

Introduction

Nancy Folbre

Care represents a distinctive form of work with important implications for living standards, economic opportunities, and quality of life. Primary responsibility for the care of children, the frail elderly, and people experiencing sickness or disability has traditionally been assigned to women, reinforcing the economic significance of gender (Blau, Brinton, and Grusky 2006). As market provision of care services has increased in the United States in recent years, women have continued to play a predominant role. Low-income African American and immigrant women are heavily overrepresented in the most poorly paid care jobs, and they face particularly serious problems balancing the demands of paid employment and family care.

But everyone is affected by the organization of care work. All of us begin life as helpless infants, and most of us require assistance during periods of sickness and infirmity before we die. People who take responsibility for the unpaid care of family members and friends often reduce their participation in paid employment and experience pay penalties, incurring substantial lifetime earnings losses (Waldfoegel 1997; Budig and England 2001), and workers who enter care occupations typically pay a penalty in reduced earnings (England, Budig, and Folbre 2002).

Whether paid or unpaid, care work is often shaped by moral obligations, social norms, and personal preferences that greatly complicate its remuneration. Families, communities, and government policies all provide forms of implicit or explicit insurance for care over the life cycle. The distribution of these costs remains complex, contested, and often unclear. Family care work often creates benefits for society as a whole that are not captured by family members. For instance, when parents successfully rear children, employers and taxpayers are able to claim a share of the future returns on the human capital created (Folbre 2008a). When adult children are able and willing to care for elderly parents, costs to public health insurance systems for nursing home expenses are reduced (Wolf 1999). Yet our economic accounting systems do not measure, much less credit, unpaid family care.

As family stability has declined and paid employment among women has increased, both public and market provision of care services has expanded, creating new economic anxieties and raising pointed questions: Why do women continue to do most care work, both unpaid and paid? Who provides care for our most vulnerable dependents, and at what cost? How do paid care workers—especially those employed in low-wage jobs caring for children, the frail elderly, and people with disabilities—fare compared to other workers? How do unpaid and paid care combine to shape the process of economic development and the

distribution of well-being? How effective and equitable are public policies toward care of children, people with disabilities, and the frail elderly in the United States?

This book, the joint effort of interdisciplinary researchers, addresses these questions from a vantage point of particular concern for low-income families and low-wage workers. We provide an overview of care provision in the United States, with a special focus on the problems emerging in the interactive care of children, the frail elderly, and people with disabilities outside of the more studied arenas of health care and education. We break with the traditional intellectual division of labor by examining both unpaid and paid care within a unified framework and emphasizing their joint contribution to economic well-being. This unified framework holds important implications for social theory and public policy.

CARE POLICY DILEMMAS

Some of the most vital social policy debates of the last twenty years reflect underlying ambivalence regarding both the definition of care work and appropriate rewards for performing it. Consider the following three care policy dilemmas that span the fields of child care and adult care.

1. *Our current cash and tax assistance programs for low-income parents consider care work to be “work” only when it is conducted for pay.* Temporary Assistance to Needy Families (TANF) imposes strict paid work requirements and time limits on people (primarily single mothers) receiving assistance, whether or not recipients have access to subsidized child care to facilitate their employment. Receiving a wage for caring for someone else’s children is considered work, but caring for one’s own children is not. The Earned Income Tax Credit (EITC), essentially a work- and income-tested family allowance, provided a subsidy of as much as \$5,028 to a single mother of two earning between about \$12,000 and \$15,000 in 2009.¹ No earnings, no subsidy. Note that if two single mothers, each with two children under the age of five, exchanged babysitting services, swapping children for eight hours a day, five days a week, and paying one another the federal minimum wage of \$7.25 an hour, they could both take full advantage of this credit, receiving a total of more than \$10,000 for providing essentially the same services they would provide their own children. In other words, caring for a nonkin child for pay counts as work, but caring for your own does not.
2. *Adoption of policies to reallocate federal and state spending from nursing homes to home- and community-based care has been slowed in many states by fears that this move will increase the demand for services and that family members and friends currently providing unpaid care will “come out of the woodwork” and request remuneration.* Numerous studies show that both the frail elderly and people suffering from disabilities prefer consumer-directed home- and community-based services to institutionalization (Congressional Budget Office 2004; Howes 2010). Such programs offer some cost-saving potential.² But nursing home care is financially

attractive to budget-strapped states, not only because it offers some economies of scale for the care of individuals with particularly intense needs, but also because the generally low quality of Medicaid-funded nursing homes (exacerbated by the high percentage of residents with dementia) discourages many eligible recipients from taking advantage of the care to which they are entitled. Furthermore, subsidies for home- and community-based services sometimes enable people to hire family members who need market income and might not otherwise be able to provide care services (Howes 2004, 2005). Many policymakers are uncomfortable with the thought of paying for services that they think should be provided free of charge—even when many families cannot actually afford to provide them (Simon-Rusinowitz et al. 2005).

3. *Despite widespread agreement that foster care is preferable to institutionalization for many children and adults whose families cannot adequately care for them, public subsidies for foster care remain low, especially when provided by kin. Cultural norms dictating that family care should always be motivated by love, not money, contribute to the fear of attracting foster families “for the wrong reasons.”* The supply of foster care for children who have been removed from their homes as a result of abuse or neglect is inadequate (Doyle and Peters 2007). Low levels of public support for foster care help explain the shortfall. The monthly subsidies provided to foster parents have primarily been determined by considering the cost of food, clothing, and shelter for children, ignoring the cost of care time (Folbre 2008a). Foster children placed with relatives often receive less government help than those placed with nonkin, even though they tend to be more economically disadvantaged (Geen 2003). Oregon pioneered the development of foster care for adults, but even that state sets reimbursement rates lower for kin than for nonkin (Mollica et al. 2009, 23). Many families that would like to provide foster care for a friend or family member cannot afford to do so.

“Crowding Out” Versus Penalizing Care

These three care policy dilemmas illustrate the tensions that have intensified as public subsidies for care provision have increased. Public subsidies provide a necessary safety net and contribute to the development of human capabilities. On the one hand, they provoke fears of weakening family obligation in ways that discourage or “crowd out” private effort. On the other hand, public subsidies for care provision reduce the economic costs of family care and can increase its efficacy as well as its supply.

The concern that payment for services once provided in the home might corrupt or displace intrinsic motivation is not entirely misplaced. However, we should also be concerned about the possibility that increase in the cost of fulfilling family obligations will discourage family and community commitments. Traditional restrictions on women’s participation in paid employment once guaranteed a large supply of labor for family care. Women have typically been assigned greater social responsibility for family members than men, even at the cost of developing

their own capabilities. Both economic development and collective mobilization have loosened those restrictions, reducing gender inequality. But these historical shifts have also increased the cost and stress of family care.

Fear of “crowding out” affects women more directly than men. Most single parents are women who face economic difficulties because the father of their children is not significantly contributing to family support. Most of the indigent elderly in need of care are women because women typically live longer, are more likely to survive their spouse, and have lower savings and pension benefits than men. Furthermore, the main providers of foster care—including kin foster care—are women.

Low-income families are particularly vulnerable. They often have a higher ratio of dependents to wage-earners than middle- and high-income families, leaving their wage-earners with greater caregiving responsibilities as well as a greater need for market income. With low wages and little savings, these families often find it difficult to meet the needs of sick or elderly family members. Single mothers with little education often work at jobs with nonstandard hours, making it difficult for them to find adequate child care. When a child or other family member needs urgent care, these mothers are forced to leave their jobs, contributing to a pattern of unstable employment that lowers their earnings. A recent study shows that low-wage white women experience a greater percentage lifetime reduction in earnings as a result of motherhood than high-wage white women (Budig and Hodges 2010).

The transition to an increasingly market-based economy highlights a growing disjuncture between the private costs and public benefits of care provision that bears particularly heavily on women. The gender division of labor in care proves difficult to renegotiate, weakening marriage-based or long-term commitments. This coordination problem may help explain why the “gender revolution” has slowed, perhaps even stalled (Gerson 2010; England 2010; Esping-Anderson 2009b). It also helps explain the need to rethink public policies toward care provision.

OVERVIEW OF THE BOOK

This book explores the theoretical dilemmas of care provision and provides an empirical overview of both unpaid and paid care of children and adults needing personal assistance (primarily people with disabilities and the frail elderly) in the United States. We offer estimates of the value of unpaid care time that help place unpaid and paid care in a common context. This provides a basis for an analysis of care policy and consideration of two pressing policy problems: the lack of adequate support for family care and the uneven quality of both jobs and services in the paid care sector.

Scholars disagree on the very definitions of “care” and “care work.” Chapter 1, “Defining Care,” addresses these conceptual issues head on. It reviews the extensive literature on unpaid and paid care work and establishes the definitions of care

work that we apply in the remainder of the book. It outlines measures of the need for care, making a case for joint consideration of the current and projected needs of children, people with disabilities, and the frail elderly. It explains how institutional diversity and motivational complexity contribute to serious problems with both the level and the quality of care provision.

Measurement problems arise at the outset of this discussion. Unpaid or informal care is typically assessed by survey questions that ask respondents to report either episodes of caregiving or the amount of time they devote to specific types of care. Paid care workers are typically designated by occupational and industrial classifications that have evolved in often overlapping and arbitrary ways. Differences in definition, time period, and survey design often lead to inconsistent estimates. Discussion of these more technical issues is provided in the appendix (“Measuring Care Work”).

Chapter 2, “Motivating Care,” explores the “for love and money” theme in more detail, focusing on the importance of intrinsic prosocial motivation and emphasizing the cultural construction of values, norms, and preferences. In general, normative change in recent years has been associated with greater emphasis on extrinsic rewards—the money nexus. Considerable evidence suggests that intrinsic rewards based on prosocial motivations such as altruism continue to play a crucial role. Indeed, in many ways the relationship between unpaid and paid care provision echoes cultural tensions between moral responsibility and pecuniary reward. We also look at how women’s traditional specialization in care provision has been reinforced by external constraints, including cultural norms.

Chapter 3, “Unpaid Care Work,” makes the best possible use of existing data to construct an empirical picture of unpaid care provision in the United States. A review of research based on many different sources of data describes the demographic context of care for children and adults needing personal assistance. An analysis of pooled data from the American Time Use Survey (ATUS) from 2003 to 2008 reveals the average temporal burden of unpaid work that takes the form of direct interactive care of others or indirect support for such care. It then focuses more narrowly on interactive care for children and adults, examining important gender- and age-based differences and comparing time devoted to children with time devoted to caring for or helping adults. The final section of this chapter examines the economic and emotional burdens of care, asking how they are distributed by gender, race, and class.

Chapter 4, “Paid Care Work,” begins with an overview of industries and occupations in which care services are provided, then narrows to a consideration of two specific occupational clusters engaged in child care and adult care. Both quantitative and qualitative analyses show that wages and working conditions in these occupations are problematic, often making it difficult for workers to strengthen or maintain their intrinsic motivation and leading to high turnover rates that reduce continuity and quality of care (IOM 2008; Helburn 1995). Furthermore, low-quality jobs make it difficult for those who engage in them to sustain healthy family and community development.

Chapter 5, “Valuing Care,” explores differences between the cost of care and its larger value to society. The cost of unpaid care often remains invisible. When families pay someone to provide care for a dependent family member, they report expenditures (and workers report wages), unless the transaction takes place under the table. But when families provide care themselves, the costs of their own time and work effort go uncounted. The resulting inconsistencies distort comparisons of living standards within households, across households, and among countries. The value of unpaid care can be estimated by asking what it would cost to purchase care of comparable quality. However, both unpaid and paid care contribute to the development of human capabilities and health, yielding benefits to society as a whole that are not captured by market prices. Many estimates of the public benefits of care services substantially exceed estimates of their costs, demonstrating the important role that government can play in providing greater support for care work.

While some scholars and advocates have analyzed the impact of public policies on parts of the care landscape, ranging from unpaid care of children to paid care of adults, relatively little attention has been devoted to public policies affecting care provision as a whole. Chapter 6 provides a systematic inventory of such policies in the United States, followed in chapter 7 by a critique of their inadequate and uneven impact. Disparities based on class, race-ethnicity, and geography remain glaring, with unfortunate consequences for our neediest and most dependent citizens. Many middle-class families, lacking access to child care and early childhood education subsidies and required to spend down their assets in order to gain eligibility for Medicaid-funded nursing home assistance, also remain vulnerable. High-income families are in a better position to balance work-family needs, but they too experience unnecessary risk and stress.

Our policy assessment provides a bridge to one of our most important conclusions: public policies should provide increased support for both unpaid and paid care work, helping individuals gain the flexibility they need to balance family responsibility with paid employment. In the child care arena, we need to make it easier for families to take leaves or reduce their hours of paid employment, but we also need to improve the quality and accessibility of child care and early education. In the adult care arena, we need to make it easier for people with disabilities and the frail elderly to obtain adequate care within their own homes and communities, but we also need to improve the quality of institutional care.

Chapter 8 summarizes our research and policy recommendations. Our picture of the care sector as a whole explains why improved care provision is a necessary—though not sufficient—condition for gender equality. It also strengthens the case for increased public investment in care provision. We urge other scholars to join us in developing a more detailed agenda for policy-relevant research on care for the most vulnerable members of our society.

NOTES

1. See Center on Budget and Policy Priorities, “Policy Basics: The Earned Income Tax Credit,” <http://www.cbpp.org/cms/?fa=view&id=2505> (accessed June 2, 2010).

2. Research suggests that long-term care in the community is less expensive than nursing home care; see, for instance, Summer (2005). However, comparisons may not be entirely accurate because (1) states build overly restrictive cost controls into home care programs; (2) nursing home residents may have more intense care needs; and (3) the value of informal care provided in the home and community should be factored in (see discussion in chapter 5). For more discussion of these issues, see PHI (2003).