

## **COVID-19 and the Centrality of Care**

Cantillon, Sara; Hilton Boon, Michele; Teasdale, Nina

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# COVID-19 and the Centrality of Care



Report addressed to

**The Office of the Chief Social Policy Adviser**

**Grant funding call for expert reviews to inform the work of the  
COVID-19 Learning and Evaluation Oversight Group**

Professor Sara Cantillon, Dr Michele Hilton Boon and Dr Nina Teasdale

February 2023

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# EXECUTIVE SUMMARY

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**Unpaid care work continues to perpetuate gender and intersectional inequalities, affecting women and girls' social and economic empowerment (ILO, 2018).**

**Although previous economic crises have not triggered radical changes to gender roles (Rubery and Ratterty, 2013), the COVID-19 pandemic has represented a more radical shift in the volume of unpaid household and care work which has had to be reconciled simultaneously with paid employment.**

This report includes findings from two distinct but related research activities. First, a rapid systematic review (RSR) was undertaken on the distribution of unpaid care work during the COVID-19 pandemic and how it has been shaped across gender, social class and ethnicity. Second, to complement the rapid review, couple and individual based qualitative interviews were undertaken to allow for a richer insight into the 'lived' realities of households in Scotland.

## Key Findings: Rapid Systematic Review

- A substantial evidence base (57 studies, including 12 from the UK) has examined the effects of COVID-19 social policy responses (lockdowns, restrictions on movement, school/nursery/day centre closures, flexible working) on the gendered division of unpaid care labour in households.
- During periods of stay-at-home regulations, school closures, or pandemic-related employment changes, the time spent by men on both housework and childcare increased, but so did the time spent by women. On average, women spent more time than men on both housework and childcare, both before and during the pandemic.
- There was conflicting evidence as to whether the gender gap in the division of unpaid care labour changed overall. Most studies were conducted in the first six months of the pandemic, but a small number of more recent studies found that any initial narrowing of the gender gap was temporary and faded out over time.
- There was conflicting evidence as to whether the gender gap in unpaid care differed by social class. Two separate UK studies found no evidence of differential effects on the division of housework or childcare by income level or occupational group.
- There was limited evidence about how unpaid care of adults was affected. One UK study found no significant post-pandemic changes or gender gap in time spent caring for adults who are sick, disabled or elderly.
- There was evidence of an unequal financial impact of the pandemic across income levels in the UK. Workers with children reported greater financial insecurity than those without children, and working mothers experienced more financial insecurity than working fathers.

- Satisfaction with the division of unpaid care decreased during the pandemic among both men and women, with some evidence that women were worse affected.
- No studies provided information on how the gendered division of unpaid care varied among different ethnic groups.
- Qualitative studies of women's experiences during the pandemic showed that the loss of support structures and formal care provision, insufficient home environments, persistent gender ideologies, and psychological stress all contributed to the increased emotional labour and burden carried by women caregivers during the pandemic. While the pandemic offered opportunities to redefine gender roles and improve work-life balance for some families, pre-existing gender inequalities and norms did not disappear.

## Key Findings: Qualitative Interviews

- Both women and men expressed gender egalitarian attitudes; all couples stated that their dual earnings were important to their household income and believed that caring and household responsibilities should be shared.
- 'Lived egalitarianism' (Usdansky, 2011) was not, however, a reality for all the participants and the negotiation of household and care labour was said to be pragmatic – dependent on different variables including the job market, working hours, stage in the life-course and childcare availability.
- Key to men's increased role in household and unpaid care during the pandemic was whether their partner was a key worker and had to attend the workplace.
- Also important was whether men had more flexibility than their partner in terms of their working patterns and schedule.
- 'Preferences' for household chores were said to influence and shape the gendered division of labour, with examples of men adopting tasks stereotypically perceived as 'female', as well as 'gatekeeping' tendencies (Gaunt, 2008).
- The men interviewed were all involved in caring responsibilities and stressed the importance of being 'involved fathers' (Atkinson, 2022). Many respondents stressed that the lockdown measures and pandemic-induced home working environments created opportunities for sharing care and household work.

## Key Policy Implications

Findings of the RSR and qualitative interviews serve to highlight the ways policy might be harnessed to facilitate 'deeper' shifts in attitudes and social norms to support longer-term changes in the gendered distribution of labour, creating a more inclusive and resilient Scotland. Key policy implications include re-visiting:

- **Early Years and Childcare Policy – greater flexibility in operating hours:** Shortcomings in relation to formal childcare were underscored, with childcare reinforced as expensive and incompatible with the current 24/7 world of work and working patterns. While childcare was available for keyworkers in periods of lockdown, cost and childcare opening hours were still crucial factors impacting use. Closure of schools, stay home and social distancing measures also shone a light on the complex jigsaw of informal care provision adopted by households to reconcile paid work and care responsibilities.
- **Right to Request Flexible Working Policy:** Home working during the COVID-19 pandemic offered advantages (savings in costs and time due to reduced commuting) but also disadvantages (insufficient facilities, isolation; the blurring of boundaries between paid work and family life). In particular, these arrangements were not equally available to all workers, for example, frontline customer- and patient-facing jobs, which are performed mainly by working-class women. Policymakers and organisations need greater recognition that flexible and home working arrangements ‘in practice’ have had unintended outcomes that have widened inequalities and are not a universal remedy for all workers.
- **Paternity and Share Parental Leave Policy and Pay:** Birth of a child during lockdown reinforced the limitations of current paternity and shared parental leave for fathers’ involvement in sharing care responsibilities and household work, and the importance of improving such rights.
- Consider how policy measures could be harnessed to support equitable changes in the distribution of care work.
- To address these research objectives, an expert rapid systematic review (RSR) was carried out, along with fieldwork based on exploratory qualitative interviews. Section 2 of the report outlines the research methods and section 3 sets out the findings from the rapid systematic review and the qualitative interviews. The findings are discussed in relation to key themes identified from the RSR and emerging from the qualitative interviews conducted for the fieldwork. In Section 4 the findings are brought together to inform the implications for learning and policy-making. In so doing, four policy pathways are put forward to help recognise, reduce and redistribute unpaid work to support gender equality and create a more inclusive and resilient Scotland (Cantillon and Teasdale, 2021; Elson, 2017).

### Care as integral to society and the economy

The centrality of care to social and economic life has been underscored by the Covid-19 pandemic, with care emerging ‘from the shadows as a taken-for-granted afterthought in public life’ (Fine and Tronto, 2021: 302). Specifically, the global health crisis made visible what social scientists have long been describing as the ‘crisis of care’ (Rosen 2007; Fraser 2016).

With the onset of the pandemic and the UK’s first stay-at-home orders in March 2020, both paid and unpaid care work intensified – not only in terms of care for people suffering from the virus, but the unpaid domestic and care work in the home (United Nations 2020; Johnston et al., 2020). While previous economic crises have not triggered radical changes to gendered care roles (Rubery and Rafferty, 2013), COVID-19 and the accompanying social and economic crisis have witnessed a more pronounced shift in the volume of care work (child, adult and elderly care) which has had to be reconciled simultaneously with paid employment and periods of lockdown, with the closure or reduction of public and private care services (Cantillon and Teasdale, 2021; Fodor et al., 2021).

Protective measures implemented in response to COVID-19 varied across time and across borders. These measures included restrictions on movement and ‘stay at home’ orders (popularly referred to as ‘lockdown’), social distancing, closure of schools and daycare, changes to health and social care services due to the pandemic, changes in labour and economic policies including furlough, work-from-home and flexible working provisions. All of these factors contributed to people spending more time in the home and to the intensification of unpaid care and domestic work; very few, if any, people would have experienced a single one of these factors in isolation from any others. The approach of this report is to take these varied measures together as a natural experiment in increased exposure to unpaid care and domestic work.

## INTRODUCTION

This report presents research commissioned by the Scottish Government (SG) to support Scotland’s response to, and recovery from, COVID-19. The report focuses on research that set out to explore the extent of pandemic-induced (temporary) shifts in unpaid domestic and care roles within households, and the potential longer-term impacts on the gendered and intersectional organisation of work and family life. The report also feeds into the Scottish Government’s wider work to promote gender equality and reduce the gender pay gap (GPG) through the Gender Pay Gap Action Plan and the Fair Work agenda, as well as its commitment to a Wellbeing Economy.

The overall objectives of the project are to:

- Interrogate (from different household perspectives) how the gendered balance of care work has shifted (or not) since COVID-19 and understand the family-specific and wider structural and socio-cultural mediating factors.
- Understand how policy measures and interventions in Scotland have (or have not) supported unpaid care work, and pandemic-induced gendered shifts in household work.

## What do we mean by care?

Care is defined broadly as the creation and maintenance of social bonds across and among generations including the day-to-day work of household labour, physical and emotional caregiving (Elson, 2000; Baker et al., 2009). Care is not only fundamental for ensuring human well-being in the 'present', but also includes human capabilities investments 'that affect future economic performance' (Heintz et al., 2021: 474). The significance of care to economies, societies and households, enabling these institutions to function, and the gendering of such work has long been highlighted by sociologists and feminist economists (Folbre, 2004; Heintz et al., 2021; ILO, 2018). More than simply about individual 'choices' unpaid care work is understood and conceptualised as embedded in a broader system of gender, class and racialised inequalities (Hudde et al., 2021). Care is typically delivered through a mixed economy of welfare provision – informally through the family, and communities – and formally, via the state, market and voluntary sector (Lewis, 2006). The balance of such provision varies across countries and social welfare contexts. However, defined as non-remunerated and non-market activities, care work is not included in National Accounting Systems. The relevance of unpaid care, therefore, to economies and societies has traditionally been overlooked by many policies and decision makers – as has been the case during the COVID-19 pandemic (Women's Budget Group, 2020; UN Women, 2020; Cantillon and Teasdale, 2021).

## Intensification of unpaid care during the pandemic

With the onset of the COVID-19 pandemic and with schools, childcare settings and all but essential workplaces closed by governments to suppress the spread of the virus and protect health services, the volume of unpaid work increased dramatically, with the onus of care provision on the family and private households (WBG, 2020). The nature of this work changed as well, with parents needing to take responsibility for homeschooling and all carers needing to find replacements for lost social and extracurricular activities. In turn, this engendered a blurring of the temporal and spatial boundaries between paid work and caring for others (Derndorfer et al, 2021). Further, household access to outsourcing through paid cleaning staff, childminders or nannies was stopped, and the support of grandparents, relatives and friends was avoided in order to protect their health and save lives. This overall increase in the volume of hours spent on unpaid care during lockdown is well documented in several studies, and estimates range from an increase of 25% in Spain, to 37% in Hungary and up to double the pre-lockdown hours in the United Kingdom (Fodor et al., 2021).

Studies clearly show that women have been doing the most during the pandemic in terms of unpaid care responsibilities (Alon et al., 2020; Andrew et al., 2020). However, there is also evidence that in some households, men have undertaken an increasing share of informal care work (Craig and Churchill, 2021; Hupkau and Petrongolo,

2020; Sevilla and Smith, 2020). For example, despite doing less childcare than mothers, UK fathers nearly doubled the time they spent on childcare during periods of lockdown, with this increasing most for fathers who lost their job while their partner continued to do paid work (Andrew et al., 2021). In particular, the shift to home and flexible work arrangements (most notably, in white collar jobs), has meant that for some men the double burden of paid and unpaid work has become more visible, and it has been suggested that sharp exposure to child care and household labour could potentially have a long-lasting effect on men's involvement in such work (Hupkau and Petrongolo, 2020; Andrew et al., 2020).

Although such pandemic-induced shifts in men's participation in unpaid work may be temporary and reversible and specific to a small number of households, attitude surveys suggest there is a desire more widely among both men and women for a fairer distribution of care work and disruption to gender norms (British Social Attitudes Survey, 2018; Working Families, 2020). Consequently, while it has been argued the pandemic may be re-entrenching or re-traditionalising gender roles, others have suggested there has also been a potential 'window of opportunity' to shift, disrupt or nudge them and capitalise on disruption to gender norms more widely (Petts et al, 2020). Crucial to supporting such shifts, however, are policy changes and initiatives to help drive the reorganising and reimagining of care infrastructure, care systems and unpaid work distribution (Cantillon and Teasdale, 2021).

## METHODS

### Rapid Systematic Review

The aim of the rapid review was to systematically identify and integrate research and reports that addressed the following question:

**'What was the effect of COVID-19 social policy responses (lockdowns, restrictions on movement, school/nursery/day centre closures, furlough schemes) on the gendered division of unpaid care labour in households?'**

Stakeholders within the Scottish Government completed a short survey to prioritise outcomes for inclusion in the review. The protocol for the review was prospectively registered in the PROSPERO database on 27 April 2022 (record ID 328437; available online at [www.crd.york.ac.uk/prospERO/display\\_record.php?RecordID=328437](http://www.crd.york.ac.uk/prospERO/display_record.php?RecordID=328437)). The review applied methods for rapid systematic reviews recommended by Cochrane for balancing timeliness with rigour and comprehensiveness (Garrity et al., 2021).

Search strategies were developed by a qualified information specialist for the following health and social sciences databases: PubMed, Embase, Scopus, Sociological Abstracts, International Bibliography of the Social Sciences,

ASSIA, and ScienceDirect, as well as relevant websites. The database searches were limited to the date range January 2020 (time of declaration of COVID-19 as a public health emergency of international concern) to May 2022 (searches conducted 20-23 May 2022). For a complete account of the review methods, see the Technical Supplement.

### Qualitative interview methods

Alongside the rapid systematic review, a small number of exploratory qualitative interviews were undertaken to allow for a richer insight into the 'lived experiences' of the division of household labour in the context of Scotland. Sampling for the qualitative element of the project aimed within the limits of the project size to try to capture perspectives across different dimensions of social positionality (socio-economic status, age, race and ethnicity, for example). Indeed, many of the reviewed studies stressed that the sampled respondents were predominately from a middle class/professional background, identifying this as a limitation in the evidence base (Derndorfer et al., 2021, for example).

The recruitment process focused on couples with care responsibilities. Posters and social media posts were shared with Scottish care networks identified through Facebook, Twitter, and community groups, targeting groups and organisations connected to not only children and childcare but adult care and eldercare, covering both the central belt and rural Scotland. In total, 24 interviews were conducted with eight heterosexual or opposite-gender couples, participating in both individual and couple interviews (n= 8 couple interviews and 16 individual interviews). Conducting couple and individual interviews is not often used in studies of the domestic division of labour as such an approach is not only time consuming, but difficulties are reported in recruiting both partners of a heterosexual couple (Valentine, 2005). However, there is often a widespread disparity between partners' accounts, which cannot be captured when interviewing only a household representative. Conducting couple and individual interviews provided the opportunity for both partners (the woman and the man) to share and speak openly about their experiences of this form of unpaid labour, enabling insight into household dynamics and both perspectives of the household division of labour as a 'shared reality' (Valentine, 2005).

The questions that made up the interview schedule were informed by existing theory and research and covered a broad range of themes around the participants' paid work, working hours and opportunities for remote and flexible working, their care responsibilities and how both care and domestic work was distributed among household members. The interviews were audio recorded and transcribed verbatim. No names are provided and details of the research participants' occupations and their families are discussed broadly to ensure anonymity.

Once transcribed, a summary for each participant and couple interview was written up to support the analytical process, and the interview data was analysed using an

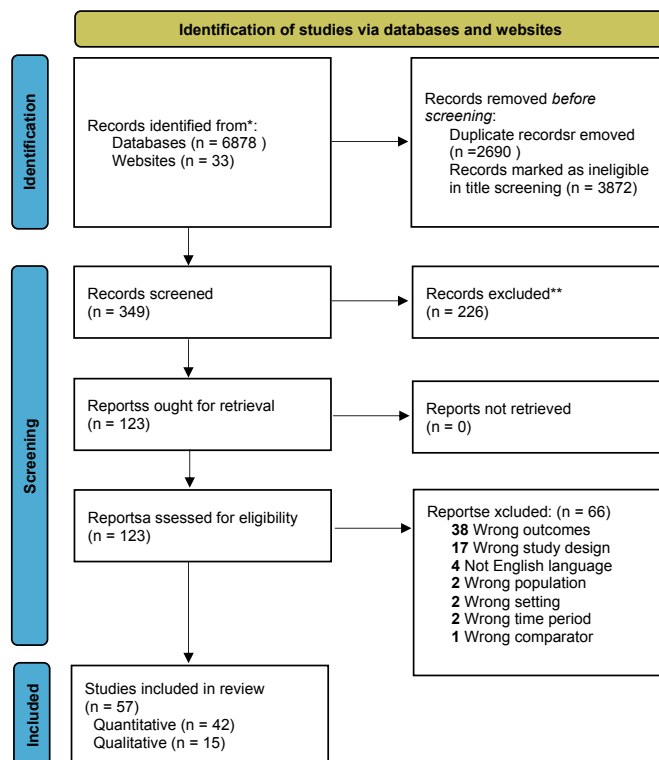
iterative approach (Roulston, 2014). Coding was initially performed by one researcher, then discussed with a second researcher and revised, drawing upon the themes identified from the 15 qualitative studies as part of the RSR (see table 2) and moving back and forth between these themes, the extant literature prior to the pandemic and the interview data, to explore both similarities and differences, and enable corroboration of themes as well as new insights to emerge (Morgan and Nicra, 2020).

## RESULTS

### Rapid systematic review

The searches retrieved 6878 studies, of which 2690 were eliminated as duplicates and 3839 were excluded as irrelevant. Using Covidence, two reviewers examined 349 abstracts of which 226 were irrelevant or redundant and 123 were reviewed in full text. Of these, 57 studies met the inclusion criteria; 42 were quantitative and 15 were qualitative studies. Figure 1 shows the PRISMA flow chart of studies included and excluded at each stage.

**Figure 1: PRISMA 2020 flow diagram for new systematic reviews which included searches of databases and registers only.**



From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71 For more information, visit: [www.prisma-statement.org](http://www.prisma-statement.org)

## Quantitative synthesis

The review identified 42 quantitative studies conducted in 12 countries. Data collection for the majority of the studies (92.9%, 39/42 studies) was conducted within the first six months of the pandemic (March-August 2020). One study was included because it provides supplementary information about experiences of same-sex couples and single mothers (Craig and Churchill 2021b). According to the review protocol, such studies would be included as supplementary information but would not contribute to the analyses of the specified outcomes. Therefore, 41 studies are included in the synthesis. Of these, 25 were cross-sectional and 16 reported data from longitudinal studies with one or more waves of data collection during the pandemic. Supplementary table S1 summarises the characteristics of included quantitative studies and supplementary table S2 provides the detailed outcome data extracted from the studies.

### **Outcome 1. Gender difference in division of care labour**

Thirty-eight studies provided data on how time spent on housework and unpaid care varied by gender during the pandemic. Of these, eleven were conducted in the UK, the most commonly studied country in these results, followed by the United States, with six studies. However, six of the UK studies (Cheng et al., 2021; Hudde et al., 2021; Hupkau and Petrongolo, 2020; Warren et al., 2022; Xue and McMunn, 2021; Zamberlan et al., 2021) used data from the same source, namely Understanding Society – the UK Household Longitudinal Survey (UKHLS), and therefore do not represent independent samples.

The studies were consistent in finding that time spent on both housework and childcare increased for both women and men during lockdown, and that on average, women spent more time than men on both housework and childcare, both before the pandemic and during lockdown. The findings on whether the gender gap increased or decreased were inconsistent, with 8 studies reporting that the gender gap in care labour increased compared to the pre-COVID gender gap, 7 studies reporting that it decreased, and 4 studies finding no significant change (supplementary table S2). Two studies that collected longitudinal data (Lee and Tipoe, 2021; Boll et al., 2021) found that an initial narrowing of the gender gap proved to be temporary and faded out over time.

Ten studies analysed whether gender differences in the division of housework and unpaid care varied according to the socioeconomic status of participants, defined variously by income or education level. Two different UK studies found no evidence of differential effects on the division of housework or childcare by income level (Lee and Tipoe, 2021) or occupational class (Xue et al., 2021), although a third UK study (Warren et al., 2022) reported that women in managerial or professional roles spent more time on childcare or homeschooling than any other group. Seven studies found a relationship between the education level of parents and time spent on childcare, but the direction of this effect varied across studies. Four studies conducted in the UK (Cheng et al., 2021), Italy (Del Boca et al., 2020), the United States (Zamarro and Prados, 2021),

and Hungary (Fodor et al., 2021) found that more highly-educated parents were more likely to increase time spent on childcare and homeschooling than less-educated parents during the pandemic. However, three studies conducted in Germany (Kreyenfeld and Zinn, 2021), Italy (Lagomarsino et al., 2020), and Canada (Shafer et al., 2020) found on the contrary that highly-educated fathers decreased time spent on childcare during the pandemic and less-educated fathers increased it.

The type of unpaid care under investigation was limited to childcare in all except five studies. One UK study (Oreffice and Quintana-Domeque, 2021) found no significant difference between women and men in hours spent caring for adults who are disabled, sick or elderly ( $p=0.569$ ) and no significant change in this difference compared to the pre-pandemic period ( $p=0.872$ ). A Dutch study (Raiber and Verbakel, 2021) similarly found the amount of unpaid caregiving for elderly or disabled adults did not change during lockdown. A Spanish study (Del Rio-Lozano et al., 2022) of registered carers reported that women were more likely than male caregivers to report an increase in caregiving intensity (hours/day) during the pandemic ( $p=0.009$ ) and a reduction in informal support for caring ( $p=0.008$ ) but not in formal support ( $p=0.747$ ). A study of North American paediatric cardiologists found that women spent twice as much time as men caring for adult dependents and that this represented an increase in the gender care gap that existed pre-COVID (Ferns et al., 2021). Finally, a study of working parents in Australia found that both men and women's time spent caring for sick or disabled adults increased during COVID-19, and women's time in care of the elderly increased while men's decreased, opening a gender gap in unpaid care of the elderly that was not present pre-COVID (Craig and Churchill, 2020).

### **Outcome 2. Financial strain**

Five studies considered outcomes related to the impact of the pandemic on financial strain. Of these, two (Cheng et al., 2021; Warren et al., 2022) used the UK Household Longitudinal Survey COVID-19 panels (UKHLS). Cheng et al. used seven indicators from the April and May 2020 surveys as well as the pre-COVID survey wave to measure changes in financial insecurity in 6795 working parents. They found that pre-COVID there was no significant difference in financial security between workers with and without children, or between men and women. After the start of the pandemic, however, workers with children reported greater financial insecurity than those without children; also, although both men and women were negatively affected, working mothers experienced more financial insecurity than working fathers. There was also evidence of an unequal financial impact of the pandemic across income levels, with people below the median income experiencing more financial insecurity than those above the median. Warren et al. additionally examined the July 2020, November 2020, and March 2021 waves of the UKHLS to consider differences in class and sex in self-reported financial hardship. They found that working class women had the lowest wages of all workers and were less able to make savings than other women. They did not report any tests of differences between men and women but reported



the proportions of working class people experiencing financial hardship in each survey wave. In April 2020, more working class men (33%) than working class women (29%) were in financial hardship, but in the three subsequent waves, this reversed and more working class women than working class men were in financial hardship (31% of women versus 28% of men in March 2021).

Three studies provided limited evidence of gender differences in the pandemic's effects on financial strain internationally. In Spain 13.5% of caregivers (n = 261) surveyed in February-April 2021 perceived the pandemic to have impacted their financial situation 'a lot or quite a lot', with no significant difference between women and men (Del Rio-Lozano et al., 2022). In a North American survey of paediatric cardiologists with dependents (n = 242) conducted in July 2020 (Ferns et al., 2021), women were almost twice as likely as men to have experienced a salary cut during the pandemic (OR 1.91, 95% CI 1.03 to 3.54, p=0.04). Finally, representative online surveys conducted in Australia and the United States in May 2020 (n = 1660) found no significant differences between women and men in reports of financial worry, with the exception that childless American women were more likely to worry about affording retirement (Ruppner et al., 2021).

**Outcome 3. Satisfaction with division of care labour**

Four studies examined differences in satisfaction with the division of housework and childcare between women and men during the first COVID lockdown (April/May 2020). An Australian survey of 1536 parents in dual-earner couples found that women were significantly more dissatisfied than men with how housework and unpaid care were divided between them and their partner (p<0.001), both before the pandemic and during lockdown (Craig and Churchill, 2021). In this study, the proportion of men who were extremely or somewhat dissatisfied with the division of housework

and unpaid care increased from 13.7% pre-COVID to 21.3% during lockdown, but the proportion of women who were extremely or somewhat dissatisfied increased as well, from 46.2% to 50.5%. In the United States, a survey of 1009 parents found that women were more dissatisfied than men with the division of childcare during lockdown; there were no differences between high versus low income parents (Kerr et al., 2021). In a New Zealand study of 157 couples, both women and men perceived the division of housework and childcare to be unfair to women, with no significant differences between men and women in this perception (Waddell et al., 2021). However, women who perceived the division to be unfair to them reported lower relationship satisfaction, whereas men's perceptions of fairness were unrelated to their relationship outcomes. Finally, in a representative national panel study in the Netherlands (n = 852), 20% of parents reported increased disagreements during lockdown about the division of childcare tasks, with no significant differences by gender (Yerkes et al., 2020).

**Ethnicity**

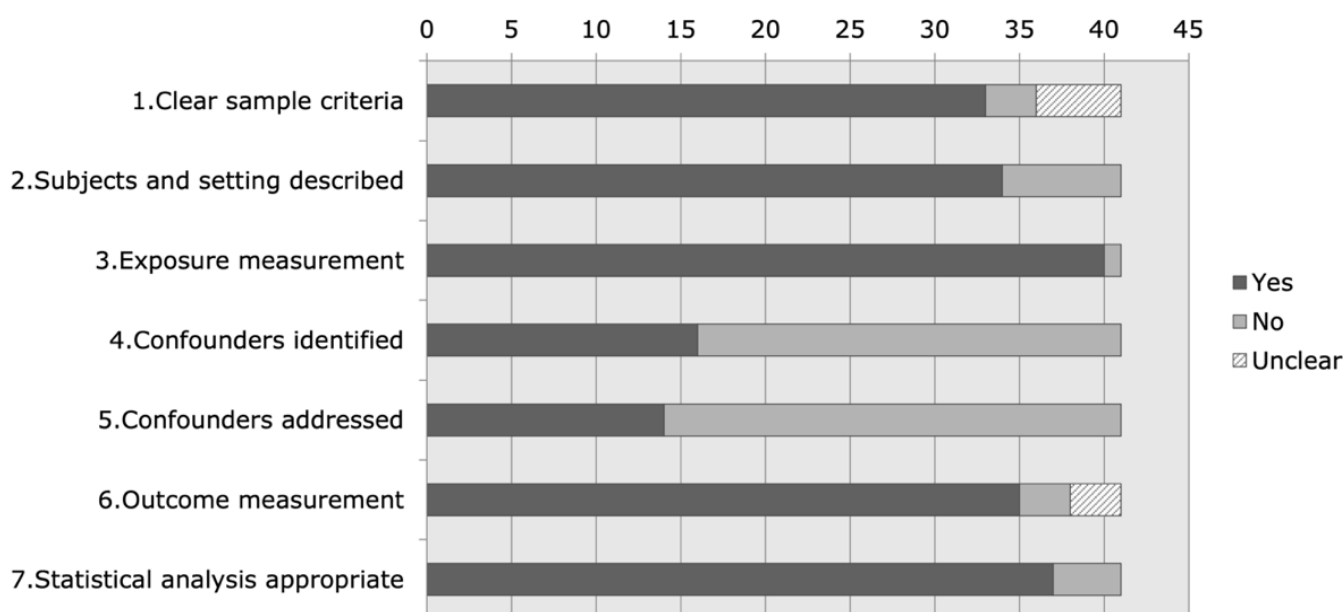
We examined each included study to see if results for any of the included outcomes varied according to the ethnicity of the participants. None of the 42 studies reported relevant findings.

**Quality of quantitative studies**

Figure 2 summarises the quality of the 41 quantitative studies included in the review as assessed against the criteria specified in the JBI Checklist for Analytical Cross-Sectional Studies. Supplementary table S3 provides the appraisal judgments for individual studies.

**Figure 2: Quality of quantitative studies included in the review assessed against the JBI Checklist for Analytical Cross-Sectional Studies.**

**Quality of analytical studies - gender division of care labour during lockdown**



The body of evidence is generally of acceptable quality in terms of having clear criteria for inclusion in the sample, adequate description of the study participants and setting, and valid and reliable measurement of the exposure ('lockdown' or similar pandemic-related restrictions that affected unpaid care) and the outcome (gender differences in time use, financial strain, or satisfaction with division of care). However, the body of evidence has a serious limitation in that the study designs and analytical methods generally are at risk of bias due to confounding. Over half of the studies (61%; 25/41) did not identify any confounding factors (such as family characteristics, income, or education) that could influence the relationship between the exposure and the outcome. Furthermore, nearly two-thirds of the studies (65.9%; 27/41) did not present a strategy for dealing with confounding factors. Most studies that did have a strategy only used linear or logistic regression, which do not address unmeasured confounders. **The potential for confounding is a serious limitation of the body of evidence.**

### Qualitative synthesis

The review identified 15 qualitative studies, 14 of which were conducted in 8 countries and one which was an international survey (Andersen et al., 2022; Audardóttir and Rúdólfssdóttir, 2021; Bezak et al., 2022; Calarco et al., 2021; Cannito and Scavarda, 2020; Clark et al., 2021; Cummins and Brannon, 2022; Garcia, 2022; Hennekam and Shymko, 2020; Hjalmsdóttir and Bjarnadóttir, 2021; Lafferty et al., 2022; Mele et al., 2021; Pitzalis and Spanò, 2021; Smith et al., 2022; Smith, 2022). Data collection for the majority of the studies (80%, 12/15 studies) was completed within the first six months of the pandemic.

The process of iteratively grouping, combining, and labelling the primary themes extracted from the 15 included studies resulted in a set of eight themes which constitute the qualitative synthesis (Table S4):

1. Redefining family roles
2. Persistent gender ideologies
3. Conflict and contradictions between redefined roles and persistent norms
4. Perceptions and narratives around parenting identities
5. Psychological stress - intensification, rupture and blurring of paid and unpaid responsibilities; insufficient home environments
6. Pandemic-induced opportunities
7. Loss of informal support structures and formal care provisions
8. Pre-existing and persisting gender inequalities in labour market and paid employment.

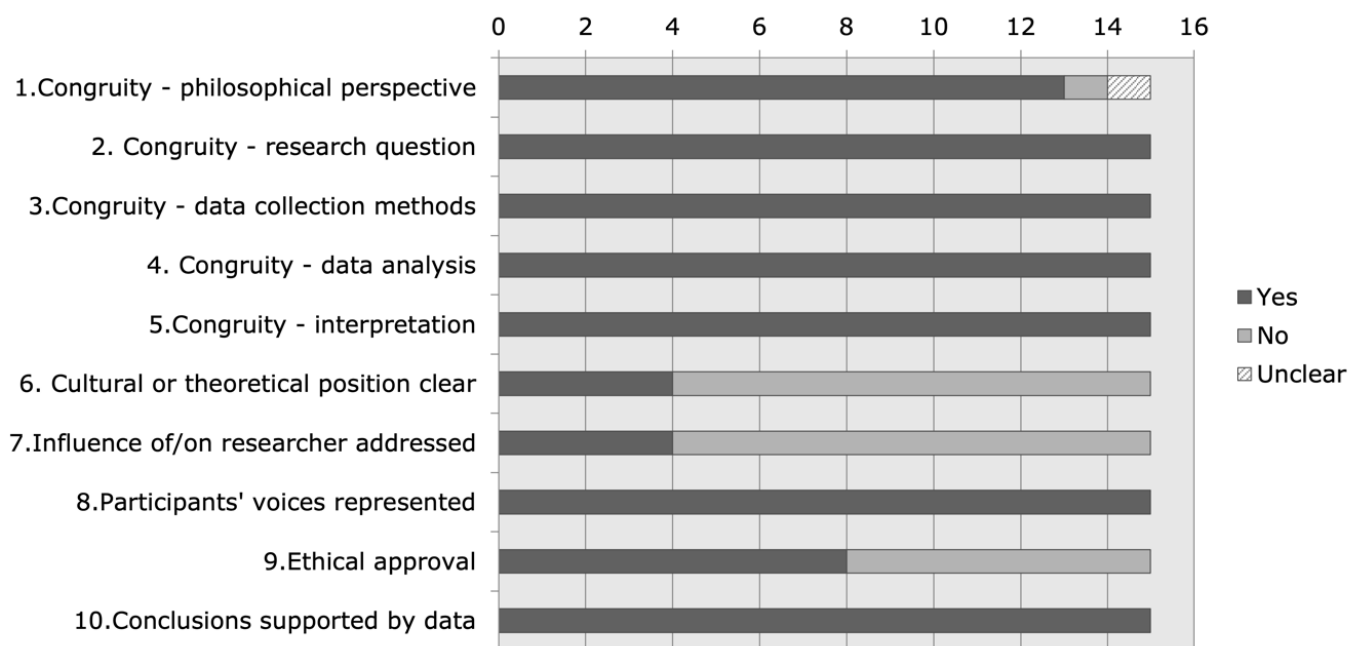
Supplementary table S5 summarises the characteristics of included qualitative studies.

### Quality of qualitative studies

Figure 3 summarises the quality of the 15 included qualitative studies as assessed against the criteria specified in the JBI Checklist for Qualitative Research.

**Figure 3: Quality of qualitative studies included in the review assessed against the JBI Checklist for Qualitative Research.**

### Quality of qualitative studies - gender division of care labour during lockdown



The body of evidence is generally of high quality in that there is congruence between the research methodology and the studies' research question or objectives, philosophical approach, data collection and analysis, and interpretation. Participants and their voices were judged to be adequately represented, and the conclusions to flow from the analysis or interpretation of the data, in all studies (100%; 15/15). Some limitations of reporting were present, with the majority of studies not making a statement to locate the researcher culturally or theoretically (73.3%; 11/15) and not addressing the influence of the researcher on the research and vice-versa (73.3%; 11/15). Additionally, nearly half of the studies (46.7%; 7/15) did not report obtaining ethical approval for the study. Supplementary table S5 provides the appraisal judgments for individual studies.

## THE FIELDWORK FINDINGS: QUALITATIVE INTERVIEWS WITH COHABITING COUPLES IN SCOTLAND

This report includes the initial findings from the preliminary or pilot phase of an ongoing study, including the first eight couples (16 individuals) who completed both joint and individual interviews. All participants were in paid employment and had caring responsibilities during the COVID-19 pandemic. All had children, with 5 of 8 couples having one child and 3 of 8 having two or more children. Additionally, 3 of the 8 couples had elder care responsibilities. The characteristics of the participants are summarised in Table 1.

**Table 1. Characteristics of individual participants in the qualitative pilot study.**

Characteristic	Number	Proportion
Aged 25-44	13/16	81.2%
White British/Scottish	14/16	87.5%
<i>Highest level of education achieved</i>		
Highers	4/16	25%
College	3/16	18.8%
Undergraduate	6/16	37.5%
Postgraduate	3/16	18.8%
<i>Type of employment</i>		
Full-time contracts	12/16	75%
Part-time contracts	4/16	25%
Access to flexible working	11/16	68.8%

## Redefining family roles – persistence and change; conflict and contradictions

All the participants – both individually and as couples – were asked during the interviews about their daily routines and how they organised their paid work, care work and housework responsibilities to explore the ways in which gender practices were either persisting or being redefined. Participants' working patterns varied from a few hours of paid work a week, to a condensed working week over four days, including weekends and rotating shift patterns, to three days a week, to working two weeks on and two weeks off. During the pandemic, one participant (m) changed jobs (to support future career advancement and secure flexibility around childcare), three lost their jobs (m) and nine (both m/w) changed their working patterns or working hours as a result of increased workloads and/or due to a partner losing their job. Four interviewees had been on maternity leave and four had taken paternity leave. While some of the participants were able to homework, five interviewees were required to attend throughout the pandemic their workplace as key workers, and three participants worked in key worker sectors (w) but were able to home-work. Of the couples interviewed, all had children/step-children under 16 years of age, six couples with children under 5 years of age, and three couples provided unpaid care and support to wider family members. It was evident from the interviews that paid employment and household life and allocation of responsibilities were stable but not fixed and the division of who did what, and the carrying out of paid and unpaid work roles/obligations, shifted at different stages of their life course. For example, several respondents talked about changing from full-time to part-time work to enable the prioritising of paid work at different points in their careers and to allow for inclusive parenting.

While participants were acutely aware of the ways in which a traditional division of labour is linked to gendered roles, with nearly all the women suggesting that they did most of the unpaid household or care work, all of the participants, nevertheless, espoused gender egalitarianism or 'spoken egalitarianism' (Usdansky, 2011). Indeed, all interviewees said they believed it was both the responsibility of women and men to contribute to household unpaid care and domestic work. For example, one respondent said that 'you do whatever works for the family'(w) and another stated that 'we work as a team' (m)<sup>1</sup>. However, both the women and men interviewed talked about having to make practical or pragmatic decisions which impacted the gendered distribution of labour.

Tensions and contradictions among the respondents, therefore, existed between changing gendered attitudes and being able to actualize this in practice. Consequently, what Usdansky (2011) refers to as 'lived egalitarianism' was not a reality for all and was shaped and influenced by individual and family-level factors. As one participant commented in their couple interview in relation to the sharing of unpaid work: 'It's bit of an afterthought for [him]. It's just the way I think we're [...] wired. But I think it's a societal thing,

<sup>1</sup> 'w' = woman respondent and 'm' = man respondent

I don't think it's right." Indeed, emerging from the interview data was a lived reality that was more complex in terms of the gendered distribution of labour than perhaps documented through survey evidence.

Childcare and other care obligations and housework – including cooking, cleaning, hoovering, washing and ironing – were discussed in relation to 'preferences' and skills; who had most time in the household (in line with time availability arguments); as well as gender assumptions (in line with 'doing gender' theorising). So, while aware of the 'gendering' of household and unpaid work, participants also tried to suggest that preferences were gender neutral. For example, one participant (m) stated that 'there's stuff that she is good at and there's things I'm good at...in the early stages it takes a bit of figuring out, but once that's happening, you know what you're doing'. Another said (m), 'between us there's certain tasks we will prefer to do...but if she does 'x' chore then I do 'y'.

However, both the men and women interviewed emphasised that there were gendered differences in expectations/or standards, with discussions around cleaning (which the man often did) and deep cleaning (which the women most commonly carried out). In particular, most household jobs were discussed using a subjective scale of desirability – with cleaning bathrooms, hoovering and ironing identified by many of the participants as the most undesirable chores and engendering cross or angry words during the couple discussions. As a respondent remarked (m), 'cleaning is always a bit subjective as to whether things really need it...and it can be a source of frustration for us'.

In line with existing studies, there was significant evidence of maternal gatekeeping. According to Gaunt et al. (2022: 36) 'maternal gatekeeping' refers to '...beliefs and behaviours that limit fathers' [and men's] opportunities to experience childcare and housework and develop the relevant skills, ultimately inhibiting shared responsibility for family work'. Maternal gatekeeping tends to involve the setting of high standards and some of the women interviewed admitted they were very critical of their partners' cleaning and organising skills, and a number of interviewees drew upon the narrative of OCD tendencies to justify both 'maternal gatekeeping' and joke about a lack of their own involvement or engagement in certain household or care tasks (both men and women). Indeed, it was suggested by two couples that gatekeeping was not just maternal but could be held by men too. For example, one interviewee (m) commented: 'my partner sometimes offers to do a particular task and ... says but you wouldn't want me to do it...and I'm like, I know, I wouldn't...so don't...' (laughter)'.

### **Gendered division of labour and the intersecting of socio-economic/occupational factors**

Evident from our interviews was that experiences of household arrangements were shaped not only by gender but played out in complex ways, being dependent on socio-economic factors, that is occupation, occupational

level and life-course stage (for example, presence of young children; saving for a mortgage; early or new career stages), and who could earn more. Resonating with the existing literature, job loss in particular engendered financial insecurity and changes to the division of labour, with the other partner taking on more paid hours to compensate (see Garcia and Tomlinson, 2020). This was also affected by job availability. For example, one interviewee spoke of a traditional division of household labour, not because this is how he and his partner wanted to organise their work and family life (and confirmed by his partner), but because a job with long working hours was all that was available during the pandemic, in the location that they lived, which meant his partner had to take on most of the unpaid work.

Financial concerns were identified as engendering role changes not only as a result of job loss, but due to furlough and especially for those who could not claim furlough or who were self-employed and not able to work, facing difficulties with accessing this support, with some respondents lamenting that the support provided was not enough to sustain their family. These interviewees talked about having to live off savings. Such financial concerns were shared by middle class professionals, not just lower-income couples and centred around financial stretching (large mortgages, for example; and the high cost of childcare and wraparound care). Indeed, all the respondents talked about how both incomes were necessary to the household, even if that income was deemed only small and a more traditional division of labour was adopted. As one of the interviewees (w) stated .... I work a few hours a week, work that can now be done from home. It doesn't seem like it, but we need it...'.

Gendered household arrangements were also informed by working hours and the flexibility/fixed nature of work schedules and, crucial during the pandemic, whether one had to attend the workplace (see Andrew et al, 2021). Of particular relevance for some of our interviewees was the significance of rural contexts, and how this influences and shapes gendered arrangements of family and work life. Structural factors in rural contexts were raised in terms of fewer childcare and adult/eldercare settings, job market opportunities and housing options and stressed as impacting the shared realities of couples and the gendered distribution of labour (see Fodor et al., 2021). Yet, the impact of rural factors in developed economies is often overlooked in the research literature on the gendered division of domestic labour in countries such as the UK.

In line with findings from the studies reviewed for the RSR, key worker status and women having to attend the workplace during the pandemic were important in men's sharing of unpaid work (Andrew; 2020, Hupau, 2020 for example). This was particularly evident for women working in the health and social care sector where they experienced longer and unpredictable working hours, especially in the context of staff shortages and heavy workloads. One participant (m), for example, spoke of the difficulties faced by couples who are both key workers, and changing his frontline job, which had required travel and unpredictable working hours to an office-based role, to

provide stability in his paid hours and a level of flexibility to support childcare. Another important factor, then, for the distribution of labour in households was who had most flexibility – so, who could be flexible with their working hours/days around childcare, sickness and home schooling, and pick up and drop off from nursery or school. While this often falls on women, a number of the interviewees said that it was them, as men, or their male partners who took on such responsibilities.

### **Narratives around parenthood and home schooling**

A key theme in the interviews echoing the findings of the qualitative studies identified for the RSR were narratives of intensive motherhood and inclusive fatherhood and parenthood (Hipp and Bunning, 2021; Johnston et al., 2021; Kerr et al., 2021, for example). Of the women interviewed, the majority stressed the importance of their jobs to their identity as well as their roles as mothers. Similarly, all the men interviewed wanted to be involved in unpaid care work, although they did not explicitly stress the importance of their jobs for their identity in the way that many of the female interviewees did. All respondents were very supportive of sharing care work, reflecting the substantial shift in gender role attitudes that has taken place since the 1970s for both men and women (Lyonette and Crompton, 2015). Some interviewees emphasised the importance of the early months in parenthood of breastfeeding and the mother-baby bond, but they were all very aware of the benefits of close involvement of both mothers and fathers in positively contributing to a baby's emotional, social and educational development.

One narrative drawn upon by a couple of the men interviewed was around role modelling for their children, stressing the importance of socialisation and they spoke of the ways in which their fathers, and their father's role in cleaning, cooking and laundry, had influenced their attitudes and behaviour around household responsibilities. A couple of the mothers interviewed also said that they were conscious of role modelling for their children, emphasising the importance of their children seeing and valuing their role, not only as a mother but also as an individual who enjoys working and has a career, providing them with financial autonomy. It was commented (w), 'I think we need to really think about it in terms of what [the child] is seeing and witnessing and actually how [they] then learn to do things for themselves...it's like a legacy you're leaving.'

The studies in the RSR indicate that during the pandemic, home schooling tended to be undertaken by mothers (Hennekam et al., 2020; Petts et al., 2020, for example). In our interviews, engagement in home schooling was managed by both men and women. In particular, it was led by men in cases of job loss and where their partner had increased their working hours to compensate, and when both partners were home working, home schooling was managed around those who had the flexibility in their work schedule. Respondents highlighted the challenges and struggles of trying to home school –

both in terms of time – and trying to reconcile paid work and schooling (see Attracta et al., 2022; Clark et al., 2021). This was identified as especially challenging when home schooling a child with additional support needs or learning barriers, 'bringing in another level of stress' in the words of one interviewee (w). An interviewee (m) who worked in the education sector commented: '...whoever thought parents should be taking on formal schooling, let alone trying to do this while working themselves? ... It was crazy'. Another said (w), 'I am surprised there aren't hundreds of parents out there with PST'. Indeed, several respondents spoke of their significant worries about the impact of school closures on their children's social and educational development and mental health, stating that they felt waves of 'anxiety' concerning their child's socialisation development in the face of the mass closure of the early care and education sector; one respondent's (m) remark of 'how do we keep (child) normal' in the face of these closures encapsulates the extremity of these shared parental fears. They also commented on poor communication from schools in relation to home schooling, with some stating that 'schools should never have been allowed to close'.

### **Psychological stress and pandemic-induced opportunities**

In line with findings from the RSR qualitative and quantitative studies, the intensification of paid and unpaid demands engendered psychological stress for the participants (Garcia, 2021; Hennekam and Shymko, 2020; Smith 2022). This was particularly linked to the blurring of boundaries between paid employment and family/household life with government 'stay home' measures and during periods of lockdown when schools and care settings were closed. One respondent (m) described the lockdown period as 'immensely bleak and full of anxiety' in relation to the pandemic-induced blurring of boundaries and compounded caring responsibilities. This caused stress in terms of negotiating and reconciling paid work and unpaid household and care demands/home schooling, and in relation to financial insecurity when jobs were lost and when furlough or benefits could not be secured.

However, as well as temporal and financial difficulties, spatial factors were also identified by respondents as engendering stress. Thus, respondents talked about the limitations of the size of their homes and a lack of space to separate work and home. Indeed, a number of respondents raised the enjoyment of the return to the workplace to reinstate the physical boundaries between work and home. This appeared to be gendered, and was particularly important for some of the women interviewees, who said that it allowed them time for themselves. For example, some discussed the impact of being 'on all the time', with no or little space to pause or switch off and reflect. In contrast, a number of the men interviewed said they enjoyed and benefited from home working and were still making use of home working for part of their working week to enable, and support, greater involvement in caring responsibilities (see Cannito and Scavarda, 2020). Others reinforced how the pandemic allowed for them to be actively involved as fathers and take on more of the

domestic chores. One participant stressed (w), 'our division of labour has probably improved, and Covid ...has actually brought about a positive in that we have more balance.'

### Loss of informal support structures and formal care provisions

Clear from the interviews was that the closure of schools and childcare settings shone a bright light for families not only on the importance of formal care, but their reliance on informal care support, particularly from grandparents to manage not only non-standard shifts/working hours and a long working hour culture but the high cost of childcare, especially in the years prior to the free-formal entitlement hours at the age of 3. A few of the respondents also suggested that the quality of childcare delivery in private nurseries was in their opinion 'poor' and they believed that their child was better off developmentally at home with either mum, dad or a grandparent.

While childcare was available to key workers during the pandemic lockdown periods, this, however, had limitations in practice (Farquharson et al, 2020). It was not easily available to those who used informal care and were not already linked to a nursery. In some local authorities, both partners had to be key workers, working the same shift patterns to access childcare spaces. Respondents were also aware that key worker childcare did not match or complement their working hours - particularly difficult in the health and social care sector when working hours were extended and workloads intensified as a result of the crisis and staff shortages. One couple interviewed, for example, who were both key workers, talked about some of their colleagues making the difficult decision to move the grandmother or grandparents into the family home to reconcile their work-family responsibilities as formal childcare for key workers could not accommodate their working hours/patterns.

When talking about childcare, respondents also spoke of how informal care arrangements were dependent on not only their own working arrangements as a couple, but the working patterns of relatives who helped with informal childcare. This led to complex arrangements and often involved a mixture of grandparent and/or wider family informal support, with a day or two in a formal childcare setting. It was even commented that grandparents and relatives who provide informal support had reduced their own working hours to be able to help. Further, it was stressed that the high cost of childcare or wraparound care did not go away with the closure of childcare settings. One interview spoke of having to pay a retainer fee to secure their childcare place when settings were only open to key worker children and fears of not doing so, despite financial pressures, because they could not equally afford to lose their place when work from home measures were lifted. Clear from the interviews was that childcare is perceived as expensive and incompatible with the realities of the world of work in terms of opening hours, with parents having to adopt a complex jigsaw of informal and formal care provision to participate in the labour market.

### Pre-existing and persisting gender inequalities in labour market and paid employment

Many governments, particularly in developed economies, have implemented and encouraged family policies and men's involvement in parenting (Gaunt et al., 2022). Working policies in the UK, and in Scotland, as a devolved nation, include maternity, paternity and shared parental leave (although there is a wide lack of both employer and employee understanding of shared parental leave), alongside opportunities to work from home and work flexibly. However, flexible working arrangements are not only gendered, but not all workers have equal access to formal and informal flexible working arrangements and not all workers were able to work from home, even during the pandemic (see Chung 2022; Chung et al, 2021; TUC, 2021). While managerial and professional staff had the greatest access to most types of FWAs, this was not the case for those in working class or routine and manual occupations. Further, home working is one type of flexible working, and access to flexibility in terms of working hours or patterns to accommodate intensified caring or home schooling responsibilities were also unequal, varying along socio-economic/class lines (Warren, Lyonette and WBG, 2021; ONS, 2020).

Flexible working arrangements were talked about by the respondents in terms of managerial discretion and as linked to occupation/occupational sector and level, and as dependent on staffing levels. As one interviewee commented (w), 'I was lucky as my boss was understanding that I have children, but I know this was not the same for all my colleagues...you also had to give as well as take... Thus, it was implicitly assumed that flexibility was either a favour or earned (Teasdale, 2013; Chung, 2022). Some of the respondents commented that during the pandemic, especially in the health and social care sector, due to increased workloads, extreme working patterns and staffing shortages, it was very difficult to even think about asking for, let alone request, flexible working. It was commented (w), '...it was bad enough as it was...and you just couldn't do it to your colleagues...it was too much... we were all struggling'.

Further, while the pandemic was credited by the majority of interviewees as enabling greater fatherhood involvement, it underscored the limitations of paternity leave and pay in the UK, especially emphasised by the male respondents who had new-born babies at different points during the pandemic. As one respondent commented, 'I would have been lucky to get the two weeks, one of the weeks at a little more than £100 in terms of standard paternity pay, but because of lockdown and working from home, I was able to have three months close involvement that I otherwise wouldn't have had...the paternity system just isn't working'. This was echoed by another respondent: '... If covid-19 had never happened, I'd be in an office, travelling for four hours and working extremely long hours...Instead of two weeks paternity, I got to spend much more of my time as a parent and supporting my partner'.

# POLICY IMPLICATIONS

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There are a range of different social welfare and labour market policies in Scotland to support people in managing their paid employment and family lives (including, free early years and childcare hours; maternity, paternity and shared parental leave and pay), and a wide range of policies/measures were introduced during the pandemic (including stay home measures; closure of early years settings and schools; childcare for keyworkers) to help contain the spread of the virus and to try to protect socially and economically vulnerable members of our communities and society (Cook and Grimshaw, 2021). While it is not the intention of the report to review systematically such policy measures, the broader policy implications of the research findings on the gendered division of household labour are important to draw out and discuss.

## Re-visiting early years and childcare policy

School, care setting and childcare closures amplified unpaid care work during the pandemic. They also made visible the complex jigsaws of formal and informal care arrangements that are adopted by households and families (Cantillon et al., 2021). While during the pandemic lockdowns, childcare was available to key workers in Scotland, and across the UK, there were gaps between policy and practice, with formal childcare unable to cater for those working shift patterns, weekends or unpredictable and long working hours. Pre-school childcare for keyworkers also was not free, in contrast to Australia for example (Hurley and Matthews, 2021), with many key workers not able to meet the high costs of formal childcare and unable to utilise the informal support provided by their extended networks due to Covid-policy measures around social distancing. This led to many key workers having to reduce their hours or give up their paid work (TUC, 2020).

The high costs of childcare in Scotland, England and Wales are well-documented (Coleman et al., 2022), with interview respondents reinforcing that they drew upon informal care support due to high costs. The rapid review findings and qualitative interviews also reinforced that formal care options are incompatible with the realities of 21st century, 24/7 working patterns. Most of the interviewees did not work a standard 9-5, five-day week and the lack of affordable formal care that accommodated their working patterns impacted not only the distribution of household labour and their paid employment opportunities, but the opportunities of their extended informal care networks who reduced their own working hours to provide childcare support. Part of the policy implications in relation to childcare are not only the number of funded free hours available but greater flexibility in childcare operating hours and addressing the high cost of childcare beyond free entitlement.

## Re-visiting policy around home and flexible working arrangements

In recognition of workers' care responsibilities, government and organisations have developed both family and flexible working legislation and policies (Teasdale, 2020). But pre-pandemic research indicates that flexible working options typically have gendered outcomes - used by men to extend their working hours and by women to help reconcile both their paid work and unpaid work responsibilities (see Chung, 2022). This was clear during the pandemic from our RSR with more women reducing their working hours and leaving paid employment to manage increased household and caring work in the context of school and care closures. This results in home and flexible working policies tending to reinforce rather than transform gendered assumptions and practices around breadwinning and care work (Chung et al., 2020).

Similarly, while COVID-19 home working measures were introduced by government and organisations, they were not an option for all workers. Of those who worked from home, most were white-collar workers whose jobs do not provide in-person services or manipulating machines or tools (ONS, 2020; Warren, Lyonette and WBG, 2021). Further, for those who could work at home, experiences were not uniform, but shaped by trying to reconcile paid work and caring responsibilities simultaneously, and flexibility in working schedules and working hours. Alongside this, spatial factors were crucial - that is whether there was enough space to work, home school and care (Pitzalis and Spano, 2021). This not only engendered the blurring of boundaries but brought upon increased psychological stress. While the merits of homeworking for both employers and employees have been promoted, especially in terms of the work commute, the context in which FWAs 'play out' and the unintended gendered and classed outcomes needs to be acknowledged in the re-visiting and revising of policy in this area (Harris, 2022).

## Revisiting Paternity and Shared Parental Leave Policy

Family policies that support the involvement of fathers in childcare, especially during the early years of a child's life, such as paternity and parental leave and pay for fathers, are a crucial part to challenging and disrupting societal norms around gender roles and expectations. In many countries, including the UK, current work cultures tend to valorise a masculine ideal worker norm (Acker 1990), with long working hours considered to be a sign of performance and commitment, along with the prioritising of paid work over family (Chung et al., 2021). The RSR and the qualitative interview data reinforced the shortcomings of current paternity leave and pay (limited to two weeks leave) and shared parental leave policy (complex for both employers and employees). Gendered leave policies therefore can restrict 'choices' and perpetuate a traditional division of family roles despite changing beliefs, attitudes and preferences in relation to parenting, involved fatherhood and care arrangements. The impact of the pandemic for the gendered division of labour

reinforced the importance of re-evaluating paternity and shared parent leave to support men's engagement in parenting and care work.

### **Cross-cutting policy areas: Four Policy Pathways**

Moving beyond the pandemic, the momentum should be harnessed to prioritize unpaid work and care on the long-term political agenda (Care Collective, 2020) and aim to be more equally shared not only 'between women and men but between the family market, state and employers' (Lewis, 2006: 104). Unpaid care work is both an important aspect of economic activity and an indispensable factor contributing to the well-being of individuals, their families and societies (Ferrant et al., 2014). Despite its importance, unpaid care work is left out of National policy agendas due to a common misperception that, unlike standard market work, it is too difficult to measure and less relevant for policy-making (ILO, 2018).

It is clear from our RSR review that unpaid care work intensified during the pandemic and that this unpaid work was not only absorbed by families and households, but that women across the world took on most (Fodor et al., 2021; UN, 2020). A more complex picture, however, emerged from our qualitative interviews, highlighting the importance of both quantitative data to draw out trends and the broader picture, and qualitative research to understand the intricacies of daily lived experience, highlighting that dual-incomes were pivotal for participants' households both financially and for their individual identities, and that a traditional gendered distribution of labour was often neither desirable nor practical. The gendered distribution of household labour, therefore, played out in differing ways, and is shaped not only by gender, but also intersects with other dimensions of social positioning, including socio-economic status. This not only reinforces the importance of a gender lens and robust gender analysis to all policy-making but that lived realities are complex and shaped along multiple socio-cultural lines. This requires an integrated and cross-cutting approach across policy and institutions. Outlined below are four pathways to support the framing of policy learning and policy-decisions (Cantillon and Teasdale, 2021). Policy learnings are necessary across all four pathways to recognise, reduce and redistribute unpaid work to support gender equality (Elson, 2017) and the building of a more resilient and equitable society in Scotland in the face of ongoing and multiple crises, including the current cost of living crisis (Elson, 2007; Cantillon and Teasdale, 2021; UN, 2020). These pathways are:

#### **1. Recognizing and Representing Unpaid Work in Policies and Decision-making**

- Recognize unpaid (and paid) care work at the national policy level and in decision-making.
- Improve data collection on unpaid work in order to help inform and shape policy and decision-making.
- Conduct ongoing monitoring and evaluation to better understand the social and economic impacts of women and men's unpaid care work.

- Undertake gender analysis and assessments that consider the impacts of infrastructure, social protection and public service investments on unpaid work and whether they lead to unpaid work responsibilities being transferred to other women in the household, particularly older women.
- Involve a variety of actors in programme design and implementation in order to understand the local context and to create fit-for-purpose policy and programme solutions.

#### **2. Strengthening Employment Rights and Workplace Policies**

- Revisit and revise paid parental leave for both women and men.
- Introduce incentives to encourage men's take-up of non-transferable paternity leave, and incentivize the uptake of paternity leave by ensuring that it covers a high percentage — or 100 per cent — of pre-leave income. Increase paternity leave from 2 weeks to at least 4 weeks.
- Encourage/actively support men to take on a greater share of unpaid care work.
- Advocate for employment policies that support employees sharing caregiving responsibilities.
- Improve awareness of the benefits of flexible work schedules and different types of working arrangements - normalisation of part-time and flexible working for both fathers and mothers, and regardless of seniority.
- Encourage long-term monitoring of these options to ensure that men and women access them equally.
- Encourage companies and organisations to be aware of the unintended outcomes of flexible working arrangements.
- Raise and strengthen employers' awareness of their responsibilities to help challenge gendered cultural norms and expectations of ideal workers and ideal carers.

#### **3. Challenging Social and Cultural Norms**

- Use outreach campaigns to facilitate changes in sociocultural gender norms and attitudes.
- Address sociocultural factors that unduly affect people's choice to avail themselves of flexible scheduling and work arrangements in support of their family responsibilities.
- Promote men's involvement in unpaid work by addressing gender segregation in the home and workplace.
- Normalize cultural expectations of men's and fathers' equal involvement in unpaid work.
- Transform negative masculinities at the societal, community, family and individual levels.
- Create spaces for men and boys to discuss gender stereotypes.



- Initiate media campaigns to destigmatize and disrupt gendered notions of women's and men's work, norms and roles.
- Engage more men in paid childcare positions in order to advance cultural norms of men's roles in care taking.

#### **4. Investing and Prioritizing Social Care Infrastructure**

- Revalue domestic and care work's worth to both society and the economy.
- Formally recognize the skills gained through paid and unpaid care work.
- Support unpaid and informal carers' transition to the formal labour market.
- Ensure accessible and affordable child and elder care public services in order to reduce women's unpaid work responsibilities and to enable their labour force participation.

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University for the Common Good

Glasgow Caledonian University,  
Cowcaddens Road, Glasgow G4 0BA,  
Scotland, United Kingdom