Introduction

What are the key issues and problems regarding care policy and gender equality from the perspective of policymakers and practitioners? We need to understand this in order to ascertain which, if any, of the policies and models discussed in this book will solve them and lead to better gender equality outcomes. We also need to understand which policies – and which features of the policies – would be amenable to transferring into a different context.

In this chapter we examine the evidence from the interviews and focus groups which we held with key stakeholders working in childcare and long-term care policy and practice. We begin by outlining the methods used and data obtained that we draw on in this chapter. We then discuss the Universal Model and Partnership Model of care policy and discuss whether elements of these models could solve the issues raised by the stakeholders. We then conclude the chapter by returning to Fraser’s (1997) framework for gender equity, and how the different models
measure up in the light of what we have learned about the policies, context, transferability and the key issues identified by stakeholders.

Methods and data

As with the rest of this book, this chapter draws on data from the comparative literature review, the case studies, the reports written by the country experts, the expert focus group discussion, and particularly in this chapter, interviews with 30 stakeholders. Participant responses were anonymised and an anonymous participant code was generated using a number that follows letters allocated as a code to their stakeholder group. Interview participants’ stakeholder groups (and codes) include civil servants working in the Scottish government on childcare (SCOC) and long-term care (SCOL) third sector organisations concerned with gender equality (THIG) children and childcare (THIC) and carers and long-term care (THIL), elected politicians and activists (POL), trade unionists (TRA), civil servants in the Welsh Assembly (WAL), academics (ACA) and third sector stakeholders outside of Scotland (THIUK). Interviews were transcribed, inductively and thematically analysed using NVivo, and the validity of the findings checked through a series of events and discussions with stakeholders who had not taken part in the interviews. The three themes that emerged from the data as being the most pressing for stakeholders were: cultural issues to do with gender equality and the role of the state; governance (that is, which level of the state or wider society should take responsibility for care policy); and the links between care policy and gender equality more generally. For each of these themes, we have presented evidence from the Universal and Partnership Models of care policy that could potentially solve some of the issues raised.
Cultural issues: attitudes towards gender equality and the state

By far the most common issue raised by the stakeholders was that of culture. By this, they meant attitudes and values held by policymakers and by the general population. There was concern that these attitudes were a serious impediment to the adoption of care policies that could lead to improved gender equality.

Attitudes to gender equality and care work

The need to rebalance ideas about paid work and unpaid caring/parenting across the genders, and the structural changes that this would mean, was noted by several participants:

‘In terms of gender equality and rights-based stuff, if you commit to that, then one of the things would be around parenting, around being a child-friendly nation, what does that mean? Well maybe what it means is we stop doing parent classes during working time without giving men the right to time off to attend them.’ (THIC1)

The gendered norms that underpinned women’s care work were noted, as well as the limitations that were put on women’s lives and choices:

‘Women bear the brunt of caring responsibilities, they bring up the next generation, they can’t walk away from their responsibilities, men can walk away from their responsibilities at any point, women can’t.’ (POL1)

The cultural significance of gendered expectations around care, and how policies both reproduce and reinforce those expectations and teach them to the next generation was a concern for participants:
‘It’s not just about access to the labour market and childcare, it’s to do with the messages we give from day one of our children’s lives and to each other as adults about whose job it is to parent and care.’ (THIC2)

Participants noted the link between gendered expectations of care and the undervaluing of women’s paid work, which contributes to gender inequality through the gender pay gap:

‘Childcare, child-rearing, in general, is just deemed to be women’s work… You need to take the stigma out of men taking time out. So although the research tells us men do want to spend more time with their children, they are not. If more men were able to do that then there would be a wider recognition about the value that we attach to care work in particular because it’s like, you know, it comes as second nature to women because they’re used to caring, they’re used to doing this which is the premise of all the undervaluing of women’s work that involves cooking, cleaning, caring, well, they’re doing all that anyway so there’s no point remunerating them fairly.’ (THIG1)

It was noted how a strong cultural attachment to gendered norms of caring could be implicit, rather than explicit, in policy, and nevertheless exert a powerful influence over expectations and policy developments:

‘There’s not much of a normative discussion… we are quite liberal, in the sense that there isn’t “all mothers have to stay at home”, but there is also not particularly strong support in society for the employment of mothers, particularly mothers of small children, so I think there is still a bit of mummy culture in the sense of why shouldn’t mums be home with their kids at least until they start school? Quite a bit of reluctance to actually even talk
about work and particularly full-time work of mothers of smaller children... quite a strong sense still that mums should be home.' (ACA1)

The negative impact of gendered stereotypes and norms associated with caring on men as well as women was a key theme for many participants:

‘Gender equality as a concept is important because it recognises that the way things stand, although men are privileged within the system, that privilege comes with disadvantages as well, so men who are minded to do care work will experience the same low pay, poverty wages and lack of regard as women who do care work. Men who want to substantially engage themselves with their family life will find that culturally unacceptable within their workplace.’ (THIG2)

Cultural norms and practices that have become accepted through gendered approaches to childcare also translated over the life course to women being more likely to provide long-term care, and also to combine caring with working:

‘There's always been a higher proportion of women providing [family] care... with elderly parents it's more likely to be the daughter that does that more in-depth care... men are more likely to give up work entirely whereas women are more likely to be able to maintain part-time work alongside a caring role... that possibly reflects that women have already done that part-time work looking after children.’ (THIL1)

Some participants drew a link between cultural norms and the political discourse around policy options, which placed limits on the kind of approaches to childcare that were considered to be politically acceptable:
'Scotland is a very female country... it’s disproportionately women who are portrayed with a mum with a kid doing very traditional female things, it’s always that middle-class white woman with a child fulfilling that kind of role, we want to support you as mothers, and then after that, we’ll still kind of support you in the workplace.' (POL2)

Gendered norms also affected the options for part-time or full-time paid work available to men, and thus the nature of their involvement in unpaid care work:

‘It’s rarer for a man to give up work to care for family members, it’s all about who’s the breadwinner, it’s a cultural thing and also it’s a societal thing and there’s the nature and nurture type of thing about it... women will be the ones who are taking on that role in the family.’ (THIL2).

There was an explicit link drawn between the involvement of men in caring, particularly in paid childcare, and the cultural attitudes that support the gendered division of caring labour:

‘It’s only when we can make early years provision an attractive place to work, making it a requirement for men, that we are going to see a substantial difference in attitudes.’ (THIC3)

Finally, many participants also drew an explicit link between the cultural expectation of gendered caring and how women’s labour more generally was undervalued by society:

‘There’s insufficient value attached to unpaid care work, we’ve attached insufficient value to what women primarily do in the home, often on top of a full-time job doing something else, it means the whole conversation
leads into care not having a financial value attached to it.’ (TRA1)

**Attitudes to state provision of welfare, childcare and long-term care services**

It was not only cultural attitudes to gendered divisions in caring and work that were perceived to affect the acceptability of certain policy approaches. Participants also pointed out that norms and perceptions that were concerned with the role that the state should play in the provision of welfare generally fed into ideas about how acceptable state intervention in the form of childcare and long-term care policies were, both to society generally and to policymakers in particular:

‘There’s a sort of political and cultural thing there about how do we all buy into this… but we’re a long way from having that conversation.’ (TRA1)

Normative and cultural values also were embedded into different government departments that would need to work together to develop appropriate policies. For example, while the evidence indicates that social services and education need to collaborate to develop effective childcare policies, entrenched differing values and ways of working were perceived as being obstacles to this happening:

‘Political priorities are the biggest barrier around cultural questions about the way we do things. I think we’ve got into some quite entrenched ways of working and thinking about some of our social services and education, there are a number of cultural barriers built into that process.’ (THIC3)

Participants raised questions over whether the UK was prepared to pay higher taxes in order to secure better public services, particularly in the case of long-term care for older people:
'We have to ask ourselves as a society what do we value and what are we prepared to pay for. Homecare is generally for older people and we’re just not prepared to pay as a country for that kind of service.’ (SCOL1)

‘Whether Scotland is a country that would say we are happy to pay significantly higher taxes if it means we’re going to have a decent income if we need to care, but I am not certain we are.’ (THIL1)

The idea that taxpayer’s money was spent on ‘residual’ welfare for stigmatised groups, rather than a sense of having shared universal payments and services, was felt by participants to be a powerful cultural norm regarding state-led policies:

‘In the UK there is a strong sense of them and us, them: that is the state and the civil servants and all the people that don’t work hard and us: we’re the hard-working people being robbed by the state.’ (ACA1)

The cultural sense that the state should not be ‘interfering’ in private lives was particularly obvious when it came to attitudes towards the provision of childcare:

‘I’d get a stupid argument at a meeting I was at a while ago where they were saying “well we don’t think children should be left from eight in the morning til eight at night” and all we’re saying is the facility should be open.’ (TRA1)

Participants pointed out that the political culture of the UK – being a predominantly neoliberal rather than universal/social democratic welfare state regardless of the political party in power – limited the kinds of arguments that could be used in favour of increased provision of childcare:
‘Everything’s gone very much to the right… All the childcare policies in the UK are about free-market principles and not about transformational change.’ (THIC4)

Finally, participants voiced the concern that not understanding or valuing the human cost of providing unpaid care was leading to an unwillingness to provide state-funded long-term care services:

‘I think we have a general empathy towards folk that provide family care but I don’t think there’s a real understanding… I am not sure that even within local authorities that there is a true understanding of the unpaid carers, the impact on them.’ (THIL2)

In Table 6.1 we summarise our views on which solutions from the evidence discussed in this book would be suitable to solve the issues discussed earlier.

**Governance issues**

*The role of gender equality in the constitution*

Although none of the participants were living in a country with a written constitution with gender equality embedded within it, at the time of the fieldwork taking place preparations were in place to hold a referendum on Scottish independence from the rest of the UK which took place on 18 September 2014. Scotland voted by 55% to remain as part of the UK, but our interviews took place before the referendum. As we knew from our literature review, the case studies used to develop both the Universal and Partnership Models of care provision had gender equality explicitly stated as a normative value and as a policy aspiration. Therefore, we took the opportunity of the timing of the fieldwork to ask our participants to reflect on the possible strengths and weaknesses of a constitutional
Table 6.1: The potential to change cultural attitudes to welfare and gender equality

| Solutions from the Universal Model | The evidence suggests that countries that use the Universal Model of care provision have cultural expectations of gender equality rather than gendered divisions of caring and paid work. They also have clear expectations of state delivery of services, and of universal eligibility for services. State services are seen as a citizenship right and non-stigmatising.  

However, there is still a gendered division of caring labour within the Universal Model. A lack of shared parental leave means that women rather than men are expected to undertake the parenting of very young children, and although rates of the provision of unpaid family care are low, when they are provided it is overwhelmingly women undertaking the care.  

It should, of course, be noted that the Universal Model has been in place for a long time, in many cases pre-dating the post-war design of many welfare states. There has therefore been a much longer political and cultural commitment to the values of gender equality and state provision of universal services than would be possible if this model was developed or transferred for use in contemporary welfare societies.  

It should also be noted, however, that policy change does not necessarily have to wait for cultural change to be possible: the introduction of ‘use it or lose it’ paternity leave has demonstrably changed the behaviour and involvement of fathers in the care of young children, and support for the universal provision of healthcare rose after its instigation in post-war UK welfare, not before. Universal services are popular in some areas of welfare provision in the UK and other non-Universal Model states: notably health, education, pensions and so on. If care provision was moved from being selective (for example, only for working parents, or only for very frail older people) to being universal (for all children, or for all older people) it could change cultural attitudes towards the gendered division of labour and the provision of services if the political will were there. |

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| Solutions from the Partnership Model | In the case of childcare, many non-universal welfare states models are already operating with cultural values close to those underpinning the Partnership Model. For example, centring the values of parental/family choice and flexibility in the provision of services, rather than a Universal Model of provision, is very close to the values of individualism and low levels of state involvement in family life in the UK and other neoliberal welfare states. Therefore, it is highly likely that the cultural concerns mentioned earlier which prevent progress on gender equality would not be radically changed by adopting a Partnership Model of childcare provision.  

The case of cultural change in long-term care provision is slightly different. Here the participants point out that the state reliance on the family to provide unpaid care, and to undervalue and underprovide formal social care provision, prevents efforts to develop formally provided care services. In this case, the provision of services developed on a Partnership Model basis – so long as the coverage was universal – would be a fairly significant change to existing provision, but based on ideologies and cultural expectations that were in tune with policymakers and the general population. For example, a right to access a payment and then use it to pay either formal or family carers (and to have to level of payment set in line with at least minimum wages rather than welfare benefits) would encourage take-up and reduce gender inequality by recompensing family carers (who are overwhelmingly women) for work they are doing for free or for a very low welfare benefit. If wage levels were set more generously to allow for qualified care staff to provide services the value attached to such work would increase, and it would be likely to attract more men, thus addressing gender inequalities and the gender pay gap, as well as reducing pressure on families. |
approach to gender equality, and whether it could prove useful in achieving policy change:

‘If the constitution deals with power and where it sits it would be about things like equal representation, but it could say “women will be treated equally to men”… you could reverse the burden from the individual to the structural and say to employers “you will pay women the same as men” and make it more of a structural thing rather than the onus always being on individual women.’ (POL3)

For some participants, the opportunity to reframe a constitutional settlement in the Scottish context offered a significant opportunity to articulate values of gender equality:

‘I think a constitution is to be welcomed, absolutely better to have it than not, and if there is a constitution then we want gender equality to be right across it very, very clearly.’ (THIG2)

Others were more sceptical about the possibilities of constitutional change, pointing out that in their view institutions rather than aspirational legislation were important in developing and implementing policies that would lead to gender equality:

‘The institutions matter. In a liberal state, people say it is a private matter, people who can afford it can afford gender equality and those [who] can’t, there’s less gender equality. It’s very much linked to equality, but whether writing it into a constitution is going to change it?’ (ACA1)

Participants made the point that the links between values embedded within constitutions and the importance of those values spreading outwards to inform everyday life were vital to achieving gender equality:
‘What is interesting about Finland is they were the first country to give women the vote in 1907 and gender equality is enshrined in their constitution and that is something we could learn in terms of any constitutional arrangements for the future… because if it’s not embedded in the whole system for gender equality, it can’t just be added on, it needs to filter through to every other aspect of life.’ (THIC4)

Indeed, gender equality was mentioned by many participants as being a relatively uncontentious value and aspiration to see within a new constitutional settlement:

‘I think we could get a political consensus on gender equality in the constitution – there are other aspects that people float as being in the constitution that we might not be able to get consensus for.’ (POL4)

Others asserted that it would be important to link gender equality and women’s rights to the rights of other groups – for example, children – to effect meaningful political and social change:

‘One of the key things in terms of gender equality, there’s the representative stuff that you would put in a constitution, you look at how you address gender inequality indirectly, and the rights of children and women are absolute key and linked.’ (THIC1)

The role of national and regional/municipal policy

The intersection of different levels of policymaking (national, regional and local) was held by participants to be problematic in achieving complex or joined-up policy that was needed:

‘The big question and barrier we come up against is the question of “Well we can’t do that within the powers that
we currently have” [in Scotland] and a lot of the points we raise come back to that, which is frustrating.’ (THIC3)

A particular problem highlighted by participants was the diffusion of policy across different municipalities and local authorities, who have some responsibility for the provision of childcare and long-term care policies:

‘The agreement is that local authorities do their own thing as long as they meet certain outcomes – that’s a good and a bad thing, but in areas where you’ve got huge rural communities maybe they are best placed to manage their own issues.’ (THIL3)

Local authorities were often at the mercy of changes elsewhere in the governance process that could undermine progress towards gender equality:

‘Under the change of childcare strategy, the local authorities got control of the budget, there was no longer this separate money for childcare, they weren’t accountable for it in any way and many of them have just stopped using it for childcare.’ (THIC4)

One possible solution to the tensions between different levels of governance was to have a clear difference between national and local eligibility for services and support:

‘In the Universal Model [Sweden] services are highly decentralised. So you have this national framework, every child has the right to a childcare place from age 1 and all those kinds of things which are all a kind of legal framework, but it is the municipality that manages, organises and implements the policy. There’s no ring-fencing for the financing of childcare, the municipality has the overall budget for social services, but they have
to fulfil these requirements and every child has the right to a full-time place from the time they are 1 year old and the municipality has to provide it.’ (ACA1)

The huge variations in policy and practice across different municipalities and local authorities in the case of long-term care were seen as particularly problematic, not just in achieving gender equality, but also in achieving equitable outcomes for service users, paid and unpaid carers:

‘There’s a postcode lottery for long-term care, some local authorities don’t charge for care and give very good support, some city authorities you have far more people asking for support and so the cake is getting cut smaller and smaller and smaller. But you can also have huge differences within local authorities if you’ve got the right person fighting your corner, you can actually get more, whereas if you don’t really know what you can get – we get family carers saying all the time that it’s the people that shout loudest get the best support.’ (THIL1)

The perceived democratic deficit in local authority democratic decision-making processes which mitigated against progress on gender equality was held to be a significant problem:

‘We have massively powerful local authorities that seem very remote from the populous and making a lot of decisions on things that very much affect women’s lives. Resourcing of violence against women services and social care are hugely important. So while a women’s committee reporting to the First Minister might be a good idea, we want women’s voices in local spaces, that’s critical, that women be the architects of their own democracy at that level as well.’ (THIG2)
Given that the timing of the fieldwork included ongoing civic and political debates about Scottish devolution and independence, the ability to control different levers of governance and policymaking to effect real change towards gender equality was pertinent to many participants:

‘For example, childcare policy: the Scottish government has devolved responsibility for social services which includes childcare, but then argues in order to implement its policy on childcare infrastructure it requires control of tax revenues and everything in order to have a more holistic approach.’ (THIG1)

The relationship between the state and providers

Participants noted that a marketised relationship between the state and service providers could prove problematic:

‘Nobody can hold a UK private provider to account… when we look at Sweden, originally all social services like childcare were public, so there’s a very comprehensive system of childcare, the way it was developed was as a public service so the municipalities who could do that through the tax money and through block grants from the government. Now there are also private providers but they are funded to the same extent through the municipalities as every public provider – so the childcare system works because it is 90% funded by the state.’ (ACA1)

Funding – and the perceived limits to change that this led to – was seen to be a significant barrier to policy and practice innovation that could lead to demonstrable change or improvements in outcomes:

‘The local authorities are under pressure for the amount of money they’ve been given, and that could lead to just
extending hours, rather than actually thinking properly about the best service and the best way to provide it.’ (THIC3)

Models of service provision that were not meeting needs, particularly in long-term care, were held to be problematic in terms of poor outcomes for people using the services, and for their family carers:

‘Older people are very unlikely to be able to access private services, they were most likely to get a council or council commissioned service where they come and get you up in the morning and maybe come in at lunchtime and then put you to bed, whereas what people need is to be able to go to the library or the community centre or meet friends at night, your service is around the timing of an organisation rather than what you need.’ (THIL1)

The complexity of the policy issues, and the different stakeholder groups involved in and likely to benefit from childcare (and long-term care) services made it difficult for clear and achievable outcomes in terms of gender equality to be identified:

‘We have questions about the childcare strategy: how is it provided, what about quality and flexibility, is it for providers or is it for families? Does it work for children in terms of child development and quality of life, does it work for families and parents in terms of getting and staying in decent work and hopefully the gender equality dimension certainly in terms of changing the structure of the workforce and of family life.’ (THIC2)

The ‘postcode’ lottery of service provision – that is, that it was patchy, and dependent upon different funding streams and
political priorities – was held to be a significant problem in achieving equitable outcomes for all groups of women:

‘In Scotland, there are three types of childcare services. There’s those that are in very deprived areas and their services tend to attract funding of some kind or other, or they can fundraise because they are dealing with a deprived community and deprived children. Then there are the services in more affluent communities where parents will pay the market rate and those fees are enough to run the service – pay the staff low wages, keep the hours part time but it survives. And then there are services in the middle who are not so deprived, they can get extra funding from charitable trusts. They don’t have enough parents who are affluent enough to pay the full market price. And so when they lose funding they disappear.’ (THIC4)

In Table 6.2 we summarise our analysis of the possible solutions to these issues offered by the Universal Model and Partnership Model of care policy.

Linking care policies to gender equality

Childcare and working mothers

Participants had a clear understanding of the link between women’s poverty and childcare policy:

‘The average cost of childcare in the UK is £300 a month for a child over two and £740 for a child under two. So when you put into the mix there that women tend to work in lower-paid occupations, it’s a significant barrier especially when you add to the cost of it the hassle or the stress of trying to get your child there and then get to work on time, you might not even have a nursery near you particularly if you are in a rural area, or the provision
may be so patchy that it’s just not logistically possible and therefore it’s easier not to work. If you are a woman once you have taken that time out of the labour market, it’s much more difficult to get back in, you’re much less likely to get back in at the same level as before you had children.’ (THIG1)

However, the way in which discussions about childcare were framed was viewed as being problematic:

‘The problem is that childcare is a political argument. Instead of regarding childcare not as an issue of parenting but as a social good, a common good and a core element of our economic infrastructure because it opens up...
employment opportunities for women and men as parents but also within a workforce within the labour market that should be invested in.’ (ACA2)

Participants noted that often the highlighting of the pedological arguments for early-years childcare often meant that issues of equalities were side-lined:

‘There’s obviously a clear role for early learning and childcare around children’s development and inequalities, and overcoming some of those early disadvantages, as well as supporting parents to take up and remain in work… The important thing is that it’s about enabling families and individuals to make choices that best suit their needs and their family’s needs, and that to me would be supportive of tackling socio-economic inequalities as well as gender inequalities.’ (THIC3)

Indeed, some participants maintained that making an argument in favour of childcare based on its effect on gender inequality could be counterproductive:

‘Childcare obviously has gender implications, but when it is proposed the discussion immediately moves from gender inequality to other things. So there’s the economic growth, but then onto the impact on children, which is absolutely interesting and helpful to discuss, but the impact on women and the transformation to women’s lives that there might be made possible gets slid past.’ (THIG2)

Participants also drew clear structural and policy links between investment in childcare and women’s equality:

‘A country that doesn’t have a comprehensive childcare system is not doing very well on gender equality and a
country that doesn’t put gender equality very high on the agenda probably doesn’t do very well on childcare.’ (ACA1)

Some participants asserted that basing ideological arguments for childcare around women’s increased participation in the labour market was not, per se, an argument in favour of gender equality:

‘A lot of government policies relating to the development of childcare has always been based in the marketplace, the economic need to get women out to work. It’s been based partly on gender equality but far more on the economics, the basis of it is not necessarily the equality for women, it has been the fact that we need more workers in the workplace.’ (THIC4)

‘Childcare is now seen as an economic infrastructure argument rather than a women’s issue, in enabling both parents to work and making work affordable: it’s as important as roads and bridges, it’s a major part of your infrastructure in terms of if you want to be a successful, wealthy nation.’ (THIC1)

Others asserted that investment in childcare was a significant part of policies designed to address child poverty rather than gender equality:

‘The fundamental drivers of child poverty are far too many people not accessing the number of hours they want to work and being paid too little… and access to work is partly about access to childcare and the quality of the labour market, low pay, security, the hours of work that are available, education, access to childcare and social security… we need to support lone parents [mothers] by making sure that the infrastructure is there that childcare
is in place to enable mothers to take up work and increase their hours at work.’ (THIC5)

A broad commitment to reducing inequalities was held to be important for childcare policies to be invested in:

‘In Scotland, we’ve set very clear objectives in terms of closing the inequalities gaps, in terms of women’s issues childcare is allowing us to raise the rates of female participation in the workforce, we need to make sure there’s not the glass ceiling either for women, either because of age-old attitudes or barriers around having children or other caring responsibilities that are stopping women progress.’ (POL5)

Some participants pointed out that it was not a good idea to only focus on the arguments for childcare for very young children and those under school age:

‘I support the economic argument, the social welfare arguments, and the child development arguments in it all, but every one of these arguments also applies to care of older children, especially older children in poverty and children with disabilities and rural children. They all have different needs and they don’t stop at five or four and a half when they go to school. That’s what is disappointing: the Universal Model doesn’t stop at five.’ (THIC4)

Finally, participants drew a link between women’s inequality and child poverty:

‘The more you look at issues of gender, a child’s future is very much dependent on its mother, if its mother is in poverty that child is going to have less – poorer health, poorer education… Equality is not just a women’s issue, it’s society’s issue because in order to have a fair society
where we tackle inequalities, where we tackle health inequalities, where we tackle poverty, where we tackle all those things, we need to go to the root cause of all these things and that is actually by dealing with the inequality of women because they are the people who influence future generations… the only way we can stop children growing up in poverty and changing all those inequalities is actually to deal with their mum.’ (POL1)

**The need for formal social care**

The arguments that participants made in favour of the state provision of long-term care were different from those in favour of childcare. In some cases, it was about supporting unpaid family carers to continue to provide care and support rather than changing the expectation that they would provide care:

‘Family carers, to continue in that role, to provide the support, they themselves need support, they need some kind of recognition, they need recognition from employers, they need recognition from local authorities, the right kind of support and guidance.’ (THIL2)

However, other participants drew an explicit link between investment in formal, paid care services and the benefits for unpaid carers who could then participate in paid work:

‘It’s important to invest local authority funds in social care because not only do you enable and support disabled people and elderly people but if you put effective support in place carers are able to work and you’ve got money coming into your local economy.’ (THIL1)

Participants also drew links between investment in the formal provision of long-term care and benefits to the wider local economy:
‘If you invest in the local social care market, these are small businesses, women’s businesses, you could help the local economy by encouraging more people to be self-employed and run businesses.’ (THIG3)

However, some participants were concerned that even if formal long-term care services were providing support, that the large amount of unpaid family care taking place could remain hidden and undervalued:

‘We find that adult support social care services might be going in and finding a person up and dressed and medicated, and they are going in between nine and five, so they don’t see the scramble that has happened before that, where a family carer, a young carer, has done all that work because they’ve gone to school, or work.’ (THIL3)

Participants also made the point that they felt that care work should be valued and paid, even if the boundaries between unpaid and paid care work done by family carers remained unclear:

‘It’s not that everyone wants to be paid every time they go shopping for their mum, but there needs to be a good accessible state system, regardless of income, that becomes the norm, that you are not stigmatised for accessing it, you need to know it’s there and that is what we should be paying to provide.’ (TRA1)

**Pay and conditions for care workers**

As it is overwhelmingly women who work in childcare and long-term care provision, participants drew clear links between the pay and conditions of workers and the quality of the service provided:
'You have got to have enough staff, enough to cover holidays, proper training, proper personal development. There are real issues with people who have been working in the sector a long time, no support for further training and development, or they can’t access childcare themselves, the service is run at capacity so there’s no spare.' (ACA2)

Participants asserted that formal long-term care workers, in particular, were likely to be under-trained and not have ongoing learning and training opportunities for career progression:

‘We discussed the regulation of social care support staff, whether personal assistants working with disabled people, with mental health problems, and it’s a political choice not to regulate them. And there is also the issue of learning because these people stay in the workforce longer, the workforce is ageing, and they have no support to learn. We have started work with home carers, women who were averse to training, but they love it now.’ (SCOL1)

Some participants drew clear links between the undervaluing of care-work as gendered, the need for women to combine paid and unpaid care work, and the gender pay gap:

‘Undervaluing of women’s work is a big part of the gender pay gap, particularly when you look at the type of work that women are doing, so jobs like caring and cooking and cleaning and catering, these are the jobs that women are clustered in, part-time jobs because what we know is that women who still do the majority of caring, whether that is for children but also for older people and sick relatives or friends, then they will often have to look for part-time work in order to balance these caring responsibilities, but part-time work is generally low paid
and low status, it’s much more difficult to find part-time work at senior levels.’ (THIG1)

The nature of women’s paid work being disproportionately in the care sector, and therefore reliant upon public funding, meant that their employment could be precarious in a time of cuts to public spending:

‘Women are disproportionately stuck in the same lower-paid, menial jobs that are disproportionately affected by cuts to government because they are likely to be public sector, work in care, which is always one of the first things to get cut.’ (POL2)

There was also concern about investing in an educated and skilled workforce in childcare but not being able to pay them salaries commensurate with their education, compared to other sectors:

‘The managers have degree-level qualifications and we need a better educated workforce because that is about the quality of care for children, but what are we going to pay people who have to get a degree in these circumstances? If I pay someone £9 an hour to manage a very complex childcare service they will soon go onto other work, perhaps as a teacher.’ (THIC4)

Reductions in public sector provision of long-term care were seen to be having a direct effect on the pay and conditions of women who were providing paid and unpaid care:

‘The experience of women in social care is that they are being asked to provide more unpaid care, they are having to give up work because of it, or if they are being paid then their terms and conditions in the workforce are getting worse; there are more zero-hour contracts.’ (POL6)
Some participants pointed out that even within the public sector, gendered valuations of different types of work led to different levels of pay and conditions of work for different occupations who, in theory, have broadly similar levels of training and skills:

‘If you are a police officer, you train for 26 weeks and you get paid a hell of a lot more than a nurse or a carer. Now you could argue that the dangers and the skills of both jobs are equal, but the training and education that goes into one is not valued. Now, if you based it on risk and training, then the nurse should be paid a lot more, but she’s not because it’s gendered, and we need to break down the gendering of occupations so that women’s jobs like social care, make sure that people are being paid fairly.’ (POL1)

Finally, some participants wanted an ambitious political and economic strategy to recognise, value and invest in long-term care services as part of an investment in the workforce and infrastructure, rather than a negative ‘spend’:

‘We could be a world leader in innovative social care that is people-centred but it absolutely needs to be invested in so that the people who work in it earn decent salaries, that we value practical qualifications as much as sending people to university because some of the best carers are people who don’t want to study for degrees but have a real aptitude for caring… Because if you see an economic strategy devoted to social care, the impact of something like that on gender equality would be huge because it would be looking at wages, it’d be looking at conditions, it’d be looking at qualifications for the workforce, but it would also be looking at women’s roles as unpaid carers and whether it’s right for us as a society to basically offload caring responsibilities to an unpaid army largely of female carers.’ (THIC1)
Funding and political priorities

Participants were of the view that a change in political priorities was needed to see more investment in universal childcare:

‘The current UK government are clearly setting a different path to the one that we think is the most effective, although they are throwing hundreds of millions targeting the 2%, but that’s not going far enough in terms of what is needed. They are looking at workers, and workers who can afford it.’ (THIC3)

When childcare was provided in a marketised system, the issue of under-investment and lack of long-term development of the sector was held by participants to be problematic:

‘Childcare providers tell us – and this is a well-rehearsed problem – that the money they get from what people pay is really quite small to be able to run a good quality service and so childcare services are operating on the tightest of margins and unable to absorb any shocks at all really. On the other hand, women tell us that it’s immensely expensive to pay for childcare, it’s really inflexible, there seems to be an over-demand for childcare and demand exceeding supply.’ (THIG2)

In particular, the gap between the strategic vision – the political rhetoric – and the implementations – the reality – was held to be particularly stark in childcare services:

‘I think the government has a fairly good vision, it’s just how we make that happen. There’s no specific money attached to the strategy, there’s no indicators for monitoring progress, no robust framework for delivery.’ (THIC3)
Gender equality in itself not being seen as a political priority was held by some participants to be a significant barrier to investment in services, such as childcare and long-term care services, that could help achieve it:

‘So for the [Universal Model] countries, it is clear that gender equality always was and always will be a political priority, but for the UK that simply isn’t the case.’ (ACA1)

‘Gender budgeting and gender mainstreaming has a huge potential for changing policies and priorities, but if it isn’t backed up with political will, then you are a hostage to fortune, there’s little you can actually achieve.’ (ACA2)

A political ideology that saw service provision in terms of markets and the need to see a ‘return’ on investments, rather than a commitment to universal provision as part of social citizenship, was seen to be a particular issue in long-term care:

‘There’s a strong sense in the UK that you need to see a return on your investment in policy terms. And it is difficult to see that with social care, when you are looking at the UK as a whole, it seems that we would need to pay huge taxes to see the kind of universal social care services that we need, and that just isn’t a political priority.’ (THIL2)

Some participants pointed out that universal childcare could be seen as a convenient political vote-winning strategy – particularly for middle-class women, who are often seen as ‘swing’ voters – rather than a long-term strategy to address gender inequality:

‘Childcare is held up as a universal policy that will appeal to women, to win votes, it’s an easy policy, we just copy the Scandinavian countries, but that’s a convenient thing
to do to engage women. But whether that is strategic, or whether they do actually believe it, will it really be a long-term policy that they will be able to afford?’ (POL2)

The ideological commitment to markets, and seeing a ‘return’ on investments, was also perceived to limit the broad policy developments across different sectors that were needed to achieve comprehensive childcare provision and see the equality outcomes from that:

‘A lot of work has gone into getting childcare onto the agenda, and it is on the agenda. There’s a real understanding that some sort of state-funded investment in childcare is about the welfare of the children and not a choice. But they have missed the need for the expansion in the workforce, and seeing the care sector as a growth sector in a positive sense: it’s seen as a negative drain on the economy.’ (TRA1)

Equality, particularly gender equality, was held to be pretty low on the list of political priorities compared to other, more pressing issues:

‘There’s a good game talked about equality, but it dissipates very quickly and women lose their seat at the table quite quickly, the big boy stuff of the economy becomes, in its most limited sense, the focus of all the attention. Social justice and equalities becomes marginal – you talk over there while we discuss the really important issues of the day.’ (THIG2)

Commitment to marketised delivery of services was seen as resulting in short-term investment which prevented the development of a sustainable childcare sector:
‘There’s not enough funding for places. There’s always new providers, through government funding or charities, but they don’t always survive, because the funding doesn’t continue, and it’s seen as a market.’ (THIC4)

Participants pointed out that the competition for resources, particularly in overstretched municipalities and local authorities, could lead to long-term care being seen as politically unimportant:

‘Sometimes what is allocated to social care is the bare minimum, and it’s down to lack of will and lack of resources. And that is to do with not the right value being placed on social care and that it’s a really important thing for government to invest local government funds in.’ (THIL1)

In the Table 6.3 we summarise our analysis of the way in which the Universal Model and the Partnership Model of care policy, if adopted, could strengthen the links between care policies and gender equality outcomes.

**Summary**

**Cultural attitudes to gender equality and care work, and what the appropriate level of state involvement in the provision of care should be, are very entrenched and gendered in UK society.** In particular, the idea that care work should be done by the family, and ideally by women, contributes to it being undervalued and to a reluctance to letting the state interfere in ‘private’ matters.

- *The Universal Model* would require significant social and cultural commitment to gender equality and to state involvement in the provision of care to work. However, policy change can precede cultural change, and if the
### Table 6.3: The potential to link care policies to gender equality outcomes

| Solutions from the Universal Model | The Universal Model, particularly in childcare, would be the most effective solution to the lack of attention paid to gender equality outcomes in policies. This is because it would involve fairly substantial investment and a change of policy direction, it would need to be justified on numerous levels. Addressing child poverty, inequality and under-attainment would only be part of the argument for the Universal Model. It would need supporting arguments demonstrating the wider economic benefits and gender equality outcomes (both in terms of economic performance and ‘return on investment’ and in terms of social justice). The process of making these arguments would enable gender equality to take a much more prominent role in the ideological arguments for certain policy options. Similar arguments can be made for the Universal Model of long-term care. As this would require a substantial ideological and practical policy change, there would need to be cross-cutting political and normative arguments to support it. In particular, the arguments about freeing up unpaid family carers to engage in paid work, and the reduction in inequality and poverty, as well as the economic growth that would result from that, would have to play a significant part of the normative core of a Universal Model of long-term care provision. |

(Continued)
Solutions from the Partnership Model | In the case of childcare policy, it is difficult to see how an extension to this policy would address these issues satisfactorily. The flexibility of the model means that it will naturally reinforce existing inequalities: those with more resources will be able to exercise greater choice, which means that wealthier women will benefit much more than poorer women. Structural constraints, such as the need to combine paid and unpaid work and the unaffordability of services for the lower-paid and part-time workers would need a substantial commitment from policymakers to address. They may well see addressing gender inequality as part of that commitment: but there are no particular levers to strengthen that commitment in the face of competing policy priorities. The case of long-term care is slightly different. As providing more extensive coverage and a rights-based approach to services (alongside a flexible approach to delivery) would involve a change of the ideological basis of policy, gender equality would need to be part of the reframing of the arguments to strengthen them. There would need to be economic and social justice arguments made, and in both cases, gender equality forms an important part of those arguments, on both an ideological and practical basis. In particular, relieving unpaid family carers of the need to provide unpaid care would make a significant difference to the normative foundation of long-term care services, and gender equality arguments would be necessary to underpin that normative change.

Table 6.3: The potential to link care policies to gender equality outcomes (Continued)
political will to implement it and the benefits of it were clear, adoption of the Universal Model could help achieve the changes needed.

- The Partnership Model would require less of a leap in cultural change, because its ideological basis and views on gender equality and the role of the state versus family in providing care already closely mirrors that in the UK. It is predicated on an idea of individual choice, and yet achieves better gender equality outcomes than the UK. It would therefore be feasible that the Partnership Model could achieve incremental change in the value given to gender equality and the acceptability of state/private provision of care.

**Governance issues, including the role of gender equality in the constitution, horizontal level of state involvement, and the relationship between the state and providers were a significant concern.**

- The Universal Model does not in itself provide for constitutional change, or for fundamental restructuring of the responsibilities of national versus local government. However, its adoption would most likely be due to a significant political shift, and that in itself would provide an opportunity for the constitutional reframing of rights.
- The Partnership Model would be more easily achievable without fundamental political change, and therefore without a framing of the constitutional right to gender equality or service levels. Incremental change could achieve smaller, but arguably more achievable improved outcomes in gender equality, particularly if individual legislation had specific gender equality targets embedded within it.

Stakeholders felt that the link between care policy and gender equality remained underdeveloped and unarticulated in the UK: particularly with regards to
childcare and working mothers, the need for formal rather than informal social care, pay and conditions for care workers, and that funding for care was often of low political priority.

- *The Universal Model* would require the most fundamental change to be implemented in UK policy. This would mean that it would require a range of justifications: gender equality, child poverty, economic development and welfare state restructuring would all need to be part of the reasons put forward to support the changes needed. It would be important to open windows of opportunity for these arguments to gain traction: these windows are available – such as significant constitutional change (such as Scottish independence), exogenous economic and social shocks to the system (such as Brexit or rebuilding after COVID-19). However significant question marks remain over whether the policy systems will respond to these challenges by adopting a universalist approach to services.

- *The Partnership Model* does not offer much opportunity for the re-articulation of policy priorities and underpinning values. It is predicated on similar value systems and approaches to the UK, where gender equality is not generally seen as a high political priority. However, there are pressures, in particular to reform long-term care policy as a result of growing demand, and the failure of policies (such as the lack of attention to care home residents and the withdrawal of social care support from disabled people due to underfunding and lack of resilience, capacity and flexibility in the system) that were highlighted in the wake of COVID-19.

In the next chapter, we will return to our initial questions and ask: what model of care policy provides the best gender equality outcomes for women?