A New Indicator for Care Needs

Transcript of presentation during feedback session on the Basic Care Basket on the sidelines of CSW67

We are here to introduce a new indicator for the care economy: the Basic Care Basket (BCB). This is a work in progress. We are at the initial stage of developing the indicator: adjusting the conceptual framework, developing the methodology, piloting the BCB, and processing data. At this point, we will not present the BCB findings or a working paper. What we want is to discuss the concept behind the indicator, the strategy we are developing to measure it, and the opportunities for scaling it up. In other words, in this presentation you will find the genesis of an idea and its first steps.

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We will begin by telling you in what context the BCB arose.

The BCB was born during the pandemic. The Argentinian government, like many others, promoted a package of measures to avoid the collapse of the health system. The aim was to prevent the spread of the virus and to strengthen healthcare services so that they could withstand the pressure of contagions. During the first months of the pandemic, national production of masks and respirators multiplied. Inpatient beds grew by 40% and twelve modular hospitals were built. Also multiplying were the indicators. Specifically, daily monitoring of the virus mortality rate and the health system occupancy rate took place, to decide how far to restrict mobility and certain activities. It was surprising how quickly a system of indicators was put together to check that the health system was accessible to anyone who needed it.

To reduce contagion and avoid the collapse of the health system, many public activities shifted to the home. This was particularly problematic for families with school-age children, as schools and childcare centers were closed, and there was no possibility of sustaining the care networks many households relied on for their daily functioning. Many families lost their regular source of income. Nevertheless, it was assumed that they could provide care. In the pandemic, the monetised economy shrank as never before, and much of this activity was absorbed by the non-monetised economy. However, there was no single indicator to monitor whether families were able to meet this challenge.

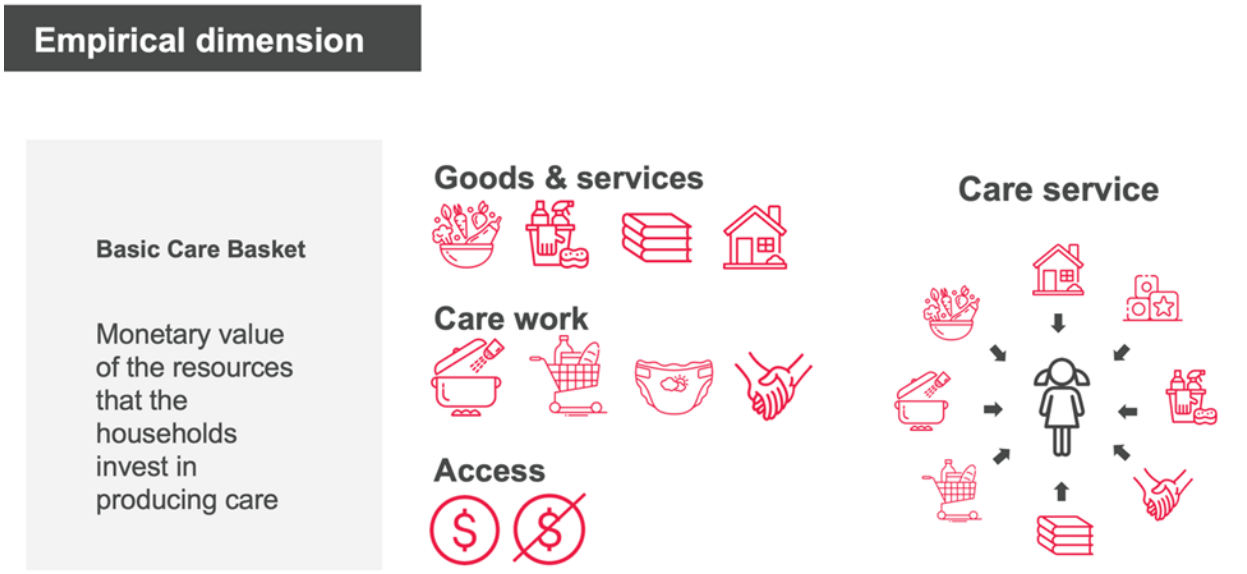
The BCB aims to address that gap, asking the question: do families with care responsibilities have the resources they need to provide care?

The **BCB is a synthetic indicator** that aims to estimate the costs of care production from the perspective of families and women. It focuses on the units where most care is produced—households—and makes visible the work that millions of women do every day for free to manage and assemble the goods and services required to produce care. Sufficient, high quality care allows children to thrive. Children can then access care services provided by societies for their development—health and education, for instance—so that, after a long period of dependence, they can lead independent lives.

We made this video to explain what the BCB is.

The BCB has three dimensions: empirical, normative and evaluative.

In its **empirical dimension**, the BCB aims to show the volume, composition, and monetary value of the resources that families mobilise to produce care. More precisely, we will focus on families that include at least one child under 13 years of age.



Let's look at an example. Ana lives at her mother-in-law's house, with Tomás—her partner—and their two children. Both Ana and Tomás work full time. Their youngest daughter, Sofia, attends a state childcare centre, while Juan, their teenage son, attends high school. On a typical day, the grandmother picks Sofia up from the childcare centre and cooks lunch for her grandchildren. When Tomás gets off work, he does the grocery shopping, while Ana goes straight home to spend time with the children. These and other similar scenes reflect the caregiving dynamics of many families with young children around the world, regardless of their composition.

The BCB aims to shed light on the monetary value of the resources that families with children and teenagers mobilise to sustain their caregiving dynamics. In Ana's family, the BCB includes the price of the goods and services they buy in the market: food, clothing, housing, equipment, utilities, as well as what they pay for Sofia's childcare

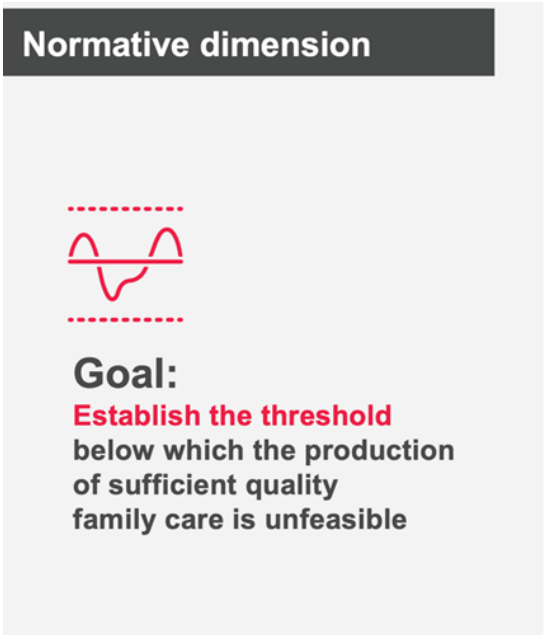
and Juan's education. Yet it also involves the monetary value of the unpaid work carried out by Ana, Tomás and the grandmother to transform these resources into care. When we add all this up, we obtain an approximation of the costs of producing family care.

In addition, the BCB will provide us with information on what proportion of these resources were purchased in the market, were granted by the state, or were provided by the family (usually women). We will also know how these costs vary as children grow, and the projected cost of caring until the end of the child-rearing stage.

To estimate the BCB, we have three key data sources. The main one is the Household Income and Expenditure Survey. To calculate the monetary value of unpaid care work, we will use data from the Time Use Surveys and apply the methodologies used in the satellite accounts framework. To estimate the monetary value of government services used by households, we will use data on public spending allotted to, for example, education and health. In other words, to calculate the first estimates of the BCB we do not need to produce primary data, but rather we will introduce new intelligence to data sources that already exist in most countries.

In its **normative dimension**, the BCB aims to establish a threshold below which the production of sufficient quality family care is unfeasible.

If companies do not have the resources to produce, they declare bankruptcy and dissolve. Families do not have this option. Families tend to respond to adversity in two ways: by exploiting women's time and/or by turning care recipients into caregivers.



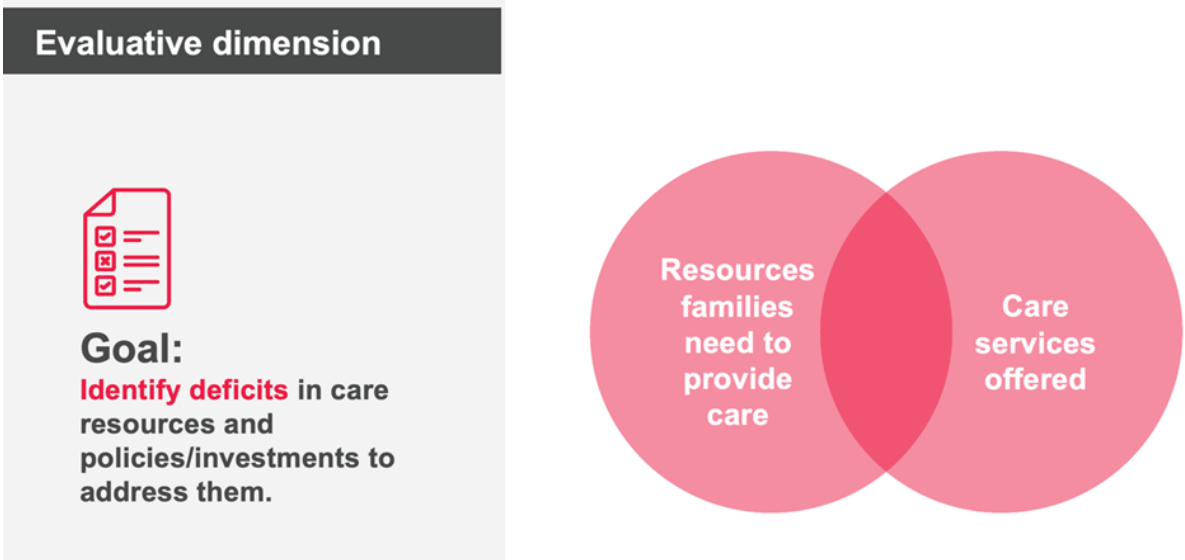
Turning back to our example, if there were no free-of-charge, quality childcare centers, the most likely scenario is that Ana's mother-in-law would devote more time to unpaid caregiving, or that Ana would cut back her hours or withdraw from the labour market to provide care. If this were to happen, household income would be reduced. Perhaps Juan would start working in the family business and, if the economic situation became unsustainable, he would drop out of school to work full time. To avoid this situation, we need to ask ourselves: what is the threshold of resources that families need in order not to jeopardize women's economic autonomy and the development of children's and adolescents' capabilities?

To establish the threshold, we will refer to the results of the empirical dimension of the BCB. What is the volume and composition of the resources that allow families to support the development of their children's capabilities without threatening women's economic autonomy? What is the threshold of resources below which they cannot produce sufficient and quality care?

Finally, in its **evaluative dimension**, the BCB aims to enable us to compare resource provision in three dimensions: resources used by families to provide care, the resources they need, and the resources provided where they live. Through the local implementation of the BCB, we intend to measure and characterise the deficits in

care resources faced by families, and provide guidance on the funding needed to address them.

The ultimate goal of the BCB is to promote care policies that provide families with the resources they need to provide care and strengthen their capacity to produce it. For this reason, it is essential to involve local governments from the beginning of the project. We are currently working with the authorities and technical teams of the Secretariat of Care of Santa Fe, the local government of an Argentinian province.



Now, what is the innovative aspect of this indicator?

Let's go back to the example, and imagine that in 2020 Sofía was starting first grade. First grade is the school year in which children learn to read and write. Sofia's family and her teacher did everything they could to help her learn to read and write. The grandmother and Ana cooked the meals. Tomás did the groceries (now online). They used the money they had saved and the grandmother's pension because, during quarantine, Tomás lost his job. Ana woke Sofia up in the morning, helped her get dressed, bathed her, and played with her. She also transformed the dining room into something like a classroom and used her mobile phone to download the homework sent daily to the Whatsapp group of first-grader families. Two years later, Sofía met her teacher and classmates at school and was able to read a simple text – with difficulty, but she managed.

This capability that Sofia developed during the pandemic was the result of the care that Ana, Tomás, the grandmother, the teacher and also Juan, her brother, were able to provide during the pandemic. Sofia's care is ongoing: it predates the pandemic, and will continue until Sofia acquires the necessary autonomy to fend for herself, at around 17 or 18 years of age. To provide this support, the family managed a multiplicity of resources: goods and services that they bought with labour income, education provided by the state, and their own efforts to assemble these resources and respond to Sofia's care needs.

The BCB is innovative in aiming to provide information about the key parts of the care production process. Focusing on the household level, its main contribution is estimating:

a) The monetary value of the resources that families mobilise to produce care, namely: food, clothing, housing, basic services, health, education, and the work they devote to transforming these resources into care.

b) The monetary value of the resources for care that the state and the community provide to families, like care services, education, health, and cash transfers.

c) The monetary value of the resources for care provided by women, children, and adolescents.

d) The threshold of resources below which families cannot produce care without jeopardising women's economic autonomy and/or the development of children's and adolescents' capabilities.

Contribution of the Basic Care Basket

The BCB recognises that human capabilities, which enable societies to flourish, are mostly produced by the care that women provide in their households. Within households, a crucial non-monetized service is produced. This production, however, links households to the monetized economy. The BCB seeks to shed light on this interdependence. It underscores the relevance of investing in care policies to strengthen and expand an economic sector that provides a critical service, to achieve more equal and sustainable societies.

We know that it's an ambitious and expensive goal, but tweaking the famous saying "If you think education is expensive, try ignorance," goes some way to putting this challenge in context: "If you think paying for care is expensive, try having no care."