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# Towards care-centred societies

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Care work, often considered economically non-productive, is undervalued and professionally underpaid. This short perspective paper develops a holistic understanding of care, including paid and unpaid care work. It contributes to identifying pathways towards socially and environmentally sustainable, low-consumption societies. Based on archetypical definitions from feminist literature and gender studies, political science, sociology, psychology, ecological economics, and our own work in consumption analysis, we define care work as comprising activities and practices in relation to someone or something (e.g., the environment), which are nurturing and cultivating land, plants, animals, humans, and social groups to support wellbeing and quality of life. They do so by providing many of the services" that enable people to participate in society and sustain objects of ethical, emotional, and relational value. The definition covers a broad spectrum of care work, including both professional paid care and unpaid, more or less voluntarily provided care (social norms constitute the "less voluntary" case). We differentiate amongst different types of care work and use this more fine-grain approach to have a closer look at the relation between paid and unpaid care and the relation of care to sustainable development.

#### KEYWORD

care work typology, crisis of care, time use, sustainability, pathways to care-centered societies

#### 1 Introduction

Care work, often considered economically not productive, is undervalued where unpaid and underpaid were remunerated. Care-related professions are female connoted, with few, mostly male exemptions (star cooks, chief physicians, etc.) who are paid well above the sector average (Spangenberg and Lorek, 2022; Spangenberg, 2002). However, whilst the two spheres of male and female connoted employment appear rather prevalent, only updated due to technical and economic developments, today sex and gender do not necessarily always coincide. Whilst in some sectors of some Western societies gender roles have become more flexible, in others women can make a career following male patterns and behavioral strategies, and in male-connoted sectors. Still, a man caring for the household risks stigmatizing (Zykunov, 2022). For other genders, it is even more challenging to get a chosen social identity accepted if it is beyond the dichotomic stereotypes.

This perspective paper aims to suggest exemplary steps to overcome that gap by first identifying and characterizing different kinds of care work according to the "cui bono" (to whose benefit) criterion. Then we take a look at the development dynamics of care work, mention the links to sustainable development, and finally derive some suggestions.

Our definition of care draws on a selection of diverse sources. Given the volume of literature dealing with the issue, we do not claim comprehensiveness, nor do we represent the diversity of individual attitudes and schools of thought, but we hope to have selected archetypical definitions. They are derived from feminist studies (e.g., Schildberg, 2014), political science (e.g., Tronto, 1993), sociology (e.g., Shove et al., 2012), psychology (e.g., Graham, 1983), ecological economics (e.g., Jochimsen, 2003), and our work in consumption analysis (Spangenberg and Lorek, 2022). Drawing from these sources, we define care work as

comprising relational and intentional activities and practices in relation to someone or something (e.g., family, home, or the environment), which are nurturing and cultivating land, plants, animals, humans, and social groups to support wellbeing and quality of life. They do so, motivated by norms, insights, and feelings, by providing many of the "services" that enable people to participate in society and sustain objects of ethical, emotional, and relational value. The definition covers a broad spectrum of care work, including the largely invisible emotional labor of caring work both in professional paid care and in unpaid, more or less voluntarily provided care (more so with care a desired human emotion, less voluntary if driven by social norms). The vast majority of the activities and professions identified as "essential" in the COVID-19 pandemic are hence classified as unpaid or professional care work, which underlines the essential function of care for a functioning and resilient society.

In this context, it appears useful to differentiate different types of care work and use this more fine-grain approach to have a closer look at the relation of paid and unpaid care and the relation of care to sustainable development and to derive some exemplary suggestions for improving the status of care work.

## 2 Methods

In the first step, we conducted an English language literature search on Google Scholar using the combined term "care and sustainability", resulting in several hundred references. When eliminating those focused on specific aspects of health (e.g., primary health care or midwifery care) or care (e.g., environmental care, care and sustainability ethics, or religious perspectives), a visible but limited representation of different cultural perspectives remained (approximately 25 papers). From this list of papers identified in the first round, we worked backwards analysing the reference lists of the papers identified and used Google Scholar again to locate additional publications providing relevant insights, a process known as "snowballing." In line with the emphasis of the analysis, priority was given to literature analysing (1) the difference between—and different environmental impacts of—different kinds of paid and unpaid work, (2) the contribution of care work to societal wellbeing, and (3) suggested measures to enhance the status of care work.

To compensate for some of the limitations, we shared the results of the literature analysis with an international group of experts on the future of work, senior researchers of the participating institutes from different countries in North and South, and with long-standing experience in research related to the issues under investigation. To avoid selection bias, they were not involved in the literature analysis work. The draft typology was discussed with them individually and in three online group meetings, and the results were used to refine and complement the literature analysis.

The expert discussions focused on the role of care in work and the link of different kinds of care work to sustainable development. The discussions confirmed the need for differentiation and the suitability of the structure chosen, as different kinds of care work require different kinds of physical, legal, and social infrastructures and comprise different kinds and levels of social networking. As a result, both their material and immaterial conditions and their impacts regarding low-resource consumption are different, and their differences, reflected in the typology, should be kept in mind when

discussing care and sustainability. Given this diversity, the proposals we derive can only be exemplary and far from exhaustive, but they still—hopefully—offer perspectives for future research and policy developments. The resulting differentiation of care typology, including agency, motivations, and possible benefits and risks, is shown in Table 1.

## 3 Care and care activities

### 3.1 Typology of care activities

The typology of care in Table 1 identifies five different types of care work, based on different aspects of the career, beneficiaries/motivation, the role of monetization, possible benefits, and risks.

# 3.2 The relationship of paid and unpaid care work (types 1–4 vs. 4–5)

One of the most fundamental differences between the different types of care is the one between paid jobs (type 5) and unpaid work (types 1–3), with type 4 being a kind of hybrid combining committed and contracted work. However, the relevance of unpaid care work for the economy and society is not easy to quantify. One suitable method is time-use surveys, which are conducted in several countries around the world (Charmes, 2015), including Japan and Germany. The German Statistical Office publishes data from time-use surveys every 10 years (Statistisches Bundesamt, 2015, 1995). In total, in Germany, paid work in 2012/12 counted for 44% of all work done, with care a minor component—a situation unchanged in 2022. Unpaid work, much of which is care, contributed more working hours, namely 56%.1 According to the data from 2012 to 2013, care work for the (chosen) family (type 2) was on average 3:07 h a day, comprising work in the kitchen (0:40), shopping (0:34), housekeeping (0:27), garden and pets (0:20), travel (0:17), and caring for children (0:13). For community work (types 3 and 4), 0:21 h a day were spent (Statistisches Bundesamt, 2015). This illustrates why community work can easily be combined with paid work, whilst for provisioning work this is more of a challenge. Comparing the data from the German Statistical Office's time use survey 2012/13 with the 1992 survey reveals the trend that women have reduced their time in unpaid (mostly care) work, whilst men have reduced their time in paid work without shouldering significant additional unpaid work. As compared to 20 years earlier, the total volume of unpaid chosen family and community work (types 2-4) has been declining from 3:58 h (1992) to 3:28 h (2012). Women reduced their contribution from 5:00 h to 4:10 and men from 2:48 to 2:45. Hence, in 2012/13, women provided 61% of the unpaid care work. As a result, even if additional time is invested in paid care work

<sup>1</sup> The survey of 2022 time use was published in Statistisches Bundesamt (2024). It shows women decreasing their paid work by 0.9% and men by 5.6%, while increasing their unpaid work by 1.3 and 1.7%, respectively. As these data appear to be strongly influenced by the COVID-19 public health policy impacts, we refrain from a comparison of the disaggregated time use data for unpaid work.

TABLE 1 Typology of care activities.

TABLE I Typology of care o					
Type of care work / example	Career	Beneficiaries, motivation	Monetization (predominant)	Possible benefits	Possible risks
Type 1 Self-care: DIY, individual gardening & pet keeping, meditation, but also self-reliance, awareness and self-control	Individual	Motivation: one's own benefit, to achieve, maintain, or promote wellbeing (Martínez et al., 2021). Can have positive spill-over effects for friends and relatives (DIY) and community and environment (gardening)	Non-monetary	Reduction of expenses Psychological benefit Developing a sense of independence and self-esteem. Increase of productive rather than consumptive use of free time Self-education	It could be (Becker, 1998):  • a contribution to an environmentally benign economy  • a patriarchist trap for women, depending on the social attribution of tasks and duties in self-providing work  Withdrawal from social processes
Type 2 Caring for members of the "chosen family" a, including caring for dependents (young, old, sick, etc.) and mutual caring Provisioning, cooking, nursing, shopping. Health and emotional care	A family member, often the most time-consuming activity of daily life	Family duties, caring for family members (family including core family, wider relatives, and "chosen family," i.e., the group of friends sharing caring)	Non-monetary (mostly based on cultural aspects, norms of the society)	Social coherence, creation of belongingness	Duties being imposed on individuals due to social norms Exhaustion from the mental load Feminization of environmental responsibility
Type 3 Self-organized community work, outside the private household & in exchange with other people, e.g., neighborhood help, self- help groups, voluntary work	Individuals	Caring for the common good, for a mostly local community, nature or animals	Non-monetary exchanges, mutuality, reciprocity	Emotional and ethical satisfaction as labor power is spent in one's own interest generating use value Emotional, environmental, and social benefits (recognition)	Can lead to frustration, exhaustion, social tensions Conflicts with professional jobs possible
Type 4 Institutionally organized community-oriented work outside private households in exchange with other people, e.g., civil society engagement	Individuals in organized collaboration	Caring for the common good, for the social and environmental health of local and larger scale communities, society, humanity, nature and animals	Mostly non-monetary, partly appreciation payment significantly below market rates In NGOs increasingly professional leadership, with gender imbalance	Belongingness in organized work, ethical satisfaction, and social recognition for "saving the world for our children" Use value dominating with volunteers, exchange value less than in other forms of paid work	Can lead to a new low- wage sector (even below the already meagre payment in professional care work) Frustration, burn-out Leaving care work for other professions
Type 5 Professional care work: social work, human and animal health care, personal and household services, education and teaching, provisioning of essential goods. Care in work: taking care of colleagues as part of the job	Professional care workers, Workplace colleagues, professional, e.g., in occupational health and safety	Individuals (income), colleagues, society, nature, or animals. Motivation: Job description, salary, dedication to the job	Monetary, but often still intrinsic motivation and ethical principles, are frequently abused by employers to stimulate self-exploitation (e.g., unpaid overtime) if not legally binding (labor law)	High level of responsibility and engagement, self-realization of caregivers, respect and gratitude of care recipients	Professional care jobs are often jobs for migrants or ethnic minority members (skills drain).  Often overworked and underpaid.  All were frequently understaffed, under enhanced pressure during the pandemic and after

<sup>&</sup>lt;sup>a</sup>The chosen family consists of not necessarily biologically related family-like structures; the choice is not necessarily voluntary but can be enforced on individuals by social norms or third parties.

(type 5), it is by far not enough to compensate for the reduced volume of unpaid care of types 2–4. In figures: the average daily paid work is 2:43 h (2012); in 1992, it was 3:14. 2012, men worked 3:19 h per day in paid work (1992: 4:25 h) and women 2:19 (1992: 2:11). In sum, the total daily average working hours, paid and unpaid added, are 6:11 h (1992: 7:12). Approximately two-thirds are care workers, and the trend, expected to continue, is towards a "care-less" society (Statistisches Bundesamt, 2015). The new data from the surveys carried out in 2022 will probably not be available until 2025. International data are not easily comparable and often less detailed. However, the ILO calculates that on average, women around the world perform 4 h and 25 min of unpaid care work every day compared with 1 h and 23 min for men (Pozzan and Cattaneo, 2020).

## 4 Sustainability

Sustainable development, in 2020s terminology, combines the concept of "needs," in particular of the poor, with the idea of limitations imposed to safeguard the provision of ecosystem services<sup>2</sup> in the long run (WCED, 1987). This is obviously a care-centered approach; a caring orientation is a necessary condition for development to become sustainable. In a similar vein, but focusing on the needs part, Di Giulio et al. (2023) conceptualize sustainability as "caring for human wellbeing". This illustrates that in the concept of wellbeing, "recognition of the environment and nature is embryonic" (O'Mahony, 2022), which is why our definition of care (see Introduction) explicitly emphasizes "nurturing and cultivating land, plants, animals, humans, and social groups" (of which the caregiver can be a member—or not) as the necessary sustainable means to "support wellbeing and quality of life."

This essential link is illustrated by the One Health approach promoted by the World Health Organization (2023), now enshrined in the Kunming-Montreal Global Biodiversity Framework, adopted by the Conference of Parties of the Convention on Biological Diversity (CBD, 2023). It is based on the insight that human health, physically and mentally—a key object of care—cannot be achieved in an unhealthy environment; COVID-19 as a zoonotic disease accelerated the process of turning this scientific insight into a policy statement. Hence caring for the environment is caring for human health, and caring for health requires caring for the environment.

Social sustainability, i.e., meeting human needs, in particular those of the poor, is the first component of sustainable development. In countries with established social security systems, mostly affluent countries, caring for the needs of the poor is a task of the state (type 5, and to some degree type 4). In places where such institutional support systems do not exist, societal processes often provide support and care on the basis of (hierarchically

2 We hold that the term "Nature's Contributions to People" introduced by IPBES, the Intergovernmental Platform for Biodiversity and Ecosystem Services, as an alternative to "ecosystem services," is preferable as it explicitly accommodates different world views and value systems. However, here we have referred to the older term, as "services" is part of the definition of care work we use.

structured) mutuality in social networks, such as chosen or extended families (types 2–4).<sup>3</sup>

Vice versa, our definition of care work refers to taking care of "land, plants, animals, humans, and social groups." Actively supporting the well-being and quality of life of humans and social groups is exactly the core of social sustainability, whilst nurturing and cultivating the land and what lives there is environmental sustainability. Care work types 2–5 enhance sustainability, whilst type 1 is rather ambiguous.

Care work can provide emotional bonding between humans as it safeguards against potential threats by assuring the proximity to caring and protective others. When individuals feel this is a reliable given, the activation of the caregiving behavior system is facilitated; reliable care availability is a social process with positive feedback loops (Nisa et al., 2021).

## 5 Pathways

In modernizing societies, traditional patterns of care are eroding (care types 2-4), as the time budget figures have clearly shown. Economically, the crisis of care is not least a result of increasing female labor market participation, regardless if aspired to as emancipatory achievement or enforced by economic necessities. Simultaneously, men have not invested their reduced paid work hours in care work, leaving a gap. Finally, a fully paid replacement would be beyond governments' financial capabilities (in particular now that military security has gained prevalence over social security in many countries) (Spangenberg and Kurz, 2023). A society cannot survive without care work, and the retraditionalisation happening in the course of divergent value trends in different parts of the world is not in line with sustainable development. Already Agenda 21, adopted at the UNCED conference in Rio de Janeiro in 1992, had a chapter on women's empowerment (United Nations, 1993). Hence, alternative solutions have to be found, motivating more men to engage in care and reducing the economic pressure on women to further reduce their contribution.

#### 5.1 Strengthening unpaid care work

If counting the time spent on care activities for pension schemes, receiving the full pension would depend on the sum of the time in paid work and on unpaid care duties—for men and women. Other social provisions, such as health and accident insurance for unpaid care work, would supplement the incentive. To address the unwillingness of males to engage more intensively in care requires a shift in values, male role identities, and social practices (Shove et al., 2012; Hargreaves, 2011). In principle, the emerging flexible working arrangements allow for greater self-realization, in paid employment as in voluntary work and care, if the working person is free to choose when and where to work (Hildebrandt and Linne, 2000). This offers opportunities to include care work into daily life schedules.

<sup>3</sup> Unfortunately, due to limited space, we cannot discuss the international dimension, including care migration, in adequate detail.

## 5.2 Care work as qualification

Skills acquired in care, e.g., in family care work (type 2), can be instrumental to a successful performance in paid jobs, in the business as well as in the public sector (Biesecker and Baier, 2011). Hence the mutual acknowledgement of qualifications emanating from paid work and unpaid care, in particular social competences from caring and community work, could be an important asset and contribute to corporate resilience in turbulent times. For instance, a higher share of female leadership contributes to less risk-taking, fewer mergers, and higher investment in RTD (Post et al., 2022).

#### 5.3 Care at work

If proof of care experience were a condition for management positions in the formal economy, companies would probably be managed differently (type 5): with a higher share of female board members, the number of narcists, mostly male board members, would probably decline (Grijalva et al., 2015). Thus, besides care work, a human-centred economy also requires "care in work." A relevant step in this direction might be that individuals, men and women, would be required to present a care biography as part of the professional CV when applying for a job.

## 5.4 Upgrading paid care work

An additional important step is to end the erosion of professional care and to overcome the deficit of paid care workers in almost all countries around the globe. As the current retreat from paid care work has three main, interwoven reasons, namely bad working conditions, meagre payments, a lack of social and financial benefits, and a lack of recognition, it is rather obvious that significant investments in infrastructure, equipment, and personnel are required to end it (Johnson, 2021; Parker and Menasce Horowitz, 2022). This should be one immediate priority of public spending.

#### 6 Conclusion

The "crisis of care" is not the crisis of one type of care but applies to pay as much as unpaid care work and to care for a wide range of targets, from oneself to the larger social and natural environment. Addressing the policy challenges for different kinds of care in isolation can be hardly successful. On the other hand, a one-size-fits-all policy approach will probably not succeed, given the wide range of motivations, social situations, and skills required for different types of care. A comprehensive typology of care and care work like the one presented in this perspective paper supports a differentiated analysis. On the one hand, it can be used to identify generic characteristics of

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care across the different types and the policies to support them in a specific socio-cultural context. On the other hand, the five types of care work are mutually dependent and require type-specific strategies to improve the conditions for different kinds of care. Combining both is what we call a holistic understanding of care.

Care attitudes and care work, in the broad sense illustrated by the typology, are indispensable conditions for social as well as environmental sustainability. Indeed, sustainable development is essentially a care-based concept, including caring for the living conditions of the generations to come.

# Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

#### **Author contributions**

JS: Writing – original draft, Writing – review & editing, Conceptualization, Data curation. SL: Writing – original draft, Writing – review & editing, Conceptualization, Data curation.

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