UNRISD United Nations Research Institute for Social Development

CONFERENCE NEWS

The Political and Social Economy of Care

Report of the UNRISD Conference
6 March 2009, Barnard College, Columbia University, New York

Contents

Introduction

The parameters of caregiving have changed tremendously over the past two to three decades, as women's entry into the workforce has intensified across diverse regional contexts, family structures have been transformed (with the higher incidence, in some regions, of households with children that are maintained primarily by women), and demographic, epidemiological and sociocultural changes have created new demands for care as well as a new understanding of what "good care" should entail.

Care is commonly thought of as the activities that take place within homes and neighbourhoods, and structured by relationships of kinship and community: caring for children and adults whether able-bodied, ill or frail. But unpaid care work involves many additional tasks, such as meal preparation, and cleaning of homes, clothes and utensils, which are particularly time-consuming in many poorer countries where access to appropriate infrastructure and labour-saving technology is limited. Care has also increasingly shifted outside the home toward market, state and non-profit provision.

The way in which the provision of care is organized and divided across household, market, state and non-profit institutions has important implications for who accesses adequate care and who bears the burden. Feminist scholars and activists have repeatedly pointed out that current divisions of care labour are far from even. Instead there exists what economists would call a "free-rider" problem, with some individuals and social groups (mostly women and girls, especially those in low-income households) doing the bulk of the work and the rest of society benefiting from the outputs of this work. That most care work is done on an unpaid basis does not mean that it comes without costs. Because women and girls take on the lion's share of unpaid care, they have less time for paid employment, self-care, rest, leisure, organizing and political participation. The political and social economy of care is therefore central to gender equality.

While care issues have increasingly been incorporated into the research and policy agendas of advanced industrialized countries, this is not a global trend. Over the past quarter-century, feminist research on institutionalized welfare states has generated a rich literature that challenges many of the premises and limitations of the mainstream social policy literature. Care has been central to these debates. However, this research has been remarkably local. Many of the trends it has documented are not universal and not all of the

policy options it discusses are transferable. This is especially true in a development context, where formal social provisioning is less institutionalized. Care arrangements in developing countries have not received the same level of academic scrutiny as institutional welfare states. Indeed, little is known about the conditions under which caregiving takes place in developing countries.

Since 2006, UNRISD has been carrying out a comparative research project, including eight country studies and a series of thematic papers, to address this lacuna. (Re)thinking and analysing care in a development context raises several crucial questions: what form do care arrangements take in diverse developing countries? How do these arrangements contest or entrench existing inequalities (of class and gender, in particular)? Are families and households (in all their diversity) the only site where care is produced? Is it necessary to distinguish between *different* forms of familialism? How are states responding to structural changes and sociocultural norms that shape care needs? Have issues of care entered the public debate? What forces have facilitated their visibility and to what effect? What should the policy priorities be in each context?

The conference held at Barnard College (Columbia University) in New York on 6 March 2009 brought together scholars from a range of countries and disciplines to reflect on these questions, drawing on diverse country experiences from Asia, Latin America and sub-Saharan Africa, as well as on broader care debates based on research findings from Europe and North America.

Opening Session—(Re)thinking Care: North and South, Past and Present, Research and Reality

The presentations during the opening session interrogated the place of care in research and reality, past and present, North and South, thus setting the scene for the country-level findings presented in the following panels. While Joan Tronto showed how the pursuit of unlimited growth has led to a major "care disorder" in current times, Elizabeth Jelin's speech traced academic and political debates about social reproduction and care from the 1970s onward. Research coordinator Shahra Razavi added yet another dimension for (re)thinking care: she argued that in addition to seeing care as a sector, it is also important to conceive of care as a perspective or lens through which broader policies and processes can be scrutinized—especially in a developing country context.

In her keynote address, **Joan Tronto** made a strong call to move beyond the "counting games" of a "world without limits". Much of the marginalization of care, she argued, is due to the belief in unlimited wealth creation and constant gains in efficiency, deeply rooted in contemporary economic thinking. Within this framework, care is conceived as an expensive and dilemma-inducing endeavour, because it tends to run up against the limits of frail human bodies and relationships. In a world without limits, care suffers from "cost disease" due to its resistance to productivity increase, and provokes a "nice-person dilemma", according to which those who provide care lose out in an economic structure that rewards participation in the paid economy but offers little or no compensation for care.

> ***On a global level, the commodification of care reinforces divisions, as many poor countries 'export' care to countries which can afford to pay a higher price.***

This dilemma is forced upon families and individuals. It triggers a vicious cycle within which already existing social, ethnic and gender inequalities are deepened. If the price of care goes up, those who already have the advantage in other realms of social and economic life can also afford more and better care. In the case of children, receiving less or lower quality care is likely to lead to more inequalities in the future. On a global level, the commodification of care reinforces divisions, as many poor countries "export" care to countries which can afford to pay a higher price. Finally, there is a growing care deficit causing health, care and basic safety threats for children who are left without adequate adult supervision across countries.

"We can address these inadequacies *within* the paradigm of unlimited growth, but we will not succeed [in

resolving them]", Tronto argued. An alterative worldview—"genuinely and democratically inclusive"—can only be created from the recognition of limits, including those of the human body and the global environment. This requires a broad and encompassing understanding of care as an activity "that includes everything that we do to maintain, continue and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, our selves and our environment, all of which we seek to interweave in a complex, life-sustaining web". Understanding care *not* as a prerequisite to economic growth, but as the centre of human life would allow a shift in priorities from "making money" (or "making stuff"), to "making liveable lives" and "enriching networks of care and relationship". In such an alternative world, the physical, emotional and relational needs of humans would set the limits within which other concerns (including economic growth, employment and institutional organization) are addressed.

> ***A genuinely democratic care politics would be characterized not only by its opposition to a political economy based on the idea of unlimited growth, but also by a strong commitment to equality, including the equal accessibility of good care for all human beings.***

How would a new democratic care politics be fashioned? Who would benefit from such a political movement? In order to generate a sense of solidarity, Tronto proposed turning to a basic and much-neglected aspect of care, namely, the receiving end. Only through thinking of *all* human beings—not only the frail and vulnerable—as continuous care *receivers*, can unity of care*givers* be achieved. It is by articulating our own vulnerabilities that we are less able to distance ourselves from care and more likely to perceive it as an activity which is central, rather than marginal, to our lives.

The current "care disorder" creates obstacles to collective mobilization. These obstacles include contemporary conceptions of democracy, which have tended to omit the need to receive and give care. Making care a political priority could thus become the basis for the next democratic revolution. A genuinely democratic care politics would be characterized not only by its opposition to a political economy based on the idea of unlimited growth, but also by a strong commitment to equality, including the equal accessibility of good care for all human beings. This politics of opposition requires actors to perceive themselves as agents *and* as dependents: "Without this switch in awareness we will hit up against the reality of a world without limits at our own peril", said Tronto.

Elizabeth Jelin's keynote address looked back at the 1970s in order to explore past and present conceptualizations of the domestic sphere, where the bulk of care is provided in the form of unpaid and mostly female labour. She drew parallels between the feminist debates about domestic and capitalist modes of production prompted by Claude Meillassoux's *Maidens, Meal and Money: Capitalism and the Domestic Community* (1981),[1] and more recent discussions of the role of families in welfare regimes inspired by the work of Gøsta Esping-Andersen (1990).[2]

Meillassoux's work examined different modes of production and their role in capitalist economies. He argued that in the transition to capitalism, the "domestic community" was divested of its productive functions, but maintained an essential role in producing and reproducing labour power for the capitalist system. What kind of "product" this labour power was, and whether it was produced for use- or money-value, generated heated debates. Feminists were quick to point to the limitations of Meillassoux's theory, including his ahistorical use of the category "women" and the ambiguity of his concepts. Nevertheless, Jelin argued, the attention to the domestic community and the family's role *within* the larger economic context was the starting point of what is now discussed as "care".

Today, households and families are still central to economic and social processes. Yet the daily physical, social, emotional and moral reproduction of human

[1] Meillassoux, Claude. 1981. *Maidens, Meal, and Money: Capitalism and the Domestic Community*. Cambridge University Press, New York. The French original was published in 1975 under the title *Femmes, greniers et capitaux*.

[2] Esping-Andersen, Gøsta. 1990. *The Three Worlds of Welfare Capitalism*. Polity Press, Cambridge.

beings is absent from national accounting systems as long as it is carried out in the domestic sphere and not remunerated. This invisibility of families and the contribution of women's unpaid work to social welfare continued to be a contentious issue during the 1990s. Indeed, Esping-Andersen's *Three Worlds of Welfare Capitalism*—in which he depicted the role of, and relationship between, markets and states as central to the functioning of different welfare regimes—paid no attention to the role of households and families in welfare provision. The critical engagement with his work generated an empirically grounded and theoretically informed feminist literature that challenges mainstream conceptions of social policy and the welfare state, and Esping-Andersen's later work (1999)[3] incorporated the household into welfare regime analysis. In contrast to Meillassoux's work, Jelin argued, the recent welfare regime literature is not limited to the relationship between capitalism and the domestic community, but looks instead at a range of different institutions involved in the provision of welfare.

This growing analytical complexity moves current analysis away from the kind of "grand theories" that Meillassoux's work built upon. But while Meillassoux was interested in and able to apply his hypotheses to Africa and Europe alike, the current welfare regime literature builds almost exclusively on the experience of advanced capitalist economies. Its concern with access and entitlements to social welfare and dignity makes the *state* central to the analysis. Hence, its theories are less applicable to the other half of the world where households, families and communities play a dominant role in social provisioning.

In her opening statement, **Shahra Razavi** elaborated on Jelin's concern about the need to (re)think care in a development context, outlining a set of questions emerging from the UNRISD project. Drawing on Jane Jenson (1997),[4] she argued that it is useful to think about care as a *perspective* or *lens*, rather than a sector or particular set of activities. Because good care requires a variety of resources, including material resources, time and skills, broader policies and structures can facilitate or hamper caregiving. This is particularly important in a development context, where many of the preconditions for caregiving cannot be taken for granted. These include appropriate infrastructure and technology to increase the productivity of unpaid domestic work, as well as the availability of paid work to bring in a decent wage, with which to purchase some necessities for caregiving (such as nutritious food for the family and transport fees to reach the nearest health centre). It therefore cannot be assumed a priori that the processes of growth and economic development lead to an improvement in caregiving and human welfare. The question is, instead, whether capital accumulation—a necessity for developing countries—facilitates caregiving and enhances human well-being, or whether it occurs at their expense.

It cannot be assumed a priori that the processes of growth and economic development lead to an improvement in caregiving and human welfare. The question is, instead, whether capital accumulation facilitates caregiving and enhances human well-being, or whether it occurs at their expense.

Despite the fact that both welfare and care are mainly assured through informal family networks and relations, an exclusive focus on families and households can be misleading. The "care diamond" analogy put forth by the project illustrates the multiplicity of sites and institutions involved in care provisioning. Families/households, markets, the public and the not-for-profit sectors work in a complex manner, and the boundaries between them are neither clear-cut nor static. Although families and households are the bedrock of care provision in most countries, there is great diversity among developing countries with respect to state capacity (fiscally and administratively) and the willingness to provide social and care services or put forth comprehensive social protection measures. The six project countries also vary greatly with regard to the "familializing" (for example, care leave provisions, transfers for caring and social rights attached to caregiving, such as

[3] Esping-Andersen, Gøsta. 1999. *Social Foundations of Postindustrial Economies*. Oxford University Press, Oxford.

[4] Jenson, Jane. 1997. "Who cares? Gender and welfare regimes." *Social Politics*, Vol. 4, No. 2, pp. 182–187.

pension care credits) or "de-familializing" (such as public provision of care services and public subsidy of market care services) emphases of their social policies. The focus on public policies also allows moving beyond an agenda, currently pursued by some multilateral institutions, focused exclusively on micro-level interventions aimed at getting more men involved in caregiving. According to Razavi, these micro-level measures around the promotion of fatherhood, for example, are largely insufficient, at least in many developing countries, where much more needs to be done in terms of putting in place the policies, programmes and structural changes that can help redistribute the costs of caregiving across social classes and also make it more viable for women to renegotiate their care responsibilities with men.

Finally, Razavi pointed to the problem of "welfare pluralism" in a development context, where care is spread thinly across the care diamond. In theory, governments can orchestrate the mix of public, private and community provision, guaranteeing accessible services for everyone, as well as good working conditions for care workers. But this requires a state with both fiscal and regulatory capacities to regulate non-state care providers, enforce quality standards and underwrite some of the cost of service provision for low-income users. It also requires the political will to invest in basic public health and education services, and appropriate infrastructure, as the bedrock of social provisioning to reduce the unpaid care burden placed on families and households. However, the reason why governments often enter into public-private partnerships is to save costs (especially those related to staff). As a consequence, Razavi argued, particular attention needs to be paid to the kind of employment that public-private mixes offer to their workforce. Pluralism in the provisioning of social and care services can have unequalizing, if not exclusionary, outcomes in contexts where the state fails to play a leadership role. In historically more unequal societies, pluralism can easily slip into fragmentation as gaps are filled by providers that offer services of varying quality which cater and are accessible to different segments of the population. In such contexts private provision (of health, pensions and care services) for the better-off may be underwritten by state subsidies, while meagre resources are channelled into poor-quality public or "community" health, education and care services for the majority who may be required to make in-kind or "under-the-table" contributions in order to receive them.

Session 1—State Responses to Social Change in Europe, Argentina and the Republic of Korea

The past decades have witnessed major economic, demographic and social changes that have had important consequences for the organization of care. Among these shifts are declining fertility rates; changing marriage patterns, household and family structures; ageing; and migration. How are states responding to these changes? How are responsibilities for financial provision and caregiving (re)assigned in different contexts?

> ***While diversity is the defining feature of policy measures in Europe—including funds, services and time for care, as well as their relative weight in each national setting—the withdrawal of the state emerges as a common feature across countries, even those with a strong tradition of state-provided social and care services.***

In her presentation, **Mary Daly** provided an overview of trends in the European context, focusing on the drivers and ideological underpinnings of contemporary care-related reforms in the areas of health, social protection, family and employment policies. She argued that reforms are not really driven by an interest in care itself, but rather by what is perceived as demographic, social and economic exigency. Aside from the economic instrumentalism around labour market activation and investment in the development and well-being of children as the "citizen-workers of the future",[5] care-related policies seem to be driven by concerns over

[5] Lister, Ruth. 2003. "Investing in the citizen-workers of the future: Transformations in citizenship and the state under New Labour." *Social Policy and Administration*, Vol. 37, No. 5, pp. 427–443.

the family as a key institution in the creation and maintenance of social fabric and order. While diversity is the defining feature of policy measures—including funds, services and time for care, as well as their relative weight in each national setting—the withdrawal of the state emerges as a common feature across countries, even those with a strong tradition of state-provided social and care services. Furthermore, consensus seems to be emerging on some key ideas about the linkage between people's family and market roles that ultimately underpin social policy making.

Five tendencies become particularly apparent. First, governments increasingly treat all women as workers, pursuing a rise in the share of dual-earner households; and second, they regard paternal involvement in family life as desirable. Third, child well-being and development has increasingly become an independent concern of social policy as an investment in human capital, which leads to the fourth tendency, the fact that some non-maternal childcare is seen as necessary. Last, there are separate debates about elderly care with different combinations of self-sufficiency and public funding being promoted mainly from the areas of health and pensions. Although the first two tendencies have roots in feminist thought and movements, Daly argued that they are underpinned less by concerns over gender equality, than by hard-bitten economic considerations. On the one hand, support for traditional male breadwinner/female caregiver households has come to be seen as costly and, thus, dual-earner families who can fend for themselves have become the desired norm. On the other hand, policy makers hope that male bonding with small children will be good for child development and make men more likely to provide for their offspring at later stages—thus relieving public budgets of child support.

Work and family reconciliation policies have become a major topic for discussion on care in the European context. According to Daly, these are not only driven by the desire to increase parental employment through working time and leave regulations that facilitate the participation of both parents in the paid economy. The aim is also to soften the hard edges and harmonize market and family institutions, because the quality of family life in the short term is perceived to be crucial for maintaining social order in the long term. This perception goes hand in hand with the recognition of the limits of the processes of individualization and de-familialization. It has triggered policies that provide families with more rights to provide care and try to harmonize institutions and spheres of life.

Daly concluded her remarks by arguing that European states are "hopelessly confused", with care policies endorsing several directions at once. Greater provision of care services (de-familialization and commodification) provides incentives to dual-earner families. At the same time, greater time rights (such as care leaves, working-time reductions, flexible hours) enable parents to provide more care (familialization and de-commodification). Consequently, there is no simple trend toward an "adult worker model".[6] The trend to individualization also needs to be qualified, Daly argued, as policies are directed at children *in* families, *in* communities and *in* markets, and at women and men as embedded in family contexts. As a result, care is still provided through a mix of states, markets, the voluntary sector and families. Women are increasingly assigned a dual role—as carers and earners—and gender equality is being replaced as a policy priority by concerns over public finance, investment in children as the citizen-workers of the future and the quality of family life as a stabilizing factor of long-term social order.

Ito Peng's presentation echoed many of Daly's remarks. First, she said, economic motives have been a key driver of recent care policy reforms in the Republic of Korea. These reforms suggest a possible modification of a regime that has historically been based on a male breadwinner model and strong familialism. Indeed, state support for time, cash and services for care has increased since 2003, mainly under the banner of family/work reconciliation policies. The duration of fully paid maternity leave has been extended to 90 days for both standard and non-standard workers (that is, temporary and daily workers), and a three-day paternity leave introduced. The government also pursued

[6] Lewis, Jane and Susanna Giullari. 2005. "The adult-worker-model family and gender equality: Principles to enable the valuing and sharing of care." In Shahra Razavi and Shireen Hassim (eds.), *Gender and Social Policy in a Global Context: Uncovering the Gendered Structure of "The Social"*. UNRISD and Palgrave, Basingstoke.

part-time work and flexible work time regulations. Furthermore, parents in standard employment now have the right to nine months parental leave during which they are entitled to a monthly state subsidy. Monetary child benefits have been increased and extended, and childcare services have been expanded from around 2,000 centres in 1990 to almost 30,000 centres in 2007. Many of these centres are run by private for-profit and not-for-profit institutions whose activities are heavily regulated and subsidized by the state.

A combination of interconnected demographic, economic and political factors has led to this unprecedented social policy turn toward families and children in the Republic of Korea. First, plummeting fertility and rapid population ageing have spurred the concern about labour shortages in a country which, historically, has been unreceptive to immigration. Second, since the 1997 Asian economic crisis, the Republic of Korea has been struggling to reinvigorate the economy and create employment. As a response to economic crisis and the International Monetary Fund's (IMF) bail-out conditions, the government undertook profound labour market restructuring, including deregulation and flexibilization. This process under-mined male breadwinner arrangements, as "family wages" increasingly disappeared. At the same time, the growing numbers of women joining labour markets reduced the time available for unpaid care. Third, women's movements and "femocrats", whose representation in government has risen over the past decade, have been demanding gender equality. To address the different demands, the government turned to "social investment"–style policies aimed at mobilizing female labour and increasing fertility through an expansion of options for reconciling work and family life. At the same time, the expansion of childcare services was perceived as a route to job creation and investment in human capital, as well as a way to respond to some of the demands of the women's movement. While this logic has spurred important policy changes, it is also based on a very narrow definition of care—the care of dependents, mainly children and the elderly. Taking care of their needs has come to be perceived as instrumental to economic growth and development.

Eleonor Faur's presentation on childcare arrangements in Argentina focused on how care-related social policies are shaped by and contribute to the reproduction of the marked social inequalities that characterize the country. Similar to the Republic of Korea, Argentina has experienced profound changes in poverty, inequality, employment patterns, family and household structures, as well as recurrent economic crises, over the past decades. These changes have modified childcare needs and demands. Because social policy is highly stratified—with some entitlements being universal, while others are subject to targeting and means-testing—and income inequalities are severe, care strategies differ according to household income. This is why, Faur argued, there is no such thing as a "care policy" in the country, and it is difficult to identify a "care regime", as the concept implies a relatively stable configuration. Instead, she suggested "social organization of child care" as a way of characterizing "the constantly developing configuration of childcare services provided by different institutions".

> ***In Argentina, because social policy is highly stratified—with some entitlements being universal, while others are subject to targeting and means-testing—and income inequalities are severe, care strategies differ according to household income.***

Three different sets of policies shape the social organization of care in Argentina. First, regarding employment-related rules and regulations, the stratified nature of the labour market translates directly into different entitlements with regard to care. Maternity leave entitlements, for example, are restricted to those in formal employment (in a context where half of the female workforce is informally employed). They are further stratified along the lines of employment in the private sector (90 days) and public sector (up to 165 days for public school teachers, for example). Due to lax enforcement, mandatory company-based childcare largely depends on collective bargaining agreements, which vary widely across sectors and firms. A second set of care-related policies are to be found in the realm of anti-

poverty strategies. In response to the 2001/2002 economic crisis, poverty reduction programmes have targeted poor families with cash transfers and nutritional programmes aimed at improving educational, health and nutritional indicators. To a large extent, these programmes rely on the unpaid care work of poor women, while the state has been reluctant to extend education and health services. Thus, far from providing options for de-familialization, Faur said, Argentina's poverty reduction programmes seem to promote "familialism and maternalism for the poor". According to Faur, it is the third set of policies—early education services—that could potentially universalize childcare arrangements across social classes. The introduction of mandatory preschool attendance for five-year-olds in 1993 has significantly narrowed the regional and class inequalities in this age group's access to early education. However, significant class differences remain among younger children, with lower income families much less likely to put their children in preschool. Although coverage for lower age groups is higher in the city of Buenos Aires, a large share of the enrolment is absorbed by private providers, while state provision has remained rather stagnant over recent years. This raises serious issues with regard to affordability. In poor communities, on the other hand, the state supports alternative community-based childcare programmes that rely on volunteer or non-professional staff.

Faur concluded by summarizing the stratified nature of care arrangements in Argentina: poor families rely on unpaid maternal care or care by other relatives. They struggle to access public or alternative child-care services, while state-run poverty reduction programmes attempt to keep care familialized, based on poor women's unpaid labour. Middle-income families, particularly formal workers, usually combine state or employment-based provision with different kinds of family care. Higher income households, on the other hand, are able to choose from a wide range of sometimes overlapping public, employment-based and market provision of childcare, including the hiring of domestic workers. Labour market and income inequalities are thus reproduced through the patchwork of current care-related policies in Argentina.

Discussion

The discussion that followed delved further into the issue of inequality raised by Faur. One participant voiced concern over the fact that only the Argentina presentation had focused on class inequalities in care, and questioned whether this stemmed from the deliberate choice of the researchers or whether it reflected different social realities. Several participants pointed to the differences in economic development trajectories which had resulted in significantly lower levels of income inequality in the Republic of Korea. There, Peng argued, postwar economic growth had been premised on a national narrative of one homogenous (mono-ethnic, mono-racial) nation. This led to a growth path which was more inclusive and less prone to perpetuating income inequalities. As anxiety over demographic change increased, however, this narrative proved problematic. Opening the country to immigration in order to confront possible labour shortages would have meant questioning the narrative on which national identity and cohesion had been built. Another participant added that lower income inequality in the Republic of Korea had restricted the market for domestic workers—a common care solution for higher income households in Argentina—as the pool of poor women who traditionally staff these services has been small or inexistent. This, together with the reluctance to provide entry to immigrant labour, could have urged the state to take on a larger role in terms of care provision in the Republic of Korea than in Argentina. However, recently signed bilateral agreements liberalizing immigration rules for care workers from Indonesia and the Philippines could unravel these dynamics.

> ***The need to reconnect debates about care to larger debates about social transformation and social citizenship was also underlined, with the argument that an inclusive feminist agenda also needs to question inequalities of race, ethnicity and national origin.***

Particular interest was expressed in racial and ethnic inequalities, which had not been addressed by any of the presentations. Two participants raised this point with

regard to the emerging European policy consensus depicted by Daly in her presentation. To what extent are current reforms driven by concerns over integration and adaptation of ethnic minority and immigrant children? How do care-related policy reforms affect women, men and children of ethnic minorities and immigrant communities? The need to reconnect debates about care to larger debates about social transformation and social citizenship was also underlined, with the argument that an inclusive feminist agenda also needs to question inequalities of race, ethnicity and national origin. Daly agreed with these comments, stressing that inequalities of both race and income are extremely important in the current European debates around care. The concern about child welfare and development, she argued, was very much a concern about minority children and the perceived failure of immigrant parents to integrate. At the same time, debates about demographic change—mainly triggered by falling birth rates or "fertility strike" among educated, white, middle- and upper-class women—are also underpinned by concerns about class and ethnic structures.

Another strand of the discussion focused on the "confusion" of European policy makers with regard to care, also raised by Daly in her presentation. One participant argued that not only states but women themselves are confused, wanting to be workers *and* mothers, and actively demanding a right to work and care at the same time. Daly agreed about the complexity of the issue, and stressed that the contradictory policies pursued by European governments are largely due to the fact that care is not a priority in any of these countries. Furthermore, rather than treating care as a concern of its own, policy initiatives often originate in ministries that perceive care as an obstacle that needs to be overcome in order to achieve other goals, for example, parental employment.

Session 2—Extensive Familialism: India, Nicaragua and Tanzania

Most low-income countries have been characterized by a much lower level of state responsiveness to the care needs of their populations, relegating the bulk of care provision to households and communities, which in turn rely heavily on unpaid and "voluntary" female carers. While resources and capacities for supporting care are lower in these countries, many face additional care challenges in the form of high care-dependency ratios, health pandemics or high numbers of war orphans and people with disabilities resulting from armed conflict. India, Nicaragua and Tanzania display high levels of familialism in the way both material livelihoods *and* care are organized. Taking into account differences in administrative and fiscal state capacity, however, India's care performance is particularly worrying. While India and Nicaragua have similar gross domestic product (GDP) per capita, absolute poverty rates and dependency ratios, Nicaragua outperforms India on several indicators, including infant mortality and coverage of early childhood education and care services, despite the fact that bureaucratic capacity is arguably higher in India. This points to different historical and political legacies, as well as different levels of state commitment to care in both countries.

Rajni Palriwala argued in her presentation that India's history of elaborate social programmes and "rhetoric excess" tend to obscure the largely residual nature of the state in welfare provision (that is, minimal assistance available only after all other forms of provision have either failed or been exhausted). She argued that the Indian social policy regime is characterized by a patchwork of programmes, few universal components, serious underfunding, low quality of public services, ad hoc solutions and patronage. The 1990s were marked by high rates of economic growth that led to the rise of a small educated and globally competitive middle class, but left masses of informal urban and agrarian workers and their families largely excluded from the country's international success and employment-based social protection. The struggle to make ends meet, both in terms of financial resources and time for care, is evident in extremely long working hours and low wages as well as the continuing importance of self-employment, especially for women in family enterprises and home-based work. Within this scenario women's work, both productive and reproductive, tends to remain familialized *and* uncommodified (that is, unremunerated). Both welfare and wage policies, Palriwala said, are designed to discourage these unpaid workers from entering the labour market, based on assumptions about "a woman's place" in the family and the community.

One of the major current workfare programmes, the National Rural Employment Guarantee Scheme (NREGS) that aimed to enhance livelihood security of rural households by legally warranting at least 100 days of wage employment per year to each household, both belies and underscores these assumptions. While close to 40 per cent of the participants are women, most worksites are not equipped with child supervision, let alone childcare services, despite both being specified in the legal act that set up NREGS. Apart from that, care issues have entered government policy rather inadvertently through attempts to improve nutrition levels, and lower infant and child mortality rates. The Integrated Child Development Scheme (ICDS), which emerged from concerns over child nutrition, as well as infant and maternal mortality, developed a minimal care function over time to the extent that some of the nutritional programmes required that children stay on the premises. This took the form of government crèches or *anganwandis*. However, coverage remains low, opening hours are short and erratic, and staff-to-child ratios are abysmally low. Furthermore, ground-level *anganwadi* staff suffer from low pay, ambiguous employment status and excessive workloads. Workers are not considered public employees and although stipends have increased over the years, they remain far below the average wage of primary school teachers. However, there seem to be increasing efforts to organize and make demands for the regularization of their employment status, access to social security benefits and better wages.

Needless to say, this scenario leads to a highly stratified familialism in access to care, with affluent and middle-class families opting for private care solutions (including domestic workers), thus reducing their stake in the quality and accessibility of public care services, or finding family care arrangements. In view of the absence of adequate childcare services and the difficulty in falling back on other family members who are themselves likely to be in the labour market, poor families tend to rely on extremely precarious care arrangements, including neighbour, sibling and self-care, which put care-recipients and their welfare in jeopardy.

Juliana Martínez Franzoni's presentation focused on care for children in Nicaragua, the second poorest country in the western hemisphere. Low public social spending (approximately $95[7] per capita in 2006) is reflected in poor coverage of public childcare: eight out of 10 children under the age of six have no access to public social services, including a diverse set of preschool and nutritional programmes. Furthermore, the extent to which existing programmes can be classified as public is also questionable, given their reliance on unpaid community work, co-payments in cash or kind, and donor funding. Indeed, preschools and food programmes are run through "community participation" and depend on family members—mostly mothers—for cooking and serving food as well as supervising children. Different sources of funding, both domestic and external, and different implementing agencies convert existing services into a patchwork of projects and actions.

Despite this rather poor record of state performance in the social sector, there seem to be relatively high expectations among the population with regard to the ideal or desired role of the state in social provisioning. This can be attributed, at least in part, to the legacy of the Sandinista revolutionary period (1979–1990), when public health, education and care services experienced a significant expansion. Indeed, a large part of existing childcare centres date back to this period. The significance of volunteer work in social service delivery can also be seen, in part at least, as a legacy of the revolutionary project within which community participation was central, particularly in health and literacy campaigns. Martínez Franzoni argued that during its time in opposition up until 2006, the Sandinista Party sought to "govern from below" by keeping community movements alive. Conservative post-revolutionary governments, on the other hand, relied increasingly on community and volunteer work in the process of state retrenchment.

Martínez Franzoni concluded her remarks by drawing out a series of policy implications, including the need to turn unpaid work carried out by family or community members in social programmes into paid work, the dire need for higher levels of public social expenditure, and the need to pool domestic and external resources into coordinated programmes for social protection and care.

[7] All $ figures refer to US dollars.

Marjorie Mbilinyi examined care in the context of HIV/AIDS in Tanzania. She argued that the country's HIV/AIDS strategy must be situated within the context of its macroeconomic policies, which reduced state support to public health, water and sanitation systems. This led to growing poverty and income inequality, increasing incidence of HIV/AIDS and, as a result, a growing care burden arising from both HIV/AIDS–related infections and tuberculosis. Public sector downsizing and severe cutbacks in health service delivery have led to a shortage of drugs and medical supplies, as well as an overall deterioration of the physical infrastructure of health and education. The spread of HIV/AIDS thus placed further stress on a health care system that had serious problems in addressing citizens' basic needs even in the absence of the pandemic. While there has been some revision of orthodox policies since the early 1990s, it is far from clear whether the increase in funding for the social sectors is being channelled effectively into building public social services.

In this context, home-based care (HBC) programmes have been integrated into the government's HIV/AIDS strategy. These programmes train community-based volunteers who then visit HIV/AIDS patients in their homes, thereby relieving the care burden on family members. The Tanzanian government has advocated strongly in favour of HBC programmes, and with the availability of external sources of funding, several non-governmental, faith-based and community organizations have responded positively to this call. However, in practice the HBC programmes face innumerable challenges: referral systems are weak; volunteers, most of whom are women and themselves poor, receive little training on even the rudimentary skills of how to care for an ill patient and how to take care of themselves while caring; and they are not always supplied with the basic kits and stipends. Additionally, HBC services are severely underfunded, and receive only between 1 and 2 per cent of government and donor spending on HIV/AIDS. According to Mbilinyi, more resources are needed to support self-organizing and networking by people living with HIV/AIDS, their families, communities and caregivers. Moreover, volunteers also occupy a grey zone between paid and unpaid care work. Although they often share many of the characteristics of full-time workers (in terms of hours of work, for example), their work is neither recognized as employment nor adequately remunerated (if it is remunerated at all). In Tanzania, these "volunteers" increasingly fill the gaps left by deficient public health systems.

In addition to family, state, community and (very limited) market provision, international donors seem to constitute a fifth corner of the care diamond in Tanzania. As in Nicaragua, external resources account for more than one-third of the public budget, and there is large off-budget funding, especially of health and HIV/AIDS–related programmes. Donors are extremely influential in the definition of HIV/AIDS policies and programmes, Mbilinyi said, and often bring in "new" ideas that may not match core strategies and needs. Thus far donor funding has included very little, if any, funding for HBC.

In addition to family, state, community and (very limited) market provision, international donors seem to constitute a fifth corner of the care diamond in Tanzania.

Activists in search of community-based solutions to "good" care for people living with HIV/AIDS, while reducing the amount of unpaid care work borne by individuals and taking it out of the home, have advocated the creation and strengthening of community centres for meals, health care and recreation, home visits by trained community health workers and community hospices for the very ill. However, all this requires adequate funding and more public resources that actually reach people living with HIV/AIDS and their caregivers.

Discussion

Two main issues were raised during the discussion. The first one was related to the role of religious institutions and their influence on care-related policies. One participant argued that a familialist approach may be chosen by governments or international organizations in order to circumvent the opposition of conservative religious forces. Since

these forces have gained political influence in both India and Nicaragua, it may have had a bearing on the tendency to re-privatize care. While Palriwala argued that Indian familialism likely pre-dates the religious Right in many ways, increased international openness has allowed concerns about identity and tradition to grow beyond the movement. In this context, India has experienced a resurgence of caste-based marriages and other religious rituals that require a large amount of unpaid family labour. Martínez Franzoni remarked that religion—both in the way it shapes how women perceive themselves and their roles as mothers and caregivers, and in the way that faith-based institutions influence care policies—was an important issue that had not been sufficiently addressed by the project. According to her, the former—that is, the way religion shapes women's perceptions of themselves—seemed more relevant than the latter, at least in Nicaragua.

> ***While low state responsiveness and reliance on unpaid voluntary work in Nicaragua (and Tanzania) can be partly explained by fiscal stress, dependence on external donors for funding and low state capacity, this is not the case in India, where donor dependence is low and state capacity relatively high.***

The second issue concerned the causes of different patterns of state irresponsiveness to care needs in Nicaragua and India. While low state responsiveness and reliance on unpaid voluntary work in Nicaragua (and Tanzania) can be partly explained by fiscal stress, dependence on external donors for funding and low state capacity, this is not the case in India, where donor dependence is low and state capacity relatively high. Razavi suggested that the Indian state's negligence of public care services could stem from concerns about controlling fertility, especially among low-class, low-caste groups. While the state can trust affluent families to access care offered by market institutions, it may not want to encourage the poor to have more children by providing accessible and quality services. Palriwala agreed that population policy is a factor in state social provision, reflected in several benefits and rights that do not apply to mothers or families with more than two children. However, the direct relationship between such interests and care service provision is more complicated. Palriwala suggested, for example, that availability of cheap child labour, which is likely to shrink with the expansion of preschool and childcare coverage, may also play a role.

Martínez Franzoni stressed the fact that (de facto and ideology-led) resource constraints are not the only factor for poor state capacity and performance, as comparative evidence from El Salvador and Nicaragua shows. Throughout much of the 1990s, both countries had Right-wing parties in power that supported the idea of a residual state. However, El Salvador has developed more capacity in addressing social needs than Nicaragua. Donors and lenders are important actors and factors in explaining why state capacities remain underdeveloped, because they often prefer to spend money on social services rather than state capacity building. The role of women's organizations and movements also comes into play. During years of state retrenchment, women's NGOs in Nicaragua moved into the niche of social service provision and contributed to the reliance on volunteer-run social services. She underlined the need to develop alternatives for the collective allocation of resources that do not rely on women's unpaid work in contexts where state investment and capacity are low. This would include an analysis of the ways in which donors and business can be mobilized for collective social provisioning.

Summarizing the session, one participant said that the cases showed how the "neoliberal tsunami" has shattered notions of "public-ness". However, while in Nicaragua the Sandinista legacy allowed for a certain level of expectation of the role of the state, her impression was that in India—despite a vibrant scene of social movements—the view of the state seemed to be rather cynical. She stressed that the future of care will depend not only on these expectations of public-ness, but also on how they are mobilized when windows of opportunity open up for social demands to be articulated—with the current economic crisis potentially being such a moment.

Session 3—De-familializing Care: The Role of Public, Private and Community Care Workers

In recent decades, many of the intimate tasks associated with care have moved out of households and into the public sphere of markets and states, as women's growing labour force participation has reduced the time available for unpaid family-based care. Commodified forms of care—provided within public, private or non-profit institutions—are thus intrinsically connected to broader care arrangements. It has long been argued that the undervaluation of care and social reproduction is due to its confinement to the private realm of the home. However, the growing provision of care through market, government and community services has not resolved its undervaluation, or the fact that it is carried out predominantly by women. In both developed and developing countries, women constitute the majority of care workers and are overrepresented in these sectors compared to their share of the total workforce. Non-household care work includes a number of occupations that differ significantly in terms of status and skills—with medical doctors at one end of the spectrum, and domestic workers at the other end. Although wages and working conditions of care workers vary across categories and countries, there is empirical evidence that in many countries care workers face wage discrimination compared to workers with comparable levels of skill and education in non–care related occupations, a phenomenon referred to as the "care penalty".

It has long been argued that the undervaluation of care and social reproduction is due to its confinement to the private realm of the home. However, the growing provision of care through market, government and community services has not resolved its undervaluation, or the fact that it is carried out predominantly by women.

Nancy Folbre's presentation focused mainly on the relationship between care workers' wages, working conditions and issues of quality. She started out by stressing similarities of paid and unpaid care work, both of which are based on personal relationships and intrinsic motivations. The assumption that these personal, emotional and relational dimensions of care work disappear once care is commodified and paid for is misleading. Indeed, the promise of "quality" in the paid care sector relies to a large extent on intrinsic motivations, personal interaction and emotional attachment. While consumers benefit from caring motivations because they help guarantee quality, the same motivations render care workers vulnerable, since struggles for an improvement of working conditions and wages are likely to affect the well-being of the people they care for. Emotional attachment to care recipients converts caregivers (whether paid or unpaid) into "prisoners of love". From an economic point of view, intrinsic motivations and attachment are thus relevant to the production function of care services. Consistent assignments and low turnover rates are likely to increase the opportunities for continuous personal interaction and engagement that affect attachment.

Current developments in the care sector of the United States, however, are moving in a very different direction. The concern over rising costs of education, health and care services has led to "low-road" strategies aimed at cutting the costs of care. Indeed, care prices have been rising faster than the prices of other personal consumption items. Two factors have contributed to this trend. On the one hand, growing female labour force participation has reduced the supply of unpaid care services. The relational and interpersonal character of care, on the other hand, complicates the adoption of labour-saving technologies. The effort to reduce costs is therefore largely absorbed by the care workforce in the form of stagnating wages and deteriorating working conditions. This tendency jeopardizes the quality of care and is increasingly being challenged by producer/consumer coalitions in the United States. Efforts to promote "high-road" strategies in the care sector, such as the Worthy Wages Campaign, have focused on raising the wages of care workers by persuading consumers that higher pay would lead to higher quality services. Folbre agreed with Tronto that the unifying factor for a broad-based care coalition is that everyone depends on care services. The common interest in accessible,

high-quality services can therefore be an important mobilizing factor in moving toward the greater socialization of care.

Valeria Esquivel followed with a presentation on working conditions and wages of paid care workers in Argentina, focusing on the contrasting cases of preschool teachers and domestic workers. While both occupations are highly feminized, they differ significantly in terms of wages and working conditions.

As in many developing countries, domestic service has been an important source of employment for women in Argentina and one of the prime forms of market-based care provision. Low remuneration and status, as well as poor working conditions of domestic workers, are among the most notorious expressions of the devaluation of care work. In Argentina, most domestic workers are middle-aged and display low educational levels. Domestic service employment is weakly regulated. Indeed, it is explicitly excluded from the country's labour code. Despite recent efforts to formalize employment, two-thirds of domestic workers remain unregistered and thus excluded from social security benefits. One-third of domestic workers live in poor households, which is a higher rate than the national average. The fact that domestic workers are employed by individual households further complicates workers' organizing. As a result, the wages of domestic workers are well below the economy-wide minimum wage level.

Preschool teaching, in contrast, appears as a highly professionalized activity, with almost all preschool teachers having a tertiary degree. Like other educational staff in the Argentine public sector, preschool teachers are unionized, with intermediate organizations that negotiate salaries and working conditions with educational authorities on a centralized basis (preschool teachers' salaries are negotiated along with primary teachers' salaries). Teaching personnel thus benefit from a high level of institutionalized workers' rights and enjoy access to highly regulated, stable and relatively well-paid employment.

With regard to care workers' wages, Esquivel found no evidence for an across-the-board "care penalty" in Argentina, where wage gaps seem to be driven by high levels of informality and gender segregation rather than by a care component. However, as the data for domestic workers suggest, there is a specific penalty associated with paid work in the domestic sector.

Discussion

Much of the discussion that followed focused on issues of solidarity and coalition building among care workers, despite high variations in working conditions, wages and status. Two participants pointed to the difficulties of forming producer/consumer coalitions, particularly in contexts with high social inequalities. One of them argued that "building a political coalition for care with a Gini coefficient of 0.3 is very different from building this coalition with a Gini coefficient of 0.6 or 0.5". Many Southern countries are characterized by stark social stratifications that permeate social movements, including women's movements.

Jelin noted that the session on care workers may be the wrong place to talk about coalition building. Although most care occupations are characterized by high degrees of feminization, domestic workers and preschool teachers should not be expected to have similar interests. This would be like expecting car mechanics and physicists to share similar employment-related concerns. Rather, coalition issues have to be located in the context of rethinking the way the economy is built, as Tronto's presentation suggested.

Folbre argued that despite the difficulties, discussions need to move beyond what she considered the cynical stance—"there is nothing we can do"—triggered by the dominance of neoliberalism over the past decades. There is a need to think more positively and creatively about alternatives. According to Folbre, the basic driver behind reform of the care economy is that the current system "simply does not work".

Another strand of the discussion interrogated the role of paid care workers' wages and working conditions within a larger theoretical framework for care. Initially raised by Peng, this concern was taken up by several participants. Jelin questioned the analytical usefulness of lumping different types of care (for example, feeding a sick patient and educating children) together. According to her, the main challenge resides in doing justice to heterogeneity among different types of care workers

(including highly qualified preschool teachers at the very formal end as well as domestic workers at the very informal end), without forgetting to put the puzzle back together and integrate these findings into a broader framework. Esquivel felt that, theoretically speaking, there was an extensive literature on paid care workers which tried to explain low status and remuneration, including, for example, the "prisoner of love" framework mentioned by Folbre. Instead, the focus should be on better working conditions and wages for all workers. Although this may seem very basic, Esquivel argued, the right to work, to a living wage and to decent working conditions cannot be taken for granted, particularly in a development context.

The evidence from India, Nicaragua and Tanzania showed a growing tendency to use volunteer workers in social and care service provisioning. Regarding volunteer caregivers in the context of HIV/AIDS in Tanzania, Razavi raised the question about policy responses to this situation. While some grassroots women's organizations are making demands for donor resources to be channelled directly to their organizations, community-based organizations cannot replace the state. Mbilinyi affirmed that community-based volunteers can only complement public social policies. A reason for the emergence of these organizations has been the combination of poor basic social services (severely debilitated during structural adjustment) and the HIV/AIDS pandemic. In this context, while the state requires the financial resources to provide these services for citizens, it also needs to be constantly reminded of its responsibility to do so.

Session 4—Creating a Policy Agenda for Care: The Role of Political Actors

The two presentations in this session looked at political frames and discourses around care at national and international levels. Both argued that national governments and international organizations have taken up some of the issues and concerns expressed by feminist and civil rights movements. However, they have done so only partially, sidelining some of the key demands related to care from a social and gender justice point of view.

In her presentation, **Fiona Williams** laid out two competing discourses that underpin contemporary social and care policy making: (i) care as an issue for social justice; and (ii) care as an issue for social investment. Claims for care support have been made on the basis of social justice by different movements around the world, including women's, disability and home-based caregiver movements. Gender equality in the home and in the workplace; children's right to good-quality care; the right to time for care; and visibility, voice and compensation for unpaid caregivers have been among their main concerns. To address these issues adequately requires both the recognition and redistribution of care responsibilities. Affordable, accessible, high-quality care services that take caregivers' needs and preferences into account have been part and parcel of feminist demands around care. The disability movement, on the other hand, has rejected the concept of care and advocated a social model of disability. According to this model, it is the physical, social and cultural environment in which people live that disables them, rather than their impairments. The focus here has thus been on creating an enabling environment and providing care users with greater voice and control.

> ***In contrast to social justice and rights-based conceptions of care, the last decade has witnessed an emerging convergence around ideas of social investment as the dominant frame and rationale for public care policies. ... While this provides some space for greater state engagement in care, it does not promote the right to give and receive care.***

In contrast to these rights-based conceptions of care, the last decade has witnessed an emerging convergence around ideas of social investment as the dominant frame and rationale for public care policies among national governments from different regions as well multilateral institutions, such as the European Union (EU) and the Organisation for Economic Co-operation and Development (OECD). While issues of gender equality and social justice have not entirely disappeared from the agenda, they have

been subordinated to the larger thrust of creating a competitive knowledge economy. The social investment agenda targets mothers as workers, and children as future workers, who need to be mobilized and invested in through labour market activation policies, anti-poverty measures, early education and childcare services. While this framework provides some space for greater state engagement in care, it does not promote the right to give and receive care. Care is not conceived as a value in its own right, and caregivers and recipients are not granted more voice. The disregard for older or disabled people's rights and needs is particularly striking. Indeed, Williams argued, social investment–led policies imposed a specific way of organizing care instead of recognizing difference and enabling people to pursue their care choices.

> ***To create a social environment for care, transportation as well as other services and physical infrastructure need to be added to traditional demands of money, time and services.***

As starting points for reshaping demands around care, Williams proposed to align care to citizenship by stressing interdependence, social solidarity and related civic virtues. Negotiations around time and space can also provide useful avenues for broadening people's care choices, including collective bargaining around family time or "time-in-the-city" projects. Innovative work-based measures include annualized hours, working time savings accounts, time banking and shorter working hours. City-time projects carried out in France, Luxembourg, the Netherlands and Italy have brought together employers, trade unions and community organizations to align different timetables—services, personal time, travel time and family time—across the city. Space is another important realm in which care issues can be addressed through the development of safe and accessible public spaces, shops and transport for old, young or disabled people, or nursing mothers. To create a social environment for care, transportation as well as other services and physical infrastructure need to be added to traditional demands of money, time and services.

Turning to the global level, **Kate Bedford's** presentation interrogated the ways in which the World Bank's gender and development approach involved attention to both "restructuring markets" and "restructuring intimacy". According to Bedford, this process is shaped by a critical assessment within the Bank's gender programme as well as feminist policy advocacy and research from outside the Bank. While it is true that the Bank's post–Washington consensus gender and development programming has paid more attention to unpaid work, the dangers of overstretching women and the need to include men in gender and development approaches, Bank gender experts have focused rather narrowly on intrahousehold relationships between men and women to tackle these issues. The "adjustment of intimate labour burdens within loving couples" has come to be seen as a way to address development problems. It promotes men's participation in unpaid care work as "efficient" and "empowering" for both women and men, particularly poor men who are portrayed as suffering a "crisis of masculinity" following the loss of their roles as breadwinners in the course of structural adjustment.

The evidence the Bank has used to promote this approach comes from commissioned research often carried out by feminist policy entrepreneurs trying to influence the World Bank gender agenda. Citing several examples from Latin America and the Caribbean, Bedford illustrated how the Bank has followed a "selective politics of measurement, publication and citation" upon which officials rely when designing interventions around partnership strategies for sharing unpaid care and paid employment. The knowledge generated by feminist policy entrepreneurs thus only partially filters up the institution's hierarchy of texts and may even be deliberately ignored when it does not fit the institution's policy priorities. This process imposes important constraints on the setting of a feminist agenda within the Bank. It also reinforces the need to critically examine the knowledge production processes involved in making claims about international development and care.

Indeed, the emphasis on male inclusion in the home can also be interpreted as a "reprivatization of social reproduction" and may freeze out feminist priorities

that go beyond balancing and "sharing" within loving couples, such as, for example, accessible and affordable public care services that can enhance women's access to paid employment, economic security, and political participation independent from the presence and support of a male partner in the home. It is also clearly based on a normative model of heterosexuality which not only excludes alternative household and family forms, but also ignores the role of intrahousehold power relations and conflict.

Concluding Remarks

Slowly but surely, the assumption that households and families can cover care needs without any further support, is being eroded. However, responses to what has been framed as a "global care crisis" seem rather bleak when compared to the zeal with which political and economic leaders have responded to the most recent collapse of the global financial system. The "other" crisis does not come about as a noisy crash. Rather, it can be described as a gradually expanding deficit in adequate care for children, the elderly, frail and sick; an ever-increasing material, physical and emotional burden on unpaid caregivers; and the growing deterioration in working conditions for care professionals in public and private institutions. The HIV/AIDS pandemic has made these deficits dramatically visible, and it is within this context that care has appeared on the political agenda of national and international institutions.

> ***Responses to what has been framed as a 'global care crisis' seem rather bleak when compared to the zeal with which political and economic leaders have responded to the most recent collapse of the global financial system.***

That care is often taken more seriously in contexts of threat to the current economic and social order—including the HIV/AIDS pandemic, plummeting fertility rates and rapid population ageing—reflects the more general fact that much of this work continues to be taken for granted. While ad hoc policy responses to care crises can represent windows of opportunity, they are likely to fall short of acknowledging the centrality of care to the process of human and social development, and produce patchy, short-term solutions. In order to ensure an encompassing, long-term commitment to care, Tronto has reminded us of the importance to strive for a "counter-paradigm" that puts caring for one's own and other people's well-being at the centre of human existence.

Agenda

Friday, 6 March 2009

Opening Session

9.00 – 9.15 *Welcome and Introduction*, Gisela Fosado and Shahra Razavi

9.15 – 9.45 *Keynote Address—Democratic Care Politics in a World of Limits,* Joan Tronto

9.45 – 10.15 *Keynote Address—Gender Inequalities in Caring and Coping: Public Debates and Private Dramas,* Elizabeth Jelin

10.30 – 11.00 *Introduction to the UNRISD Research on Political and Social Economy of Care,* Shahra Razavi

Session 1: State Responses to Social Change

Chair—Sakiko Fukuda-Parr

11.00–11.20 *State Policies towards Care in Europe,* Mary Daly

11.20–11.40 *The Political and Social Economy of Care in South Korea*, Ito Peng

11.40–12.00 *Care Policies and Programmes in Argentina: The Reproduction of Social Inequalities,* Eleonor Faur

12.00–12.40 Discussion

Session 2: Extensive Familialism

Chair—Rosalind Petchesky

13.50–14.10 *Nicaragua: Familialism of Care under an Exclusionary Social Policy Regime,* Juliana Martínez Franzoni

14.10–14.30 *Stratified Familialism: The Care Diamond in India,* Rajni Palriwala

14.30–15.00 Discussion

Session 3: De-familializing Care: The Role of Public, Private and Community Care Workers

Chair—Linda Gordon

15.00–15.20 *Paid Care Work,* Nancy Folbre

15.20–15.40 *Care Workers in Argentina: Preschool Teachers and Domestic Workers,* Valeria Esquivel

15.40–16.00 *Home-Based Care and HIV/AIDS in Tanzania,* Marjorie Mbilinyi

16.00–16.30 Discussion

Session 4: Creating a Policy Agenda for Care: The Role of Political Actors

Chair—Shahra Razavi

16:50–17:10 *Claims and Frames in the Making of Care Policies*, Fiona Williams

17:10–17:30 *Questioning the Imperative of Male Inclusion: How Multilateral Institutions Shape Care Policies*, Kate Bedford

17:30–18:00 Discussion

Participants

Gladys Acosta, United Nations Fund for Women–Latin America and the Caribbean (UNIFEM-LAC), United States

Linda Basch, National Council for Research on Women, United States

Kate Bedford, University of Kent, United Kingdom

Gwendolyn Beetham, London School of Economics and Political Science, United Kingdom

Elizabeth Bernstein, Barnard College, United States

Daphne Berry, University of Massachusetts Amherst, United States

Francesca Bettio, University of Siena, Italy

Hadas Cohen, The New School for Social Research, United States

Mary Daly, Queen's University, Ireland

R.A. Dello Buono, New College, United States

Valeria Esquivel, University National General Sarmiento, Argentina

Eleonor Faur, United Nations Population Fund (UNFPA), Argentina

Barbara J. Fields, Columbia University, United States

Nancy Folbre, University of Massachusetts Amherst, United States

Gisela Fosado, Barnard Center for Research on Women, United States

Sakiko Fukuda-Parr, The New School, United States

Adam Gannaway, The New School for Social Research, United States

Asha George, United Nations Children's Fund (UNICEF), United States

Linda Gordon, New York University, United States

Judith Green, Fordham University, United States

Rebecca Harshbarge, Women's eNews, Uganda

Ben Holtzman, Routledge, United States

Evelyne Huber, University of North California, United States

Rounaq Jahan, Columbia University, United States

Devaki Jain, Institute of Social Studies Trust, India

Elizabeth Jelin, University of Buenos Aires, Argentina

Gloria Jimenez, The New School for Social Research, United States

Miranda Johnson, City College New York, United States

Mala Kumar, The New School for Social Research, United States

Hymok Lee, Cornell University, United States

Valeria Lizardo, The New School for Social Research, United States

Valeria Llobet, University of San Martin, Peru

Juliana Martínez Franzoni, University of Costa Rica, Costa Rica

Marjorie Mbilinyi, Tanzania Gender Networking Programme (TGNP), Tanzania

Sujata Moorti, Middlebury College, United States

Ana Maria Muñoz, World Bank, United States

JoAnne Myers, Marist College, United States

Rajni Palriwala, University of Delhi, India

Edison Peña, City College New York, United States

Ito Peng, University of Toronto, Canada

Rosalind Petchsky, City University of New York (CUNY), United States

Shahra Razavi, UNRISD, Switzerland

Mary Sue Richardson, New York University, United States

Linda Schoener, Columbia University, United States

Silke Staab, UNRISD, Switzerland

Joan Tronto, City University of New York (CUNY), United States

S. Venkateswar, National Council for Research on Women, United States

Donato Villalba, University of Pennsylvania, United States

Sam Vong, Yale University, United States

Fiona Williams, Leeds University, United Kingdom

David Woods, Fordham University, United States

The **United Nations Research Institute for Social Development (UNRISD)** is an autonomous agency engaging in multidisciplinary research on the social dimensions of contemporary problems affecting development. Its work is guided by the conviction that, for effective development policies to be formulated, an understanding of the social and political context is crucial. The Institute attempts to provide governments, development agencies, grassroots organizations and scholars with a better understanding of how development policies and processes of economic, social and environmental change affect different social groups. Working through an extensive network of national research centres, UNRISD aims to promote original research and strengthen research capacity in developing countries.

Current research programmes include: Social Policy and Development; Democracy, Governance and Well-Being; Markets, Business and Regulation; Civil Society and Social Movements; Identities, Conflict and Cohesion; and Gender and Development.

A list of the Institute's free and priced publications can be obtained by contacting the UNRISD Reference Centre, Palais des Nations, 1211 Geneva 10, Switzerland; phone 41 (0)22 9173020; fax 41 (0)22 9170650; info@unrisd.org; www.unrisd.org.

UNRISD is grateful to the International Development Research Centre (IDRC, Canada); the Swiss Agency for Development and Cooperation and the United Nations Development Programme (Japan/WID Fund) for their support of the project. UNRISD also thanks the governments of Denmark, Finland, Mexico, South Africa, Sweden, Switzerland and the United Kingdom for their core funding.

This **UNRISD Conference News** was prepared by Silke Staab.

United Nations Research Institute
for Social Development (UNRISD)
Palais des Nations
1211 Geneva 10, Switzerland

Phone 41 (0)22 9173020
Fax 41 (0)22 9170650
info@unrisd.org
www.unrisd.org

Printed in Switzerland GE.09-01981-September 2009-2,000 UNRISD/CN24/09/2 ISSN 1020-8054