

Valuing by Doing

Policy Options to Promote Sharing the Care

Under the “adult worker” family model in which social policies assume both men and women take part in the labour force, there are significant financial penalties for those who provide unpaid care. This is unfair, because social functioning depends not only on the market economy but also on an adequate supply of unpaid and family care. The raising of children, particularly, can be viewed as public-goods provision which, if not compensated, allows citizens who do not provide it to free-ride on the efforts of those who do. When social policies assume all adults will engage in market work, both the supply of unpaid care and the wellbeing and financial security of those who still provide it are in jeopardy. To rectify this, care needs to be more realistically valued, and not only in monetary terms. This paper reviews a range of innovative policies and assesses whether they could meet the twin goals of maintaining adequate social care and achieving gender equity. To both facilitate social reproduction and be fair to women, care may have to be something that everyone does. Some policies recognize care as a social contribution (a universal basic income, participation income, and transitional labour markets). However, this would not obviate gender inequity. This paper concludes that policies that see time spent in either family or voluntary care as a social obligation should be contemplated. It discusses “carefair” (compulsory paternal leave), and the idea that a minimum lifetime care requirement could be a pre-requisite to accessing full retirement benefits.

In most western countries social policy priorities have moved from supporting a “male breadwinner” model of family life to encouraging an “adult worker” model where both men and women take part in the labour force (Lewis and Giullari, 2005). This means there is greater gender equity, but at a cost, because successful social functioning depends not only on the market economy but also on an adequate supply of unpaid and family care (England, 2005). Care

is not simply a family or a personal matter. Both governments and employers are profoundly dependent on unpaid care work. It is essential if children are to be born and reared into independent adults. Governments depend on family carers to look after disabled and infirm relatives. The market is dependent on the care and human capital inputs parents and families provide. The raising of children, particularly, can be viewed as public-goods provision which, if not compensated, allows citizens who do not provide it to free-ride on the efforts of those who do (Folbre, 1994a). However, growing rewards in the labour market means that the opportunity cost of withdrawing from the workforce to care for family members are increasingly high (Waldfogel, 1998). Fewer people are able to do it, and as a result, both the supply of unpaid care and the wellbeing and financial security of those who still provide it are in jeopardy.

To remedy this situation, care needs to be more realistically valued. Though overlooked in conventional economic accounting, the unpaid economy is very large (Ironmonger, 1996). Recent estimates of what it would cost to pay replacement wages for unpaid work put its value at about 50 per cent of GDP in Australia, and cross-national estimates range between 40 and 70 per cent of GDP (ABS 2006). Studies of the economic value of care (Arno, 2006) the economic value of caring for children (Folbre, 2004) and the economic value of breastfeeding (Smith and Ingram 2005) quantify the enormous monetary worth of care-giving. The numbers are huge. Depending on the wage attributed, the replacement value of family care in the US can be estimated at \$140 billion, \$257 billion, or \$389 billion a year (Arno, 2006). The UK estimates are £87 billion a year (Buckner and Yeandle, 2007). Specifically with regard to childcare in the US, the average value of a mother's time has been estimated to be about \$33,026 per year; and the average value of a father's time to be about \$17,126 per year (Folbre and Yoon, 2005).

Currently these economic costs fall disproportionately upon the individuals (still overwhelmingly likely to be women) who perform the care (Craig 2007). The value represents a cost to those who undertake unpaid care work. Impacts include mothers' lower lifetime earnings than either childless women or men. An Australian study estimates the effect of a first child to be a cumulative loss over a working lifetime of approximately \$A435,000 (Breusch and Gray, 2003). The care penalty is further reinforced in Australia and other countries by a shift to retirement income policies based on earnings-related private superannuation or pensions. Gender-neutral provisions assume women participate in the labour market on the same terms as men, whereas the truth is that those with responsibilities for care spend less time than others in paid work over the life course, and are therefore unable to build up adequate retirement savings (Jefferson, 2007). This means that the costs of motherhood include being at risk of poverty in old age (Olsberg, 2004).

So care is very expensive, and the costs are borne inequitably. Therefore costing unpaid work and care in monetary terms is very important. However, this approach does not go far enough, because care is also valuable in and of itself

(Daly and Lewis, 2000). Many who promote female rights to independence are simultaneously concerned that if women substantially withdraw from care the welfare of children will suffer (Gornick and Meyers, 2004). The practical issue for many with care responsibilities is not necessarily what it is worth financially, but how to find time to do it. Under the adult worker model, not only the economic value but also the social importance of care is downplayed. Paid work is seen as the primary obligation of citizenship (Liebermann, 2007; White, 2003). But any system of social organization that leaves no room for the vital and economically productive activity of raising children and caring for elderly or infirm relatives is inadequate (Nelson, 2006). The male breadwinner model was not fair to women, but it did at least underwrite social reproduction (Folbre, 1994b).

To both facilitate social reproduction and be fair to women, new social policies are needed. Care needs to be more genuinely valued, and the unpaid and caring work that used to be done by women at home has to be shared around. To be truly valued, care may have to be something that everyone does. How could this be achieved? What policies could both value care as a social good in itself and promote a fair gender distribution of work, paid and unpaid? This paper discusses a range of innovative policy ideas and assesses whether they could meet the twin goals of maintaining adequate social care and achieving gender equity.

Care as a social contribution: A basic income

An approach that radically challenges the dominant moral view that paid work is the primary duty of all citizens is advocacy of a universal basic income (UBI), available to all as a right of citizenship. What is suggested is a regular government payment, made to all citizens with no conditions attached. The idea of the UBI is over 150 years old. Proponents of it take issue with the idea that the right to participate in the nation's economic wealth should be tied to an obligation to market work and argue that a basic income sufficient for a modest but decent standard of living should be available to all. Given a UBI, each citizen could afford to contribute to the public welfare according to his or her own priorities and interests (for example, family, occupation, voluntary activity), and activities outside the labour market would lose the stigma of being "second choices" because there would no longer be an obligation to work for money. Arguments for a UBI are based in ideas of social justice, poverty relief, equal opportunity and democracy (Barry, 1997; Liebermann, 2007; McKay, 2007; Pateman, 2004; Van Parijs, 2004; White, 2003). Though gender is not a central concern in all the UBI literature, some proponents see particular benefits for women. They note that the gender division of labour in the household and the special caring functions that women disproportionately bear limits their market opportunities compared with men, and suggest that an independent individual income would compensate for this (McKay, 2007; Pateman, 2004).

A UBI is a bold idea in a time when paid work is seen as the paramount social obligation and most social programs lean towards workfare. Objections are many. Apart from arguments about cost and practicability, many think a UBI would encourage idleness and free-riding, and represent a moral hazard. While some proponents consider this risk outweighed by the potential gains in inclusion and social cohesion, others deal with it by modifying the proposal to a *conditional* basic income. Sir Tony Atkinson suggests that claims to a basic income should rest on participation, very widely defined (Atkinson, 2007). A participation income (PI), it is suggested, would be a workable compromise between the aspirations of unconditional basic income proposals and the political acceptability of the workfare model (De Wispelaere and Stirton, 2007). Care provision would be included in a range of activities that constitute a sufficient contribution to the common welfare to justify support. It would be seen as a legitimate form of civic labour upon which claims to a share of the social product could be based. So this approach would acknowledge care to be a valuable contribution to society, and therefore a viable civic responsibility.

However, a participation income or a UBI is not a sufficient answer to female disadvantage. They could reduce poverty among caregivers, and perhaps enhance the supply of social care, but would not lead to equity in gender outcomes. The risk is that allowing women the opportunity to care through acknowledging it as a legitimate social contribution would entrench the division of labour. Proponents of a basic income do not advocate specific provisions to make *outcomes* equal by sex. A guaranteed income would give people the freedom not to work, but it would not necessarily give women the freedom not to provide care. Men would be more likely to build on the basic income through additional paid work, and inequity would still result. As many feminist writers pointed out in response to Gosta Esping-Andersen's 1996 categorization of welfare states on the criterion of (de)commodification, a fundamental dimension of social risk for women is whether they have the freedom to provide or to not provide caring services (see for example (Sainsbury, 1996)). Under a basic income scheme, care could be a basis on which to claim citizenship and gender difference could be valued. However, as has long been acknowledged, valuing difference risks entrenching women's detachment from the paid labour force, deepening the gender division of labour and causing long-term financial disadvantage (Fraser, 1994; Wollstonecraft, 1792).

Transitional labour markets

An alternative approach is to make it easier to move in and out of the labour market over the life course. Transitional Labour Markets (TLMs) could help people more successfully manage life course transitions and yield more individual freedom and more ability to combine work and family. Policy initiatives such as wage insurance, time banking, lifelong training and learning accounts, benefits vouchers, entitlements to training leave, and sabbaticals,

would assist people to vary their work commitments in the light of caring responsibilities, their need for further education and training or because at certain times they may be more involved in community activity (Bovenberg, 2005; Howe, 2007; Schmidt, 1998).

Proponents of TLMs point out that increasingly, modern lives do not fit the “traditional biographies” of 50 years ago, when people moved steadily through successive phases of education, marriage, work and retirement. Life courses are now more heterogeneous in terms of working, resting, learning and caring. They argue that it is when people move between activities—unemployment to employment, education to work, work to caring, caring to work, work to retirement—that they are most at risk. To best manage the risks requires taking the whole of the life course into account.

This would involve giving individuals “time sovereignty.” The view that time sovereignty is a fundamental aspect of welfare is relatively new, as social welfare has traditionally been measured in financial terms, but the idea that time scarcity is as important an indicator of welfare as money scarcity is gaining currency (Craig, 2007). Because of their disproportionate responsibility for unpaid work and care, time welfare is a particular issue for women.

A life course approach and working time policies are being tried in the Netherlands, where workers can trade time for money by “building up a time and income bank, resourced from part of their normal wages and salary and unused leave time, which can later be used for goals such as more income, day care for children, reduced hours of work” (Howe, 2007: 119). However, even with innovative policy support and rhetorical encouragement for sharing both work and care, family care in the Netherlands is still much more likely to be done by women than men, and men tend to work more hours while women use the time-banking scheme to buy “free” time. So this policy suggestion also fails the test of gender equity.

In this, it is consistent with most “family-friendly” policies. While encouraging men to share the care is the most obvious solution to achieving both gender equity and high levels of family care, policies that are theoretically gender-neutral (that is, they can be accessed by men *or* women) have been singularly unsuccessful worldwide. Men do not take up the provisions to which they have as much right as women do. Even in countries with highly developed and gender-neutral policy measures such as Finland, Sweden or Denmark, it is overwhelmingly women who access extended leave, interrupt their careers, and absent themselves from the workforce for family reasons (Leira, 2002). The impact of children and care on men’s workforce participation and employment opportunities is comparatively insignificant. That Dutch women access the innovative TLM policies much more than Dutch men shows that easing transitions would not in itself be enough to achieve a fair gender distribution of paid and unpaid work. Women would still make more transitions for family reasons than men, and because periods out of the workforce would still need to be subsidized by time or money accumulated within it, they would continue

to be more economically vulnerable over the life course, and at greater risk of poverty in old age. TLMs could potentially benefit individual carers, by making life and work more flexible, but such measures would reduce rather than eradicate the lifetime care penalty, and would not address gender disparities in care (Fagan and Walthery, 2007).

This suggests that to achieve equality of outcomes, not just of opportunity, requires policies directly targeted at men. Some countries are testing the effect of father-specific rights. In Sweden, a month's paternity leave that cannot be transferred to the mother has much higher take-up by fathers than gender-neutral measures. But while the "daddy month" is regarded as an important innovation, it is far from creating an equal distribution of care (Leira, 2002).

Care as a social obligation

To achieve an equal distribution of care, further steps would need to be taken. Some argue that for care to be truly valued, it needs to be more than a recognized basis upon which to claim citizenship, but it needs to be an actual and explicit social duty (Baier, 1987; Kershaw, 2006). "A democratic conception of citizenship would value and provide the resources for women's economic and political participation, as well as women's contributions to caring and welfare. But it would also be based unequivocally on the understanding that men cannot be accorded full citizenship if they do not fulfill their responsibilities for care-giving work" (Cass, 1994: 106).

The implication is that care must be made compulsory. However, while the logic is compelling, the political and practical difficulties are formidable. Most countries are reluctant to intervene explicitly in the private nuclear family and its division of labour. (An exception is Spain, which has introduced a clause into the civil marriage contract, obliging men to share domestic responsibilities and the care and attention of children and elderly family members. Failure to meet the obligations will be taken into consideration by judges when determining the terms of divorces. Because it has only very recently been introduced, it is not yet known what effect this will have on men's behaviour.)

"Carefair"

Most authors who argue that care should be grounds for claiming citizenship focus on the desirable results of such a change, rather than on measures that could compel citizens to participate in care. Few advocate sanctions. A notable exception is Paul Kershaw, who argues that policy should require men to provide care through prescriptive paternal leave provisions (Kershaw, 2005, 2006). In making the case for compulsion, Kershaw points out that liberal welfare states rely partly on the moral hazard argument to justify coercive workfare policies, and that there is an analogous moral hazard for men of being dependent on care. To allow men not to contribute to primary care work is to allow them to free-ride upon the care of others (Fraser, 1994). The mutual reinforcement of marriage and employment means that husbands can avoid

doing their share of the caring work and free ride upon the unpaid work of wives (Pateman, 2004).

Kershaw explicitly frames his argument in terms of the moral hazard of free riding at an individual level, essentially basing his argument in a neo-liberalism qualified by feminism. He points out that policy makers are not squeamish about making work compulsory, and argues that since informal care work is just as essential to social (re)production as is market participation, both social obligations should be enforced to the same extent. “Care*fair* is intended to serve as an analogue to workfare and other active labor market measures. Through workfare, governments employ the power of public policy to compel citizens to fulfill their employment duties as a condition of receipt of social assistance. The care*fair* idea implores governments to demonstrate a comparable concern to use policy to address the gender division of care” (Kershaw, 2006: 12).

I agree with Kershaw that making care itself the currency is the only approach that would lead to it being truly valued, and that there should be sanctions for non-contribution. However, I do not think requiring childcare from fathers is broad enough. It would mitigate intra-household inequity, but would not address the inequities between households and would create perverse incentives and social disparity on the basis of whether or not people have dependants. Intra-household inequality might be lessened by Kershaw’s approach, but the more fundamental challenge of social free riding would not. Care is not only a good within families, but a social good (White, 2003). While individual men do benefit from the unpaid labour and care-giving work their wives perform, the benefits of care go well beyond the household. To focus only on reciprocity between husbands and wives is too narrow. People without care responsibilities (such as the childless), governments, and to an even greater extent employers, also benefit from care, and should contribute (Folbre, 1994a).

In a society that assumes all adults will be workers, having care responsibilities is in and of itself a serious social risk. This is unfair, and to treat the issue as a failure of character by individual men (as care*fair* essentially does), is to overlook the extent to which options about work and care are shaped by policy, which can limit men’s choices as well as women’s. For example, the move towards an adult worker model of family life is driven not only by the desire of women to work, but the need of the market for more workers, and the need of the government for more tax payers (Lewis and Giullari, 2005). If policies increasingly promote a gender neutral citizen-worker model where everyone takes part in the labour force, for governments to ignore the ramifications for care is short-sighted. For employers to avoid sharing the cost of care is exploitative.

A care contribution as a pre-requisite for full retirement income

Therefore, I argue that a broad social response to redistributing care is necessary. I suggest a policy that mandates time spent in care as a prerequisite to accessing full tax benefits on retirement income. Only a few countries supply

superannuation as a right of citizenship, though there are strong arguments that an old age pension should be a universal benefit (Ackerman and Alstott, 1999). Currently Australia has a retirement income scheme that relies on contribution from employers and employees over the working lifetime. The government contributes through tax concessions. I suggest that the government should give the tax concessions only on the condition that a minimum lifetime requirement of care (say the equivalent of five years over the life course) has been contributed. That is, a certain minimum amount of voluntary or family care should be a pre-requisite to accessing the full government contribution towards retirement income.

As discussed above, those with responsibilities for care spend less time in paid work, and are therefore (among other consequences) unable to build up adequate retirements savings. On average, Australian women accumulate less than half the retirement savings of men. This significantly contributes to the feminization of poverty in old age (Olsberg, 2004). Requiring an in-kind care contribution from all would significantly increase the social supply of care, which would lessen the financial burden on women, because they would not be alone in making transitions in and out of paid work. It would lead to significant changes in the distribution of care. Many more men (and not just fathers) would participate than do currently. It would reduce inequities between groups of women, also, in that the current disincentives to childbearing and child rearing would be lowered.

Though the failure of gender-neutral workplace measures suggests that strong incentives are necessary, there is evidence that redistributing care would have benefits for those who currently do little. For example, parents themselves place a very high value on the care they provide their children. This is true of men as well as women. Both men and women now spend more time caring for children than in the past, even as paid working hours increase (Bianchi, Robinson and Milkie, 2006). More equitably sharing the care will benefit both men and women.

The suggested policy would leave the timing of their care contribution to the individual, allowing them to plan their lives according to their own priorities. Individual choice would be possible, within the statutory parameter of a minimum contribution. In this respect, the idea is similar to the transitional labour market (TLM) approach, in that it would allow people to take a life course perspective and to adjust their own work and care contribution through time banking. This suggestion would extend the idea from banking time in paid work only to allow people to bank time spent in care. I put it forward as a policy approach which could promote the twin goals of promoting gender equity and maintaining an adequate supply of social care.

Clearly, like the TLM approach, the practical challenges of instituting such a policy would be considerable, and issues of definition, measurement and compliance would need to be addressed. As a starting point, it could be established that care for one's own children or infirm or elderly relatives would

count; domestic labor for the benefit of able-bodied adults would not. For those who have no family members needing care, time devoted to voluntary care for non-relatives could be substituted. The point would be to replace time in paid work with time spent caring, so the basic unit of measurement would be accumulated hours. However, some flexibility would be possible. For example, those who are employed and also care part-time could have their care contributions counted on a pro-rata basis, and in recognition of the low pay that it currently attracts, paid care work could be counted towards the five year minimum lifetime care total at a ratio of 4:1. Identifying those who are supposed to be providing care but are not could necessitate compliance checks similar to those currently applied to benefit recipients who must seek employment to qualify for income support. These and other issues would require detailed attention should the suggestion pass the formidable initial barrier: challenging the mindset whereby time spent in care is seen as socially expendable, and of negligible importance compared to time spent in paid work.

Conclusion

Unpaid caregiving and carework are essential to the welfare of households, require considerable time and effort, and constitute a substantial subsidy of the market economy. However, western countries are instituting social policies that assume all adults will engage in market work. Little social provision is made for care, which means that those who provide it suffer personal financial loss, despite the importance of the social contribution they are making. To rectify this, care needs to be more realistically valued, and not only in monetary terms. To be truly valued, care may have to be something that everyone does. This paper concludes that policies that see time spent in care as a social obligation should be contemplated. As an example, it proposes that a minimum lifetime requirement—say the equivalent of five years voluntary or family care contribution over the life-course—should be a pre-requisite to accessing full retirement benefits.

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