DRIVER 3 WORKING GROUP PAPER

RECOGNIZING, REDUCING AND REDISTRIBUTING UNPAID WORK AND CARE
The United Nations (UN) Secretary-General established the High-Level Panel on Women’s Economic Empowerment in 2016 to bring together leaders from different constituencies—government, civil society, business and international organizations—to launch a shared global agenda that accelerates women’s economic participation and empowerment in support of implementing the 2030 Agenda for Sustainable Development and its promise that no one will be left behind.

The first report of the High-Level Panel (September 2016) examined the case for women’s economic empowerment and identified seven drivers for addressing systemic barriers to women’s economic empowerment. These seven drivers were further explored by working groups, comprising High-Level Panel members and other stakeholders. Each working group prepared a paper with specific recommendations for transformative change.

The second report of the High Level Panel (March 2017) provided a synthesis of the recommendations of each of the seven working groups within the framework of the essential enabling environment to accelerate and deepen the impact of the seven drivers. In addition to the working group papers, each working group prepared a toolkit, focusing on how to take forward the recommendations of the working group, along with case studies and good practices where relevant.

This working group paper has been prepared by the Working Group for Driver 3—Recognizing, reducing and redistributing unpaid work and care.

Its companion toolkit is published as a separate document.

High-Level Panel reports and working group papers and toolkits are all available online.

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While staff of the Bretton Woods institutions reviewed and provided comments on the working papers and toolkits in their respective areas of expertise, they were not members of the working groups.

In regard to the recommendations aimed at international organizations in these documents, the Bretton Woods institutions may endorse or support them to the extent these are consistent with their roles and in accordance with their mandate.
OVERVIEW

The provision of care is fundamental to human development. At some time in our lives, we all require and provide care. Care is essential for the cognitive and emotional development of productive and peaceful human beings who can grow and learn and acquire new skills and participate fully in economic, social and political life and for the reproduction of the workforce. The failure to guarantee adequate care or create systems that foster human development diminishes our economic, social and political potential. Moreover, we all have a right to care and to be cared for. Consequently, investing in care is a development strategy that secures these rights and expands human and economic potential.

The objective of this paper is to identify policies and programmes that guarantee both caregivers’ and care receivers’ rights, agency, autonomy and well-being. These policies must aim to reduce drudgery in unpaid work, particularly in tasks that are labour-intensive household chores—such as fetching fuelwood and hauling water. Where care work is paid, the goal is to ensure that it is decent work that is properly remunerated and covered by the appropriate labour legislation and protections. Where care services are offered, they should be of high quality and protect the rights and dignity of those cared for and the workers that care for them. Where those who work also engage in unpaid care, their rights to give care should be protected, their earnings should be high enough to cover the costs of care and they should have the flexibility to care for their dependents without being penalized financially for taking time out from paid work.

GAP ANALYSIS AND PRIORITIES

Globally, women tend to assume greater responsibility than men for unpaid care work. Although most women worldwide do paid work, they typically retain a disproportionate role in caring for the young, sick and elderly, which results in a double burden of paid and unpaid work. This double burden together with women’s disproportionate concentration in unpaid care work subsidizes the monetized economy; contributes to women’s greater time burdens, particularly when they also engage in paid work; and substantially limits their participation and empowerment in all spheres of life—political, social and economic. When care services are not available or accessible, women can be pushed into the most vulnerable forms of non-standard employment and informal work in an attempt to reconcile care needs with the imperative to earn. Poor women and rural women, as well as women migrants, face particular challenges accessing care services and reducing burdensome domestic workloads, particularly in low-income countries. Additionally, the deterioration of the conditions of work in the informal and formal economy, and the gaps in social protection, also affect care giving, reducing the amount of time available to care and the quality of care that can be given.

There is a growing care crisis worldwide, where households have insufficient or inadequate access to care services. Globally, women spend 45 minutes a day more than men in the sum of paid and unpaid work and more than 2 hours in the most unequal countries. Across 53 developing countries, some 35.5 million children under five were without adult supervision for at least one hour a day. Many women also provide care simultaneously to multiple generations. As the global population ages, a rise in chronic ailments and infirmity will create a greater need for care in older age. Resolving these care needs and mitigating care deficits will be essential for protecting the right to care and be cared for, professionalizing and valuing care work and enabling women and men to choose when and how much time to devote to paid work.

Glossary of terms

**Care worker:** Someone who looks after the physical, psychological, emotional and developmental needs of one or more other people. Care work can be both paid and unpaid. Care work spans both public and private spheres and is to be found in a variety of settings and across formal and informal economies.

**Decent work:** Involves opportunities for work that is productive and delivers a fair income; security in the workplace and social protection for families; better prospects for personal development and social integration; freedom for people to express their concerns, organize and participate in the decisions that affect their lives; and equality of opportunity and treatment for all women and men.

**Domestic work:** The ILO Domestic Workers Convention, 2011 (No. 189), defines domestic work as work performed in or for a household or households.

**Formalization:** The process of transforming informal jobs and firms to formal ones. This process can differ country by country.

**Formal work:** Formal work is work that is covered by statutory labour law, for which all relevant taxes and contributions are paid and that confers entitlement to social security. Formal employment ensures greater protection, safer working conditions and the offer of social benefits.

**Paid domestic worker:** The ILO Domestic Workers Convention, 2011 (No. 189), defines a domestic worker as any person engaged in domestic work within an employment relationship. A paid domestic worker receives a wage for this work and is often afforded some social protection.
and unpaid work and care. Resolving these needs will also contribute more holistically to our collective commitments to meet Sustainable Development Goals 5 and 8.

The recommendations developed here reinforce and build on the recommendations arising from the analysis of care in the first report from the UN High-Level Panel Women’s Economic Empowerment. They focus on two key concerns. The first emphasizes the importance of existing commitments to the 2030 Sustainable Development Agenda, the Decent Work Agenda and to national social protection systems and floors as a means of acknowledging and resolving care deficits for unpaid care workers. The second recognizes the imperative to formalize and promote quality paid care work. Child care, aged care, health care, education and domestic work must be recognized as critical sectors of the economy that contribute to human development and gender equality, and hence wages, skills and labour rights must be respected accordingly. This is crucially important in contexts where there is a growing informal market for care. In those contexts, migrant and home country workers are drawn into casual and precarious forms of work in the care economy that are not covered by effective labour and social protections, national labour law and legislation, and adequate migration policies, and sometimes not even recognized as work.

**KEY RECOMMENDATIONS FOR RECOGNIZING, REDUCING AND REDISTRIBUTING UNPAID WORK AND CARE**

Our main recommendation is to move toward universal access to care. Care must be seen both as a right and a development strategy.

1. **Recognize, reduce and redistribute care work.** Care is a universal right and an essential building block for economic growth and women’s economic empowerment. Governments should ensure that core economic policies include commitments to invest in affordable, quality and accessible care services (childcare, elder care, disability care) for all, including the most marginalized groups. Governments should include care in commitments to universal social protection, incorporate measures of paid and unpaid care work in national statistics and invest in basic infrastructure (water, electricity, health, education and safe transport).

2. **Ensure decent work for paid care workers, including migrant workers.** Paid work in the care sector must be decent work, with adequate wages, equal pay for work of equal value, decent working conditions, formalization, social security coverage, occupational safety and health regulations, self-care, professional training and professionalization, and freedom of association.

3. **Foster social norms change to redistribute care from women to men and ensure that care is their equal right and responsibility.** This can be promoted by including and mainstreaming equal responsibility for care between men and women throughout the education system, with the goal of changing social norms around care and promoting positive masculinities. It can also be promoted through the redistribution of care between men and women through advertising campaigns, community-based behaviour change and support for flexible work employment policies to balance work and family commitments.

**NEXT STEPS: WHAT DIFFERENT STAKEHOLDER GROUPS CAN DO**

**GOVERNMENTS**

Governments could consider the following actions:

- Invest in household surveys to gain a better understanding of individual and household needs and the impact of economic policies on human well-being; collect and monitor time-use data to improve the measurement of paid and unpaid care and household work and implement the 19th International Conference of Labour Statisticians “resolution concerning the statistics of work, employment and labour underutilization.” These data should be collected periodically and in such a way that they can be disaggregated by sex, age, income group, rural and urban location, migration status and other key characteristics. These data, including in Household Sector Satellite Accounts, should be used to inform public policy.
- Recognize that heavy and unequal care responsibilities affect livelihood strategies, employment outcomes, economic growth and sustainable poverty reduction. Consequently, addressing women’s heavy and unequal care responsibilities should be incorporated explicitly into employment, macroeconomic policy and poverty reduction strategies and into relevant public declarations, and addressed by increased public investment.
- Invest in infrastructure and technologies that simultaneously reduce time burdens and drudgery, particularly for the poorest women and households; curb carbon emissions; and create jobs. Investment in water pumps, electricity, clean cook stoves, mini-grids, publicly and collectively owned mills and grinding machinery, and transport all have the potential to reduce drudgery, increase the efficiency of care work and free up time for other activities such as paid work, income generation, education, leisure and self-care.
- Address barriers to caregivers’ engagement in decent work and ensure adequate social protection for workers with family responsibilities in all types of employment, including self-employment, informal employment and non-standard forms of employment.
- Enact legislation that recognizes the value of care in social protection systems and creates incentives for redistribution of care work, including crediting pensions for time spent caring; ensuring paid maternity, paternity and parental leave; commit to the Decent Work Agenda, and ensure that care becomes an integral part of these social protection systems, including social protection floors, guaranteeing the right to care and be cared for.
• Design social protection programs that avoid creating conditions that reinforce women’s role as unpaid care workers without enabling them to challenge or transform this role.23
• Establish more progressive and redistributive tax structures to provide increased tax revenue to fund improvements in state-provided care infrastructure and services. Efforts should be made to reduce tax evasion,24 remove tax loopholes and put pressure on companies and transnational entities to pay their share of corporate taxes and social insurance contributions. Social transfers should value time spent in care, while tax credits or direct subsidies should be designed to increase access to additional quality care services in tandem with efforts to formalize care work.25
• Ensure decent working conditions, including providing labour and social protection coverage for all domestic workers and paid care workers and ratifying and implementing International Labour Organization (ILO) Convention on Decent Work for Domestic Workers, 2011 (No. 189).26
• Ensure that migrants enjoy full labour rights and equality of treatment with other workers, and adopt effective enforcement mechanisms to ensure employers’ compliance and workers’ access to remedies.27 Measures should be adopted to extend social protection coverage to migrant domestic and care workers, ensuring cross-border portability.28
• Promote workforce development, skills and qualification certification and recognition for all care workers including migrants.
• Reinforce the right to social infrastructure29 and adapt investments to the diversity of women and their needs, including self-employed women, religious and ethnic minority and indigenous women, disabled women and migrant women, and differentiate needs for care. This also means expanding pre-school programmes and extending school days and after school programmes and school meal programmes to provide greater academic support and improved nutrition as well as quality care and recreation opportunities for children.
• Invest in public care services appropriate for all workers (paid, unpaid, formal and informal) including quality care jobs and services such as child care, elder care, care for the disabled, and long-term care and health care. These are investments that expand human capital development, reduce poverty and inequality and increase employment for both men and women.30
• Support care cooperatives, as alternative forms of organization to provide care, and ensure that they have the appropriate legal constitution and access to training and social protection (ILO Recommendation Concerning Promotion of Cooperatives, 2002, No. 193).31
• Enact legislation that guarantees maternity protection to all women in line with ILO Convention 183 and ILO Recommendations 191, 202 and 204; expand paid paternity and parental leave protections, including mechanisms to increase men’s uptake of leave benefits; and extend other care leave entitlements over the life cycle, for all workers in the formal and informal economy.32 These actions expand caring opportunities for women and men, support employment of individuals with dependants and contribute to social norm change.
• Implement laws and statutes that protect the rights of workers with dependents in need of care to negotiate flexible schedules and telecommuting options to accommodate care needs with their employers.33 This includes ratifying and implementing ILO Convention on Workers with Family Responsibilities, 1981 (156), and ILO Recommendation Concerning Workers with Family Responsibilities, 1981 (165), to provide support measures to workers with family responsibilities. Both the public and private sector should revise human resource policies to enable greater flexibility in scheduling and location of work and support innovations that foster greater gender equality in workplaces.34 Member states should also ratify and implement ILO Convention on Social Security, 1952 (102); guaranteeing family benefits and rights and reducing poverty in old age and infirmity are core elements of this convention.
• Regulate public and private care services to ensure that they meet minimum quality standards and that workers who provide these services enjoy full labour rights and adequate wages in line with the value, skills and strains of care work, since decent work ensures better quality care.
• Include and mainstream equal responsibility for care between men and women throughout the education system at all levels (primary, secondary, post-secondary) with the goal of changing social norms around care and promoting positive masculinities.

UN AGENCIES, MULTILATERAL ORGANIZATIONS AND INTERNATIONAL FINANCIAL INSTITUTIONS

• Incorporate relevant unpaid care indicators in annually published economic databases and monitoring and evaluation systems for investment and lending, and fund others to collect and monitor relevant data on unpaid care.
• Incorporate commitments and measures to address women’s heavy and unequal care work in core organizational policies and strategies.
• Prioritize grants and loans to support the development of inclusive and sustainable social protection systems, including national social protection floors, and include care services as a central component of social protection systems along with health care and pensions.
• Prioritize grants and loans to support poorer countries to invest in basic care–supporting infrastructure and care services that are affordable and accessible to poor women.
• Provide technical and financial support to increase the representation of care workers through local women’s rights and worker organizations and decision-making structures.

PRIVATE SECTOR ORGANIZATIONS

• Invest in designing, producing and distributing low-energy use, affordable time- and labour-saving equipment accessible to poor women in low-income countries.
• Promote the redistribution of care between women and men, through advertising campaigns, community-based behaviour change and flexible work-life balance policies at work.
• Promote care committees within private and public sector entities and unions that address care needs and concerns within employer institutions.

CIVIL SOCIETY ORGANIZATIONS
• Support greater representation of paid and unpaid carers, including women and migrant carers, throughout national and local governance, including in traditional governance structures. Migrant women should have representation in countries of origin and destination.
• Support worker organizations and women’s rights organizations to call for greater national investments in the care economy and the creation of more decent work opportunities for women and men.

ANNEX 1. THE CARE DIAMOND

The “care diamond” describes the architecture through which care is provided, especially for people with intense care needs, such as young children, the frail and elderly, the chronically ill and people with physical and mental disabilities. The institutions involved in the provision of care may be conceptualized in a stylized fashion as a care diamond that incorporates the family and household, markets, the public sector and the not-for-profit sector of care providers, including voluntary and community provision. The care diamond illustrates that when paid forms of care provided through the public sector are cut back or not provided, care needs do not disappear, but other actors assume more of the responsibility for care provision.

NOTES


16. ILO (International Labour Organization). N.d. “Social Protection Floor.” Geneva: ILO. http://www.ilo.org/secsoc/areas-of-work/policy-development-and-applied-research/social-protection-floor/lang--ja/index.htm. Research on the costs of universal social protection floors concludes that it is affordable even for low-income countries. Some countries, including Benin, El Salvador, Mozambique and Vietnam could provide a substantial social protection floor for as little as 1–2 percent of GDP. Low-income countries in Africa and Asia could provide the transfer components at a cost of 2–6 percent of GDP. Some transfers would cost even less. For example, Burkina Faso, Ethiopia, Kenya, Nepal, Senegal and Tanzania could provide a universal basic pension for just over 1 percent of GDP.

17. Universal social protection includes adequate cash transfers for all who need them, especially children; benefits and support for people of working age in case of maternity, disability or work injury and for those without jobs; and pensions for all older people. This protection can be provided through social insurance, tax-funded social benefits, social assistance services, public works programs and other schemes guaranteeing basic income security. See also UN Women. 2015. Making Social Protection Floors Work for Women. Policy Brief No.1. New York: UN Women.

19. How often these survey data should be collected should be determined by the capacity of the state to implement surveys, but ideally it would be no less than every five years. Examples of time use surveys can be found at: https://www.bls.gov/tau/; https://www.oecd.org/gender/data/balancingpaidworkunpaidworkkandleisure.htm; http://www.beta.inegi.org.mx/proyectos/encogares/especiales/enut/2014/. See also United Nations Statistics Division, “2016 International Classification of Activities for Time Use Statistics,” which has been extensively revised to simplify the structure of the classification and align with the 19th ICLS resolution. http://unstats.un.org/unsd/statcom/47th-session/side-events/documents/20160310-2L-ICATUS-UNSD.pdf


22. For example, in Chile women receive a credit for each child. In Sweden, pensions are credited with a basic minimum for each year spent caring for children, the sick or the aged. See also Fultz, E. 2011. Pension crediting for caregivers: Policies in Finland, France, Germany, Sweden, the United Kingdom, Canada and Japan. Washington D.C.: Institute for Women’s Policy Research. https://iwpr.org/wp-content/uploads/wpaillimport/files/iwpr-export/publications/D497_Fultz.pdf


24. Tax reform, including enforcing corporate tax evasion regulations as well as implementing a progressive tax system, could substantially increase government revenue for social protection systems and investment in care services.

25. Efforts should be made to ensure that these credits and subsidies are available not only to the better-off. Moreover, efforts should be made to ensure that such transfers do not stimulate informal and unprotected forms of care, whether provided by migrants or family members.