

Catalogue no. 89-652-X2023002
ISBN 978-0-660-68193-1

Spotlight on Canadians: Results from the General Social Survey

Canada's Care Economy: A Conceptual Framework

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Release date: November 29, 2023



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Published by authority of the Minister responsible for Statistics Canada

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Acknowledgements

The authors acknowledge the contributions of Fabio Robibaro as well as feedback from Stacey Wan, Patricia Houle, Tina Chui, Isabelle Marchand, André Bernard, Amanda Sinclair, Susan Wallace, Kristina Zawaly, Vincent Dale, Vincent Hardy, Leanne Findlay, Brian Kowaluk, and Sylvain Tremblay at Statistics Canada. The authors also thank the numerous experts and stakeholders consulted for the care economy project.

Introduction

Over the past several years, researchers, policymakers, and advocates have called for more attention to Canada's care economy. The care economy is an emerging global issue, with the International Labour Organization estimating that 2.3 billion people globally will need care as of 2030 (Addati et al., 2018).

While unpaid caregivers and paid care workers are essential to Canada's economy and to the well-being of Canadians, their work is often invisible, underpaid, and devalued. It is important to understand and recognize the care economy's contribution to Canada's economy and how it affects individuals in Canadian society.

Although defining and measuring the care economy is an important and timely issue, it is also complex. There is no single commonly accepted definition and there are few frameworks that consistently define and establish how to measure its domains. In addition, although valuable data on the care economy exists, data on different forms of care can often be siloed, leading to important knowledge gaps.

Statistics Canada, in collaboration with Canadian experts on care, has embarked on a cross-cutting project to develop a framework that defines the scope and magnitude of the care economy. This project seeks to provide a foundation for a holistic data ecosystem on the topic of the care economy, drawing on Statistics Canada's existing data holdings related to care work.

This report proposes a conceptual framework for the care economy based on the results of research and consultation. It will also provide a foundation for future research and assessment of Statistics Canada's existing data holdings and point toward directions for future data development.

Statistics Canada's care economy project

The care economy project is an ongoing, cross-cutting initiative that links social and economic statistics at Statistics Canada. This project is part of the modernization of the General Social Statistics Program (GSSP), which assesses how gathering and producing social statistics can be streamlined, with particular attention to relevance, quality, timeliness, and response burden. In addition, several Parliamentary Committees in recent years have underlined the importance of continued data collection on the care economy and its impacts.¹

Over the past two years, the project has conducted an environmental scan of domestic and international research on the care economy and related topics. The project team has consulted extensively with experts and stakeholders on the care economy in Canada. In addition, new, exploratory data based on the conceptual framework presented in this report was collected on the Canadian Social Survey (Wave 6) in 2022 (Statistics Canada, 2022b).

1. Standing Committee on Status of Women (2021), Recommendation #8; Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities (2023), Recommendation #1.

Why is the care economy important?

Care is a pressing issue in Canada, with important consequences for economic issues, societal inequalities, and the well-being of Canadians. Although issues of care have existed for decades, the COVID-19 pandemic intensified these issues and shone a light on the importance of the care economy for the wellbeing and economic prosperity of Canadians. Indeed, care work is viewed by some as the “next frontier of public policy” (Canadian Centre for Caregiving Excellence, 2022: 3).

In 2022, one in two Canadians aged 15 or older reported providing either unpaid or paid care in the past 12 months for care-dependent adults or children (Statistics Canada, 2022b).² As population aging continues (Statistics Canada, 2022a), pressure on health and home care services and unpaid caregivers will likely intensify. Through this growing importance of care, the care economy is a potential “new economic growth engine” (Peng, 2018).

Although caregiving is a part of life for a large swathe of Canadians, care responsibilities are unevenly distributed and experienced across diverse population groups. The majority of paid and unpaid care work is done by women, often migrant and racialized women (Addati et al., 2018; Coffey et al., 2020). Unpaid caregiving is also associated with negative outcomes for caregivers’ well-being (Statistics Canada, 2023) as well as opportunity costs for caregivers.

The concept of the care economy enables the recognition, economic valuation, and connection of all forms of care work. There have been ongoing efforts to recognize and economically value unpaid work (including care work) by going “Beyond GDP” through the System of National Accounts (SNA) (Stiglitz, Fitoussi & Durand, 2018).³ In Canada, recent research shows that the value of unpaid work (including unpaid care) was between \$516.9 and \$860.2 billion in 2019 (Besporstov & Sinclair, 2022). Not including care to all minor children, unpaid care for those with long-term conditions, disabilities, or problems related to aging was valued at \$97.1 billion in 2018 (Fast et al., 2023).

Review of research on the care economy

Research on the care economy is borne out of a long and rich history of research on care (for a review, see Peng, 2019). However, research on different forms of care can be siloed and disconnected. The concept of the care economy provides a framework to integrate our understanding of care and can help with an assessment of the full landscape of paid and unpaid care for different populations across the life course.

Despite considerable interest in the issue of the care economy, there are few comprehensive frameworks that scope out the boundaries of the concept and provide key definitions for its primary domains. There is also substantial variation and a lack of consensus in research on existing definitions. This section reviews definitions and concepts as articulated by key previous research in the field.

Care economy

The broadest definitions of the care economy refer to it as the “sum of all forms [paid and unpaid] of care work” (Addati et al., 2018: 5). Other definitions more specifically lay out the boundaries of unpaid and paid care in two ways: first, by defining the sectors of paid care work; and second, by defining who receives care (see Appendix Table 1). Some definitions cast a wide scope, including “the entire range of health and education services, including child- and elder-care” (Armstrong et al., n.d.: 3). Others more specifically limit the sectors and care receivers to certain care-dependent groups, such as “children, the elderly and [persons with disabilities]” (Peng, 2019: 32).

The variation in definitions of the care economy can be traced to a few different factors. First, definitions vary based on priorities: for example, advocacy groups may focus on specific forms of care or groups of care receivers, such as the case of elder care. Second, definitions vary based on their scope: for example, international organizations try to produce conceptual and operational definitions that can encompass a variety of social, political, and economic contexts of care across countries. Third, definitions may also vary depending on data holdings for a specific country or the comparability of data across countries.

2. Data come from the [Canadian Social Survey](https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=5354) 2022, Wave 6 (Well-being and Caregiving), collected from July 15 to August 28, 2022. For more information, please see: <https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=5354>.

3. Statistics Canada is actively working on this issue, with recent publications valuing unpaid work (Besporstov & Sinclair, 2022).

Care work

To understand how the care economy is defined, it is first important to clarify: What is care work? This is a vast field with a long history (see Rummery & Fine, 2012, for a review), so this report focuses more narrowly on how care work is defined in the field of care economy research.

Broadly, care work is generally defined as “activities and relations involved in meeting the physical, psychological and emotional needs” of people (Addati et al., 2018: 6). Care work is more specifically bounded using a scope of care tasks, activities, and relationships (Keating et al., 2019).

In most the research on the care economy, care work is split into direct care and indirect care (see Appendix Table 2). Direct care (sometimes referred to as nurturing or relational care) involves hands-on or face-to-face tasks, such as feeding, bathing, help with medical needs, or other types of personal care. Indirect care (also referred to as care support) provides the preconditions for direct care, such as cleaning, helping organize care or medical appointments, preparing meals, or shopping. This distinction between direct and indirect activities is blurred in practice for several reasons, including the fact that those who need direct care likely also need indirect care (Razavi, 2007). Other care tasks and relations that are harder to categorize include supervising, thinking about or planning for, or being responsible for care receivers (Folbre, 2021).

Care work in the care economy can either be unpaid or paid.⁴ Unpaid care work is done without remuneration, either because of a personal relationship with the receiver (such as family, friends, or neighbours), or through a voluntary organization.⁵ Paid care work is done for remuneration in certain sectors of the labour market where care work is performed.

In the field of the care economy, there are two major points of contention regarding definitions of care work (reviewed below). First, is the definition of care work bounded by who receives the care? Second, what are the boundaries of paid care work?

Care-dependent groups

The first common discrepancy in definitions of care work, which leads to different definitions of the care economy, is whether care is bounded by who receives it.

In some definitions of care work and the care economy, all people are included as potential care receivers. The general rationale is that all persons have needs for care and support, even if the degree to which care is needed varies substantially (Addati et al., 2018; Folbre, 2006; Razavi, 2007).

However, other definitions of care work and the care economy focus specifically on care-dependent groups, or those who cannot independently provide for their own care (Coffey et al., 2020; Duffy et al., 2013; Folbre, 2018; Peng, 2019; UN Women, 2018). These care-dependent groups most often include those with functional limitations or a heightened need for care due to health problems, disability, or limitations due to age (including both older people as well as children). These groups require additional care for daily living and to fully participate in their communities, which necessitates external caregiving – either paid or unpaid.

Using the concept of care dependence to define care work and the care economy also helps to build more precise and bounded concepts. First, care-dependent groups generally require long-term care and support for daily living and to fully participate in their communities. This care and support, since it cannot be fully provided by the person, will necessarily come from external sources – whether paid or unpaid supports. Second, focusing on care-dependent groups helps to distinguish between unpaid care work and all other unpaid work (although, in practice, the line may be blurred at times). For paid care work as well, this delineates the care sectors from the broader service sector, an already existing and overlapping but distinct concept.

4. The dichotomy of paid and unpaid work is used nearly universally throughout the research on the care economy. However, it is not always this clear of a binary. For example, some caregivers may technically receive compensation for their unpaid care work through government social policies and programs.

5. There is some conceptual blurriness between the concepts of unpaid care work and volunteering. In their 2018 report, the ILO defines unpaid care work as in Appendix Table 2 (Addati et al., 2018). However, the 19th International Conference of Labour Statisticians (ICLS) established a statistical standard for volunteer work as “non-compulsory work performed for others without pay” (ILO, 2013). In many applications of the concept of volunteer work, there is overlap with unpaid caring – for unrelated persons outside the household, as well as through organizations. In some cases (such as in the General Social Survey on Giving, Volunteering, and Participating), unpaid care work through an organization is defined as “formal volunteering” and unpaid care work through a personal relationship is defined as “informal volunteering.”

Paid care work

The second common discrepancy in research on care work is regarding the scope of paid care work. Generally, past research and advocacy work argues that the care economy includes aspects of the industries of health care; childcare and education; social services; and domestic workers in private households.

However, there is little consensus on defining the boundaries of who provides paid care work within these industries, or whether other industries should also be included. Broader definitions include nearly all work within the healthcare, education, and service sectors. For example, a report by the ILO includes not only daycare workers and personal support workers, but also university professors, lawyers, forestry managers, and librarians (Addati et al., 2018). Broader definitions may conceal a large amount of variation in terms of education, skills, specific sector, pay, and the actual care work performed (Lightman, 2017; Razavi & Staab, 2010). For example, the roles of a neurosurgeon and a personal support worker are vastly different in terms of status, pay, and the types of care work provided. In contrast, narrower definitions focus more specifically on industries or jobs where care is the primary purpose (Duffy et al., 2013; Lightman, 2017; UN Women & ILO, 2021).

There is also variation in whether research includes only those providing direct paid care, as defined earlier, or whether it also includes those who provide indirect paid care. Direct or “interactive” care workers provide direct care through face-to-face relationships, whereas “indirect” or care support workers provide the support needed for the provision of direct care (Addati et al., 2018; Duffy et al., 2013). For example, personal support workers may be considered direct care workers, whereas cleaners who work in long-term care homes may be considered indirect care workers. The inclusion of these workers in past research often depends on the focus and priorities as well as the data source used.

These challenges may be because these definitions of the paid care workforce rely on the availability of existing data. Usually, research uses industry and occupation codes to scope out the paid care workers (e.g., Addati et al., 2018; Budig & Misra, 2010; Duffy et al., 2013; England et al., 2002). Some research that values unpaid care work (e.g., Besporstov & Sinclair, 2022; Fast et al., 2023) takes the reverse approach, using a list of defined unpaid care tasks to identify occupations who provide this care in the paid workforce.

One approach to defining the paid care workforce is to focus on the sectors of social care and childcare. Social care is comprised of assistance services for those with long-term conditions and disabilities (both physical and mental) that enable that person to live independently and participate in their community (Hall, Needham, & Hamblin, 2021; Mayhew, 2012; OECD, 2018). Similarly, childcare involves assistance with care tasks that enable daily living as well as supervision due to children’s young age, so that children can safely participate in day-to-day life (Simon et al., 2003).

Social care can overlap with, but is ultimately distinct from, acute medical care (OECD, 2018). Also referred to as “long-term care” in many contexts (Humphries, 2022), social care services are generally aimed at those with long-term functional limitations and provide help with either activities of daily living (ADLs) or both ADLs and instrumental activities of daily living (IADLs)⁶ (OECD, 2018: 3). In contrast, acute medical services “aim to ‘cure’ people” in the shorter term (Hall et al., 2020: 322).

Importantly, using the concept of social care helps draw boundaries between the paid care workforce and other broader sectors – such as the healthcare workforce or the sector of education. While paid care work overlaps with these sectors, too broad a definition means that nearly all jobs become included as “care work.” Focusing on the provision of ADLs and IADLs (which are similar to direct and indirect care tasks) for specific populations helps to focus in on people and industries who provide care as a primary function of their work.

6. Critically, those only requiring medical or nursing care, only IADL services (such as cleaning, laundry, or transportation), or only services for short periods of time (generally under 6 months) do not qualify as receiving social care (OECD, 2018).

Proposed conceptual framework of the care economy

Based on the results of the environmental scan and consultations with stakeholders and experts, this report outlines the proposed scope and boundaries for a Canadian framework on the care economy. Below, we present suggested definitions adapted from previous research to align with the unique social, economic, and political context of care in Canada. As such, these definitions may vary from existing work focused on different countries or developed for an international context.

The **care economy** is that sector of the broader economy comprising the provision of paid and unpaid care work (Addati et al., 2018; Peng, 2019; UN Women, 2018). This **care work**, whether paid or unpaid, consists of the activities and responsibilities involved in meeting the physical, psychological, and emotional needs of care-dependent groups (Addati et al., 2018; Duffy et al., 2013; Folbre, 2006; Keating et al., 2019).

Care-dependent groups require care to live independently due to functional limitations. These groups include **children**, who require care due to their young age,⁷ and **adults** with long-term conditions or disabilities.⁸ Care work for these groups ranges from helping with direct, hands-on care tasks such as activities of daily living (ADLs) (e.g., feeding, bathing); helping with more complex or indirect care tasks such as instrumental activities of daily living (IADLs) (e.g., cleaning, transportation, coordinating care); or supervising and monitoring the care receiver.

This focus on care-dependent groups aligns with a growing number of Canadian and international efforts that measure the care economy (Coffey et al., 2020; Duffy et al., 2013; Folbre, 2018; Peng, 2019; UN Women, 2018). Even though some definitions consider all persons (e.g., Addati et al., 2018), these broader definitions are often aimed at an internationally comparable context, and so may not be appropriate for the Canadian context specifically. In addition, since these care-dependent groups require long-term care and support for daily living, this narrower scope is more policy-relevant when assessing the value of the care economy. A broader scope may lead to a very high valuation of care work, as well as significant overlap with other sectors such as the healthcare system which provide primarily acute care.

In the care economy, care work can be either unpaid or paid. **Unpaid care work** is provided to care-dependent groups without explicit monetary compensation,⁹ either because of a personal relationship to family or friends (Keating et al., 2019) or through a voluntary organization (Addati et al., 2018; Oxfam, 2020). Unpaid care is most often provided in private households (e.g., the home of the care receiver or caregiver) but may also be provided in congregate care settings (e.g., long-term care facilities, hospitals) (Anderson et al., 2021; Qualls, 2016).

In past research, there is little consensus on the boundaries of the **paid care work**, or care work performed with remuneration. For the Canadian context, to align with the suggested scope of care work for care-dependent groups, the current framework focuses on the **social care** and **childcare** sectors. These sectors provide services to assist in the long-term with activities of daily living and instrumental activities of daily living, which individuals cannot accomplish without support (Hall, Needham, & Hamblin, 2021; Mayhew, 2012). In this way, social care is distinct from healthcare, which tends to focus more on the short-term treatment of acute medical needs (OECD, 2018; Humphries, 2022). Similarly, childcare involves the provision of care and support to children because of their young age (Simon et al., 2003).¹⁰

These definitions represent a proposed starting point for a conceptual framework on the care economy. Although these definitions are adapted from previous research, as discussed in this report, the lack of consensus on the scope and boundaries of many domains of the care economy means that there will naturally be variation across definitions.

7. Children with long-term conditions or disabilities may require additional care across ages and developmental stages, and that may continue into adulthood.

8. Long-term conditions or disabilities may be temporary, episodic, progressive or permanent. In all cases long-term conditions or disabilities have lasted or are expected to last six months or more. Examples of long-term conditions which may limit a person's ability to perform daily activities independently include but are not limited to cardiovascular diseases, cancer, chronic mental illness, neurological conditions and addictions. Examples of disabilities which may limit a person's ability to perform daily activities independently include seeing, hearing, mobility, flexibility, dexterity, pain-related, memory, learning and mental-health related disabilities. It is possible to have a long-term condition or a disability or both a long-term condition and a disability.

9. Some unpaid care work may be remunerated. For example, in Canada, paid parental leave provides income replacement for caregiving for newborns. Tax credits are also used in Canada to provide financial relief to caregivers, such as the Canada caregiver credit (Jeon & Ostrovsky, 2023).

10. Beyond the care and support for daily living, early learning and skills development for children is a major focus of childcare in Canada. For more details, see the the [Early Learning and Child Care Information Hub](https://www150.statcan.gc.ca/n1/pub/71-607-x/71-607-x2021007-eng.htm): <https://www150.statcan.gc.ca/n1/pub/71-607-x/71-607-x2021007-eng.htm>.

Currently, Statistics Canada has data holdings that can be used to measure previously used international definitions. For example, data from the Time Use Survey and General Social Survey on Caregiving and Care Receiving are commonly used to measure unpaid care work, whereas broad definitions of paid care work have been assessed using NAICS and NOC data from the Census of Population and Labour Force Survey. In addition to using this existing data, it is important to continue developing the conceptual framework to best define and measure the care economy for the Canadian policy context.

Conclusion and next steps

The care economy is a highly relevant issue for Canadian society and the economy, especially for social care and healthcare systems, given the recent pressures of the COVID-19 pandemic. Nearly half of Canadians aged 15 or older reported providing some form of care in 2022 (Statistics Canada, 2022b). The care economy is linked to timely and critical issues such as gender inequality, disability, immigration, labour, and population aging, among others. Understanding the full landscape of both unpaid and paid care work is of the utmost relevance.

This report proposes a conceptual framework for consistently and cohesively measuring Canada's care economy. Based on reviews of existing research in Canada and internationally, as well as consultations with key stakeholders and experts, the report puts forward a defined scope and boundaries for a framework.

In defining this conceptual framework, this report also provides a pathway forward for research and future data development by identifying key questions. For example: Who provides unpaid and paid care? How much care is provided and what are the qualities of the care provided (such as the types of tasks, duration, and intensity)? Who receives unpaid and paid care? What policy or other supports are provided for caregivers? What are the impacts of providing care on caregivers? Finally, what is the overall magnitude of the economic contribution of the care economy to Canada's economy?

Looking forward, Statistics Canada will look to actively cooperate with international partners including organizations and other national statistical institutes to develop standards for the care economy. A key priority of research on the care economy will be to ensure that Canada's care economy framework aligns with international efforts, in addition to being relevant for Canada's policy context. For example, this may entail the development of several selected definitions that range in scope and precision to respond to different key priorities and depending on existing data holdings and international comparability.

As next steps, Statistics Canada will continue to develop and refine this framework. Part of these next steps will include mapping existing data holdings to the conceptual framework with the aim to produce a roadmap to guide future data development and measurement. The project will continue to take into consideration the data needs of stakeholders on the topic of the care economy, including data users and policymakers both in Canada and internationally, to help guide future work.

References

- Addati, L., U. Cattaneo, V. Esquivel, & Valarino, I. (2018). *Care work and care jobs for the future of decent work*. Research Report, International Labour Organization [ILO]. Geneva: International Labour Organization. Retrieved from: https://www.ilo.org/global/publications/books/WCMS_633135/lang--en/index.htm
- Anderson, S., Parmar, J., Dobbs, B., & Tian, P. G. J. (2021). *A tale of two solitudes: Loneliness and anxiety of family caregivers caring in community homes and congregate care*. *International Journal of Environmental Research and Public Health* 18(19). <https://doi.org/10.3390/ijerph181910010>
- Armstrong, P., et al. (No date). *The care economy statement*. Retrieved February 17, 2022 from: <https://thecareeconomy.ca/statement/>
- Besporstov, S., & Sinclair, A. (2022). *Estimating the economic value of unpaid household work in Canada, 2015 to 2019*. *Latest Developments in Canadian Economics Accounts*. Statistics Canada, catalogue no. 13-605-X. Retrieved from: <https://www150.statcan.gc.ca/n1/pub/13-605-x/2022001/article/00001-eng.htm>
- Canadian Centre for Caregiving Excellence. (2022). *Giving care: An approach to a better caregiving landscape in Canada*. Retrieved from: https://canadiancaregiving.org/wp-content/uploads/2022/11/CCCE_Giving-Care.pdf
- Coffey, C., P. Espinoza Revollo, R. Harvey, M. Lawson, A. Parvez Butt, K. Piaget, D. Sarosi, J. Thekkudan. (2020). *Time to care: Unpaid and underpaid care work and the global inequality crisis*. Oxfam International. <https://oxfamilibrary.openrepository.com/handle/10546/620928>
- Duffy, M., Albelda, R., & Hammonds, C. (2013). *Counting care work: The empirical and policy applications of care theory*. *Social Problems*, 60(2), 145–167. <https://doi.org/10.1525/sp.2013.60.2.145>
- England, P., Budig, M. J., & Folbre, N. (2002). *Wages of virtue: The relative pay of care work*. *Social Problems* 49(4), 455–473. <https://doi.org/10.1525/sp.2002.49.4.455>
- European Institute for Gender Equality. (n.d.). *Care economy*. *Gender Equality Glossary & Thesaurus*. Retrieved September 18, 2021 from: <https://eige.europa.eu/thesaurus/terms/1056>
- Fast, J., Duncan, K.A., Keating, N.C., & Kim, C. (2023). *Valuing the Contributions of Family Caregivers to the Care Economy*. *Journal of Family and Economic Issues*. <https://doi.org/10.1007/s10834-023-09899-8>
- Folbre, N. (2006). *Measuring care: Gender, empowerment, and the care economy*. *Journal of Human Development*, 7(2), 183–199. <https://doi.org/10.1080/14649880600768512>
- Folbre, N. (2018). *Developing care: Recent research on the care economy and economic development*. Ottawa: International Development Research Centre. <https://idl-bnc-idrc.dspacedirect.org/handle/10625/57142>
- Folbre, N. (2021). *Quantifying care: Design and harmonization issues in time-use surveys*. UN Women. <https://data.unwomen.org/publications/quantifying-care-design-and-harmonization-issues-time-use-surveys>
- Hall, P., Needham, C., & Hamblin, K. (2020). Social care. In N. Ellison & T. Haux (Eds.), *Handbook on Society and Social Policy* (pp. 321-331). Edward Elgar Publishing.
- Humphries, R. (2022). *End the social care crisis: A new road to reform*. Policy Press: Bristol, United Kingdom.
- International Labour Organization [ILO]. (2013). *Resolution I: Resolution concerning statistics of work, employment and labour underutilization*. 19th International Conference of Labour Statisticians. Retrieved from: https://www.ilo.org/wcmsp5/groups/public/---dgreports/---stat/documents/normativeinstrument/wcms_230304.pdf
- Jenkins, F., & Smith, J. (2021). *Work-from-home during COVID-19: Accounting for the care economy to build back better*. *The Economic and Labour Relations Review*, 32(1), 22-38. <https://doi.org/10.1177/1035304620983608>
- Jeon, S-H., & Ostrovsky, Y. (2023). *What can be learned about caregivers in Canada from the analysis of families claiming the Canada caregiver credit?* *Economic and Social Reports* 3(7). Statistics Canada catalogue no. 36-28-0001. <https://www150.statcan.gc.ca/n1/pub/36-28-0001/2023007/article/00002-eng.htm>
- Keating, N., Eales, J., Funk, L., Fast, J., & Min, J. (2019). *Life course trajectories of family care*. *International Journal of Care and Caring*, 3(2), 147–163. <https://doi.org/10.1332/239788219X15473079319309>

- Lightman, N. (2017). [Discounted labour? Disaggregating care work in comparative perspective](https://doi.org/10.1111/ilr.12001). *International Labour Review*, 156(2), 243-267. <https://doi.org/10.1111/ilr.12001>
- Mayhew, L. (2012). [The UK Care Economy: Improving outcomes for carers](https://openaccess.city.ac.uk/id/eprint/13670/1/). UK: Carers UK. <https://openaccess.city.ac.uk/id/eprint/13670/1/>
- Organisation for Economic Co-operation and Development [OECD]. (2018). [Accounting and mapping of long-term care expenditure under SHA 2011](https://www.oecd.org/health/health-systems/AccountingMappingofLTC.pdf). *OECD Health Division*. Retrieved from: <https://www.oecd.org/health/health-systems/AccountingMappingofLTC.pdf>
- Peng, I. (2018). [Why Canadians should care about the global care economy](https://opencanada.org/why-canadians-should-care-about-global-care-economy/). *Open Canada*, March 16. <https://opencanada.org/why-canadians-should-care-about-global-care-economy/>
- Peng, I. (2019). [The care economy: A new research framework](https://spire.sciencespo.fr/hdl:/2441/4jkd2n5qb584g97mecfn4jjvjn/resources/wp-89-ito-peng.pdf). Sciences Po LIEPP Working Paper no. 89. Retrieved from: <https://spire.sciencespo.fr/hdl:/2441/4jkd2n5qb584g97mecfn4jjvjn/resources/wp-89-ito-peng.pdf>
- Qualls, S. H. (2016). [Caregiving families within the long-term services and support system for older adults](https://doi.org/10.1037/a0040252). *American Psychologist*, 71(4), 283–293. <https://doi.org/10.1037/a0040252>
- Razavi, Shahra. (2007). [The political and social economy of care in a development context: Conceptual issues, research questions, and policy options](https://www.unrisd.org/unrisd/website/document.nsf/(httpPublications)/2DBE6A93350A7783C12573240036D5A0). Gender and Development Programme Paper Number 3. United Nations Research Institute for Social Development. [https://www.unrisd.org/unrisd/website/document.nsf/\(httpPublications\)/2DBE6A93350A7783C12573240036D5A0](https://www.unrisd.org/unrisd/website/document.nsf/(httpPublications)/2DBE6A93350A7783C12573240036D5A0)
- Razavi, S., & Staab, S. (2010). [Underpaid and overworked: A cross-national perspective on care workers](https://doi.org/10.1111/j.1564-913X.2010.00095.x). *International Labour Review*, 149(4), 407-422. <https://doi.org/10.1111/j.1564-913X.2010.00095.x>
- Rummery, K., & Fine, M. (2012). Care: [A critical review of theory, policy, and practice](https://doi.org/10.1111/j.1467-9515.2012.00845.x). *Social Policy & Administration* 46(3), 321-343. <https://doi.org/10.1111/j.1467-9515.2012.00845.x>
- Simon, A., Owen, C., Moss, P., & Cameron, C. (2003). [Mapping the care workforce: Secondary analysis of the Labour Force Survey for childcare and social care work](https://discovery.ucl.ac.uk/id/eprint/1482325/1/Simon2003Mappingthecare.pdf). Thomas Coram Research Unit, Institute of Education, University of London. <https://discovery.ucl.ac.uk/id/eprint/1482325/1/Simon2003Mappingthecare.pdf>
- Statistics Canada. (2022a). [Census in brief: A generational portrait of Canada's aging population from the 2021 Census](https://census.gc.ca/census-recensement/2021/as-sa/98-200-X/2021003/98-200-X2021003-eng.pdf). Statistics Canada Catalogue no. 98-200-X, issue 2021003. <https://census.gc.ca/census-recensement/2021/as-sa/98-200-X/2021003/98-200-X2021003-eng.pdf>
- Statistics Canada. (2022b). [More than half of women provide care to children and care-dependent adults in Canada, 2022](https://www150.statcan.gc.ca/n1/daily-quotidien/221108/dq221108b-eng.htm). *The Daily*. November 8. Statistics Canada Catalogue no. 11-001-X. <https://www150.statcan.gc.ca/n1/daily-quotidien/221108/dq221108b-eng.htm>
- Statistics Canada. (2023). [Providing care in Canada, 2022](https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2023004-eng.htm) [Infographic]. Catalogue no. 11-627-M. <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2023004-eng.htm>
- Stiglitz, J. E., Fitoussi, J-P., & Durand, M. (2018). *Beyond GDP: Measuring what counts for economic and social performance*. OECD Publishing: Paris. <https://doi.org/10.1787/9789264307292-en>
- UN Women. (2018). [Promoting women's economic empowerment: Recognizing and investing in the care economy](https://www.unwomen.org/en/digital-library/publications/2018/5/issue-paper-recognizing-and-investing-in-the-care-economy). Retrieved from: <https://www.unwomen.org/en/digital-library/publications/2018/5/issue-paper-recognizing-and-investing-in-the-care-economy>
- UN Women & International Labour Organization [ILO]. (2021). [A guide to public investments in the care economy: Policy support tool for estimating care deficits, investment costs, and economic returns](https://www.unwomen.org/en/digital-library/publications/2021/04/policy-tool-care-economy). UN Women – ILO Joint Programme (“Promoting Decent Employment for Women through Inclusive Growth Policies and Investments in the Care Economy”), Policy Tool. Retrieved from: <https://www.unwomen.org/en/digital-library/publications/2021/04/policy-tool-care-economy>

Appendix

Table 1
Selected key definitions of the care economy from previous research

Citation	Definition
Addati et al. [ILO] (2018: 10)	The care economy is the sum of all forms of care work. It therefore comprises both unpaid carers and care workers.
Armstrong et al. (n.d.: 3)	Care, both paid and unpaid, is a fundamental component of our basic infrastructure. [...] A care economy includes those who need and those who provide care, both paid and unpaid, and recognizes that our care needs and care provision vary throughout life. [...] A care economy includes the entire range of health and education services, including child- and elder-care. It also includes other social infrastructure such as employment insurance, labour standards and their enforcement, immigration policies, and paid sick leave.
European Institute for Gender Equality (n.d.)	Part of human activity, both material and social, that is concerned with the process of caring for the present and future labour force, and the human population as a whole, including the domestic provisioning of food, clothing and shelter.
Folbre (2018: 6)	[The care economy] encompasses expenditures on children and other dependents; paid care work; and unpaid care of family, friends, and neighbors.
Jenkins & Smith (2021: 27)	The care economy includes paid and unpaid childcare and healthcare, as well as social care, such as for the dependent elderly or disabled [...].
Peng (2019: 32)	Care economy refers to the sector of economic activities, both paid and unpaid, related to the provisions of social and material care, which contribute to nurturing and supporting the present and future populations. Broadly, it includes direct and indirect care of children, the elderly and the disabled, health care, education, and as well, financial and other personal and domestic services aimed at supporting and enhancing individual well-being.
UN Women (2018: 8)	The care economy entails the production and consumption of goods and services necessary for the physical, social, mental and emotional well-being of care-dependent groups, such as children, the elderly, the ill and people with disabilities, as well as healthy, prime working-age adults.
UN Women & ILO (2021: 3)	The care economy entails a diversified range of productive work with both paid and unpaid work activities for providing direct and indirect care necessary for the physical, psychological, social wellbeing of primarily care dependent groups such as children, the elderly, disabled and ill, as well as for prime-age working adults.

Table 2
Selected definitions of care work from previous research on the care economy

Citation	Definition
Addati et al. [ILO] (2018: 6)	Care work is broadly defined as consisting of activities and relations involved in meeting the physical, psychological and emotional needs of adults and children, old and young, frail and able-bodied. Newborns and young people, older persons, the sick and those with disabilities, and even healthy adults, have physical, psychological, cognitive and emotional needs and require varying degrees of protection, care or support.
Coffey et al. [Oxfam] (2020)	Care work is crucial to our societies and to the economy. It includes looking after children, elderly people and those with physical and mental illnesses or disabilities, as well as domestic work such as cooking, cleaning, washing, mending and fetching water and firewood.
Duffy et al. (2013: 147)	(1) the activity contributes to physical, mental, social, and/or emotional well-being; (2) the primary labor process of the activity involves face-to-face relationship with those cared for; (3) those receiving care are members of groups that by normal social standards cannot provide for all of their own care because of age, illness, or disability; and (4) care work builds and maintains human infrastructure that cannot be adequately produced through unpaid work or unsubsidized markets, necessitating public investment.
England et al. (2002: 455) ¹	We use the term “care work” (or caring labor) to refer to occupations in which workers are supposed to provide a face-to-face service that develops the human capabilities of the recipient. By “human capabilities” we refer to health, skills, or proclivities that are useful to oneself or others. These include physical and mental health, physical skills, cognitive skills, and emotional skills, such as self-discipline, empathy, and care.
Razavi [UNRISD] (2007)	Caring is an ambiguous notion stretching from a more pragmatic and practical endeavour of providing physical care, which may to some extent be independent of the relation between the carer and the person cared for, to deeply emotional caring, in which the person doing the caring is inseparable from the care given (Kittay et al. 2005). It is important, however, not to divorce the direct care of persons from other kinds of unpaid work that are preconditions for personal caregiving such as shopping and preparing food and cleaning and washing clothes, sheets and dishes—work that is often done not just for the person in one’s care, but also for the entire household. While these tasks do not constitute direct care of the person, they are necessary activities that provide the preconditions for personal caregiving.
UN Women (2018: 8)	Direct care provisioning entails one-to-one relational tasks between the caregiver and the care receiver, such as breastfeeding a baby, helping a child with homework, tending to a bed-bound elderly person or giving emotional support to someone diagnosed with a terminal illness. Such direct provisioning is supported by indirect care activities, which do not entail person-to-person engagement but are nevertheless indispensable components of care provisioning. These include common domestic tasks—for example, cooking, cleaning, washing, shopping and household repairs and maintenance—as well as additional activities in rural areas of less developed regions, such as collecting water and firewood or food processing.

1. England et al. (2002) only examine paid care work in their report. However, this definition has been used at length to inform subsequent research on both paid and unpaid care, including in Duffy et al. (2013) and Addati et al. (2018).