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### Caring for Wellbeing

Rosalind Eyben and Marzia Fontana  
IDS, Brighton

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# Caring for wellbeing

Rosalind Eyben and Marzia Fontana,<sup>1</sup> IDS, Brighton

## Introduction

Conventional development thinking emphasises economic growth over human wellbeing and ignores care as a public good that sustains and reproduces society and on which markets depend for their functioning. Our alternative is an economic system that reflects and places a value on equitable relations between women and men. We challenge commonly held assumptions about how the economy works – assumptions that in this time of global crisis risk bringing greater misery and impoverishment for those who can least protect themselves from collapsing markets. We propose development policies and programmes that can immediately start to address the interconnected concerns of women as producers, employees and carers with positive effects for individual, family and social wellbeing. In addition, philanthropic foundations – with their track record of facilitating new and challenging ideas – can facilitate the world's most important debate about shaping an economy for people rather than people for the economy.

'Care', and the associated idea of 'social reproduction',<sup>2</sup> are concepts originally developed by feminist scholars and activists to describe a responsibility and a set of activities defined for the present paper as *meeting the material and/or developmental, emotional and spiritual needs of one or more other persons with whom one is in a direct personal relationship*.<sup>3</sup> Until challenged by feminists, care was seen as something that women 'naturally' did and thus not identified as an issue requiring a policy response. This is often still the case today. For example, the framing of 'food security' excludes unpaid care, ignoring the fact that even when sufficient food is available and accessible, individuals can only eat if someone collects water and fuel and spends the time and skills to transform the raw ingredients into a palatable meal.

Care is not just a private matter for individuals. It needs to be thought of at the macro/structural level about how the wellbeing of some may be at the cost of wellbeing for others, often the powerless and vulnerable. It requires examining deeply embedded societal assumptions to recognise that the division of responsibility in caring is informed by ideologies of what it means to be male and female (Edholm, Harris and Young, 1978).<sup>4</sup> Many cross-country comparative studies (Budlender 2010) have shown how prevailing gender norms mean that women undertake the bulk of unpaid care work including minding and educating children, looking after older family members, caring for the sick, cooking and collecting water and fuel. Although there has been a shift towards a more equal distribution of responsibilities between the sexes in the past 40 years – particularly in Scandinavia – in most countries the provision of care continues to lie chiefly with women and girls. At the same time increasing numbers of women are taking up paid work. Because they have to juggle their responsibilities, women are frequently employed on a part-time or piecework basis where wages are lower, employment less secure and collective action or negotiation more difficult (Chen 2007). With many women thus employed, the young and the elderly have to take on more care responsibilities to the detriment of their own wellbeing. In some countries these changes have coincided with a decline of state provision and everywhere an increased involvement of the market in care. Women who can afford to do so hire poorer women, often underpaid and overworked (Razavi and Staab 2010) and in many parts of the world subject to racial discrimination.

In this context of global change our paper considers the centrality of care for human wellbeing and the damage caused by its sustained neglect in policy and practice. Section 2 looks at care

within the prevailing development paradigm. Section 3 makes a case for care based on a relational approach to wellbeing. Section 4 proposes that philanthropic organisations play a leading role in making care visible and in facilitating the debate about the changes required for building more people-centred economies.

## Care and the development paradigm

This section reviews the theory and empirical evidence concerning how care is understood in the development field, considers the negative effects on wellbeing of its neglect and explores the reasons why care has remained largely invisible as a policy issue.

To date, most research and policy analysis about care has been undertaken with reference to OECD countries. When feminists developed the concept of care in the 1970s and 1980s their aim was to analyse a central and defining part of women's lives, highlighting the constraints from which they suffered and the lack of value that the welfare state placed on what women did at home. As women increasingly entered paid work and some of the care they had been providing became the responsibility of the private sector or the state, its monetary value could now be calculated. This permitted making a case for unpaid care to be counted as *work* (Himmelweit 1995). Since then, the literature has made a transition from the study of 'household labour' to that of 'care'. Underlining this is a distinction between, on the one hand, housework considered to be drudgery and, on the other, looking after family members. It is assumed housework can be fully replaced by the technology that the market provides while there are no technologies that can replace true labours of love. Recent debates have accordingly focused on different kinds of caring responsibilities – for children, those with disabilities or the elderly and the role of the state, the family, the market and the voluntary sector in their provision (Daly and Rake 2003).

The theoretical advances and policy advocacy in OECD countries are not entirely relevant to the situation of poor families in developing countries where there has never been a welfare state and the lack of access to labour-saving technology – including the supply of energy and water to the home – makes the dichotomy between housework and care of persons less obvious. Policies to deal with care in equitable ways may have to be significantly different in different contexts (Beneria 2008). There are differences in relation to distribution of care responsibility between middle-income and low-income countries and importantly between different groups of women. Moreover, the concept of care has been extended to its provision by paid domestic workers, amidst an increasing recognition of differences of class, race and citizenship rights between the women who pay for care and those who provide it (Lutz 2002). Studies of 'global care chains' (Yeates 2004) look at how women from developing countries undertake paid care work in a rich country, leaving a potential 'care deficit' back home.

The division of labour within the household was a major theme of early gender and development analysis. Feminist economists critiqued international development organisations as the instrument by which certain gendered ways of ordering society and the economy spread to Third World countries. Waged work was valued as contributing to growth and the social importance of unwaged care work, viewed as 'welfarist', was ignored (Razavi 2007). Gender advisers in development agencies, keen to get the status of women on the agenda, found the more effective strategy was to frame women as producers. During the 1970s and 1980s, research into the informal economy revealed how the notion of 'men as family breadwinners' had de-valourised and concealed the extent to which women in low-income households were active in the market economy. In 1978, for example, Eyben undertook a detailed study of the earnings of women in the poorer districts of El Obeid town in the Sudan to demonstrate to the International Labour

Organization (ILO) that women's income was much more than 'pin money' and therefore they had the same right to vocational training as did men rather than just being offered cake-making courses. Thus, a growing body of evidence challenged the ideology that men produced and women consumed, and supported the policy case that women were not just beneficiaries of development but also its agents (Eyben 2007). By the time of the Beijing Women's Conference in 1995 this argument had been won – largely due to the demands of the globalising capitalist economy in which wage-earning and entrepreneurship were seen as a necessity and a right, for women as for men (Fraser 2009).

Observing that these successes of second-wave feminism paralleled the advances of neoliberalism, some commentators speculated that this was no coincidence. Not only did the feminist emphasis on autonomy chime nicely with a liberal focus on the individual and her freedom to choose, it also contributed to an ideological shift that justified employing young women in factories. 'Disorganized capitalism turns a sow's ear into a silk purse by elaborating a new romance of female advancement and gender justice', writes Nancy Fraser (2009: 110). The gains won by women, argues Eisenstein, were a 'bourgeois revolution' which left untouched the structures that had kept most women in developing countries in subordination (2010).

While the policy focus on women as market actors grew into the World Bank discourse of 'gender equality as smart economics' (Eyben 2010), the agenda on care continued to languish. The failure to make care visible has certainly not been for lack of scholarship (Peterson 2005). Much of the research has used qualitative and quantitative time-use studies and by 1983 a sufficient number of cross-country studies had already been conducted to conclude that in developing countries women work longer hours than men, that low-income women work longer hours than better-off women, and that rural women work longer hours than urban women (Birdsall and McGreevey 1983). Yet most governments, donors, multilateral organisations and many international NGOs have remained blind to all but the paid, visible forms of women's economic contribution. Hence policies and development programmes have failed to address the interconnected interests and trade-offs of women as producers, employees and carers, and more generally *do not recognise the value to society of activities which fall outside of the market.*

## **Broadening notions of work**

Since the 1980s, feminist economists have been seeking to broaden notions of work to include such activities (Waring 2004; Goldschmidt-Clermont 1990). In 1993, as a result of this pioneering scholarship and policy advocacy, the international System of National Accounts (SNA) – used to calculate GDP – defined 'production' as any activity that someone else in theory could be paid to do, thereby capturing subsistence and household production, as well as caring for others. However, this important definitional breakthrough meant only a partial change to what it was agreed should get counted. The SNA includes production in the informal and household economy (food, clothes etc.) whether or not sold in the market as well as water and fuel collection, but counts services only when paid for, excluding unpaid work of (i) meal preparation, laundry, cleaning and shopping; (ii) care of children, the elderly, the sick and people with disabilities within the household; and (iii) volunteer services provided through organisations and groups (Razavi 2007). A small number of countries are, however, including these activities in household satellite accounts that capture unpaid care excluded from the SNA, and in other countries separate time use studies have been conducted.

Monetary valuation of care outputs can be effective by indicating very graphically women's major contribution to economic activity. These monetary valuations can be used with reference to standard macroeconomic indicators. The most common approach is to express them in terms of

GDP. Budlender (2010) shows that unpaid care is about 15 per cent of GDP in South Africa and South Korea and above 35 per cent of GDP in India and Tanzania. This reveals there is a big proportion of economic output which is produced outside of the market. Our preferred comparison, however, is not with GDP but with tax revenue as this demonstrates how care has not been socialised. Budlender (2010) calculates that unpaid care work is, for example, equivalent to about 94 per cent and 182 per cent of total government tax revenue in South Korea and India respectively.

The reasons given for not including unpaid care in the SNA were because:

The rationale given for this choice was threefold: (i) unpaid care services have limited repercussions on the rest of the economy; (ii) it is difficult to impute monetary values to unpaid care services; and (iii) the inclusion of unpaid care services will have adverse effects on the usefulness of the accounts for macroeconomic analysis and policy purposes and disturb the historical trends.

(Razavi 2007: 5)

A growing body of evidence has in fact shown the interconnectedness between the care and the market economies. For instance, in South African poor rural households the time that women who have responsibility for fetching water and fuel spend in paid employment is only 25 per cent of the time that women who do not engage in water and fuel collection can spend in it (Valodia and Devey 2005). In Tanzania a study found that the probability of women starting an off-farm business correlated negatively with time spent on tasks such as water and fuel collection (Fälth and Blackden 2009). In Uganda, childcare burdens coupled with poor infrastructure (lack of piped water and cooking stoves) compromised the ability of women heads of household to expand and diversify production (Dolan and Sutherland 2002).

Concerning the second reason given by Razavi for the exclusion of unpaid care from the SNA, Hoskyns and Rai (2007) conclude that the methodological issues that prevented unpaid care from inclusion in the SNA have been resolved, but there appear few signs of any political readiness to revise the SNA accordingly. Furthermore, many countries are not even putting into practice what the United Nations agreed nearly 20 years ago should be counted. India and South Africa, for example, have well-established statistical services, but are not counting fuel and water collection. As evidenced from the third reason for ignoring unpaid care in national accounting, it appears that governments simply do not want to make the change.

This is reflected more broadly in the failure to take care work seriously in different policy arenas. A striking example can be found in relation to the comparative neglect of early childhood development compared with investment in the formal education sector. Although findings from neuroscience show that the lack of early childhood stimulation has a negative effect on children's subsequent educational development (Garcia, Pence and Evans 2008), early child development programmes in the developing world continue to receive very low levels of funding from governments (Walker *et al.* 2011), and in the developed world they are one of the first to be cut back during fiscal austerity. However, keeping unpaid care out of the policy domain brings enormous costs to human wellbeing.

## **Crises and current policy responses exacerbate care burdens and deplete human capabilities**

The evidence of the consequences of keeping care invisible becomes most stark at moments of economic crisis, when public sector budgets are cut and unemployment increases. Families in poverty have to struggle more to survive and look after each other in increasingly difficult material

circumstances in which basic services such as water supplies and health care are reduced, requiring family members – most commonly women and girls – to devote more time and energy to meeting household needs while at the same time trying to diversify their livelihood activities (Elsou 1995). During the 1980s and 1990s, with the widespread adoption of structural adjustment programmes following developing countries' debt crisis, feminist researchers began finding evidence of the consequences of care not being factored into macroeconomic modelling. They found that macroeconomic policy reform has underestimated the impact on household wellbeing of changes such as the removal of food price subsidies. What is not picked up is that family members, particularly women and girls, may be putting in longer hours of paid and unpaid work to compensate for the decline in income (Floro 1995). This kind of invisibility still prevails, as evidenced in the recent World Development Report: it notes that the global economic crisis did not affect women's employment more than men's, staying silent on the impact of the crisis on their caring responsibilities (World Bank 2011).

A collection of studies of the impact of the 2009–10 global financial and economic crisis found that:

when household incomes fall the time women need to spend in earning money for the family rises, meaning the time for reproductive tasks is squeezed, with serious consequences for the care and welfare of children, for adequate nutrition for family members, especially for women themselves, and, very importantly, for the education and health of girls, who are frequently required to supplement or substitute their own labour for that of adult women.

(Pearson and Sweetman 2010: 8)

A study of the impact of the increases in food prices in 2010–11 on poor communities in Africa and Asia found that the stress women come under trying to cope with their children's hunger pushes them into poorly paid informal sector work, competing among themselves for ever more inadequate earnings (Hossain and Green 2011). Furthermore, unpaid care work intensifies economic recession as families resort to producing their own clothes and food rather than buying on the market (Fälth and Blackden 2009).

## **Why does care continue to be neglected?**

There are various explanations for the neglect of care as a development policy issue. At the personal level, gender advisers focusing on women as producers rather than carers had a personal stake in recognising women's paid work as they struggled up career ladders and broke through glass ceilings. In contrast, talking about the importance of care ran the risk of their male colleagues remembering they were women and wondering whether childcare responsibilities might make them unfit for more senior positions. Moreover, many (male) policymakers subconsciously choose not to acknowledge the centrality of care because it is in their gendered interests to do so.

There is also the influence of mainstream development thinking. For aid agencies, framing women as producers can be seen as an economic matter and thus within their mandate whereas addressing the sexual division of labour associated with care could be interpreted as cultural interference (Esplen 2009). There are also academic arguments. For example, the fact that most care work is done by women is a rational choice by households, because men usually earn more than women. A senior official of an international organisation made this argument recently to one of the authors, when rejecting the suggestion that care be included in the ILO's Decent Work agenda. He ignored, of course, how gender norms and the need to balance paid and unpaid work activities have led to women earning less money than men in the first place. Another suggestion

made to the authors – a marvellous example of circular logic – is that if the research findings about care were sufficiently robust, then evidence-based policy would have automatically have taken them into account. Therefore the research must be flawed and can be ignored.

From a political analysis perspective, it is clear that neglecting care has political advantages, allowing governments to pass on its costs to families and communities, rather than financing care as a public good (Smith 2005). At the same time, those women who are the most overwhelmed with care responsibilities are the ones with the least voice and chance to influence policy choices, partly because the time they spend on care excludes them from political participation.

The policy neglect of care has been exacerbated in recent years by the extension of market values to all social relations and institutions...

with the goal of reshaping all aspects of human life according to market criteria of efficiency and rationality... this means that responsibility for systemic problems is being downloaded onto the individual, especially women... rendering much of women's labour an 'externality' – an activity that is not problematised as important to public policy either in terms of costs or benefits.

(Bakker 2007: 553)

In her classic work on the subject Elson (1995) cited a study from Zambia that showed that as a result of cuts to the government health budget, women had to spend more time taking care of the health of their family members. This included one farmer who completely lost a planting season for this reason which Elson noted as a perfect example of how the design of structural adjustment programmes to boost rural productivity was producing the opposite effect.

The ideological dominance of the World Bank in development thinking, itself strongly influenced by the policy environment of the United States – known for its disregard for care work (Eisenstein 2010) – has undoubtedly helped sustain the invisibility of care in the development paradigm. Some gender specialists have sought to engage with that paradigm, arguing for the reduction of care to enhance women's productivity and thus economic growth (World Bank 2011) but they ignore care's important economic function of actually supporting and enhancing the functioning of the market economy through subsidies to private firms (which therefore do not have to internalise the full costs of maintaining the labour force). More importantly, as outside their frame of reference, they neglect care's positive dimensions as a key source of wellbeing.

## A relational approach to care

Deneulin and McGregor (2010) note that individual wellbeing is always dependent on our relations with others and may result in illbeing for someone else if we ignore the effect of our actions on them. Our approach to care is based on this relational idea of 'living well together' (2010: 503). Care, we argue is 'the foundation of human existence' (Elson 2000: 9) as well as a matter of social justice and integral to a people-centred economy.

### **Relational perspectives**

Relational perspectives illuminate the processes that shape the production, distribution and consumption of goods and services, including care as it operates both within and outside the market. A relational approach looks at the context-specific arrangements for the giving and receiving of care as structured by power, culture and history. A relational approach has several advantages in making the case for care. *First*, it takes a gender perspective – the social



construction of relations – rather than employing women as the category of analysis (Elson 1995). This helps avoid essentialist reductionism and throws into relief other kinds of relations, such as those based on class or race, that also shape the giving and receiving of care. The relational approach helps us enquire into the ideologies of how work is understood and allocated, and enables us to deconstruct some deeply entrenched notions in development policy and practice concerning care (Lind 2009).

A *second* advantage is that it allows us to think about market behaviour as both shaping and being shaped by broader structures of social relations. For example, in a case study of Yoruba women traders, Cornwall (2007) has shown that their capacity to be successful in the marketplace is shaped by other relational domains of their lives. What she describes as ‘affective relations’ – with husbands, siblings, children, fellow traders – play a significant part in what people do and what choices they are able to make. Care work, argues Himmelweit (1999) has a higher emotional content than many other kinds of work because it concerns looking after other people. Thus while caring may contribute to self-esteem and a respected position in society, for many poor people ‘the time, effort and other resources used in providing care can violate their right to health and undermine their quality of life and well-being’ (Esplen 2009: 8).

Bearing this last point in mind, a *third* advantage of the relational approach is that it understands care as something to which humans attach value and therefore sentiment (Folbre and Nelson 2000). Hence, phrases such as the ‘burden’ or ‘drudgery’ of care<sup>5</sup> unhelpfully confound those aspects of the caring relationship which – particularly for poor people in developing countries with little access to labour-saving technologies – require spending time on wearisome tasks of grinding, cooking, fetching water and washing clothes at the cost of not meeting mutually valued developmental and emotional needs. Yet, we should avoid romanticising care. People often have no choice. In Tanzania, a woman of 80 who had been left with four orphans after the death of her daughter said, ‘I know I am too old to depend upon, but what can I do except try to support them?’ (Randel, German and Ewing 1999: 5). Even aspects of caring that concern meeting emotional and developmental needs may be given unwillingly by women and girls living in oppressive circumstances (Elson 2000). On the other hand, the affective nature of care is also manifest in paid care work, including feelings of solidarity that carers may develop with their employers (McKay 2007).

## **Rethinking the economy from a relational perspective**

Since the 1990s, geographers, anthropologists, philosophers, political scientists and heterodox economists have been deconstructing the orthodox idea of a bounded, autonomous and increasingly abstract economy (Carrier 1998). Such an abstraction is premised on extreme methodological individualism and excludes much of the relational activity associated with the sustenance of human wellbeing. This has led to alternative concepts of ‘economy’ and ‘economic’ with the aim of bringing about changes in real-world policy and practice through making visible aspects of social life previously ignored by the policy gaze (Cameron and Gibson-Graham 2003). One of these conceptual relational approaches is ‘provisioning system theory’. This is a lens to analyse social norms and relations in the consumption, production and distribution of goods and services (Fine 2002). It shows how in any social context the same good or service may be provisioned through different kinds of relations. The nature of the relation affects and is affected by the character of the good or service. Using such an approach, Narotzky (2005) has explored childcare arrangements and the various possibilities that might be available depending on local historical and cultural context. In the United Kingdom, for example, childcare provisioning can be through state services, regulated and unregulated markets, relatives, friends or neighbours. Options will be influenced by income, cultural values concerning letting children be looked after

by strangers, the existence of a social network and the availability of willing relatives. Thus childcare is not just a service for which one pays or does not pay, but is imbued with values and meanings that shape the character of its provisioning.

This kind of analysis can provide evidence to help organise production, reproduction, distribution and consumption for the most just and equitable outcomes for people (across gender, race, health conditions, etc). Since the mid-1970s, there has been a growth in political movements whose claims for justice were based on forms of identity other than class. These new claims concerned structural inequities of status – for example in relation to gender or race – and were about *the right to be recognised* on one's own terms. In her seminal work, Nancy Fraser argued that justice could only be achieved if redistribution and recognition stayed coupled together as mutually supporting elements of a progressive political agenda (Fraser, Dahl, Stoltz and Willig 2004). Fraser stresses that mal-distribution and mis-recognition are inequities that require *political* action for institutional as well as personal change. Her later addition of a third 'R' – representation – argues that such change cannot be achieved without parity of participation in debating how each of us understands what our social world is and therefore what needs to be done to make it more just. Everyone has the right to represent their own situation – their self-image and sense-making of the world – rather than be represented through others' sense-making. Thus the notion of 'parity of representation' challenges the deeply embedded thinking of most current policy approaches, which is based on an idea of 'objective' knowledge that ignores how power shapes whose representations count. Without representation, care is 'mis-recognised': for example, although mainstream economics talks of depreciation of machinery and more recently of depletion of the environment, it rarely considers the depletion of human and social capital that result from lack of investment in care (Fontana 2009).

These notions about social justice coincided with the rise of human rights as development policy discourse after the end of the Cold War. For feminist development scholars and activists, a rights-based approach offered a means of influencing policy agendas. They seized the opportunity provided by the 1993 UN Conference on Human Rights to promote CEDAW (the UN Convention concerning the Elimination of all forms of Discrimination against Women, which had come into force in 1979). The argument for care is cast as the right to receive adequate care (Engster 2005) and the right not to be exploited when providing it (Bubeck 1995). Rights relating specifically to care include the right to social security at different stages of the life cycle when individuals may be particularly vulnerable: children, the elderly, the disabled and the chronically sick (Piron 2004). Other human rights, such as those to food, housing, and education are also relevant.

Governments that have ratified UN human rights conventions have the duty to implement policy that supports rather than negates human rights and Balakrishnan, Elson and Patel (2010) have proposed a framework for auditing governments' economic policy in relation to such obligations. The authors suggest that the methodology – test-run in Mexico and the United States – can be very useful in 'moving economic policy in a better direction by identifying which policies are likely to be inconsistent with human rights obligations' (*ibid.*: 65). These include, of course, policies relating to care. The findings from such an audit can not only reveal the potential social impact of macroeconomic policy, but also contribute to exposing the social content of macroeconomic policies (Elson 2006).

# What next? Changing policy and practice

Policy is most often understood as something explicit – an official document or law, supported by public statements of values and beliefs, procedures and resource allocation. Yet policy can also be a tacit expression of how those in charge believe society should be ordered. Thus in post-Communist Poland, policies for restructuring social services cut childcare, making it harder for women to go out to work (Fodor 2005). This outcome was achieved ‘accidentally-on-purpose’ by policymakers who believed that women’s place is in the home. Policy is not just as an instrument for solving a publicly recognised problem, but also a way of framing how the world should be. From this perspective, the present section proposes a two-pronged approach to changing policy and practice: making care more visible within existing economic paradigms, while simultaneously investing time and resources into stimulating a global debate about how best to restructure our economies for a people-centred development in which care is recognised as the foundation of human wellbeing.

## **Doing better within the current paradigm: Recognition, reduction and redistribution**

A helpful framework for international organisations to use in partnership with governments and civil society actors has been developed by Elson (2010), adopted by UNDP and summarised by Fälth and Blackden (2009). The framework relates to three interconnected dimensions of recognising care, reducing the drudgery, and redistributing care more equitably, within families but also among and between providers of care services. For reasons of brevity we identify a select few actions that can be taken within this framework.

The fundamental challenge of **recognition** has been stressed throughout our paper. Fälth and Blackden (2009) recommend understanding the policy context, specifically the diversity of gender relations between different countries and groups and the diverse caring arrangements that arise from them to identify the actual care practices and institutional arrangements that shape care provision. They also recommend quantifying time use within national statistical surveys, systematising the use of satellite accounts and capturing the findings in gender-responsive budget initiatives. Fälth and Blackden propose assigning a putative monetary value to unpaid care work to be included in cost-benefit analyses of economic investments. In addition, UNRISD (2010) stresses making visible and addressing paid and unpaid care issues that are embedded in sectors such as health, education, social protection, agriculture, etc.

Concerning paid work, Razavi and Staab (2010) emphasise the extreme labour informality of many forms of low-paid care work and recommend supporting workers’ movements to redress the situation. A successful case in point is how collective action by the domestic workers in Brazil has succeeded in including paid domestic work within labour standards legislation (Gonçalves 2010). The circumstances of migrant domestic workers are even more dire. Some countries such as Sri Lanka, who benefit greatly from the remittances sent home, have established insurance schemes and support systems for their citizens, but there are growing numbers of undocumented workers not covered by such arrangements and with little protection. Although the demand for their services ever increases, governments refuse migrant care workers labour permits and because they are working illegally the possibilities for exploitation are limitless (Kofman and Raghuram 2009). More broadly there is a need to expose the systemic low policy value placed on

care that results in treating it as an externality and ignores the positive benefits of care work for social wellbeing (Razavi and Staab 2010), a matter to which we return below.

Concerning **reduction**, labour-saving technologies as well as reliable, accessible and affordable water, energy and transport can reduce the *drudgery* elements of caring. Such investments should not be framed and evaluated solely in terms of releasing women's time for income earning but more broadly within a wellbeing perspective, bearing in mind that the optimal use of the time saved may be for sleeping or leisure. Clearly for girls, the time saved should also help them stay at school, as occurred in Mali as the result of introducing labour-saving technology (Fälth and Blackden 2009). The more politically challenging matter relating to time-saving, particularly in the current economic climate, is the maintenance and expansion of core public services to reduce unpaid care work. This is why debates are needed about how we should construct social economies that promote rather than undermine wellbeing.

**Redistribution** initiatives are about supporting men's and women's own efforts to change gender norms that prevent men assuming equal roles in care responsibilities, making it easier for men to become more involved in and respected for sharing the family's caring responsibilities as well as for doing paid care work. These objectives should inform the design of social protection and other public sector interventions. For example, conditional cash transfers to mothers of school-age children in extreme poverty should be implemented to encourage a more equitable sharing of caring responsibilities within the household and to avoid increasing women's time burden through the lost labour of girls now in school or reinforcing existing gender divisions of labour in which fathers are not involved in child-rearing responsibilities (Molyneux 2008).

Fontana (2011) examined World Food Programme policy on gender equality through this analytical lens of recognition, reduction and redistribution. WFP projects are likely to affect and be affected by dynamics around the provision and distribution of unpaid work within families and communities. In some programmes the link with care is obvious, for instance, Maternal and Child Health Nutrition (MCHN). In other cases the interaction between a WFP project and unpaid care work may be less direct, but it is equally important to expose. In emergency operations, WFP policy *recognises* that women and girls in camps do the bulk of firewood collection, and therefore have to walk long distances outside the camps with heavy loads and at personal risk. WFP is therefore committed to providing fuel-efficient stoves to the most vulnerable women (thus *reducing* their time burden) and to involving men and boys in protecting women and children from violence as well as *sharing* housework (WFP 2009: 10–11). WFP also acknowledges the role that MCHN programmes can play in challenging gender norms around care responsibilities. WFP encourages *redistribution* of chores by supporting the inclusion of men and boys in nutrition and health education, as well as their *reduction* by, for example, promoting the use of ready-to-use meals that save time while meeting nutritional needs.

Food for Work and Food for Training programmes provide conditional food transfers in exchange for either work to build infrastructure or for time spent in training. WFP emphasises the need to ensure that women and men participate equally in these activities and *recognises* that the provision of childcare on site is a key factor to facilitate women's access (WFP 2009: 12). This recommendation builds on a large body of literature which highlights the negative impact of childcare responsibilities on women's ability to participate in public works – especially when their children are in the pre-school age group (for example, Quisumbing and Yohannes (2004) for Ethiopia, and DeJardin (1996) for public works programmes implemented in other Sub-Saharan African countries). However, merely including childcare provision in the design of public works does not guarantee its effective implementation. A social audit of the National Rural Employment Guarantee Act (NREGA) in Tamil Nadu (Narayanan 2008), for instance, indicated that about 70 per cent of the women interviewed had no childcare facilities at the worksite. Thus, there is often

a gap between design and implementation, which suggests the need for a number of intermediate steps – from thorough analyses of gender dynamics in specific contexts, to strengthening institutional capacity and other complementary measures.

Promoting gender equality within Food for Work (FfW) or similar initiatives would involve not only making it easier for women to participate on equal terms with men by providing childcare onsite, but also, and importantly, using the project to build infrastructure that usefully *reduces* aspects of women's domestic workloads (e.g. piped water). This latter aspect tends not to be sufficiently emphasised in discussions on making public works gender-responsive and deserves greater attention. Time-saving infrastructure that meets women's and girls' needs is more likely to be built if women and communities are directly involved from the outset in the design, management and implementation of a project. FfW does not have to be confined to building physical infrastructure but could also be used to offer social services for the community.

To sum up, it is clear there are many useful actions that can be taken within the existing development paradigm that recognise and address care issues. Philanthropic foundations and other international organisations are recommended to use the analytical framework outlined to undertake a 'care audit' of their activities. The implementation of care-responsive policies and programmes will improve family and individual wellbeing and over time should contribute to a change of mindset among citizens, think tanks and policymakers concerning the significance of care.

However, micro-level interventions of this kind must be accompanied by efforts to alter macro policies towards more systemic change. Different macroeconomic regimes produce different outcomes in terms of employment generation, wage levels, income distribution and the extent of gender inequalities. Employment creation rather than GDP growth should become the key macroeconomic objective with the creation of decent jobs particularly in sectors that reduce the drudgery of unpaid care.

We believe philanthropic foundations can make an important contribution at both micro and macro levels. They can help create a favourable environment for social innovation that allows people to re-imagine potentially diverse ways in which their social and political economy could be re-ordered for care to be recognised and properly supported as the foundation for living well together.

## **Re-imagining a world in which care is valued**

A flourishing of heterodox scholarship in recent years has on the one hand deconstructed the economy (e.g. Thrift 2008; Carrier 1998; Mitchell 2008; Cameron and Gibson-Graham 2003) and on the other provided a growing body of empirical evidence of how real-world local-level changes are in progress (Gibson-Graham 2006). Meanwhile, the global financial and food crises have led to a much broader group, including for example the Sarkozy Commission, to ask whether our current world order is just and equitable. Not all of these alternative perspectives have as yet succeeded in breaking free of the deeply entrenched gender norms that make care work invisible, but some international bodies are already making the effort. ActionAid International's new seven-year strategy includes supporting actions to build and advocate for gender-responsive economic alternatives. UNDP has supported the work of the Casablanca Dreamers that 'was born out of the concern of deteriorating conditions of women in their countries – especially the least privileged in the South – and their lack of influence on the development agenda'.<sup>6</sup>

It is difficult for organisations dependent on funding by governments and the general public to be bold in public about more radical initiatives challenging the bounded construction of the economy

that makes care an externality. Philanthropic foundations, with their greater independence, should therefore lead the way and encourage debates on the proliferation of diverse economic forms that are possible – those that balance the current prevailing values of autonomy and individual entrepreneurship with the values of nurturing, sharing and cooperation. Cameron and Gibson-Graham note that such a proposal offers the opportunity for ‘a myriad of ethical debates’ (2003: 155) about the kind of world we would like to build.

Hoskyns and Rai (2007) ask what it is about the global political economy that has prevented all the evidence and arguments from changing mainstream understandings of the centrality of care for human wellbeing. To answer this question is a challenging research agenda, one that we hope to pursue. One of our propositions is that the arguments rehearsed in this paper need to be aired and debated among a much wider audience, both locally and globally. The major constraint has been the lack of resources to do so. Here the philanthropic foundations can play also an important role not only as we have suggested by engaging substantively in the debates but also by financing and promoting them among diverse audiences, including through multimedia opportunities.

## Conclusion

Care is the foundation of relational wellbeing – of living well together. Everyone has the right to receive adequate care and the right not to be exploited when providing care. Care replenishes the human resources needed for sustainable economic development: if unsupported, women’s resilience in providing care may not last forever. Thus, we need to shift current thinking about economic development to one centred on the wellbeing of all. Living well together means introducing cooperation and solidarity as rules to govern the economic system. Current models must be transformed into ones shaped by the altruistic and solidarity principles that tend to prevail in the world of care. In sum, it is the economy that needs to become caring not care that needs to become like the market. Philanthropic foundations can play a key role in facilitating such a shift because of their independence and track record of innovative thinking that challenges worn-out paradigms. They have often taken a lead in facilitating and testing new and challenging ideas where bilateral and multilateral aid agencies will never go. There is a particularly compelling case here for a role for philanthropy in helping promote recognition of care and enabling the global rethinking of core economic principles that the paper proposes. More specifically, they can:

- Take the lead in demonstrating the importance they attach to the issue by undertaking a care audit of the programmes they finance;
- Adopt the recognition, reduction and redistribution framework in relation to the design of future development activities;
- Actively challenge the assumptions informing existing economic development models that render care invisible;
- Encourage and support worldwide debates among diverse audiences about how to change our economic models into ones shaped by altruistic and solidarity principles.

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<sup>1</sup> Rosalind Eyben is a feminist social anthropologist, currently interested in policy processes in international development; Marzia Fontana is a feminist economist whose research focuses especially on unpaid work, labour markets and international trade. The authors gratefully acknowledge comments from Naomi Hossain, Noshua Watson and Sulu Mathew on an earlier draft of this paper.

<sup>2</sup> For the purposes of the present paper we acknowledge but will not discuss the extensive literature on the concept of social reproduction. For a review of the debates see Bakker (2007).

<sup>3</sup> Adapted from Standing (2001), as cited in Kofman and Raghuram (2009).

<sup>4</sup> This ideology can be so influential that if a caring activity is undertaken by a man, it may not be recognised as such. Anthropologists stress the need to differentiate also between gender norms and what people actually do in practice (Whitehead 1990; Jackson 1999).

<sup>5</sup> [www.casablanca-dream.net](http://www.casablanca-dream.net)