INSTITUTE FOR gender AND THE economy

Care Work in the Recovery Economy: Towards a Caring Economy

Rotman

Care Work in the Recovery Economy: Towards a Caring Economy

Laura Lam, Carmina Ravanera and Sarah Kaplan

Design and layout: Eugene Grichko

Illustrations: Fuselight Creative | thefuselight.com

Institute for Gender and the Economy,
Rotman School of Management, University of Toronto

May 10, 2022

This project has been funded through Women and Gender Equality Canada's Women's Program and the Social Sciences and Humanities Research Council of Canada.

Government of Canada | Gouvernement du Canada

Canada

Table of Contents

1.
Introduction: Care is at the centre of the economy

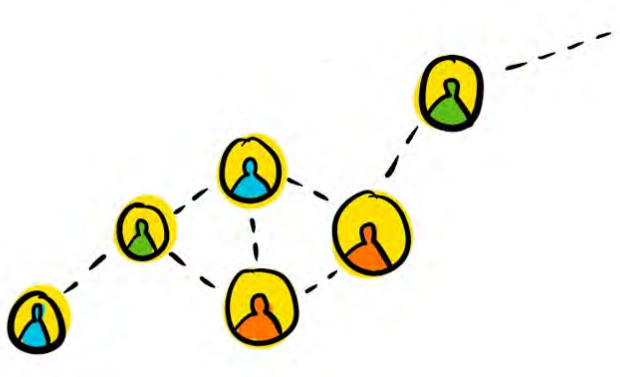
The care economy—the economic sectors that involve paid and unpaid care, including childcare, elder care, and health care—is one of the fastest expanding economic sectors globally. A 2015 study of 45 countries by the International Labour Organization (ILO) found that there were 206 million people in care jobs such as early childhood educators and long-term care providers, and they estimated that this figure would rise to 248 million by 2030.[1] But the complex work involved in this crucial sector tends to be poorly understood, undervalued, and unprioritized. Economic analysis has often failed to consider the significant contributions of care to society, and the deep connections between care work and other sectors of the economy.[2]

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. In Canada, COVID-19 has highlighted the poor conditions in long-term care homes and the dearth of affordable and high-quality early childhood education, in part due to for-profit organizational models that have made caring into a business that only some can afford.

The pandemic has forced many to think about a new and more feminist "ethics of care," where we see ourselves not as a collection of autonomous individuals but as many interconnected and interdependent relationships [3] and communities. This means that understanding how to improve the care economy moving forward requires an intersectional analysis of the myriad factors that shape people's experiences in these communities. Research from before and during the COVID-19 pandemic has shown how women, racialized groups, immigrants, persons with disabilities, lone-parent households, and low-income groups are experiencing particularly poor conditions as care workers and caregivers.

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 at the University of Toronto's Rotman School of Management 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 is not intended to be a conclusive and comprehensive summary of all issues relating to the care economy. Instead, it highlights key issues that emerged from our discussion with researchers and policymakers about a post-COVID-19 society where care is centred and provides considerations and research questions for care policies and care research.



2. What is care work and who does it?

Defining care

Definitions of care work are debated by scholars. Care work is often thought of as the "work providing face-to-face services that develop the capabilities of the recipient," such as mental and physical health or physical, cognitive, and emotional skills.[4] There are personal and emotional aspects involved in care in that it at least partly concerns the care recipient's welfare. There is also dependency associated with care, as caregivers usually provide labour to meet needs that care recipients cannot meet themselves.[5] This type of caregiving has been conceptualized as "direct care" or "nurturant care." But care work also includes the many activities that are not direct care but are still necessary for providing care, such as food preparation, laundry, and cleaning. This work is sometimes called "indirect" or "nonnurturant" care.[6]

Based on such definitions, the unpaid care that parents or other caregivers provide for their family members are a significant part of the care economy, as are employment sectors such as childcare, education, long-term care, health care, and home care work.

These sectors are necessary to society's functioning but are often devalued or deprioritized. Paula England in her conceptualization of care theories argues that the "devaluation" of care work is due to its association with women's work, especially that of women of colour. This devaluation has led to low government support of care infrastructure and relatively low pay for care workers.[7] It has been exemplified by the ways that long-term care homes in Canada—which have long been underfunded and run by low-paid workers in poor conditions—contributed to relatively high death rates from COVID-19 among residents during the pandemic. Greater prioritization of and investment in care homes would have resulted in more care hours for residents and better conditions for workers.[8]

Expanding the scope of care

An important research question is whether common perceptions of the care economy as direct and indirect care—for children, the elderly, and people with disabilities—fully encapsulate the complexity of the care economy. While not diminishing the importance of direct care sectors, some scholars suggest that it would be useful to expand understandings of care work to make clear the significance of care labour and its connections to other forms of labour.

Many activities and sectors that are not traditionally considered care work still contribute to care provision. One example is the work often done by non-profit organizations, such as providing care for survivors of gender-based violence or care and shelter for unhoused people.[9] Joan Tronto has posited that care is made up of four interconnected processes: "caring about" (recognizing care is necessary), "taking care of" (assuming responsibility for a need for care), "caregiving" (direct meeting of care needs), and "care-receiving" (the object of care responding to the care).[10] Thus, the advocacy work it takes to gain access to care and assure good conditions for care workers could be considered care work,[11] as could self-care and encouraging individuals to engage in self-care.[12] At the extreme, according to economist Nancy Folbre, "All workers make important contributions to their care economy," both through labour and through their "physical, environmental, social and human capital."[13] She notes that nearly every economic activity could be seen as supporting direct care, e.g., the production of steel boxes that are used to transport goods that facilitate care (food, health supplies) could be seen as "indirect care."

Researchers have further challenged the notion that unpaid and paid caregivers, care recipients, and other paid workers are isolated groups. There is a significant overlap in roles and people are often involved in "chains" of care. Mothers who are in the paid labour force make use of paid caregivers through public daycare or, if they are high-income, by hiring them directly. Paid caregivers may have children or other dependents and pay others to care for them or have family members provide unpaid care. Recipients of care may also be caregivers. For instance, children care for their siblings or grandparents care for their grandchildren.[14] Researchers are exploring how people with neurodiverse identities provide both paid and unpaid care for other neurodiverse people, whether in their roles as family members or as educators, therapists, and crisis support workers.[15]

Care work may therefore take on many different forms, both paid and unpaid, and many people are involved in multiple ways. Being attentive to this complexity in research and policy making would allow for policies to be tailored to different groups and achieve more effective policy outcomes.

Care work is gendered and racialized

Globally, women and girls are estimated to be responsible for three-quarters of unpaid care and domestic work in homes and communities.[16] Even as women have joined the paid labour market in increasing numbers, their time spent on care and domestic labour has not commensurately decreased or become shared among men partners, a phenomenon that has been referred to as the "second shift." [17] Recent research from both East Asian and Western countries suggests that women carry out 30 minutes to two hours more total work than men each day—where total work includes work for pay and unpaid work for households. This "second shift" has continued throughout the COVID-19 pandemic, resulting in trends in which women—especially single mothers—have faced employment loss out of the necessity to meet heavier caregiving loads.[18] On the other hand, higher-income women have historically had the option to outsource labour to paid care workers, of which women (especially women of colour) are also the majority. In Canada, women represent three-quarters of all paid care workers, including as nurses, elementary and kindergarten teachers, personal support workers (PSWs), and early childhood educators (ECEs).[19]

Care work is also racialized. Researchers have theorized how such work is often viewed as "dirty" and servile and is at the bottom of occupational hierarchies. Thus, it is frequently relegated to people of colour and other marginalized groups such as immigrants. This is not a new phenomenon. Feminist scholars such as Evelyn Nakano Glenn have written about how in the United States before the twentieth century, women of colour filled care roles such as domestic servants and in-home caregivers while white women filled the "housewife" supervisory role. As paid service sectors expanded, white women have become well-represented in higher-paid, public-facing caring roles such as nursing, while women of colour disproportionately fill low-wage, precarious, less regulated, and less visible care work, including as personal support workers (also known as nursing aides and nursing attendants) and home care workers.[20] [21] Men of colour also tend to be overrepresented in indirect care jobs, such as cleaning.[22]

Care work is tied to migration

The transnational movement of care workers from the Global South to the Global North has been enabled by ageing populations, decreasing birth rates, women's increased labour market participation, and immigration policies facilitating the entrance of temporary workers in the Global North.[23] Notably, high-income countries host nearly 80 percent of all migrant domestic workers.[24] These migrant flows have created "global care chains" or "international reproductive labour divisions" as migrant workers leave their dependents in the care of other family or community members in their home countries.[25]

In Canada, migrant care workers tend to be disproportionately represented in home care and personal support work; over one-third of nurse aides, orderlies, patient service associates, and personal support workers are immigrants.[26] These care jobs require less time in formal education, have less oversight by professional regulatory bodies, pay relatively little, and provide precarious work conditions such as no paid time off and no benefits. Migrant care workers are often internationally educated but face barriers to finding jobs commensurate with their education level due to barriers to foreign credential recognition. One study of migrant caregivers in Canada found that over 70 percent had postsecondary degrees prior to immigrating but had trouble finding higher-paying and more secure work in Canada.[27]

The expansion of the care sector is therefore intricately connected to women's, immigrants', and racialized labour. Research or policymaking on the care economy requires intersectional data collection and analysis, including about who is (over)represented in specific occupations and how their jobs and working conditions differ from other sectors. There is currently a lack of data on immigrants, especially temporary workers, working in the care sector and their career pathways. [28] The predominance of immigrants in care jobs also suggests the close link between immigration policies and care policies, and the importance of creating such policies in an integrated rather than siloed way.

3.
What was the state of care work before and during COVID-19?

Care work is tough work

Providing care has always been tough work, even more so during a global pandemic. The difficulty comes not only because of the personal and emotional labour involved, but also because systemic issues—such as the devaluation of care work[29] —hinder caregivers and care workers from working effectively, providing high-quality services, and maintaining their own health. During the pandemic, both paid and unpaid caregivers faced increases in workload, exposure to health risks, stress, and exhaustion as they provided undervalued labour.[30]

At the beginning of the pandemic, schools and childcare facilities were some of the first institutions to temporarily cease operations in many parts of the world. For families with young and school-age children, the demands of caregiving and managing schooling at home were significant. There were hopes that a more gender-balanced sharing of care work would arise, and research has indeed suggested that early in the pandemic, fathers in Canada began increasing their domestic labour involvement.[31] But one 2020 survey in Canada found that although men who were unemployed or working from home because of the pandemic reported sharing childcare duties equally, women reported that they performed most parental tasks and that duties were not distributed equally. [32] A 2020 study in the UK, US and Germany also suggested that women spent more time homeschooling and caring for children during the pandemic than men. [33] Other studies in the US found that mothers with young children reduced their paid work time significantly more than fathers and were more likely to transition out of employment. [34] [35]

Whether or not fathers contributed more to care and domestic work, several studies found increased levels of psychological distress, anxiety, and depression among parents during the pandemic, and some studies found higher effects in mothers. [36] [37] Single parents and parents in low-income households experienced even more distress because of financial insecurity.[38]

Paid care workers endured high stress even prior to the pandemic. For example, in Canada prior to 2020, nurses showed higher rates of work stress and job strain compared to other occupations.[39] Since COVID-19, the stress levels of both physicians and nurses have risen significantly: 70 percent of health care workers have reported worsened mental health and feelings of burnout, with women showing higher rates than men.[40] Similarly, in 2021, a survey of the early childhood education workforce in Ontario showed an 89 percent increase in their job-related stress and a 54 percent decrease in job satisfaction since the pandemic began. Qualitative data revealed their experiences of exhaustion, anxiety, depression, and hopelessness.[41] Another study with early childhood educators (ECEs) in British Columbia showed that they felt unprotected, were in financial need, and felt that the province had "downloaded responsibility" for families' safety onto them. [42]

The conditions of work are the conditions of care

The burnout and psychological distress faced by caregivers and care workers before and during the pandemic is connected to their conditions of work. For instance, paid care jobs tend to offer significantly lower wages than jobs with similar education and experience requirements (which then directly contributes to the gender wage gap).[43] Women face an expectation to provide care out of "love and obligation" rather than for money, and this stereotype is used as justification for low wages for care workers.[44] Another argument for keeping wages low is so that the cost of care for families will not increase—yet this perspective can be problematic as low wages in care can create greater instability in the workforce and in care quality.[45]

Early childhood educators (ECEs) are one example of care workers who continue to face issues such as workplace discrimination, wage discounting, and gender stereotypes.[46] An Ontario survey of ECEs found that during the pandemic, 20 percent reported an increase in work hours, yet only 9 percent reported an increase in wages. Note that ECEs, depending on their education level and province of work, have average

earnings of between $24,000 and $36,000 one year after graduation.[47] During this crisis, ECEs have been subsidizing the costs of care with low wages.[48] Their experiences point to impending problems in retention and recruitment even as childcare in Canada is subsidized by the government to be more affordable: many people trained as ECEs have already left the sector due to the low wages.[49]

Poor working conditions are detrimental not only for those giving care but also those receiving it. This became evident during the early stages of the pandemic in Canada when residents and personal support workers (PSWs) in long-term care homes saw outbreaks of COVID-19 due to factors such as poor treatment and protection of workers, who often did not have access to paid sick leave. Many were working in multiple facilities—which were already experiencing overcrowding and substandard conditions—to make ends meet.[50] As the healthcare system was put under strain, the demand for PSWs increased and many had to work long hours in facilities that were chronically understaffed. These conditions resulted in widespread illness and death that may otherwise have been prevented.[51] Some researchers have characterized PSWs as "the new precariat" due to their casual work status, low wages, and low status in the health care sector.[52] They continue to struggle in a system that drives wages for care work down while simultaneously increasing their work and stress. [53]

Feminized, racialized, and immigrant care workers fill the gaps created by a lack of investment in care, even though this impacts their well-being. They put their bodies and health at risk at the same time as they are underrepresented in the making of policies that affect them. This gap suggests the importance of centering their voices and needs in care policy and research moving forward. Researchers, advocates, and care workers alike are bringing forth that care workers' and caregivers' voices must be included in policy dialogue to ensure care policies take their experiences into account.

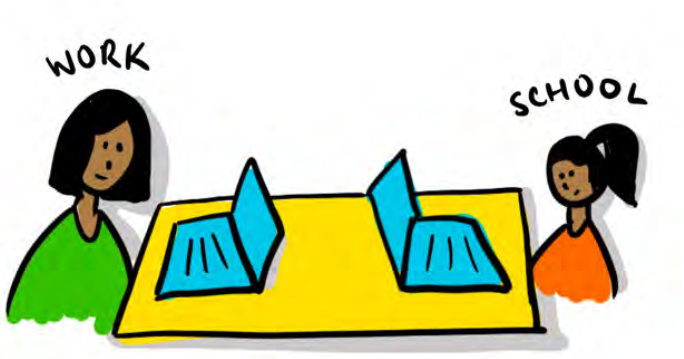
Care work and career impacts

Organizational and public policies as well as social and cultural norms have long affected how caregivers manage competing responsibilities and advance in their careers. For example, scholars have theorized about the "motherhood penalty," where people perceive mothers as less dedicated workers and penalize them at work, such as by passing them over for promotions. Fathers are not subject to the same stereotypes. [54] Caregiving can also create material barriers to economic inclusion. In Kenya, researchers found that women entrepreneurs are more likely to locate their businesses in the home or close to home to accommodate caregiving, limiting their profit-earning ability, while men do not. [55] Similarly, research in France has shown that women often accept jobs with lower pay in exchange for shorter commutes to workplaces that are closer to home. [56]

COVID-19 created an upheaval for caregivers as increased care burdens affected their negotiations of care work and paid work. Some women with dependants reported being forced to conceal their care responsibilities while working from home because their employers did not acknowledge their overburden. Others chose to sacrifice time spent on paid work or time spent with their children.[57] Being overloaded with care and paid work responsibilities has costs for workers' families and communities: employers demanding dedicated "ideal workers" may not realize that if workers are sacrificing time with dependents, this time "cascades" to someone else, whether to a family member or a paid care worker. This "cascade" can lead to spousal dissatisfaction, reinforced gender inequity, and increased financial costs for families, while employers benefit.[58]

Other caregivers, particularly women, left paid work entirely and have not been able to return. In Canada, while men and women overall now have higher employment rates than they did in February 2020, single mothers with young children still face a 36 percent decrease in employment compared to prior to the pandemic. Similarly, women over 55 (perhaps grandmothers filling care gaps for their children who are parents) still experience a 27 percent lower employment rate than before. This suggests there are continued barriers to returning to work for specific groups who have care responsibilities and are in more precarious situations. [59]

Men caregivers experience the impacts of caregiving on their careers differently than women. One reason is that fathers do not face the same gendered expectations and pressures that mothers do to prioritize care, so mothers may feel guilty when seeking support from their partners, or men may not make use of policies for caregivers at all.[60] Thus, although care work is deeply gendered, creating a more equitable care economy is not simply a women's issue. Research and policymaking on care will miss out on crucial dynamics if they focus solely on women's roles and work, which is often a family negotiation, not just an individual choice about balancing.[61] Such a narrow focus would overlook the complexity of caregiving and care receiving, especially the role of racialized, migrant, and low-income groups, as well as of that of men and fathers.



4.
How does our society value care?

While the work of care sustains and strengthens many aspects of society—from early childhood education to crucial household duties for family members—it is often an afterthought in economic analysis. The pandemic has underscored the ways in which society devalues care, from the treatment of care workers during the pandemic that resulted in burnout and poor compensation to the lack of support offered to unpaid caregivers.[62] The care economy is one of the fastest expanding economic sectors in both gross domestic product (GDP) contribution and employment generation, yet its scope is complex and difficult to measure.[63] Researchers and feminist economists have noted that the work of unpaid care is under-recorded in labour force statistics.[64] Because GDP growth rates do not account for unpaid labour, feminist economists suggest that they provide an inaccurate account of the size and growth of the economy. For instance, a study of the value of unpaid household labour in several countries in West Africa found that it would account for a significant percentage of GDP were it incorporated into this measure, from 19 percent in Senegal to 24 percent in Benin.[65] Researchers have also suggested that the value of unpaid health care work can be estimated through calculating not only the value of unpaid health care (e.g., community health work), but also of caregiving (e.g., care for unwell children and elderly members) and health-promoting and reproductive labour (i.e., all work that is done to promote health). Although health-promoting and reproductive labour is often not considered part of health care, when it is included in this valuation, the total value of unpaid health care work increases by 3 to 10 times. [66]

To better understand the value of unpaid care, researchers have used replacement cost (i.e., what it would cost to hire someone to accomplish the task) and opportunity cost (i.e., what its value would be if the person used their time for market work).[67] These methods measure time inputs to place a value on unpaid household labour. Economists have also leveraged time-use data—which captures the amount of time individuals devote to activities such as paid work and unpaid household duties—to study the gender division of care work in both paid and unpaid settings. In some countries, time-use data is used to advocate for greater gender-aware policies and budgets by showing how care is distributed within households.[68]

Researchers and advocates for care have pointed to the many potential economic benefits of the government providing quality universal childcare, parental leave, and other subsidized care.[69] That is, when governments invest in care programs and infrastructure, there is the potential to generate economic benefits for society by increasing job creation and women's participation in the labour market.[70] A study by the International Labour Organization has suggested that a pandemic recovery that invested in the care economy could create GDP growth of 3.6 percent globally (and 6 percent in Africa) as well as 299 million new jobs.[71]

However, researchers have also noted that the neoliberal framing of care in terms of economic and educational benefits, rather than simply the "right to care," can be problematic. When conversations on care are centered in this neoliberal context, the importance of care work beyond direct economic benefits is often forgotten.[72] One example is that early childhood education (ECE) settings are often viewed as a place for children to stay so that their parents can go to work, but researchers have pointed out that ECE centres are much more than this: they are "world-building" spaces for learning that have a significant influence on children's lives over their lifetimes and on their communities. Here, the focus is not just on a parent being able to go to work but also on the child experiencing an environment that allows them to live up to their highest potential. In these spaces, economic outcomes are not immediately quantifiable and impact is hard to measure, yet they have long-term societal impacts.[73]

5. What is the role of policy in care work?

One way to conceptualize how care is provided is through the four corners of what scholars have identified as the "care diamond": government, markets, not-for-profit, and families/households.[74] Government law or regulations as well as corporate policies have two potential impacts. The first is in the expressive effects in which a law or policy signals a cultural change or an openness to challenge existing norms.[75] The second is in direct effects in which it provides material resources or avenues for support. When designing care policies, bringing together social and economic perspectives and understanding the impact on the gender division of care can bring about more egalitarian, resilient and sustainable societies.[76]

Government care policies impact caregiver careers and career mobility, as well as gender and other types of equality, through both expressive and direct effects. For example, research in 30 OECD countries found that paid parental leave has a positive influence on women's employment and on the gender ratio of employment. It has a direct material effect of facilitating mothers to return to work and an expressive effect of signalling that it is normal for them to do so.[77] Researchers have also found that some public family policies have increased women's representation in managerial positions (depending on the uptake, participation, and policy implementation that varies by organization). In the US, implementation of the Family and Medical Leave Act (FMLA), which allows employees to take unpaid, job-protected leave for a specific number of weeks, has led to increased representation of women in managerial roles—especially women of colour—by reducing difficulties in negotiating for benefits.[78]

During the pandemic, conversations about strengthening public policy support for unpaid and care work have become more prominent. There has been, for instance, research suggesting that a basic income or a targeted basic income could lighten financial burdens and provide more security for those doing unpaid work or precarious labour; it might also have an expressive effect of signalling the value of unpaid labour.[79] However, some researchers argue that basic income may reinforce the gendered division of labour by encouraging those with caregiving responsibilities to leave paid employment, and that it should not come at the expense of funding for social services such as universal childcare.[80]

Corporate policies also shape social norms and roles. Research has suggested that some policies such as flexible work may make motherhood more salient and therefore increase bias against mothers, such that women may not make use of the policies to avoid negative career repercussions.[81] But this same research found that organizational policies and practices facilitating childcare, such as flexible spending accounts, on-site childcare, and work-family workshops, increased women's likelihood of entering management. An intersectional approach is important in understanding who benefits from these kinds of policies: those that benefit women financially (spending accounts or on-site childcare) aid women of colour—who are more likely to struggle with high costs of care—to be promoted to managerial positions.[82] When it comes to policies that are meant to enable men's participation in care, research has shown that men who take parental leave are more likely to engage in direct care of children. On the other hand, flexible workplace policies can result in work encroaching on family time and reduce fathers' involvement in care for the family.[83]

Uptake rates of care provisions are often the key metric of success for care policies, but policymakers and researchers have noted that the quality of care—as well as the quality of work for care workers—has received minimal attention.[84] Researchers in Canada urge investment in higher-quality training programs for childcare workers and not just increased numbers of spaces.[85] New training programs could place more importance on quality of early learning for children and on the employment and wellbeing outcomes for ECEs. In fact, with Canada's new $10 per day childcare policy, thousands more childcare spaces will be created, but with existing training programs and numbers of ECE graduates, it may take many provinces 20 to 45 years to train enough ECEs for all of these new spaces.[86] New measures are needed to draw in and retain ECEs. However, note that discourses of professionalism for ECEs may be self-defeating, as the demands of professionalism may increase expectations for care workers who at the same time have less time and resources to meet these expectations.[87] Within large scale, profit-driven care providers, ECEs are offered little space to think critically "beyond a social reproductive, measurable, commodifiable output." [88]

Further, care policies may not achieve their objectives if they are designed without the most marginalized in mind. While such policies are meant to alleviate care responsibilities and bridge the inequality of care duties that often fall on women, their impacts may vary. For example, researchers have shown that policies meant to reduce childcare costs with new funding models can still pose barriers for low-income families. One analysis of Canada's new $10 per day childcare program in

Alberta suggests that if a second-earner parent with two young children returns to work and makes around $30,000 or less, over 30 percent of the increased after-tax income will still be going towards childcare fees.[89] An analysis of Quebec's long-standing universal care strategy shows important benefits such as contributing to greater participation of women in paid employment, generating high satisfaction rates among parents who use the subsided care centres, and paying for itself through increased economic growth. Yet, access has not been distributed equally such that low-income parents have less time to go through the hoops required to get into high-quality public centres, which also tend to be located in areas where white collar workers live. Non-subsidized centres, which are more likely to be used by blue collar and poorer families, have received much lower quality ratings.[90]

6.

How can the pandemic serve as a portal for new policies and solutions?

Arundhati Roy has called the pandemic a "portal" through which we can see new possibilities. In April 2020, she wrote:

Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next. We can choose to walk through it, dragging the carcasses of our prejudice and hatred, our avarice, our data banks and dead ideas, our dead rivers and smoky skies behind us. Or we can walk through lightly, with little luggage, ready to imagine another world. And ready to fight for it. [91]

Thus, the pandemic has the potential to either transform or confirm existing inequalities in our society.[92] It has exposed how care work is essential labour on which the economy depends.[93] It has also shown that care work is devalued, disproportionately falling upon women, people of colour, and immigrants, and that risks are absorbed by vulnerable and precarious care workers. It has accentuated the existing global labour shortage in care. Care policies as well as care infrastructure have proved inadequate to address the needs of both caregivers and care receivers.[94] Addressing the importance of care work as our society recovers from the pandemic is an opportunity to capitalize on changes needed to create a more equitable and sustainable economy.[95]

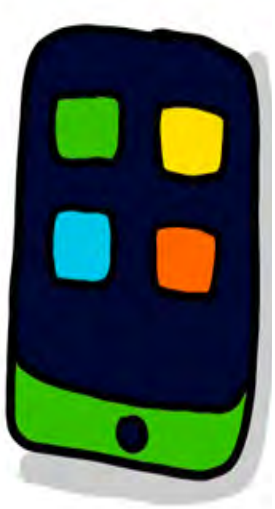
The pandemic is one example of a crisis that reveals the gaps in policy, infrastructure, and systems. It has underscored where critical government spending and investments are needed and has emphasized the need for research to adopt an intersectional approach to understand how uncertainty and risk are experienced. The pandemic is also not the only crisis that continues to expose inequalities: it has only highlighted the "structural inequities and systemic marginalizations" that ongoing crises such as climate change have continuously brought to light.[96]

However, the pandemic has also brought about possibilities for more openness and awareness of how care work is an integral part of daily life. A potential silver lining of the pandemic comes from more overall exposure to the duties of care.[97] One such area is within the workplace, where women and caregivers are making visible and vocalizing the challenges they encounter in their personal lives when negotiating work and care responsibilities.[98] In one study, professional women with children reported revealing to coworkers more about their personal responsibilities than usual, a practice that challenges traditional workplace norms. Some women also reported that workplaces are now providing them with welcome structural support, such as by reducing the overall time spent in meetings. Thus, the pandemic has created an opportunity to contest existing narratives about "work-family balance" in which family obligations are seen to produce negative effects on women's career paths.[99]

Opportunities for technology and care

New technologies—including digital communication, automation, artificial intelligence, digital assistants, telepresence, and robotics—are increasingly playing a greater role in care.[100] The pandemic has showcased the potential benefits of this technology use, from digital health appointments that reduce human contact to socially-aware robots in long-term homes. In certain care settings, technology is assisting with managing demands for care. For example, in Japan, care robots have been used to ease chronic care needs of an ageing population.[101] Some people thus see technology as a solution to shortages of care workers and care facilities.

Yet, technology cannot be a catch-all solution for gaps in the care economy. Researchers have argued that care work is not "replaceable" by technologies because it is highly relational. It involves "[recognizing] the humanity of both the caregiver and cared-for through their essential interdependence."[102] A risk in the use of robotics and artificial intelligence is that it may bring about a "loss of humanity" as well as place further demands on caregivers who must manage both how the technologies deliver practical aspects of care and how they might meet the emotional or relational needs of care recipients.[103]



Researchers have therefore noted that care technologies are more likely to improve care interactions by assisting with certain duties rather than replacing them.[104]

Some technologies that enable greater digital communication between care workers, caregivers, and care receivers can serve to shift the responsibility of care to others, and can ease concerns about safety and security for caregivers who have charged others with care responsibilities. Digital care platforms, such as Staffy or care.com, are examples of how the sharing of care duties—ranging from childcare and elder care to household duties—might be made more accessible through technology. A benefit of these labour platforms is that they facilitate trust between care workers and care receivers.[105] However, such care technologies can be embedded with traditional norms and structures of inequality.[106] Although these platforms help care workers to find work, workers still bear unequal safety risks and poor working conditions when using them because of a lack of employment protection: platform arrangements are usually informally negotiated between a care worker and a private care recipient.[107] Research has shown that the technologies may reinforce or exacerbate asymmetries of power. For example, during the pandemic, some digital care platforms surveilled the health of care workers to ensure families were protected from COVID-19, but did not provide measures to ensure care workers had similar protections while they were working.[108]

Technologies have also blurred lines between personal and professional lives: flexible or remote work technologies facilitate caregivers such as working parents to simultaneously work and care for dependants, but having this ability can also disrupt time that caregivers intended to spend with families.[109]

New organizational models

The pandemic has highlighted problems with profit-driven models for care, as seen in the management and health outcomes of for-profit long-term care homes and the marketized childcare sector in Canada.[110] During the pandemic, evidence emerged that for-profit long-term care homes provided inferior care and resulted in higher death rates compared with non-profit homes.[111] Market-based childcare provision has also meant that childcare has been cost-prohibitive for families, preventing parents and especially mothers from paid work.[112] These models financialize care, turning it into a service that is bought and sold and not taking into account its necessity for the economy and for all people's well-being. Researchers and advocates have recommended prioritizing alternative business models and non-profit care to build more sustainable systems, create quality and decent jobs, and assure quality of care.[113]

In addition, researchers suggest that co-operative models are already filling the gaps in care produced by private or public systems, with the majority of care co-operatives providing elderly care, care for persons with disabilities and chronic illness, and childcare and domestic services.[114] To address economic and job insecurity faced by care workers, some sector actors are arguing for an "intimate community unionism" that advocates for universal government funding strengthened by a democratic alliance between unions, labour movements, caregivers and care receivers, to help decide who and what should be funded and what should be recognized as care.[115]

Care advocates also note the dearth of funding for care work in developing countries and are pushing to integrate care analysis into existing international development programs as well as a feminist approach to development funding.[116] Yet, research suggests that development policies that aim to create more economic inclusion for women are doomed to be ineffective if the constraints imposed on women by the burden of care are not alleviated.[117]

7.
What are the research and policy implications for a recovery based in the care economy?

Governments and organizations now have an opportunity to transition to policies and practices that function on the understanding that the care economy is deeply connected to all of society—shaping relationships, communities, and lives, as well as economic prosperity. The following are eleven important considerations that emerged from our conversations about policies and research relating to the care economy.

1. One of the key gaps in developing effective government and organizational policy is the lack of data. Intersectional perspectives in data collection and analysis on the care economy will allow for more nuanced and complex understandings of care. People experience care and caring differently based on income, gender, race, and many other factors.

2. Data collection and analysis should capture the complexity of the care economy especially 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 rather than making policy for them may result in more effective policy outcomes.

4. The toll of the COVID-19 pandemic on care workers suggests the importance of making their physical and mental well-being a policy and research priority, including through ensuring high-quality working conditions with labour protections. This would avoid a "zero sum" approach in which affordability of care for families is seen as a trade-off with job conditions for workers.

5. Care policy should not be seen as independent of other government policy making. Integrating care policies with immigration policy would help care workers, including temporary workers, have protection from precarity. Integrating care policies with policies aimed at increasing women's economic participation, such as for women's entrepreneurship, will alleviate the constraints imposed by unpaid care work for women who want to get ahead.

6. Organizational and public policies have both direct impacts on outcomes as well as "expressive" impacts that shape the culture and norms about what is acceptable. Policymaking should take both forms of potential impact 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. Instead, technology can be oriented towards specific goals within the care economy; for example, policymakers and researchers can focus on what technology's role may be in reducing women's overburden of unpaid care work.

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. People are not involved in the care economy in only one way. Understanding "chains" of care is important to understand who might benefit or be disadvantaged.

8.

What are the open research questions for understanding the future of the care economy?

During the pandemic, many questions have surfaced about how to achieve a care-driven recovery and a more equitable and prosperous society in the future. Below is a list of research questions that arose from our discussions during the workshop on Care Work in the Recovery Economy.

Care policies grounded in principles of equity and equality can lead to better socioeconomic outcomes across social groups. An intersectional lens can contribute to improving the gendered division of unpaid work and the mobility and well-being of care workers, all of which are influenced by nationality, citizenship, race, ethnicity, sexuality, and socio-economic class.[118]

- An intersectional analysis of the care economy shows how work-family policies are intricately connected to other policies. How do government or organizational policies on race, equity, and diversity intersect with work-family policies, and what interventions would lead to more equity?

- Although their work is essential, caregivers and care workers tend to experience low incomes as well as job instability, leading to economic insecurity. Under what conditions can care policies contribute to socioeconomic mobility for caregivers in low-paid and precarious work?

- Many activities in the care economy are often not measured, and when they are, they are considered only in terms of their economic value. How can indicators of success of care policies or programs move beyond quantifying care and towards capturing quality of care for care receivers and the quality of work for care workers?

- Care work is gendered, racialized, and tied to migration, but people of colour, immigrants, and women tend to be on the margins of policymaking. Whose voices have been and are being considered in care policy? And what models of community engagement might work in increasing the voices of those who are marginalized in co-creation of new solutions?

Care work—paid and unpaid—has an impact on careers and economic prosperity. The pandemic has offered some windows into alternative ways of working which intersect with an ongoing conversation about the future of work.

- For many white-collar workers, the pandemic has accelerated the transition to the future of work, with video and other digital technologies replacing in-person work and travel. What implications do these new forms of working have for gender (in)equality? What practices can organizations put in place to make these new practices tools for leveling the playing field rather than exacerbating inequalities?

- The pandemic has caused many people to reevaluate what is important in their lives, often leading them to question the role that work has played and the value of the "ideal worker" norm. What would an alternative model of the ideal worker look like? And how could it be implemented effectively in organizations?

- Norms about what men and women "should" do regarding care work are holding back progress towards equality. What interventions would lessen or erase the constraints of these norms?

The existence of "global care chains" points to the interconnectedness of care economies around the world, and care policies are tied to social protection and welfare in both sending and receiving countries. Questions of power, gendered dynamics, and influence of the government are important factors when exploring the relationship between care workers, care receivers, and economies in the Global South.[119]

- Migrant domestic and care workers regularly move from the Global South to the Global North, transforming the care economies in both sending and receiving countries. What are the differences between the care economies in these locations, and what impacts do these differences have on future care models?

- ➜ Around the world, care work is financialized and is often understood only in how it contributes to the economy, rather than as a universal need where everyone has the right to care. How might research approaches to the study of care expand beyond these neoliberal economic discourses?

The pandemic has revealed gaps in policy, infrastructure, and systems for care work in and outside of the home. It has also exacerbated the impacts of other ongoing crises such as the climate crisis, which has its own implications for the availability and mobility of care workers in addition to the physical and mental health of caregivers and care receivers. These crises bring about questions as to how government spending and care technologies can and should be implemented.

- ➜ It was only during the pandemic, when fragile care infrastructure directly contributed to poor health and economic outcomes, that many policymakers began focusing on the importance of care. As our society recovers from the pandemic, how can care be valued and prioritized at the forefront of policy decisions?

- ➜ The pandemic and climate crisis have brought to light the importance of ensuring the care economy is resilient and that it can withstand future crises—such as another pandemic. What would a model of resilience for the care economy look like?

- ➜ New technologies such as digital care platforms are playing a role in the way people access and give care, but they have not brought about better quality or more accessible care. How are new technologies for care workers affecting equity, working conditions, and other aspects of care work?

During the pandemic, researchers and advocates have brought forward many policy and research implications for care work in the recovery economy. At the same time, many questions remain for how care can achieve both quality and scale—and these connect to questions of whose caring labour is valued and considered. Hearing from those who perform the essential work of care is a necessary first step to achieving equality in both paid and unpaid care work. This must be matched with new measures to track the impact of care on well-being and on the economy. The pandemic has served as a portal for society to recognize how the work of care is intricately linked to social and economic outcomes. Thus, prioritizing care and the caring economy in future research and policymaking will ensure better outcomes in future crises.

Endnotes

1. International Labour Organization (2018). "Care Work and Care Jobs for the Future of Recent Work." Retrieved on March 10, 2022, at https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633135.pdf

2. England, P. and Folbre, N. (2003). Contracting for Care. In M. Ferber and J. Nelson (Eds.), Feminist Economics Today: Beyond Economic Man. University of Chicago Press. Peng, I. (2022, Feb.2). Care Work and the Macroeconomy: A new research project [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

3. Gilligan, C. (1982). In a different voice: Psychological theory and women's development. Harvard University Press. Powell, A. (2022, Feb. 2). Care at the Centre: The pedagogy and politics of care in ECE [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

4. England, P., Budig, M., and Folbre, N. (2002). Wages of Virtue: The Relative Pay of Care Work. Social Problems 49(4), 455-473.

5. Folbre, N. (2006). Measuring Care: Gender, Empowerment, and the Care Economy. Journal of Human Development 7(2), 183-199.

6. Razavi, S. (2007). The Political and Social Economy of Care in a Development Context. Gender and Development Programme Paper Number 3, United Nations Research Institute for Social Development. Retrieved on March 10, 2022 at https://www.unrisd.org/en/library/publications/the-political-and-social-economy-of-care-in-a-development-context-conceptual-issues-research-question
Duffy, M. (2007). Doing the Dirty Work: Gender, Race and Reproductive Labor in Historical Perspective. Gender and Society 21(3), 313-336.

7. England, P. (2005). Emerging Theories of Care Work. Annual Review of Sociology 31, 381-399.

8. Liu, M., Maxwell, C.J., Armstrong, P., Schwandt, M., Moser, A., McGregor, M.J., Bronskill, S.E. and Dhalla, I.A. (2020). COVID-19 in long-term care homes in Ontario and British Columbia. Canadian Medical Association Journal 192(47), E1540-E1546.

9. Uppal, P. (2022, Feb. 2). The nonprofit care economy [Presentation]. Care Work in the Recovery Economy Research Roundtable, online. Dugal, A. (2022, Jan. 27). How are workers in the gender-based violence care economy dealing with the pandemic and what is needed to shock proof communities? [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

10. Tronto, J. (1993). Moral Boundaries: A Political Argument for an Ethic of Care. Routledge.

11. Gibson, M. (2022, Feb. 2). Care work and Neurodiversity [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

12. Folbre, N. (2006). Measuring Care: Gender, Empowerment, and the Care Economy. Journal of Human Development 7(2), 183-199.

13. Folbre, N. (2006). Measuring Care: Gender, Empowerment, and the Care Economy. Journal of Human Development 7(2), 183-199.

14. Grant, C., Stainton, T., and Marshall, S. (2012). Young carers in Canada: the hidden costs and benefits of young caregiving. Vanier Institute of the Family. Retrieved on Feb. 21, 2022, from https://vanierinstitute.ca/wp-content/uploads/2015/12/CFT_2012-07-00_EN.pdf

15. Gibson, M. (2022, Feb. 2). Care work and Neurodiversity [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

16. Moreira da Silva, J. (2019). "Why You Should Care About Unpaid Care Work." OECD Development Matters. Retrieved on Feb. 12, 2022, from https://oecd-development-matters.org/2019/03/18/why-you-should-care-about-unpaid-care-work

17. Hochschild, A. and Machung, A. (1989). The Second Shift: Working Families and the Revolution at Home. Penguin Books.

18. Kan, M.Y., Zhou, M., Kolpashnikova, K., Hertog, E., Yoda, S., and Jun, J. (2022). Revisiting the Gender Revolution: Time on Paid Work, Domestic Work and Total Work in East Asian and Western Societies 1985–2016. Gender & Society 36(2).

19. Khanam, F., Langevin, M., Savage, K., and Uppal, S. (2022). Women working in paid care occupations. Statistics Canada. Retrieved on March 12, 2022, from https://www150.statcan.gc.ca/n1/pub/75-006-x/2022001/article/00001-eng.htm

20. Canadian research network for care in the community. (n.d.). Ontario Personal Support Workers in Home and Community Care: CRNCC/PSNO Survey Results. Retrieved on Feb. 15, 2022, from https://www.ryerson.ca/content/dam/crncc/knowledge/infocus/factsheets/InFocus-Ontario%20PSWs%20in%20Home%20and%20Community%20Care.pdf

21. Uppal, S. and Savage, K. (2021). Child care workers in Canada. Statistics Canada. Retrieved on February 20, 2022, from https://www150.statcan.gc.ca/n1/pub/75-006-x/2021001/article/00005-eng.htm

22. Duffy, M. (2007). Doing the Dirty Work: Gender, Race and Reproductive Labor in Historical Perspective. Gender and Society 21(3), 313-336.

23. King-Dejardin, A. (2019). The Social Construction of Migrant Care Work: At the intersection of care, migration and gender. International Labour Organization. Retrieved on Feb. 12, 2022, from https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---migrant/documents/publication/wcms_674622.pdf

24. International Labour Organization. (2015). ILO global estimates on migrant workers: Results and methodology. Geneva: International Labour Office.

25. Hochschild, A.R. (2014). Global Care Chains and Emotional Surplus Value. In D. Engster and T. Metz (eds.), Justice, Politics and the Family. Routledge.

26. Savage, K. and Turcotte, M. (2020). The contribution of immigrants and population groups designated as visible minorities to nurse aide, orderly and patient service associate occupations. Statistics Canada. Retrieved on March 3, 2022, from https://www150.statcan.gc.ca/n1/en/catalogue/45280001202000100036

27. Banerjee, R., Kelly, P., Tungohan, E., Cleto, P., de Leon, C., Garcia, M., Luciano, M., Palmaria, C. and Sorio, C. (2018). From "Migrant" to "Citizen": Labor Market Integration of Former Live-In Caregivers in Canada. ILR Review 71(4). Boyd, M. (2022, Jan. 27). Caring on the backs of migrant women: 25 years of change in Canada [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

28. Walton-Roberts, M (2022, Jan. 27). Entangled pathways: International students working as essential PSWs during COVID-19 [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

29. England, P. (2005). Emerging Theories of Care Work. Annual Review of Sociology 31, 381-399.

30. Smith, J. (2021). From "nobody's clapping for us" to "bad moms": COVID-19 and the circle of childcare in Canada. Gender, Work & Organization 29(1), 353-367.

31. Shafer, K., Scheibling, C., and Milkie, M.A. (2020). The Division of Domestic Labor before and during the COVID-19 Pandemic in Canada: Stagnation versus Shifts in Fathers' Contributions. Canadian Review of Sociology 57(4), 523-549.

32. Leclerc, K. (2020). Caring for their children: Impacts of COVID-19 on parents. Statistics Canada. Retrieved on Feb. 21, 2022, from https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00091-eng.htm

33. Adams-Prassl, A., Boneva, T., Golin, M. and Rauh, C. (2020). Inequality in the Impact of the Coronavirus Shock: Evidence from Real Time Surveys. IZA Institute of Labor Economics. Retrieved on Feb. 12, 2022, from https://www.iza.org/publications/dp/13183/inequality-in-the-impact-of-the-coronavirus-shock-evidence-from-real-time-surveys

34. Collins, C., Landivar, L.C., Ruppanner, L. and Scarborough, W.J. (2020). COVID-19 and the gender gap in work hours. Gender, Work & Organization 28(S1), 101-112.

35. Zamarro, G. and Prados, M.J. (2021). Gender differences in couples' division of childcare, work and mental health during COVID-19. Review of Economics of the Household 19, 11-40.

36. Zamarro, G. and Prados, M.J. (2021). Gender differences in couples' division of childcare, work and mental health during COVID-19. Review of Economics of the Household 19, 11-40.

37. Russell, B.S., Utchison, M., Tambling, R., Tomkunas, A.J., and Horton, A.L. (2020). Initial Challenges of Caregiving During COVID-19: Caregiver Burden, Mental Health, and the Parent-Child Relationship. Child Psychiatry & Human Development 51, 671-682.

38. Cheng, Z., Mendolia, S., Paloyo, A.R., Savage, D.A., and Tani, M. (2021). Working parents, financial insecurity, and childcare: mental health in the time of COVID-19 in the UK. Review of Economics of the Household 19, 123-144.

39. Park, J. (2022, Feb. 3). Healthcare workers in Canada before and during the COVID-19 pandemic [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

40. Statistics Canada (2021). Mental health among health care workers in Canada during the COVID-19 pandemic. Retrieved on Feb. 8, 2022, from https://www150.statcan.gc.ca/n1/daily-quotidien/210202/dq210202a-eng.htm

41. Powell, A., Ferns, C., and Burrell, S. (2021). Survey Report: Forgotten on the Frontline. Association of Early Childhood Educators Ontario. Retrieved on Feb. 18, 2022, from https://www.aeceo.ca/survey_report_forgotten_on_the_frontline

42. Smith, J. (2021). From "nobody's clapping for us" to "bad moms": COVID-19 and the circle of childcare in Canada. Gender, Work & Organization 29(1), 353-367.

43. Folbre, N. (2006). Measuring Care: Gender, Empowerment, and the Care Economy. Journal of Human Development 7(2), 183-199.

44. England, P., Budig, M., and Folbre, N. (2002). Wages of Virtue: The Relative Pay of Care Work. Social Problems 49(4), 455-473.

45. Thomason, S., Austin, L., Bernhardt, A., Jacobs, K., and Whitebook, M. (2018). At the Wage Floor: Covering Homecare and Early Care and Education Workers in the New Generation of Minimum Wage Laws. UC Berkeley Labor Center. Retrieved on March 21, 2022, from https://laborcenter.berkeley.edu/at-the-wage-floor/

46. Dugarova, E. (2020). Unpaid care work in times of the COVID-19 crisis: Gendered impacts, emerging evidence and promising policy responses. UNDP. Retrieved on March 11, 2022, from https://www.un.org/development/desa/family/wp-content/uploads/sites/23/2020/09/Duragova.Paper_.pdf

47. Dhuey, E. (2022, Feb. 3). Labour Market Trajectories of ECE and PSW Workers in Canada [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

48. Powell, A., Ferns, C., and Burrell, S. (2021). Survey Report: Forgotten on the Frontline. Association of Early Childhood Educators Ontario. Retrieved on Feb. 18, 2022, from https://www.aeceo.ca/survey_report_forgotten_on_the_frontline

49. Dhuey, E. (2022, Feb. 3). Labour Market Trajectories of ECE and PSW Workers in Canada [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

50. Marani, H., McKay, S., and Marchildon, G. (2021). The Impact of COVID-19 on the Organization of Personal Support Work in Ontario, Canada. Journal of Long-Term Care, 283-293.

51. Webster, P. (2021). COVID-19 highlights Canada's care home crisis. The Lancet 397(10270), P183.

52. Zagrodney, K. and Saks, M. (2017). Personal Support Workers in Canada: The New Precariat? Healthcare Policy 13(2), 31-39.

53. Winant, G. (2021). The Next Shift. Harvard University Press.

54. Budig, M. J. and England, P. (2001). The wage penalty for motherhood. American Sociological Review 66, 204–225.

55. Delecourt, S. (2022, Jan. 26). Constrained in location: Female business owners and gendered social norms [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

56. Le Barbanchon, T., Rathelot, R., and Roulet, A. (2021). Gender Differences in Job Search: Trading off Commute against Wage, The Quarterly Journal of Economics 136(1), 381–426.

57. Kossek, E. E., Dumas, T. L., Piszczek, M. M., & Allen, T. D. (2021). Pushing the boundaries: A qualitative study of how stem women adapted to disrupted work–nonwork boundaries during the COVID-19 pandemic. Journal of Applied Psychology 106(11), 1615.

58. Beckman, C.M. and Mazmanian, M. (2020). Dreams of the Overworked: Living, Working, and Parenting in the Digital Age. Stanford University Press.

59. Scott, K. (2022). Economic recovery for whom? For all the talk of recovery, many women and gender-diverse people are still struggling. The Monitor. Retrieved on Feb. 11, 2022, from https://monitormag.ca/articles/economic-recovery-for-whom-for-all-the-talk-of-recovery-many-women-and-gender-diverse-people-are-still-struggling

60. De Laat, K. (2022). Remote Work and Post-Bureaucracy: Unintended Consequences of Work Design for Gender Inequality. ILR Review.
Calarco, J.M., Meanwell, E., Anderson, E.M., and Knopf, A.S. (2021). By Default: How Mothers in Different-Sex Dual-Earner Couples Account for Inequalities in Pandemic Parenting. Socius 7.

61. Goodman, R. and Kaplan, S. (2019). Work-Life Balance as a Household Negotiation: A New Perspective from Rural India. Academy of Management Discoveries 5(4).

62. Folbre, N., Gautham, L., & Smith, K. (2021). Essential workers and care penalties in the United States. Feminist Economics, 27(1-2), 173-187.

63. Peng, I. (2022, Feb.2). Care work and the Macroeconomy: A new research project [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

64. Moos, K. A. (2021). Care work. In The Routledge Handbook of Feminist Economics (pp. 90–98). Abingdon, Oxon; New York, NY: Routledge, 2021. | Series: Routledge international handbooks: Routledge.

65. Dramani, L. (2022, Feb.2). Measuring the value of unpaid care work in West Africa [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

66. Essue, B. (2022, Feb. 2). The value of unpaid health work in Canada [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

67. Moos, K. A. (2021). Care work. In The Routledge Handbook of Feminist Economics (pp. 90–98). Abingdon, Oxon; New York, NY: Routledge, 2021. | Series: Routledge international handbooks: Routledge.

68. Moos, K. A. (2021). Care work. In The Routledge Handbook of Feminist Economics (pp. 90–98). Abingdon, Oxon; New York, NY: Routledge, 2021. | Series: Routledge international handbooks: Routledge.

69. Ceron, E. (2022). Paid Leave and Universal Child Care Could Boost U.S. GDP by $1 Trillion. Bloomberg Equality. Retrieved on March 30, 2022, from https://www.bloomberg.com/news/articles/2022-03-08/paid-leave-and-universal-child-care-could-boost-u-s-gdp-by-1-trillion
Fortin, P., Godbout, L., and St-Cerny, S. (n.d.). Impact of Quebec's Universal Low-Fee Childcare Program on Female Labour Force Participation, Domestic Income, and Government Budgets. Retrieved on March 30, 2022, from https://www.oise.utoronto.ca/atkinson/UserFiles/File/News/Fortin-Godbout-St_Cerny_eng.pdf

70. Stanford, J. (2020). Child Care Expansion Would Boost Economic Recovery, Study Finds. Centre for Future Work. Retrieved on March 30, 2022, from https://centreforfuturework.ca/2020/11/17/child-care-expansion/

71. De Henau, J. (2022). Costs and benefits of investing in transformative care policy packages: A macrosimulation study in 82 countries. ILO Working Paper 55, Geneva: ILO. Retrieved on April 4, 2022 from https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_839252.pdf

72. Powell, A. (2022, Feb. 2). Care at the Centre: The pedagogy and politics of care in ECE [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

73. Powell, A. (2022, Feb. 2). Care at the Centre: The pedagogy and politics of care in ECE [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

74. Razavi, S. (2007). The Political and Social Economy of Care in a Development Context. Gender and Development Programme Paper Number 3, United Nations Research Institute for Social Development. Retrieved on March 10, 2022, at https://www.unrisd.org/en/library/publications/the-political-and-social-economy-of-care-in-a-development-context-conceptual-issues-research-questio

75. Suchman, M. C. (1997). On beyond interest: Rational, normative and cognitive perspectives in the social scientific study of law. Wis. L. Rev., 475.

76. Sunstein, C. R. (1996). On the expressive function of law. University of Pennsylvania law review 144(5), 2021-2053.

77. Dugarova, E. (2020). Unpaid care work in times of the COVID-19 crisis: Gendered impacts, emerging evidence and promising policy responses. UNDP. Retrieved on March 11, 2022, from https://www.un.org/development/desa/family/wp-content/uploads/sites/23/2020/09/Duragova.Paper_.pdf

78. Thévenon, O. and Solaz, A. (2013). Labour Market Effects of Parental Leave Policies in OECD Countries. Retrieved on March 30, 2022, from https://www.oecd-ilibrary.org/content/paper/5k8xb6hw1wjf-en
Mun, E. (2022, Jan. 26). Points of Departure: Family Leave and Women's Representation in Management in U.S. Organizations [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

79. Green, D. A., Kesselman, J. R., & Tedds, L. M. (2021). Covering All the Basics: Reforms for a More Just Society. Available at SSRN; Koebel, K., Pohler, D., Gomez, R., & Mohan, A. (2021). Public Policy in a Time of Crisis: A Framework for Evaluating Canada's COVID-19 Income Support Programs. Canadian Public Policy.

80. Strauss, C. (2021). Basic Income & The Care Economy. Women's Legal Education and Action Fund. Retrieved on March 25, 2022, from https://www.leaf.ca/wp-content/uploads/2021/09/Basic-Income-The-Care-Economy-Executive-Summary-Recommendations-Final.pdf

81. Vican, S. (2022, Jan. 26). Managing Motherhood: Child Care Practices and Women's Career Attainment in the U.S. [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

82. Vican, S. (2022, Jan. 26). Managing Motherhood: Child Care Practices and Women's Career Attainment in the U.S. [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

83. De Laat, K., and Doucet, A. (2022, Jan. 26). Fathers' use of parental leave and/or flexible work arrangements [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

84. Garon-Carrier, G. (2019). Defining and measuring the quality of Early Learning and Child Care: A Literature Review. Retrieved on March 30, 2022, from https://www.canada.ca/en/employment-social-development/programs/early-learning-child-care/reports/2019-defining-measuring-quality.html

85. Akbari, E. (2022, Feb 3). Early Childhood Education and Care Policy and its Role in Economic Recovery [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

86. Dhuey, E. (2022, Feb. 3). Labour Market Trajectories of ECE and PSW Workers in Canada [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

87. Richardson, B. (2022, Jan. 27). Gender and the professionalization of care work with children: The perfect storm [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

88. Richardson, B. (2022). Commodification and care: An exploration of workforces' experiences of care in private and public childcare systems from a feminist political theory of care perspective. Critical Social Policy 42(1), 107-128.

89. Cleveland, G. (2022, Feb. 2). Calculating the affordability of licensed childcare in Canada [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

90. Mohamed, R. (2022, Jan. 11). Quebec's Child-Care Program at 25: A Scorecard, The Line. Retrieved on April 4, 2022, from https://theline.substack.com/p/rahim-mohamed-quebecs-child-care?s=w Mohamed, R. (2021). A Curious Case of Negative Policy Diffusion? The Legacy of Quebec's '$5-a-day' Childcare. Canadian Review of Social Policy / Revue Canadienne De Politique Sociale, 81.

91. Roy, A. (2020). "The pandemic is a portal." Financial Times. Retrieved on March 29, 2022, at https://www.ft.com/content/10d8f5e8-74eb-11ea-95fe-fcd274e920ca

92. Scott, K. (2022, Feb. 3). Mission Critical: Strategies for ensuring marginalized women's post-pandemic job recovery [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

93. Folbre, N., Gautham, L., & Smith, K. (2021). Essential workers and care penalties in the United States. Feminist Economics, 27(1-2), 173-187.

94. Scott, K. (2022, Feb. 3). Mission Critical: Strategies for ensuring marginalized women's post-pandemic job recovery [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

95. Scott, K. (2022, Feb. 3). Mission Critical: Strategies for ensuring marginalized women's post-pandemic job recovery [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

96. Sultana, F. (2021). Climate change, COVID-19, and the co-production of injustices: a feminist reading of overlapping crises. Social & Cultural Geography, 22(4), 447-460.

97. Adams-Prassl, A., Boneva, T., Golin, M. and Rauh, C. (2020). Inequality in the Impact of the Coronavirus Shock: Evidence from Real Time Surveys. IZA Institute of Labor Economics. Retrieved on Feb. 12, 2022 from https://www.iza.org/publications/dp/13183/inequality-in-the-impact-of-the-coronavirus-shock-evidence-from-real-time-surveys Collins, C., Landivar, L.C., Ruppanner, L. and Scarborough, W.J. (2020). COVID-19 and the gender gap in work hours. Gender, Work & Organization 28(S1), 101-112.

98. Kossek, E. E., Dumas, T. L., Piszczek, M. M., & Allen, T. D. (2021). Pushing the boundaries: A qualitative study of how stem women adapted to disrupted work–nonwork boundaries during the COVID-19 pandemic. Journal of Applied Psychology 106(11), 1615.

99. Padavic, I., Ely, R. J., & Reid, E. M. (2020). Explaining the persistence of gender inequality: The work–family narrative as a social defense against the 24/7 work culture. Administrative Science Quarterly, 65(1), 61-111.

100. Litwin, A. S. (2020, June 23). Technological change in health care delivery. Retrieved March 31, 2022, from UC Berkeley Labor Center website: https://laborcenter.berkeley.edu/technological-change-in-health-care-delivery/

101. MacLeavy, J. (2021). Care work, gender inequality and technological advancement in the age of COVID-19. Gender, Work, and Organization, 28(1), 138–154.

102. Gary, M. E. (2021). Care Robots, Crises of Capitalism, and the Limits of Human Caring. IJFAB: International Journal of Feminist Approaches to Bioethics, 14(1), 19-48.

103. MacLeavy, J. (2021). Care work, gender inequality and technological advancement in the age of COVID-19. Gender, Work, and Organization, 28(1), 138–154.

104. Parks, J. A. (2010). Lifting the burden of Women's care work: should robots replace the "human touch"? Hypatia, 25(1), 100-120.

105. Ticona, J., & Mateescu, A. (2018). Trusted strangers: Carework platforms' cultural entrepreneurship in the on-demand economy. New Media & Society, 20(11), 4384–4404.

106. MacLeavy, J. (2021). Care work, gender inequality and technological advancement in the age of COVID-19. Gender, Work, and Organization, 28(1), 138–154.

107. Lam, L. and Triandafyllidou, A. (2022, Jan. 27). The Platformization of Care [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

108. Ticona, J. (2022, March 3). Manufacturing Trust: Actuarial Management in Online Carework Platforms [Presentation]. Carework Virtual Symposium, online.

109. De Laat, K., and Doucet, A. (2022, Jan. 26). Fathers' use of parental leave and/or flexible work arrangements [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.
Reid, E. (2015). Embracing, Passing, Revealing, and the Ideal Worker Image: How People Navigate Expected and Experienced Professional Identities. Organization Science 26(4), 997-1017.

110. Uppal, P. (2022, Feb. 2). The nonprofit care economy [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

111. Brown, J., Arya, A., and Longhurst, A. (2021). How can we start to make Canada's long-term care homes about care, not profit? Policy Options. Retrieved on March 30, 2022, from https://policyoptions.irpp.org/magazines/septembe-2021/how-can-we-start-to-make-canadas-long-term-care-homes-about-care-not-profit/

112. Friendly, M. (2019). A bad bargain for us all: Why the market doesn't deliver child care that works for Canadian children and families. Childcare Resource and Research Unit. Retrieved on March 30, 2022, from https://childcarecanada.org/sites/default/files/OP31-A-bad-bargain-for-us-all.pdf

113. Uppal, P. (2022, Feb. 2). The nonprofit care economy [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

114. International Labour Organization [ILO]. (2016, March 3). Providing Care through Cooperatives: Survey and Interview Findings. Retrieved January 14, 2022, from Ilo.org website: https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---emp_ent/---coop/documents/publication/wcms_457286.pdf

115. Cranford, C. (2022, Jan. 27). Immigrant Workers and an Intimate Community Unionism [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

116. Nijhawan, A. and Grantham, K. (2022, Feb. 2). Donor Investment in the Care Economy: From Commitment to Action [Presentation]. Care Work in the Recovery Economy Research Roundtable, online.

117. Vasudevan, R. and Raghavendra, S. (2022). Women's Self-Employment as a Developmental Strategy: The Dual Constraints of Care Work and Aggregate Demand, Feminist Economics, DOI: 10.1080/13545701.2022.2044497

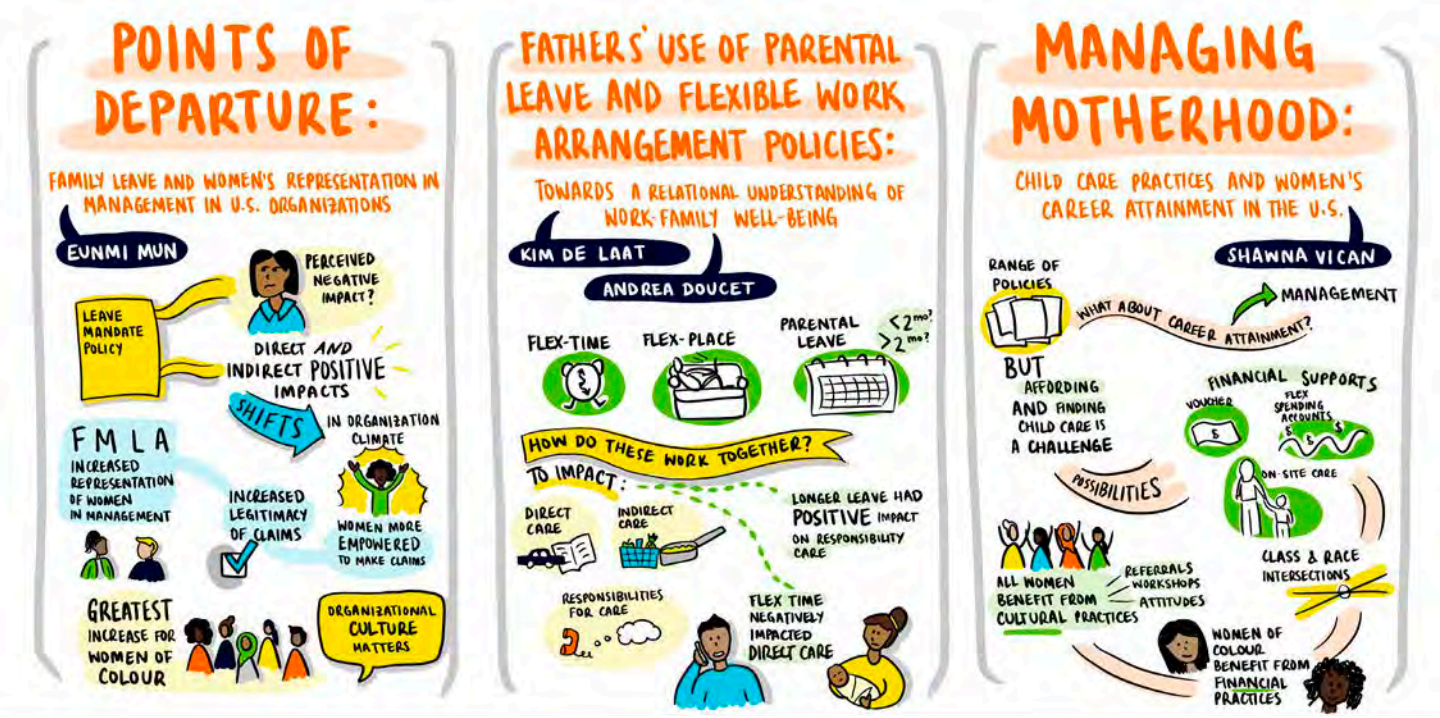
118. Bélanger, D., & Silvey, R. (2020). An Im/mobility turn: power geometries of care and migration. Journal of Ethnic and Migration Studies, 46(16), 3423-3440.

119. Parreñas, R. S. (2012). The reproductive labour of migrant workers. Global Networks 12(2), 269-275

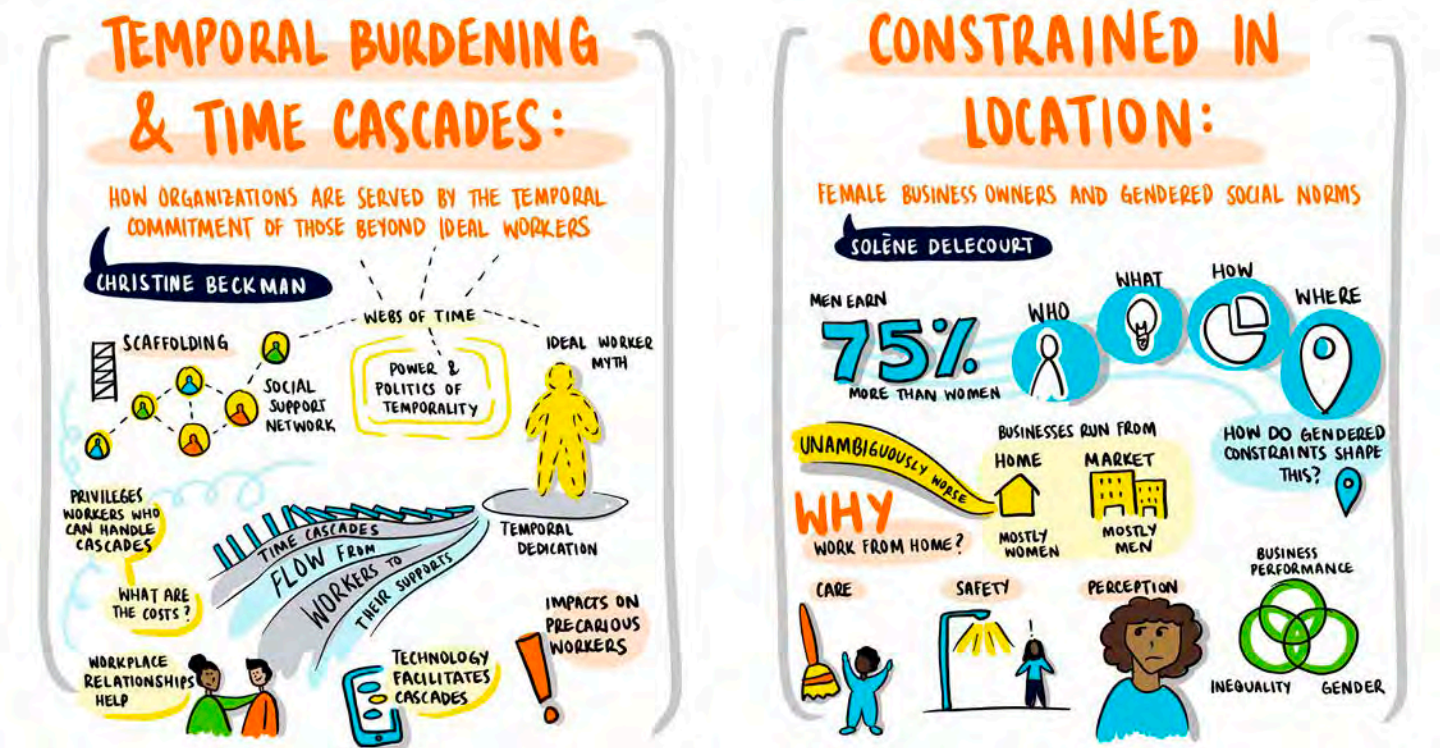
Appendix:

Graphic Recordings from Research Roundtables

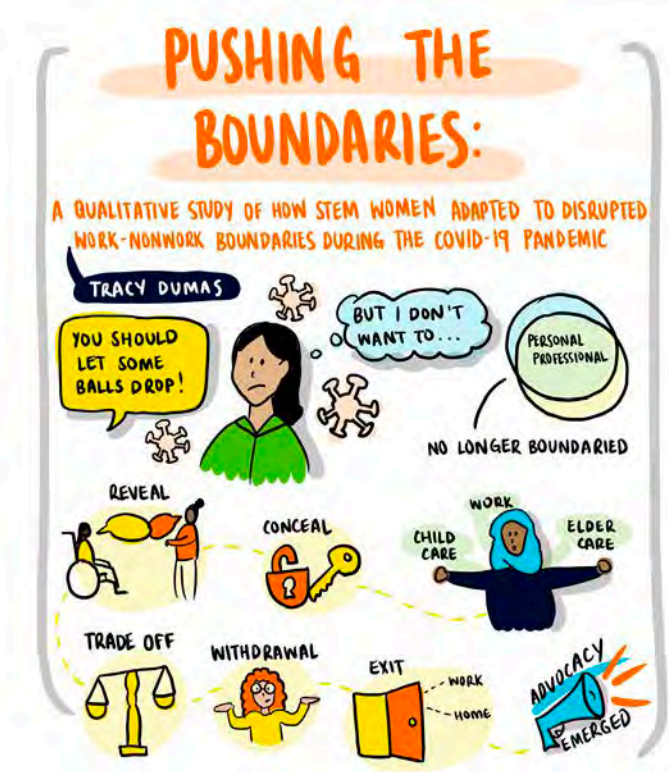
Care Work In the Recovery Economy: January 26, 2022 Research Roundtable 1 of 3



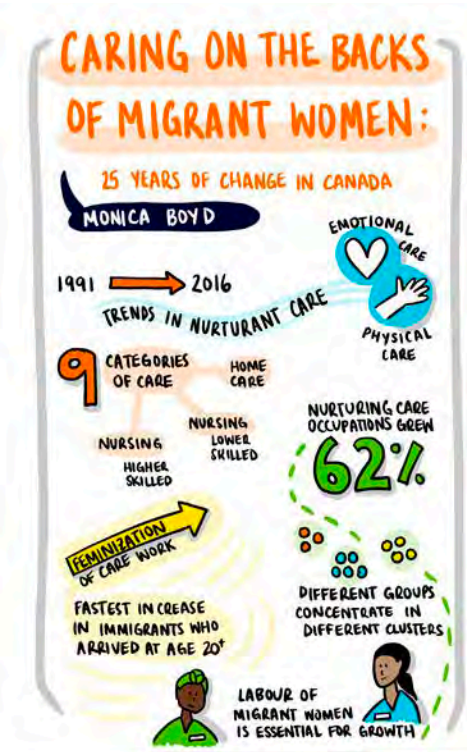
Care Work In the Recovery Economy: January 26, 2022 Research Roundtable 2 of 3

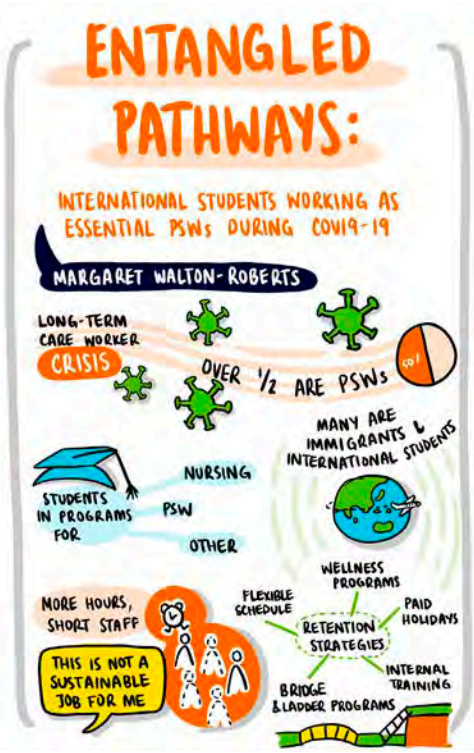


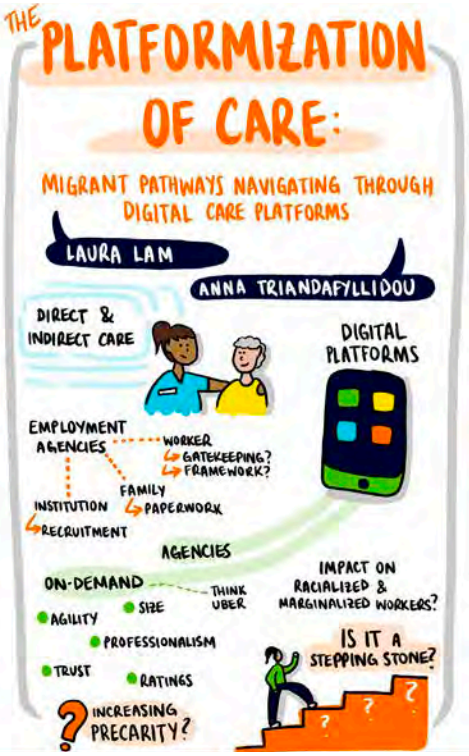
Care Work In the Recovery Economy: January 26, 2022 Research Roundtable 3 of 3



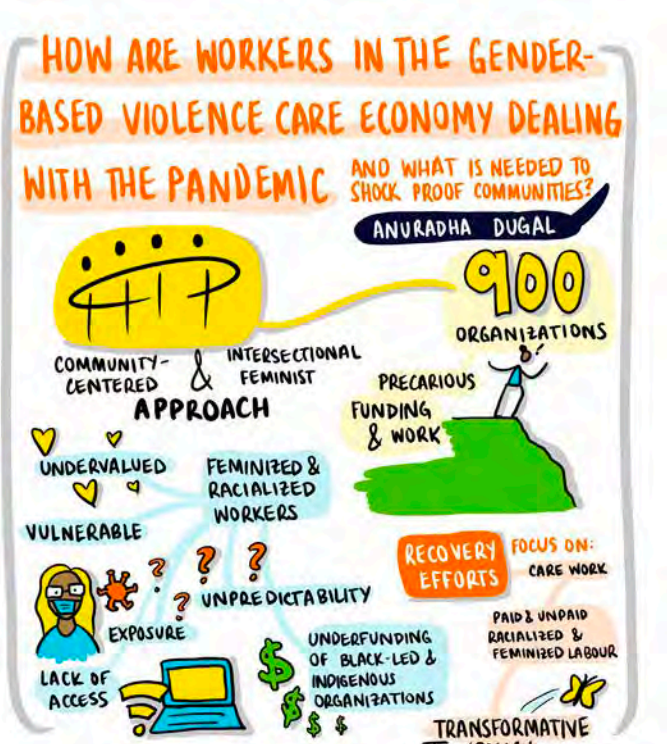
Care Work In the Recovery Economy: January 27, 2022 Research Round Table 1 of 3







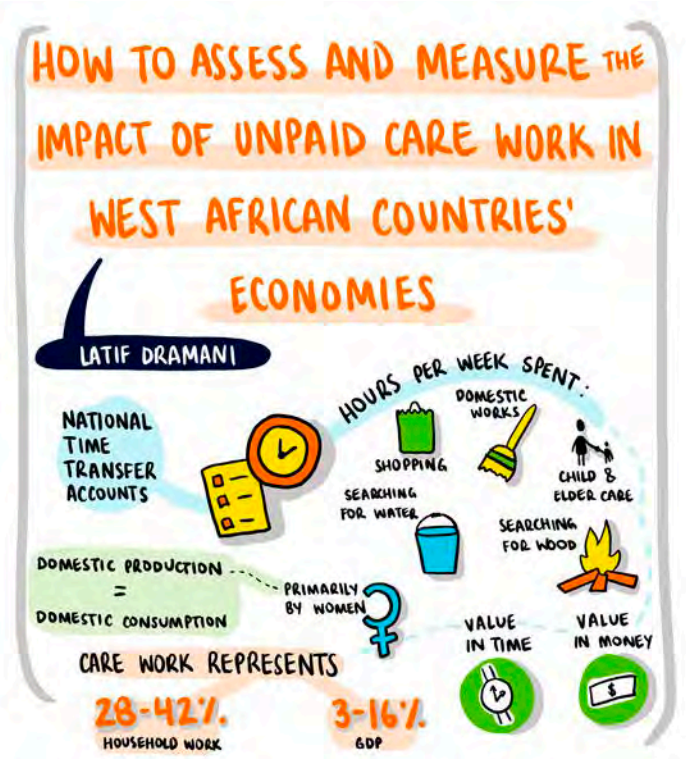
Care Work In the Recovery Economy: January 27, 2022 Research Round Table 2 of 3



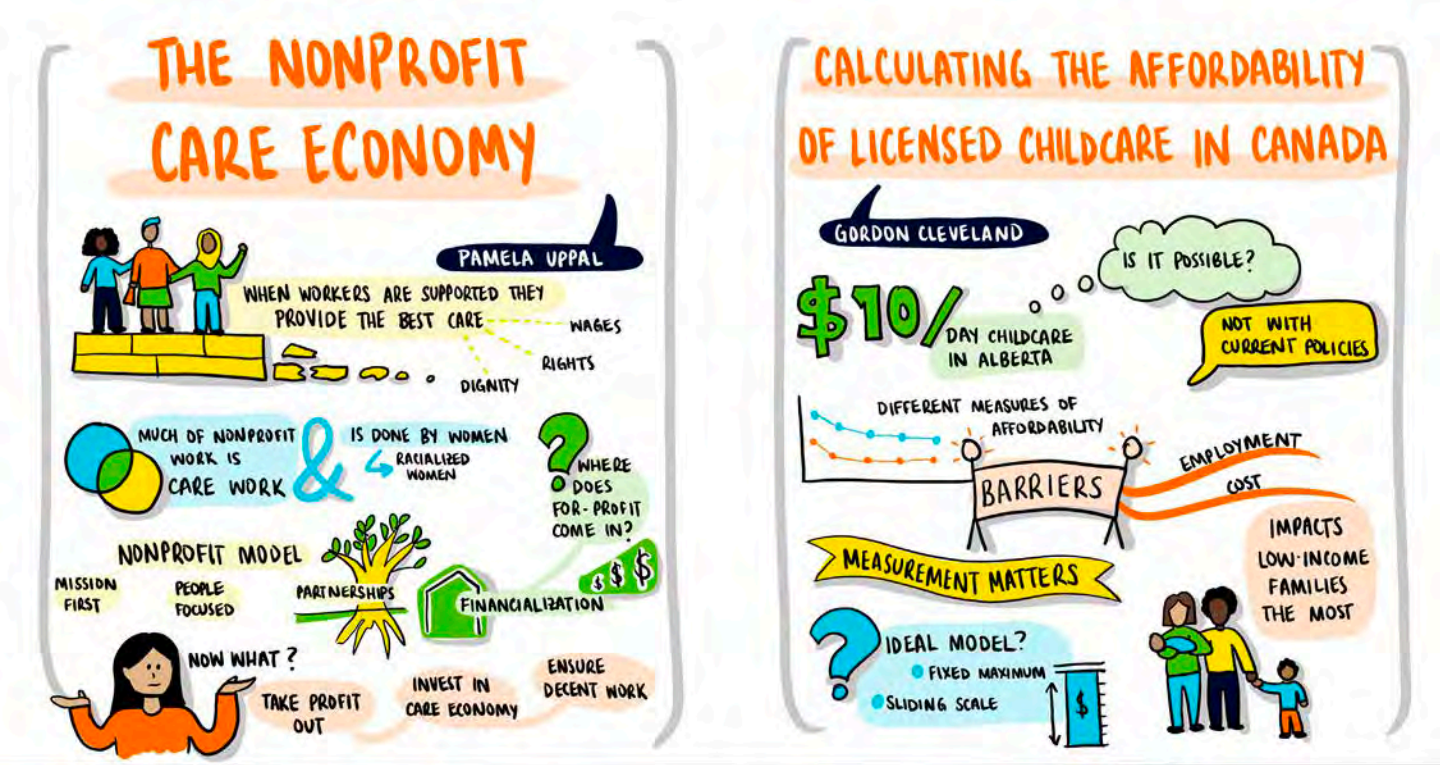
Care Work In the Recovery Economy: January 27, 2022 Research Round Table 3 of 3

Care Work In the Recovery Economy: February 2, 2022 Research Round Table 1 of 4

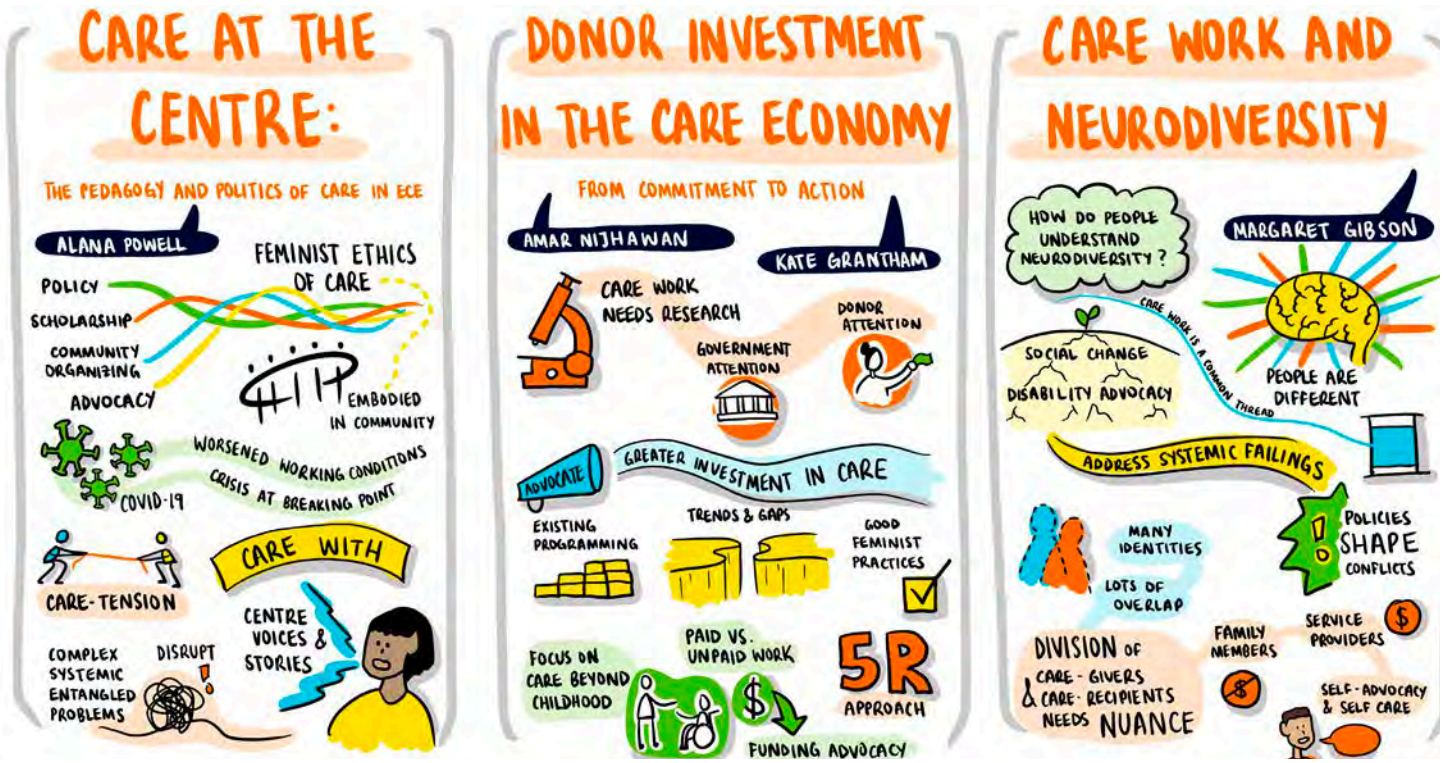
Care Work In the Recovery Economy: February 2, 2022 Research Round Table 1 of 4



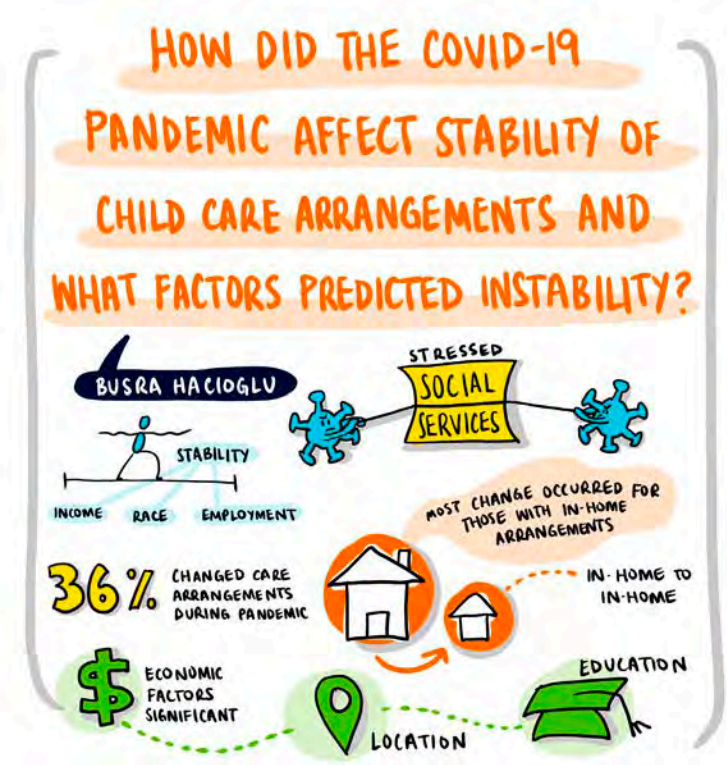
Care Work In the Recovery Economy: February 2, 2022 Research Round Table 3 of 4

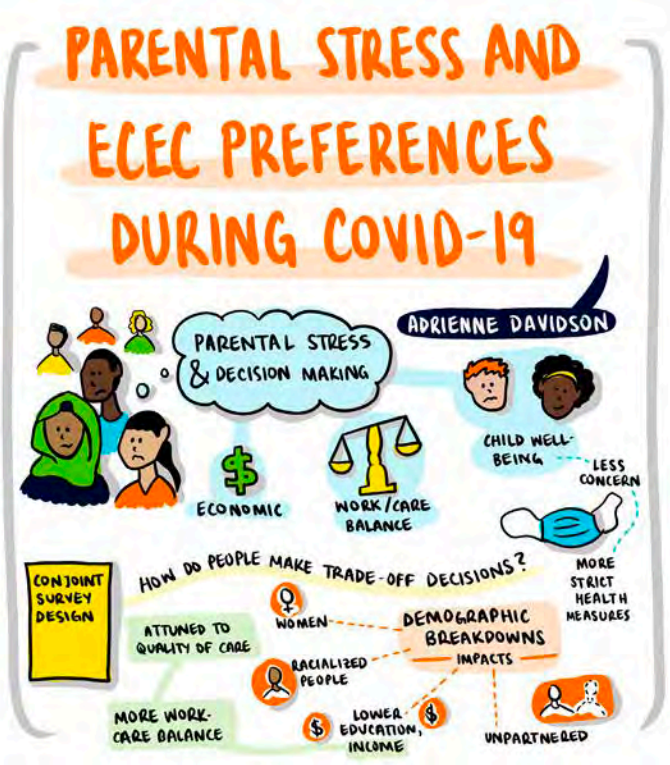


Care Work In the Recovery Economy: February 2, 2022 Research Round Table 4 of 4

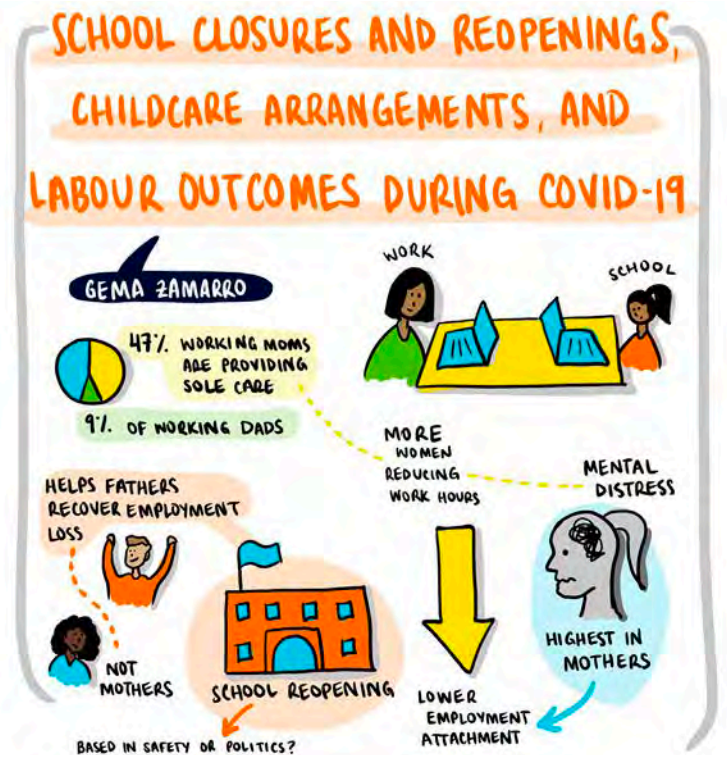


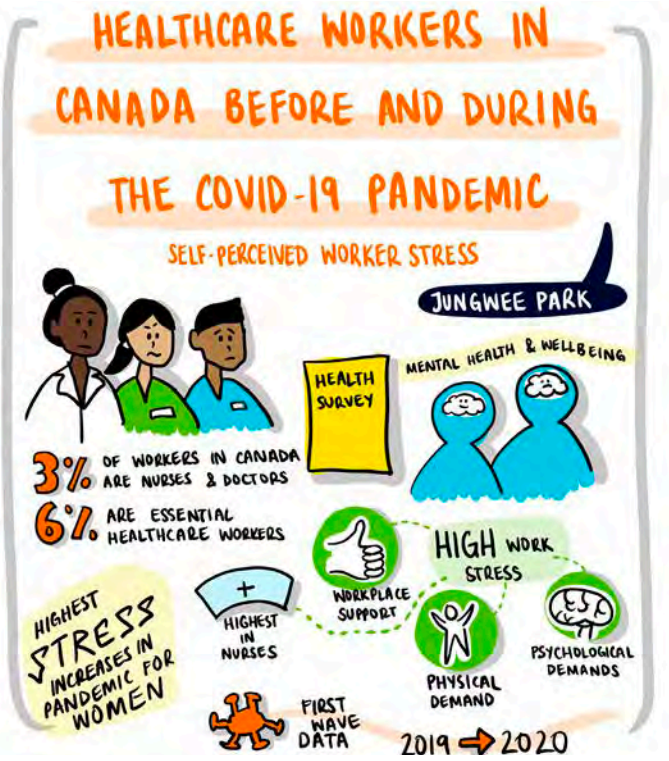
Care Work In the Recovery Economy: February 3, 2022 Research Round Table 1 of 3

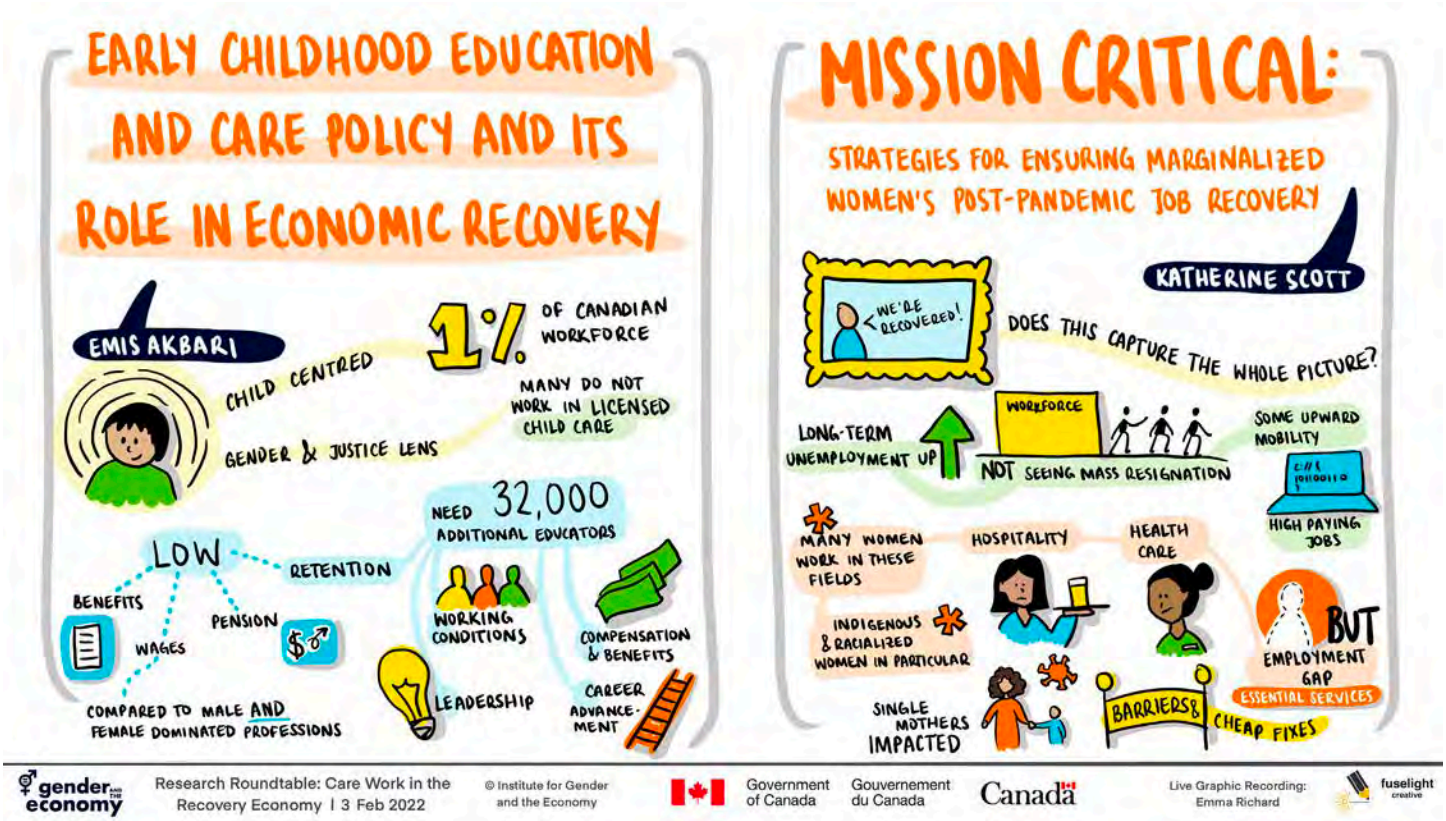




Care Work In the Recovery Economy: February 3, 2022 Research Round Table 2 of 3






EARLY CHILDHOOD EDUCATION AND CARE POLICY AND ITS ROLE IN ECONOMIC RECOVERY
EMIS AKBARI
CHILD CENTRED
GENDER & JUSTICE LENS
1% OF CANADIAN WORKFORCE
MANY DO NOT WORK IN LICENSED CHILD CARE
LOW
RETENTION
BENEFITS
WAGES
PENSION
COMPARED TO MALE AND FEMALE DOMINATED PROFESSIONS
NEED 32,000 ADDITIONAL EDUCATORS
WORKING CONDITIONS
COMPENSATION & BENEFITS
LEADERSHIP
CAREER ADVANCEMENT
MISSION CRITICAL:
STRATEGIES FOR ENSURING MARGINALIZED WOMEN'S POST-PANDEMIC JOB RECOVERY
KATHERINE SCOTT
WE'RE RECOVERED!
DOES THIS CAPTURE THE WHOLE PICTURE?
LONG-TERM UNEMPLOYMENT UP
WORKFORCE
NOT SEEING MASS RESIGNATION
SOME UPWARD MOBILITY
HIGH PAYING JOBS
MANY WOMEN WORK IN THESE FIELDS
HOSPITALITY
HEALTH CARE
INDIGENOUS & RACIALIZED WOMEN IN PARTICULAR
BUT
EMPLOYMENT GAP
ESSENTIAL SERVICES
SINGLE MOTHERS IMPACTED
BARRIERS
CHEAP FIXES
gender and the economy
Research Roundtable: Care Work in the Recovery Economy | 3 Feb 2022
© Institute for Gender and the Economy
Government of Canada
Gouvernement du Canada
Canada
Live Graphic Recording: Emma Richard
fuselight creative

Rotman School of Management
UNIVERSITY OF TORONTO

INSTITUTE FOR gender AND THE economy

www.gendereconomy.org