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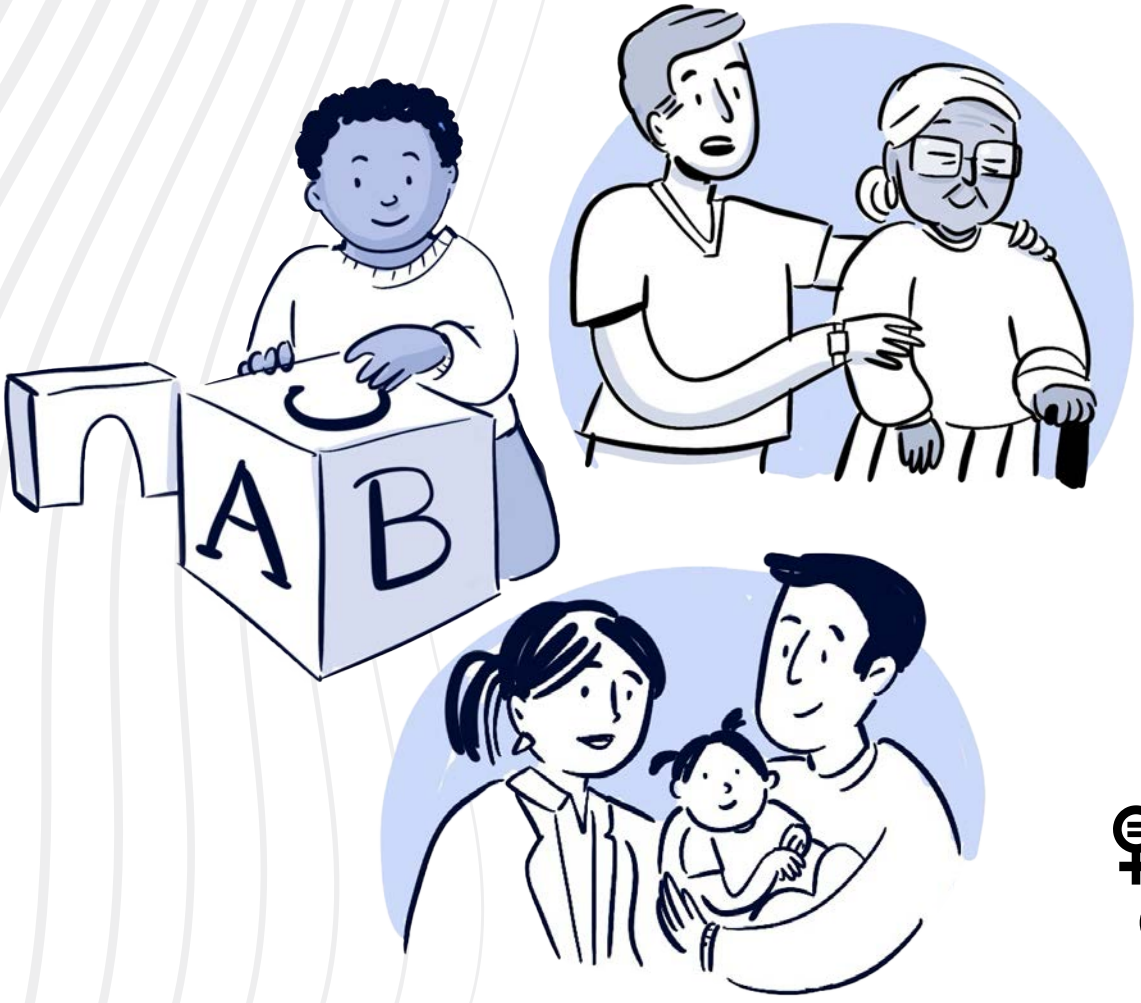
VALUING CARE

POLICIES AND PRACTICES TO ADVANCE AN EQUITABLE AND HIGH-QUALITY CARE ECONOMY



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VALUING CARE:
POLICIES AND PRACTICES TO ADVANCE AN EQUITABLE AND HIGH-QUALITY CARE ECONOMY

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1. Why Care Matters for the Economy and Society

Care is the invisible infrastructure that sustains our societies and economies. Every one of us has needed care in the past, and all of us will rely on it again as we age. Many also provide care, whether for children, elders, or others in need, often at great personal and economic cost. Yet, care remains undervalued, underfunded, and overlooked in public policy, even though it underpins our communities and drives economic productivity. At a moment of demographic change, global inequality, and rising demand, investing in care is not only a moral imperative but also an economic necessity.

Defining Care Work

Care work refers to the activities and relationships that enable people to meet their physical, mental, social, psychological, and developmental needs.[1] It sustains quality of life, develops people's capabilities, and fosters agency, autonomy, and dignity.[2] Care work can be both direct and indirect. Direct care involves meeting needs that care recipients cannot meet on their own, such as feeding infants or administering medication to dependents with disabilities. Indirect care includes other essential activities that support daily living, such as laundry, cleaning, and cooking.[3] These activities may be paid or unpaid, and both types contribute substantially to the global economy and societal well-being.[4] While some definitions of care may include health and medical care, this report focuses on early childhood education and care (ECEC) and elder care, including long-term care and home care.

How Care Fuels Economic Growth and Participation

Care is not peripheral to economic life; it underpins all other sectors. Care work produces and supports the workforce and enables labour force participation. Access to care services increases labour supply and employment rates not only for unpaid caregivers, but also for care recipients whose capabilities and skills develop through being cared for. For example, parents with access to affordable early childhood education can participate fully in the workforce while their children learn and develop in these care programs.

Research has also shown that investment in the care economy can increase employment rates and economic growth more than investment in other sectors because of multiplier effects that create jobs across industries. The UK Women's Budget Group estimated that if 2% of the UK's Gross Domestic Product (GDP) were allocated to public care services, it would create twice as many jobs as an equivalent investment in the construction industry.[5] If everyone had access to sustainable and high-quality care, not only would caregivers and care recipients benefit, but so too would the economy.

This report focuses on four interconnected areas of care research: public investment in care, the precarity of the care workforce, equity in access to care, and future trends and challenges. Each section provides insights for how care systems could become more sustainable, resilient, and equitable.

The report is based on insights and themes presented at the University of Toronto Institute for Gender and the Economy's research roundtable on April 29, 2025: "Advancing the Care Economy: Policies and Practices for Equitable and High-Quality Care." Speakers included multi-disciplinary scholars who shared research findings on the future of the care economy, including Samantha Burns (University of Toronto), Maria Floro (American University), Ludovica Gambaro (Federal Institute for Population Research, Germany), Pilar Gonalons-Pons (University of Pennsylvania), Eva Jewell (Toronto Metropolitan University), Laura Lam (University of Toronto), Guida Man (York University), Izumi Niki (University of Toronto), LaShawnDa Pittman (University of Washington), Susan Prentice (University of Manitoba), Moyosore Sogaolu (University of Toronto), Carieta Thomas (Carleton University), and Brenda Yeoh (National University Singapore). The roundtable agenda is in Appendix 1. Graphic recordings of each session are available in Appendix 2.

2. Understanding the Care Economy: Who Provides Care and Why it Matters

Paid and Unpaid Care: Two Pillars of the Care Economy

The care economy rests on two pillars: unpaid care, which sustains households and communities but remains invisible, and paid care, which is increasingly vital as families and populations change. Unpaid care work—informal caregiving performed without monetary compensation—forms the foundation of the care economy. Traditionally, it has taken place within the home and has been carried out mainly by family members. This form of labour is closely tied to gender norms, with women primarily responsible for caregiving tasks.[6] These responsibilities, ranging from child care to elder support, are critical to the functioning and well-being of families and society. However, they have been systematically undervalued and excluded from labour market statistics and economic indicators.

Despite limited formal recognition, unpaid care labour contributes substantially to household well-being and the sustainability of national economies. Globally, unpaid care work is estimated to represent approximately 9% of GDP, and upwards of 15% in Canada.[7] The exclusion of unpaid care from economic measurement conceals its role in shaping employment outcomes and reinforces gendered inequalities, particularly where formal care options are insufficient or unaffordable. Researchers have shown that unpaid care work is a missing link in analyses of gender differences in employment and income.[8]

To fully understand the scope of the care economy, we must also consider paid care. Beyond the vital contributions of unpaid care, paid care represents a growing sector that is critical for meeting the needs of families and aging populations. The emergence of the paid care sector reflects a shift from family-based to formal market-based provision. This transition has been driven by intersecting demographic and socio-economic changes. Longer life expectancies and smaller family sizes have intensified the need for long-term elder care. According to the Canadian Medical Association, the demand for long-term care spaces is projected to increase by about 60% by 2031.[9] At the same time, efforts to improve gender equity in the labour market have heightened demand for accessible child care. The result is a growing imbalance between the number of people needing support and the working-age population available to provide it, increasing pressure on unpaid caregivers.

Paid and unpaid care work are closely related and shape how people engage in the broader labour market. In many cases, paid care acts as a substitute for unpaid care by taking over caregiving tasks typically provided by family members. For example, when parents use formal child care services, it reduces the time they spend caring for their children themselves, allowing them to pursue other activities. Paid and unpaid care can also complement one another, with each enhancing the quality and continuity of care. For example, a family member may provide emotional support and companionship to an elderly relative while a paid care worker delivers daily assistance. These forms of care are interdependent, with changes in one affecting the other. Recognizing this interdependence is essential for policies that reduce inequality, increase labour participation, and build sustainable care systems.

Who Provides Care: Gendered and Racial Patterns

Care work, both paid and unpaid, is disproportionately performed by women.[10] The feminization of care work is rooted in the historical division of labour that assigned paid production in the formal economy to men, while relegating unpaid reproductive work to women in the domestic sphere. Men were traditionally regarded as breadwinners, engaged in work that generated income or produced goods, while women undertook the daily tasks that sustained families and communities. Over time, women's unpaid labour became increasingly confined to the domestic sphere, reinforcing the perception of caregiving as a natural and moral duty rather than productive economic activity.[11]

Even as caregiving tasks have moved into the paid sector, they have remained strongly gendered, reinforcing the perception of care as women's work and contributing to its continued undervaluation. Today, women continue to perform a disproportionate share of care work. Globally, women spend about 3.2 times more hours on unpaid care work than men.[12] They also form the majority of the paid care workforce, accounting for about 2/3 of care workers worldwide.

These gendered patterns also intersect with race and immigration status. In most high-income countries, workers in the care economy are increasingly diverse and racialized. Immigrant and racialized women are overrepresented in care occupations, particularly

child care and elder care. According to Statistics Canada, approximately 39% of child care workers are racialized, and 33% are immigrants—a proportion that increases to 52% among home child care providers. [13] Similarly, immigrants constitute roughly 1/3 of the elder care workforce.[14] This concentration of immigrant and racialized individuals in care roles reinforces longstanding social hierarchies that devalue care work, often framing it as "dirty work" and positioning it as the responsibility of marginalized groups. In many countries, such as Canada, immigrants and racialized workers are overrepresented in lower-status care roles, such as personal support workers and nursing aides.[15]

Recognizing how care work has been both gendered and racialized is essential for designing policies that not only improve wages and working conditions but also address the structural inequities that continue to devalue this vital labour.

Global Care Chains and Transnational Responsibilities

The modern care economy is global in scope, shaped by the movement of people and responsibilities across borders.[16] Global inequalities in labour markets, social services, and demographics drive this flow. Care workers, often women from low- and middle-income countries, migrate to wealthier nations in search of job opportunities. At the same time, aging populations and under-resourced care systems in high-income countries create strong demand for migrant care workers. These patterns form a global care chain linking the needs of families in richer countries with the labour of workers from poorer ones.[17]

The flow of care is also bidirectional. Migrant caregivers who fill labour gaps abroad in wealthier countries continue to maintain caregiving responsibilities in their countries of origin. Many support their own families, especially aging parents, through financial remittances, virtual communication, and visits home, forming transnational elder care networks.[18] They may also rely on extended

family in their home countries to care for their own children or aging relatives.[19] This interconnectedness reflects broader imbalances in the global distribution of care labour, where the care needs of one country are met by shifting caregiving responsibilities onto families and communities in another.

These dynamics highlight how deeply care is embedded in global systems of inequality. They also point to the need for policies that protect migrant caregivers, address global care disparities, and strengthen transnational care infrastructure.

Caring Across the Lifespan: Linking Child Care and Elder Care

Child care and elder care may serve different stages of life, but both rely on the same foundation: a largely female workforce navigating low pay, job insecurity, and heavy demands.[20] Both sectors are shaped by gendered expectations and depend heavily on women's paid and unpaid labour. Care workers frequently navigate low wages, limited access to benefits, high emotional demands, and job insecurity, conditions that are often exacerbated for racialized and migrant women.[21]

At the same time, some aspects of care work differ between the two sectors, particularly for unpaid care. Child care responsibilities are generally more predictable and tend to lessen in intensity as children grow older. In contrast, elder care is often characterized by irregular and urgent demands linked to declining health, requiring greater flexibility and responsiveness from caregivers—both paid and unpaid.[22] There are also differences in how the financial burdens of care evolve over time. While child care costs typically decrease once children enter primary school, elder care expenses tend to rise, especially with the growing need for medical or residential support as care recipients age.

Despite these differences, the two systems are increasingly linked in practice. In many households, care responsibilities span generations, with individuals, most often middle-aged women, providing support to both children and aging parents. This dual role, commonly referred to as "sandwich caregiving", illustrates the compounding pressures faced by many unpaid caregivers and highlights the need for integrated policy responses.[23]

3. The Power of Public Investment: How Funding Shapes Care Systems

Why Public Investment is Critical for Care Systems

Public investments in the care economy include government spending, policy initiatives, and infrastructure development aimed at improving the accessibility, affordability, and quality of care services.[24] Public investment in the care economy is essential because market failures exist, creating inefficiencies.[25] Economic theory suggests that efficient markets allocate resources such that prices reflect the full costs and benefits of a service, and both buyers and sellers have the information needed to make informed decisions. However, the markets for child care and elder care do not meet these conditions.

First, the benefits of care services extend far beyond the care recipient, affecting caregivers, families, and the broader economy. But because these benefits are not fully reflected in the price people pay for care, private providers have little incentive to offer high-quality services. Specifically, offering the highest quality care would increase costs, which many families cannot afford. Therefore, providers often keep prices low, leading to compromises in care quality. Second, care services suffer from information asymmetry. On the one hand, families often cannot fully assess the quality of care before purchase.[26] On the other hand, since quality services are costly to provide and maintain, care providers have little incentive to invest in quality if they cannot charge a price that reflects it.[27] As a result, lower-quality providers may dominate, while high-quality providers struggle to compete, leading to a breakdown in the market.[28] These market failures highlight the need for public intervention. Government investments help correct these inefficiencies by ensuring the supply of affordable and high-quality care.

Investments in the care economy generate significant returns to the labour market. On the supply side, access to affordable care services enables more unpaid caregivers, particularly women, to enter or remain in the labour force. On the demand side, expanding care infrastructure and services directly creates jobs, particularly in a sector dominated by women. This dual impact leads to increased household earnings, higher tax revenues, and potential long-term gains through better child development and healthier aging.

Public investments in the care sector also play a vital role in addressing the care deficit, which is the gap created by rising female labour force participation without a corresponding increase in men's contribution to unpaid care work.[29] As dual-earner households become more common, the need for care increases, placing greater pressure on families to balance work and caregiving responsibilities. By filling this gap, public investments not only ease household burdens but also strengthen gender equity in both paid and unpaid labour, contributing to a more balanced and productive economy. Care policies play a central role in shaping public investment, determining how and where resources are allocated. These policies take diverse forms, ranging from direct public provision to financial assistance through subsidies or tax credits to work-family supports such as parental leave and flexible work arrangements. They may also involve regulatory standards and targeted workforce investments to improve care quality and sustainability.[30] In the elder care sector, public investments often take the form of subsidies and long-term care insurance, with the goal of expanding access to home-based or institutional care.[31]

The design of these policies, whether universal or targeted, carries important implications for household behaviour and well-being.[32] For instance, Québec's universal child care subsidy program—which offers low-cost care to all families regardless of income—has been linked to modest or even negative developmental outcomes for children.[33] In contrast, the Perry Preschool Program in the United States, a targeted initiative offering high-quality, intensive

preschool education to children from disadvantaged backgrounds, has resulted in participants experiencing significant gains in educational achievement.[34]

Taken together, these examples show that the impact of public investment depends not only on the amount of funding but also on how policies are designed and delivered. Effective investment requires balancing affordability and access with attention to quality, ensuring that care systems promote both equity and positive long-term outcomes for families and society.

Investing in Care and Caregivers

The impact of public investments on unpaid caregivers is significant. Unpaid caregiving responsibilities shape labour market outcomes, particularly for women, who remain the primary providers of unpaid care despite gains in workforce participation. Mothers in particular are more likely to reduce their working hours, transition to lower paying or flexible jobs, or exit the labour market altogether to meet care obligations.[35] These constraints result in long-term consequences for earnings, career trajectories, and retirement income security.

How Child Care Investment Transforms Caregiver Outcomes

Childbirth and the subsequent care requirements create enduring labour market penalties for mothers. Evidence shows that women's earnings drop significantly relative to men's following childbirth, with the gap persisting for decades.[36] In Canada, this drop is approximately 34%.[37] High out-of-pocket child care costs further exacerbate the penalty, making continued employment financially unfeasible for caregivers in many families, particularly those in lower income brackets.[38] In these households, the additional income from employment may be outweighed by the cost of care. This financial burden discourages caregiver participation in the labour market and reinforces their economic vulnerability.

Public investments in early childhood education and care (ECEC) have proven to be effective policy instruments for mitigating these penalties. Evidence from multiple national contexts highlights the positive impact of child care investments on women's labour market outcomes. Expanding access to affordable and subsidized child care has consistently contributed to increased employment and economic autonomy among mothers, particularly those with young children.[39] Across OECD countries, the average public expenditure on ECECs approached 1% of GDP in 2021, signaling increased recognition of its importance in supporting working families.[40] A notable example is Canada's implementation of the Canada-Wide Early Learning and Child Care (CWELCC) initiative, which aims to reduce child care fees to $10 per day by 2026.[41] This investment represents a significant policy shift toward enhancing affordability and broadening access to quality child care services. These policies also shape broader career trajectories by influencing the sectors, roles, and firms that women can engage with, ultimately affecting their long-term career advancements.[42]

While child care investments broadly improve women's labour force outcomes, they are especially critical for immigrant mothers, who often face barriers to formal care and lack informal support networks. Investments in child care have also been shown to facilitate the economic integration of immigrant populations.[43] Research suggests that immigrant families often face lower access to formal child care services and limited availability of informal support, leading to lower participation of immigrant mothers.[44] For these mothers, access to affordable, high-quality child care is instrumental not only in enabling labour market participation but also in supporting broader social inclusion. By reducing the burden of unpaid care, affordable child care frees up time for employment and participation in integration activities such as language acquisition and community engagement. In this way, child care plays a dual role of supporting both economic self-sufficiency and social integration. These benefits generate ripple effects, contributing to the development of skills and capabilities and enhancing social and economic resilience at both household and community levels.

Investing in care reduces the penalties of caregiving and improves both workforce participation and well-being. The trade-offs should not deter investment but instead be seen as design challenges—challenges that can be addressed through high-quality, inclusive, and flexible care systems.

Investing in Elder Care: Impacts on Caregivers and Families

Elder care responsibilities place major constraints on caregivers' ability to work, affecting whether they stay in the labour force and how much they can earn.[45] In most contexts, elder care recipients continue to rely on unpaid family care and informal networks.[46] Evidence from the United States and Europe suggests that caregiving obligations lead to reductions in paid work and wages and, in some cases, complete workforce exit.[47]

Public investments in long-term care (LTC) services, such as home support and residential care, can relieve the unpaid burdens borne by families and support caregiver employment. In Japan, the introduction of the Long-Term Care Insurance (LTCI) program reduced the negative impact of caregiving on women's labour force participation.[48] Not all gains, however, are evenly distributed. For some men, caregiving reforms have been associated with reduced work hours, particularly among those who previously worked long hours. As caregiving demands increase, some men choose to cut back their work hours to help meet these needs.[49] These mixed results underline the importance of designing policies that support caregivers of all genders.

Well-designed elder care investments have the potential to narrow gender and social gaps in the labour market. When care is affordable and accessible, family members, particularly women, can enter or remain in the workforce, increase their hours, and attain higher incomes. This creates a virtuous cycle, where greater female labour force participation increases both the demand for and effectiveness of care infrastructure. In turn, it can generate broader macroeconomic benefits, including poverty reduction and increased public revenue.

Public Investment and Caregiver Well-being

Public investments in care not only reshape labour market outcomes, but they also profoundly influence caregivers' well-being. Elder care, in particular, places significant emotional, physical, and cognitive demands on family members, often requiring them to support relatives with complex health conditions while navigating fragmented medical, legal, housing, and financial systems.[50] Expanding access to formal long-term care services helps alleviate this burden, reducing caregiver stress and improving their overall well-being. In turn, the support can enhance caregivers' ability to remain active in the workforce and sustain healthier relationships with those for whom they care.

Subsidized child care plays a similar role by reducing parental stress and improving mental health, particularly for mothers balancing employment and parenting responsibilities.[51] By easing financial pressures and providing reliable support, such policies give families greater flexibility and stability. Yet, the effects of such interventions are not uniformly positive. In some cases, trade-offs between increased workforce participation and reduced time spent with children have been linked to declines in subjective well-being for some parents.[52] These outcomes highlight the importance of policy design. Care systems that are high quality, flexible, and responsive to family needs can minimize these trade-offs and ensure that public investments enhance both economic security and well-being.

How Public Investment Benefits Care Recipients

Public investments in care services generate substantial and long-term benefits for care recipients across their lives. These benefits are most pronounced when care is of high quality and accessible to all. Whether in early childhood or old age, well-designed care systems promote human development, health, and social inclusion, ultimately improving individuals' life opportunities and overall well-being while contributing to a stronger and more resilient society.[53]

For children, especially during the early years, high-quality care and education can be life-changing. The first five years of life are critical for brain development and have lasting implications for educational attainment, employment, health, and socio-emotional outcomes.[54] High-quality early childhood education and care is essential for promoting children's cognitive, language, and social development. Investments in ECEC have been linked to stronger school readiness, improved academic outcomes, and better long-term educational and economic trajectories. These developmental gains, observed across many countries, are especially significant for children from low-income, immigrant, and racialized backgrounds. For these children, early learning programs can serve as a powerful equalizer—fostering early language acquisition, helping them integrate socially, and breaking cycles of intergenerational poverty.[55]

Child care initiatives in several countries have demonstrated positive effects on both academic performance and the development of non-cognitive skills such as emotional regulation and cooperation.[56] These outcomes contribute not only to individual success but also to broader societal benefits, including enhanced equity and productivity over the long term. Conversely, poorly designed or under-resourced programs may deliver minimal or even adverse effects. For instance, researchers caution that Québec's universal child care program, while successful in increasing maternal employment, may have produced mixed effects on child development due to rapid expansion and insufficient attention to program quality.[57] These findings highlight the importance of ensuring high program quality when scaling child care investments.

Investments in elder care are similarly vital for promoting the well-being and autonomy of seniors. Structured, regulated, and adequately funded elder care services can enhance older adults' quality of life, physical health, and social inclusion.[58] The effectiveness of elder care investments is greatest when services are reliable, affordable, and embedded within broader health and social protection systems. For example, studies from England and China show that long-term care (LTC) policies have the potential to reduce mortality and enhance the emotional and physical well-being of older adults.[59]

The COVID-19 pandemic exposed significant gaps in elder care infrastructure globally. Overcrowded and under-regulated care homes, limited home care coverage, and workforce shortages resulted in disproportionate morbidity and mortality among older adults, particularly in institutional settings.[60] These failures underscored the need for sustained public investment, regulatory oversight, and emergency preparedness in the LTC sector.

Designing Effective and Equitable Care Policies

The impact of public investments in the care sector goes beyond the amount of funding allocated. Equally important are the policy design, delivery, and regulatory frameworks that shape how care policies are implemented and experienced. Research highlights several key factors that influence whether care investments achieve their intended outcomes.

A key determinant of whether care investments achieve their intended outcomes is the quality of the care services provided. Regulatory frameworks, such as licensing and workforce standards, set the minimum standards that protect safety and ensure quality. In both child and elder care, licensing requirements on staffing levels, facility conditions, and inspection requirements establish the basic conditions for nurturing environments. Evidence from long-term care facilities indicates that stronger regulation and consistent enforcement are linked to better resident safety, fewer hospitalizations, and lower rates of neglect.[61]

Yet quality is often strained when systems prioritize rapid expansion. Rapid expansion of care services, such as through aggressive enrollment targets or funding boosts, can come at the expense of quality if not accompanied by strategic investments in workforce training, infrastructure, and regulation. In the Canadian context, research notes that recent efforts to expand child care access have outpaced reforms in educator training, child-to-staff ratios, and program standardization.[62] Without measures to maintain and improve quality, the intended benefits of increased access, such as better developmental outcomes for children or improved well-being for care recipients, may not be realized.

The challenge is compounded when scaling promising pilot programs. High-impact pilot programs, such as the Perry Preschool Project in the United States, have shown impressive long-term positive impacts on educational attainment, earnings, and the reduction of criminal behaviour among participants.[63] These findings have been influential in making the case for public investment in early childhood care and education. However, such pilot programs are often highly resource-intensive. When governments attempt to scale these models for broader populations, the challenge becomes maintaining quality while ensuring cost-effectiveness. Efforts to expand universal child care programs while maintaining high standards of quality have resulted in uneven outcomes across socio-economic groups.[64]

Even when quality standards are in place, access remains uneven. Supply constraints are another recurring barrier to the success of public care systems. When care programs are introduced without a corresponding increase in service capacity, access gaps emerge. This dynamic is evident in Canada's child care system, where demand for care routinely exceeds supply. Many families face long waitlists or are unable to secure spaces in licensed facilities, particularly in urban centres or regions with limited infrastructure.

Beyond physical supply, administrative burdens further limit access. Complex eligibility rules, extensive paperwork, and opaque application processes deter families from fully benefiting from care investments.[65] Research on administrative burdens highlights how these frictions disproportionately deter low-income households, racialized families, and those with limited literacy or digital access from benefiting fully from public programs.[66]

Closely tied is the issue of equity in access, discussed in more detail in Section 5. Although universal programs are designed to provide broad-based support, in practice, uptake can remain unequal across socioeconomic groups. Families with higher incomes or more education are often better positioned to navigate complex application processes, meet documentation or eligibility requirements, and identify higher-quality care providers. Consequently, these families may benefit more from the program.[67] Unequal participation in care services can reinforce existing inequalities, particularly when access to services is limited or inconsistent across regions.[68]

Underserved or rural areas may become "care deserts," where infrastructure and staffing remain underdeveloped relative to the needs of the population, leaving vulnerable populations without adequate support. Evidence suggests that children from low-income families may experience positive benefits from universal programs, as even lower-quality care can represent an improvement over limited or no care options. In contrast, children from middle- and higher-income households may be disadvantaged when access to higher-quality private care is replaced by universal services of lower or inconsistent quality.[69] This paradox highlights the importance of ensuring that universal programs are not only accessible to all but also consistently high in quality across all settings.

Finally, there is often a mismatch between care provision and the realities of non-standard work schedules, which limits the effectiveness of care programs for many working families. Most public care systems continue to operate within traditional weekday hours, neglecting the needs of those who work evenings, nights, or weekends—a group that disproportionately includes low-income, racialized, and immigrant workers. Recent research emphasizes that the lack of care options outside standard hours constrains labour force participation for these groups and perpetuates care gaps that formal systems are meant to address.[70] Addressing this misalignment is essential to ensuring that care investments support not only child and elder care outcomes, but also broader goals of economic inclusion and gender equity.

4. Strengthening the Care Workforce: Addressing Precarity and Improving Conditions

The growing demand for care has accelerated the shift toward formal care systems and highlighted the urgent need for a stable, well-trained, and well-supported care workforce. Yet, despite being essential to both the economy and society, care workers remain persistently marginalized in policy and labour discourse. The care labour market is often structured in ways that systematically disadvantage care workers.

Improving Job Quality and Working Conditions

Care work is essential to society, yet the jobs themselves are among the most precarious in the economy. Low wages, insecure contracts, and high turnover are defining features of the sector.[71] The low wages reflect the historical, gendered devaluation of care work. Jobs in child care and elder care are often seen as a continuation of women's caregiving roles in the home. This perception contributes to the low status and undervaluation of these occupations, despite their vital importance to society.

Wages remain low in part because neither families nor public systems can easily absorb higher costs, even though care roles involve non-routine tasks that are typically associated with higher pay in other sectors.[72] Raising wages to improve job quality risks making care less affordable, creating a tension in which the very conditions that keep care accessible also deepen the financial insecurity of workers.

Beyond wages, many care workers are employed in part-time, temporary, or non-standard arrangements, which often lack provisions for non-wage benefits such as paid sick leave, private pensions, and health insurance, particularly in privatized or informal employment settings.[73] As a result, many are forced to juggle multiple jobs to make ends meet.[74] The lack of job security and stability undermines both the well-being and retention of care workers. The care workforce also struggles with high turnover, burnout, and limited career mobility. Evidence from the U.S., for instance, reveals a 39% turnover rate among early childhood educators in Texas, a rate higher than in any other sector.[75] Similarly, Canadian evidence from British Columbia shows that about 50% of ECEs leave the field within five years.[76] Care workers frequently exit the sector due to emotional strain and unsustainable working conditions.[77]

Research also highlights the prevalence of unpaid care within paid care roles. Workers frequently perform additional emotional and relational tasks without compensation.[78] Institutions often exploit workers' intrinsic motivation and sense of duty to justify poor compensation and difficult working conditions, which some scholars term the "love penalty."[79] In this context, passion for care becomes a tool of exploitation, leading to unpaid overtime, blurred boundaries, and emotional exhaustion. The absence of clear career pathways further discourages long-term retention, limiting the potential for workforce stability and professionalization. This instability contributes to burnout, especially given the emotionally intensive nature of care work. Care workers are often expected to provide care under time pressure and without adequate staffing. As colleagues exit the workforce, remaining staff take on greater responsibilities, exacerbating stress and reinforcing a cycle of attrition. This continuous churn contributes to unstable service delivery and reinforces the perception of care work as a temporary or undesirable career path.

Public investment has the potential to improve job quality, but outcomes depend on policy design. For example, U.S. Medicaid has expanded access to long-term care services and increased the care workforce, but it has not improved wages or working conditions.[80] Funding often helps providers meet operational costs without meaningfully improving wages or working conditions. These job conditions not only strain workers but also compromise the consistency and quality of care provided, highlighting the direct link between job quality and service outcomes.[81]

Ownership structure also plays a role in shaping job quality, although its effects can vary significantly depending on the level of market competition. In markets with limited care provider competition, there may be less pressure to reduce costs, allowing some for-profit providers to offer better wages and conditions than their not-for-profit counterparts, who often operate under tighter budget constraints. However, in highly competitive markets, not-for-profits tend to outperform for-profits by investing more in workforce development and quality of care.[82] In Canada, recent evidence shows that not-for-profit ECEC services offer significantly better compensation and benefits than for-profit providers and deliver better quality service.[83]

However, ownership is just one part of the equation. The mix of funding sources (often a combination of public and private sources) can sometimes make it challenging to guarantee decent working conditions for care workers.[84] Care providers may adopt cost-cutting measures to increase profit margins, keeping wages low or maintaining only minimum staffing levels.[85] In some countries, the care landscape is dominated entirely by for-profit providers, limiting options for care models that prioritize job quality and long-term sustainability.

The Care Gap: Addressing Supply and Demand Challenges

The care economy is under increasing strain as demand for services rapidly outpaces available supply. Shifting demographic trends, particularly population aging, have triggered an increase in the demand for care services and hence for paid care workers. However, the sector still struggles with persistent understaffing, limited recruitment, and high turnover, leaving the sector unable to meet growing needs.[86]

To compensate for persistent workforce shortages, the care economy increasingly depends on immigrant labour to fill critical roles in both child care and elder care.[87] While immigrants play a vital role in filling care roles, they often face systemic barriers including deskilling, non-recognition of foreign credentials, temporary or precarious immigration status, and limited legal protections.[88] The intersection of immigration and employment laws has contributed to formalizing insecure and low-status jobs in the care sector.[89] These legal frameworks often tie immigration status to specific employers or job types, leaving workers vulnerable to exploitation and with little recourse when facing poor treatment or unsafe conditions. In some cases, the threat of immigration enforcement is used to coerce compliance. Rather than offering pathways to stable, well-compensated roles, current regulatory regimes often push immigrant care workers into the most vulnerable segments of the labour market. These conditions expose them to heightened risks of exploitation and labour market segmentation, relegating many to unstable, low-paid positions despite their qualifications and experience. In many cases, migrant caregivers enter the care workforce out of necessity rather than choice, seeking income while pursuing education or working in placeholder jobs before transitioning back into their original professions. Care work thus becomes a form of transitional labour, valued more for its availability than its career prospects.[90]

Gendered norms and occupational expectations also shape labour supply in this sector. Globally, women make up 2/3 of the paid care workforce.[91] Despite the growth in the care sector, men continue to shy away from these jobs due to deeply entrenched gender norms, lack of male representation in the field, and societal perceptions of care work as "women's work."[92] Low wages also contribute to the sector's lack of appeal to men. While recent discourse has encouraged men's entry into the sector, meaningful progress would require systemic changes in recruitment practices, workplace culture, and wage structures.

How Care Workers Navigate Precarity and Advocate for Change

Care workers have adopted a range of strategies to cope and assert their voices in response to poor working conditions. While some leave the sector entirely in search of more stable employment, others remain and advocate for improvements in wages, benefits, and workplace standards. In certain cases, workers build alliances with care recipients and their families to raise concerns or negotiate for better conditions collectively. These actions reflect both the constraints workers face and their capacity for agency within a challenging and often undervalued sector.

While some workers exercise voice by reporting and advocating for improved conditions, doing so carries considerable risk, especially in environments where job security is fragile and protections are weak. The fear of retaliation, job loss, or being labelled as difficult frequently deters workers from speaking up.[93] As a result, many care workers resort to strategic silence, choosing not to voice concerns as a form of self-preservation. This silence is not passive, but rather reflects a calculated response to structural constraints, power asymmetries, and the perceived futility of voice. Immigrant and racialized care workers are particularly susceptible to self-silencing due to power imbalances, and the added dimension of temporary status in the country.[94]

Evidence shows that immigrant caregivers' voice is structurally suppressed.[95] For many caregivers, immigration status is tied to a single employer, leaving workers dependent on those employers for both income and the right to remain in the country.[96] This dependence creates a power imbalance that discourages workers from reporting abuse, negotiating better conditions, or collectively organizing. In many cases, workers lack trust that their concerns will be heard, acknowledged, or acted upon, particularly in systems that routinely devalue frontline knowledge or discourage upward feedback.[97]

Another survival strategy is relationship-building with care recipients and their families. These bonds often serve as emotional buffers and sources of informal protection against mistreatment or job loss. In some cases, the trust and loyalty of clients can provide a degree of protection against unstable or unfair working conditions, especially when formal support systems are unavailable.[98] However, this relational dependence can also reinforce expectations of unpaid labour and emotional availability, adding further complexity to the care worker's role.

5. Ensuring Equity in Access to Care: Reaching Marginalized Groups

Research suggests that one-size-fits-all care policies are not effective in reducing bias in access to care. In particular, communities at the intersection of marginalization, such as racialized and low-income populations, can still face barriers to care programs even if these programs are meant to be universally available. Barriers may stem from institutionalized inequities and from programs and policies that do not consider how they may affect different groups differently. Lack of attention to these barriers can result in more privileged groups accessing care while those in greatest need may be shut out, exacerbating social stratification. To ensure those with the greatest needs have access to the care they need, policies must address various barriers faced by marginalized communities who seek care. Furthermore, attending to the needs of these underserved populations can improve care services for other groups. For example, if care policies are designed to support grandparent-headed households, they may also assist those with other diverse family structures, such as households headed by single or adoptive parents.

One example of barriers to accessing care comes from scholarship on Black grandparent-headed households in the US, which are between three and seven times more likely to live below the national poverty level than those with both grandparents or grandfather-headed households.[99] However, these households tend to underutilize government resources such as cash assistance and child care assistance. Programmatic barriers such as income eligibility requirements, administrative delays, and grandparents' lack of legal guardianship keep them from accessing subsidized child care.[100] Grandparents may also fear losing custody of the children in their care, creating another barrier to access. These findings suggest that care policies and programs will better reach Black and low-income households if they consider the prevalence of grandparent and other kinship households, change eligibility criteria, and build capacity to help low-income and racialized families connect with formal resources.[101]

Inequitable access to care is linked not only to programmatic barriers but also to colonial systems and histories. In Canada, Indigenous communities, including both children and elders, have long been neglected by care systems because of historical and ongoing settler colonialism, such as through the residential school system, chronic underfunding, and paternalistic policies.[102,103] For instance, Jordan's Principle was established in Canada to ensure First Nations children have access to government-funded services after a five-year-old Indigenous child with a rare muscular disorder, Jordan River Anderson, died in hospital in 2005 after several years of the federal and provincial governments disputing financial responsibility for his care.[104] Indigenous parents may understandably be hesitant to enroll children in institutional early childhood education due to colonial histories involving residential schools. They have also indicated their desire for early childhood education to nurture their children's identities through culture, language, and values.[105]

Addressing such barriers to care requires policies and programs to consider Indigenous care ethics, culture, and knowledge in both child care and elder care. Incorporating anti-colonial ethics from Indigenous communities can also help transform care policies and practices for the benefit of all groups. Unpaid care for elders, for instance, is seen as a "relational responsibility" in Indigenous communities, as well as an instruction for future generations to continue to care for each other—particularly as Indigenous peoples

have historically been forcibly removed from their families. As such, Indigenous-led organizations and workplaces tend to value caregiving, such as by enabling employees who are unpaid caregivers of elders to balance their responsibilities.[106] This flexibility and understanding of a collective responsibility would benefit all working caregivers as well as the elders or other dependents whom they care for.

Research has also suggested that children with disabilities face barriers to inclusion in care.[107] Barriers arise from a lack of training and education for child care providers, a lack of inclusion in program design, high student-to-teacher ratios, and insufficient time for planning. Attention to improving training and working conditions among child care providers would benefit these workers while also helping improve inclusivity for the marginalized communities with whom they work.[108]

6. Future Trends and Challenges Shaping Care

Globally, systems of care are also affected by other trends, such as migration, the climate crisis, and the development of technology such as artificial intelligence. Care policy can become more sustainable by proactively considering and integrating these trends, rather than reacting to them.

Migration, Aging Populations, and Care Gaps

Care gaps in higher-income countries have been addressed by migration flows from lower-income countries, with migrant care workers leaving their own caregiving responsibilities. In turn, that migration creates care deficits in migrant-sending countries.[109] Although population aging trends began in higher-income countries, low- and middle-income countries are experiencing it as well. This trend indicates that in the future, migrant-sending countries will continue to contend with care gaps, particularly for elders in need of care: the World Health Organization projects a shortfall of 18 million health workers (including carers in elder care) by 2030, mostly in low- and lower-middle-income countries.[110] Care systems will be more sustainable not only with investment in stable and high-quality elder care, but also through improving the working conditions of care workers to draw more people into the sector.

Care and the Climate Crisis

Climate change will continue to exacerbate the need for care, and its effects are complex. Climate change is an equity issue, with marginalized populations facing the brunt of the effects. It has direct health effects, including injury, disability, or death, such as through heat strokes, as well as wildfires and other extreme weather events. It also has indirect health effects, such as causing drought, increased prevalence of water and food-borne diseases, and rising psychological stress. As women disproportionately do care work, their time and resources spent on these roles will increase with the growing demand for care.[111]

There will also be an increase in migration from climate-vulnerable regions to more resource-rich areas, which contributes to the growing care gaps in migrant-sending countries. Sustainable care systems will therefore need to be resilient and adapt to a volatile climate, including disaster preparedness and recovery plans; coordination between health and care services; education for caregivers; the inclusion of vulnerable populations in policy decisions; and the creation and dissemination of innovative care models.[112] As researchers have noted, addressing climate change "must be understood to be as much about supporting and facilitating care relations as about seeking technical solutions." [113]

Technology and Innovation in Care Systems

Another key trend arises from new and rapid developments in technology, which are affecting both the care workforce and the way care recipients experience care. It remains uncertain what effects technology is having and will have on care systems. Research has shown, for example, how digital labour platforms are now being used to match care workers with work, which has made care workers more visible to clients. However, these platforms still facilitate precarious and informal employment with little protection for workers. They also encourage client surveillance of workers, such as exploring their social media profiles.[114]

Technology further influences the way care is delivered, from remote caregiving online to care robots to assistive technologies. Indeed, care robots are currently being used in residential care homes in countries such as Japan and Finland to carry out routine nursing tasks, and the responses from care workers vary. There are fears of dehumanizing treatment and cutting off social connections for the elderly.[115] Some care workers also report that assistive technologies hinder rather than help their work. At the same time, such technologies may help fill gaps in staffing, assisting carers who may be overworked.[116] These developments suggest the need for more research on technology in care, as well as policy that is attuned to impacts on caregivers and recipients. Particularly because care is relational and emotional work done by a women-dominated workforce, the implications of technology use are different from those in other workforce sectors.

7. Policy and Practice: Building Equitable, High-Quality Care Systems

The research covered in this report suggests several policy implications for governments and employers in creating more equitable, high-quality, and resilient care systems. A focus on improving care systems will improve outcomes for care recipients as well as the caregivers who support them. Policy can aim to ensure that everyone has access to high-quality care, especially those belonging to marginalized communities, that carers are working in fair conditions with sustainable wages, and that future trends relating to migration, aging populations, technology, and climate change are key considerations.

- Public investment in care systems, such as universal or targeted care systems and subsidies, benefits families, the economy, and care workers, and advances gender equality. These systems help unpaid carers share responsibilities, which in turn fosters women's participation in the workforce and improves well-being for caregivers and care recipients. However, to ensure high-quality care for all who need it, policymakers can focus on mitigating issues that may arise from publicly funded care programs. These include excess demand, a lack of spaces for all those who need them, and inequity in access for groups who face marginalization.
- Employers that support caregivers through providing care benefits may see gains in recruitment and retention, productivity, and job satisfaction, as well as reducing employee absences. Benefits may include care stipends, care services on or near-site, paid parental leave, and employee assistance programs for caregivers.[117]
- Excluding unpaid care from economic measurement conceals its significance for women's employment and income, as well as for family well-being, especially when public care options are unavailable. Prioritizing the measurement of unpaid care is essential for improving the accuracy of economic and social policy design related to care provision and labour market outcomes.
- Prioritizing stability and well-being of care workers through improving job quality and wages will result in higher quality care systems for both care recipients and caregivers, and will help increase the supply of care workers. Better working conditions will also mitigate gender and racial inequalities and better support immigrants, since most care workers are women and racialized and immigrant women are disproportionately represented as carers. Improving working conditions in the sector may also encourage more men to participate.
- One-size-fits-all solutions will not work effectively to reduce inequalities in care systems. Public care policies will be more robust and reduce bias in access to care through consideration of differing experiences, cultures, and histories of marginalized families, such as those who are low-income, Indigenous, and racialized groups.
- Care policies can become more resilient to global trends such as rapidly aging populations, as well as the climate crisis and resulting migration patterns, by preparing proactively rather than reacting after the fact.

8. Research Priorities for the Future of Care

Although research has explored many aspects of the care economy, from the experiences of care workers to the economic value of unpaid care, many questions remain. By taking stock of some of the latest research during our roundtable, we identified future lines of inquiry that could sharpen insights relevant for policy and practice.

Working Conditions and Labour Market Design

Labour and migration policies can better ensure care workers experience stable, safe, and fair working conditions, supporting the expansion of the care workforce.

- How do care workers navigate and overcome precarious working conditions in care systems? What does this tell us about how care policy can improve these conditions?
- How can policy and funding structures move care jobs from precarious, low-wage, high-turnover positions into stable, professionalized careers?
- What government and employer policies are most effective at encouraging men to enter both paid care work and unpaid caregiving?
- How do immigration regimes (e.g., temporary visas tied to employers) create structural precarity in the care workforce? What alternative models (pathways to residency, credential recognition) better protect migrant caregivers?

Experiences of Care Recipients

Exploring the experiences of care recipients and how they navigate complex care systems can help improve care policies.

- What are the experiences of children, elders, people with disabilities, and other care recipients within different care systems? What do these experiences suggest about how future care policy can improve the quality of care?
- How do paperwork, eligibility rules, and opaque processes shape access to child and elder care? Which policy designs reduce these barriers, especially for low-income, Indigenous, and immigrant families?
- What policies best support those caring for both children and elders simultaneously? How can systems be designed to integrate child care and elder care policies together, rather than in silos?

Measurement, Access, and Inclusion

Expanding on our understanding of equity in access to care and caregiving is a key part of more sustainable and high-quality care systems.

- How can anti-colonial perspectives and ethics be integrated into care systems that have developed within colonial frameworks?
- What factors could decrease bias in access to care systems? Who is missing from research and policy conversations on access to care?
- How can unpaid care be systematically integrated into national accounts (beyond time-use surveys)? What impact would that have on economic policymaking and gender equality analysis?

Global Trends

Global patterns and trends such as migration and changing technologies will continue to affect the provision and quality of care.

- How are low and middle-income countries dealing with care gaps from migrant flows to higher-income countries? What practices and policies could make these care systems more resilient?
- How are new technologies, such as AI, being used in care delivery? What are the effects? What practices and policies could ensure that the use of these technologies does not exacerbate inequality?

Preparedness and Resilience

Resilient and sustainable care systems are necessary now and in future crises, including those induced by climate change or pandemics.

- What are the effects of climate change on the migration patterns of carers? For instance, what are the effects of climate change on low-income countries that often send caregivers to higher-income countries?
- How can care systems prepare for future pandemics or climate shocks, building on lessons from COVID-19 long-term care failures? What models exist for resilient care systems during disasters?

During the COVID-19 pandemic, the urgency of ensuring high-quality, accessible, and sustainable care systems became more evident to the public, employers, and policy makers. Five years on, in the face of a global care deficit, rapidly aging populations, climate-driven disruptions, and ongoing barriers to access, this need has become even more urgent.

The research presented at this roundtable suggests that care systems will need to be resilient to these global challenges, attentive to the needs and conditions of care workers, and focused on the barriers to care faced by the most marginalized communities, if they are to be effective and robust. In doing so, care systems will be better positioned to ensure everyone has access to the care they need. Care supports both the economy and of society, and when it is valued and prioritized, everyone stands to benefit.

Appendix 1:

Care Economy Research Roundtable Agenda

Research Roundtable on the Care Economy
Advancing the Care Economy: Policies and Practices for Equitable and High-Quality Care

April 29, 2025 | Rotman School of Management | Room 127,105 St. George Street

9:00 – 9:30 am: Arrival and Check In

9:30 – 9:40 am: Introduction

9:40 am – 10:40 am: Session 1 – The Economics of Care

Moyo Sogaolu, Institute for Gender and the Economy (Economics):
Evolution of Childcare Expenditure in Canada

Susan Prentice, University of Manitoba (Sociology):
"Are We There Yet?" Assessing Progress on the Canada-Wide Early Learning and Child Care Agreements

Pilar Gonalons-Pons, University of Pennsylvania (Sociology):
Direct care work and economic penalties of care responsibilities

10:40 – 11:00 am: Break

11:00 – 12:20 pm: Session 2 – Migration and International Relations in Care Work

Carieta Thomas, Carleton University (Sociology and Anthropology):
(Imm)ployment: Undocumented Care Workers at the Intersection of Immigration and Employment Law

Brenda Yeoh, National University Singapore (Geography):
Migrant care labour in aging societies across Asia

Guida Man, York University (Sociology):
Transnational migration and the childcare and eldercare strategies of Chinese immigrant women in Canada

Ludovica Gambaro, Federal Institute for Population Research (BiB):
The role of early childhood education and childcare services in integrating refugee families in Germany

12:20 – 1:00 pm: Lunch

1:00 – 2:00 pm: Session 3 – Care Workforce

Samantha Burns, University of Toronto (Psychology):
Rebuilding the ECE Workforce: Strategies for keeping educators in the sector

Izumi Niki, University of Toronto (Sociology):
Critical analysis on ethnocultural long-term care: Examining the intersection of care, gender, and systemic challenges

Laura Lam, University of Toronto (Industrial Relations):
Voice Without Direction: Navigating the Blurred Boundaries of Advocacy in Homecare

2:00 – 2:20 pm: Break

2:20 – 3:20 pm: Session 4 – Equitable Care Policies

LaShawnDa Pittman, University of Washington (American Ethnic Studies):
Safety Net Experiences among Family Safety Nets: Social Welfare Policies and Kinship Caregivers

Eva Jewell, Toronto Metropolitan University (Sociology):
Indigenous experiences in Canada's 'care 'structures

Maria Floro, American University (Economics):
Climate Change, Care Provisioning and Just Transition towards Sustainability

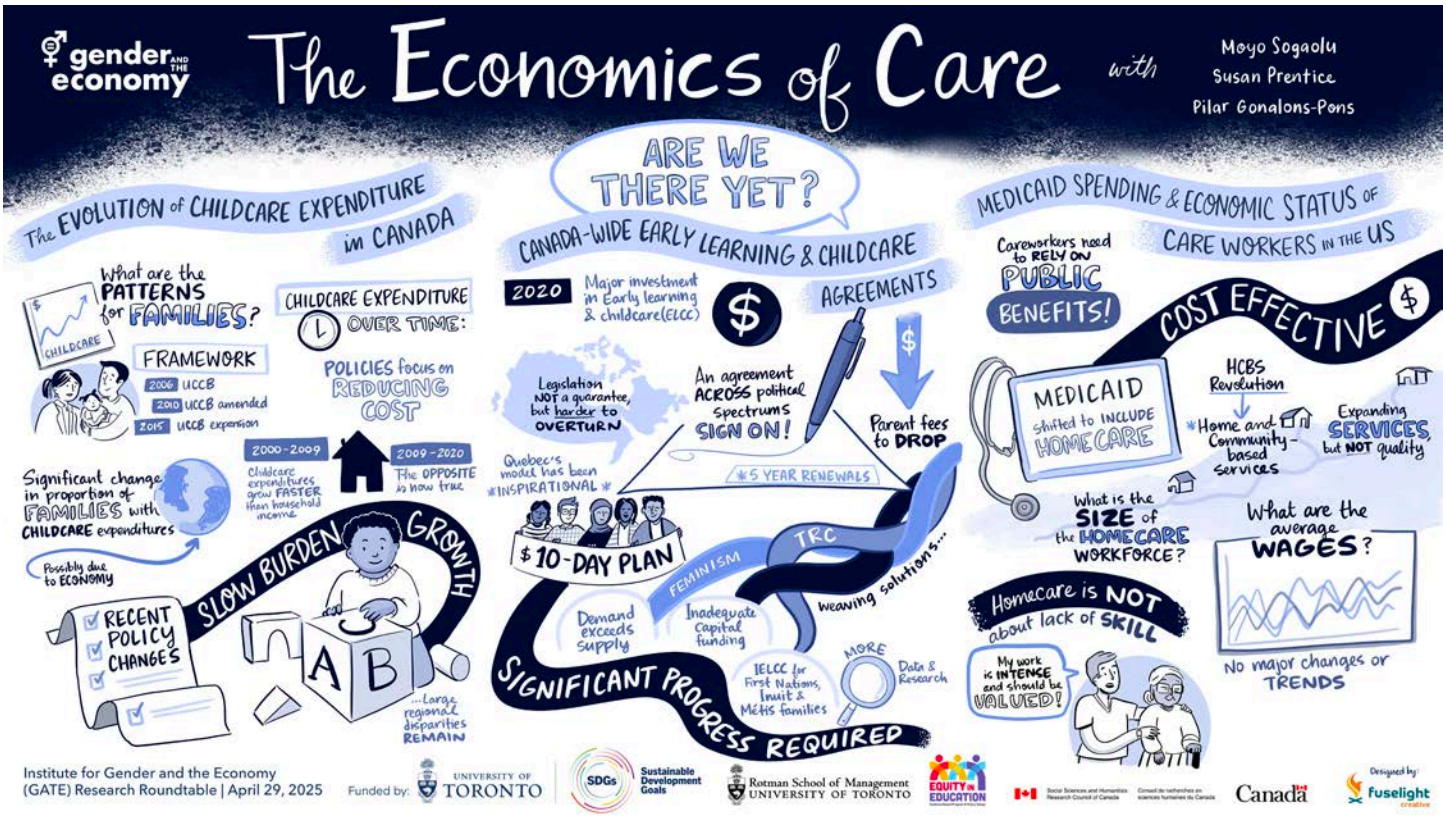
3:20 – 3:50 pm: Discussions

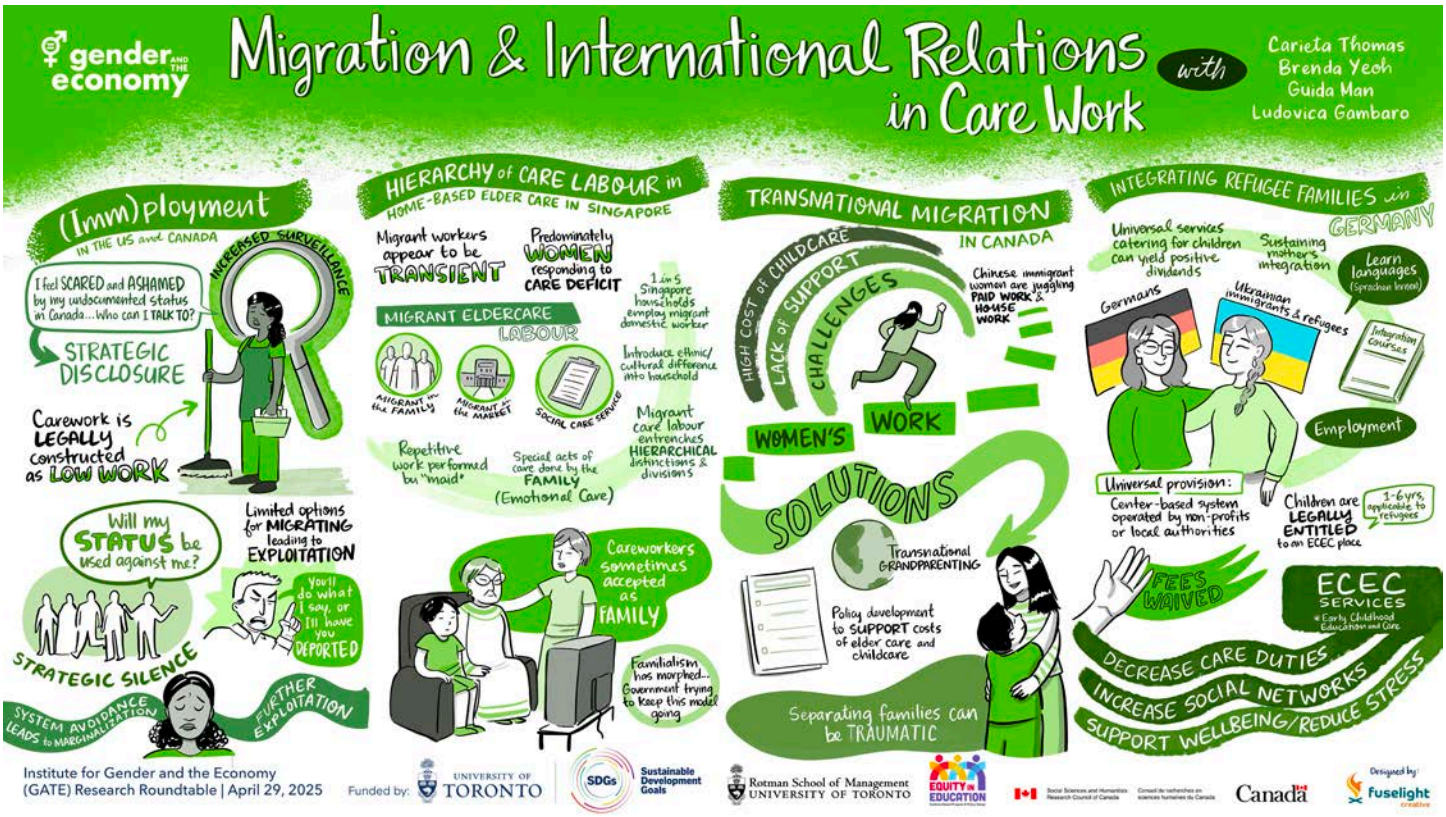
3:50 pm: Closing Remarks and Networking

Organizers: Samantha Burns, Elizabeth Dhuey, Sonia Kang, Sarah Kaplan, Lechin Lu, Michal Perlman, Carmina Ravanera, Moyo Sogaolu, and Linda White

Appendix 2:

Graphic Recordings from Care Economy Research Roundtable






gender and the economy
Care Workforce
with
Samantha Burns
Izumi Niki
Laura Lam
REBUILDING the ECE WORKFORCE
* Early Childhood Educator
Keeping EDUCATORS in the SECTOR
Is it the JOB or the SECTOR?
I'm NOT in a good HEADSPACE
DECIDING FACTORS:
Benefits
Salary
Psychological safety
Relationships
Better work conditions
HIGH TURNOVER
Over 30% since PANDEMIC
Impacts children's EXPERIENCES
Stress, low wages, poor relationships
SUPPORT the INDIVIDUAL and THEIR NEEDS
Compensation & benefits are CRITICAL!
ETHNOCULTURAL LONG-TERM CARE
SYSTEMIC
GENDER
CHALLENGES
Older adults
children
Linguistically & culturally appropriate care
Lower salaries & (im)mobility of workers
$
I can only work HERE...
CRITICAL feminist perspective
Intersectionality
Care as "Connective labour"
CARE
Ethnocultural care facilities function as SOCIETY'S "buffer"
Often taking on more responsibilities than paid for
Burned out
Overworked
Undervalued & undercompensated
of Ontario's 600 long-term care homes (LTCH) an estimated
50–70 are considered ethnocultural
VOICE WITHOUT DIRECTION
EMPLOYEE VOICE!!
IMPACT of WORKPLACE FLEXIBILITY
Limited control & autonomy
Decisions determined by clients & workers
Power imbalance
Expertise, autonomy & threat of EXIT
Why WORKERS don't VOICE CONCERNS
Futility of voice, "grey areas" with managers
Distrust of organizational knowledge
Trouble NAVIGATING the process of SPEAKING UP
Leverage SELF PROTECTION and BOUNDARIES
Institute for Gender and the Economy
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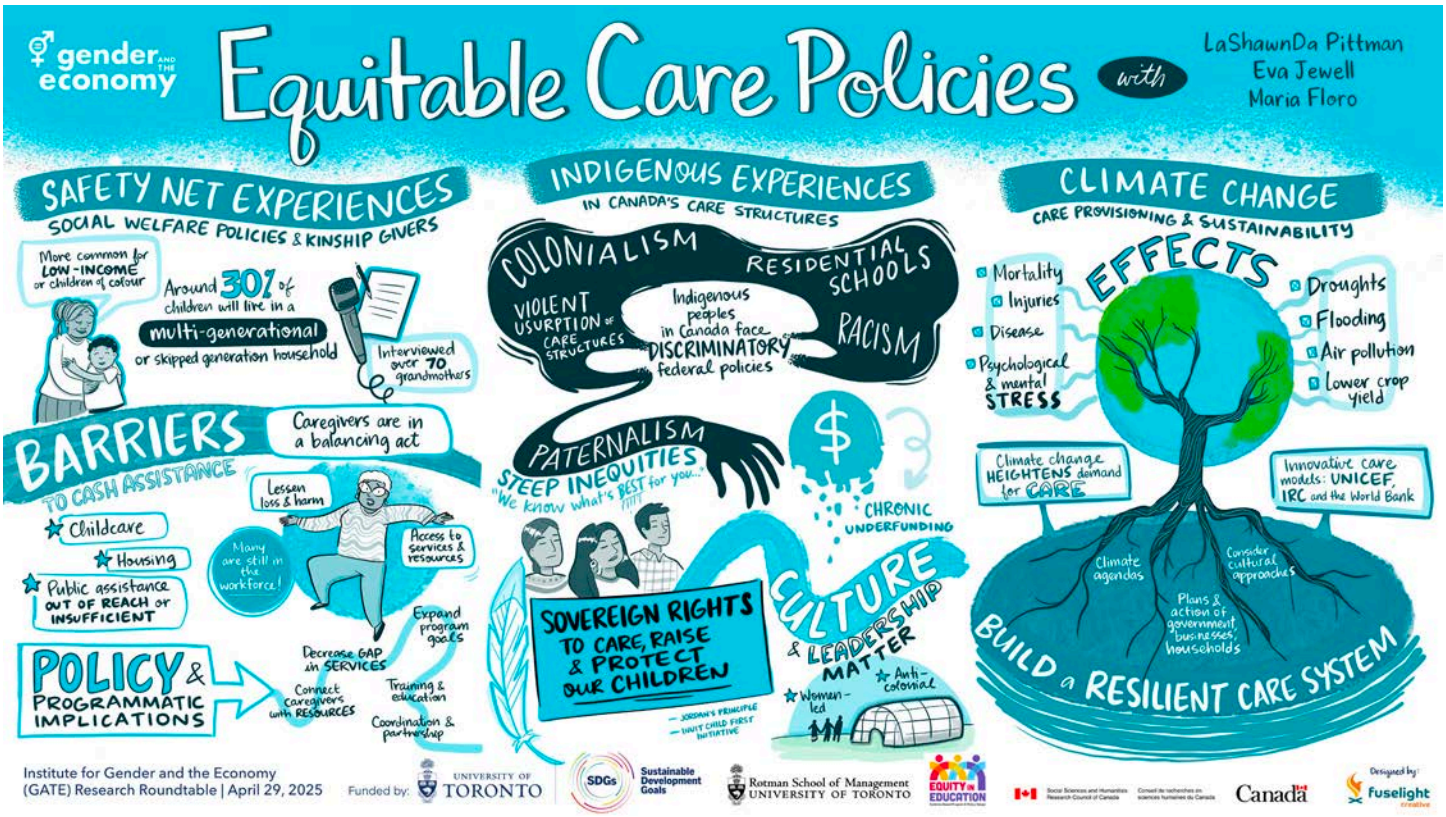
gender and the economy
Equitable Care Policies
with
LaShawnDa Pittman
Eva Jewell
Maria Floro
SAFETY NET EXPERIENCES
SOCIAL WELFARE POLICIES & KINSHIP GIVERS
More common for LOW-INCOME or children of colour
Around 30% of children will live in a multi-generational or skipped generation household
Interviewed over 70 grandmothers
BARRIERS TO CASH ASSISTANCE
Caregivers are in a balancing act
Childcare
Housing
Public assistance OUT OF REACH or INSUFFICIENT
Lessen loss & harm
Many are still in the workforce!
Access to services & resources
Expand program goals
Decrease GAP in SERVICES
Training & education
Connect caregivers with RESOURCES
Coordination & partnership
POLICY & PROGRAMMATIC IMPLICATIONS
INDIGENOUS EXPERIENCES
IN CANADA'S CARE STRUCTURES
COLONIALISM
RESIDENTIAL SCHOOLS
VIOLENT USURPTION of CARE STRUCTURES
Indigenous peoples in Canada face DISCRIMINATORY federal policies
RACISM
PATERNALISM
STEEP INEQUITIES
"We know what's BEST for you..."
CHRONIC UNDERFUNDING
SOVEREIGN RIGHTS TO CARE, RAISE & PROTECT OUR CHILDREN
— JORDAN'S PRINCIPLE
— INUIT CHILD FIRST INITIATIVE
CULTURE & LEADERSHIP MATTER
Women-led
Anti-colonial
CLIMATE CHANGE
CARE PROVISIONING & SUSTAINABILITY
EFFECTS
Mortality
Injuries
Disease
Psychological & mental STRESS
Droughts
Flooding
Air pollution
Lower crop yield
Climate change HEIGHTENS demand for CARE
Innovative care models: UNICEF, IRC and the World Bank
Climate agendas
Consider cultural approaches
Plans & action of government, businesses, households
BUILD a RESILIENT CARE SYSTEM
Institute for Gender and the Economy
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EQUITY in EDUCATION
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