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Care (whether paid or unpaid) is crucial to human well-being and to the pattern of economic development. Some analysts emphasize the significance of care for economic dynamism and growth. Others see care in much larger terms, as part of the fabric of society and integral to social development. Citizenship rights, the latter argue, have omitted the need to receive and to give care. To overcome the gender bias that is deeply entrenched in systems of social protection and to make citizenship truly inclusive, care must become a dimension of citizenship with rights that are equal to those that are attached to employment.

How problems of care are addressed by society has important implications for the achievement of gender equality, by either broadening the capabilities and choices of women and men, or confining women to traditional roles associated with femininity and motherhood. How care is addressed is at the same time inextricably intertwined with other structures of inequality, especially race and social class. Historically and across a diverse range of countries, women from disadvantaged racial and ethnic groups have tended to provide care services to meet the needs of the more powerful social groups, while their own needs for care have been downplayed and neglected. Analyses of care that falsely homogenize women's interests are thus deeply problematic.

This paper traces the evolution of ideas in the area of gender and care, and analyses some of the main strands of thinking that have contributed to this ongoing debate. The effort to review the literature is far from exhaustive, and it is also biased toward connecting gender analyses of care in developing countries to some of the conceptual and theoretical work on care that, for the most part, takes the developed capitalist economies as its point of reference.

The first section analyses the contribution of feminist economics to the conceptualization, as well as the measurement and valuation, of the unpaid economy, including its care

components. There have been important debates within feminist economics on how to conceptualize the connections between the sphere of market-based capital accumulation (the commodity economy), on the one hand, and that of non-market-based social reproduction (the unpaid care economy), on the other, while giving full recognition to the real divisions and differences between them. This has drawn attention to the distinctions between different components that constitute the unpaid economy, throwing the spotlight on care and its distinct characteristics (the difficulty of raising productivity and the associated “cost disease”). The economic dynamics of the paid care sectors—a growing component of the gross domestic product (GDP) in the more developed economies and also a significant employer, particularly of women—are receiving increasing attention, particularly the tendency for market provision to turn to low-wage and high-turnover labour strategies that produce low-quality care services. This literature draws attention to the urgent need for an economic strategy, underpinned by better organization and broader coalitions among care workers, if caring standards are not to deteriorate and care workers are not to fall further behind other workers in pay and working conditions.

Approaching the issue of care from their distinct disciplinary perspectives in social policy and sociology, gender analyses of welfare regimes have contributed to the theorization of care in important ways, some of which intersects with the work of feminist economists. The strengths of this literature, which is reviewed in section 2 of the paper, have included its comparative dimension, based on regime analysis, and its interrogation of a wide range of care-related policies within a comparative framework. While much of this literature is based on the institutionalized welfare states of the advanced capitalist economies, the comparative and institutional frameworks proposed nevertheless provide useful conceptual building blocks for thinking about care in other contexts.

The institutions involved in the provision of care may be conceptualized in a stylized fashion as a care diamond, to include the family/household, markets, the public sector and the not-for-profit sector (including voluntary and community provision). The boundaries of the responsibility mix often shift in response to the claims of social networks and organized interest groups (for example, trade unions and women’s groups) as well as through state action. The notion that countries often move back and forth across different sectors is important because it belies the view, deeply entrenched in the modernization narrative, of a linear path along which all countries move with an inevitable shift from “private” (family and voluntary) provision of care to “public” provision (by the state and market).

It is sometimes (wrongly) assumed that if issues of care were to be taken up by policy makers, then the only possible response would be to provide some kind of cash payment for women (for example, wages for housework or mothers’ pensions). While this kind of demand may have been voiced historically by some women’s rights advocates, it is not the kind of social provision that most modern-day advocates of women’s rights prioritize. Ideally, society should recognize and value the importance of different forms of care, but without reinforcing care

work as something that only women can or should do, given the well-known and adverse consequences of such gendering: women's financial precariousness and their exclusion from the public domain.

There is enormous diversity in currently existing policy responses to care—arguably greater than that found for other contingencies such as illness or unemployment, and with differing implications for gender equality. Gender advocates have put forward a range of proposals that attempt to overcome the many disadvantages endured by most women because of their responsibilities for caregiving, and sometimes to entice men to contribute more time to it. There are tensions, however, between the different proposals that have been put forward in terms of a wish to support and value care and to liberate women from the confines of caregiving so as to enable their more active presence in the public sphere. There is a wide range of possible policy interventions: cash payments in the form of caregivers' allowance or citizen's wage (more gender-neutral than a mothers' pension); taxation allowances; different types of paid and unpaid leave from employment; social security credits and social services. Some of these are discussed in this paper. The analysis provided by feminist social policy researchers of the outcomes of these diverse provisions in countries where they have been put in place provides useful lessons for "latecomers" in the area of care policy.

The final section of the paper considers the renewed interest in social policy, trailing after the high neoliberalism of the 1980s that was epitomized by the "social investment state" allegedly focused on productive and active welfare, and on investing in children's opportunities. It asks what the implications of these ideas might be for the redesign of social policy, what space is likely to be given to issues of care and whether gender equality and women's movements' claims for services and supports are likely to be accommodated in this new welfare vision.

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