Policy on care: a help or hindrance to gender inequality

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Economies need to provide both for the production of goods and services and for the provision of care. Traditionally, in the UK as elsewhere, provision for these dual needs has been posited on a gender division of labour; with men taking on employment, earning enough to keep a wife and family, while women, financially supported by such a "family" wage, provide care for children, the old and the infirm, as part of their unpaid labour of running a home and family. In practice, men’s and women’s lives never universally fitted this model, with many women needing to take employment either because there was no man to support them and their children or because the man expected to do so did not earn enough. Although the reason behind the existence of much social policy was the fact that the male breadwinner/female carer model did not provide for all, the model nevertheless has had a powerful effect in shaping policy and retains powerful hold even now on public discourse and the imagination of policy makers.

In particular, financial support for caring, through the Married Man’s (subsequently "Married Couple’s") tax allowance, was until very recently based on supporting a family that was presumed to consist of a single (male) breadwinner who needed to be able financially to support a non-earning (female) carer. Though such tax allowances were always a badly targeted way to subsidise the cost of caring, depending as they did on marital status alone, not on the existence or number of dependents needing care, tax allowances for marriage were abolished in the UK only in 2000 (and even now continue in a modified form for those over 70).
Public services for the care of children, outside the exceptional conditions of wartime, were generally restricted to those with special needs or from families seen as unable to cope. For those on very low incomes, childcare had been indirectly and somewhat intermittently subsidised through a childcare disregard on some benefits (Kiernan et al., Land and Lewis 1998: 268 and 272). These subsidies became explicit, more generous and were extended to more families by New Labour in 1999 and again in 2003 with the introduction and reform of Tax Credits, along with the National Childcare Strategy launched in 1998 to expand childcare services. But it was only in the 2005 general election that childcare first surfaced as an electoral issue, with all major parties making pledges to ensure its wider availability.

Similarly gendered assumptions, based on the male breadwinner/female carer model, that had been built into allowances for the disabled and their carers have only recently been lifted. It used to be the case that a married woman who could perform normal household duties was not entitled to any disability payments (because she should not need to take employment), and married women were denied the right to claim any allowances for carers (because their husbands were presumed to be financially supporting them anyway). These restrictions were removed only in 1988 and 1986 respectively. In recent years the care of elderly people and those with disabilities has become as pressing a political issue as childcare, as reports of care homes closing, care standards falling and local authorities failing to fund all but the most severe care needs have surfaced.
These changes in policy and the current policy interest in care are belated and insufficiently far-reaching responses to women’s increasing participation in the labour force since the mid-20th century, a trend that has accelerated greatly in the years since 1980, as the earlier chapters in this book document. This sea change has rendered the male breadwinner/female carer model in need of serious amendment. However, much less has changed in the gender division of labour over care, so that it is women and those that they care for that have been primarily affected by the lag in public perceptions and in policy responses.

**Women’s labour force participation and the partial commodification of domestic labour**

**A**

One reason behind the movement of women into the workforce has been the growing availability of commodity substitutes for many of the products of domestic labour, particularly for those that could be mass-produced for the market at higher productivity than in the home, such as clothing or pre-prepared food. Similarly, developments in household technology have reduced the time needed to provide many domestic services, including washing and cleaning. Despite rising standards, these developments have meant that a ‘housewife’ taking employment needs to spend a diminishing fraction of her wages to replace an increasing proportion, though not all, of what she would have previously produced at home. Another way to put this is that the ‘opportunity cost’ of time spent at home on domestic labour has risen along with the purchasing power of the wage that could otherwise be earned. Further, as the standard of living of the average household has risen so have expectations, so that families that rely on the income of only one earner have increasingly fallen behind the two-earner family, or in the UK, typically, the one-and-a-half earner family that has become the norm (Lewis, 2001).
But domestic labour was not abolished in this process. The remaining unpaid work was coped with by a second shift still performed disproportionately by women. The gender division between paid and unpaid work in the UK has remained particularly unequal with disproportionately male full-time employment, taking the longest hours in Europe, coexisting with a large sector of disproportionately female relatively short hours' part-time employment. In the UK, while nearly all men work full-time and a smaller proportion of women do so than in the rest of Europe, a large proportion of women combine domestic labour with part-time work, entrenching that traditional division of labour but in a different form. The results of this are well known. The UK has one of the largest gender pay gaps in Europe, because part-time work is largely low-quality work, in occupations that are low paid anyway but even worse paid when part-time, and most part-time workers are working below their potential, with consequent loss of skills to the economy (Women and Equality Unity 2006). In all European countries women are more likely than men to work part-time and to take an unequal share of caring responsibilities. However, it is only in the UK, where gender disparities in working hours are exceptionally wide, that women pay such a large labour market penalty for working part-time (Grimshaw 2007; Himmelweit and Land, 2007; Manning and Petrongolo 2005; Commission of the European Communities 2007).

The pressures of rising productivity that shifted previous domestic production out of the home mean that what remains behind is the care of people, the aspect of domestic labour that cannot be so easily commodified (for reasons which will be explored below). Present or past caring responsibilities now provide effectively the only
restriction to labour market participation for able-bodied people of working age. This is officially recognised in policies such as the European Employment Strategy which has target employment rates of \( \frac{67}{100} \) rising to \( \frac{70}{100} \) in 2010 for the population of working age of all member countries, backed up by specific employment rate targets for women (of \( \frac{57}{100} \) rising to \( \frac{60}{100} \) in 2010) and for older workers (of \( \frac{50}{100} \) in 2010), the two groups whose members are most likely to be caring for others (European Commission, 2005). Not only women, but increasingly older people of both sexes are more likely than men and younger people to be unpaid carers in the domestic sector. Care, in other words, is the last frontier in the commodification of labour power; it is care that is preventing the economic activity rates of women and older people rising to meet those of younger men.

In the UK, at least, it is women with higher earning potential who have tended to stay in the labour force even when they have caring responsibilities (Rake, 2000; Joshi and Davies, 2000). Lower-skilled women are more likely to take time out of the labour force, and many reduce their hours of employment to care for others. If these women are to stay in the workforce, or increase their hours of employment, how to provide care will become an increasingly pressing private and public issue. Already, demographic change, increasing lifespan and the rising costs of providing care, are provoking the UK government to say it needs a new ‘contract over care’ (Lewis, Social Care Minister, 15 February 2007). Nevertheless, if policy is to encourage the movement of women into the labour force and if, in particular, if it is to encourage those with currently lower-earning potential into employment, more not less state support for care will be needed. Otherwise existing inequalities, both between women and men, or more exactly between those with and those without caring responsibilities
that restrict their labour market participation, will increase, as will the effect of an increasingly unequal distribution of earnings on the life chances of the former (Himmelweit 2007).

**Difficulties in the commodification of care**

Care is an object of social policy because the commodification of care cannot be the relatively smooth market-led process that attended the commodification of other aspects of domestic labour, in which both the well paid and the lower paid could eventually find affordable substitutes for their own domestic labour. This is because care differs from most economic goods and services traded on the market, including most of those others that were previously provided domestically, in at least three crucial respects.

First, without lowering standards, the productivity of caring cannot be raised substantially through mass production. This process was crucial in the commodification of other domestically produced goods, where standards and productivity could generally rise simultaneously. This is because caring, as well as performing physical activities, is the development of a relationship between a carer and the person cared for. This limits how many people can be cared for at the same time. While this limit may be different for different caring relationships, after a certain point spreading care over more people becomes synonymous with reducing quality. Indeed, what in other industries would be seen as measures of high productivity are specifically taken as indices of low quality when it comes to care.

The forces of innovation and competition that increase productivity in most other industries can do so to a much more limited extent in care. Increasing productivity
elsewhere in the economy results in a rising opportunity cost of care, as the time taken
to deliver care does not fall nearly as fast, if at all, as that required to produce a typical
bundle of other goods and services. This is not caused by inefficiency (or rising
standards) in the provision of care, nor increasing numbers of people needing care,
but is an inherent effect of the relational nature of care. It applies at the macro-level of
society as a whole, across both the paid and unpaid economies, and to individuals
deciding how best to use their time. Increasing productivity causing wages to rise
elsewhere in the economy raise the price of paid care at a similar rate, modified only
to the extent that wage rises in caring differ from those in other industries. Those
unpaid carers who would have to pay for full replacement care if they entered the
labour market find the costs of doing so rising in line with the growing opportunity
cost of staying at home, making them no more able to afford paid care but more likely
to want to take employment.

The second reason why the transfer of care into the paid economy, if left to the market
forces alone, cannot be as smooth a process as it was for other products of domestic
labour is that people who need care cannot in general be flexible about when and
where that care is provided. A child too young to look after itself needs 24-hour
supervision as do many people with disabilities. Older children, those with lesser
disabilities and the elderly may not have quite such continual needs, but there is still a
rhythm to their needs through the day, which limits flexibility as to when and where their
care can be delivered. Carers are often therefore restricted in where and when they
can pursue other activities, including paid employment, restricting their labour market
opportunities. In the UK, part-time employment has developed as an opportunity for
both employers and potential workers to make use of gaps in the day free of caring
responsibilities, such as during the school day for mothers of older children, or when others are around to provide care. Employers have seized these opportunities because they could pay less to workers whose bargaining power in the labour market was reduced by having to find employment that fitted around their caring responsibilities. The part-time pay penalty, which as we have seen is particularly high in the UK, is at least in part a result of carers having to pay a price in lower wages for the flexibility they require of employers to meet their own 'inflexibility'.

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The third reason why the transfer of care to the paid economy cannot be left to market forces alone, and is therefore an object of social policy, is that the need for care and the ability to provide it are both unequally distributed. Further, because incomes are unequally distributed and not according to care needs, inequality exists not only in the ability to provide care directly, but also in the financial resources needed to pay for care by other means. The allocation of caring responsibilities for others is highly gendered and does not necessarily entail the time or income to carry out those responsibilities. Once caring responsibilities are taken on, they do not diminish through lack of resources to meet them. In practice, caring responsibilities often make people poorer, by restricting their time to make use of economic opportunities, in particular to enter the labour market. The more unequal incomes are, and given the gendered allocation of such responsibilities, the greater that inequality is between men and women, the more people will have difficulty meeting caring responsibilities unaided.

Policy to help with care and gender inequalities

(Fig 1 here)
The overall level of inequality in earnings and the gender pay gap are closely related (Blau and Kahn 1999, 2003). Figure 1 shows that the UK, which in 2002 had the highest gender pay gap of the 15 countries of the European Community, also had one of the highest levels of overall wage inequality (Grimshaw 2007; Plantenga and Remery 2005). These measures are related because whatever it is that leads to women having fewer opportunities than men to climb up the wage hierarchy will have a more significant effect on the gender wage gap the greater the level of overall wage inequality. The gender wage gap then affects the number of women and other unpaid carers who cannot afford to move into employment because their wages are insufficient to pay for substitute care. On the other hand, if paid carers are particularly badly remunerated, and in most countries carers are paid at rates well below the median, then a greater dispersion of income might lead to more people being able to afford their services. Either way, the distribution of wages will impact on the numbers of carers needing financial assistance to enter the labour market and, as we shall see, on the cost of providing such assistance.

The aim of this chapter is to assess the effect on gender inequalities of various ways in which social policy can provide for care. To do so it is important therefore to look at the effects of various solutions not only on gender inequalities within and between caring and employment, but also on the overall level of wage inequality too, since that will determine how effective policy can be in reducing gender inequalities. If wage inequality continues to rise, it will continue to reproduce inequalities between those who succeed and those who do not succeed within the labour market, magnifying any handicap that caring responsibilities provide and making it far harder to challenge gender divisions within the home.
Policy options basically fall into two types according to how they cope with the care that still needs to be provided when someone with caring responsibilities enters or increases their hours of employment. Some solutions focus on enabling some or all of that care to be performed by family members without leaving their job by reducing the incompatibility of informal unpaid care with employment. Such policies may enable either all workers or just those with specific caring responsibilities to limit or reschedule their working time, either on a regular basis or for particular periods when care needs are at their most acute. Other solutions involve shifting care into the paid economy by subsidising its provision by others, directly or indirectly through the market, or by state provision of care as a public service.

Which of these solutions is adopted can have significant implications for a number of areas of concern, notably on the quality of care received by children and adults. For example, formal childcare can have significant impacts, largely positive but some negative, on cognitive and behavioural outcomes for pre-school children (Belsky et al. 2007; Sylva et al. 2004). However, the focus of this chapter is specifically on the implications for gender inequality. All types of policy on care can be carried out in ways that either reduce or reinforce gender inequalities and wage inequalities more generally. This has implications not only for the desirability of such solutions, but also for their sustainability and eventual cost.

Reducing working time

Whether policies that enable all workers to limit their working hours increase or decrease gender inequalities depends on what happens to working time as a result.
Existing gender inequalities in both employment and caring will be exacerbated if such policies result in women but not men limiting their working hours. On the other hand, policies that limit working hours for everyone can enable men as well as women to participate in care, reducing gender gaps in both caring responsibilities and employment.

Take, for example, the application in the UK of the EU Working Time Directive (WTD) which limits the total number of hours per week that employees can be required to work on a regular basis. The UK, unlike other EU members, allows individual employees to opt-out of the WTD and agree to work longer hours. The UK has the most dispersed distribution of working hours in Europe, with not only the highest concentration of people working long hours, but also a heavy concentration of people employed for short part-time hours (EOG, 2004). The UK government likes to claim that this shows that it has one of the most flexible labour markets in Europe and that the UK’s opt-out to the EU working-time directive has been essential in achieving this. It defends the opt-out on the grounds of individual choice but does not explicitly recognise that one worker’s choice to work long hours may result in their partner’s choices with respect to employment being heavily curtailed. The government does recognise the interdependence of working hours in saying that some families may choose to have one parent working long hours in order to enable the other to work short hours, or not at all, and care for their children, but it does not explore the potential contradictions with respect to individual choice that such a notion of choice by a family entails (DTI, 2004).
Long full-time working hours in the UK, for women as well as men, make it difficult for parents of young children to both work full-time. Combine this with a large gender pay gap and expensive childcare provision, and it makes more financial sense for women to reduce and men to increase their working hours, reinforcing gender divisions and confining women to part-time work, where their skills are often underused. That this particular labour market niche of low-quality part-time work exists in the UK is thus both cause and consequence of the UK’s long full-time working hours and its large gender pay gap. Women’s part-time working also does little to challenge the poor availability of affordable childcare since women earning little in relatively flexible jobs will not tend to use it. The long-term consequences for women’s lifetime employment prospects are severe, and particularly so because of the overall level of inequality in the UK labour market. Just one year of part-time employment can result in a woman earning up to 10 per cent less per hour even 15 years later (Francesconi and Gosling, 2005).

Compare this with the situation in the Scandinavian countries of the EU, where full-time working hours are much shorter than in the UK but both men and women tend to work full-time, and in the Netherlands, where there is a significant level of part-time working but increasingly by men as well as women. Neither have the individual opted-out to the WTD, and in both there is greater equality between men and women in the distribution of hours across paid and unpaid work, less of a gender pay gap and greater sharing of caring roles than in the UK (Plantenga, 1997; Anxo et al., 2007). This suggests that policies to limit working hours have to be universal and mandatory if they are to be effective in reducing gender inequalities. Otherwise employers will
still be able to expect full-time workers to work long hours, making the sharing of caring responsibilities and working time within a couple difficult. Given current gender norms and the pay gap, it will be women who take the jobs with shorter hours, which will remain characterised by low-quality work and poor pay, because filled predominately by women of low labour market bargaining power. This in turn will damage women’s longer-term career prospects and weaken their bargaining power in changing the division of caring responsibilities within the home. Conversely men, through a lack of time spent in the home, will fail to develop the awareness and skills that would enable them to take a more equal share in those caring responsibilities.

Thus making working hours a matter of individual choice (in reality an absence of policy on working hours) does nothing to challenge gender inequalities and indeed reinforces them. In a world in which labour market inequality in general is widening, without any control on working hours those with caring responsibilities will increasingly be left behind, unable to compete on the same terms with those whose labour market engagement is unconstrained in this way. This would be a cause for concern even if there was not such a clear gender division entailed, but that such a division between workers reinforces traditional gender norms only intensifies its unequalising effect.

**Flexible working**

Instead of regulating working hours, an alternative approach, which the UK government has been pursuing, is to allow some categories of workers with caring responsibilities to work ‘flexibly’, that is, to vary their conditions of employment by reducing their working time, shifting it around the day or from workplace to home.
Reducing hours entails a loss of income, though shifting working time should not. Such a right could be instituted in various forms and indeed many have argued that it should have more teeth than the UK’s present ‘right to request’ that does not test the reason for an employer’s refusal but just specifies the process of consideration that has to be followed, although in practice most requests are fully (60%) or partially (18%) agreed to (Department of Trade and Industry 2007: 57). A significant issue is whether this right should be available to all workers or only to those with particular types of caring responsibilities such as parents of children under 6 or children with disabilities (as initially in the UK), or to carers of adult relatives (to whom it was extended in April 2007), or to parents of older children (as many campaigners would like).

The problem with such rights, if they cannot be enforced on employers and are not backed up by anti-discrimination legislation, is that they can increase gender inequalities, by enabling employers to make those who take up this option pay for it in other ways. For example, employers who are more flexible in order to attract staff are often forced to be so because they pay so badly; they would no longer be able to recruit staff if those better paying employers with whom they compete in the labour market also had to grant flexibility to their workers. Without the right being generalised and employees protected from discrimination if they make use of it, employers who grant flexibility may be able to be worse employers in other respects. This is especially true in the UK where part-time work has traditionally been poor quality work attracting a high pay penalty. This reduces the fall-back position for any worker trying to negotiate flexible working.
Whatever the legal status of any right to flexible working, its availability can increase gender inequalities if women make use of the right more than men and, for reasons given above, with a large gender pay gap reinforcing current gender norms, it will be women who take up these opportunities more than men. Such a right can also lead to discrimination against all women, not just against those who take up the right, if they are thought more likely to ask for flexible working or would be more difficult to refuse. Employers in the UK, particularly in the private sector, currently decline more requests from men (24%) than from women (10%) (limit: 58). It can also increase gender inequalities if the conditions of flexible working are themselves too inflexible, so that those who take up flexible working cannot easily return to a 'normal' contract and have their employment prospects permanently reduced as a result. This is particularly important for carers of older people whose future needs are likely to be less predictable than those of children. Again the larger labour market inequalities the greater the cost of these career penalties and thus the greater the effect on gender inequalities.

On the other hand, flexible working can enable women to stay employed under existing terms of employment through intensive care periods, reducing gender inequality in both labour market participation and the conditions of employment. By reducing the supply of labour into poorly paid, low-quality part-time employment, it should also erode the part-time pay penalty, and the deskilling of the majority of women who change jobs in order to work family-friendly hours. This would be a significant step in reducing pay inequality and consequent disincentives to challenging traditional gender roles within couples. A reasonably high level of uptake might also mean more men consider the possibility of working flexibly.
Parental and caring leave

A third prong of policy to enable workers to combine employment with caring responsibilities is to introduce job-protected leave from employment to cover periods in which caring needs are particularly acute. These include maternity, paternity and parental leaves, which can be either paid or unpaid. In the UK there is currently no specific provision for leave for carers of adults, although both they and parents have a right to unpaid leave to cover emergencies, such as when the people they are caring for are sick and/or existing caring arrangements break down. Other countries do have forms of paid leave for carers of adults, for example both Denmark and Sweden provide paid leave to care for sick adults under certain conditions, though in the case of Denmark the leave is conditional on employers’ agreement (Moss and Deven 2002).

The institution of maternity leave, by enabling women to remain employed through childbirth, has been an important plank of feminist demands, and remains so in Australia and the United States, the only two advanced capitalist countries not to have statutory paid maternity leave. Without any such leave, the cost of motherhood to women would be much higher, since women giving birth would have to quit the labour market and subsequently re-enter it probably on worse terms. In so far as it helps keep women employed throughout intensive care provision, the existence of leave for specific caring needs is important in reducing gender inequalities. And in so far as such leave is paid, and thus keeps the income of those who take it from falling too far behind those who do not, it reduces gender inequalities in income too.
However, beyond its mere existence, the terms and conditions of maternity leave can have substantial effect on whether those gender inequalities are intensified or reduced. Although short periods of leave may not have material effects on labour market prospects, longer periods of leave may put workers at a disadvantage, with reduced promotion prospects. Further, the perception that women but not men are likely to take long periods of leave may lead to discrimination against women in recruitment.

Again the larger labour market inequalities are, the greater the cost of these career penalties and thus the greater the effect on gender inequalities. While policy should outlaw discrimination against those who take up their leave entitlements, if leave is taken for long periods by one sex only, it will exacerbate gender inequalities both in employment and in the ability of men and women to contribute equally to the care of family members. Patterns of unequal sharing in caring responsibilities can be set up during parental leave that become entrenched long after both partners have returned to employment, reinforcing traditional gender inequalities.

The important issue then is to create conditions under which inequality in uptake of leave between the sexes is reduced. Leave that can only be taken by women obviously does not fulfil that requirement. There is no equality case for having leave that is specifically for women beyond the period required for recovery from childbirth. Transferable maternity leave, as proposed by the UK government, is a step better than this, but the government’s own projections suggested that take up by men of leave transferred in this way would be minimal, only 4.8% of those eligible (DTI 2006).
There are two ways to make non-gendered parental leave available: as an individual right for both parents and as a family right that parents can decide to allocate between them as they wish. Most Scandinavian countries now have some combination of the two, with a portion that can be allocated to either parent, and a portion of leave that can be taken by each parent alone; the latter leave is generally known as 'daddy leave', even though there is in practice at least an equivalent amount of 'mummy leave'. And it is the allocation to the father that is talked about as 'compulsory', or rather as being granted on a 'take it or leave it basis', in recognition that it is only the restriction that a portion be taken by the father that is in practice binding. This may of course change in the future.

Evidence on the uptake of daddy leave has been encouraging. For example, in Iceland where, since 2000, fathers have three months' leave, mothers have three months and parents have three months to share as they wish, 90% of fathers take advantage of their right. This is giving fathers a substantial amount of time to assume caring responsibilities for their young children although they are taking considerably less time out of the labour market than women (on average 97 days annually compared with women's 180 days). It is still a significant amount of time for which employers will have to make similar sort of provision that they do for mothers taking leave. Such a parental leave system should be less likely to lead to systematic labour disadvantage for women than one in which only women take an amount of leave that can lead to significant disruption at the workplace and the amount of parental leave taken by men is comparable to that taken for annual leave. Indeed a study of the effect of Iceland's leave system indicates that, although it is too early for any evaluation of effects on the gender pay gap, it has levelled the status of men and women in the labour market.
In Sweden where the total amount of leave is longer, but the amount that can only be taken by each partner is less, the proportion of leave taken by fathers is much lower, only about 17 percent of all parental leave days (Duvander et al., 2005).

There is also the issue of the relative cost of mothers or fathers taking leave. Given the gender pay gap, parents may not be able to afford the loss of a male wage if parental leave is paid at too low a rate. If it is paid at any flat rate there will be an incentive for the lower earning parent to take any leave which is transferable. Systems that are earnings-related at a high rate of replacement pay are the only ones that do not discourage men from taking leave and thus can challenge traditional gender roles. Earnings-related parental pay is found most frequently in systems funded by earnings-related national insurance, where it is clear that those who gain more have contributed more, as in Sweden where parents on leave receive 80% of their average salary up to a ceiling. That is also the case where leave is paid out of progressive general income tax, but in residual welfare systems, such as the UK, payments are more likely to be flat rate or even means tested.

Poorly paid leave not only discourages take-up, particularly by men, it also disadvantages those who take up the leave by reducing their income. As a result income inequalities between men and women and any consequent inequalities in bargaining power within households are exacerbated during the period of leave. Such power imbalances may persist in the longer term, reinforcing traditional gender divisions in employment, caring responsibilities and domestic tasks long after both partners have returned to employment.
A number of studies have concluded that for fathers to take a reasonable amount of leave, a system of maternity/paternity/parental leave requires: that the rights be independent, with some non-transferable time available only to the father (or to each parent), that it should be paid a rate high enough to be comparable with male earnings, and that there should be flexibility in the ways it is taken, both with respect to whether it is taken full- or part-time and as to when in the child’s life it is taken, especially after the age of six months (Sören 1998; Deven and Moss 2005; Moss and Deven 2006; Math & Meiland 2004).

Allowances to support informal care

A final form in which policy can support informal care is by paying allowances to otherwise unpaid carers of adults or parents, unconnected with employment rights, to enable them to take time out of employment. In the UK, someone caring for a person receiving disability payments with a mid to high care requirement for at least 35 hours a week can claim Carer’s Allowance, a small payment that is supposed partially to compensate the carer for loss of earnings, providing any remaining earnings are below a threshold (equivalent to roughly 15 hours per week at minimum wage rates). However, neither parents nor other relatives, unless the latter are registered childminders, can get payments for looking after able-bodied children. In some countries parents can receive payments for looking after their own children. For example, Finland, France and Norway have instituted such payments partly as compensation for not using state-provided childcare and to ease pressure on existing provision.
Whether such payments are good for women has been a matter of debate among feminists (Himmelweit et al. 2004). On the one hand, many women who are currently looking after their children full-time would have an income in their own right and others might welcome the opportunity to look after their children themselves. Further, such payments can be seen as recognition of informal care, and by extension of women’s unpaid labour more generally.

However, unless such payments were high, their take-up would inevitably be both gender and class divided, since those with low earning power and less fulfilling employment will be more likely to take them up. But the consequent interruptions in employment history would only intensify such divisions, both between men and women and among women. Differential take-up would also intensify class divisions in care arrangements, destroying the potential for social cohesion that universal use of public childcare can provide. In France since the introduction of such payments the children of the poor are underrepresented in the écoles maternelles, attendance at which used to be more evenly spread across classes (Fagnani 1999). Such payments to mothers at home would therefore also be likely to entrench the pattern by which mothers with the lowest earning power pay the highest costs for having children because they take longest time out of the labour market (Rake 2000; Joshi and Davies 2000).

The alternative approach is to develop policies to enable some aspects of care to be provided by paid workers outside the family. Such policies, if successful, can promote gender equality in employment by enabling women to take employment and for
longer hours than would be possible if reliant only on themselves or family members
for the provision of care. The use of paid care may also be part of a solution which
includes more equal sharing of care work between men and women, which is both
more possible and more likely if the total quantity of care the family needs to provide
is not too large, and therefore sharing is less disruptive of men’s employment and
other uses of time.

This policy has been at the heart of the Scandinavian approach to gender equality that,
as we have seen, supports both parents to remain in full-time, though not long hours,
employment by providing high-quality childcare. The so-called ‘Dutch Solution’ of
encouraging high-quality part-time employment by both fathers and mothers has also
been supported by providing high-quality childcare. Although this solution has by no
means been universally adopted, the Netherlands, as we have seen, does have a larger
proportion of men in part-time employment than other EU countries (Plantenga,
1997). Such policies are likely to be more successful if they are part of a wider
equality programme that includes training and re-evaluation of women’s work, so that
more women find employment worthwhile.

On the other hand, the use of paid care can increase gender inequality if it enables
gender roles to go unchallenged when women take employment. The very small
immediate effect that women’s employment has on their partners’ contribution to
domestic labour, and anecdotal and time-use evidence about how little childcare men
do in France, where childcare provision for working mothers is excellent, suggests
that this could be a meaningful consideration (European Commission, 2004).
Paid care provision can also increase gender inequality if the paid carers themselves are badly paid, since they are predominately women. Because of the difficulty of raising productivity, employers in the care sector have limited options if they are unable to pass on rising costs: all they can do is lower the quality of provision or attempt to hold wage rises below those enjoyed in the rest of the economy. However, rising demand for care services is likely to restrict the ability of employers in both the childcare and social care sectors to hold down wages except by employing a larger proportion of untrained workers and recruiting from groups, such as immigrants, that may be more willing to work for low wages. Governments have from time to time supported such processes by allowing immigrants to work under inferior conditions or by diluting training requirements in the face of labour shortages. All these practices work against gender equality, as well as the quality of care provision.

Policy that makes the opposite response to rising costs and labour shortages and improves conditions in the care industry, by instituting a proper career structure, backed up by well-funded training, would make a significant contribution to improving gender equality. This would be both through improved pay in the female-dominated care sector (which might then become less female-dominated), and through resulting better quality care provision encouraging more women to use paid care to improve their own position in the labour market. The quality of care provided, although primarily an issue of improving the experience of those receiving care (and potentially raising developmental outcomes for children), is also relevant to promoting gender equality in so far as low quality care provision is less likely to overcome resistance to its use.
Enabling all those with caring responsibilities to enter employment would require public spending to keep up with rising costs in the care sector. The cost to the public purse would undoubtedly be high and would depend not only on the costs of care provision but also on the level of inequality in the economy, for the wider the dispersion in wage levels the more people will need subsidised care and the less they will be able to contribute to its cost if employment is to be affordable. Because the costs of care are usually set against a woman’s wages in assessing affordability and most paid carers are women, in practice it is the level of inequality within women’s wages that is the most relevant here.

**Different ways of supporting paid care**

Policy can support the development of care services in two ways, by enabling parents and those needing care to purchase care from other providers, and/or by the state itself providing care services. In the first case, the state’s role is to encourage the development of a market in the provision of care services. Usually this is by subsidising those who would not otherwise be able to pay for care themselves, as for example the UK government’s Working Tax Credit does by providing up to 80% of the costs of childcare to low to middle income lone parents in employment and dual earner couples. Different ways of providing subsidies may result in increasing the number of childminders and helpers directly employed by those needing care or in the growth of the private-for-profit care sector and/or the third sector of not-for-profit providers.

Subsidies to the purchase of care can fail to reduce inequalities if they do not generate a sufficient market for care services. This is most likely to happen in areas with high
costs but also high levels of poverty, such as in some areas of London, where
government subsidies through tax credits have been insufficient to enable poorer
parents to afford childcare, so additional help with costs and subsidies directly to
providers have been needed. Subsidies also have a tendency to run behind rising costs
and needs. The more that is the case, the harder it will be for them to make a real
impact on gender inequality.

The alternative approach is to provide care as a public service. This approach has not
been favoured by the current UK government who sees market-based solutions as
most likely to provide high-quality provision and value for money. It therefore
provides demand-side subsidies to childcare through the Working Tax Credit, and
favours the use of Direct Payments rather than the provision of services by local
authorities for adults needing care. For some care services, costs may be reduced by
market competition, but in thinking about effects on gender equality, the fact that the
market tends to generate uneven coverage may be particularly important, for it is
likely to be in those areas in which women’s wages are lowest that the market is
mostly likely to underprovide.

Public sector care provision may also have the advantage of protecting the conditions
of employment of care workers better. Training provision is likely to be superior to
that provided by private sector employers, who have little incentive to train workers in
an industry with a very high turnover rate, while those employed directly may not be
able to afford to pay for training themselves. The distinction between the more
standardised conditions of employment that are found in the public sector and those of
private sector provision may be particularly acute when looking at those employed
through Direct Payments (payments to people with disabilities to spend on employing carers themselves rather than using public services). Experience in the US shows that little or no regulation may result in the state-funded expansion of a ‘grey economy’ of mainly immigrant care workers (Gilbert, 2002). Unlike in other European countries, the proposed expansion of the direct payment scheme in the UK offers minimal regulation of the employment of personal carers (Ungerson, 2004). Part of the appeal of Direct Payments to the government is that this move from public to unregulated small-scale private provision may save money on inappropriate services that are insufficiently tailored to recipients. However, if Direct Payments do reduce costs, that may be as much through deregulation undermining care workers’ ability to keep their pay in line with wages elsewhere in the economy. And, unless gender norms change, these workers will be predominately women. This illustrates neatly the dilemma in devising policy on care to reduce gender inequalities. Policies that enable one set of women, mothers or carers, to take employment by providing substitute care, unless they are generously funded, may be able to do so only by worsening the inequalities faced by another groups of women, paid child and social care workers.

**Overall considerations**

We have seen that policy on care can in practice work to reduce or exacerbate gender inequalities. Similar issues have come up in considering different policies. First, given existing gender norms providing too much ‘choice’ may work against gender equality; this is because choices that people make about caring responsibilities are made in the context of families where gender norms and power imbalances are often at their most acute. Thus giving families choice may make equality less attainable for women than if more uniform good practice were to be encouraged. It is notable that
countries with more equality, such as those in Scandinavia, there is also more
homogeneity in the caring and employment solutions that governments support and
families adopt. The promotion of gender equality will require gender norms to
change. We have seen in parental leave an example of where some restrictions as to
who takes it can be an important step in challenging unequal gender norms.
Conversely, the UK’s interpretation of the Working Time Directive gives an example
of where apparently maximising individual freedom can reinforce stark gender
inequalities in working time.

However men cannot be forced to care, nor would attempting to do so be in the
interests of those they care for (even if for centuries women have had little
alternative). There are therefore two questions to consider in assessing the impact on
gender divisions of policy that enables men or women to take time out of
employment. These are, first, how gendered the uptake of such opportunities will be
and, second, what disadvantages are associated with their uptake, given that under
current gender norms these are more likely to impinge on women than men. These
two issues are connected for the fewer the disadvantages the more likely men are to
take them up. The policies that cause least disadvantage to those who make use of
them are those that lead to little loss of income and have least effect on future
prospects. These include flexible working arrangements and leave that is not too long,
state-funded and paid at earnings-related rates. Payments for informal care that are not
associated with any right to return to a particular job do not fulfil this criterion and are
likely to exacerbate gender divisions, by disadvantaging those who take them up.
They are also the least likely to be taken up by men. The only approach that actively
courages greater equality of take-up and challenges gendered caring roles is have
have
non-transferable parental leave that is available as a separate non-gendered individual entitlement for each parent and is relatively well paid (Moss and Deven, 2006).

Policies that tend to exacerbate gender divisions are those which, although they may be supported by many mothers, reinforce traditional gender roles by encouraging mothers in particular to take time out of the labour market for long periods. Extensions to maternity or parental leave at low rates of pay and payments to parents to look after their own children are examples of such policies. As the analysis earlier in this showed, the deleterious gender effects of such policies are not removed by simply making their availability gender neutral.

Similarly, in a different context, the policies that provide most choice to those looking for substitute care may have deleterious effect on gender inequalities through the employment conditions of those who provide that care. Paid carers, nearly all women, can be particularly vulnerable workers because they may develop caring relationships with their employers and are often isolated. Public provision or regulation of private provision may indeed restrict choice, but that may be necessary to prevent the expansion of paid care entrenching or even worsening existing gender inequalities.

Second, policy on care that is effective in reducing gender inequality is expensive. This is because, unless the pay and conditions of care workers are to fall further behind those of other workers, care costs must inevitably rise. So if the aim is to promote gender inequality by bringing women into the labour market, increasing subsidies for those who cannot earn enough to purchase substitute care will be needed. Similarly, the cost of providing paid leave to workers with caring
responsibilities will increase with rising wages. And both of these costs will rise faster if the success of gender equality policies means that an increasing proportion of workers have caring responsibilities and thus are more likely to need subsidised care and to take caring leave. The scale of those subsidies, in whatever form they take, will therefore need to rise even faster than the cost of care, taking an increasing share of gross domestic product (GDP).

Some of the policies that we have considered are less expensive because they involve spending less on unpaid carers, through offering only unpaid parental leave for example, or on paid carers, through deregulation or allowing the use of cheaper labour. These are the policies on care that exacerbate gender inequalities, by allowing caring responsibilities to disadvantage women in the labour market and discouraging men from sharing caring roles. Policy on caring that impacts positively on gender inequalities does not come cheap.

However, as we have seen, good policy on care is so expensive only because elsewhere in the economy increasing productivity raises real wages and expectations. With rising gross incomes, the increased tax rates that would be needed to fund even the most costly of the policies considered here would, after an initial adjustment, be compatible with rising after-tax incomes. Spending more on care in such a way that gender equality is promoted is therefore not only feasible but affordable.
References


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From 1960, the Additional Personal Allowance, for taxpayers bring up children on their own, recognised the additional caring responsibilities of lone parents, and was from the mid-1970s until its abolition in 2000 set at a level equal to the contemporary tax allowance for marriage (Kiernan, Lane and Lewis, 1998: 254 and 266).

At the time of writing, 2007, the Conservatives are talking about proposing tax incentives for marriage through transferable tax allowances for married couples where one member of the couple does not make full use of their personal allowance. It remains to be seen whether this proposal, which would produce significant labour market disincentives for second earners, will in fact be implemented if the Conservatives gain power.

In the Department of Trade and Industry's most recent work-life balance survey, although most workers said that they have suffered no deleterious consequences through working flexibly, a sizeable minority (44 per cent) reported negative consequences including 19 per cent who had received less pay. It is not clear if this means less earnings in total or a lower rate of pay (Department of Trade and Industry, 2007: 74).
Figure 1: Wage inequality and gender pay gaps for the EU15*

Source: Eurostat Structure of Earnings Survey
* Wage inequality is measured as the ratio between the cut-off points for the top and bottom deciles of the distribution of hourly wages. The gender pay gap in unadjusted form is given as the difference between average gross hourly earnings of male and of female paid employees as a percentage of average gross hourly earnings of male paid employees.