour intensive, they employ more people per unit of output produced, that is, they need fewer machines. They also generate more employment locally because care services require fewer imports than construction projects.

Besides creating employment and reducing the gap in employment rates between men and women, investment in social infrastructure contributes to resolving the care deficit. This deficit arises because more women are in paid employment than ever before, while men

have not increased the amount of domestic work or caring they do to sufficiently make up the difference.

As numerous studies have pointed out for many years, pay in the childcare sector is problematic. By that I mean it is too low! Childcare is a highly skilled job and yet traditionally has been poorly remunerated. We also know that while under the current expansion local authority rates are higher than other providers, causing movement and workforce constriction across other sectors, there is also a gendered dynamic here. Women working alongside women are on lower hourly rates than women working alongside men or men working alongside men. While of course there are many efforts to increase men's participation in the childcare workforce, and the diversity of the workforce more generally, part of the 'problem' of men's underrepresentation in childcare, or women's overrepresentation in childcare is the association of this work as 'women's work' and the consequent low pay that work attracts. It follows then that to attract more men into the sector, the wages need to go up. This fact not missed by one of my colleagues, John McKendrick possibly known to many of you for his work on child poverty and children's play.

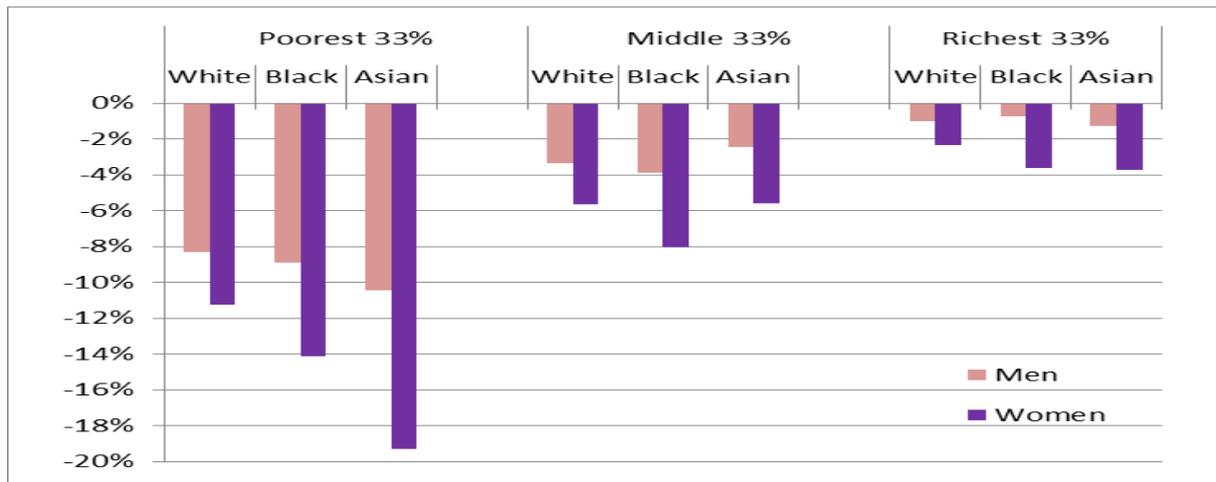
"The proportion of children living in poverty who live in a household in which one adult works currently sits at 65%. This finally seems to have topped out in the last few years. One worry would be that – unless there is sufficient opportunity in the sector to earn enough to live a working life without poverty – then the expansion sustains or even further fuels this problem of work not paying for all."

Care and the economic status of women

As well as arguing for a shift towards thinking about funding care as investment in social and economic infrastructure, there needs to be a robust policy and spending response to the impact of austerity and withdrawal of public spending reduced resources for care – social care, adult social care, social security – starting with family-related benefits in contrast to the political narrative of support for "hard working families". Cumulative impacts of welfare and taxation changes have had the harshest impacts on women, but particularly women with children and especially lone parents, and Black women and women of colour.

The impact of ten years of the dismantling of social security for families and disabled people through the cuts to the UK benefits system funded by tax giveaways by the UK government, and the related withdrawal of public services due to a hollowing out of local government in all parts of the UK have had devastating consequences on poorer families. This data is from the UK Women's Budget Group and analysis by Landman Economics, with Howard Reed and Jonathan Portes. The data on these slides shows:

2010-20 cumulative individual impact of changes in taxes and benefits (percentage of net individual income per annum by 2020) by household income groups, gender and ethnicity (selected)



Families with a disabled adult or child particularly badly impacted

- 38% of households include a disabled person but contribute 71% of cuts
- Households with at least one disabled adult and a disabled child lose over £8,000 (over 18% of their net income).
- Households with a disabled child are set to lose twice as much as households with non-disabled children.

Lone mother families even more so



Care and gender equality

While still not an approach to ‘family wellbeing’, discourse on wellbeing is becoming an increasingly dominant frame for public policy in Scotland which is inching towards political narrative on care, but still lacks coherence across policy domains.

The Fairer Scotland Duty and child poverty targets provide a welcome focus on child poverty in a structural/institutional context, but still lack a gendered analysis on the intersectional nature of household poverty.

This year’s Programme for Government (PfG) was to be formulated from a gender perspective, as per recommendations from the National Advisory Council on Women and Girls. While that is not immediately evident from the PfG, there has clearly been an

increased effort to meet a number of the criticisms levelled at policy-making, specifically the need to integrate effective equality analysis, and for the PfG, National Performance Framework, and Draft Budget to relate to one another.

Key actions to address some of the gendered dimensions of the labour market and their effect on both the provision of paid care services and the availability of care services on women – and men’s – labour market and caring balance in current policy include the Gender Pay Gap Action Plan and its actions on pay and remuneration, occupational segregation and the gender pay gap, and gender stereotyping – among children, in employment.

All these areas require policy and practice change as they contribute to persistent inequalities for women and contribute to child poverty and outcomes for children and families.

In relation to gender stereotyping, some of the work of my colleague Nancy Lombard has consistently sought to challenge attitudes to gender roles, and particularly in relation to children and young people’s attitudes to gender-based violence. The gender training she has developed is currently being used by Education Scotland for use in primary schools in Scotland and in early years settings as part of the gender friendly nursery initiative and is available at the NHS GGC website:

https://www.nhsggc.org.uk/media/253685/nhsggc_ph_gender_friendly_nursery_trainer_manual_2018-12.pdf

Intergenerational and intersectional care giving

Finally, turning to the intersectional and multidimensional aspects of people’s lives which some are summing up as concerns with “Family Wellbeing”, requiring more holistic political responses to the economic, social, and cultural realities of families in Scotland. One of the key characteristics – and challenges is intergenerational care and living, with a range of family structures and care relationships including kinship carers and cross generational care. Nancy Folbre, whose academic focus has consistently been on the relationship between family care and economic structures, who along with Douglas Wolf considers the challenges of “intergenerational transfers”, that is the flow of private resources between generations with carers and parents ‘caring for’ and ‘looking after’ children and then in turn children ‘looking after’ parents. These internal family resources are part of the private care economy, but which given the changing nature of work, wage stagnation, and the reduction in public services, are becoming more prominent in the inter-family and intergenerational experiences. These exchanges of care and finance are differently experienced according to class, with higher earners able to meet some of the financial costs while still time pressured – the typified ‘sandwich generation’ arguments that inform much of the work-life balance policies. These pressures are also experienced by many low income women who are also time poor as they squeeze low paid work, often across multiple jobs, with additional caring

roles as there are no financial resources to outsource the care or public resources to provide a substitute for family-based care.

Demographics and understanding the characteristics and contexts of people in local areas – however these are managed in policy terms, as local authority areas, neighbourhoods, communities of interest or identity. Place-based policy-making is a characteristic of current approaches to policy-making of the Scottish Government and as framed from the influential Christie Commission, but still needs an intersectional equalities analysis as our recent research into participatory budgeting shows (O'Hagan *et al.*, 2019).

However, we still see serious deficiencies in policy thinking and policy-making across policy making institutions. I was recently leading some work on gender budgeting and the European Structural and Investment Funds. The European Regional Development Fund is still the largest of the Funds and is concerned with economic development, while the lesser value European Social Fund, focuses on skills training, and 'softer' interventions. I experienced immense frustration on this project with fund managers, senior policy-makers across the Commission DGs, and others who could not see the connection between the 'interventions' that could be funded through ESF as not relevant to ERDF. For example, digital inclusion, or transport are among the broad categories in the ERDF. For many the links to using technology to support home-based care, support carers whose family members don't live nearby etc, as well as the relationship between income, nature of work, and time-use as relevant to the (often very poorly formulated) gender equality objectives expressed (occasionally) in plans and strategies at national to local levels.

Concluding remarks

My key messages today around the care economy and childcare and that we treat care as a key area of public policy and as a political imperative. Care as investment – with social and economic returns. Contributing to labour market access and participation rates, but beyond narrowly constructed economic indicators. Investment in care is about the realisation of rights of people requiring social care, and securing their participation in economic, social, and cultural life. Investment in childcare, and care more broadly, has significant returns in terms of capital returns, and wider multiplier effects of access to paid work, consumption of goods and services, etc, and investment in children is an investment in children themselves, their wellbeing, and human capital.

Public services are encouraged to think from a value for money perspective and increasingly about continuous improvement. In relation to care, I would argue we need to think about 'value' and investment differently. Valuing the act of caring, the provision of caring; value the contribution of unpaid care to wellbeing as well as to the so-called productive economy; and avoid classifications such as the descriptors of people often providing care as 'economically inactive'.

We need to think about care as a legitimate and indeed essential use of public finance and as a public policy and public finance allocation that cuts across the current SG commitments to tackling child poverty, realisation of human rights, and the advancement of gender equality.

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Women's Budget Group Commission on a Gender Equal Economy
<https://wbg.org.uk/commission/>

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