



# Top reads on the care economy from Apolitical

## ISSUED BY

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Care crises are looming for countries around the world. Citizens are living longer — according to the UN, the number of people aged 60 or older has tripled since 1950. Women, who shoulder the majority of childcare responsibilities, are often kept from working. Undocumented migrants working in homes find themselves at risk of exploitation.

Yet care economy jobs, which require hard-to-automate attributes like interpersonal skills, could prove fairly resilient to turmoil in the labour market. Strategic investments in care work by the state could not only remove these burdens but help to revive struggling economies.

So how can government turn these challenges to their advantage? And what are the solutions to problems faced by carers today — not least the mental and physical health consequences associated with low pay, precarity, or guilt?

In this series of articles, in partnership with the Wilson Center's Women in Public Service Project and Maternal Health Initiative, we're speaking to experts and policymakers around the world to make sense of these issues.

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# Introduction to the Care Economy

## Why caring creates problems, and what government can do

From the parents on whom you depended in the first days after you were born, to the nurses who'll likely become an ever more frequent fixture of your final years, care — and caregivers — are integral to all of our lives.

Meanwhile, the issue of who must be cared for and who provides that care is of huge importance for governments. Citizens are living longer — according to the UN, the number of people aged 60 or older has tripled since 1950. Getting them the care they need as they age can stave off demographic disaster.

But spending hours caring for others can affect a person's health, or their ability to participate fully in the economy. McKinsey estimates that unpaid care work from women accounts for the equivalent of 13% of global GDP.

So what are the issues facing people working — paid or unpaid — in the care economy?

And how can governments improve their lives and reap the economic benefits of investing in them? A political and the Wilson Center's spotlight on The Care Economy sets out to explore these questions.

### The challenges

Among many challenges facing people working in the care economy and the governments responsible for them, three key problems stood out from our reporting:

**1.) The burden of unpaid care work falls unevenly on women.** More or less everywhere in the world, women spend more time than men caring, without pay, for children, the elderly and others. That can seriously hurt their health, affecting their ability to rest and requiring them to carry out strenuous tasks without training. And it has a serious economic cost: childcare shortages have been estimated to cost between \$12trillion and \$28trillion in terms of global GDP.

## 2.) Paid care work can be precarious.

Workers in the care sector are often vulnerable. In some countries, labour legislation excludes domestic workers. Others are migrants working in informal sectors. Platforms like Care.com can provide a voice on behalf of a fragmented industry, but some experts warn of “Uberisation”.

## 3.) Governments must do more with less.

In the developed world especially, ageing populations – and attendant increases in the demand for care – come alongside cuts in the care budget. That often means the private sector stepping in, which can bring benefits, but also comes with challenges.

### Solutions

As well as examining the scope of problems in the care economy, Apolitical set out to highlight what governments, third sector organisations and the private sector are doing to tackle them.

Shifting the burden of unpaid care away from women requires changes both to the way we work and to the way we think – the ingrained attitudes held by both men and women that reinforce the status quo.

“Estimates suggest that unpaid care work from women accounts for the equivalent of 13% of GDP”

Norway’s non-transferable paternal leave policy both provided a labour market incentive for dads to take time off, and began a whole new cultural conversation about how men could best bond with their kids. Meanwhile, the organisation MenCare has spent years learning how to best encourage men to take on more caring responsibilities in the home.

“Childcare shortages are estimated to cost between \$12trillion and \$28trillion in terms of global GDP”

And to help women cope with the burden, flexible or subsidised childcare models, such as Mexico’s Estancias scheme or India’s SEWA creches can step into the gaps. Perhaps most radical of all, Hawaii is offering citizens money to undertake care work that usually would not be remunerated.

New platform models offer opportunities to empower those working in the paid care sector. The UK’s Equal Care is a worker-owned platform for care workers that will aim to distribute more back to workers. Meanwhile, Care.com, a larger company, has begun offering workers portable benefits and other innovative ways of improving their working lives.

Indeed, care work — which requires emotional intelligence and adaptability — is likely highly resistant to automation. If governments and companies can invest in boosting the number of high-quality, secure jobs in the sector, they'll reap benefits down the line as workers in other industries potentially see their jobs eroded by the rise of the robots.

And governments are thinking about how to work best with the private sector. Other countries are looking to America and its highly privatised care system for lessons in effective regulation. And Merck KGaA, Darmstadt, Germany, the healthcare company, is investing in projects to improve women's health and help unpaid carers.

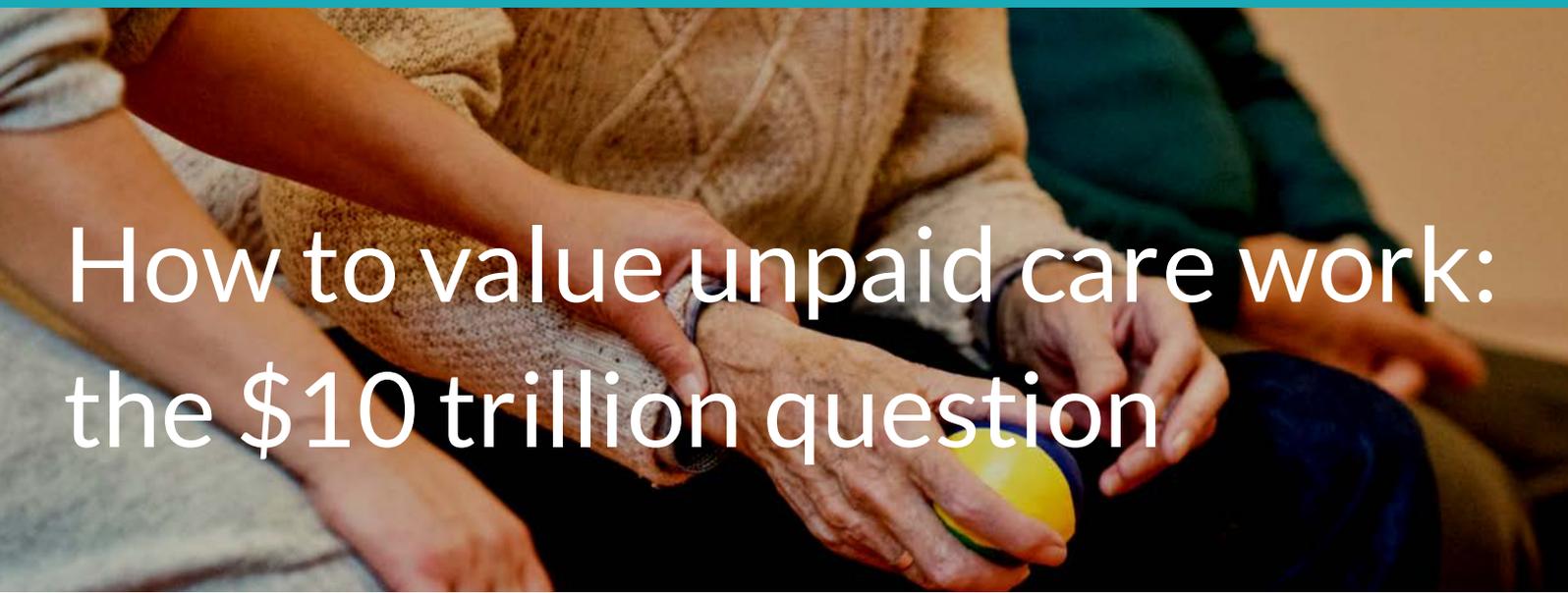
Questions do remain: how should we put a value on unpaid care work? How should we best harness new technology to make the most of its benefits and mitigate possible downsides? What, if any, is the work that cannot be taken up by the private sector?

We hope these articles provide an introduction to the issues at stake. Let us know what you think, and what else we should be covering.

“Care work requires emotional intelligence and adaptability: it is likely highly resistant to automation”



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# How to value unpaid care work: the \$10 trillion question

## A four-step framework to avoid making the most common mistakes

In Judy Brady's iconic essay, "I Want a Wife," the feminist activist enumerates the dozens of practical and emotional tasks wives perform as a matter of duty. At the end, she asks: "My God, who wouldn't want a wife?"

Wives, mothers, sisters, daughters — women do an estimated 75% of the unpaid work in the world, according to McKinsey. Feminist economists have long advocated for the inclusion of this work in national accounting statistics. Household labour in general, though, is considered beyond the "production boundary" of goods and services that account for GDP estimates. Yet, McKinsey believes, unpaid care work performed by women accounts for the equivalent of 13% of global GDP.

The ground is starting to shift, as ageing populations, plummeting birth rates, and stalled or declining female labour force participation have forced societies to

examine the care burden that falls overwhelmingly on women. Japan, Hawaii and, at the international level, the UN, are all experimenting with ways to better value unpaid work, or alleviate the burden of it.

### But how should governments approach the problem?

Diane Elson, former chair of the U.K.'s Women's Budget Group (WBG), a network of researchers and advocates, has advocated a three-pronged strategy.

For Elson, the goals are: "recognise, reduce, redistribute". Recognise the care by measuring it. Reduce the burden by investing in physical and social infrastructure that eases individual care and domestic work. Redistribute the work through policies, such as shared parental leave, that encourage men to take on care work at the same rate as women.

## Estimating care: methodologies and challenges

Government economists in Sweden and the United States took a stab at estimating unpaid household work nearly a century ago, using the fairly crude methodology of multiplying the number of rural and urban households by the annual cost of employing a domestic servant.

Until the second world war, Denmark, Sweden, and Norway included household production when estimating national income, but stopped once UN guidelines for national accounts were standardised. These did not include extensive accounting of household or non-market work.

Since then, feminist economists and others have advocated for deploying “time-use surveys” to give a fuller picture of the economy. These surveys usually ask participants to keep a diary of all of their activities over a period of time. In some cases they consist of a detailed questionnaire. According to Elson, at least 85 countries across all regions of the world have conducted time-use surveys in the past half-century.

“Care might be more important not so much for the amount of time and energy it takes, but from what it prevents you doing.”

The surveys have their shortcomings. Susan Himmelweit, Emeritus Professor of Economics at The Open University and co-ordinator of the WBG’s Policy Advisory Group, notes that time-use surveys can undercount the amount of time that women, especially, spend on childcare. Women often supervise children while doing other activities, such as cleaning or cooking. But Himmelweit has observed that people will report only one of those simultaneous activities.

“Care might be more important not so much for the amount of time and energy it takes, but from what it prevents you doing, and that is something that’s not always captured by the idea of the ‘value of care’,” Himmelweit said.

In countries with low literacy rates, government surveyors can conduct face-to-face interviews. Charities such as Oxfam and ActionAid have also carried out detailed time-use surveys in low-resource settings. For its report “Making Care Visible,” ActionAid used a participatory methodology in which communities of women from Kenya, Nepal, Nigeria and Uganda met in literacy and empowerment groups, and began to discuss their daily activities.

A facilitator in the group would introduce the time-use diaries, which were filled out, often with the help of graphics, as participants also learned basic literacy and numeracy skills.

## The sticker price

Then there's the question of how to value this unpaid time in monetary terms. Does it make more sense to calculate it as a replacement cost — the price one would pay to outsource a given activity? Or is the true price the opportunity cost — the labor market earnings that the caregiver or cleaner is losing out on by looking after an aged parent, or doing a load of laundry?

Nancy Folbre, of the University of Massachusetts Amherst, gives the example of two roommates, one of whom is a lawyer. When it's the lawyer's turn to clean the apartment, are those two hours worth her rate at the law firm, perhaps several hundred dollars an hour, or the much lower rate it might cost to hire a professional cleaner?

In an economy with a high-skilled workforce, the opportunity cost methodology will give a higher estimate than the replacement cost approach.

Marilyn Waring, a New Zealand feminist academic, initially argued for calculating a dollar value for unpaid work, noting that (male) policymakers were most responsive to those sorts of hard numbers.

But in the years since, she has revised her approach, arguing that it's entirely possible to make responsive policy

informed by time-use surveys, without taking the intermediate step of valuing unpaid work with a dollar figure.

For example, if time-use surveys show women in a particular village spend four hours a day gathering water, what is the point of pausing to value those four hours in dollar terms, when it is clear they would benefit from improved water infrastructure regardless of how much their time is worth?

Folbre acknowledges that estimates of the value of care work can be misused. But for economists like her, they're necessary evils. Without estimates, one has little leverage with which to push for certain policy changes when decision-makers are weighing costs and benefits.

**“The opportunity cost methodology gives a higher estimate than the replacement cost approach.”**

“In an ideal world, public policy would be just determined by democratic assessment of what social needs are. But in the world I live in, development planners do a cost-benefit analysis,” Folbre said. “I want to be able to participate in that debate, and I can't do that unless I have some dollar estimates.”

## The case for investment

One thing feminists agree on is the case for government investment in care work.

For one thing, it's good to have more care, generally. Investing in "social infrastructure" — such as publicly funded or subsidised child care and care for the elderly — leads to greater gender equality, as women are relieved of some of their care burden.

One 2016 study found that investing in social infrastructure in seven OECD countries would create more jobs than an equivalent investment in physical infrastructure such as roads or railways. That's in part because care jobs pay less than construction jobs, but also because care jobs are far more labor intensive and require fewer inputs, such as materials and machinery, than construction.

Of course, the larger payoff is in the form of more well-cared-for society. But that type of well-being isn't captured in the data, except perhaps on long-run productivity measures.

Sarah Gammage, from the International Center for Research on Women, points out that research on cognitive behavior shows investing in care, particularly child care and care for people with disabilities, "produces happier, healthier, more productive human beings".

**“Investing in social infrastructure would create more jobs than an equivalent investment in physical infrastructure.”**

“So without sounding too instrumental, we can purchase healthier, happier societies by investing in care — and more gender equal societies,” Gammage said. “Because once you’ve resolved the Gordian knot of care, women can choose to enter and leave the labor force when they wish, and so can men.”

Himmelweit said that, despite the evidence that investing in care creates jobs and builds human capital, policymakers haven't been as receptive as she would have hoped.

And there are structural issues. Even though governments do by and large recognise spending on health and education as social investment, fiscal rules (such as those of the European Union) don't allow for the classification of social investment as capital expenditures, limiting the amount that governments can invest without falling afoul of budgetary guidelines.

“Investments in care are long-run public goods, like environmental sustainability,” Folbre said. “It's hard to get people to invest in them, because they can free ride on everyone else's investments.” Nonetheless, the nation-state, of all institutions, is best poised to capture these benefits, since it can tax the next generation of productive citizens.

How to get policymakers to see this? That's the \$10 trillion question.

**Anna Louie Sussman**



# No managers, no bureaucracy: how the Netherlands improved care for less

## But can the "neighbourhood care" model work in other countries?

Alice\* used to wait in her London home for a string of district nurses to visit and change the dressings on her leg ulcers. Discouraged by her lessened mobility, she became a shut-in, waiting passively at home for the arrival of her caregivers.

But then her care was transferred to a new pilot project. She was assigned a single nurse whose job was to get to know her well. Through unrushed conversation, the new nurse learned that Alice had once helped plant a commemorative tree for a friend who passed away. The nurse persuaded Alice to take her to see the tree. Regular outings followed. The renewed mobility cured Alice's leg ulcers and within a few months she was discharged from nursing care.

Home nursing reformers say examples like this point to the need to correct the wrong path onto which district nursing has strayed. From the 1980s, a number of governments introduced sweeping

reforms of home health care aimed at increasing efficiency and reducing costs. Yet in most cases, the results were not what had been promised. According to many analysts, quality of care took a downward plunge, while costs have continued to soar.

But an innovative approach that began 12 years ago in Holland is revolutionising home care in that country and has spread, so far, to two dozen others. Buurtzorg (Dutch for "neighborhood care") has done away with most administration and management jobs and is instead run by self-managing teams of nurses. The result, according to a number of evaluations and studies, is improved care and greater satisfaction among both patients and care workers. Buurtzorg has won half the home healthcare market in Holland. But it is encountering obstacles in some other countries, and it remains to be seen whether attempts to establish Buurtzorg affiliates outside the Netherlands will be successful.

\*Alice is not the patient's real name

## First coffee, then care

In place of the array of caregivers who typically serve the elderly and infirm in their homes — nurses, home care aides, therapists, cleaners and so on — the Buurtzorg nurses themselves are responsible for providing all the care for their clients.

They can spend as much time as they need with each patient, taking a comprehensive approach. They develop close relationships with their patients, and can tap into family or community networks to improve the quality of patients' lives. The organisation's slogan is "humanity over bureaucracy".

When a Buurtzorg nurse visits a new client, she or he will typically sit down with the person to talk about their history, strengths and interests (did they practice a sport or have a hobby, were they involved with a religious community or organisation, do they have skills they could share with others?), as well as their life goals.

"It's first coffee, then care," said Brendan Martin, managing director of Buurtzorg Britain and Ireland.

Although fully trained nurses cost more than other caregivers, the Buurtzorg approach ends up requiring substantially fewer total contact hours with caregivers, often resulting in overall savings.

Buurtzorg was founded by Jos de Blok, a veteran home care nurse. De Blok described a 1993 Dutch reform that introduced more rules and additional layers of management to home care as "a disaster" for nurses and clients alike. Elderly patients got visits from a confusing array of caregivers — up to 40 in a month — resulting in fragmented and often ineffective treatment. Costs skyrocketed, and quality went down.

**"The Buurtzorg nurses can spend as much time as they need with each patient, taking a comprehensive approach."**

"The care organisations looked more like factories," De Blok said. So in 2006, along with several colleagues, he founded Buurtzorg as a non-profit home nursing organisation. "Our idea was to show that elderly care could be done much better based on trust and self-organisation."

Starting in 2007 with one team of four nurses in the small Dutch city of Almelo, Buurtzorg has grown continuously and today employs 10,000 nurses in 850 community-based teams — half of the country's community nurses.

The organisation also employs 4,000 social workers who work in their own teams. De Blok said that his organisation grew by 10% last year.

## Low admin costs

Buurtzorg employs only 45 back-office staff, who take care of payroll and invoicing. Administrative costs account for only 8% of the budget, compared to up to 25% for other home care organisations.

It operates as a social enterprise. Although a non-profit, the organisation is commercially self-sustaining with surplus revenues going into training, community events and other activities. The organisation had a turnover of 400million euros (\$455million) in 2017 and served 100,000 patients.

Besides de Blok and his wife, there are no managers, leaving the nursing teams – 10–12 nurses caring for 50–60 patients in a given neighbourhood – to organise their work as they see fit.

“Our idea was to show that elderly care could be done much better based on trust and self-organisation.”

The Dutch Ministry of Health, Welfare, and Sport was sufficiently impressed by the potential of the new model that within two years of Buurtzorg’s launch it changed its reimbursement rules. Previously service providers had to bill separately for some twenty different categories of care but now they could bill for a single all-encompassing category labeled “community health”.

A 2009 Ernst and Young study found that Buurtzorg’s patients required care for less time, regained autonomy quicker, had fewer emergency hospital admissions, and shorter lengths-of-stays after admission.

“Surplus revenues go into training, community events and other activities.”

## Obstacles overseas

Buurtzorg is currently supporting efforts in 24 countries to replicate its model. The largest projects are in east Asia, with hundreds of nurses and other health workers involved in China, Japan and India.

In Europe, Buurtzorg Britain & Ireland, established in early 2017, provides consulting and other support to some 20 existing home care organizations interested in adopting the model. Martin told Apolitical that it has turned out harder than anticipated. “In all cases, the biggest challenge is not getting frontline staff to operate in an independent way but changing back office systems to support them well,” he said.

While consulting with existing organizations will continue, his group is switching its focus to creating new Buurtzorg-inspired home care organizations from scratch.

“The organisation's slogan is 'humanity over bureaucracy'.”

A study published this spring in *BMJ Open*, an online peer reviewed medical journal, evaluated the first pilot, set up in a low-income neighbourhood of London in autumn 2016. It found that many patients preferred Buurtzorg “to previous experiences of district nursing”.

Fiona Ross, a professor of health care research at Kingston University London, and one of the study’s authors, told *Apolitical* that the UK’s health funding system and the attitudes of some senior health care managers appear to be the biggest obstacles slowing the model’s wider adoption. “There may be some reluctance from senior managers of district nursing as Buurtzorg would do them out of a job,” she said.

Last year a small initiative named Buurtzorg USA, based in Minnesota, closed after it was unable to grow beyond four nurses and 25 patients in five years. “We had success delivering care,” said Michelle Muenich, an American nurse who directed the company.

“The problems were financial,” namely securing payment from the two large government-funded health care programs, Medicaid and Medicare.

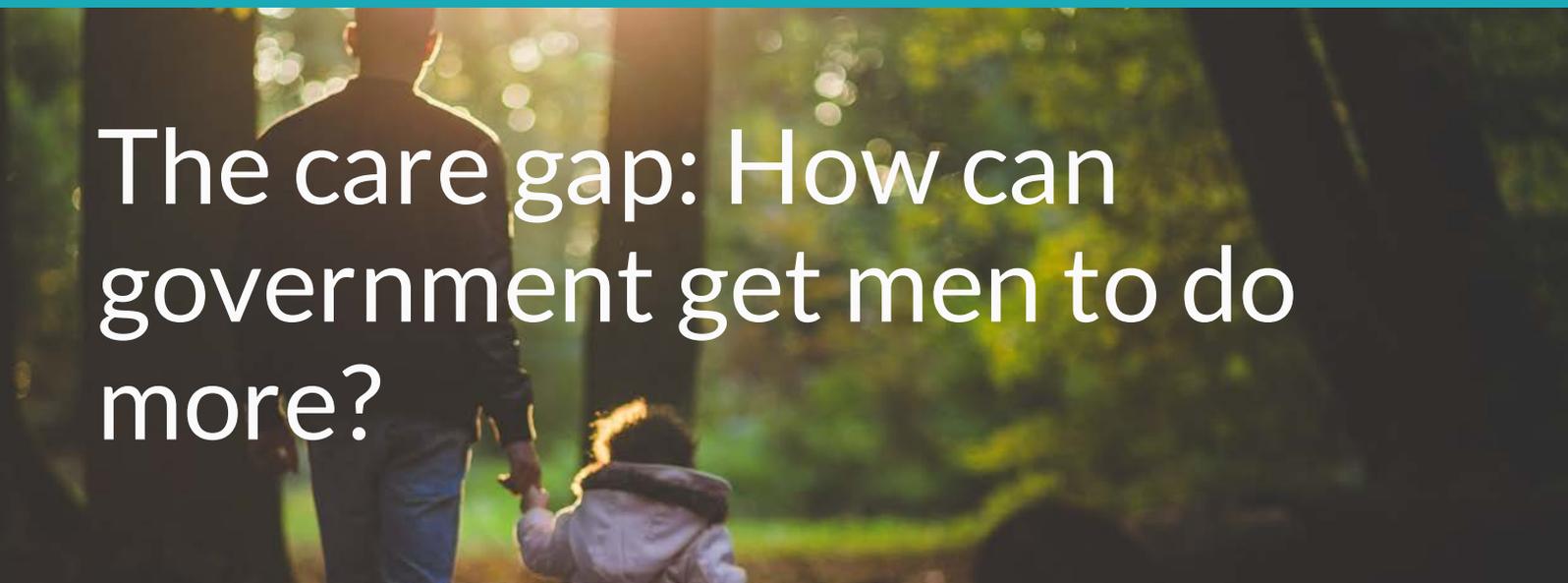
“The problems were financial,” namely securing payment from the two large government-funded health care programs, Medicaid and Medicare.

Meanwhile, Buurtzorg’s de Blok said a shortage of nurses is the biggest problem the organization faces in Holland, even as it has begun training nurses itself. “It is a barrier but also an opportunity,” he said. “The focus on prevention becomes more important. When we do that we need a smaller workforce.”

For supporters of Buurtzorg, the movement represents the best hope of allowing nurses to return to their profession’s central goal—caring for patients—by freeing caregivers from the straightjacket of bureaucracy.

**Burton Bollag**





# The care gap: How can government get men to do more?

## All over the world, women take on more unpaid work than men

The care economy raises a huge range of problems and opportunities for governments, but one issue that is more or less constant across the world is the uneven distribution of unpaid care work: this tends to fall far more on women.

If we could shift that burden so that it falls more evenly, the potential benefits are huge. Freeing up women to enter the workforce can turbocharge an economy. Sharing labour more evenly can avoid numerous physical and mental health concerns associated with overwork.

Central to policymakers' response to this issue must be the question of how to assume more care responsibilities, freeing up women's time to do other things. Gary Barker is co-founder of MenCare, a global campaign to promote men's involvement as equitable, non-violent caregivers. As part of our care economy spotlight, Apolitical asked him what he had learned on the subject.

### What are the benefits to engaging more men in care work?

The benefits to having men do more unpaid care work could fill up pages.

First, in terms of child development the benefits are clear of having an additional caregiver — and typically in most households that second caregiver is a man. Children thrive when there are more caregivers and fathers matter for being there, being present, providing hands-on care.

Second, there's advantages for women. The key driver that keeps women from being in the workplace the way they'd like to be is the unfair, unequal, unpaid care burden on them. When men do an equal share of care work, women can be in the workforce.

Third, for men themselves the data is really clear as well: we're better human

beings when we're connected to children – whether they are biological children or others in the household. We live longer, we're healthier, our mental health is better, and we report that our relationships are better when we have the work conditions and the other social conditions that encourage us to be taking on more care work.

Fourth, where men do more of the hands on caregiving there's all kinds of bigger stuff that happens on a macro level. Economies tend to look better because women are able to work. Rates of violence look better because we pass along a notion that men are not just about violence.

**“We're better human beings when we're connected to children - whether they are biological children or others in the household.”**

### **What's an example of a risk involved in getting this wrong?**

In no part of the world have we achieved full equality for women in all the indicators that matter, in terms of income and women's participation in politics and leadership. We know that the home, and domestic activity, has been a source of identity, of life, of connection for women, even as it has been a driver of inequality.

So we've got to be careful as we talk about this that we're not saying: “Oh, mothers' caregiving doesn't matter

anymore, because we're bringing dads and fathers and men to the rescue.” Instead, this is about saying: “how do we share this work equally?”

### **Through initiatives like Program P and MenCare+, you've a lot of experience training men and those around them to become more involved in care work. What have you learned about how to make that effective?**

We have learned the importance of sort of a dual approach, both working with men directly and working with the institutions around men.

On the one hand, you provide men with hands-on, real time experiences that support them in becoming competent caregivers.

It's still easy to fall back into a notion that women are the default caregivers – there's still a belief that men just don't know how to do this very well. That becomes a really uncomfortable but fixed status quo: it means women keep doing the care work, and men sit and say “Yeah well, I tried but I can't do as good a job as her at it so we just let her do it.”

So in educating men you have to provide concrete, real time experiences that get men to feel competent as caregivers but also for others around men to see them as a competent caregiver.

The other aspect of the dual approach is changing the systems that interact with families and individuals to say “we expect men to do this – we believe in their competence as caregivers.”

That might mean encouraging men to be present during a prenatal visit, as we're proposing in many parts of the world — of course when women want them present. Or it might mean pointing out to a workplace that they can't offer unequal amounts of parental leave for fathers and mothers without reinforcing a status quo that says mothers do more.

**Beyond educating men or training others to educate them, what are the most important interventions at the level of government policy that might encourage men to take up more care work?**

I wish we had more effective policy levers. But definitely non transferable leave between parents, flexible work schedules, remote working possibilities, all these things we know have an effect when implemented well in middle income households and settings. They need to come together with workplaces that say “we expect you to take the leave”, and I'd go as far as to say make some of the days of leave mandatory, or adopt the Swedish model where you get days you can use up until your child is older.

When it gets to lower income households and settings, we've got less experience of what works. One question is whether there are ways we can connect this to cash transfer and poverty alleviation programs. For example, could you adapt Brazil's Bolsa Familia program, which reaches some 12 to 14 million households via a monthly transfer made to the mother on a debit card, to be an ally in engaging men to do more caregiving?

**“Children thrive when there are more caregivers, and fathers matter for providing hands-on care.”**

Sometimes with cash transfers, men say “Oh, she doesn't need to go to work” because the family receives enough money to live on without the woman working. Could we do some nudging with those kinds of programs where we try to change that?

**What similarities do you find in this issue when working across a very broad range of territories?**

In most of the world there's still the deeply held belief that the care of others is secondary work and that it's the work of women and girls.

And the second class status and the second class attention that is given to unpaid care and child care is found nearly everywhere.

It is sometimes said that the goal is to reduce the amount of care work to be done to zero. But while the goal should be to reduce some of it — with a better stove or a better apparatus to do the cleaning at home — the goal is not to reduce it to zero. Because we are care junkies: as human beings we need a huge amount of it to be healthy and to grow and develop.

And that's a global similarity: we don't take care and caregiving seriously enough. It is what makes our households and our work lives possible and happy.



# Caring for others is making women ill. What can government do?

## Investing in women's health has huge economic benefits

Whether it's thanks to shouldering the majority of unpaid care work, or facing poor conditions in their roles as paid carers, women labouring in the care economy face serious threats to their health.

Felicia Knaul is an international health economist and professor in the University of Miami's Department of Public Health Sciences.

Her work on women's health includes a leading co-author role on the final report of the Lancet Commission on Women and Health, and an advisory role to the Healthy Women, Healthy Economies initiative funded by Merck KGaA, Darmstadt, Germany, which operates its businesses as EMD Serono, MilliporeSigma and EMD Performance Materials in US and Canada.

As part of our spotlight on the care economy, we spoke to Knaul about the threats to women's health thanks to care work, and how governments and societies can address them.

**Apart from the obvious moral imperative, what is the economic imperative for improving health outcomes for women worldwide?**

Policymakers have a choice between creating a vicious circle or creating a virtuous circle between women, health and the economy. Investing in health, the health of anyone, has a huge economic return. And this has been proven. We have evidence – historical, about the determinants of economic growth, and microeconomic data.

For me, the most elegant research illustrating this is the Nobel prizewinning work of Robert Fogel, where he looked at a couple of hundred years' worth of data from Great Britain that showed how height had changed and how this is related to improved health and nutrition. Investing in the health of women, in addition to its intrinsic importance, means more economic growth.

The women and health approach shows that in addition to our concern for the health of women, women produce the

majority of healthcare in our world. They are both consumers and very important producers of health care. I participated as a co-author in a paper that actually measures the value of all of the contributions of women to health care, both paid and unpaid.

Women produce the majority of health care. This may not have been true historically, but it is today. The majority of medical students are women, as are nurses. And women also produce the majority of unpaid care-giving. So if you don't invest in the health of women you're also detracting from their ability to produce health directly as paid providers.

### **What is the scale of women's contributions as "producers of healthcare"?**

Our estimated economic value of women's multiple paid and unpaid contributions to health care is over 5% of global GDP. A huge number – over \$3trillion. About half of that is unpaid work. And, even 5% is a very conservative and likely underestimated figure because we only only quantified hours of unpaid caregiving that are directly associated with health.

It does not account for all of the myriad tasks that are undertaken to promote health and prevent disease, including the hours and hours that so many women around the world spend looking for wood to boil water. Another example is the work that women do to prepare nutritious meals.

**"If you don't invest in the health of women you're also detracting from their ability to produce health directly as paid providers."**

### **In terms of unpaid care, what are the health implications of that burden falling on women?**

Women's employment has gone up tremendously, education has gone up tremendously; in many countries we're approaching gender equity. We have in many places a situation where women want and should be able to participate in the labour market fully (though often with a gap in their pay) and combine this in a healthy way with other facets of life, like having a family.

But there is a downside to that incredible opportunity to work. Just take the 24 hour day, the 168 hour week, and ask the simple question: "if you have an 8 hour job and then you do 8 hours or more of caretaking and domestic work, how much is left for sleep?" The data suggest that many women don't have even 6 hours in a day left for rest. These women do not have the opportunity to invest the necessary hours to maintain their health and wellbeing – mental or physical.

As I see it, there is one route and it is equitable, fulfilling and efficient. Both men and women should have the opportunity and joy of caring for one's family and combining this with work. Skipping to another, specific issue around unpaid caregiving that there is no formal training or professional support or legal

protection. You are expected to learn on the job – how to lift, manage personal hygiene and care for yourself in the process of caring for another person.

**Women working in paid care roles can still be difficult for government to reach: they may be migrants, or working in under regulated sectors. How do governments improve health outcomes for them?**

First, I believe very strongly that what you don't measure you can't correct. That's why we felt so strongly in the Healthy Women, Healthy Economies programs about measuring women's contribution and bringing that to the attention of policymakers.

But I also believe very strongly in universal health coverage and health insurance. When you ask “how do you reach these women?” if they aren't covered by health insurance, it's just that much more difficult.

One example to draw from is the 2004 policy innovation in Mexico called the Seguro Popular, that seeks to make a package of benefits available to all those who do not have salaried employment and work in the so-called informal sector.

Guaranteeing universal access to prepaid, pooled public insurance for all is essential for health and for healthy economies.





# The future of care work: fresh opportunity or new insecurity?

## From robot seals to a bevy of new platforms, technology is reshaping the sector

According to a number of alarming headlines, an army of robotic baby seals will soon be looking after our children and elderly. But the debate over whether robots will steal jobs has detracted from the ways in which new digital technologies are already reshaping the care sector.

Ani, from Lithuania, has been working as a carer in Glasgow, UK, through an agency for 9 years. She regularly works unpaid overtime and experiences racist abuse from patients but is afraid to complain. In her first year, she missed her own father's funeral because if she went back she would have broken her contract.

New technologies offer opportunities to improve conditions for workers like Ani – from reassigning carers' time away from repetitive tasks, to providing automated checks and enabling carers to log their hours. However, there is also potential for technology to amplify the

inequalities and precariousness that characterise both care work and existing gig economy platforms. What will matter is who owns, funds and monitors these technologies and whether they are designed to maximise profit or wellbeing.

There are two main trends to pay attention to: the automation of tasks with “carebots”, or assistive devices, and the rise of on-demand platforms. Made up predominantly of migrant or ethnic minority women, the care sector is characterised by informality, insecurity and in many cases the exploitation and abuse of workers without legal recourse to justice.

### Care-bots and assistive technologies

Countries around the world are facing a social care crisis as people live longer. According to the UN, the number of people aged 60 or older has tripled since 1950.

Meanwhile, austerity and debt crises around the world have led to massive cuts in care provision and increased marketisation of the sector.

At the same time, the supply of care workers is limited by high turnover in the field, and also the complex caring responsibilities many of them have outside of work.

“What will matter is whether these technologies are designed to maximise profit or wellbeing.”

The situation is particularly bad in Japan, where there is a projected shortage of one million caregivers by 2025. As a result, the Japanese government is developing “carebots”: artificial intelligence machines designed to help the elderly complete simple daily tasks, move them around or simply offer companionship.

But in other countries, there is significant resistance to the idea. A study by the Pew Research Centre found that 65% of respondents in the US agree it would be a “change for the worse” if robots became the primary caregivers for the sick and elderly.

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There is an emerging consensus, backed by studies from McKinsey, PwC and the University of Oxford, that the core processes at the base of care require face-to-face human interaction in order to respond appropriately to what the other person is going through. Care and empathy make humans distinct from machines, the argument runs, and so the sector is highly resistant to automation.

Crucially, however, not all parts of care work involve care and empathy. If such tasks were taken over by machines, augmenting human work, it might actually improve conditions for workers.

Repetitive, menial tasks such as filling in questionnaires are exhausting for carers. Remote monitoring and wearable electronic devices take the pressure off workers, so they don’t have to rush through checking patients’ blood pressure or whether they have taken their medication.

“Care and empathy make humans distinct from machine.”

### The “Uberisation” of Care

Whether or not new jobs in the care sector are of a high quality will depend on far more than the automation of particular functions. Another major change for the sector is the “Uberisation” of Care Work as it is brought within the framework of the gig economy.

In the US, online marketplaces such as UrbanSitter and Care.com operate in over 30 cities, and the past few years have seen the proliferation of on-demand care apps such as Honor, Carelinx and Hometeam. In the UK, the most popular of these, CeraFlex, offers on-demand, 24/7 access to care workers.

Platforms offering domestic work services more broadly are also emerging in countries in the Global South: MyDidi in India, Domestly in South Africa and Alianda in Mexico.

Studies by the Data and Society Institute and Overseas Development Institute (ODI) have argued that so far, the shift in these jobs to on-demand platforms has only entrenched existing inequalities in the sector. However, it is not too late to raise the standards.

In many ways, the term “Uberisation” cannot be applied to these platforms. Uber intervened in a sector where formal employment was the norm and has been criticised for casualising work and degrading working conditions. For carers, however, informal conditions have always prevailed – from exclusion from basic labour protections to forced flexibility and low wages.

New care work apps have been promoted as an opportunity to formalise the hiring process and employment relationship.

Platforms have built-in features to regulate qualifications and background checks. Many also have software which enables workers to record and precisely monitor their hours worked and money earned for each client. Low wages for domestic workers are often a result of earnings not being tied to actual hours worked, particularly for live-in workers or arrangements where the pay is task-based.

“Major disruptions offer an opportunity to reassess the value of supposedly ‘low-skilled’ jobs.”

However, as with many other work platforms, these also engage domestic workers as “independent contractors”, rather than as full employees.

This risks undoing progress in the formalisation of domestic work by diminishing legal rights and protections where they currently exist. In South Africa, for example, there is a relatively advanced legal framework regulating domestic work with provisions for minimum wage, overtime payments and a prescribed termination process.

However, on-demand platforms in the country could bypass these regulations by stating in their terms and conditions that they are not employers or an employment service.

According to the ODI, even if they were made to comply with employment laws, enforcing compliance would be near impossible.

A spokesperson for Care.com described how it has prioritised “the safety of our community” with on-platform messaging that helps to “protect workers from inappropriate or fraudulent contact”. It also has a longstanding relationship with the National Domestic Workers Alliance (NDWA) advocacy organisation.

However, research by Alexandra Mateescu and Julia Ticona suggests the transparency and accountability offered by platforms do not reduce incidents of abuse and harassment.

The rating systems on all the platforms they studied were only one-way: clients could rate carers, but not the other way around. Carers they interviewed therefore avoided complaining in case a bad rating jeopardised their pay or number of jobs. The reporting process also didn't consistently result in problematic clients losing access to the site.

Instead of just making carers “visible” to prospective clients, platforms could make them visible to other workers, building networks of support and solidarity through community forums where care workers can share anecdotes or arrange meetups.

There has also been progress towards platforms providing traditional protections such as benefits. Care.com's spokesperson explained that the platform has sought to improve the conditions of carers by launching a program based on pooled, portable, peer-to-peer benefits. It “provides care workers direct access to purchase health and dental insurance through a portal we launched with Stride Health”, the spokesperson said.

### Worker-Owned Tech?

One problem with public debates on technology and the future of work has been their lack of engagement with the vulnerable workers whose lives and livelihoods are directly affected.

But one more radical proposal which has gained traction is the development of “platform cooperatives” as an alternative to existing platforms.

These worker-owned platforms are decentralised and democratically governed. Google have recently devoted a \$1 million grant to a “platform co-op development kit”.

**“Platforms could make carers visible to other workers, building networks of support and solidarity through community forums.”**

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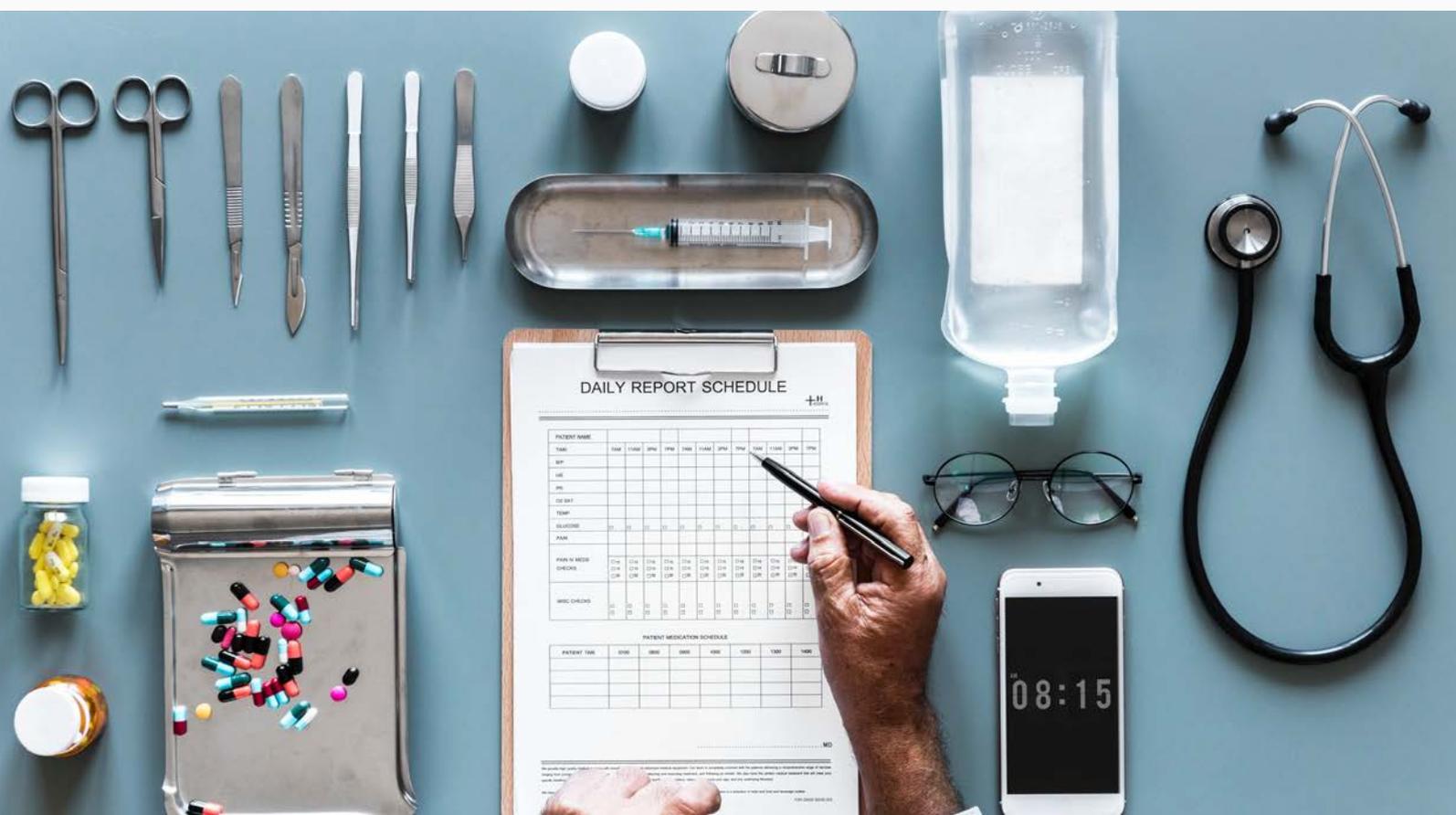
Equal Care, the UK's first platform cooperative for social care, is launching in April. Set up by Emma Adelaide Black to address a crisis of low pay and staff shortages in the industry, it will "use the platform as a tool to achieve enough efficiencies so that more of it can go to the worker," she said. Carers receive a choice of what kind of employment contract they want to be on, while users can co-design their own care plan to tailor provisions to their needs.

Cloud-based technologies have also resulted in the growth of digital "time banking" schemes. These enable seniors or people with disabilities who are receiving care to also offer their own skills and talents to others and be rewarded.

The "Share and Care" platform prototype in Singapore aims to restore "kampung" (community spirit) and address social isolation for seniors by allowing users to swap "Care Credits".

There are therefore exciting opportunities to harness new technologies and ensure that the rapidly growing number of care jobs will be good jobs. Neither automation nor the rise of on-demand platforms will drive change in themselves. However, these major disruptions offer a significant opportunity to reassess the value of these supposedly "low-skilled" jobs and think about how they could be arranged differently to support the wellbeing of both carers and users.

*Miranda Hall*





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