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GENDER EQUALITY, THE CARE ECONOMY, AND THE EU COVID-19 RECOVERY FUND

by Ursula Barry

Based on research commissioned by the FEMM Committee of the European Parliament (published in 2021), this article explores the impact of Covid-19 on the care economy, gender equality, and the newly established EU Covid-19 Recovery Fund. Gendered impacts of Covid-19 are explored focusing on the care systems of nine selected EU societies, and highlighting poor conditions, particularly among workers in – mainly private – long-term care congregated facilities for older people. Research data documenting increased gendered inequalities in the home (arising from the withdrawal or restrictions of care, health, and educational services), as well as evidence of increased gender-based violence, are drawn together. The establishment of a substantial EU Recovery Fund ringfencing significant funding for the EU green and digital economies, but without equivalent supports for the care economy is documented. This study concludes that 30% of EU recovery funds should be designated for the care economy to create more equal funding status with the green and digital economies.

Keywords: care economy, gender equality, Covid-19, care workers, long-term care, gender-based violence, valuing care, unpaid work, EU countries, EU Recovery Fund.

Partendo da un lavoro di ricerca svolto per la Commissione FEMM del Parlamento europeo (pubblicato nel 2021), il presente saggio analizza l'impatto della pandemia da Covid-19 sull'economia della cura, l'uguaglianza di genere e il neonato Recovery Fund. Viene analizzato l'impatto della pandemia in una prospettiva di genere, focalizzando l'attenzione sui sistemi assistenziali di nove Paesi UE e sottolineando le condizioni precarie in cui si trovano soprattutto gli operatori che prestano servizio nelle strutture di lungoassistenza per anziani (in particolar modo quelle private). A tal fine, il saggio ricorre ai dati forniti nell'ambito del lavoro di ricerca, che mostrano l'aumento delle disuguaglianze di genere nel contesto domestico (causato dall'eliminazione o riduzione dei servizi assistenziali, sanitari ed educativi), nonché ai dati sull'aumento della violenza di genere. Viene poi affrontato il tema dell'istituzione di un fondo specifico a livello UE che alloca un ammontare significativo di risorse per l'economia verde e l'economia digitale europee, senza tuttavia prevedere forme di sostegno equivalente per l'economia della cura. Lo studio giunge alla conclusione che il 30% dei fondi europei per la ripresa economica dovrebbe essere allocato all'economia della cura al fine di riequilibrare le differenze esistenti in termini di finanziamenti rispetto all'economia verde e all'economia digitale.

Parole chiave: economia della cura, uguaglianza di genere, Covid-19, operatori sanitari, lungoassistenza, violenza di genere, valorizzazione del lavoro di cura, lavoro non retribuito, Paesi europei, Recovery Fund.

Ursula Barry, Associate Professor Emeritus, University College Dublin (UCD), Sillorgan Road, Dublin 04 (Ireland), ursula.barry@ucd.ie.

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1.1. Introduction

The propensity to care and the work of caring are the lifeblood of our social and economic systems. Care is central to the reproduction of society, part of the fundamental social infrastructure that holds society together. Occurring within gendered economic and cultural systems and structures, shaped by the policies – or lack of policies – pursued towards care at a societal level. Care encompasses looking after the physical, social, psychological, emotional, and developmental needs of one or more people. At a global level, women account for 70% of frontline workers in the health and social care systems, and carry out the large majority of unpaid care work in the home and in communities. All kinds of care work have been vulnerable to high rates of infection during the Covid-19 pandemic (Power, 2020).

This article is based on a research study commissioned by the European Parliament, Department for Citizens' Rights and Constitutional Affairs, Committee on Women's Rights and Gender Equality (FEMM Committee) in 2021, which examined the gendered nature of the EU care economy, the impact of Covid-19 on care and the care sector, and the extent to which gender equality and care have been taken into account in the European Union (EU) Covid-19 Recovery Plan[1]. By exploring the potential for a new EU strategy on care and the potential for a new model of care, this study argues that the care economy should be redefined as social investment and have a central place in the funding of the post-crisis EU Recovery Plan. Given that gender equality is a stated central objective of the EU, the long-term costs of persistently relying on women's unpaid work to cover the failings of social protection systems and public services provision are unacceptable. Urgent policies are needed to ensure continuity of care for those in need, that respect the choices of recipients, and "recognise unpaid family and community caregivers as essential workers in this crisis" (European Parliament, 2020)[2].

1.2. Gender, inequality, and care

Systems of care provision vary greatly across EU Member States, and eight different countries are profiled in this report (Estonia, Finland, Germany, Greece, Ireland, the Netherlands, Poland, and Spain). Selected countries are characterised by different care regimes and different relationships between the State, marketplace, family, and communities in the provision of care and in the balance between formal and informal care. In the majority world, a significant proportion of workers are designated as engaged in informal work. Informal work is frequently referred to as unregistered work that is unpaid or paid in cash. More recently, the analysis of forms of work has emphasised the existence of a spectrum of employment situations. At one end of the spectrum is registered

[1] Study commissioned by the European Parliament FEMM Committee, and completed in 2021: *Gender Equality – Economic value of care from the perspective of applicable EU funds*. The study was authored by Ursula Barry, Associate Professor Emeritus, Gender Studies, School of Social Policy, Social Work and Social Justice, UCD, with research assistance provided by Ciara Jennings. The text is available at: https://www.europarl.europa.eu/thinktank/en/document/IPOL_STU(2021)694784.

[2] The European Regional Development Fund (ERDF) has defined community-based services and community caregivers as encompassing "all forms of in-home, family-based, residential and other community services which support the right of all persons to live in the community, with an equality of choices and which seek to prevent isolation or segregation from the community" (ERDF, 2014).

work based on legal contracts covered by employment legislation providing specified working hours, access to leave, and often pension entitlements. At the other end of the spectrum is unpaid or cash payments for unregistered or underground work, often illegal and sometimes involving hazardous working conditions. Within the spectrum there are a wide range of different forms of work, and the care sector is one with a high concentration of informal employment (International Labour Organization, 2018).

In some countries, the State is the main provider, in others family and community are central, and in yet others, the private market system dominates. Ireland heavily relies on the private marketplace and informal family and community networks to access care. While the State in Ireland funds a significant amount of formal childcare and long-term care (LTC), it is delivered mainly by private-for-profit services. Country profiles highlight the gendered nature of care, the reliance on women's paid and unpaid work and the poor conditions in the care sector – low-pay or unpaid work characterises care work across the EU. This research considers the potential for an EU strategy towards valuing the care economy, particularly in the context of the commitment by the President of the European Commission, Ursula von der Leyen (in her State of the Union address) to adopt an EU Care Strategy before the end of 2022 (European Commission, 2022).

Gender inequalities are at the heart of the care economy, directly linked to women's position on the frontline of unpaid and low-paid work in the globalised care economy. Care encompasses the paid work of childcare, education, health, and social care workers, those employed in institutional LTC settings, informal or unpaid work in the community, as well as domestic work in the home (EIGE, 2020c). This pandemic has demonstrated the essential nature of care work and its central role in the functioning of economies and societies. Despite the critical role caring activities play in EU economies by contributing directly to economic and social wellbeing, care is undervalued, receives little recognition, and has an invisibility that operates also at the level of public policy. At a global level, care work is often part of a hidden or underground economy, and shaped by historical and persistent gendered inequalities. In practice, care is a spectrum of activities that reveals the critical, although largely unrecognised, interdependence and interconnectedness of society (EIGE, 2020a).

1.3. Gendered nature of care

At UN level, it is argued that women's unpaid care work should be recognised as a "driver of inequality" linked to "wage inequality, lower income, poorer education outcomes, and physical and mental health stressors. The unpaid and invisible labour of this sector has been significantly intensified by the Covid-19 pandemic. But the pandemic has also made starkly clear the way in which the daily functioning of families, communities, and the formal economy are dependent on this invisible work" (United Nations, 2020). While there has been increasing recognition of the economic case for gender equality in generating greater efficiencies and higher productivity associated with the desegregation of occupations, and the more equal representation of women at all levels of economic and political life, there has been little focus on the economic potential of investment in care (EIGE, 2017).

Covid-19 pandemic has shown the multiple ways in which both paid and unpaid care work are essential to sustaining both society and the economy. The pandemic has brought

with it some greater recognition of the care economy as the care sector has been increasingly seen as composed of essential workers – these workers account for a significant amount of unpaid work globally. It is estimated that millions of 7.7 million women (compared to 450,000 men) are outside of paid employment across the EU because of unpaid work responsibilities. It has also been estimated that this involuntary underemployment accounts for 400 billion euros in lost additional GDP, based on a potential for 10 million additional paid jobs in the care economy (70% of which would be taken up by women). It is further estimated that by 2050, if greater gender equality were to be attained, this could lead to an increase in EU (GDP) *per capita* by between 6.1% to 9.6%, which corresponds to 1.95 to 3.15 trillion euros (EIGE, 2017).

High levels of involuntary part-time work because of caring responsibilities have emerged in most of the selected countries, but in particular the Netherlands at 38.4%, Germany at 31.3%, and Ireland at 29.2% – all above the EU average for 2019 of 28.4%. Lower levels are evident in Greece at 7.4%, Finland at 12.9%, and Spain at 14.2%. Research indicates that investing in the labour-intensive care economy generates a high level of return through growth in women's employment, and an increased level of social and economic wellbeing (European Commission, 2020). By funding quality diverse care services, women's time spent on unpaid work would be reduced, and new opportunities opened up for women in education and paid employment, particularly significant for those in low-income, migrant, and lone-parent households. New ways of thinking about care activities and enactment of different policies respecting the diverse needs of care recipients and care providers, a new model of care could be generated based on a more equal sharing of care work and on an increased involvement of men with care activities. Societies based on enhanced gender equality and stronger social justice, this study argues, is in the interests of both men and women.

Provision for different forms of leave also varies hugely across EU Member States, with high levels evident in Finland and Estonia for example, while much lower levels are evident in Greece and Ireland. The extent to which childcare costs are supported also varies enormously, from close to full publicly supported provision (for example, in Finland and Germany), to systems that operate to a maximum percentage of household's income (in Estonia) and reliance on high-cost provision on the private marketplace (in Ireland). In some countries, the majority of care is provided for by families or communities within the informal sector (such as Greece), and in others there is an increasing reliance on migrant workers, both in the eldercare and domestic work sectors (for example, Spain and Ireland). New evidence is emerging that women have had to reduce their working hours or take a break from paid employment during the pandemic due to their primary involvement in home-schooling, childcare, and eldercare. Loss of seniority, lack of access to promotional opportunities, and reduced entitlements to social protection and pension are all likely to suffer, to a greater or lesser extent between different EU Member States. Women in households with children report higher levels of stress and significant increases in unpaid work according to recent data provided by the European Foundation for the Improvement of Living and Working Conditions (Eurofound), as well as intensified experiences of loneliness, isolation, and depression. Work-life balance of women has been more negatively affected by the pandemic, highlighted by these new data, which have shown that reduced working hours, loss of employment (in sectors such as retail, hospitality, and tourism), and increased care responsibilities are common since the onset of Covid-19 (Eurofound, 2020).

1.4. Consequences of lack of visibility of care

Mainstream economics operates under an international system of measuring economic activity, which primarily values only market-based economic activities that are paid for or that generate an income on the market. The majority of care work globally is unpaid, so therefore not measured, and consequently is absent from, or marginal to, the concerns of economic policymaking. This renders a significant proportion of the work carried out by women on a global level uncounted, invisible, and undervalued. By using time use surveys, the United Nations (UN) has estimated that unpaid work accounts for between 20% and 40% of GNP at global level, and unpaid care accounts for most of this unpaid work (UN Statistical Division, 2021). The Covid-19 pandemic has highlighted how women's invisible work in the care sector is propping up economies at global, regional, and national levels. Analysis of caring activities – paid and unpaid care work – reveals that it is highly gendered, whether in the formal or informal economy or whether carried out in homes, communities, or institutional settings (UN Women, 2020a).

Making an extremely convincing case for the economic benefits of an investment strategy focused on the care economy, De Hanau and Himmelweit (2021) argue that the coronavirus pandemic has intensified the gender-equality case for investing in affordable, high-quality care, and is simultaneously "a route to recovery from the employment crisis". By generating jobs in care (and those industries supplying the care sector), it is argued, this would create more quality employment opportunities, further stimulating the economy through the spending of an expanded and high-quality care workforce. De Hanau and Himmelweit's research argues that a set of positive employment effects would be generated by investment in the labour-intensive care sector – a sector that has historically suffered from under-investment. These include: *direct* employment effect by additional numbers employed in better quality jobs in care; *indirect* employment effects within companies that supply the care sector (including construction companies); and *induced* employment effects resulting from the increased spending by the expanded care workforce.

Taking also into account the positive impact on tax revenue, De Hanau and Himmelweit's calculations reveal that 1.6% of GDP in net investment would be needed to generate 8.5% increase in women's employment growth in the care sector (linked to a 6% increase in overall employment levels). In contrast, they argue, 5.3% of GDP investment in construction would be needed to generate an equivalent positive employment result. By carrying out this comparative analysis of the construction and care sectors across nine selected countries (including the United Kingdom and the USA), they demonstrate that addressing low levels of wages in the care sector has the potential to generate a high level of investment return, increasing the value and recognition of care, improving conditions in the care sector, and moving towards greater gender equality (De Hanau and Himmilweit, 2021).

1.5. Working conditions in the care sector

Working conditions in the care sector are poor, with jobs frequently carried out by those in marginalised low-income households, including many migrant women in vulnerable situations. Women migrants frequently find themselves in situations in which their formal qualifications are not recognised, and, as a result, are trapped in low-pay and low-status

precarious employment (International Labour Organization, 2016). It is estimated that 80% of care provision in Europe is informal, and 75% of informal care workers are women creating a gender imbalance in both the home and on the labour market, where over 80% of social care professionals continue to be undervalued and underpaid (Social Services Europe, 2022). Women continue to experience a significant care penalty that has been exacerbated during Covid-19, due to the sudden withdrawal of a range of educational and care services. Conditions during the pandemic meant that home-based working had to be combined with home-schooling and childcare, and those responsibilities are largely carried out by women, forcing many to reduce working hours or, in some instances, to exit paid employment (EIGE, 2020b).

There is increasing evidence of a crisis in care, and particularly LTC. Since an increasing proportion of the population of the EU is in the older age groups, and thus demand for all kinds of care has been increasing simultaneously, the proportion of women in paid employment is growing. Unmet care needs are a feature of many EU countries, as traditional systems of extended family care are no longer available to meet household needs, and public investment has failed to fill the care gap. Underlying lack of investment, linked to often low-quality privatised care services, characterise LTC facilities in many countries. The crisis situation in LTC facilities has been heightened to a very significant extent by Covid-19, as infection and death rates among residents spiralled, and infection rates among mainly female staff rose dramatically. The extent of the crisis, and failure to protect residents in LTC facilities has resulted in the call by the European Parliament for an enquiry into the failings and chronic underinvestment in LTC institutions, where the lack of support and investment has rendered the quality of care highly questionable (European Parliament, 2020). This is reflected in the particular vulnerability to Covid-19 infection among both residents and staff of LTC facilities, and, in many countries, enforced isolation of even those seriously ill and dying. It is estimated that 42% of deaths from Covid-19 occurred in these institutional congregated settings, providing often poor levels of care for older people, people with disabilities, and particularly isolated and marginalised asylum-seekers and refugees in some countries (European Centre for Disease Prevention and Control, 2021).

There is an urgent need at EU and EU Member State levels to review provision of care for people with disabilities and older people, both in residential care facilities, community-based care, and home-based settings with the objective of making greater resources and increased funding available for transitions to home and community LTC. Funding for investing in de-congregation and creation of individualised spaces in LTC residential settings needs to be increased. Investment in forms of housing that creates independent living and of supported housing spaces based on the principle of autonomy for people with disabilities and older people needs to be enhanced (EIGE, 2020a). Within the informal care sector, numbers of carers are reducing while demand is rising. Transfer of resources from institutional systems to effective community support systems is needed to enable quality and sustainable care (EIGE, 2020a). This means ensuring that the development of comprehensive social infrastructure encompassing core services such as healthcare, childcare, transport, and housing, as well as employment, education, and training are accessible and available to everyone – a process defined as "deinstitutionalistion" (European Expert Group, 2020).

Different dimensions of care need to be supported to ensure that longevity is linked to the highest attainable standards of health – not merely the absence of disease or infirmity – but also quality care that supports physical, mental, and social wellbeing.

Deinstitutionalisation of care for older people and people with disabilities has been shown to be a preferred option, preventing isolation, and improving quality of life. Investment in more high-quality models of care would generate more options that promote independence and autonomy. These could include, for example, community-based complexes of supported housing with individualised spaces, communal facilities, and access to support services (European Platform for Rehabilitation, 2020). Increased training and educational qualifications need to be linked to the establishment of a career structure for each different cohort of carers, within a system of reciprocal recognition of qualifications at EU and global levels. Increased funding needs to be made available for training and education programmes for care workers in paid care, and also in informal systems of care. Provision of inclusive social protection for formal and informal, paid and unpaid caregivers needs to be resourced. An enhanced system of leave entitlements for parents and carers needs to be supported in a manner that has a significant impact on increased sharing of care responsibilities. Protections for migrant workers in home-based and institutional care need to be developed, and clear lines established for access to residency rights and citizenship at EU Member State level.

In their joint submission by Social Services Europe (a network of eight European umbrella organisations) to the promised forthcoming EU Care Strategy (see below), the argument is strongly made for an integrated social care programme with an emphasis on the provision and support for independent services in order to tackle the crisis of underfunding across most EU countries:

> Currently, much of social care is in crisis due to underfunding, staff shortages and an overreliance on EU mobile and migrant care workers, underinvestment in the training and qualifications of care workers, unfair working conditions, limited social innovation, a lack of integration between social and health care, an increasing overemphasis on bureaucracy rather than social impact, a misplaced marketisation and commercialisation of social care services, and a lack of investment into home and community-based solutions. All combined create a social care sector that needs targeted attention and support. This situation was building prior to the COVID-19 outbreak but the pandemic and its impact on the social care sector made the crisis more visible. The pandemic further highlighted the detrimental impact on gender equality, care drain and ensuring affordable, accessible, quality care for everyone in the EU (Social Services Europe, 2022, p. 3).

1.6. Covid-19, gender-based violence, and sexual violence

Covid-19 brought with it a dramatic rise in reports of gender-based sexual and domestic violence across the EU, as family and community networks were dismantled, and many homes became places of danger. Services provided by both statutory agencies and non-governmental organisations (NGOs) have been curtailed, and emergency help has not been available or often been restricted to online services. Vulnerability of women restricted to homes, families, and domestic settings have created circumstances in which gender-based sexual and domestic violence has systematically increased while critical service and support systems have been seriously curtailed or withdrawn (European Parliament, 2020). Calls to helplines, demand for refuge spaces, reports to police – all have seen a marked rise over 2020. Similar patterns are evident where research is available, for example in Finland, Spain, and Ireland. Domestic violence levels have increased by 14% in Finland and by 20% in Spain. Calls to the Women's Aid Helpline in Ireland increased by 41% by December

2020, nine months into the pandemic. At a global level, UN data have highlighted reports on increased level of abuse in confined home settings, as well as vulnerable street, transport, and other public spaces, in the particular conditions generated by the pandemic. Full and partial lockdowns to deal with the spread of Covid-19 have been introduced in many countries, which has meant temporary unavailability of maternity, sexual, and reproductive health services, of particular importance to women. In some countries, restricted access to contraception and abortion services, together with restrictions on travel, has forced many women with crisis pregnancies into highly vulnerable situations (UN Women, 2020a).

While high levels of violence within the home have been revealed by the UN report on *The Shadow Pandemic* (UN, 2020b), other forms of violence are also recorded, such as against female health workers, as well as against women migrant and domestic workers. Both public spaces and online abuse has intensified as "xenophobia-related violence and harassment" has increased. Specific groups of women, including women journalists, politicians, human rights defenders, LGBTQ+ women, ethnic minority, indigenous women, and women with disabilities, have been particularly targeted in online abuse. At the same time, the limited investments in systems of support towards women victims/survivors of violence have become even more restricted, as the demands on health, social, and NGO resources have been stretched – at times to their limits (UN Women, 2020b).

There is a need for EU Member States to develop systems to link into new structures and policies at EU level, based on the recognition of sexual and domestic violence as a "eurocrime", and the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) needs to be resourced and fully implemented at EU and EU Member State levels. Training and education programmes for volunteers and staff need to be funded on a multi-annual basis, and investment in second-stage housing to facilitate households exiting emergency systems requires significant additional resources. Particularly vulnerable communities in emergency congregated settings, such as refugees, homeless, asylum-seekers, and those suffering from gender-based sexual and domestic violence, should be housed in appropriate and safe community-based settings and, at a minimum, with private, individualised, and family spaces with autonomous cooking and catering facilities, as well as with specific supports to integrate adults and children with the wider communities. Funding also needs to be provided at EU and EU Member State levels to address the restriction on sexual and reproductive care services (including maternity care services) during the pandemic (European Parliament, 2020).

1.7. New funding system, gender analysis, and gender budgeting

Responses to Covid-19 by EU countries has lacked a gender analysis of the impacts of Covid-19, and consequently lacks a gender perspective to inform policy making and strategies to combat the pandemic (Dowling, 2021). There is evidence of the establishment of emergency committees or structures to address the Covid-19 pandemic in all EU Member States. Emergency structures and teams tend to be headed up by men, drawn from senior levels of health authorities or central Government, who, in the main, have not prioritised a gender-informed analysis in their response to Covid-19 and their recovery plans (EIGE, 2020d). Gender and age disaggregated data on contraction of the disease and on mortality rates are collected across the EU, however there is less attention to other key variables, such as ethnicity and social class. While gender disaggregated data are collected, there

is little to no evidence of a gender perspective on the pandemic or the recovery process, and only limited research and policy analysis of the specific ways in which Covid-19 has impacted on women and men (OECD, 2020).

The EU has established an unprecedented new funding system to which EU Member States can apply, and criteria for funding highlight two specific funding strands: digital transition and green transformation, which together are expected to account for two thirds of approved funding. While these two funding strands may benefit both women and men, there is no mention of the care economy as a priority for funding, despite the recognition of the role of care services during the pandemic. Unless a specific strand of funding, to the value of 30% of total funding, is allocated to the care economy, the EU Recovery Plan for Europe will reinforce or exacerbate gender inequalities in the post-crisis period (Masselot, 2019). Specifying the substantial and diverse investments needed in the care economy is necessary so that the essential care economy can be put on an equal footing with digital and green economies. Based on research evidence, the care economy needs to be designated a public investment in social infrastructure with a recognised capacity to generate enhanced economic activity, as well as economic and social wellbeing, which is in the interests of greater gender equality and social justice (UK Women's Budget Group, 2020).

A twin-track approach is needed that, on the one hand, targets the care economy, and, on the other, builds gender equality criteria horizontally across the new Resilience and Recovery Facility (RRF), as the new EU funding system is named under the EU Recovery Plan for Europe. References are made to gender mainstreaming and gender equality, under the RRF but crucially these are not reflected in the proposed allocation of resources. Firstly, significant RRF funds need to be ringfenced and allocated to supporting the care economy. Secondly, gender equality budgeting should be applied to all the stages and levels of the budgetary process in the EU – and in the future to *ex ante* and *ex post* funding strategies. Gender impact assessment should be carried out in advance on all expenditure and investment proposals, and actual spending should be monitored. Gender mainstreaming approaches should be applied to social investments in care, as well as digital and green investments (European Commission, 2020).

Fiscal stimulus packages and emergency measures to address public health gaps have been put in place in many countries to mitigate the impact of Covid-19. But there has been little to no focus on the more broadly based care economy, both paid and unpaid, which is urgently in need of a change that should be transformative (i.e. questioning the root cultural causes of gender inequalities) to bring about greater gender equality and social justice. It is crucial that national responses place gender equality at the core of social and economic change, based on inclusion, representation, rights, and protection. This is about addressing long-term systemic gender discrimination, but it is also about a new model of care and about making social wellbeing an objective for all of society, recognising the close interconnection to economic wellbeing (Nesbitt-Ahmed and Subrahmanian, 2020).

Time use surveys should be centrally managed and produced by Eurostat, drawing on a data template completed at EU Member State level, ensuring that complex time use data are available in each EU Member State on a gender, age, ethnicity and nationality, and disability basis and that generates estimated values of unpaid work. Such data on care and time use should be used in the development of an EU Care Strategy, with a focus on the care economy as social investment, and encompassing a strategic approach towards care providers and care recipients. Gender and equality budgeting should be systematically implemented at central European Commission level and at all stages of the

budgetary process of the European Commission. Gender impact assessments and gender mainstreaming need to be resourced and carried out by the European Commission on its own central budgets and within all its funding systems, both *ex ante* and *ex post* assessments. The European Commission should apply gender equality indicators to the process of reviewing Recovery and Resilience Plans (RRPs) submitted by EU Member States, to each programme of funding included in RRPs for European Commission funding (including proposals for matching funding) (EIGE, 2020d).

1.8. Valuing the care economy

The care economy needs to be made an urgent priority at global, EU, and EU Member State levels, and no longer treated as deserving of only marginal or residual attention within EU economic and social strategies. A fundamental rethinking of care activities and the care sector is urgently needed (Folbre, 2020). This study concludes that the EU should develop a clear policy framework that designates funding and supports to the care economy as *public investments in social infrastructure* that are defined as key priority areas in European Commission economic and budgetary policies (OECD, 2020). The core recommendation of this report is that funding for the care economy should account for at least 30% of the expenditure under the European Commission Recovery Plan for Europe to create equal standing with the 37% already allocated to green transformation investments, and 30% to digital transition investments. In order to enable this process, Eurostat needs to put in place a system to collect disaggregated data on care, including provisions of different types of care, and profiling the composition of both formal and informal carers, paid and unpaid care workers in relation to gender, age, nationality, disability, and ethnicity in different care settings (Oxfam, 2021).

Migrant women, who make up significant proportions of care workers in both formal and informal settings, experienced crises in maintaining paid work, accessing accommodation, and establishing residency rights through the pandemic. Women and men experiencing homelessness found day centres and other services closed or restricted during the pandemic with increased risks on the streets, of assault, racist abuse, and gender-based violence. In some countries, the LGBTQ+ communities have seen critical supports systems, such as NGOs and mental health services severely restricted or closed for stretches of time. Women in precarious situations, including homeless women and women in prostitution, lacked access to health and hygiene facilities during Covid-19, as well as safety and protection systems. Traveller and Roma people and ethnic minorities have also been particularly vulnerable to abuse as the pandemic saw fear and hostility expressed more openly and dangerously towards specific minorities. Covid-19 has seen a rise in gender-based sexual and domestic violence but with little emphasis on policies to address the rise in gender, ethnic, and racial violence or to strengthen support systems that have experienced funding crises as well as Covid-19 restrictions impacting negatively on service provision (Oxfam, 2021).

Other sectors have faced particular needs and challenges during the pandemic. Lone parents have faced particular stresses with the restriction and closures of early childcare and education programmes, leaving many, mostly women, lone parents to face tasks of continuously providing education and care in situations of complete isolation. Many homecare and domestic workers carried out care responsibilities through the pandemic

without adequate protective equipment and supports while others lost paid work without warning and without a safety net in social protection. Many of those with disabilities, including those who have daily care or high support needs, often living in closed settings, have been unable to access their usual support networks, or had difficulties accessing services because of physical distancing restrictions (Barry, 2020).

1.9. Conclusion

Women are the hardest hit by this pandemic but they will also be the "backbone of recovery" in every country, and policies that recognise this reality will be more effective (UN, 2020). It is critical that post-Covid-19 gender equality policies recognise that inequalities are experienced differently and to a greater extent by specific groups of women. For instance, research has revealed that unpaid care work is disproportionately carried out by non-EU born women and young women (EIGE, 2017). As women's employment rates have increased in wealthier economies, demand for cheap domestic and care labour has increased in the wealthier and largely sourced in low-income economies, creating a care deficit in the majority world. An intersectional policy framework is needed that takes into account experiences of racism and differences in ethnicity, social class, age, and (dis)ability (Folbre, 2018).

A very welcome development is the announcement in the letter of intent accompanying the State of the Union address by the European Commission President, Ursula von der Leyen, of an EU Care Strategy. The President made this commitment in the context of the pandemic and of the implementation of the European Pillar of Social Rights. This letter of intent emphasised how the health crisis caused by Covid-19 has focused intention on the poor conditions of work in the formal and informal care sector, and their critical importance to addressing gender equality and issues of work-life balance (European Parliament Research Service, 2019). The European Commission's work programme for 2022 is now committed to a "communication on a European care strategy, together with a revision of the Barcelona childcare targets and a proposal for a Council Recommendation on long-term care" (European Commission, 2021).

The challenge now is to shift the EU recovery plan towards a more care-centred perspective, based on the principle of gender equality. This involves putting the care economy on an equal footing with green and digital investments – the latter are already highlighted in the EU Recovery Plan, reinforced by a definite ringfencing of resources (Women's Resource and Development Agency, 2021). This is not the case for the care economy – which benefits from only passing references. What is needed is an immediate change of focus, the development of a more complex strategy for recovery, one which places the care economy and gender equality at its centre (The Care Collective, 2020). There is an urgent need, as recognised by the European Commission President in the 2021 State of the Union address, to rethink the lack of focus on the care economy and to place it centrally on the agenda of EU policies and funding strategies, with the specific objective of enhancing gender equality. It is incontestable that investments in care would create new jobs in care and related sectors, as well as providing much-needed additional quality services (Dowling, 2021). A transformative approach needs to go further, moving towards greater gender equality at every level of the global economy. This means shaping policies that shift economic and socio-cultural systems towards a model that embeds value in care,

re-evaluates the care sector, builds on qualitative care services, and generates a restructuring of care activities within and between households – based on an ethical, gender equality, and social justice perspective (Fineman, 2004; UK Women's Budget Group, 2020).

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