

Cherishing All Equally 2020:

inequality and the care economy



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Table of Contents

Foreword	3
Introduction	7
Inequality and the care economy: the case of Europe	11
Summary	12
Introduction	12
Systems of care and gender-based economic inequality	14
Provision of care and the gender earnings gap across member states	14
<i>Care and inequality</i>	14
<i>The earnings gap</i>	16
Employment differences and the care economy	18
Care and the gender pay gap	20
<i>Underlying factors</i>	20
<i>Pay gap and care in the EU: empirical evidence</i>	22
Working conditions of carers	24
Valuing care: profile, pay and precariousness	25
<i>Why is care work undervalued?</i>	25
<i>Profile of care workers</i>	27
<i>Pay and precariousness in care work</i>	29
Job quality of care work	32
<i>Emotional and social environment</i>	32
<i>Application of mental faculties</i>	35
<i>Outcomes</i>	37
Reconciling inequalities and the care economy	39
Gender and work-life preferences	39
Work, life and economic inequality	42
Work, life and the pay gap	44
Occupational segregation and valuing care work	47
Conclusion	48
References	50

Care work and the care economy: the case of Ireland	57
Summary	58
Introduction	58
Unpaid care work in Ireland	59
The level of unpaid care work	59
The distribution of work and unpaid care	62
Unpaid care work and the welfare state	66
The future of unpaid care work	69
Paid care work in Ireland	71
Paid care work	72
Early years care in Ireland	72
Working conditions of early years and childcare workers	76
Adult care	78
Working conditions of adult carers	81
The future of paid care work	84
Conclusion	85
References	86

Foreword

Foreword

László Andor, Secretary General, Foundation for European Progressive Studies

Like many other crises before, Covid-19 has put a disproportionate burden on women. The gender aspect of the pandemic is indeed an important issue for analysis as well as policy. While men are more likely to die from the coronavirus, women represent the majority of the so-called essential workers and they have borne the disproportionate impact of unpaid care at home.

Gender inequality in the world of work is not new, and it is a multidimensional phenomenon. Care work, which is in the focus of this study, has long been undervalued, underpaid and oftentimes invisible. And while women account for 70% of paid care workers (according to ILO), women spend on average 3.2 times more hours with unpaid care than men.

In reality, both men and women desire to do less paid work and devote more time to their families, with men desiring to allocate more time to paid work than women. And while the Covid-19 emergency necessitated a reduction of economic activity overall, it has not reduced the need for care services. This has to be taken into account when social scientists but also progressive political leaders engage in designing schemes for the coordinated reduction of working time.

Population ageing in recent decades has generated growing demand for health care services and it has also given rise to a care economy. The paradox of the latter is that while it contributes to reducing the gender employment gap, it does not necessarily reduce the gender pay gap due to the intense feminisation of the sector as well as the tendencies of highly precarious employment conditions.

Care work has been poorly paid for many reasons. As a time- and labour-intensive face-to-face service it does not lend itself to productivity increases, the basis for higher wages. So long as care is commodified, then, pay and conditions will be poor. And while the salary level of care workers tends to be low, care services are often unaffordable, which leads to reliance on informal and migrant labour. Privatisation is often offered as a solution, but it is a false one that presents selection according to income categories packaged as consumer choice.

The pandemic propelled the European Union to recognise the need to incorporate a Health Union in the broader EU architecture, by developing competences and capacities to enhance the resilience of health care systems and set common standards. Similarly, the EU also needs to seriously start working on care, in the context of social investment in particular. This would help generate the necessary paradigm shift towards an economy based on well-being and on inclusive growth.

EU level action should be encouraged by the European Pillar of Social Rights (EPSR), adopted in 2017. Care work is relevant across all key principles of the EPSR, and in particular (1) work-life balance (2) decent wages and the fight against in-work poverty (3) the right to social dialogue and (4) healthy work environment. It also should be encouraged by experience with concrete and practical initiatives, like the Youth Guarantee, that have managed to bring forward tangible improvement for a specific group of society.

Can we, after all, demand a "Care Deal" for Europe? Yes, since several components of such an initiative have already been put forward and appeared in the policy process. The EU Gender Equality Strategy is aiming to close the gender care gap and gender pay gap. Proposals to revise the Barcelona targets

are aimed at supporting EU member states to improve availability and affordability of quality care services for children and other dependents. The concept of a Child Guarantee enjoys the backing of the European Parliament. The Green Paper on Ageing (with its focus on long-term care and pensions) can help developing measures to break poverty cycles and reduce inequalities.

This new report on inequality and the care economy represents another chapter in the cooperation of FEPS and TASC, that has been very productive in researching social inequalities, but also in developing and promoting specific policies against some of the ills of contemporary society. Needless to say, this work has to be rooted in the analysis of national experiences, but in an EU moving towards ever deeper integration, it also has to identify the next steps of joint action supported by cross-country solidarity. At the time of the pandemic, the relevance of this approach cannot be questioned.

Nobody knows what type of societies will emerge once the Covid-19 crisis is over. It is our hope that the recent attention care work has received is here to stay and that it at long last it begins to be properly valued.

Introduction

Introduction

Robert Sweeney

The crisis that currently besets the continent of Europe and, indeed, most of the world, is the most profound in living memory. It is at once a public health, a political, a social, and an economic crisis. Its reach is long and its effects likely to be lasting. Our ability to travel, socialise and, for most of us, work has been drastically curtailed. Basic human needs are not being met, the long-term consequences of which will play out in the coming years.

The spread of COVID-19 in early 2020 constituted a sudden shock to our way of life. However, a less violent eruption, but with stakes no lower, has been bubbling below the surface for several years, centuries in fact. The fight for gender justice has, and is, being waged on several fronts. It includes increasing demands for political representation, cultural rights, and for access to and control over economic resources. Many questions are raised by these demands, the answers to which are difficult.

One area where the current crisis meets gender inequalities is in the arena of care work. Many forms of work have stopped, or are being increasingly done from home. Care work, however, can never be suspended, and it cannot be online. An essential component of care is that it requires human interaction and takes time. It cannot and should not be automated. Care workers are therefore at the front line putting their health and lives at risk for the sake of others. Yet care work is often—outside of the medical professions—poorly paid and precarious.

Just as paid care work gets little recognition, unpaid care work is even less celebrated. Care work in the domestic sphere takes many forms including the care and raising of children, care of the disabled and the elderly. Many ancillary activities support direct care, such as the preparation of meals. Domestic labour has a clear impact on the well-being of others, despite the lack of recognition it receives. Yet society is such that more focus on domestic and care work means less time participating in political and economic life. It renders unpaid carers dependent on others for economic resources and political representation. But without care and domestic work, there can be no political and economic life.

The solution to such a conundrum seems clear – more participation of women in economic and political life, and more participation of men in domestic and caring labour. Indeed, when both paid and unpaid labour are considered, women do more work than men in every EU country. There is clearly scope for men to do more care. The converse is less obvious – equal representation of men and women in political life is obviously needed, but what about women doing more paid work? Is an expansion of the female labour force participation rate desirable in all countries, if it is effectively making low-income and working-class women do more paid work? And if men and women have different preferences for allocating their time, how should social policy be designed?

FEPS and TASC have partnered together to address some of these questions. The *Foundation for European Progressive Studies (FEPS)*, has been at the forefront of research and policy advice on inequality at the EU level, including gender inequality. TASC has focused on similar research in Ireland. The Irish system of care is not only quite different to the benchmark Nordic model but also provides a contrast to the experiences of most other European countries.

So what is the relationship between inequality and the care economy? The first chapter addresses this question in the context of the EU. It explores how different systems of care provision generate economic inequalities between men and women; why care work tends to be poorly paid and examines the job quality of care work. It looks at the work-life preferences of men and women, and what policy interventions are needed to reconcile gender equality with balanced lives.

The relationship between care provision and the gender distribution of economic resources is complex. Countries with expansive, publicly-funded systems of care tend to have lower overall earnings differences between the sexes as more women are employed. However, the hourly difference in pay – the gender pay gap – tends to be higher in those countries as well, as care and public sector employment tend to be less well-paid. There are a variety of factors which lead to care work being poorly paid. As a time and labour intensive face-to-face service, it does not lend itself to productivity increases, the basis for higher wages. So long as care is commodified, pay and conditions will be poor. Both men and women desire to do less paid work and devote more time to their families, with men preferring to allocate more time to paid work than women. A variety of interventions are necessary to realise preferences for work-life balance and reconcile them with gender equality. For instance, workplaces need to facilitate combining part-time work and care needs, so that time devoted to unpaid labour does not come at the expense of paid work.

The Irish example is interesting for its reliance on unpaid care work. No other country in Europe, it seems, is more reliant on unpaid labour than Ireland. If unpaid labour is so important, does this come at the expense of valuing paid care work? How does such a system perpetuate itself, and is it sustainable? These are the questions addressed in the second chapter, which looks at Ireland's carers: who they are and how they are valued.

The second chapter finds that Ireland devotes significant resources to facilitate its high levels of unpaid care work. Its welfare system is heavily reliant on transfers and it invests comparatively little in services. Most of Ireland's unpaid care work is done by women, and lower income groups do somewhat more as well. With resources weighted towards transfers over services, less is invested in paid care work. Unsurprisingly, then, the pay and conditions of early years and adult care workers are low. Despite this, care services are often unaffordable, which leads to reliance on informal and migrant labour. The trend toward privatisation will do little to improve this. Higher levels of public funding are necessary to improve pay and conditions of care workers and to facilitate access to paid work for carers.

The picture emerging from this report is multifaceted. Public provision of care helps alter the distribution of work in society and enables women to participate in economic and political life but it does not eradicate the decision on how to allocate one's limited time between paid work, family, and public life. It provides women with economic autonomy but, in aggregate, increases the gender pay gap. Societies and workplaces must come to terms with these facts. They must facilitate families both to care and do paid work. They must also devote more resources so that paid care work actually pays. It is not clear what type of societies will emerge once the global pandemic is over. It is our hope that care work continues to receive the attention it has had recently and, at long last, begins to be properly valued.

Inequality and the care economy: the case of Europe

Inequality and the care economy: the case of Europe

Robert Sweeney FEPS-TASC researcher

Summary

- Distribution of care is a major source of economic inequality between men and women.
- On average, total earnings differ between men and women by 33%.
- Men tend to have higher hourly pay, work more hours when working for pay, and a higher proportion of them are engaged in paid work.
- The care economy has a positive effect on gender inequality. It is an important source of women's employment and the public provision of care releases women into the larger workforce. However, a more expansive care economy also increases gender segregation in the workplace and exacerbates the gender pay gap.
- Well-paid occupations with long hours are likely to have higher gender pay gaps.
- Care work is disproportionately performed by women. While pay and contractual terms vary across EU countries, it is poorly paid compared to non-care work in all care countries.
- So long as care is commodified, pay and conditions will be low.
- Compared to non-care work, care work is more precarious, less autonomous and more physically and emotionally taxing. Care workers are also more prone to discrimination and other forms of mistreatment, including physical violence.
- Work-life preferences are influenced by a variety of economic constraints, institutional and cultural factors.
- Women, particularly mothers, view part-time work favourably and prefer to devote somewhat less of their time to paid work than men.
- A variety of interventions and changes are required to reconcile work-life preferences with gender equality. It includes greater male involvement in care, workplaces that facilitate part-time work, and public resourcing of, and collective bargaining for care work.

Introduction

It is widely recognised that the distribution of care work in society plays a central role in the formation of inequality between men and women. The fact that women provide the overwhelming amount of child, elder, and other forms of care means that they have often been excluded from political-economic but also voluntary, cultural, and leisure activity. For some, the unequal distribution of care is the single largest factor in the continuation of gender inequalities in modern societies. Indeed, closing the care gap is now part of the official EU gender equality strategy.

At the same time that care work is being explored in terms of its impact on gender equality, the Covid-19 pandemic has brought into focus how reliant societies are on care work. Care workers, including healthcare workers, have been at the forefront in maintaining basic, essential, and life-saving services.

As Europe emerges from the crisis, a long overdue conversation needs to be had about the value placed on care work, work which is disproportionately performed by women.

While there is increasing debate about how economic inequalities between men and women can be addressed, a parallel debate is ongoing about what work-life balance we want in the EU. Expansion of female employment, less part-time work, and career paths that more closely resemble those of men is a sure way to diminish economic differences. However, survey evidence would suggest that more and longer hours of work is not what most people want. Reconciling greater gender equality with desires for a balanced life is challenging.

This chapter examines inequality and the care economy in the EU along two dimensions. It outlines how systems of care provision affect economic inequality between men and women, examining both total earnings differences and the gender pay gap. It also looks at the working conditions of care workers – in terms of their pay and contractual terms, in relation to a number of measures of job quality and in comparison to the workforce at large. It then explores the policy implications of this analysis in light of research on public opinion and preferences for work-life balance.

The care economy, broadly defined, has an overall positive impact on economic equality between the sexes. Countries with more expansive systems of care, and with the infrastructural and administrative apparatus to support that care, have smaller overall earnings differences between men and women. On the one hand, the care economy is an important source of women's employment, while on the other, the public provision of care releases women into the larger workforce.

The relationship between the gender pay gap, the role of care and the care economy is complex. The unequal distribution of care disadvantages women in the labour market in a number of ways. Public provision of care, especially childcare, offsets some of these disadvantages. However, by providing more opportunities for women and working-class women to work in stereotypically-female occupations, and for highly-qualified professional women to work in the public as opposed to the corporate sector, it contributes, along with other factors, to segregation in the labour market. Female-dominated sectors and face-to-face services generally tend to be less well-paid and the gender pay gap rises as a result.

While strong inferences are limited by a lack of appropriate data, we show that there is clear variation in the conditions of care work across EU member states. A typical care worker receives between 50 and 80 percent of average income, depending on the country. In other words, care work tends to be poorly paid and also more precarious than non-care work. Working with children tends to be less well-paid than working with adults. There are some regional patterns but these are not particularly strong, partly as a result of insufficiently granular data. Nevertheless, care work tends to be better paid but less stable in the Nordic countries, where there is greater public provision.

As regards job quality, the difficulties of care work are not restricted to its poor pay, conditions, and status. It is more physically and emotionally taxing than other work. Care workers generally have less autonomy and are vulnerable to various forms of mistreatment, including high levels of physical violence. At the same time, care work is fulfilling, and so care workers derive much meaning from their work.

The interventions required to balance desires for family life and the need to improve gender equality require care and are context specific. Attitude and value surveys show that both men and women want to work less, but that men prefer to spend more time in paid work than women. Mothers in Nordic

countries, for instance, are most likely to report a desire to do less paid work. Reducing working time for both sexes and increasing the care work carried out by men are among the changes necessary. For some countries, public provision of care and welfare supports are necessary to facilitate more women engaging in the labour market, but expanding the amount of paid work done by women is not desirable for all countries.

Workplaces need to become more family friendly so that caregivers can better juggle work and family commitments. This will help diminish gender inequalities within the labour market. Institutional and cultural barriers to men entering female-dominated professions also need to be addressed. One difficulty is the continued poor pay and low status attached with stereotypically female-dominated professions, such as care work. This will take serious political and economic commitment to overcome.

The layout of this chapter is as follows. The next section considers the interaction of the care economy and gender inequalities. The following section looks at the pay, conditions, and job quality of care work in the EU. The penultimate section presents the findings and policy implications in light of a review of surveys on work-life balance preferences. The final section concludes the discussion.

Systems of care and economic-based gender inequality

The provision of care contributes to economic inequality between men and women. Together with the care economy more broadly, it affects earnings differences between men and women, primarily through employment differences and the gender pay gap. In particular, income and employment differences between men and women are lower in countries with more extensive systems of care. The care economy is a major source of employment for women. However, care plays a complicated role in the gender pay gap: motherhood penalises working women and while the provision of public childcare alleviates this, a more expansive care economy increases gender segregation in the workplace and exacerbates the pay gap.

Provision of care and the gender earnings gap across member states

Care and inequality

The provision of care is a central determinant of economic inequalities between men and women. The fact that women have and continue to provide the overwhelming amount of child, elder, and other forms of care means that they have often been excluded from political-economic life but also cultural and leisure activities. This limits the income that can be earned and access to potentially meaningful paid work. It can also impede the careers of those women who combine caring with paid work. Indeed, for Lynch and Walsh (2009), the unequal distribution of care is the single largest factor in the continuation of gender inequalities in modern societies.

The definition of care work is contested (Folbre, 2006). In common usage, the words encompass paid activities where one person cares for another. This is typically understood to mean the institutional and hired caring of children, the elderly, and the disabled. In this sense, it includes childcare and eldercare workers, and carers of the disabled. Care work can also be defined more broadly. The ILO defines care as 'consisting of activities and relations involved in meeting the physical, psychological and emotional needs of adult and children, old and young, frail and abled-bodied' (ILO, 2018:6) (see also Dwyer, 2013; Folbre, 2006). So-defined, it includes not only paid care work but also unpaid care work. The former can include caring for the sick so as to include healthcare professionals such as doctors and nurses.

Similarly, caring for children need not be restricted to young children and babies such that, in this view, teachers are also carers. Paid care work may also include, in this definition, the broader administration of care activities, such as management of care facilities. Unpaid care work includes not only childrearing or looking after elderly relative, but may also include support activities such as cooking and cleaning. Unless otherwise stated, we restrict care workers to carers of children, the old, and the disabled, and categorise healthcare workers as doctors, nurses, and so on. The inclusion of these two groups along with administrators, whether working in the care sector specifically or in healthcare, educational and other related sectors, constitute the broader care economy.

There are several ways by which the system of care in a country expands or limits women's participation in economic life. One is through direct employment of care and healthcare workers. The care economy more broadly is a major source of female employment. Countries in which childcare is less developed, or is prohibitively expensive, as in Ireland, will typically have fewer women in paid employment. This is because provision of care, especially public provision, releases women into the labour market (Freeman, 2007). Working-class women and lone parents are likely to be more affected as lower wages and the withdrawal of benefits provide little economic incentive to take up employment unless the cost of childcare is heavily subsidised. Employment of immigrant women, who do not have access to childcare from family relatives, is also likely to be lower in the absence of its public provision (Russell et al., 2018).

The extent to which a country's system of care provision encourages part-time work is another channel through which care affects women's economic opportunities. It should be stated that many women and caregivers desire to work part-time given the flexibility it affords them in balancing work and family commitments (see Stevens et al., 2011). Nevertheless, the existence of caring responsibilities, especially motherhood, increases the likelihood of working part-time. This reduces incomes directly through fewer hours worked and indirectly as working part-time generally pays less and provides fewer promotion opportunities. The more children families have, the fewer hours women work, whereas the presence of children has little effect on men's paid working time (ILO, 2018:90-92). Fathers actually tend to earn more than non-fathers. Of course, how care and parenthood affects the take-up of paid work varies by country.¹

Systems of care are often categorised according to different 'care regimes' (Bettio and Plantenga, 2004; Simonazzi, 2009) and similarly according to welfare regimes (Privalko et al., 2019). Welfare typology in regards to child and elder care, identifies four distinct groups in terms of type of provision and the extent to which they facilitate female employment. The Nordic social democratic states tend to have universal provision, especially of childcare, and generous social welfare benefits. Many women are likely to be employed by the state directly in the provision of care and indirectly through the administration of care. Public provision of care, as already discussed, also releases women into paid employment more generally. The corporatist regimes in core continental countries have less public provision and labour force participation is linked to social welfare benefits. The liberal regimes of Ireland and the UK have low levels of state provision, and targeted support for the vulnerable. The welfare/care regime facilitates a limited amount of employment. In Southern European regimes, the family is relied upon for the provision of care, with consequently low levels of female participation in the labour market.

To our knowledge, a typology of care regimes does not exist for Central and Eastern Europe, though there is some literature on welfare regimes (see Fenger, 2007). Baltic countries may be categorised

¹ In particular, the tax and welfare system shapes the extent to which part-time work is available to and availed by women. For instance, Germany's system of mini-jobs, where a certain amount of monthly income is tax-free, encourages part-time work for mothers (ILO, 2017:83).

together as resembling some corporatist features. Among Eastern states, Baltic countries spend more on education and have larger healthcare sectors. Among EU countries, they have high female participation though social protection spending is low and they lack the universalism provision of the Nordic countries (Aidukaite, 2009). Central Eastern countries are somewhat more egalitarian, spend more on healthcare, but have lower female participation. They have the highest levels of early years (three to six years old) attendance among the former Soviet bloc countries (Cameron and Moss, 2007:35). Finally, some emerging states, such as Romania, are poorer and have less developed welfare states (Fenger, 2007). While women tend to be disproportionately represented in public sector employment in most countries, this is particularly true of Eastern European former communist countries (ILO, 2017:83-82).

The earnings gap

Just as there are competing definitions of care, there are several ways of measuring economic or income inequality between the sexes. Any measure of inequality, whether used to measure gender inequality or not, has strengths and limitations. Income inequalities are most commonly measured using household income per person. Household income per person is believed to be a complete measure of income as it allows for sharing between household members. This may not be the most suitable income measure when applied to analysing gender inequality, however. For instance, if women were somehow prevented from accessing paid employment but were married, their household income per person would be equal to men because of sharing of the husband's earnings. Gender-based income inequality on this measure would be low in Saudi Arabia despite the fact that most women are prevented from participating in paid employment.

The earnings gap refers to the differences in earnings between men and women. It refers to income that is earned in the labour market and so ignores the fact that income is typically shared within a household. It has a number of advantages over household income per person. For one, even if income is shared within a household, there is evidence that it is not shared equally (Bennett, 2013). Moreover, individual and earned income confers a certain degree of autonomy and status compared to income shared among household members. On the downside, because the earnings gap ignores the fact that income is shared between spouses and couples in particular, it overstates the true income differences between men and women.

Figure 1 breaks down the overall earnings gender gap for EU-28 countries—based on the latest available data (2014.) It shows overall earnings differences between men and women of working age, whether employed or not. As it includes only income that is earned, social welfare payments are excluded. As before, income shared within a household is also excluded. Looking at the level of earned income, and not the breakdown, we see that for the EU-28, the average earnings difference between men and women is 33% – men earn one third more than women. Interestingly, it is not the Nordic countries where income differences are smallest, but rather in presumably more traditional former Soviet countries such as Lithuania, Slovenia, Bulgaria and Latvia. As a bloc, the Nordics do come in second behind this group. In Finland, Denmark, and Sweden the gaps are quite similar, where male earnings exceed female earnings by about 25%. The middle group comprises a diverse group of countries with no obvious similarities such as France and Hungary, where the earnings gap is similar.

The total earning gap has fallen in most countries from the period in which data became available (2002 or 2006 depending on the country) to 2014. The average fall has been 6.4 percentage points and in only one country, Poland, did it increase somewhat (Eurostat, 2020). Much of the apparent improvement

is likely to be a result of the poor employment performance of men post the great recession. A more informative picture can be built when the next round of data (for 2018) is released later this year.

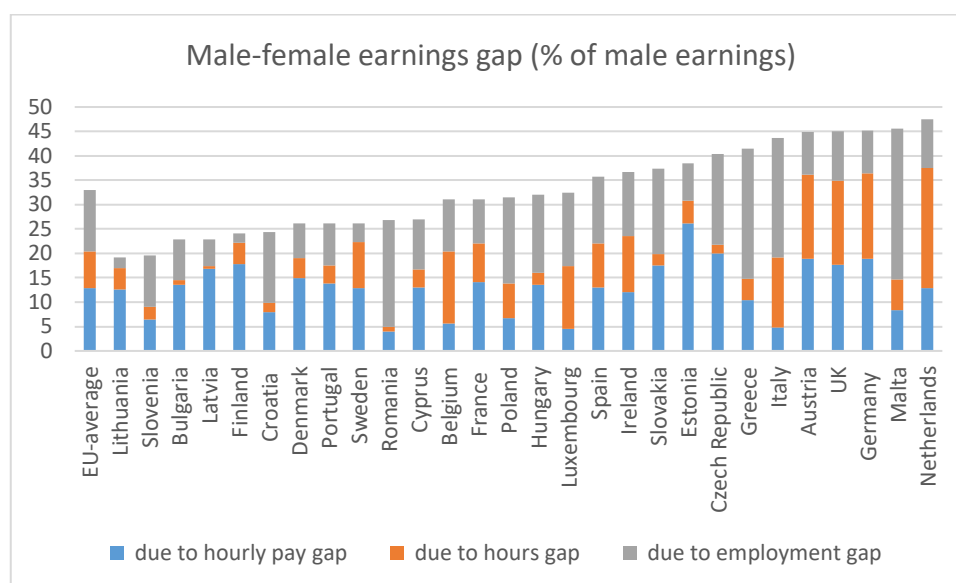


Figure 1: Overall earnings gender gap (2014).

Source: Eurostat gender statistics.²

The figure also decomposes the earnings gap according to what proportion is driven by differences in hourly pay, number of hours worked, and employment rates. Men tend to have higher hourly pay, and work more hours when working for pay, and a higher proportion of them are engaged in paid work. Each plays an important but varying role in the overall earnings difference between men and women. At the EU-level differences in hourly pay – commonly known as the gender pay gap – is the single most important factor, but only marginally so. On average, 41% of the earnings difference is due to hourly pay differences, 38% is due to differences in employment, and 21% is due to differences in hours worked as women are more likely to work part-time.

In Lithuania, which has the smallest earnings gap, most (around two thirds) of the difference in earnings is driven by differences in hourly pay. Put another way, if men and women earned the same per hour, most of the earnings gap would disappear. Indeed, aside from Slovenia and Croatia, in most countries where the overall gap is smaller, the remaining difference in earnings is driven by differences in hourly pay. This highlights an important point, developed later, that countries which are egalitarian in terms of labour force participation often have large gender pay gaps. Other countries where differences in hourly pay comprise a large share include Estonia and the Czech Republic.

In countries where the overall earnings gap is large, differences in hours worked and employment tend to be more important. The Netherlands, where the overall gap is highest, is noted for the opportunities available to work part-time, of which there is high take-up among mothers. Consequently, differences in hours worked is the main driver there, and is also important in Austria, the UK, and Germany. Interestingly, in Greece and Italy where large differences in employment exist, differences in hourly pay are comparatively small. This underlines the point that when female labour force participation is comparatively low, the gender pay gap in comparatively small.

² See: https://ec.europa.eu/eurostat/statistics-explained/index.php/Gender_statistics#Earnings

Employment differences and the care economy

Large differences in earnings therefore exist between men and women with the level of employment exerting a powerful influence. Here we explore the role of the care economy. A comparison between those EU countries with the largest employment differences between men and women (high gap countries) and those with the smallest (low gap countries) confirms that the care economy constitutes the major explanatory factor in cross-country variation in gender employment gaps.

Comparing sectors that are large employers of women in low-gap countries but not in high-gap countries, enables us to identify those sectors that account for the missing female workers in high-gap countries. Note this is not the same exercise as looking at which sectors are the largest employers of women in low-gap countries. The retail sector might be the most important source of female employment in low-gap countries. However, if the same or a similar proportion of women are employed in retail in the high-gap countries, retail is excluded. This is because it does not account for the extra female workers. In other words, we consider the top five sectors where differences in female employment between the two sets of countries are largest. The comparisons looks at prime working age women only, women between 25 and 54 years old.

Table 1 below looks at the composition of female employment in the two groups of countries. Specifically, it looks at average female employment among prime age workers as a proportion of total employment, and is broken down by sector for each group of countries. That is, each entry refers to the number of female 25-54 year olds employed as a proportion of total employment.³ As before, the sectors displayed are chosen on the basis of where women are employed in large numbers in low-gap countries but not in high-gap ones. The table accounts for the missing women workers, and what role the provision of care plays in this. The table refers to 2018.

Table 1: Female employment in high and low employment gap countries according to sector.

	High-gap female employment %	Low-gap female employment %	Difference
Education	5.1	6.9	1.8
Human health	3.6	4.8	1.2
Public administration	2.4	3.5	1.1
Social work	0.8	1.9	1.1
Residential care	1.0	1.9	0.9

Source: Eurostat Labour Force Survey 2018.

Notes: Sectors are classified at NACE 2-digit level.

The countries with the five largest gender employment gaps in the EU-28 are Czech Republic, Greece, Italy, Malta, and Romania. The countries with the lowest gaps are Latvia, Lithuania, Slovenia, Finland, and Sweden.⁴ What we see is that the education sector accounts for most of the missing female workers. On

³ Young workers are excluded as inter-country differences in under-25 female employment can be obscured by differences in education systems as students graduate at different ages, rather than being due to labour market and care policies. Similarly, differences in retirement systems might obscure differences in employment rates among older women.

⁴ Not surprisingly, countries with low employment gaps tend to have high female employment rates and countries with high gaps tend to have low female employment rates. One partial exception is Finland where the female employment rate is not especially high among EU countries, but is nevertheless similar to the male employment rate.

average, 6.9% of the total workforce are women employed in education in low-gap countries, whereas it is only 5.1% in the countries where employment differences between men and women are the most pronounced, the high-gap countries. The next most important drivers of the missing female workers are human health, followed by social work, public administration, and finally, residential care.⁵ In the high-gap countries, only 1% of the total workforce are women employed in the residential care sector, whereas the figure for the low-gap countries is 1.9%. In all five sectors, public sector employment plays a central role.

So what does this tell us about the role of care provision in the generation of employment differences, and hence earnings differences between men and women? The answer depends on how broadly we choose to define the notion of care. If we consider the broad care economy --and so include carers, educators, social workers, doctors and nurses-- then it is safe to argue that a significant component of the gender earnings gaps is due to some countries expanding their system of care, where others have not. Differences in the comprehensiveness of care provision between the two groups of countries is at least in part a political decision, though demographic factors also play an important role. If on the other hand, we define care more narrowly-- as direct care workers only--, the importance of care in generating female employment and earnings is not clear from the above table. After all, the residential care sector is only one among five sectors driving differences in female employment and is, moreover, the least important. More disaggregated data on occupations is needed.

Table 2 is similar to Table 1, except that employment according to different occupational categories is presented, rather than employment in different sectors of the economy. This has the advantage as not all care workers work in the residential care sector – many are employed in healthcare and education sectors, for instance. The countries included in the analysis are the same as before except that Malta is excluded from the high-gap countries owing to a lack of data. The table was constructed using microdata (as opposed to publicly available data) from Eurostat's 2018 Labour Force Survey.

Table 2: Female employment in high and low employment gap countries according to occupation.

	High-gap female employment %	Low-gap female employment %	Difference
Business and administration professionals	1.7	3.9	2.2
Personal care workers	1.6	3.4	1.8
Business and administration associate professionals	2.7	4.0	1.3
Health professionals	1.1	2.3	1.2
Teaching professionals	3.4	4.6	1.2

Source: Labour Force Survey 2018 microdata.

Notes: Occupations are classified at ISCO 2-digit level.

⁵ These findings are not driven by the level of disaggregation or size of these sectors. Certainly, many sectors defined at the NACE 2-digit level, such as the library/archival sector, comprise such a small share of total employment that differences in the level of female employment between the two sets of countries will necessarily be small. But when we artificially combine all manufacturing sectors into one sector, so that its size well exceeds any of the sectors in Table 1, the differences in female employment between the two sets of countries is still only the same as residential care, by far the smallest sector.

Evidently, the prevalence of care work is a more important driver of the missing female workers than suggested by Table 1. Personal care workers is a broad category of workers and includes early years, elder, and other forms of personal care professions. As we discuss more fully later, the data are far from perfect as they include occupations that would not normally be understood as carers, such as dental assistants. They also exclude important care jobs, such as pre-primary teachers and fail to capture undocumented and temporary immigrants, who likely play an important role in care work. Nevertheless, on average 3.4% of the total workforce are women doing personal care work in low-gap countries, whereas female care workers comprise only 1.6% of the workforce in countries where the gap between male and female employment is the highest. It is the second most important occupation in understanding differences in the employment gap. It should be noted that care work tends to be quite poorly paid so its direct contribution to the earnings gap is less than its significance to the employment gap – more workers are employed but the pay is poor. However, by releasing women with care obligations into the paid labour market, it has an important knock-on effect for female earnings. The overall impact of care workers is therefore likely to be significant.

This is consistent with the fact that business and administration professionals are the most important group in accounting for the missing female workers – professional women rely on personal care workers to do paid work. Business and administrative professionals comprise 3.9% of the workforce in low-gap countries but only 1.7% in the high-gap countries. This is a heterogeneous group of workers that includes finance and accounting professionals, human resource, marketing and other professionals. Interestingly, though women in these occupations are employed in the private sector in greater numbers given its size, they are more concentrated in the public sector, including in the health and education sectors.⁶ Business and administration associate professionals are lower level professionals and include legal secretaries, finance professionals, tax and regulatory officials, and so on. Public sector employment in these occupations is somewhat more in line with total public sector employment in each country. Finally, and consistent with Table 1, the presence of health and teaching professionals is also an important factor in understanding why there is a lower employment gap in some Nordic, Baltic, and other countries, versus Southern European, Romania, and the Czech Republic.⁷

In other words, the care economy is central to understanding employment and hence earnings differences between men and women. Encompassing both teachers, healthcare workers, traditional care workers and those professionals who administer the sector, the broad care economy almost entirely explains differences in male-female employment rates between high and low-gap regions. Traditional care work is an important source of female employment in its own right, but its earnings effect goes beyond direct employment as the provision of childcare releases women into the workforce.

Care and the gender pay gap

Underlying factors

Having established the importance of care in female employment, we now turn to the impact of care on another major component of earnings differences: the gender pay gap. Namely, the difference in male-female earnings in a given period of time. It is usually defined as a proportion of male earnings, such as,

⁶ Using the microdata, we estimate that across both sets of countries on average around 45% of these occupations are located in the public sector. This is well above, sometimes by a factor of two, these countries' respective shares of public sector employment to total employment. Sweden, for instance, has the largest public sector in the EU, where a little under 30% of workers are employed.

⁷ There are, of course, important differences between countries within each group. The most apparent difference in the low-gap countries is that care workers are more prevalent in Sweden and Finland than the other countries.

male hourly earnings minus female hourly earnings divided by male hourly earnings. As women tend to earn less than men, it is invariably positive for a country – if women earned more than men, the pay gap would be negative. It has received extensive scholarly and public attention and, as per Figure 1, is the single most important driver of overall earnings differences between men and women. In most, but not all, high-income countries, the pay gap tends to grow with income – the pay gap is lower for low-income workers and higher for high-income workers (ILO: 2018:47; Gould et al., 2016; Kennedy et al., 2018:10; Perfect, 2011:24-25).

There are multiple reasons why men and women are paid differently. The following discussion focuses on how care and systems of care interact with the gender pay gap. A central component of the gender pay gap is occupational segregation, the fact that men and women tend to work in different professions. As suggested in the previous section, women have tended to gravitate more towards service professions, in which face-to-face interaction is more common. As we discuss later, such occupations tend to be less well-paid than others. If care work is defined broadly, so as to include educators, administrators of caring institutions, and so on, then the care economy, through the channel of occupational segregation, is a major contributor to the gender pay gap. Goldin (2014) argues that occupational differences explain perhaps a third of the gender pay gap in the US. Mandel and Shalev (2009) find segregation to explain significantly more of the wage gap in a range of European countries. Schran (2019) argues that most of the reduction in the gender pay gap in Germany since the 1980s has been due to diminished occupational segregation.

Another important source of differences in pay is the pay penalty that women incur before and after childbirth. Rivera and Tilcsik (2016) find that female CVs, otherwise identical to male CVs, are less likely to be called for interview in an experiment on hiring in law firms. Follow-on questions to law partners revealed that this was the result of women being perceived as a greater 'flight risk' given their potential to go on maternity leave. Similarly, Oesch et al. (2017) find that mothers receive a wage penalty in an experiment where HR managers assign a starting wage to fictitious CVs. For Goldin (2014) most of the remaining pay gap in the US is a result of women and mothers not being able to devote the long hours required to attain high incomes, including in fields such as law. Indeed, the penalty for motherhood is larger for higher-status occupations (England et al., 2016). As discussed in a later section, organisation-level data which collects information on the gender of applicants and their success rates point to fewer female promotions, at least in public sector and academic settings, being predominantly a result of fewer female applicants, especially mothers (Bagues et al., 2017; Bosquet et al., 2019; Gender Equality Taskforce, 2016; Leythienne and Ronkowski, 2018). Discrimination against mothers and women as potential mothers appears to be most prevalent in private sector organisations.

Outside of discrimination effects, motherhood restricts women's careers through a variety of other ways. Polachek and Xiang (2014) emphasise how the division of labour within the household creates incentives for men to invest more in their careers than their partners. As men are likely to have longer working lives than women, and as men are generally older and hence earn more than women in heterosexual relationships, there is an economic incentive for men to focus on careers and improving earnings prospects through acquiring 'human capital' (Ibid.). The incentive is for women to focus on domestic work such as caring. The presence of children causes mothers to lose experience, select into jobs that are more family-friendly but less well-remunerated, and perhaps be less productive (Budig and England, 2001). Kahn et al. (2014) find that after controlling for education, experience and other factors using statistical modelling, the penalty for mothers decreases over time, so that by their 40s and 50s, the motherhood penalty largely vanishes.

Pay gap and care in the EU: empirical evidence

Turning now to the empirical evidence, Figure 2 below shows the gender pay gap for EU-28 countries, the gender pay gap for under 30, and the gender pay gap for mothers under 30. Germany is not included due to lack of available data and the UK is included as the data refer to a pre-Brexit timeframe. The gender pay gap is defined as the difference between the median value of male and female employee income as a proportion of median male employee income. It is often referred to as the unadjusted pay gap as it just compares the male and female population, without controlling for age, education, work experience and other relevant factors. The pay gap for mothers under 30 is the difference between median male income under 30 and median female income for mothers under 30 as a proportion of median male income under 30. A difference between these and official statistics compiled by Eurostat is that Figure 2 below relates to all employees, whereas Eurostat figures include only those who work in firms with ten or more people. The measure of income is monthly full-time equivalent labour income (see Brandolini et al., 2010; Eurofound, 2015, 2017), which while not identical to hourly income, is very similar. It is monthly income adjusted for working time, so for part-time workers it is what would be earned in full-time work. The reference year is mostly 2017.

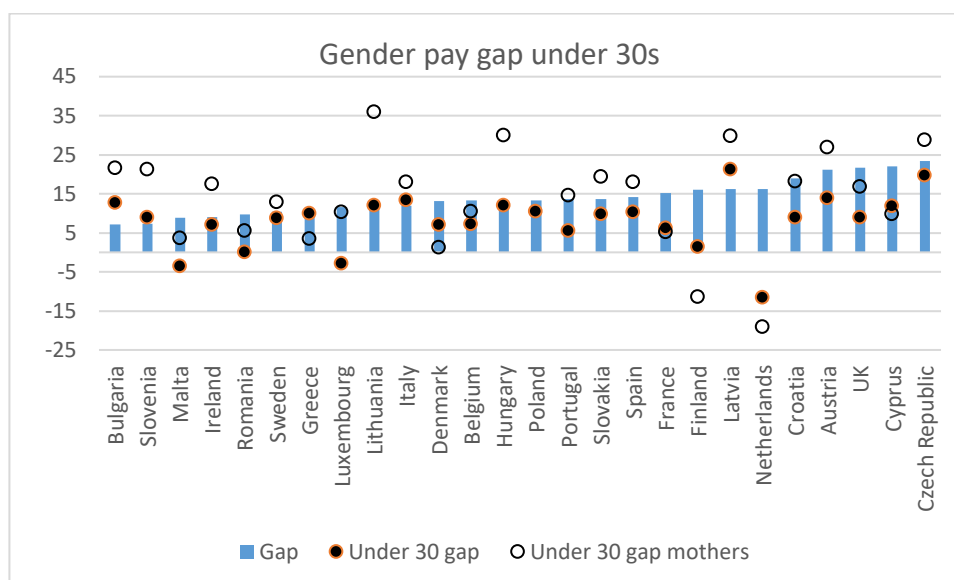


Figure 2: Gender pay gap under 30s

Source: EU-SILC 2018 microdata.

Notes: EU-SILC 2018 refers to the year the data were collected. The reference year for the statistics is 2017. For Ireland, the UK, and Slovakia, the EU-SILC 2017 was used, meaning the data refer to 2016.

As can be seen, countries are aligned according to increasing gender pay gaps. With a pay gap of just over 7%, the difference between men and women's pay is lowest in Bulgaria and highest in the Czech Republic, where the difference is around 23%. As indicated by the black points being lower than the top of the blue bars, the pay gap is less for the under thirties than for the entire population. There are a few exceptions such as Bulgaria, Slovenia, and Latvia, but they are the exception, not the trend. The average gap for the whole population is 14% and for the under thirties, it is 8%.

Of most interest here, however, is how the burden of caring penalises women's earnings. For most countries the white points lie above the black points, indicating that young mothers earn less than young women more generally. We see that, in general, mothers under 30 earn less than non-mothers

under 30 who, in turn, earn less than men under 30. The average pay difference between mothers and men under 30 is 14%, significantly more than the difference between men under 30 and all women under 30.

Countries with comprehensive systems of affordable childcare, such as the Nordic countries, have smaller motherhood penalties (though the overall pay gap in those countries is average). In Finland and the Netherlands, the gap is actually negative, meaning that mothers under 30 earn more than men in the same cohort. Finland has both generous childcare coverage and parental leave where mothers can receive income for two years. The negative gap might be a result of the fact that it is mostly higher-earning mothers who chose not to take their maternity leave in full, and return to the labour force more quickly. The motherhood penalty is largest in the Eastern European countries of Lithuania and Hungary, countries where childcare provision tends to be less extensive (Plantenga and Remery, 2015).

Figure 3 below repeats Figure 2 but now for the 30-44 year old cohort. The gender pay gap for all women is 16% rounded up, which is somewhat larger than for the younger group. The gender pay gap for mothers is also 16% when rounded down. Thus, there is little difference (about 0.8%) in the gender pay gaps between mothers and non-mothers at older ages. Consistent with the findings of previous research, the motherhood penalty diminishes with age as both mothers and non-mothers experience a comparable wage penalty. Of course, there is significant variation between countries. Countries which continue to have a significant motherhood penalty are Austria, Malta, and Portugal.

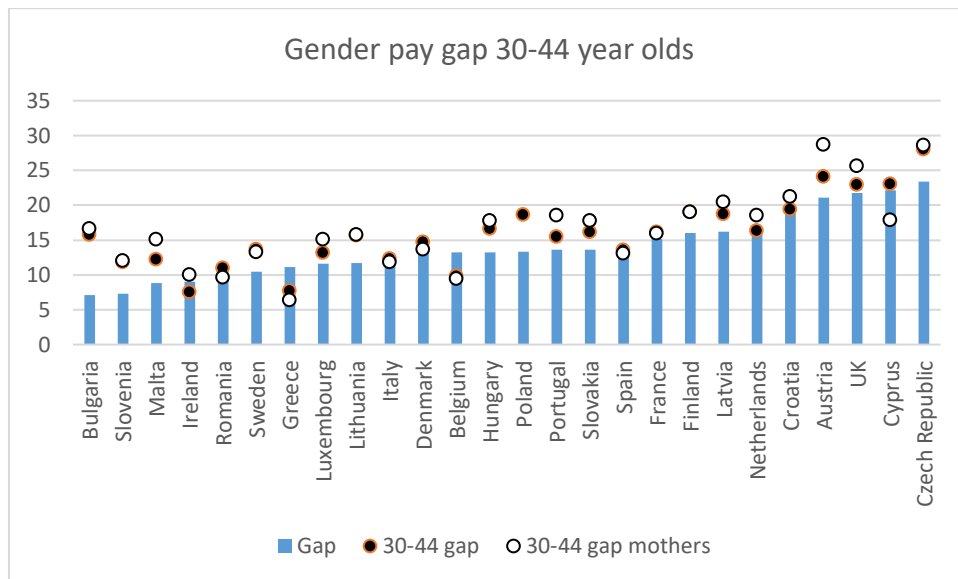


Figure 3: Gender pay gap for the 30-44 year old cohort

Source: EU-SILC 2018 microdata.

Finally, Figure 4 below shows the relationship between female employment rate and the gender pay gap. Though the relationship is not strong, it is clearly positive. Countries with high levels of female employment tend to have higher gender pay gaps. This is because countries with higher levels of female employment also tend to have higher levels of occupational segregation (see Mandel and Shalev, 2009). Specifically, countries with large care economies have larger public sectors where both higher and lower-skilled women tend to work. In countries with high female employment, according to Mandel and Shalev, high levels of public sector employment mean that both more working class women work in lower paid jobs such as care, and that fewer highly educated women work in the

corporate sector. In countries with lower female employment, it is mostly the better educated women who do paid work and they are more likely to work in the private sector given fewer opportunities for public sector employment. The unadjusted pay gap is therefore lower, and so a negative relationship between the gender pay gap and employment is unsurprising.

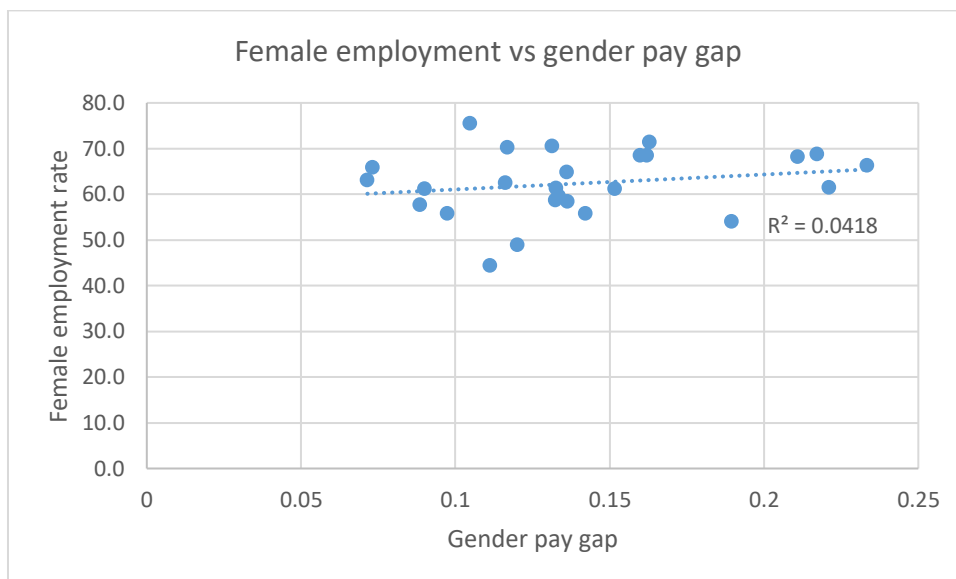


Figure 4: The gender pay gap and employment.

Sources: EU-SILC 2018 microdata for employment and Eurostat Labour Force Survey for employment.

The relationship between motherhood, the provision of childcare, and the gender pay gap is therefore complex. Motherhood clearly imposes a penalty on women in the labour force, and the provision of quality, affordable childcare alleviates some of the disadvantages that women face in the labour market. At the same time, countries that provide comprehensive, affordable childcare tend to have larger care economies, which provide opportunities for women to work in female-dominated professions -- professions that are often poorly paid. It also provides opportunities for highly-skilled women to work in the public as opposed to the corporate sector. This helps explain why the gender pay gap is not lower in the more gender-egalitarian regions, such as the Nordic countries.

Overall, countries with more expansive systems of care tend to have less economic inequality between men and women. On average, differences in employment and differences in hourly pay have a similar effect on earnings inequality between men and women, with differences in hours worked being somewhat less important. The care economy is an important source of women's employment, whether it is working directly in the provision of care as in the Nordic countries, or whether it relates to the care economy more broadly defined as in the Baltic countries. Countries which provide affordable and quality childcare also enable women to enter into the labour market, both in the public and private sector. Care has an important effect on the gender pay gap as well. Motherhood and potential motherhood imposes a pay penalty on women, although this diminishes over time. The care economy plays a complicated role in the gender pay gap – affordable childcare clearly facilitates women's careers, but the care economy increases occupational segregation.

Working conditions of carers

This section examines the working conditions of paid carers along a number of dimensions. After

reviewing the literature on care, it looks at the income and precariousness of different types of care work, and then examines the job quality of care work. Unsurprisingly, care workers, especially those who work with children, typically receive less than the average income, and care work tends to be more precarious than other professions. Care workers experience high levels of violence, have less job autonomy, and are more physically and emotionally drained by their work. Care workers do, however, feel that their work is rewarding.

Valuing care: profile, pay and precariousness

Why is care work undervalued?

There are a number of lenses through which the working conditions of care work can be analysed. Some of these are country-specific, others are universal. Applying to all care workers, basic economic theory says that wages are largely shaped by the forces of supply and demand. Skills that generate income will be highly valued, and in high demand. Demand is also driven by the ability to pay. Sectors that have higher profit margins will be more willing and able to 'demand' or pay higher wages. Wages in the retail sector can therefore be expected to be higher than in the hospitality sector owing to the former's higher productivity and hence higher profit margins. On the supply side, skills that are difficult to acquire will be in shorter supply. Similarly, professions where entry is restricted through credentialing will have a lower supply of labour. When supply falls relative to demand, prices/wages increase.

Two other factors are important when thinking about the general labour market, and the care labour market in particular. One is bargaining power. When workers have more bargaining power, especially through trade union membership, they can threaten to withhold, or actually do withhold, their labour by going on strike. This enables higher wages to be negotiated than would otherwise be possible. It is well-established that the presence of trade unions and collective bargaining compresses the wage distribution as the incomes of the low-paid in particular are raised (OECD, 2011). Secondly, the type of 'product' is also important. If a product is a necessity and if no alternatives can be found, then sellers can command a higher price. When the cost of accommodation increases, for instance, people have little choice but to pay the higher cost as they can neither do without housing nor build houses themselves. When the cost of food in restaurant increases, people will still eat, but at a certain point they stop going to restaurants and eat at home.

Care work is a face-to-face service which does not lend itself to productivity improvements, the basis for higher incomes. Unlike other sectors, being so labour intensive, costs in care facilities do not fall when more 'output' is increased and more people are cared for. If 'output per hour', a standard measure of productivity, were increased by compelling carers to look after more patients or clients in a given period, the quality of care would be diminished (Appelbaum and Scettkat, 1995; Baumol, 2007). The willingness and ability of employers to pay high wages, is therefore low. Moreover, unlike, say, construction work, caring work can be performed in the home when it becomes prohibitively expensive. As a result, even when care workers are successful in securing better pay and conditions, unless publicly provided or subsidised, higher costs will eventually translate into employment losses. This is because households and women find it more economical to leave the labour market and provide care themselves, lowering female employment generally and within the care sector itself (Appelbaum and Scettkat, 1994; Freeman, 2007). Attempts to improve the status of care workers—either through greater credentialing and training or collectively-bargained higher pay, will, so long as it is left to market forces, yield unsatisfactory outcomes. When care is undertaken through public provision, so long as

public sector pay is linked to what would be earned in the private sector, the pay and, indeed, the conditions of care workers will be depressed.⁸

Lynch and Walsh (2009:36) are highly critical of the characterisation of care work as low-skilled. They point to a deep disrespect that societies hold toward care work (Ibid). The poor pay and conditions attached to care work are often seen in terms of the fact that it is predominantly performed by women. The 'devaluation schema' contends that as women are devalued, women's work is not valued. Empirical support is often provided through regression analysis (statistical modelling) where occupations with more women, all else equal, tend to be less well-remunerated (Levanon et al., 2009). Occupations involving more nurturant work also tend to be undervalued (England et al., 1994). England et al. (2002) argue that it is not just a result of the presence of women in an occupation, and more a result of it being 'women's work' – when men perform care work, for instance, they similarly suffer a pay penalty. Caring skills, because they are seen as natural, rather than arduously obtained, are not fully recognised (Ibid). Moreover, the fact that carers are committed and derive meaning from their work means they can be more easily exploited through low pay (Ibid). As we discuss later, other factors that lead feminisation toward lower pay include women's more interrupted attachment to the labour market, less aggressive bargaining styles, and being less price sensitive/placing less value on earnings.

Looking at country specific and institutional factors, Appelbaum and Schmitt (2009) suggest the pay penalty for women in a number of low pay sectors is partly a result of sequencing. They point to certain older industries (confectionary) in Germany and the Netherlands which, despite being female-dominated, receive a pay premium relative to comparable male-dominated sectors (meat processing). Being an older, more established sector, union membership and collective bargaining agreements are still in place in confectionary, whereas they are less common in meat processing. Paid care work has grown enormously in the past few decades, a period in which women's rights have been expanding and worker's bargaining power has been retreating. While the definition of care work is broad, Oesch (2013:43-45) finds that care jobs along with business services have been the two biggest drivers of employment since 1990s in range of European countries. In the US, the more traditional and narrow conception of care employment grew by around 60% from 1970 to 2000 (Wyatt and Hecker, 2006). The lower status accorded to care work can then be seen in the fact that it emerged, *en masse*, under neoliberalism whereas older occupations still retain many of the hard-won labour rights of previous eras.

In this context, the lack of occupational and collective power of care workers is exacerbated as demands for state resources grow due to demographic and other pressures, while at the same time fiscal policy is subject to ever more restrictions and monitoring under EU macroeconomic rules. In an effort to save resources, care systems have been contracting out provision of eldercare in particular to private providers, and relying on vulnerable and easily exploited forms of labour. In particular eldercare is being de-institutionalised in favour of home provision (Simonazzi, 2009). Welfare reforms have led many European states to disburse cash payments so that households purchase the care themselves – 'cash for care' (Da Roit and Le Bihan, 2010). This changes the relationship between the employer and employee as care becomes a series of decentralised market transactions. Domestic workers are more likely to be isolated and are unlikely to be part of a union (ILO, 2018:172-174). Similarly, Grimshaw et al.

⁸ According to Bailly et al. (2013) organisations are reluctant to introduce standard measurements of care quality, not least because of the subjective nature of care quality and the potential effects on employee morale. In this view it is not possible then to increase prices, a precondition for higher wages given little room for productivity improvements, on the basis of superior quality.

(2015) find that the use of larger, national chains in the UK is associated with lower wages for care workers. The greater use of migrant, and hence easily exploited labour (ILO, 2018:172-174), is likely to have similar effects by putting downward pressure on pay and conditions across the sector, especially when labour law and its enforcement is weak. At the same time that elder care work is being de-institutionalised, the expansion of women's employment has been creating a rising demand for institutional provision of childcare, which may or may not entail public provision. Childcare services are increasingly integrated with the formal education system, reflected in the more prevalent usage of the term 'early childhood education and care' over childcare (Cameron and Moss, 2007:9).

A variety of factors contribute to the undervaluation of care work in modern societies. These have implications for the pay and conditions of care work, which we examine shortly. Next, though, we look at the profile of care workers in the EU.

Profile of care workers

As we outlined in the previous section, systems of care are often analysed in terms of different welfare regimes, and regimes of care. Despite the significant amount of cross-country and comparative research on the topic, basic statistics comparing the extent of paid care work and the demographic characteristics of care workers are not easy to come by. Similarly, aside from comparative case study analyses of selected countries (see, for instance, Cameron and Moss, 2007:26-51), there has been little work that systematically compares the pay and conditions of care workers across all EU member states.

One of the main barriers to identifying and examining the pay and conditions of care workers is the lack of good data. Microdata from the LFS is the most disaggregated, cross-country dataset available to researchers in a European context. It contains detailed information on occupation, available at the '3-digit' level. For instance, the occupational group ISCO-08 531 contains many early years workers, but it would be misleading to define or identify this group as synonymous with putative childcare workers/early years workers. It contains people who identify themselves as childcare workers, babysitters, nannies, and others who are all usefully categorised as childcare/early years workers. It also includes teacher's aides and invigilators who are not. Importantly, classifications are not standardised across countries. Moreover, it excludes nursery teachers and pre-primary educators, who cannot be usefully identified and extracted from the data given the level of disaggregation. This latter group are people who work with pre-school age children, but are classified as educators, though the distinction between them and conventionally defined childcare workers would be, to many, definitional not substantive. This group is especially important in Nordic countries where, it should be noted, their pay is similar to those of primary school teachers (EU Commission, 2019). Excluding them tends to underestimate the pay of early years workers in countries where the childcare and education system are integrated and pay and conditions are likely to be better.

Similar comments apply to identifying eldercare workers and carers of the disabled. The occupational group ISCO-08 532 can be identified for most countries in LFS. It contains people who identify themselves as nursing home aides, respite care assistants, and other workers who are reasonably classified as eldercare or disability care workers. It also includes midwife attendants, dental aides, pharmacy aides, and other workers who neither care for the old nor the disabled.

There also appears to be inconsistencies in the definition of occupational groups across countries. For instance, several countries include only public employees and exclude agency workers in their definition of home-based personal care worker, while other countries include agency workers (OECD,

2015:123). For these reasons, we have chosen to use Class 1 worker instead of childcare or early years worker, and Class 2 worker instead of eldercare or disability worker. Given the limitations, the results should be interpreted with considerable caution.

A final point concerns the measurement of informal work. As labour force surveys are voluntary surveys of residents, they may underestimate informal or undeclared work (see, for instance, De Gregorio and Giordano, 2016: 100). This is likely to be a problem in poorer countries and countries with high levels of cross-border workers, non-resident seasonal immigrants, and illegal/undocumented immigrants (Williams et al., 2017:7-8). The share of the workforce undertaking paid care work may therefore be underestimated. In so far as informality is more common among carers than other occupations, care work as a share of employment will also be underestimated. There is evidence that undocumented immigrants disproportionately work in care such that the size of the care workforce will be underestimated (Arnold et al., 2017).

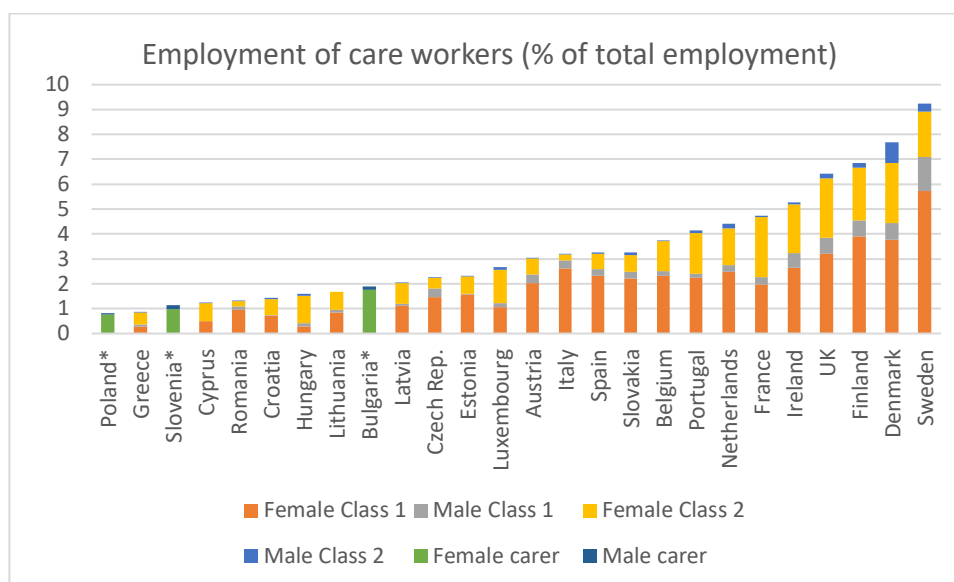


Figure 5: Employment of care workers.

Source: Labour Force Survey microdata 2018.

Notes: *denotes countries where the data did not allow a distinction between different types of care workers. There were no data on care workers for Malta and LFS data for Germany were not available. Childcare workers is based on ISCO-08 classification 531, while elder-other carers is based on classification 532.

Figure 5 displays the share and composition of the care workforce for all EU countries for which data were available. There is considerable variation in the size and composition of the care workforce across EU member states. The care workforce is largest in the Nordic countries, followed by the Anglo-Saxon countries. Over 9% of employment in Sweden takes place in the care sector. The Nordic workforce is followed in size, in approximate descending order by continental Western Europe, Southern Europe, Baltic countries, and remaining Eastern European countries. Arguably, the Southern European countries of the Balkan region, Cyprus and Greece, should be distinguished from Italy, Spain and Portugal. For much of the EU-15, differences in the size of the care sector are due to differences in the size of the childcare sector – from Austria to the UK, variation in the size of the eldercare-other sector is comparatively modest. The Nordic countries, however, have both larger childcare and eldercare-other sectors. Finally, from Estonia to Poland, there is much less variation, and no discernible pattern is observed.

Care employment is also highly gendered. On average, only 7% of Class 1 workers are male. The Nordic countries and the Netherlands have the highest shares of male employment – around 25% in Denmark. As well as having more gender-egalitarian attitudes generally, higher male employment in the sector also appears to be a result of successful recruitment campaigns aimed at attracting more men (Rolfe, 2006). Around 13% of Class 2 workers are male on average. Hungary and then Greece have the highest male shares at 30% and 24% respectively, though low gender segregation is less remarkable given the small size of the care sectors in these countries.

Figure 6 below shows the share of non-native born workers working in the care sector. Unsurprisingly, immigrant labour comprises only a small part of care employment among poorer countries of the EU. From Romania to Bulgaria, it is negligible. Among the countries where it is most apparent, no clear pattern of categorisation according to care regime or geographic region emerges. Italy, where close to half of care workers are born outside the country, is Southern European neoliberal; Luxembourg is continental and mixed economy; Sweden is Nordic and social democratic, and Ireland is Anglo-Saxon and neoliberal. As above, the actual share of and non-native born care workers may well be higher.

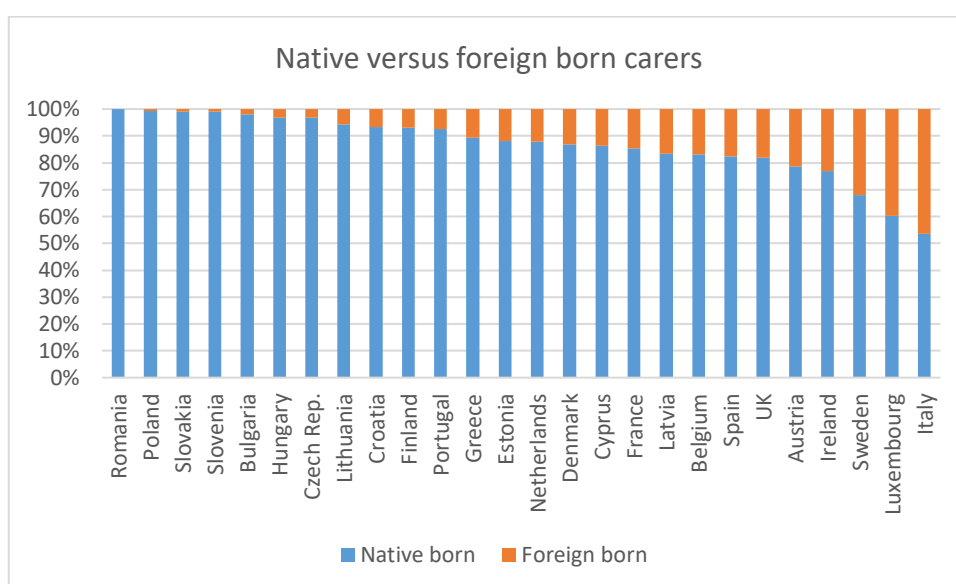


Figure 6: Native and foreign-born carers.

Source: LFS microdata 2018.

There is significant variation in the extent of paid care work across the EU, which conforms quite well to typologies based on type of welfare state. Care work is highly gendered and, in many countries, highly reliant on immigrant labour.

Pay and precariousness in care work

We now turn to pay and income in the sector, which Figure 7 below examines using both EU-SILC and LFS data. The bars represent equivalent full-time monthly income for care workers using EU-SILC, which does not allow distinctions between different types of carer workers. As in the previous section, it represents the income that carers would receive if they were working full-time. The typical or median income is shown as a proportion of average full-time equivalent employee income. The idea is to measure the income of the typical carer relative to national income standards.

The points distinguish between different types of care workers and represent the income decile in which care workers are located. The LFS contains a variable which places respondents' monthly take-home pay into deciles of the income distribution. Unlike full-time equivalent monthly income, it is after tax and does not control for working time. The results then partly reflect the extent to which different countries tax care workers, who are mostly in the lower part of the income distribution. The advantage of the LFS data is its larger sample size and the distinction it makes between different types of care workers. The disadvantage is that it does not give a precise income figure, but just places the individual in their respective decile. The figure displays the average decile for the two categories of care worker in each country for which there was data.

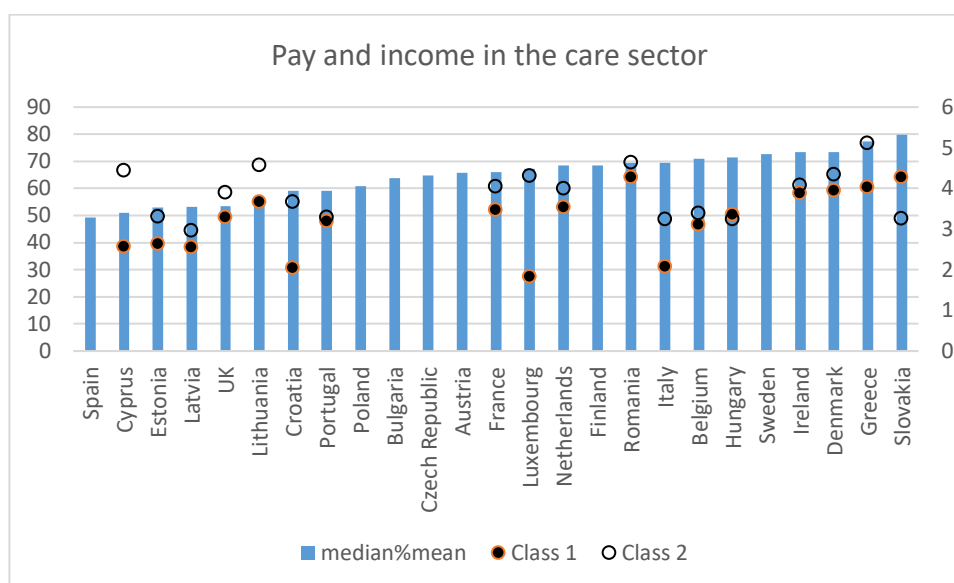


Figure 7: Pay and income of care workers relative to all workers.

Source: LFS microdata 2018 and EU-SILC microdata 2017.

Notes: Blue bars are median monthly FT equivalent income of care workers as a percentage of average monthly FT equivalent income of all workers. Points represent average location of care worker by decile using monthly take-home pay. For instance, if one care worker is in the fourth decile and another in the second decile, the average value is three.

The results show that a typical carer earns around half of average employee income in Spain, where carers are most poorly paid, and around 80% of employee income in Slovakia, where they are best paid. The average figure across the member states is for carers to earn 65% – around two thirds–of the national average of employee income. Some patterns based on national welfare models or care regimes are discernible, but the pattern is not especially strong. This is may well be a result of data limitations already discussed – it is rather implausible that care workers in Ireland are better paid than in Sweden. Nevertheless, Nordic countries tend to be near the top, Baltic countries near the bottom, and core or continental European countries in the middle. Southern European countries are scattered, as are Anglo-Saxon and the remaining Eastern European countries. Interestingly, some of the best paid carers are located in Greece, which has one of the smallest care sectors. That could be a result of poor data or it could be that Greece has a small care sector that caters to the rich.

Looking at the LFS data, we see that for most countries Class 1 workers are less well-paid than Class 2 workers. Only in Hungary and Slovakia is this not the case. Across all countries the average figure for Class 1 workers is 3.2. This suggests that childcare and early years workers are generally above the

third decile of the income distribution – most Class 1 workers are above the bottom 30% of earners.⁹ It is important to recall that the definition of Class 1 worker is not confined to workers in day care facilities, but also includes school and pre-school assistants. The average figure for Class 2 workers is 3.9. Similar comments apply as to what occupations this encompasses.

Figure 8 displays the proportion of care workers who experience precariousness. This is then contrasted to the share of non-care workers who experience precariousness. Though the definition of what constitutes precarious work is disputed (Pembroke, 2018:18-19), there are a number of indicators that point toward whether or not a worker is precarious. We have chosen three. Involuntary part-time means a worker is working part-time but would prefer to be working full time. Variable hours means a worker is working in a job in which the hours of work varies considerably from week to week or month to month. Temporary means the worker is on a temporary contract.

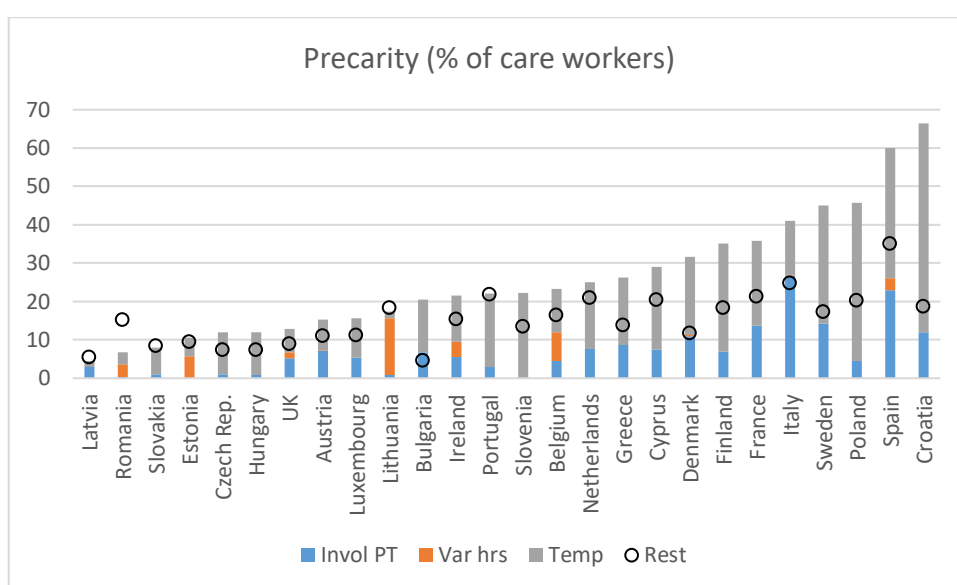


Figure 8: Precarity in the care sector.

Source: LFS microdata 2018.

The extent to which care workers experience precariousness differs markedly across member states. At one extreme, almost 70% of care workers in Croatia experience some form of precariousness whereas the figure is only 5% for care workers in Latvia. The geographic pattern of precariousness is not especially strong, though it is notable that Eastern European countries generally have lower levels of precarious work. Perhaps surprisingly, precarious care work tends to be more common in the Nordic countries than in the rest of the EU-15. Again, one must keep in mind the quality of the data. The most common form of precariousness is temporary contracts, followed by involuntary part-time, with variable hours being relatively uncommon aside from a couple of countries.

The pay and conditions of care work thus tends to be below that of the rest of the economy. Pay trends are somewhat in line with expectations based on welfare state typologies, though contractual terms exhibit little in the way of geographic patterning. The size of the care sector, however, conforms well to welfare regimes. Moreover, the pay and conditions are very much in line with expectations based

⁹ We are assuming that there are no large inequalities in pay among care workers. If the distribution of pay in the care sector was highly unequal, it would be possible for most care workers to be in the bottom 30% of the pay distribution despite the average income decile being 3.2.

on the market processes at play in care work, a face-to-face service which can be substituted for non-market provision when it becomes prohibitively expensive. Care work is highly gendered and, in many countries, reliant on immigrant labour, which further stigmatises and diminishes its value in society.

Job quality of care work

Emotional and social environment

We now turn to indicators of job quality that go beyond pay and contractual conditions. Needless to say, while pay and contractual terms are crucial to any type of work, non-monetary aspects of work are also important. As the workplace is where most people spend the majority of their waking life as adults, the intrinsic nature of work and the quality of a job plays a central role in a person's wellbeing. It is therefore important not to overlook these aspects of work, especially for care work which can be highly demanding.

Indicators of job quality are often constructed on the basis of their epidemiological consequences. That is to say, measurable attributes of a job which correlate strongly, either positively or negatively, with some health outcome are more likely to be included in indexes and indicators of job quality. The approach taken here is informed by Eurofound (2017b), but modified on the grounds of accessibility to a lay reader and relevance to care work. It also bears resemblance to the work of Cameron and Moss (2007:121-139) who analyse the job quality of care workers along a number of dimensions using qualitative interviews. Specifically, they examine the job quality of adult care of the severely disabled using demands (physical, psychological, and so on), decision latitude, and reward. As we use microdata from the European Survey of Working Conditions 2015, no distinction can be made between different types of care work. Countries where the sample size for care workers was less than thirty were excluded.

Care work can be a source of stress in several ways. Important stress factors for childcare workers include dealing with parents, the lack of recognition accorded to the work, low staff-to-child ratios and a lack of breaks (Faulkner et al., 2016; McClelland, 1986). Emotional exhaustion and the stresses associated with dealing with clients, including difficult clients, are important elements in eldercare stress (Juthberg et al., 2010; Leppanen, 2008). So-called 'stress of conscience' or guilt can arise in elder care and nursing work when carers are prevented from following their moral compass. Many care workers believe adult centres to be insufficiently staffed, which is another source of stress (Cameron and Moss, 2007:130-131). Care workers have reported the highest rates of depression among all occupational groups in the US (Faulkner et al., 2016).

Organisations in which the workforce is under stress are more likely to have employees engage in anti-social behaviour and mistreatment. There is a significant body of research documenting workplace bullying among nurses in particular and also in eldercare, and the association between work environment and bullying has been documented (Rugulies et al., 2012; Yun et al., 2014). Some have described an 'epidemic of violence' against healthcare workers (Gates, 2004), and workplace violence has been documented as a major component of eldercare work and working with people with disabilities (Cameron and Ross, 2007:134-136; Hanson et al., 2015). Harassment, sexual harassment, bullying, and other forms of mistreatment have obvious implications for the workers themselves, not least by reinforcing workplace stress, and also lead to greater absenteeism and staff turnover (Eurofound, 2017b).

The figure below measures the extent to which care workers are exposed to adverse emotional conditions. Adverse emotional conditions were measured on the basis of the worker being or dealing with clients in various adverse emotional states. In particular, the indicators measure the proportion of workers who deal with clients or patients who are angry a quarter of the time or more; are in situations that they find emotionally disturbing a quarter or more of the time; experience stress at work most or all of the time and who are required to hide their feelings most or all of the time.

The two most common complaints among carers are having to deal with angry clients and being in disturbing situations. This is likely driven by the lower bar for these measures in that one only needs to report this for a quarter of the time or more (unlike stress and hiding feelings). About half of carers, on average, report that patients are often angry. About half of carers report being emotionally disturbed. 40% of carers report having to hide their emotions, compared to just under a quarter experiencing stress.

In only three countries – Poland, Lithuania, and Latvia – is the emotional environment more adverse for non-carers. Care work appears to be particularly emotionally taxing in Malta, but erratic results for that country are to be expected as it just on the threshold in terms of sample size. Perhaps surprisingly, care work in Sweden takes a much greater toll on the emotions than non-care work, as it does in the Netherlands and Denmark.

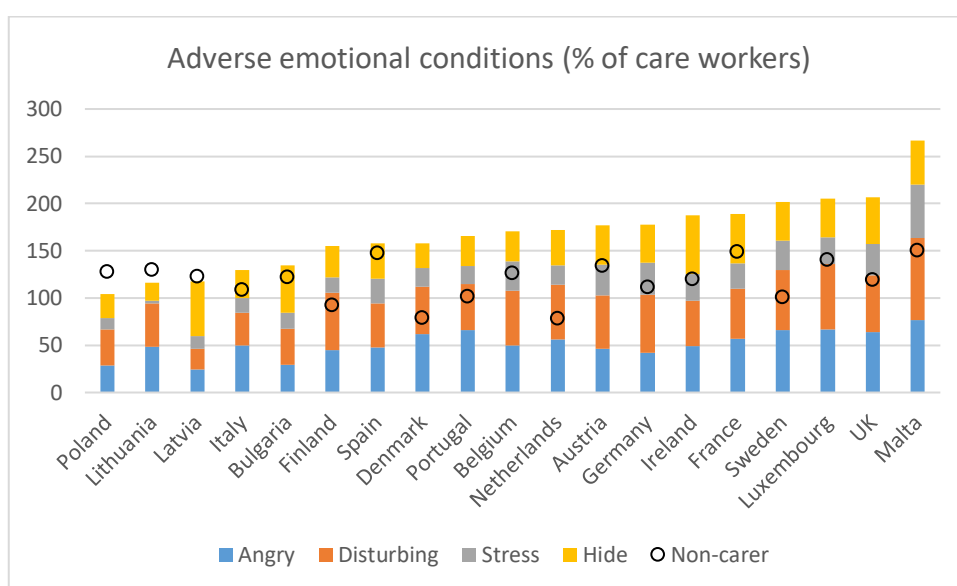


Figure 9: Adverse emotional conditions

Source: European Working Conditions Survey (EWCS) 2015.

Notes: Care work is defined according to ISCO-08 occupation 53.

Similar to the adverse emotional conditions experienced by care workers, Figure 9 depicts the extent to which care workers report experiencing various types of mistreatment. The figure measures the proportion of workers who report having experienced the following in the last 12 months: discrimination, physical violence, sexual harassment, and bullying/harassment. Discrimination can be either against age, race/ethnicity, nationality, sex, religion, disability, or sexual orientation. For non-discriminatory forms of mistreatment, a simple yes or no answer is possible.

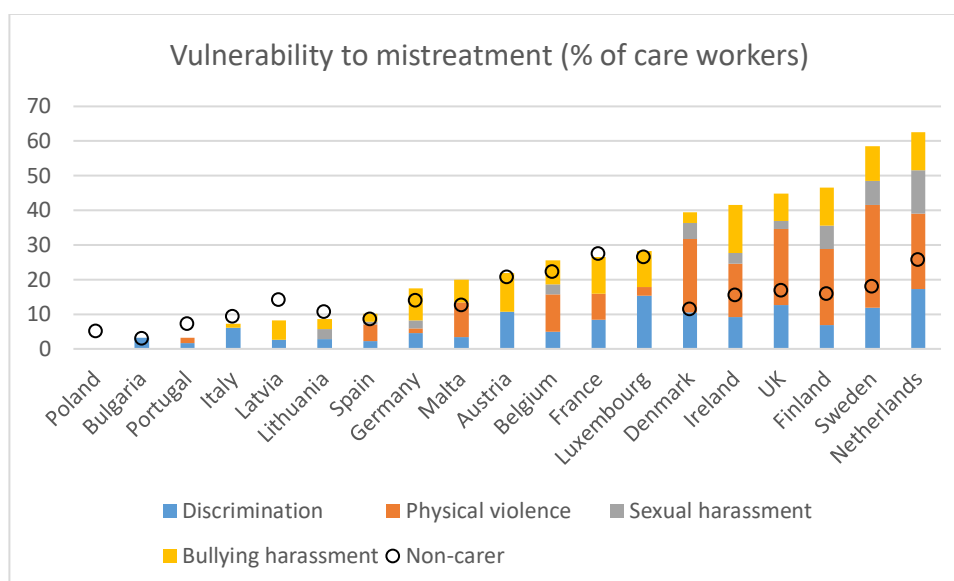


Figure 10: Vulnerability to mistreatment.

Source: EWCS 2015.

The most common form of mistreatment for carers is, perhaps surprisingly, physical violence. Around 9% of carers across the countries report having experienced physical violence in the last 12 months. A breakdown according to type of care work is not possible, however, given the fact that most care workers are Class 2 workers who work with adults it seems likely that most of the violence suffered by care workers is at the hands of adults.

Next comes discrimination, which 7% of carers report having experienced in the previous year. While we have not broken down the different forms of discrimination in the figure, discrimination against age constitutes the single most common form by some distance, followed by sex, nationality, and racial discrimination, reported with similar frequency. If nationality and racial discrimination were merged, its prevalence would likely be comparable to age discrimination. Disability, religious, and sexual orientation are the least common forms of discrimination. These results should be interpreted in light of the representation of each group in the population and in the care workforce – most people are not disabled, for instance. After discrimination comes bullying/harassment—experienced by about 6% of carers. Finally comes sexual harassment, reported by 2% of care workers.

The results clearly show how different national cultures and awareness influence the answers given to the questions. It is hardly plausible that care workers in Poland experience no forms of mistreatment whereas care workers receive the worst treatment in Sweden and the Netherlands. More generally, the incidence of mistreatment recorded is sensitive to the methodology employed with self-reporting likely to record less mistreatment compared to a researcher deciding if the subject has been mistreated (see, for instance, IFOP, 2019; Galanaki and Papalexandris, 2013).

More revealing than the levels of mistreatment in themselves is that in most countries carers are significantly more vulnerable to mistreatment than non-care workers. In 13 of 19 countries care workers report experiencing higher levels of mistreatment, and often by a very large margin. The 'mistreatment gap' is particularly acute in Northern European countries, suggesting large inequalities in the working conditions between carers and non-carers. For the six countries where carers report being mistreated less, the gap is small.

Application of mental faculties

An important component of any occupation and workplace is the degree to which it allows control over one's working life. Autonomy is a core component of liberty. Workplace autonomy promotes mental health and plays an important role in mediating other ills, such as bullying and harassment. Limited participation in decision-making has also been associated with worker stress and burnout among care workers (Gray-Stanley and Muramatsu, 2011). There are a variety of ways to measure workplace autonomy, with no single technique being favoured in the literature (Breugh, 1999).

Creative and stimulating tasks are another important component of job quality. Workplace monotony or boredom is associated with low job satisfaction, depression, hostility, lower job performance and other counterproductive behaviours (Loukidou et al., 2009). Monotony may be related to autonomy in that workers with less autonomy are more likely to be bored. Monotony is associated with repetitive tasks though most of the research has focused on manufacturing and traditional working class jobs (Ibid.). Based on qualitative evidence, Cameron and Moss (2007:130) report that care work tends not to be monotonous or predictable.

Figure 11 below looks at the level of autonomy experienced by care workers. The measure is positive in that the more autonomy one has, the better the working environment. The figure shows the proportion of workers who have control over their working time arrangements; control over their pace of work; are consulted on workplace objectives most or all of the time; involved in workplace improvements most or all of the time; able to apply their own ideas most or all of the time; and able to influence decisions important for their work most or all of the time.¹⁰

The results indicate that care workers have a low degree of autonomy at work. In all countries aside from Poland and Luxembourg, non-care workers have more opportunities to exert autonomy in the workplace. Carers have comparatively little amount of control over the pace of work, though the scale used to measure work pace is not strictly commensurate with the other metrics. Carers do report being able to apply their own ideas at work in large numbers – around 59% on average. In contrast to some of the other benign outcomes associated with the region, it appears Eastern European workplaces are more autocratic. Care workers in central European and Nordic countries seem to have greater control over the decisions that affect them.

¹⁰ If working time is completely determined by employers, they are deemed to have no control over work time, otherwise they do have control. Regarding pace of work, workers were asked five questions relating to the extent to which their work pace is determined by external factors and persons, such as work carried out by colleagues or direct control of the boss. If workers had control in four or five out of the five situations, they are deemed to control their own working pace. See questions 42 and 50 (Eurofound, 2015).

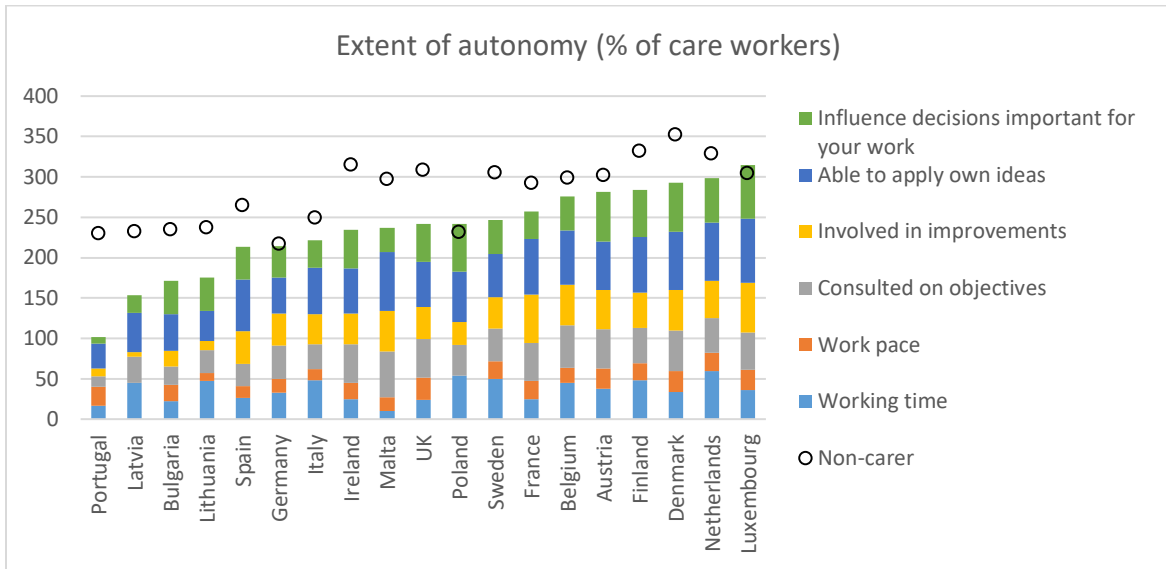


Figure 11: Extent of autonomy.

Source: EWCS 2015.

Figure 12 below examines the extent to which care workers lack stimulating tasks. The figure displays the proportion of workers who have to do repetitive tasks: that last less than one minute (highly repetitive); that last less than ten minutes and that are monotonous.

As can be seen, care work is not strongly associated with a lack of stimulating tasks. On average, 20% of care workers report having to do highly repetitive tasks, 37% have to do repetitive tasks and 38% complain of doing monotonous tasks. While these numbers may appear high in comparison to some of the previous metrics, they are not relative to non-care work. It seems that most other kinds of work involve a higher degree of drudgery than care work.

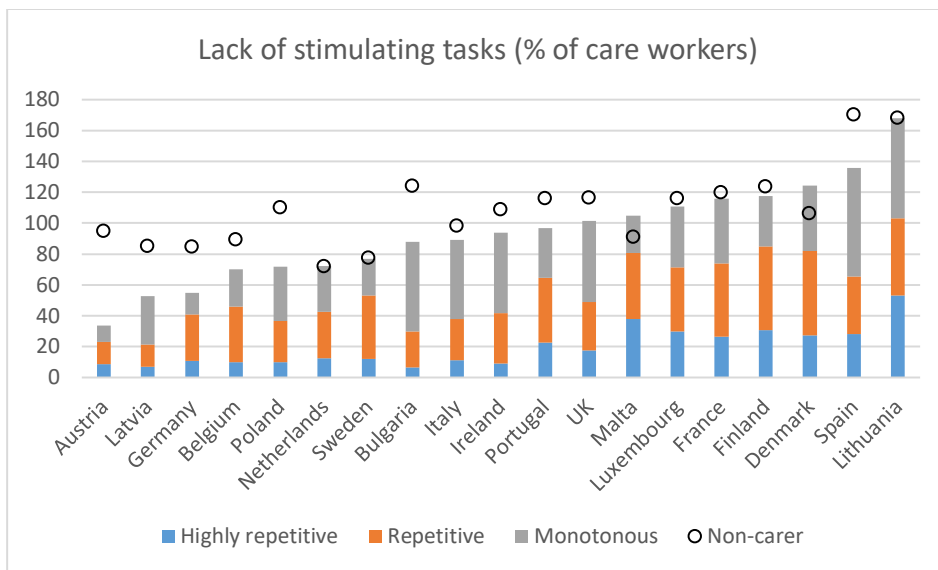


Figure 12: Lack of stimulating tasks.

Source: EWCS 2015.

Outcomes

Care work is physically taxing. Eldercare work may involve a large amount of lifting and physical assisting of the infirm, and eldercare workers also tend to be older. Musculoskeletal conditions such as chronic pain in the lower back, shoulder, and knee regions are common (Anderson et al., 2012). Physical risks for workers dealing with children include infectious diseases, accidents, and also musculoskeletal disorders (McGrath, 2007). As noted already, care workers experience high levels of violence.

The emotional bonds that care workers make with the clients, patients, or children on the one hand, and the visible impact care work has on human wellbeing on the other are clear avenues through which carers derive meaning and fulfilment from their work. As aware as they are of the low status attached to care work, most care workers feel that they make a difference to people's lives (Cameron and Moss, 2007:121-139). Care work also provides opportunities for regular interaction with colleagues. As this section has highlighted, however, care work is very challenging, and there are many causes of job dissatisfaction.

Figure 13 below measures the proportion of carers who report that: their health or safety is at risk because of their work; their work affects their health in a mainly negative way; and who are exhausted at the end of the day most or all of the time. It is therefore a gauge of the physical toll exacted by care work.

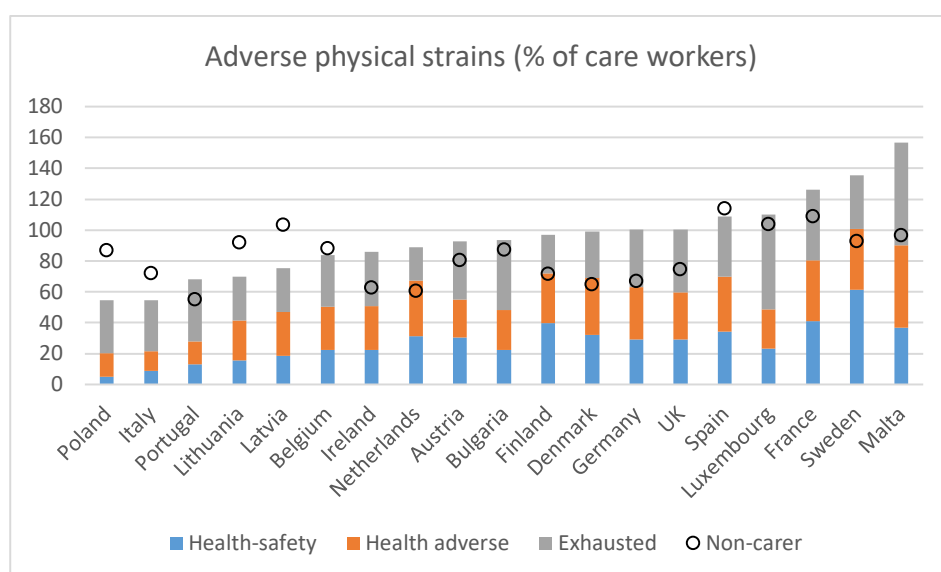


Figure 13: Adverse physical strains.

Source: EWCS 2015.

The most common complaint of care workers is that they are physically exhausted. Across all countries, on average 38% of care workers report being exhausted most or all of the time at the end of a work day. On average 27% of carers feel their health and safety is at risk because of their job whereas 30% feel that their work impacts their health in a mainly negative way. The large cross-country differences between, say, Sweden and Poland is probably a result of cultural differences in what is a legitimate cause for complaint, and not just differences in the material realities of care workers in the two countries. There is more agreement that care work is physically exhausting than on its health implications – the cross-country variation in reported exhaustion is limited.

Moreover, it is noteworthy that in Poland along with five other countries the physical strain of care work is reportedly lower than non-care work. Eastern European countries were also more likely to report that, relative to non-care workers, care workers were less emotionally burdened and less vulnerable to mistreatment. However, in most countries, care work does appear to exact a greater physical toll than non-care work.

In contrast to adverse physical consequences, which are negative, Figure 14 measures the extent to which care work is fulfilling. The figure measures the proportion of care workers who report having the feeling of work well done most of the time or always, and who have the feeling of doing useful work most of the time or always.

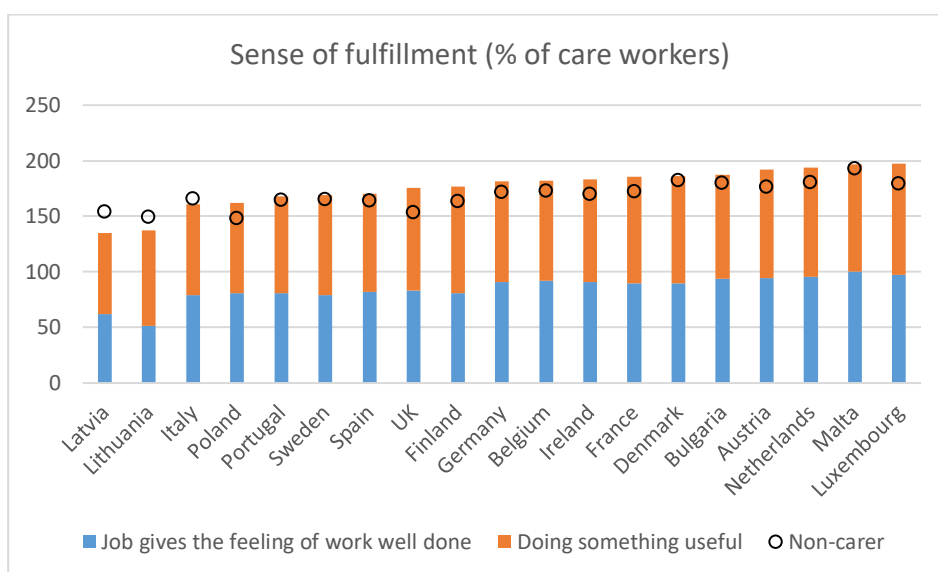


Figure 14: Sense of fulfilment.

Source: EWCS 2015.

On average, 85% of care workers report the feeling of work well done and 91% of care workers feel they do something useful. The high sense of fulfillment among care workers is not surprising given the direct and visible impact that caring has on human well-being. Except for three countries, care work is generally more fulfilling than non-care work, though reported levels of work-based fulfillment are similar to the population at large. If the comparison had been between comparably-paid and secure non-care employment, the differences in the level of satisfaction would likely have been starker. Nevertheless, the high levels of fulfillment that care workers report is clearly positive, though as discussed previously, the high levels of commitment displayed in care work increase vulnerability to exploitation.

The value placed on care work in the market and by society bears little resemblance to the realities of care work. Care work is emotionally and physically taxing, and the conditions under which care workers operate are often extremely difficult, and without recognition. Care workers generally have less autonomy than the workforce at large and are subject to high levels of mistreatment, not least high levels of physical violence. That the pay and contractual conditions of care work does not reflect this adds insult to injury. Care work is fulfilling, which is some recompense, but brings its own problems. The extent of paid care work varies widely across countries and regions in Europe, and there are clear problems with the data. That said, it is certainly plausible that the Nordic countries have the largest

care sectors, as the data indicates. In those countries where the formal care sector is small, such as in Greece, the situation reflects not so much less care work being performed, but rather that more care work is unpaid. The distribution of paid and unpaid work is a topic that we turn to next.

Reconciling inequalities and the care economy with balanced lives

The analysis presented thus far may suggest some seemingly obvious policy implications. For instance, reducing income differences requires expanding female employment, reducing the gender pay requires removing occupational segregation, and improving the conditions of carers requires better pay and conditions. This section evaluates policy implications of the preceding section in light of the evidence on work-life preferences of men and women. No single policy reconciles both the desires for balanced lives and gender equality.

Gender and work-life preferences

There is a significant body of research on men and women's preferences for working and living arrangements. An influential framework within the social science literature is Hakim's preference theory (Hakim, 2002). In this schema, women are divided into three groups using survey evidence, with apparently little variation based on income and education. Most women are 'adaptive women' who desire a balance between work and family life. 'Home-centreed' women, who prefer a traditional family life, and 'work-centreed' women, who are career-oriented, make up the rest in similar numbers. Education has a strong effect on acceptance or rejection of patriarchal values, but not on lifestyle preference. Economic necessity, however, can override preference so that employment rates will not necessarily conform to stated preference. Less attention is devoted to the preferences of men, though a majority are found to be 'work-centreed' (Ibid.).

It is difficult to establish to what extent preferences differ independent of the constraints imposed by economic circumstances and life-stage. For instance, a 2011 EU Commission survey of women suggests a strong desire for mothers to reduce paid working time (Stevens et al., 2011). When a child is less than one year old, about 80% of mothers express a preference for full-time unpaid care. When a child is between one and three, just over half desire to be full-time carers, and a little under half desire to combine motherhood with part-time work. In fact, less than 10% of mothers stated a desire for full-time work when the child is between seven and eleven years old. This appears to be driven by the question framing which prefaced working preferences with 'if you had a choice' – in other words if there were few financial constraints. The study did not survey men and fathers, and their unconstrained preferences as points of comparison.¹¹

It is not surprising that several researchers have critiqued preference theory on the grounds that it gives insufficient attention to the role of institutional factors and constraints in shaping stated desires. It gives comparatively little account of how preferences are formed and how they adapt and develop through economic and non-economic life (see Fagan, 2001). For instance, as intimated in the previous section, the extent to which part-time work is voluntary may depend on the extent of social and welfare support to parents and mothers (Ibid.). Mothers may be more likely to state a desire to work part-time if the cost of childcare prohibits them from working longer. Leahy and Doughney (2006) point out that take-up of

¹¹ An Estonian study that asks about work preferences if one person earns enough for both in a relationship suggests that the unconstrained gender difference in work preference is large – 69% of men versus 27% of women desire to work full-time, for instance. Obviously, conclusions to be drawn are limited as the survey is a single country over a limited time frame (Roosar and Karu, 2006). Over two years the gap had fallen by three percentage points.

paid employment by women has tended not to result in a commensurate reduction of unpaid work in the home. The preference for less paid work may then be a result of a desire not to work a 'second shift'. Kangas and Rostgaard (2007) find that the support and attitudes of husbands toward their wives' working are also significant and that, as above, preferred working arrangements are partly driven by availability of childcare (Ibid.).

A 2014 Eurobarometer poll indicates that men desire a greater role in caring (ILO, 2018:120-122). Only 5% of men and 3% of women stated that they did not want men to be more involved in care. The most common answer given to what needs to be done to achieve greater male involvement was the need to change men's attitudes towards caring activities (44% of women versus 37% of men). A similar number felt that more flexible working arrangements were important and a slightly lower number felt that it was important to prevent discrimination against men who did decide to go on leave. Other answers included the need for more paternity care and better quality jobs for women (Ibid.). In other words, both men and women desire men to be more involved in caring work, but a variety of material and cultural barriers prevent this.

A 2001 Eurofound study provides extensive evidence on the work and life attitudes of men and women across Europe (Fagan et al., 2001). It is consistent with both men desiring to do more care work than they currently do, and women desiring to do less paid work than men. The cross-national element of this study, which unfortunately did not include Eastern European countries, allows examination of the ways in which different national and institutional regimes affect working preferences. At a more general level, hours tend to vary by occupation, mostly as a result of collective bargaining agreements. Men and women in white-collar, managerial roles tend to work the longest hours given their hours are less likely to be set through collective bargaining. Men working in smaller companies or who are self-employed are also among those most likely to work long hours (Ibid.).

Though they still desire to do more paid work than women, men are more likely to want a reduction in paid working hours than women – 57% of men versus 43% of women. The study found that, on average, employed men desired to have a 37-hour week and employed women wanted a 30-hour week. Family circumstances were found to be a less important indicator of the desire for reduced working hours than the number of hours actually worked by the individual. This is because employed women with children had already adjusted their hours and so few differences emerged between them and women without children.

In terms of national differences, there is comparatively little variation across countries in the preference for working time changes among men. Most men want to work full-time, though prefer fewer hours, and those preferences were only somewhat stronger in countries where they work longer hours (Ibid.:70-72). For women, there was more variation. However, interpretation is more difficult as much of the sampling was based on those in the labour market, and there is wide variation in female employment rates across the EU. Nevertheless, among working or job-seeking women, most fell into the categories of desiring to either work long part-time hours (20-34 hours) or full-time hours of varying length. Surprisingly, it was women in the Southern European countries that expressed the strongest desire to work full-time, though it is important to note that female participation in those countries is low. Among active mothers, preferred working time is related to the extent to which the current national regime provides employment. In the Nordic countries, mothers in the labour market were more likely to state a desire for long part-time work than other regions (63% of mothers) (Ibid.:74). It appears that this is driven by the fact that there are more women in the labour market there, rather than a widely-held preference across

all mothers in society. Consistent with welfare systems making paid-work more feasible, and Nordic countries having more progressive attitudes, Kangas and Rostgaard (2007) find that, among the entire population, preferences for more paid work are higher in the more gender-egalitarian countries.

Less research has been carried out in a cross-national context on the occupational values of men and women in Europe. Again we return to Fagan et al., though national differences are not distilled for this category of questions. Across the selection of EU countries, men are somewhat more likely than women to be motivated to work for purely financial reasons (61% of men versus 51% of women) (Fagan et al., 2001:10). The larger gender difference, though, is that work is more motivated by an opportunity to meet people in women than it is in men. 47% of women fully agreed that work is mainly an opportunity to meet people versus only 33% of men. Other national and US-based surveys point to similar findings (see, for review, Cortes and Pan, 2018). Men are ten percentage points more likely than women to select careers on the basis of the 'chance to become a leader' or 'earning lots of money' (Ibid.:8). A similar stated gender difference in preferences holds with women more likely to choose careers on the basis of 'opportunities to work with people rather than things' and 'opportunities to be helpful to others or useful to society' (Ibid.).

There are also substantial gender differences in preferences for job security and flexibility. Again, a pan-EU survey of job preferences would be useful so as to control for the effects of institutional and cultural differences on stated preferences, but is not available. Based on data from the International Social Survey Programme, Cortes and Pan (2018) report women are more likely than men to consider it very important that their job allows them to decide the time or days of work (Ibid.). A survey of undergraduates in New York finds that young women are around seven times more willing than their male counterparts to forego current earnings in favour of job security and flexible working hours (Wiswall and Zafar, 2018). These preferences, in turn, influence the choice of degree subject and ultimate occupation.

In terms of how work-life preferences change over time, again it would be useful to have an updated, pan-European study of the kind undertaken by Eurofound in 2001. This would allow analysis of how work-life preferences have changed with culture and, specifically, with the expansion of women's rights. Some clues are apparent in the available evidence. Kraaykamp (2012) finds that over a period of almost 25 years in the Netherlands, there has been a steady rise in societal approval of women working after having children of various ages. This is due to attitudinal changes throughout Dutch society. Similarly, Berridge et al. (2009) report falling disapproval for non-traditional family forms in the UK. As women have increasingly obtained higher-status jobs and institutional and cultural barriers to their career advancement have fallen, it seems likely this would manifest itself in a greater preference for paid versus non-paid work. Against this, a tendency toward 'intensive mothering' has developed in many Western societies among middle and upper-class families. Unsupervised play time has fallen and has been replaced by organised play dates, after-school activities, and so on, with attendant pressure on women to be perfect mothers (Williams, 2006). The higher organisational burden that women shoulder managing the household and children has been associated with higher levels of stress (Ciciolla and Luthar, 2019). The extent to which women's rising professional ambition, greater acceptance of women combining work with family life, and changing parental mores have translated into changes in work-life preferences still needs to be established.

In relation to occupational preferences, researchers often correlate the different personality traits that men and women exhibit with their different career paths (Wright et al., 2015). A recent cross-country study, however, shows that the two sexes are becoming more similar on a range of psychological

variables (Connolly et al., 2019). Konrad et al. (2000) find that, since the 1970s, the two sexes have been converging in terms of the value they attach to job attributes. As such, women are becoming more interested in job prestige and pursuing leadership roles, and men are becoming more interested in job stability, for instance (Ibid.).¹² Evidence for convergence in people-oriented versus thing-oriented job preferences was mixed (Ibid.), or relatively unchanged over four decades (see, for instance, Lippa et al., 2014).

Work, life, and economic inequality

The reconciliation of stated preferences with goals of gender equality provides a number of challenges. We have outlined some of the gender differences in occupational and work-life preferences, without discussing the origin of those differences. A more complete account of gender differences in preference and value formation would require discussion of developmental psychology and related disciplines, which is beyond the scope of this report. In what follows, we focus on those environmental and structural factors that inhibit desirable social and policy outcomes given stated preferences, the goal of gender equality, and economic constraints.

Regarding the overall earnings gap, a key component is the gender difference in employment rates. The recent EU Commission Gender Equality Strategy 2020-2024 contains a section on 'Closing gender gaps in the labour market' and promotes greater female labour market participation (EU Commission, 2020). However, there is large variation in female participation across member states of the EU and women clearly display a preference for working less and for greater part-time work. Very few women and men desire to remain outside of the labour market, especially as children get older. Moreover, women are becoming more career-oriented and the preference for greater engagement in the paid labour market does appear to be greater in more gender egalitarian countries given cultural norms and provision of childcare.

That said, it is notable that Nordic mothers are more likely to state a desire to work less, a reflection of more women in paid employment in those regions. It is questionable, then, whether higher levels of labour force participation or higher rates of women in full-time work is a desirable goal in all countries. This is especially so given the trend towards relying on 'activation policies', effectively welfare reforms that force working class women (and men) into paid employment. In higher participation countries, greater women's participation should be facilitated but not enforced through affordable childcare. Those and stronger measures are likely necessary where women's participation is unusually low, including certain Southern European countries. For instance, Portuguese women's participation in the labour market is much higher than in other Southern European countries because of a variety of historical and welfare arrangements peculiar to that country (Tavora, 2012). Tax and welfare reforms that support women's employment, in addition to public provision of childcare, are among the measures that can encourage greater participation. This point is developed in the following chapter which examines Ireland in detail.

¹² Caution should be exercised in inferring a simple 'more gender equality implies convergence in occupational preferences' relationship. While there is evidence that occupational preferences are converging through time, when one compares countries in any given year, the data do not support more gender equality implying fewer male-female occupational differences. Specifically, countries with the highest levels of gender equality report the largest gender differences in personality, and the highest levels of occupational segregation. It is hypothesised that when women have more opportunities, differences between the sexes are magnified. While higher occupational segregation in egalitarian countries is in large part due to larger care sectors, and not necessarily a result of fundamental differences, it is also the case that the more gender-equal countries have fewer women in the more stereotypical male-dominated science and technology fields (see Falk and Hermle, 2018). The results are therefore paradoxical – convergence in traits and occupational preferences through time, but across countries, more gender equal societies have larger differences in traits and occupational choices.

The prospect of women continuing to do less paid work raises legitimate concerns about economic equality between the sexes. Men, however, desire to reduce their paid working time even more than women, albeit they still prefer longer paid hours than women do. Fagan et al. (2001) point out that if men and women acted on their work preferences, the gender hours gap would fall. This would reduce earnings differences between men and women, and facilitate men doing more unpaid domestic and caring work.¹³ Rather than focusing on and increasing women's employment or working time in all countries, a better reconciliation of a desire for balanced lives and earnings equality would also focus on reducing the number of hours worked.

In all European countries, women continue to do most of the work in society when all forms of work are considered (Eurofound, 2018: 25; Brodolini and Fagan, 2010). There has been significant progress in the extent to which men are involved in care and domestic work, but inequalities remain. Though the involvement of fathers in their children's upbringing and men in care work clearly goes beyond the goal of reducing economic inequalities between men and women, greater sharing of domestic and caring work within the household does play a role in the distribution of resources outside of it. If men were more involved in caring and domestic work, the penalties that women face, such as discrimination against mothers or against women as potential mothers, would be diminished. A greater share of time devoted to parenting and caring likely involves a lower share devoted to paid work, which is consistent with the desire that most men have to work fewer paid hours. Paid paternity leave and reserved parental leave are central in this regard. In addition to facilitating father-child bonding, men's uptake of paid paternity and parental leave, especially when it is extended, is associated with a higher likelihood of working fewer hours and greater involvement in caring and domestic work (ILO, 2018:120-122). Currently, there is large variation in the amount of paid paternity and parental leave that member states grant with some countries having no statutory paternity leave, and others providing generous arrangements (EU Commission, 2018; Wall and Escobedo, 2013). It would be desirable for countries to move toward the latter.

Beyond parental leave and formal childcare, policy should also expand the economic and social rights of informal carers, which would also reduce economic inequality between the sexes. The more pension entitlements are universal as opposed to being based on working life and earned salaries, the more unpaid care work is valued. In relation to elder and disability carers, *Eurocarers* outlines a number of principles that should inform greater recognition of informal carers across Europe. For instance, member states and the EU should commit to preventing carers from falling into poverty. Employees should have the right to take special leave to care for a relative without fear of dismissal or interruption of pension rights (see *Eurocarers*, 2016). In Sweden, for instance, an employee is entitled to 80-90% of the salary to take leave to care for sick and elderly relatives for up to a hundred days (Eurofound, 2015b: 43-46). In Denmark, workers can obtain paid leave for care for six months (Ibid.). Entitlements to leave for caring duties and compensation of workers who undertake that leave can be negotiated through collective bargaining agreements.

Regarding EU policy, the Work-life Balance Directive is a move in the right direction albeit falling well short of what is needed. Adopted and published in June 2019, countries have three years to implement it (see Eurofound, 2019). The flagship measure is to provide ten days of paid paternity leave, which did not exist previously under EU law. The minimum pay for paternity leave is the rate of sick pay. It

¹³ It is notable that it is in the Baltic countries and Finland, which have among the highest rates of women's employment, that the gender difference in total working time (paid plus unpaid) is largest. Women tend to do much more work than men in those countries. Sweden is a rare example of a country which combines high female employment and a fairer (but not equal) distribution of total work (Brodolini and Fagan, 2010).

also provides for four months of parental leave, two of which are transferrable. With regard to carers, the directive provides for carer's leave of five days in the event of illness of a close relative. Parents of children up to eight years old also have the right to request flexible work arrangements, including working from home and reduced hours. It would clearly be desirable for paternity leave to be longer and for pay to be in full. Moreover, five days is hardly sufficient to look after someone who is seriously ill, and the fact that it does not need to be paid is a failure to recognise care work. Similarly, it is noteworthy that employers only need to consider the employee's request for flexible working arrangements.

Work, life, and the pay gap

There is no single factor which causes the gender pay gap and the relative importance of each is disputed. One strategy pursued by the economics profession is to create mathematical models, often of increasing complexity, in an attempt to isolate the relevant variables of interest. Other economists and social scientists are moving more towards experimental evidence such as sending fictitious CVs to employers, which is in our view a more fruitful endeavour (Azmat and Petrongolo, 2014). The first section outlined some of that evidence in relation to discrimination against mothers and women as potential mothers. A related issue is gender stereotypes, which are ubiquitous and change over time as the social roles of men and women change in society, as shown in a recent review of opinion polling (Eagly et al., 2019). The most recent meta-analysis, or collation of existing experimental evidence, on gender discrimination in an employment setting (as distinct from gender stereotypes) concludes that gender bias is most prevalent in male-dominated settings, at higher occupational grades, and when information on the candidate's competence is limited (Koch and D'Mello, 2015). The average size of the gender-discrimination across all the studies, though, was found to be moderate-to-small, and smaller still when evaluators are experienced professionals (as opposed to undergraduate students) (Azmat and Petrongolo, 2014; Koch and D'Mello, 2015; see also Goldin and Rouse, 2000). More recent experimental studies are largely consistent with these findings, such as evidence of discrimination in the upper echelons of technical occupations (Quadlin, 2018). Other studies suggest that some public sector organisations are somewhat more (Ball et al., 2017), or much more likely to hire identically qualified women over men in an effort to promote diversity (Williams and Ceci, 2015). Most of the literature relates to English-speaking and Northern European countries so that more work is needed to ascertain whether these findings apply to Southern and Eastern European countries. In any event, good training and making decision makers accountable are important in removing the risk of stereotype-based gender discrimination.

A number of organisation-level studies exist which gather data on both number and gender of applicants and their success rates in applying for a positions. The studies focus on public sector and academic hiring, especially economists, which obviously limits any generalisations to be drawn from them. Though existence of some gender bias can be found (Bagues et al., 2017), all studies point to the major cause of fewer women being promoted to higher positions is that there are fewer women applicants (Bagues et al., 2017; Bosquet et al., 2019; Gender Equality Taskforce, 2016; Hospido et al., 2019). An important factor that lowers the likelihood that women apply for a promotion or position is motherhood. Men and mother's salary trajectories quickly diverge after parenthood, whereas men and women without children's salary trajectories only begin to diverge some years after (Hospido et al., 2019). In addition to mothers' reluctance to apply for higher level positions, the gender divergence in salaries after parenthood may also be associated with a wage premium for fathers. That is, fathers are found to earn more than non-fathers, though the reasons are contested – statistical modelling suggests preferential treatment of fathers (Hodges and Budig, 2010), though experimental evidence indicates significantly less or little discrimination (Bygren et al., 2017).

As to why non-mothers and men's salaries diverge, a 2015 collection of studies surveying men and women executives, students, and graduates from top universities in the US finds that women view top-level positions as less desirable than men. Specifically, top-level positions were perceived to interfere with other life goals for women, while men had fewer life goals and were more oriented on obtaining power (Gino et al., 2015). Another reason for the slow progression of women is that the modern corporation in particular is more congruent with the tendencies and styles of men than it is of women. From an early age, girls pair off with other girls and boys do so with other boys, which is believed to have an important effect on socialisation. Interactions in all-girl groups tend to be less competitive and less hierarchical than boy groups (Maccoby, 1998). These traits continue into adulthood as a large literature documents female distaste for highly competitive environments (Pan and Cortes, 2018), and a less developed literature also suggests workplace hierarchies favour men (Conrad et al., 2010). The competitive corporate hierarchy, then, is more celebratory of male modes of interaction than it is female ones.

For some, income and pay differences between men and women can be justified on the basis of the decisions that they choose to freely enter into. Another way to view it is that societies' economic institutions elevate the interests, values, and attitudes of men over those of women. It follows, then, that a strategy for gender equality requires reform at the institutional level. In terms of the care economy, greater involvement of men in the upbringing of children would diminish the penalty that mothers and potential mothers face in the workplace, as discussed already. Another strategy is to make economic institutions more amenable to the needs of women and carers generally. For instance, there is considerable variation across countries in the criteria upon which promotion and career advancement are decided, from East Asian countries in which seniority is a major factor, to the Anglo-Saxon model of competitive capitalism. The fact that women are less likely to apply for higher-level positions can actually strengthen the case for selective promotions on productivity grounds. Positive discrimination is typically opposed on the basis that it goes against meritocracy. However, positive discrimination or diversity initiatives can improve productivity if the selection process does not perfectly filter the best applicants. For instance, after the ECB introduced diversity policies in 2012, women and men now tend to be promoted in equal numbers, despite men being more likely to apply. Women benefitting from positive discrimination were subsequently no less productive than their male counterparts (Hospido et al., 2019). Productivity arguments in favour of positive discrimination are most potent in higher skilled, long-hours private sector jobs where maternal-based gender discrimination is prevalent. Several European countries now aim to have 40% female representation on boards of publicly-traded companies and public sector organisations.

Aside from diversity policies and gender quotas, other reforms to pay setting and allocation can help overcome the gender pay gap. Even within sectors, there is evidence that women ask for less pay than men for the same job (Gonzada Rozada and Levy Yeyati, 2018), so that individual bargaining or market forces are likely to aggravate gender differences in pay. Collective bargaining can help overcome pay gaps through a number of means. Countries with high levels of union coverage and where collectively-bargained pay is prominent tend to have lower levels of wage inequality, as in Belgium for instance. As gender differences in pay tend to be higher for higher-income workers – most CEOs are men, for instance – it follows that collectively bargained reductions in wage inequality reduce the gender pay gap. In so far as collective bargaining is not effective in tackling higher pay (OECD, 2011), other reforms limiting CEO pay may be necessary. This could include corporate governance reforms that limit the ability of CEOs to nominate pliant board members (see Baker et al., 2019). Collective bargaining agreements can include clauses to ensure equal pay for equal work, and bargain for arrangements that

disproportionately affect women. The latter can include provisions to prevent outsourcing of public services, promoting the right of domestic workers, and implementing wage floors in low pay sectors (Rubery and Johnson, 2019). Collective bargaining can lever greater balance between work and life, such as by negotiating reductions in working time instead of pay increases.

A 2014 study by the European Trade Union Congress found that a lack of pay transparency and data on women's and men's pay at the company and sectoral level were among the most frequently cited challenges faced by unions in reducing gender pay inequalities (Pillinger, 2014:33). Other major difficulties included low bargaining coverage, lack of government and employer commitment to social dialogue, and the growth of low pay sectors. Awareness and commitment to gender equality on the part of unions were also important, though less important than those issues already discussed (Ibid.). Reducing pay gaps, therefore requires a facilitating legislative and political environment for trade unions, and a commitment to tackle gender inequality within them. The proposal to introduce legislation on pay transparency should not be abandoned due to Covid-19. In addition to compelling companies to publish information on pay scales and pay gaps, it would also be useful for those companies not compliant with gender pay equality to investigate why. For instance, collecting information on the number of male and female applicants and their success rates to higher level positions would be particularly informative.

Finally, workplaces need to be more flexible in terms of the realities of balancing care and work commitments. The degree to which an occupation offers 'temporal flexibility' can exert a powerful influence on its gender composition, as illustrated by the pharmacy profession. Specifically, the growth of retail chains at the expense of independent pharmacies reduced the prevalence and importance of working long hours. In 1980, only 18% of pharmacists in the US were women, in contrast to 2010, where the figure stood at 55%. As long hours and self-employment became less prevalent, the share of women entering the profession increased. There is little pay penalty for part-time work and, partly as a consequence, the pay gap for pharmacists is lower than for almost any other high-wage profession (Goldin and Katz, 2016). Goldin (2014) argues that once occupation, experience and other variables are controlled for, most of the remaining pay gap is a result of women and mothers not being able to devote the long hours required to attain high incomes.

The average weekly hours worked in a country depends on the prevalence of full-time versus part-time work. On average, it tends to be workers in Belgium, Netherlands, and Nordic countries that spend the least amount of time in work, and Southern and Eastern European countries have the longest working hours (Eurostat, 2019). Most European countries have statutory maximum working of 40 hours or less and collective bargaining plays a prominent role in shaping the working week (Eurofound, 2019). In terms of flexibility, aside from Nordic countries and the Netherlands, most workers in the EU have rigid schedules that are set by the company with little possibility to adapt working time according to needs (Eurofound, 2017c). Again, Southern European countries and certain Eastern European countries have the least flexibility. It is also the Nordic countries and the Netherlands that provide the most opportunities to work from home, which allows a better fit between family and work commitments (Ibid.). Countries with longer working hours are likely to have higher gender pay gaps within occupations, and it would be desirable for all EU countries to move towards more flexible and family-friendly workplaces as some countries have done. This includes eliminating or greatly reducing penalties for working part-time. Other policies to make workplaces more family friendly include the provision of on-site day-care in the case of larger workplaces, and instructing employers to ignore career gaps arising from caring responsibilities.

Occupational segregation and valuing care work

As important as the expansion of public provision of care is to women's employment, women's career progression, and to the recipients of their care, larger care economies have tended to result in more gender segregation in the labour market, which aggravates inequality. This is because women have tended to gravitate toward face-to-face services, which tend to be less well-paid on average. The reasons have been discussed already in relation to care – low productivity and few economies of scale. This broadly applies to many other service jobs, though some service jobs are well-paid, sometimes very well-paid. Occupational segregation has been on a downward trajectory since the 1970s, including in the Nordic countries where segregation is most pronounced (Melkas and Anker, 1997). Declining segregation has mostly been a result of women entering male-dominated professions and not the opposite. Nevertheless, the pace remains slow and the rate of decline has stalled (EIGE, 2017).

Two types of segregation can be identified, horizontal and vertical. Vertical segregation refers to segregation of sexes in certain ranks of an occupation and some of the reasons for women's lack of career progression have already been discussed. Horizontal segregation refers to men and women pursuing different occupational trajectories. In most developed countries, horizontal occupational segregation is now strongly class-based. For higher occupational grades, the top one fifth or so of the workforce, men and women work in gender-mixed workplaces. Fields such as law, medicine, public sector management, and the like are neither male nor female-dominated, although their subfields sometimes are. Exceptions include branches of the sciences such as engineering and computer science, which have remained more segregated despite the large changes that have taken place elsewhere. However, the rest of society continues to work in mostly male or female-dominated occupations and sectors – most nurses are women and most construction workers are men (see Wolf, 2013).

The reasons for occupational segregation rehearse a long and sometimes controversial debate (see, for review, Anker, 2001). Gender theories emphasise how stereotyping that originates in the household division of labour leads to discriminatory practices and the elevation of men into certain roles, such as supervisors. Institutional theories highlight how women's shorter and more interrupted careers leads them to lower-status and precarious occupations, or how certain professions make it difficult to reconcile family and work commitments (Ibid.). Other sociocultural factors include family background and the extent to which the educational system encourages gendered career paths (Betz and Schifano, 2000). Psychologists emphasise that innate sex differences affect career path, such as the different levels of importance that men and women give to status and working with people (Lippa et al., 2014). Within the psychological literature, a 2015 study finds that outside of highly-skilled and university-educated occupations, sex differences explain little in the way of career choice (Wright et al., 2015:37). In other words, where segregation is highest, it appears that environmental causes are more prominent.

In relation to care work, a quintessentially people-oriented profession, a variety of cultural and institutional barriers help explain why so few men enter the profession. From a young age—and before reuniting after adolescence—, boys tend to segregate into boy-only groups and girls segregate into girl-only groups (see Maccoby, 1998). Children incur social penalties for gender-atypical behaviour and boys tend to be more sexist than girls in policing gender nonconformity (Ibid.). Gender conformity in boys is reinforced through a variety of institutions and figures which includes parents, especially fathers, mass media, and other institutions (Ibid.). That this continues into adulthood is evidenced in the fact that men, unlike women, resist entering opposite sex-dominated professions due to the fear of a resultant social penalty. As more men enter an occupation, a tipping point can be reached, after which it becomes more

acceptable for other men to enter (McGrew, 2016). Brodolini and Fagan (2010) describes how men do not enter caring jobs because of a fear of being perceived as un-masculine, sissy, or homosexual. In the case of working with children, there is also a fear of their motives would be suspected given high-profile cases of child abuse (Ibid). As already discussed, there is variation in the extent to which care work is gendered and recruitment campaigns aimed at attracting more men have had success (Rolfe, 2006). In the case of children, this has sometimes emphasised the potential role model/leadership roles that men can play in working with young people.

Improving the pay and conditions of care workers would also contribute¹⁴ to a more gender-balanced workforce. As discussed in this section and in the previous one, institutional arrangements in the form of collective bargaining can do much to mitigate the effects of lower pay in female-dominated sectors. Other strategies to improve the quality and ultimate pay of care work involve career ladders, professionalisation through training and credentialism, and giving employees a greater say in evaluation and standard-setting (Folbre, 2006b). Interaction and improvisation among staff is also associated with higher quality in early years' settings, and training that promotes collaboration among staff can improve quality (Leana et al., 2009). Such measures would undoubtedly help improve quality of service, and pay and condition in the sector. The danger is that the higher costs associated with better working conditions will eventually lead to care becoming unaffordable. Care, in particular, needs to be decommodified to become a well-paid profession. This includes not only public provision to keep fees and costs down as wages increase, but to de-link public pay from earnings that care workers receive in the private market. For instance, early years work is more integrated into the education system in Nordic countries such that many of the workers earn similar to primary school teachers. As long as public sector pay for care workers is based on what they would be earning in the private market, pay in the sector will be depressed. The only alternative would be to heavily subsidise private provision, which is not desirable. If caring work is to become a more middle-income occupation, private provision of care must inevitably become a niche market catering to the affluent, in the same way as private education is. The public resources needed to support such a move would be significant, but it is the price of valuing care.

Conclusion

The expansion of the care economy has had an enormous impact on the lives of women and men across the continent of Europe. The care economy, broadly defined, is a major driver of women's employment. It provides women's employment through the provision and administration of various types of care, and public provision of childcare releases women into the labour market. Because of the opportunities provided for paid employment by the public sector and care economy, earnings differences between men and women tend to be lower in countries with larger care economies.

The overall earnings gap is also affected by the gender pay and, to a lesser extent, the greater availability of part-time work for women relative to men. Here, care and the care economy create complicated and offsetting results. The provision of childcare alleviates some disadvantages that women and mothers incur in the labour market, enabling them to enter better-paid jobs. At the same time, countries with expansive systems of early years or eldercare tend to have larger broad care economies, which provides opportunities for women to work in stereotypically female jobs, which are less well paid. Because care economies are associated with higher levels of occupational segregation, the gender pay gap is not particularly low in more gender equal countries.

¹⁴ It is an open question to what extent, despite sometimes considerable differences in compensation, pre-primary and primary educators are still predominantly women across the EU. Male entry into professions that work with children does increase significantly when the occupation is high-status as opposed to being merely a middle-income profession. Although declining, males comprise around 27% of new entrants into paediatrics, compared to just over 2% of pre-school and kindergarten teachers being male in the US (AMP, 2015; Menteach, 2019).

Early years and eldercare occupations are examples of stereotypical female professions that suffer from low status and lack of recognition. With face-to-face services which require time and affective energy, care work is labour-intensive and does not lend itself to productivity improvements over time. The fact that care work can be performed within the home without pay when it comes prohibitively expensive, further limits the potential for high wages in the care sector, when wages are determined by market forces. Nevertheless, there is significant variation in the pay and contractual terms of care work across EU countries, albeit it is in the lower part of the income distribution everywhere. Consistent with the unions being stronger in those countries, care workers in large care sectors in the Nordic countries tend to be better paid.

In addition to being poorly paid, care work places a number of other demands on workers. Care work is physically and emotionally stressful and care workers are usually more vulnerable to mistreatment than the workforce at large. In particular, care workers experience high levels of physical violence. Care workers have less workplace autonomy, though care work is stimulating and fulfilling.

Reconciling people's and families' work-life preferences and the need for gender equality requires care and a range of policies. Reducing the earnings gap suggests that more women should enter the labour market or work longer hours, though this may not be desirable in many countries. Men desire to reduce their working time by more hours than women, but given they already work longer hours, men's preferred working time is still longer than women's. Interventions that alter working times require a delicate balancing of many context-specific factors. Nordic mothers, for instance, express the strongest desire to reduce their working time, and women in Southern European countries express a strong desire for more full-time work. It would be preferable to facilitate reductions in working time of both men and women, especially in the more gender-egalitarian countries. This also facilitates greater involvement of men in care work within the household. In other countries, female labour force participation can be facilitated through an expansion of childcare and supportive welfare policies.

If the care economy is to expand, this is likely to have gendered effects, especially on the gender pay gap. Collective bargaining and a reduction in wage inequality are among the measures that can mitigate the potential intensification of segregation resulting from larger care economies. More family-friendly work environments, which do not penalise part-time work or require long hours, can have a powerful effect on the pay-gap within an occupation and on the attractiveness of that occupation to women.

There are also cultural and institutional barriers which discourage men from entering female-dominated sectors. This includes fears that masculinity is undermined when entering a sector such as care. These deep-seated cultural norms are slow to change, but not intractable. Raising the pay and conditions of care work is likely to reduce the pay gap and gender segregation.

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Care work and the care economy: the case of Ireland

Care work and the care economy: the case of Ireland

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Summary

- Ireland does the most unpaid caring work in the EU.
- Most care is childcare carried out by women and lower income women.
- Distribution of unpaid work and work-life preferences differ by gender, life stage, and income.
- A comprehensive system of cash transfers and low public provision of care services, especially childcare, facilitates high levels of unpaid care paid in Ireland.
- High childcare costs are a major financial disincentive to employment for low income families.
- Ireland's formal system of care is less developed than in other European countries.
- Ireland relies heavily on the informal sector of childminders and au pairs who face low pay and precariousness.
- The adult care sector increasingly relies on home care and private sector provision, with a feminised, low paid and precarious workforce.
- The single most important factor in lowering the pay and conditions of care work is the extent to which it is marketised.
- Without increased public funding, significant improvements for one group will be at the expense of others, shifting the problem elsewhere but not addressing the underlying issue.

Introduction

Ireland is an interesting case to examine as its system of care is in many ways less developed than in other European countries. Ireland is often classified as a liberal welfare state in which state spending on care—and public services more generally—is comparatively low. As discussed at length in the previous chapter, care work as a face-to-face service requires public funding if those providing the care are to be decently compensated. It might be expected, then, that given Ireland's low levels of state support outcomes for care workers are inferior.

Another defining aspect of care work is the central role it plays in our lives. All human beings require care at different stages throughout the life cycle. The nature and quality of that care plays a determining factor in the types of individuals we become. Quite simply, it is not possible to do without it – a society cannot reproduce itself without a system and infrastructure of care. As a result, if formal paid care is not sufficiently supported by the state, as is the case in Ireland, it will be undertaken in the household by families and, in particular, by women. This is because low public funding makes formal care expensive, and care work an unattractive career.

¹⁵ This author has acted as an independent researcher and her views do not reflect those of an affiliated organisation.

If the welfare state supports households to undertake care work, however, statements about how a society does or does not support care work need to be considered carefully. It might be the case that the state does not support care work through the system of formal, paid carers, but instead provides supports through a system of transfers. It is well-known among researchers that the Irish welfare state is a 'transfer-rich, service poor' system. To fully appreciate the extent to which Ireland does or does not value care work and care workers, it is important to consider both paid and unpaid care work. The Irish system could be somewhat more complicated than is assumed.

This chapter is an examination of care work in Ireland and the conditions of care workers. It aims to map-out Ireland's carers and their material conditions. To do so, it also examines care policy and, when appropriate, places Ireland in an international context. Throughout the report, policy options are explored regarding how to improve outcomes for carers in Ireland.

Care work is defined as care of children and adults, excluding healthcare and other types of care work. The chapter first looks at unpaid care work, who does it, and how it is supported by the Irish state. It then looks at paid care work, and how the state does or does not support it. Paid care work includes both formal workers, such as those employed by the HSE in nursing homes, and informal workers such as au pairs. A comprehensive approach facilitates how different parts of the system affect one another.

The chapter finds that Ireland is much more reliant on unpaid care work than other countries – many of Ireland's carers are unpaid. Most of the unpaid care work is done by women, although the gender distribution of total work is more even. Ireland provides significant support to facilitate unpaid carers through its system of transfers. This enables otherwise unpaid carers to do care work, but excludes them from the labour market. Access to childcare would greatly facilitate higher incomes. In relation to paid care work, the Irish state spends much less than other EU countries on childcare. This results in low pay and poor conditions among early years workers. The higher cost of care also leads Ireland to rely on informal paid carers. The situation is similar in adult care work. Pay and conditions are similar to the early years sector and the system is being increasingly privatised. Better pay and conditions can only come about through an increase in public resources.

The layout of this chapter is as follows. The following section looks at unpaid care work in Ireland, its level, distribution, and policy context. The third section looks at paid care work in the early years sector and adult care and is followed by the conclusion.

Unpaid care work in Ireland

This section looks at the level, distribution and policy environment surrounding unpaid care work in Ireland. It shows that the extent of unpaid care work in Ireland is high, and is unevenly distributed between men and women. Unpaid care work also varies according to income as it is more equally shared among higher income groups. There are a number of supports provided to unpaid carers through the transfer system, a flipside of which is low support for services. Ireland has policy options and choices at its disposal if it is to change its system of care.

The level of unpaid care work

The definition of care work is contested (Folbre, 2006). Care work in its common usage can encompass both paid and unpaid activities where one person looks after another. It is often understood to mean caring for children, the elderly, and the disabled. This conception of care excludes healthcare and other

types of workers. Care work includes the various emotional and physical support activities without which one would not be able to look after oneself. A broad definition of unpaid care can also include domestic labour such as cooking and cleaning, which enables direct care work to be undertaken.

The amount of unpaid care work carried out in a society depends on a complex array of factors, not least the fundamental need for care. A key component in this respect is the demographic structure. A country with many young children will, all else equal, have a greater need for care work. This can be tempered by the length of the school day as more time in education implies less need for supervision. Similarly, a country with many older people will also have a high need for care. The gradual ageing of societies is set to increase the need for care of older people while decreasing the time devoted to caring for children. At present, Ireland has a comparatively young population which is set to age considerably by 2070, albeit it will still be younger than most other EU countries by then (EU Commission, 2018: 23-24).

Less appreciated in relation to the demand for care work is the way in which cultural developments affect the perceived need for care. Gray (2011), for instance, observes a large decline in children's unsupervised play time in the US. While a comparable study is not available for Ireland, the phenomenon has also been documented in the UK (O'Brien and Smith, 2002). The decline in 'free' or unsupervised play time has been observed since the 1950s with overwhelmingly negative effects for child development (Gray, 2011). Today, middle and upper class children have lives which are much more organised through play dates and after school activities. Among the factors responsible are parental fear of child predators, higher levels of traffic, and fear of drug use (O'Brien and Smith, 2002). More supervision, of course, demands more care work.

While demographic, cultural, and educational arrangements impinge on the demand for care, it is the labour market and welfare state which determine how that demand is met. The key variable is female employment, the extent of paid work that women undertake. As developed in the previous chapter, the care economy is a major source of cross-country variation in female employment rates in Europe.¹⁶ In terms of unpaid work, the public provision of care, especially childcare, effectively outsources much of the care work done by households to the state. This, in turn, releases women into the labour market, many of whom end up employed in the public sector.¹⁷ More women (and men) in paid employment increases the need for paid care of children and the elderly, which reduces the amount of unpaid care work. Moreover, spending more time at work instead of at home necessitates the outsourcing of domestic labour more broadly. For instance, the proliferation of cafes, restaurants and the purchase of pre-prepared meals in the supermarket is in large part a result of women's entry into the labour market (see Freeman, 2007; Wyatt and Hecker, 2006). Again, this decreases the amount of unpaid work.

As we elaborate on more fully later, in terms of care regimes Ireland is an example of a liberal welfare state. Public provision of care services is low and monetary supports are targeted toward the most vulnerable. Ireland supports a male breadwinner model through the tax and welfare system which incentivises male participation in the labour market and limits the amount of paid work done by women. Low levels of public spending on care means that Ireland has perhaps the most expensive childcare in the EU for families (now that the UK has left) (OECD, 2020: 2). Ireland contrasts to the social democratic welfare state model where high levels of public provision of care facilitate women's access to paid employment, which leads to less unpaid work.

¹⁶ To be precise, we showed that the care economy, broadly defined, is the major source of the cross-country variation in gender employment gaps.

¹⁷ Though the public sector is a major source of female employment, it is an open question to what extent the expansion of state employment is necessary for higher levels of women's employment. Public provision of services such as education and care lowers costs and so increases demand. However, many services, such as healthcare, are necessities so the private sector would take up much of the slack if public provision was absent.

Figure 1 displays the amount of care and other forms of work undertaken in Ireland and other EU countries, including the UK. It is based on microdata from the 2016 European Quality of Life Survey (EQLS), which is undertaken every four years across the EU. It includes questions on the respondents' allocation of time and can be broken down according to various demographic characteristics, as we will see. It is not as accurate as a time use survey where the participant keeps a diary.¹⁸ The sample sizes are quite small, although the figures have been weighted to account for this. We have also adjusted for outliers and weekly commuting time is estimated.¹⁹ Nevertheless, some caution should be exercised in interpretation.

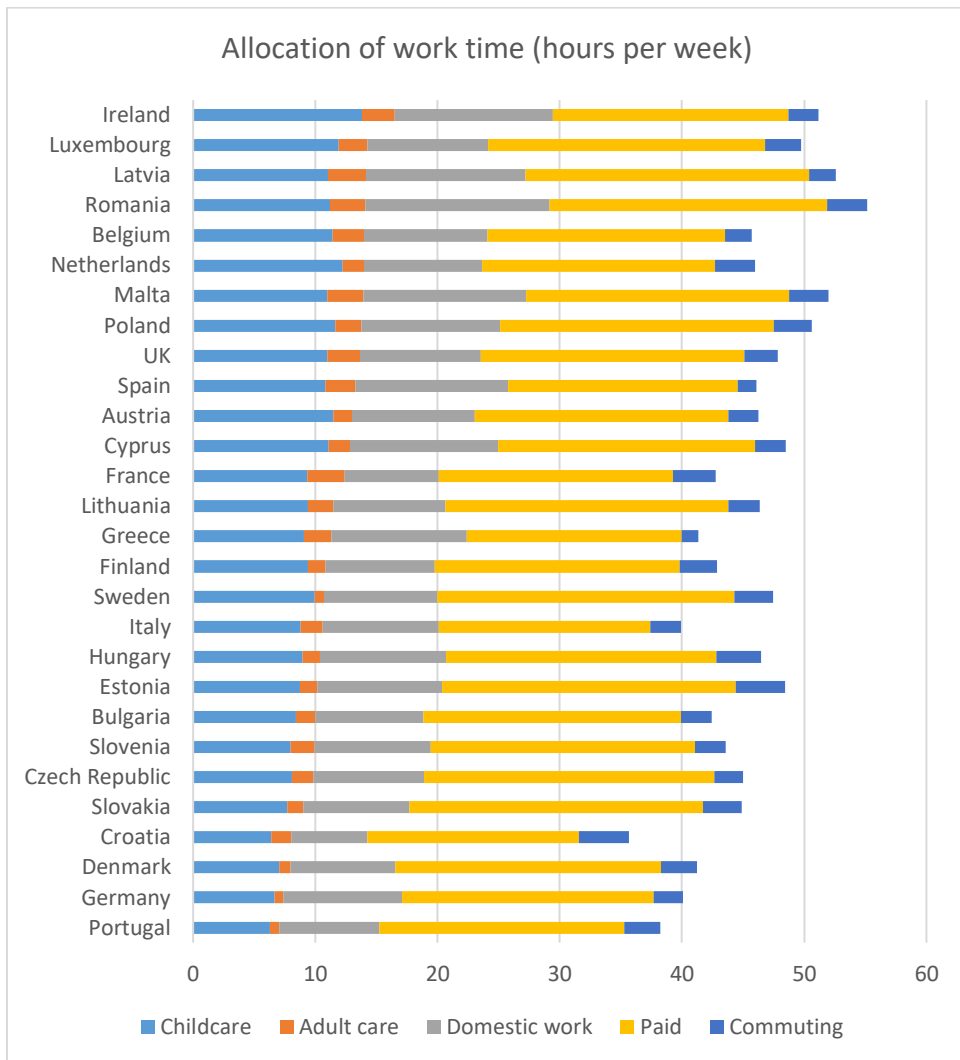


Figure 1: Allocation of work time in the EU.

Source: EQLS 2016 microdata.

¹⁸ For instance, Russell et al. (2019: 46) observe that the employment rate for women as per EQLS is one of the lowest in the EU, but ranks in the middle when using the Labour Force Survey, the standard source for employment statistics.

¹⁹ Some respondents give implausibly and impossibly high figures for time allocated to unpaid work, and caring in particular. When total time allocated to caring and domestic work exceeds 112 hours per week as per the survey, we cap the total hours at 112, and allocate them proportionately between the three categories: caring of children, caring of adults, and domestic work. Commuting time is given in minutes per day. We translate this into weekly figures by multiplying this by the estimated number of days worked based on total working hours per week. For instance, if the respondent works 32 hours or more, we multiplied daily commuting time by five, as we assume s/he works five days a week. A person working less than eight hours was assumed to work only one day, less than 16 hours implied two days' work, and so on. Respondents with children but not in paid employment were assumed to commute five days a week to pick up kids, for instance. When a respondent had no children and was not in paid employment, but still gave a positive daily commuting time, we also multiplied this by five.

The countries are aligned according to total unpaid caring work performed. As can be seen, Irish people do the most unpaid caring work of all countries in the EU. Time devoted to childcare is the most significant form of unpaid care work for every country. Irish people do about 14 hours of childcare and almost three hours of adult care per week. This is considerably above EU norms and reflects Ireland's young population and the unaffordability of paid childcare system.

When domestic work is added to unpaid care work, we see that Irish people also do the most total unpaid work. When paid work and commuting are added, we see that total time devoted to work, paid and unpaid, is the fourth highest in the EU. Thus, despite fewer hours devoted to paid work and, in part consequently, less time devoted to commuting, Irish people spend much of their time working.

The high levels of unpaid care work are consistent with trends in the paid labour market. For instance, Ireland has the lowest employment rate among lone parent households in the EU (see Roantree, 2020), and the seventh lowest maternal employment rate (OECD, 2014: 2). In 2016, Ireland had the EU's second highest share (after the UK) of 50-64 year-olds not in paid employment because they are looking after children or incapacitated adults. This applied to both men and women. Ireland also has a high share of women in that same age group doing part-time work because of caring obligations (Spasova et al., 2018: 10). A consequence of the high level of unpaid care work done in Ireland is that carers are less available to do paid work.

The distribution of work and unpaid care

Having established that an unusually large amount of care work in Ireland is unpaid, we ask who are Ireland's unpaid carers? To explore this question, we look at how paid and unpaid work is distributed among groups with specific attention devoted to gender and class. Unsurprisingly care work is very unevenly distributed between men and women, and lower income groups do more unpaid care work than other income groups. Relieving the burden on women, however, is not merely a matter of getting men to do more as the distribution of total work in society is comparatively even.

As reviewed in the previous chapter, surveys indicate that men and women have somewhat different work-life preferences with men preferring to devote more of their time to paid work than women. Moreover, the 'unconstrained preference difference' between men and women is larger. That is to say, when surveys ask or imply that if financial constraints are absent, women then prefer to devote considerably more time to unpaid caring work than men (Stevens et al., 2011; Karu and Roosar, 2006).

Again, as discussed in the previous chapter preferences are influenced by a variety of structural barriers, including national culture and institutions. Mothers may be more likely to state a desire to work part-time if the cost of childcare prohibits them from working longer (see Fagan, 2001). Women's decisions to do paid versus unpaid care are also influenced by the father/husband's attitudes (Kangas and Rostgaard, 2007). Polling and survey data indicates that both men and women desire men to take a greater role in caring responsibilities but are prevented from doing so because of structural barriers.

Looking at outcomes as opposed to preferences, when women have more income they tend to do less unpaid domestic work consistent with income conferring bargaining power (Bittman et al., 2003). Bargaining power within a couple has less effect on the distribution of unpaid care work because minding children is considered fulfilling, not onerous (Chesley and Flood, 2017). As discussed in the previous chapter, the higher earnings prospects of men in a heterosexual relationship leads them to concentrate more on their career, which contributes to the gendered division of labour. In terms of social class,

education tends to be correlated with gender egalitarian attitudes, especially for women (England and Srivastava, 2013). One would expect a more equitable division of paid and unpaid labour among higher education and higher-income groups. Among lower income groups greater gender inequality in unpaid work may also be a result of inequality in paid work – gender differences in employment rates are larger among lower education groups, which then leads men to carry out less unpaid work as they focus on their jobs. For Wolf (2013), the generally poorer economic prospects available to young, working class women means early family formation becomes a more attractive prospect. The gender gap in employment among less educated people in Ireland is among the highest in the EU (OECD, 2018a).

There are now several studies which have examined the distribution of unpaid and caring work in an Irish context, and on the processes underpinning that distribution. Russell et al. (2019) find, as we do above, that Irish people spend on average 16 hours per week on care work. The strongest predictors of time spent on care work are gender, age of youngest child and, for women, participation in paid employment. They find that the gender gap in unpaid work time is the seventh highest in Europe, though paid time is not taken into consideration.

Russell et al. (2017) look at public opinion data going back to the late 1980s. They find a growing support for women's participation in the labour market among both women and men. Socio-cultural support for women's paid work facilitates less unpaid work. In a comprehensive study of attitudes, Fine-Davis (2016) confirms that lower socio-economic groups, older people, and men tend to have less egalitarian views.

Figure 2 below shows the income breakdown of how unpaid care and total work is distributed. As before, we divide working time into five categories. We have not and cannot consider the qualitative differences in the onerousness of work. For instance, women do more multi-tasking than men in their unpaid work, whereas lower income paid work tends to be less fulfilling than better remunerated work (Eurofound, 2017). We first divide men and women into quartiles of the income distribution, such that Q1 represents respondents in the bottom 25% of the distribution. Income is measured in terms of net equivalised income.²⁰ Looking at the aggregate figure on the left, we see that the distribution of total work in society is fairly evenly distributed between men and women – women do 54 hours versus men doing 51. By contrast, unpaid caring work is very unevenly distributed. Women do on average 21 hours per week of unpaid care work, most of which is care of children. This is in contrast to men who do 12 hours of unpaid care work per week. When domestic labour is factored in, we find that women do 40 hours of total unpaid work and men do 21 hours. Commuting time has a rather small effect on total working time.

²⁰ That is, post-tax and post-transfer household income per person adjusted for the composition of the household.

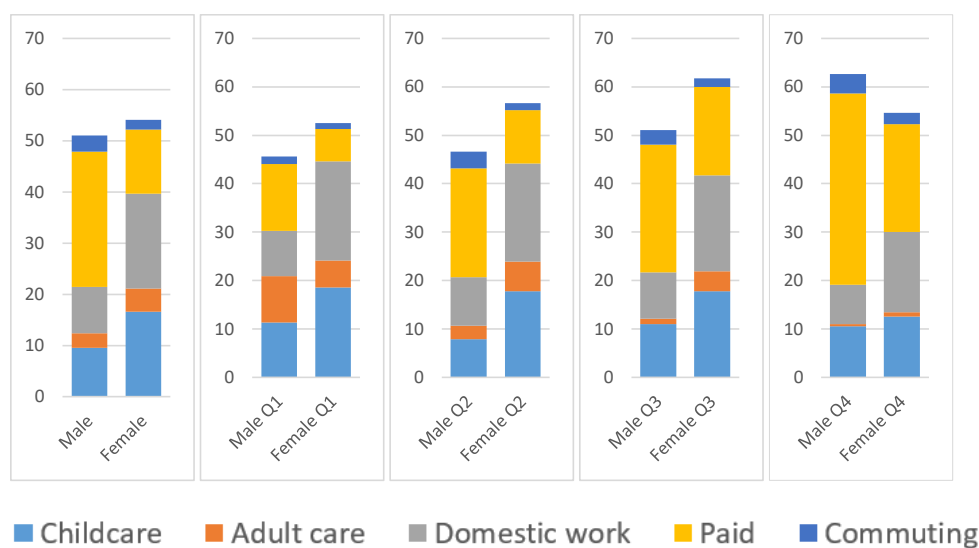


Figure 2: Distribution of work by income.

Source: EQLS 2016 microdata.

When we disaggregate by income, we see that the amount of unpaid caring work decreases with income. The decrease is particularly steep for men as males in the bottom quartile of the distribution do considerably more care work than their better-off counterparts. For women the decline in unpaid care work is gentler as income increases, except for those in the top quartile. Women in the top of the income distribution on average do considerably less unpaid care work than other women. Of course, they also do more paid work.

In terms of inequalities between men and women, gender differences in unpaid care work initially grow with income – lower income men appear to do a similar amount of unpaid care work as women. This is driven by a seemingly large number of hours devoted to care of adults. As the figures suggest that lower income men devote considerably more time to adult care than women, this may be a sampling anomaly. Nevertheless, as they do less paid work, it is reasonable to believe they do more care work than more professional men. The largest differences in unpaid work between men and women are observable in the middle of the distribution. In Q2 and Q3 households women do 24 hours and 22 hours of care work respectively versus 11 hours and 12 hours for men. When domestic labour is factored in, inequalities in the distribution of unpaid work among middle income groups become even larger. At the top of the distribution the gap is smallest, likely a result of a greater ability to pay for childcare. Except for the top of the distribution, women also do more total work than men.

What we can say so far, then, is that the strong majority of unpaid care work is done by women, and that lower income groups also do more. Total work (paid and unpaid) is more evenly distributed which hints that lightening women's workload is not merely a matter of men pulling their weight. This needs to be explored further.

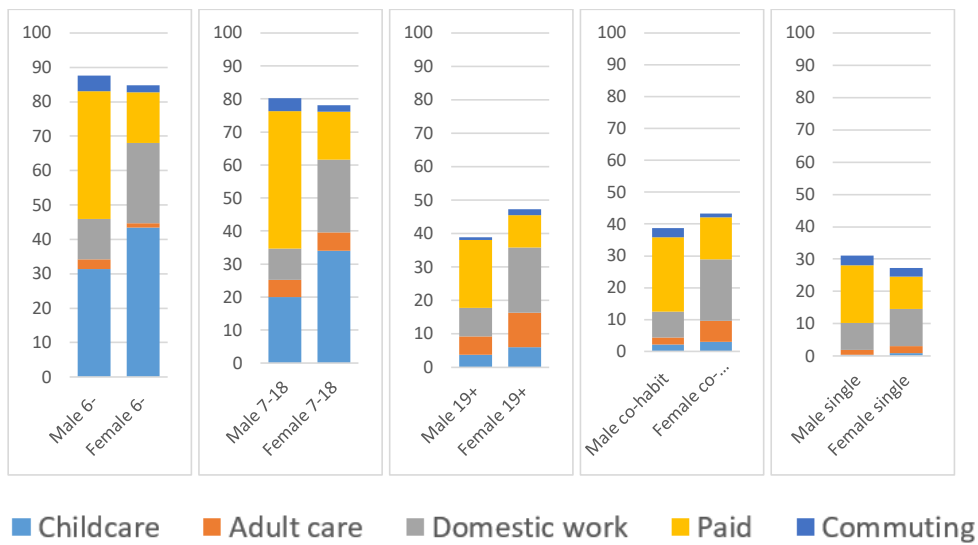


Figure 3: Distribution of work by life stage.

Source: EQLS 2016 microdata.

Figure 3 looks at the allocation of total work and unpaid caring work across life stages. Looking at the charts from left to right, the first chart looks at time allocation among men and women whose youngest child is six years old or under. The second chart looks at men and women whose youngest child is between seven and 18. The third chart is the distribution of work among men and women whose youngest child is an adult. The fourth chart looks at men and women who are co-habiting with a partner (male or female), but who do not have children. The final chart of the figure looks at the allocation of time among childless, single men and women.

What we see is that time spent on unpaid care and total work is strongly related to life stage. When a child is younger than seven, both men and women spend much of their time doing unpaid care work. Women spend 45 hours per week doing unpaid care work whereas men spend 34 hours. As children become older, the allocation of working time is much the same, though with less time devoted to care of children. The gender difference in unpaid work is largely the same.

Looking at the distribution of total work, we see that men with children, on average, do more work than women. This is true both when the child is young and when the child is older. For both groups, though, the gender difference in total work is not large. Given that among the entire population women do more total work, this greater amount of work done in society by women must be driven by patterns of time allocation before children are born and after they are fully grown.

Unsurprisingly, a dramatic fall in unpaid care work is observable when the youngest child has reached adulthood, and women continue to do more unpaid care work. The gender difference in unpaid care work is now mostly a result of care of adults, presumably care of parents. This, along with a fall in paid work among men, also leads to a gender difference in total work, which now favours men. The allocation of time among childless but partnered men and women is very similar to single men and women. Women do more care work than men and that is mostly driven by care of adults. The difference is, however, not as large compared to men and women with adult children, presumably because childless men and women are younger, and so have parents with fewer care needs. Finally, single men do less

care work than women, again a result of women doing more adult care work. As single men do more paid work, they do more total work than single women.

In sum, women do the strong majority of unpaid care work and lower income groups do somewhat more care work as well. A sharp decline in unpaid care work is observable for high-income women. Lower income men do most of the unpaid care work among males, with considerably less time allocated to care among men outside this group. Unpaid care work varies strongly through the life cycle, with the arrival of children putting strong demands on men and especially women to do care work. As people and children age, the amount of care work declines, and time devoted to adult care increases. Women also do more total work than men, but this is not true before children reach adulthood.

Unpaid care work and the welfare state

The previous section identified Ireland's unpaid carers and showed that Ireland does perhaps the most unpaid care work in the EU. It follows that Ireland must have a welfare regime that facilitates unpaid care work. This section analyses how policy facilitates caring, and how Ireland compares in this regard to other EU countries. It examines how Ireland compares to other countries in spending on families and care, and discusses some of the supports that are in place. It finds that Ireland supports unpaid care work through a system of cash transfers, and low levels of resources devoted to services.

Countries typically support care work in three main ways. A welfare system can support unpaid care work through disbursing cash transfers to families with children, or other care responsibilities. This includes benefits for families with children and income supports for parental leave. Alternatively, a country can support care through public provision of care services. In that case, much of the care work is paid. Finally, financial support can be provided through the tax system such as tax credits based on family size. As discussed, Ireland is typically classified as a country which relies on benefits, and is rather ungenerous when it comes services. In the context of this chapter, it is care services that are underdeveloped in Ireland.

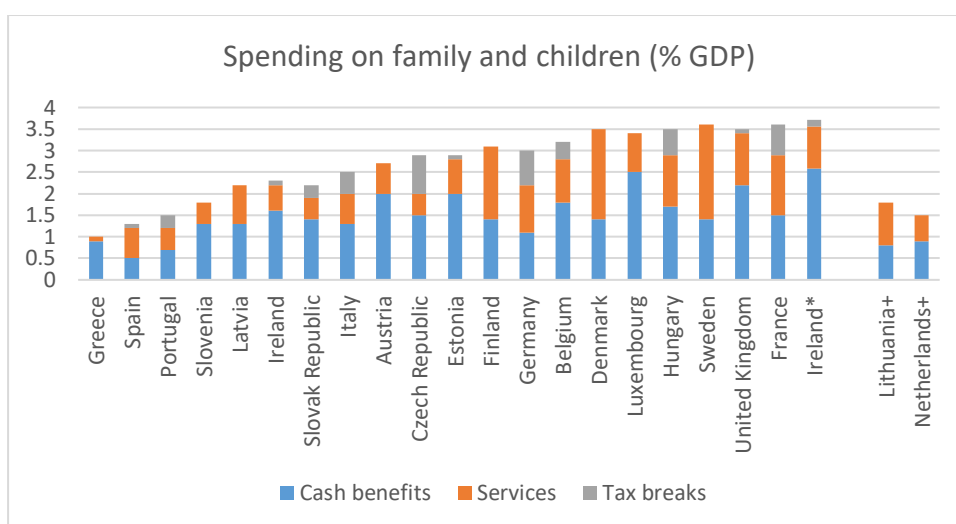


Figure 4: Public spending on family and children 2015.

Notes: no data were available for Poland. No tax break data were available for Lithuania and the Netherlands. Source: OECD.

Figure 4 looks at public spending on family and child benefits and services relative to national income, with countries aligned in order of greater spending. The figures relate to 2015, the latest year of data. As can be seen, public spending as a proportion of GDP is not particularly high in Ireland. However, as is widely recognised, GDP is a distorted measure of national income in Ireland due to tax avoidance by multinationals. When spending is adjusted using the more relevant measure compiled by the Irish statistical office, GNI²¹, Ireland becomes the largest spender in the OECD (see CSO, 2019). It is apparent that Ireland devotes significant resources to support families. Moreover, most of those resources are in the form of benefits, not services. It devotes more resources to cash benefits than the Nordic countries, for instance.

As we saw in the previous section, most unpaid care work in Ireland is care of children. The principal support paid to otherwise unpaid carers is Child Benefit.²¹ This is a universal monthly payment paid to guardians both of children under 16 and under 18 if the child is in full-time education. The rate of payment is €140 per month for each child. With spending at €2.1 billion in 2018, it is by far the most important category of public spending on child-related payments (DEASP, 2019: 52).

Another support available for care is maternity benefit. In general, employers are under no obligation to pay a mother who goes on leave when pregnant. However, if enough social insurance contributions have been paid, a mother is entitled to maternity benefit. This is a flat payment of €245 per week for 26 weeks. The state spent €265 million on the scheme in 2018 (DEASP, 2019: 29).

Another major element of child-related welfare support is the Working Family Payment (WFP). WFP, previously called Family Income Payment, is a means-tested in-work support available to low income families. To be eligible, the recipient must be in paid employment, have at least one child living with them, and have a family income below a threshold, which varies according to family size. The payment is then 60% of the difference between the threshold and the family income. For instance, the threshold for a one-child family is €531 per week so that if family income is €431 per week, the family receives €60 a week. With spending of €410 million in 2018, it is a substantial government policy, although a tightening of eligibility criteria has meant that spending has halved in under a decade (DEASP, 2019: 52).

The other major support for unpaid care work is the One-Parent Family Payment (OFP). Introduced in 1973 as the unmarried mother's allowance, until recently the payment unconditionally supported the parent to care for a child, potentially up to the age of 21 if the child is in full-time education (Murphy, 2018). Now OFP is paid only when the youngest child is under seven. The maximum payment is €203 per week, paid if income from paid work is less than €165. This is gradually reduced as earnings increase whereby OFP is no longer paid if gross earnings from employment (or self-employment) are in excess of €425 per week. For each additional child, the parent receives €36 or €40 depending on the child's age. It can be received alongside WFP, and is counted as income when calculating WFP. The government spent €511 million on the payment in 2018 (DEASP, 2019: 29).

In terms of how Ireland's welfare regime incentivises the undertaking of unpaid care work versus paid employment, Figure 5 examines the effective tax rate on entering employment for parents in Ireland and other EU countries. Based on the OECD tax-benefit model (see Keena et al., 2019), it measures the proportion of earnings that are lost when employment is taken up and breaks this down according to the contributions of higher taxes, lower benefits, and childcare fees. The term 'effective tax rate' is the official term used by the OECD and does not imply that benefits play a negative role by preventing

²¹ In the discussion that follows we emphasise those supports that are directly targeted at families and care. Other supports are available but which are not designed specifically for families with children, such as housing benefits.

people from working. Nevertheless, the higher the tax rate the greater the incentive is for unpaid care work, and the lower the incentive for paid work. The figure is based on a hypothetical single parent with two children with various assumptions made about household composition and structure of benefits received. For instance, it assumes that the parent enters full-time work, the children are aged two and three, and that paying rent is equal to 20% of the average wage. Such assumptions ensure cross-country comparability.

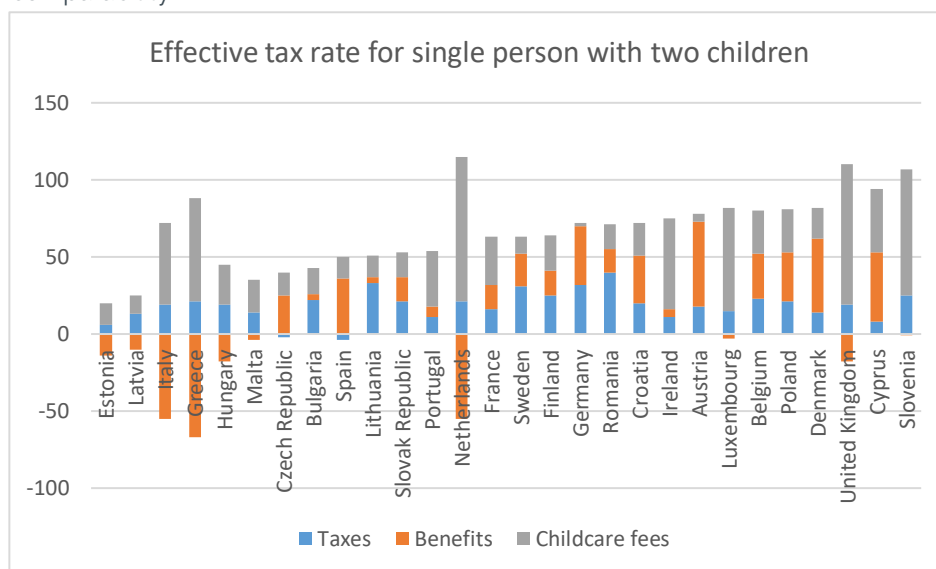


Figure 5: Effective tax rate for single person with two children.

Source: OECD tax benefit model 2019.

The countries are aligned according to higher tax rates – in Estonia the incentive to do paid work is greatest. In some countries, benefits make a negative contribution, which implies that additional benefits are given to encourage the take-up of employment. Subsidies to purchase childcare are an important component of in-work benefit (OECD, 2018b). At 59%, the effective tax rate in Ireland is toward the high end by EU standards. For this typical lone parent, it means that almost three fifths of their earnings are lost by taking up paid employment. However, the effect of benefits in Ireland is surprisingly small, with the most of the income lost from paying childcare. As Ireland has one of the lowest employment rates among lone parents, it is surprising that the effective tax rate is not nearer to the highest in the EU. This may be a result of underestimation of the contribution of benefits. For instance, if the proportion of household income that goes towards housing is underestimated, then so will the level of housing benefits that households actually receive.

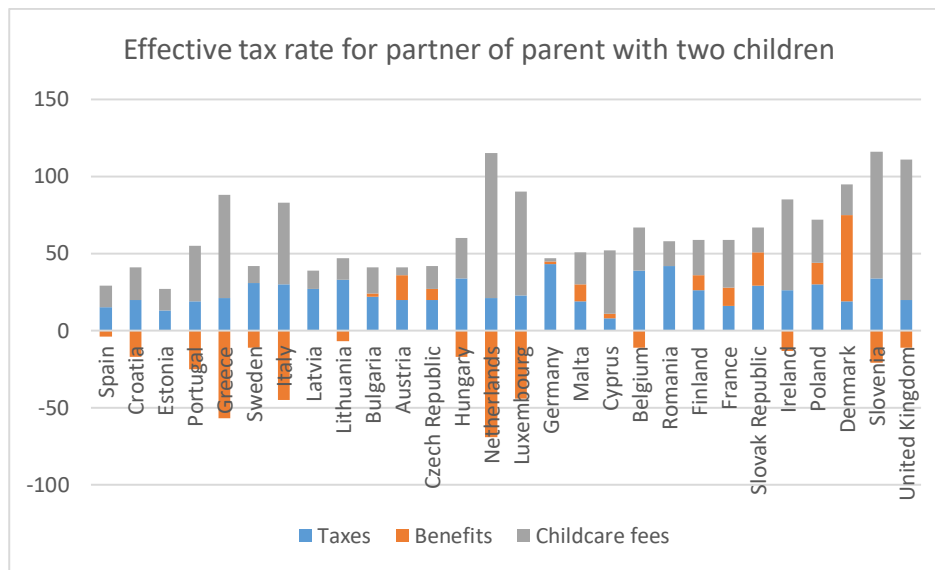


Figure 6: Effective tax rate for partner of parent with two children.

Source: OECD tax-benefit model 2019.

Figure 6 looks at the effective tax rate for an unpaid parent with two children whose partner earns two thirds of the average wage. It therefore relates to a low-income family. We see that for this household, the effective tax in Ireland is one of the highest in the EU. However, the effects of benefits are actually negative now. In other words the benefit system encourages people to take up paid work as government supports are continued once they are in employment. This appears to be a result of government grants to purchase childcare (OECD, 2018b). Tax rates now have a non-negligible effect, though childcare fees remain the most important financial disincentive. This provides greater confidence that the important role played by childcare fees in the effective tax rates for lone parents is not merely an anomaly of the data or family composition assumptions.

In sum, the Irish welfare state provides among the most, if not the most extensive family supports in the EU, which facilitates unpaid care work. Unpaid care relies on cash benefits, which are disbursed through a variety of schemes. The various programmes such as Child Benefit, WFP and OFP do not appear to be the major financial barrier to paid employment. Notwithstanding the possibility that the available data may not fully capture how much the benefit system encourages unpaid care work versus paid work, the high cost of childcare in Ireland remains the major incentive to do unpaid care work.

The future of unpaid care work

Ireland has a range of policy options at its disposal if it is to change the value it places on or alter the distribution of unpaid care work. Of course, the ongoing pandemic means that large changes in Ireland's care system are unlikely to be realised in the near future. In relation to care of the elderly and older carers, carer's allowance might be expanded and pension spending more universalised. At €219 per week, carer's allowance functions more as a social welfare or income support, not as recognition for work undertaken. If recipients of the allowance care for more than 40 hours per week, which is likely the case, then the payment is well below the minimum wage (see Sheridan, 2020). In relation to pensions, expansion of the universal payment funded by closing of tax subsidies would disproportionately benefit those who do unpaid care work (Collins, 2018).

In relation to family and care of children, the issues are more complex. One option is to simply increase the level of payments made to unpaid carers. This can be done through expanding existing schemes such as child benefit, WFP, or OFP. State support for unpaid care provides recognition for work performed in caring for children, work that is mostly done by women and little celebrated by society.

Expansion of state supports to unpaid work with children may enable women and families, especially lower-income ones, to fulfil their stated work-life preferences. As reviewed in the previous chapter, work-life preferences are influenced by a variety of cultural and institutional factors. Survey evidence indicates that men and women have somewhat different work-life preferences, with men favouring a somewhat greater allocation of time to paid work. When the question of preferred time allocation is framed in terms such as 'absent financial constraints', however, the gender difference in work-life preference grows stronger. These preference differences are less visible among middle-class families who, despite desiring to have the same number of children as poor and working class families, typically do not (OECD, 2016: 4). The reason, it seems, is that for lower-income women motherhood is a source of meaning, joy, and fulfilment, despite and because of their limited economic prospects (see Wolf, 2013). Middle class women and families feel prevented from having their preferred number of children as the cost of providing them a middle class life prevents them from doing so.²² Expansion of supports therefore facilitates family formation, and enables fulfilment of work-life aspirations, at least among poor and working class women.

The overall thrust of policy both domestically and internationally is, however, very much in the opposite direction. Lone parenthood, for instance, is often framed in terms of the pejorative 'welfare dependency'. Indeed, in 2012 Ireland reformed its OFP scheme, which had been criticised internationally for contributing to the low employment rate among Irish lone parents. Previously, a parent was eligible for the payment until the youngest child reached 18 years old, or 21 years old if in full-time education. This was gradually reduced to seven years old from 2012 to 2015. After that, parents can apply for jobseeker's transitional payment (JST), which is similar to unemployment insurance. Receipt of JST is dependent on meeting with an employment officer and participation in training. The reform has been associated with a greater financial incentive to take up paid employment, with consequent increases in employment, hours worked, income, and a fall in poverty risk (Redmond et al., 2020).

It should be noted that poverty statistics tend to understate the impact that social welfare benefits have on the living standards of the lower income households. The most commonly used poverty threshold is at-risk of poverty, which is defined as 60% below the median equivalised disposable income. Poverty risk defined to be so close to middle income means that absent participation in the labour market, one is likely to remain in poverty even when benefits are increased (OECD, 2018c). Generally speaking one only surpasses 60% of median income if in paid employment. However, when account is taken of those people whose living standards have improved, though have not necessarily been brought over the poverty line, the effects of increases in family benefits on poverty are considerably higher (Callan et al., 2006).

Nevertheless, reform of OFP and similar policies poses some ethical questions, especially when one thinks about how unpaid work is distributed. As above, an increase in benefits would prove popular among unpaid care givers and provide recognition to unpaid care work. Low paid work in Ireland, moreover, is more poorly paid than other countries and labour protections also tend to be weaker. The poor conditions of low paid work and the desire for parents to spend more time with their families

²² We do not have a breakdown of fertility by education in Ireland. But across the EU, the lowest education women generally have the most children (see Eurostat, 2015).

are serious arguments against forcing lower-income households into employment. Yet access to paid work is more effective in raising the incomes of people and children in poverty, and Ireland already has a comparatively generous system of cash transfers. A large expansion in supports, as well as being costly²³, would also result in less participation of women in economic and perhaps also political life.

A more feasible policy is to maintain the generosity of Ireland's cash transfer system while expanding public services, especially provision of childcare. The high cost of childcare is the single largest factor in preventing families from engaging in more paid employment, so that provision of affordable care would enable lower-income women in particular to raise their incomes through employment. Of course, improvements in the pay and conditions of low paid work are also desirable. As the take-up of childcare increases, public outlays on benefits would naturally fall. Expansion of childcare would also prove popular among unpaid caregivers as it provides them opportunities to raise their incomes, albeit their ideal outcome may be higher income in recognition of their care work. Affordable childcare would also create a more gender-equal distribution of paid work and unpaid care work. As a greater number of women enter the labour market the pressure upon them as caregivers in the home diminishes – as previously described the gender distribution of time allocated to care work is basically equal among the richest quartile, as that group is most able to afford childcare (see also Norman et al., 2014).

Further policies should also be considered if men are to do more caring work. As discussed, though women do more total work than men, the gap is not large. Indeed, among households with young children, men do somewhat more total work than women. Greater male involvement in parenting therefore needs to be facilitated by a reduction in time devoted to paid work. One modest policy lever in this regard is an expansion of paternity leave, currently only two weeks. Ireland's system of paternity leave is, in fact, decidedly less generous than most other EU countries (Janta and Stewart, 2018). Ireland also has a rather ungenerous system of parent's leave, which is currently available for only two weeks for each parent (subject to social insurance contributions). An expansion of that would also facilitate paternal involvement in child rearing. Early involvement of fathers in parenting has been associated with greater involvement throughout the life course.

In sum, Ireland has a variety of options at its disposal if it wants to place greater value on unpaid work. This includes expanding supports for carers of the elderly and older carers. A similar approach to care of children would move Ireland away from international norms, including the social democratic Nordic countries. A more feasible policy would maintain the generosity of existing benefits while focusing on the expansion of childcare, which would also result in a more equal distribution of unpaid care work. The conditions of paid care workers are the subject of the next section.

Paid care work in Ireland

This section looks at the pay and conditions of early years workers and carers of adults. Unlike unpaid care work, Ireland and the Irish state is decidedly less generous when it comes to valuing paid care workers. Though funding has increased in recent years, Ireland's investment in the early years sector remains low. Pay and working conditions are consequently poor. For adult care we observe a system that is being gradually privatised. Unsurprisingly, terms and condition are also poor, similar to early years workers.

²³ This can be seen when compared to public provision of childcare where the state pays a carer to care for multiple children as opposed to benefits which effectively pay individuals to look after individual children.

Paid care work

Before examining Ireland's early years and adult care sectors and the working conditions therein, we revisit the factors that impinge on the pay and conditions in those sectors. There are several processes at work which affect pay and conditions, including the profile of care workers themselves, who are generally women and who are often immigrants. As discussed in the previous chapter, discrimination effects are more a feature of high-status and well-remunerated occupations. However, occupational feminisation can lead to poorer terms and conditions as women's interrupted attachment to the labour market and gravitation towards part-time work leads to jobs that are more precarious and hence poorly paid. Women are less likely to switch positions than men to improve pay (Webber, 2016), and less likely to demand better terms (Gonzada Rozada and Levy Yeyati, 2018), so that individual as opposed to collective-level bargaining tends to result in poorer wages for women. Migrant labour is particularly vulnerable to exploitation, especially when it is undocumented – immigrants are even less likely to switch jobs in the face of exploitative work practices, as we will see.

In our view, the single most important factor in lowering the pay and conditions of care work is the extent to which it is marketised. As care work is a face-to-face service, it does not lend itself to productivity improvements, the basis for higher wages. Unlike other sectors, the care sector is so labour intensive that costs in care facilities do not fall when more 'output' is increased and more people are cared for. If 'output per hour', a standard measure of productivity, were increased by compelling carers to look after more patients or clients in a given period, the quality of care would be diminished (Appelbaum and Scettkat, 1995; Baumol, 2007). The willingness and ability of employers to pay high wages, is therefore low. Moreover, unlike other types of work, caring work can be performed in the home when it becomes prohibitively expensive. As a result, even when care workers are successful in securing better pay and conditions, unless publicly provided or subsidised, higher costs will eventually translate into employment losses. This is because households and women find it more economical to leave the labour market and provide care themselves as high wages push up the cost of purchasing care, ultimately lowering female employment generally and within the care sector itself (Appelbaum and Scettkat, 1994; Freeman, 2007).

As long as care is left to market forces, attempts to improve the status of care workers through either greater credentialing or training on the one hand, or collectively-bargained higher pay on the other will yield unsatisfactory outcomes. When care is undertaken through public provision so long as public sector pay is linked to what would be earned in the private sector, the pay, and indeed conditions of care workers, will be depressed. For care work to be well-paid, then, it needs to be publicly resourced and its wages set above what would be fetched in the market. Ireland is an example of a market-based system.

Early years care in Ireland

Before we discuss care policy in Ireland, some clarifications on terminology are necessary. The term 'early years' is preferred to childcare given the connotations of the latter as unqualified work where children are merely supervised, in which the important educational dimension is omitted. Sometimes the term is unavoidable there are childminders in the informal sector who are not appropriately classified as educators. Moreover, the term early years is clearly inappropriate for after-school services, so that we will also refer to care and education of children. Formal settings refer to and include day care centres, crèches, and after-school services, whereas informal settings can be a neighbours' homes or an au pair in the child's home.

Early years provision has historically been underdeveloped in Ireland. A major factor has been the traditionally low level of women's employment, much of it by design. For instance, until 1973 women were barred from public sector employment when they got married. Insofar as early years services were provided outside of the nuclear family, they were often done so by extended family members or informally by minders in the community. Insofar as it was provided formally, voluntary organisations were most common (O'Connor, 2008).

Over the course of the 1990s and 2000s a variety of measures were introduced that increased government funding and involvement in the sector. This included setting greater inspections, setting minimum standards and the provision of grants targeted at vulnerable children. In 2006 a grant of €1000 was made available to all children to assist with childcare costs for families with young children. In 2010 the government introduced the free pre-school year under the Early Childhood Care and Education Scheme (ECCE). In 2017, the Affordable Childcare Scheme expanded access to include younger and older children by providing a contribution toward costs based on ability to pay.

Despite the increases in state intervention and funding of the formal sector, early years education and care of children still relies on a mix of formal and informal provision. This can be seen in Figure 7, which estimates the breakdown of different service use in terms of hours spent in paid care. The figure relates to 2016 so is now likely to understate the time spent in formal settings. The figure is an average among all children, whether they use paid care or not. As can be seen, formal settings, though important, are not as important as more informal types of paid care. Paid use of childminders or au-pairs is the most utilised. This is most likely the case because informal care is less costly, offers flexibility, and also because parents value a personal relationship between the child and their carer (O'Hagan, 2012).

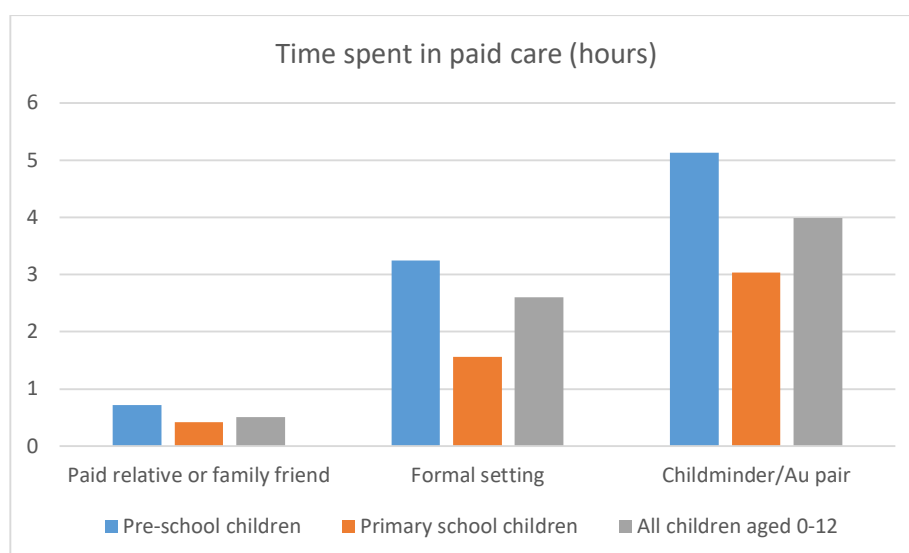


Figure 7: Time spent in paid care.

Source: CSO (2017).

Note: This is estimated by multiplying the percentage of children using a given type of childcare by the average number of hours spent in that care among its users. As some children (13%) use more than one type of care, the figures are just an estimate.

Comparatively little is known about the informal sector, precisely because it operates outside of the conventional reach of policymaking – the sector is basically unregulated. Approximately 13% of pre-primary children receive care from an informal provider while the figure for primary school children is 8%. When children are looked after by a carer, they do so for a considerable period of time each week

– 25 hours for pre-primary children and 12 hours for older children. The most important type of informal carer seems to be the childminder who provides care in their own home, as distinct from an au pair or nanny who works in the child's home (DCYA, 2019). In 2006 the government introduced legislation to allow the first €10,000 of a childminder's earnings to be tax free, which was subsequently increased to €15,000 the next year. Grants are also available to assist with adaption to one's home for the purposes of minding. Very few childminders are registered so that the uptake of grants and official use of tax free earnings is low. The plan is to bring childminding under greater regulatory control which includes allowing parents to use some of the subsidies available in the formal system (ibid).

Though Ireland relied on third sector organisations historically, the current landscape in the formal sector is one of reliance on private provision. According to the latest figures, 74% of all services are for-profit, while 26% are community services operating on a not-for-profit basis (Pobal, 2019: 47). While historical figures on the extent of community versus private services are not available, it does suggest considerable privatisation through reliance on the for-profit system over time. Private provision is, however, very much underpinned by public funding. According to the Department of Children and Youth Affairs (DCYA), 58% of sectoral income comes from state funding with the remaining 42% coming from parental fees (DCYA, 2020: 7). There is, of course, diversity among the providers and variation in their dependence on parental fees versus state funding. Most services, though, are reliant on the state – less than a fifth of providers get most of their income from fees.

Today public funding is provided under three categories. The first category relates to ECCE and the Access and Inclusion Model (AIM). Both programmes aim to ensure access to early years education and care for a wide cross-section of society. ECCE, the main source of funding, is a universal, publicly funded scheme that has been expanded in recent years – it is now available to all children in the two years prior to starting primary school. The scheme is offered in early years settings for three hours a day, five days a week, 38 weeks of the year. Under the scheme, the government pays the private or third-sector provider, who then provides the care. AIM is a support programme designed to ensure that children with disabilities can access the ECCE programme.

The second category includes the National Childcare Scheme (NCS), which replaced the Affordable Childcare Scheme. It also includes a range of other targeted programmes which are to be phased out and replaced by the NCS.²⁴ The NCS provides financial support to parents to meet the costs of childcare and operates alongside ECCE. It provides a universal subsidy for children under three which is not means tested and an income subsidy for children up to 15 which is means tested. The universal subsidy is 50 cents an hour or up to €1040 per year. The means tested subsidy differs according to individual circumstances. NCS subsidies are available to contribute to the cost of care from registered childminders, though most minders operate informally. The third category of funding refers to all costs associated with service delivery, including for example capital allocations.

Figure 8 looks at the breakdown of government spending on childcare programmes. As can be seen, most of the spending relates to the subsidising free pre-school childcare through ECCE. In 2019 the government spent almost 0.16% of GNI* on ECCE and almost 0.08% of national income on the National Childcare Scheme. Spending now appears to be on an upward trajectory – after falling during the financial crisis, spending has increased in each year since 2015. Childcare programmes or supports for service delivery comprises a rather small part, though it did increase significantly in 2019.

²⁴ This includes the After School Childcare Scheme, the Community Employment Childcare Programme, the Childcare Education and Training Support and the Community Childcare Subvention.

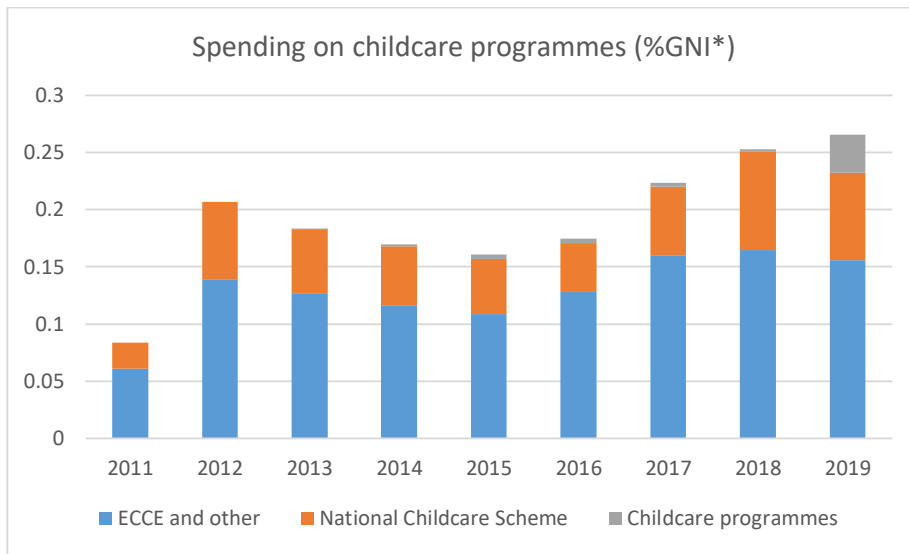


Figure 8: Public spending on early years in Ireland.

Source: PER databank and GNI* taken from CSO.

Figure 9 below puts Irish spending in perspective. It is based on OECD public spending on early years and pre-primary education as a percentage of national income. As such it excludes after-school childcare spending and so is not directly comparable to the previous figure. The figures relate to the year 2016, and so do not factor in the greater resources devoted to the sector by the Irish state in recent years. As can be seen, Ireland ranks at the bottom in the terms of public funds allocated to the early years sector. In fact, even if the 2019 figures were used, Ireland would still rank at the bottom.

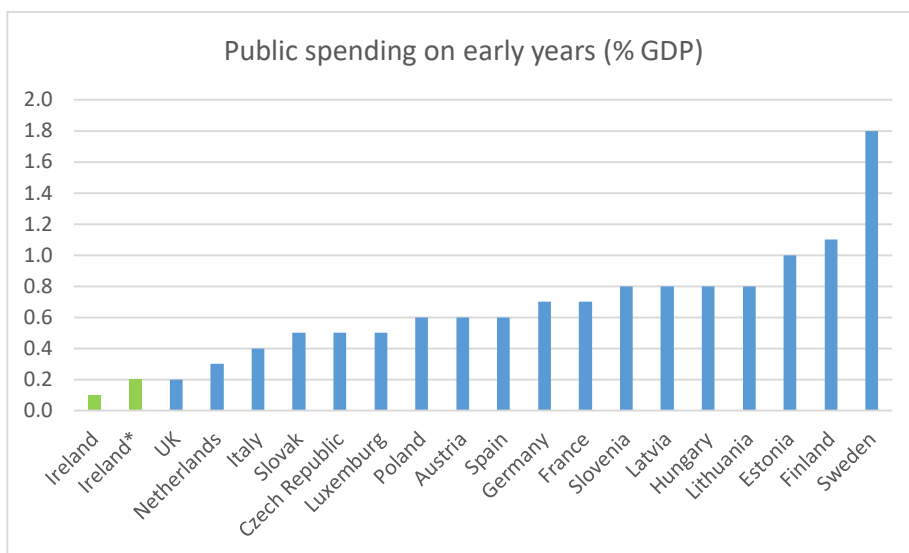


Figure 9: Public spending on early years in the EU 2016.

Source: OECD and CSO.

Notes: Based on OECD education spending by source and destination excluding private spending.

In sum, the early years sector has historically been underdeveloped in Ireland, which is reflected in the continuing importance of informal care. The formal sector relies on the private sector for provision and on the state for funding. Though public spending has increased in recent years through ECCE, Ireland

spends less than perhaps all of its EU neighbours. The reliance on informal and private provision with public subsidy, especially when the level of subsidy is low, bodes poorly for working conditions in the sector.

Working conditions of early years and childcare workers

In 2018, an estimated 30,775 people were working in the sector that cares and educates children, which has grown in recent years. That figure constitutes a broad definition and includes both early years workers and those working in after-school services. Given Ireland's rather underdeveloped system of after-school care, it is not surprising that around 87% of this workforce were early years workers and only the remaining 13% involved with after school childcare services.

As with any other organisation, a range of skills and occupations are required to operate an early years or after-school service. This includes staff who work directly with children, but also the support staff, such as management and catering. As a face-to-face service that deals with young children, children who may require constant supervision, the vast majority of the staff are front-line – some 87% of the staff in the sector (23,190) report working directly with children, and 13% (3,359) report being ancillary staff (Pobal, 2019: 126). Of the staff working with children, 98% are women and most (59%) are between 25-44 years old.

As there are different types of employees, not all of whom work with children, there are also different types and grades of workers who deal with children. Staff may perform multiple roles such that there may be overlap between management and front-line staff, for instance. Centres may have separate children and staff based on whether they are under the ECCE scheme or not. For instance, some centres may be entirely reliant on ECCE children while others may operate the ECCE scheme as specific times. ECCE funding and indeed public funding in general enables centres to pay higher wages. The level of ECCE funding provided by the state increases depending on qualification, so that we can expect ECCE-funded staff to earn more.

In terms of qualifications, as of the Childcare Act 2016 all staff working directly with children are required to hold a minimum of a Major Award at Level 5 on the National Framework of Qualifications or equivalent in Early Childhood Care and Education (DCYA, 2016). The only staff who are exempt are those who plan to retire or resign by September 2021. Level 5 is a certificate which confers vocational-specific knowledge. For reference, Level 6 is an advanced certificate which can be earned from an institute of technology whereas Level 7 is a bachelor's degree. Room leaders are required to hold a Level 6 qualification while higher levels of government support are provided with a Level 7. Today, 94% of staff have at least a Level 5 and a quarter have a Level 7. The goal is to bring this up to 30% by 2021 (Pobal, 2019: 127; Government of Ireland, 2018). Though career progression is limited, qualification level is a predictor of wages.

Figure 10 looks at the wages of staff who deal with children in the early years and after school care sector. Staff are divided along several lines: management, room leaders, assistants, and relief, who can sometimes be identified as either ECCE or non-ECCE. As can be seen wages across the sector are low. In 2018, the average wage was €12.55. This varies somewhat across different categories of workers, but the differences are not especially large. Centre managers earned €15.56 per hour compared to early years assistant who earned €11.72 and €11.15 if they were non-ECCE. Pobal notes that six out of ten staff earned below the living wage rate, which was €12.30 for that period (Pobal, 2019: 134).

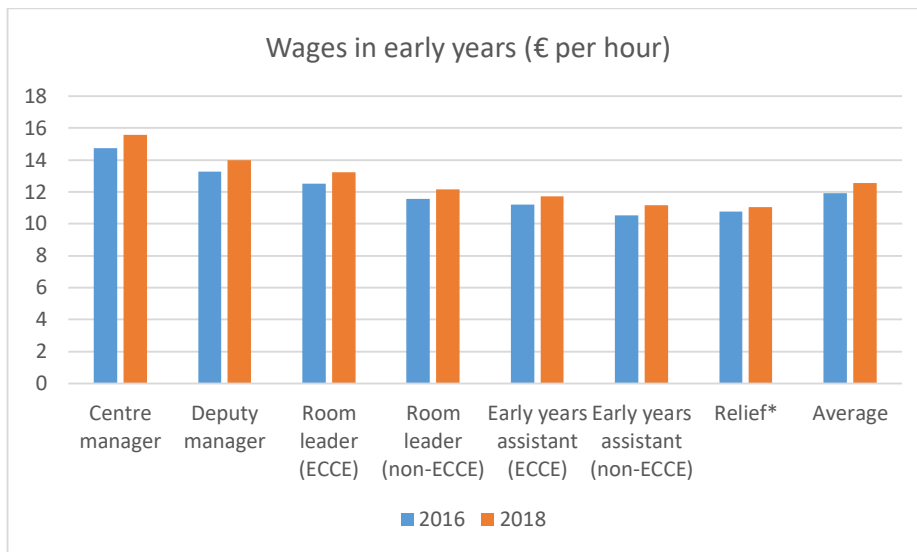


Figure 10: Wages in the Irish early years sector.

Source: Pobal (2019).

Interestingly, all categories of workers have experienced a similar percentage increase in wages (~5%) from 2016 to 2018. This indicates that different classes of workers have benefitted from the increases in state funding. As many managers are also owners, it would suggest that increases in funding have not simply resulted in higher profits. However, data on profits are not available, so definite conclusions cannot be drawn. We also do not have data on the wages of managers who do not work with children. Looking at social class as opposed to economic class, wages vary by qualification or education level, but again not strongly. Level 5 workers earn €11.42 per hour whereas Level 9/10, staff with postgraduate degrees and PhDs, earn €15.18 on average. In other words, poor pay is evident at all levels of the workforce.

It should be borne in mind that the hourly wage overstates the actual income of workers in the sector. This is due to the greater prevalence of short hours in early years work. At 45% of the workforce, part-time work is higher among early years workers than most occupations (NERI, 2020). In terms of time, Irish people work on average 36.5 hours per week (Eurostat, 2020). In the early years sector only 36% of the workforce work those hours or longer, with many working significantly fewer hours (Pobal, 2019: 121). Moreover, many contracts are fixed term, which usually last for 38 weeks. Only half of the workforce have permanent jobs (NERI, 2020). Precarious employment and low hours also reflects the sector's high level of feminisation. It also reflects the low levels of unionisation in the sector as only around a fifth or quarter of the workforce are unionised (SIPTU official, 2020). The opportunity for part-time work, however, is generally viewed favourably – comparatively few want to work more hours (Greer-Murphy, 2019).

Given the low pay and precarious working conditions, it is not surprising that over half of the workforce have difficulty getting by on the salary, and about two fifths have great difficulty (ibid.). Less than one in ten believe they could cope with an unexpected expense. By far the main issue affecting early years workers, according to them, is low pay. Next comes the lack of recognition, which is surely related to low pay, and then comes stress. Two thirds of the workforce do not believe they will be in the sector within five years and more than half were actively looking for other employment in 2019 (ibid.).

Unsurprisingly, less is known about the informal workforce. As above, childminders are those who care for children within the childminder's family setting. They may integrate the paid care of a non-relative's child into their own family life. Au pairs, babysitters, and nannies on the other hand, care for children in the home of the child. One estimate puts the number of childminders at 35,000 while another puts the combined number of childminders, au pairs, nannies and other informal carers at 19,400. As many as 92% of all informal carers of children may be childminders, however that may well be an overestimation (DCYA, 2019: 19-22). Other figures put the number of au pairs alone at 20,000 (Oireachtas, 2016). Clearly, there is a high level of uncertainty about the number of informal carers Ireland has. Whatever the precise figure, it is comparable to the number of carers in the formal system. This reflects low public investment in, and hence the high cost of, formal care.

Whether one is classified as a childminder or someone who cares for the child in the child's home has important implications for the rights and conditions of the carer. A childminder in his or her own home is classified as self-employed whereas a carer in the home of a child is deemed to be employed by the child's parents. Childminders therefore set their own rates, whereas the latter are covered by minimum wage and other legislation. The typical rate for a childminder is €5 per hour per child (Childminding Ireland, 2020). It is estimated that childminders care for between two and a half and four children on average (DCYA, 2019). The average number of hours spent in informal care among children who use informal care is 27 hours per week (CSO, 2017). If we split the difference of two and a half and four children, then the typical childminder earns €16.25 per hour, and €439 per week. Like carers in the formal sector, this income is almost certainly not earned 52 weeks a year. As the minder is self-employed but unlikely to be registered as such, s/he will also not be entitled to the usual benefits of employment, such as illness benefit. Whether this constitutes sufficient income will depend on a person's other sources of income and circumstances, about which little is known. In and of itself, €439 per week for, say, 38 weeks per year is likely to be below the poverty threshold (see SJI, 2019).

The circumstances of au pairs are highly vulnerable. The traditional conception of an au pair is a young student travelling from Spain or France on a cultural exchange to learn the language. While many continue to fit this description and have positive experiences, almost half are believed to be from outside the EU (MRCI, 2012). This latter group tend to fall into au pair work because of a lack of alternative employment, and many are in their thirties (see Oireachtas, 2016). 36% of all au pairs report being exploited which can include being on call constantly, excessive hours, and not being paid for the hours worked (MRCI, 2012). Because of their vulnerable status, most do not make a complaint.

Following a case brought to the Workplace Relations Commission in 2017, au pairs have been deemed employees, or domestic workers. Only then were they covered by minimum wage legislation, currently €10.10 per hour for an adult, though between €9.09 and €7.07 if under 20. Families are entitled to deduct costs if they provide food and accommodation – seemingly²⁵ up to €54.13 per week (AuPairWorld, 2020). Employment agencies have claimed that the increased costs to families have reduced demand for services and led to greater reliance on the black market (Collins, 2017). If this is indeed the case, this points to the way in which unaffordability and limited household incomes put a ceiling on pay and conditions of care workers, absent public provision or subsidisation. We now examine the adult care system and adult care workers.

Adult care

As with the care of children, care of adults in Ireland has traditionally relied on informal workers which was facilitated by exclusion of women from the labour market. Catholic teaching instructed that care

²⁵ We were unable to find an official source for this policy and some of the private sources were contradictory.

should be provided by those social units closest to the person in need of care, namely the family, which led to the 'gross underdevelopment' of community or home-based service for older people (Timonen and Doyle, 2008: 79). Though care for elderly was mostly carried out informally by women, Ireland did have a system of institutional care as well. As women entered the labour market, and as workers became more geographically mobile, the demand for formal care grew.

The 1980s witnessed the rapid growth of residential care, largely due to the growth of private nursing homes. By the early 2000s, private beds had become the dominant mode of provision of institutional care of older people (Mercille, 2018). As the sector grew, the system was characterised as over-reliant on institutional and hospital care (Law Reform Commission, 2011: 7-18). Home care had been legislated for in the 1970s, but remained at the discretion of local health boards, with religious organisations playing an important role in delivery. Care did continue to expand into the 1980s as Ireland began to make its shift towards community-based solutions. In recent years, the state has favoured providing cash payments to purchase home services from private providers rather than procuring services on behalf of the cared for (Timonen and Doyle, 2008).

Excluding healthcare and informal care supports such as the carer's allowance, there continues to be two main mechanisms through which the state supports care of adults today: home care and institutional care. Under the Home Support Service²⁶ older people can apply to for home help from their local Health Service Executive (HSE) office. An assessment is then made of care need, after which the level of help is tailored and allocated to those in need. The income of the person does not factor into the allocation of care. The care is delivered by either a carer directly employed by the HSE, or a voluntary or private sector organisation commissioned by the HSE. People aged 65 or over can apply, though under-65s can also apply in cases of disability or early dementia. Home care can also be purchased from private providers that operate outside of publicly-funded schemes.

As with home care every older person can apply for state assistance for institutional care through their local HSE office. Upon application the person's care needs are assessed to ensure that institutional care is appropriate. Their financial situation is also assessed so as to determine their contribution towards the cost of care. The contribution is 80% of the person's income and 7.5% per annum of the value of assets in excess of €36,000. Housing assets are only assessed for three years so that a maximum of 22.5% of the value of housing assets is contributed. The HSE then pays the balance of the cost. It applies to approved public, private and voluntary nursing homes. In 2013, two thirds of beds were provided by the private sector, 10% by the voluntary sector, and the remainder by the state. Most places are majority state-funded, regardless of the sector.

In terms of resources allocated to adult and long-term care, Figure 11 looks at public spending on nursing homes and home care as a percentage of national income. The figure is constructed using a variety of sources and excludes spending related to health, such as medical treatments for older people. As can be seen, there has been an overall decline in spending as a percentage of national income in the last decade. Spending appeared to increase sharply as national income declined during the crisis but nominal spending held steady. More revealing is that since the recovery spending has slightly declined (as national income has grown faster than spending). This has been driven by decline in spending on institutional care.

²⁶ In 2018, Ireland amalgamated its home care policies which had previously separated supports based on, among other things, every day assistance and more intensive supports, such as nursing care.

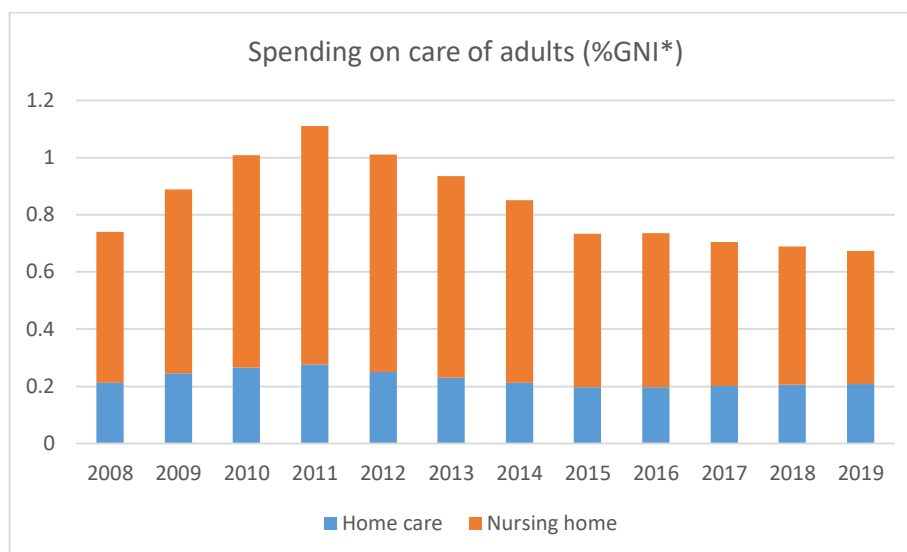


Figure 11: Spending on adult care in Ireland.

Sources: Nursing home spending up to 2014 are taken from PER databank. Thereafter figures are based on HSE annual reports (net spending). See also Timoney (2018: 11). Home care figures are taken from Mercille and O'Neill (2020). GNI* figures are from the CSO.

Cross-country comparisons are hindered by the lack of standardised data. It seems to be that spending is difficult to disaggregate from general health spending, a point made by Daly in relation to Ireland (Daly, 2018: 10). Cross-country comparisons are all the more difficult considering the level of variation between countries of age and demographic structures, the main drivers of spending increases. One cross-country analysis puts Irish public spending on long-term care to GDP toward the higher end among EU countries (OECD, 2018d: 205). When scaled by the more appropriate GNI* this would put Ireland among the highest spenders, which seems rather implausible given its young population. Other estimates put Ireland towards the lower end, which seems more reasonable (EU Commission, 2016: 166).

In terms of how this bodes for care workers, it may be more fruitful to look at recent trends within Ireland as opposed to how it compares internationally. The main story for pay and conditions is the trend toward privatisation. Mercille (2018) shows that in the early 1980s, public nursing homes accounted for almost two thirds of total beds whereas in 2014 the figure stood at just over a fifth. The decline of public beds mirror images the rise of private beds – from about a fifth in the early 1980s to almost 70% today. The private sector has also benefitted from the decline of the voluntary sector. As discussed previously, without public provision or subsidy, care workers are likely to be poorly paid. Indeed, private nursing homes tend to have lower staffing levels and inferior pay (ibid.). Their lower running cost incentivises the state to outsource to for-profit providers.

The homecare sector has also been subject to similar forces, though the growth of private providers is more recent. In 2006 spending on private providers constituted around 1% of total public spending. By 2019, that figure had grown to two fifths of spending (Mercille and O'Neill, 2020). Again, a key issue has been a desire to reduce costs, specifically the higher labour costs that prevail in the public sector. The process of competitive tendering also puts downward pressure on labour costs, so as to win contracts. For instance, competitive tendering is reported to be linked to providers not paying travel allowances.

Working conditions of adult carers

There is no registry of carers in Ireland, so the number of carers is not known. A recent study provides much information on the demographic make-up of adult carers, or care assistants. Based on the number of qualification holders, it is estimated that there are around 70,000. The number working at any one time, though, will be significantly lower (Conyard et al., 2020). As with early years workers and those looking after children, the sector is heavily feminised – it is estimated that 92% are women. The age profile is somewhat older, however – only 16% are aged 30 or under.

The occupational category care assistant includes workers in a variety of care settings. It does not refer to home care and nursing home workers only, though they appear to constitute almost two thirds of the workforce²⁷ – home care workers comprise 35% of care assistants and nursing home workers 29%. Other important settings include hospitals where 14% work, and settings for people with intellectual disabilities, where 12% of the workforce are estimated to work (ibid).

In terms of public versus private mix, a quarter work in public sector organisations and 38% work in the private sector. 18% of the workforce are agency workers, workers who could be working in either a public or privately-owned facility. Publicly-funded private workers are also important, such as home care workers employed by a private sector organisation but contracted by the public sector – they are estimated to constitute 11% of carers (ibid). The low number of public sector workers is unsurprising given that most nursing homes are now private and the growth of the for-profit home care firms. The importance of agency workers is one measure of precariousness.

Credentialing and training of the workforce is uneven across sectors. There is no legal requirement for care assistants to undertake a recognised training programme though it is recommended that they train to Level 5 or equivalent. Level 5, as discussed, is what is required of early years workers. Each setting has its own standard, though most require Level 5. The public sector requires a full qualification but the private or voluntary sectors may not (ibid.: 27-31). When contracting home care, the HSE requires only that two modules of the qualification have been completed with the rest of to be finished within a year, although actual completion does not appear to be happening (ibid.: 119-120). Similarly, non-state nursing homes require only two modules with the intention to complete the full qualification. According to the study, 84% of the workforce have the full qualification.

There is no systematic data collection on pay of care assistants. Figure 12 below is based on a non-statistical, one-day survey of carers during Covid-19. It shows the distribution of pay, with figures rounded to the nearest euro. As can be seen, most workers earn around €12 or less. Given the Living Wage of €12.30 it can be seen that between 31 and 55% of carers earn less than that. Average pay on these figures is €12.79 per hour, though this should be seen as an approximation.

27 The findings also reflect a greater willingness of some groups of carers to respond over others.

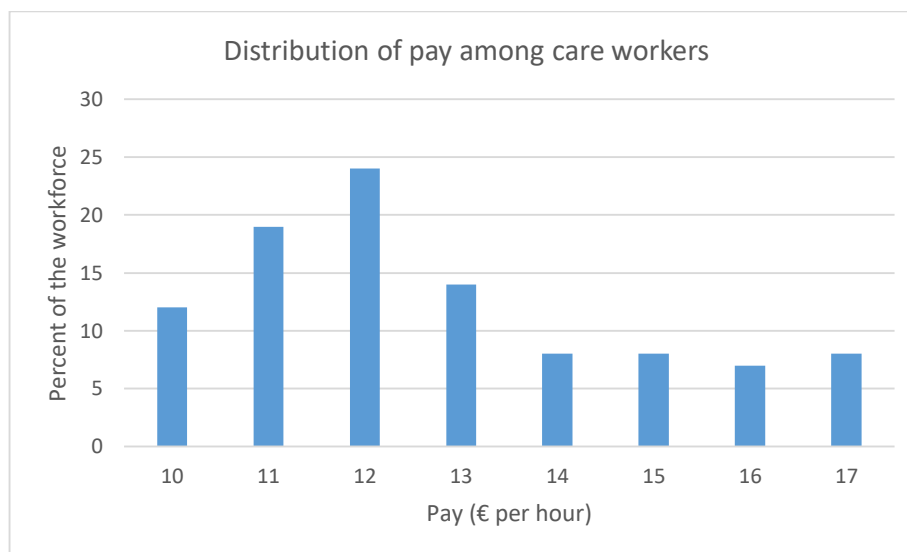


Figure 12: Distribution of pay among adult care workers in Ireland.

Source: Metcalf et al. (2020).

It is not clear how pay varies according to care setting. International research suggests that pay and conditions within the home care sector are worse than other care settings (Eurofound, 2013: 18). According to the private industry body the average hourly rate was €12.14 in 2019. Carers in the non-profit and public sector reportedly earn €14 and €15.50 per hour respectively (Delaney, 2020; see also Timonen and Doyle, 2007). Public sector workers also have pension rights and access to sick pay, so the premium is larger than suggested by pay alone. In terms of how qualifications affect pay, there is no entitlement to receive higher pay if in possession of the full award (Conyard et al., 2020: 110). Anecdotal evidence suggests fully qualified home care assistants may earn €1 more than partially qualified carers in the private sector (Delaney, 2020). Similar to the early years sector, then, pay is poor, though there is a significant premium for workers outside the private sector.

As regards trade union membership, a 2007 study estimated that 80-90% of public homecare workers, 50% of non-profit homecare workers, and no homecare workers in the private sector are unionised (Timonen and Doyle, 2007). The situation may well have changed since then. Nevertheless, if trends in home care apply to other settings, then approximately only a quarter of all care assistants are members of a trade union (see Conyard et al., 2020: 47). Membership of trade union clearly has positive implications for pay.

Figure 13 looks at a select number of indicators of job quality among care assistants in different settings, again based on Conyard et al. (2020). It should be noted that they study did not survey pay which, as discussed, is the most important issue facing similarly-paid early years workers. Instead, care assistants were surveyed and reported on well-being and work-related stress problems. As can be seen, public sector workers generally report higher well-being than their counterparts in private settings. Home care workers are the exception, where private workers are more likely to be positive about their jobs. The difference in public and private wellbeing is most acute in intellectual disability care, where private sectors workers report especially low well-being. Unsurprisingly, levels of stress are higher in private settings, though there is little difference in home care. As discussed in the previous chapter, a variety of factors contribute to well-being, or lack thereof, and stress among carers. This includes burnout and exhaustion, which may be more prevalent in the less well-staffed private settings.

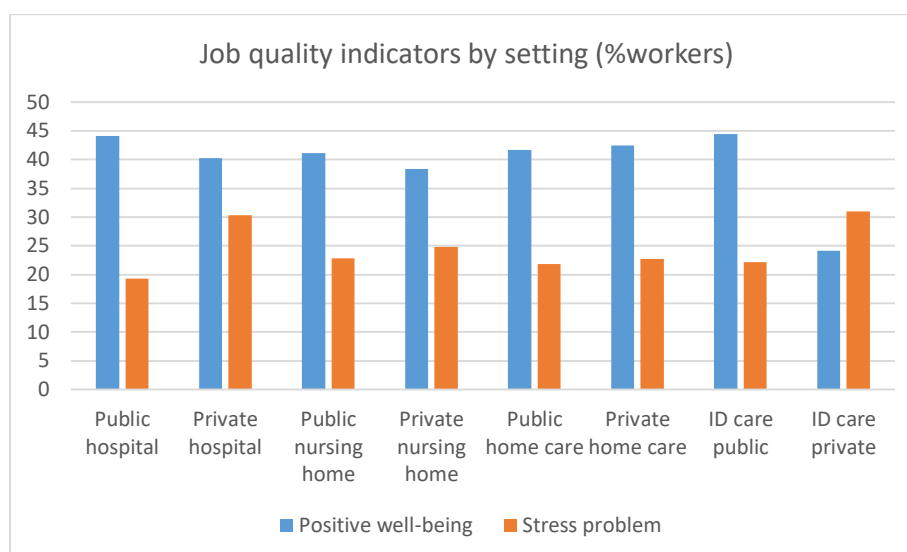


Figure 13: Job quality among Irish adult care workers by setting.

Source: Conyard et al. (2020).

Note: ID abbreviates intellectual disability.

In terms of precariousness and broader contractual arrangements, a detailed breakdown is not available at the level of care assistant. The previous chapter showed that around 30% of carers, broadly defined to include early years, care assistants, dental assistants and other types of personal care workers, experience some form of precariousness defined as either involuntary part-time, variable hours, or temporary worker. Both 'zero-hour' and 'if and when' contracts have also been reported as prevalent and problematic among care assistants (Conyard et al., 2020). Zero-hour contracts are those where the employee is required to be available for work, but there is no guarantee of hours. Since 2018, they have been made illegal, aside from some exceptional cases. 'If and when' contracts are those where the employee is offered work but there is no employment relationship, and s/he is, in principal, allowed to refuse. In the absence of an employment contract, the employer is not required to offer work or pay a minimum, set hours because the workers can, in theory, refuse the offer. According to Carer's Ireland, an organisation representing carers, most home care workers in the private sector are on if and when contracts (Medcalf, 2019). In contrast, HSE-employed workers have regulated, contracted hours.

Data on hours worked is also sparse for care assistants. Around 10% of the broad occupational group personal care worker, is either involuntarily employed part-time or are on variable hours. Hours vary according to care setting, though the precise differences are not known. Home care assistants work between 20 and 30 hours on average and drive up to 15 or 16 hours per week. Though part-time work suits many, loss of social welfare payments has been cited as a factor in not taking up more hours (Conyard et al., 2020: 119-120).

As with early years workers, the degree of informality in the sector is unknown. Daly (2018: 10) believes that undeclared work is not prevalent given the ease with which welfare supports can be accessed and the importance of familial care. Where informal workers such as undocumented migrant workers are employed, the most likely destination is the home care sector rather than institutional settings. Very few, if any, will be employed in the public sector (Timonen and Doyle, 2007: 262). The Migrant Rights Centre of Ireland (MRCI) estimates that 30% of undocumented migrants are working in the home care sector, amounting to about 6000-7800 workers (MRCI, 2015; Arnold et al., 2017). Based on Conyard et al.

(2020:50), there are an estimated 24,000 or so home care workers, which includes those not currently employed as carers. The share of informality is therefore substantial, though likely less prevalent in other care settings. MRCI further notes a growing trend in the au pair industry to advertise for care of the elderly so that an unknown, but presumably small number of informal home care workers are younger students (MRCI, 2015: 5). Again, these trends point to the unaffordability of care in Ireland, a labour and time-intensive occupation.

The future of paid care work

As stressed repeatedly throughout this report, care is a labour and time intensive undertaking. This implies limited scope for automation and productivity improvements, the traditional path to sustainable wage increases. That paid care can be substituted for unpaid care, limits the scope for wage increases through rising prices – absent public subsidy wage increases will translate into cost increases so that care eventually becomes unaffordable for families. This leads to reliance on unpaid care or poorly remunerated informal workers. If Ireland is to place greater value on paid care work and care workers, the path forward is then reasonably clear – more public resources need to be devoted to support better pay and conditions. Increases in taxation or social insurance will be necessary, especially in the context of the already large budgetary impact of Covid-19. Mechanisms to ensure that greater resources are passed on to workers will also be necessary.

The current situation is akin to a game of 'pass the parcel', in which problems get passed on to different links in the chain. This is most apparent in early years work and care of children. Despite more funding in recent years, Ireland still devotes a small amount of resources to the sector. Consequently, wages in the sector are low and affordability is a major problem. Though the level of profits, and hence the ability of employers to absorb wage increases, is not known, there are indicators that the system would have difficulty if terms for workers were to significantly improve. For instance, the granting of basic working rights to au pairs seems to have reduced demand, especially for live-in carers. That the Irish system is so reliant on unpaid family care and informal workers is further testament to the inability of the formal system to provide affordable care, and decent pay and conditions to those providing it.

At the time of writing, the Irish government is paying a large component of the wages of childcare workers under its wage subsidy scheme. It is reasonable that a precondition for its continuation is the imposition of minimum standards of pay for those working with children. A cap on fees that providers charge to families would ensure buy-in from the broader public. It might be argued that wages increases are unsustainable, at least once government supports introduced in response to Covid-19 taper off – a typical owner/manager of a private facility reportedly earned less than €27,000 according to a 2016 study (ECI, 2016: 26). The current lack of information hinders policy changes, especially in relation to pay and conditions. The state should collect data on the profits of providers in the sector through the agency *Poabl*, if it does not already do so. It could then make permanent a living wage after emergency supports are removed, providing extra funding if necessary. Pay could be set each year using Joint Labour Committees establishing not only minimum rates but rates based on qualification and experience. In that case, trade unions and employer representatives would come together with officials appointed by the labour court to set minimum levels of pay in the sector. Currently, the workforce is on an upward trajectory in terms of qualifications only – pay is yet to follow.

A more ambitious plan would emulate the best childcare systems in the Nordic countries. In Denmark, for instance, the majority of early years workers are pedagogues with university degrees, most of whom

are employed by the local government (Naumann et al., 2013). Pre-primary educators earn only 8% less than primary school teachers (OECD, 2019: 225). Denmark's pay and conditions are underpinned by its system of sectoral collective bargaining as almost all early years workers are unionised (Jensen, 2017: 19). The Nordic-Danish pedagogical philosophy also differs from the Anglo-Saxon model as relations between staff and children are more informal, activities are less structured toward educational outcomes, and children have a 'right' to unsupervised playtime (Kragh-Muller, 2017: 3-25). If Irish children are to spend more time in institutional settings, and if parents are apprehensive about leaving their children with 'strangers', borrowing from the Danish approach may alleviate some of those concerns. For the purposes of this report, it suffices to highlight how the Danish system values its care workers by providing good pay and conditions. Instead of having temporary wage subsidy supports, the Irish government could take on the wage bill of early years workers permanently and impose fee caps to ensure reasonable returns for providers, who continue to pay the non-wage bill. Alternatively, it could move toward a full national system whereby the current owners of centres become employees of the state.

Informal, paid care work provides flexibility to families and enables them to reconcile work and family commitments for those who provide the care. Countries with comprehensive systems of paid care, including Sweden and Denmark, still have informal care work, such as au pair work. The question then is not if but how countries manage and support informal carers who are paid. The government should expedite the registration of childminders so that families can avail of the NCS. Moreover, NCS payments should be made available where payments are made to au pairs. The government may also consider increasing the subsidy, which currently stands at €0.50 per hour of care.

Similar comments apply to care of adults and older people. Without decent pay and terms, and opportunities for career progression, labour shortages in the sector are likely to continue, at least after Ireland has recovered. If pay is set too high, absent commensurate increases in public investment, the service becomes unaffordable. Care then shifts to the family or the informal paid market. The trend towards privatisation of care services is likely to exacerbate poor terms and conditions. To combat this, the state should reconsider its policy of privatisation, if care workers are to be valued. The government could also establish Joint Labour Committees to set pay in those sectors where care assistants work. As with early years workers, it would be important to set out a road map for career progression, based on qualifications and experience.

The current trend of growing reliance on home over institutional care is likely to continue, whatever the mix of providers. The outsourcing of care to the private sector yields savings to the state, but at the expense of those providing the care. An innovative, comparatively non-expensive mechanism that allows the tension between cost and worker's terms to be somewhat alleviated is to utilise co-operative models of delivery. Ireland's first care co-op was recently established by migrant women in conjunction with MRCI. The enterprise is managed by a workforce whose aim is to provide affordable care whilst having decent pay and conditions. The absence of a need to generate profits for the owners enables the service to be provided at lower cost. The government should encourage the formation of such enterprises using tax and other incentives, within the confines of EU law.

Conclusion

This chapter documents who Ireland's carers are, both paid and unpaid carers, and formal and informal. The goal is to shine a light on their material conditions and explore what interventions can be made to

improve them. This necessarily involves examining care policy in Ireland, including both official policies surrounding care of children and vulnerable adults, and how the welfare state supports unpaid care work.

The Irish system is rather unusual in its reliance on unpaid care work to look after children and adults. Irish people devote more time to unpaid care than other EU countries, reflected in the low labour force participation of lone parents and older women. Unsurprisingly, most unpaid care work is carried out by women, lower income groups also do more care work. The distribution of unpaid work changes throughout the life cycle, with the arrival of children exerting a powerful influence on the amount of care work done. Without policy changes, there appears to be scope for men do more care work. Albeit not equal, the distribution of total work is much more even than unpaid care work, and with the arrival of children men do more total work than women. Policies interventions are therefore needed if the distribution of care is to be altered.

To support Ireland's carers, the Irish government disburses cash payments through a variety of schemes. The flipside of its reliance on cash transfers is the low level of funding provided to childcare, which results in among the most expensive childcare in the EU. Ireland's childcare costs are the main barrier to employment. Ireland has come under international criticism for how its welfare system operates. It now has a decision to make as to whether or not it will invest in public care and childcare.

Though Ireland invests considerable resources in supporting unpaid care work, investment in paid care work is decidedly less comprehensive. Despite increases in recent years, its spending on the early years sector remains very low. This results in early years work being a low paid and unattractive profession. It also results in extensive reliance on the paid informal market, such as childminders and au pairs. International comparisons are more difficult when it comes to investment in adult care, but the Irish system has been characterised by its increasing reliance on private providers whether of nursing homes or home care companies. Pay and terms in the sector are similar to early years work, which is to say not very good. Absent an increase in funds, significant improvements for one group tends to be at the expense of others, shifting the problem elsewhere but not addressing the underlying issue. If Ireland is to truly value its carers, then a substantial increase in public resources devoted to care workers is inevitable.

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Care work is one the foundations upon which our societies are based. Without care, society and the economy could not function. Yet care work is often poorly paid and inadequately recognised. At the same time, the distribution of care plays a central role in the formation of inequality between women and men. The structure of care provision or the distribution of caring responsibilities is perhaps the largest single factor in the continuation of gender inequalities. As Europe emerges from the COVID-19 crisis, a long-overdue conversation needs to be had about the value we place on care work. This report does that.



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