

What Will it Take to Revalue Care?

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I. Introduction

The revaluation of care has been a long-standing feminist objective. What will it take to finally make it happen? “Although Catherine E. Beecher and Harriet Beecher Stowe) in the late nineteenth century [1869], like feminists more recently, sought to valorize domestic activities (in both their paid and unpaid forms) as ‘real work,’ these efforts past and present have had little effect in the larger culture.” Hondagnew-Sotelo, *Domestica*, p. 9-10. I think the best arguments in the world (there are lots of excellent arguments out there) will not bring it about. What is needed is fundamental structural change in both work and care.

In *A care Manifesto: (Part) Time for All* (PTfA) my co-author, Tom Malleson, and I advocate such structural change in the form of part time paid work and part time unpaid care that would become the new norms for everyone. We frame the new norms as providing solutions for three pressing problems: unsustainable stress on families, persistent inequality for women and others who do care work, and policy makers who are ignorant about the care that life requires—because most high level policy makers have virtually no experience of providing care. The revaluation of care underlies all these issues.

The short version of the proposal is that all capable adults are expected to do paid work part-time (what we would now call part-time), no less than 12 and no more than 30 hours a week, and to do unpaid care work part time –also somewhere between 12 and 30 hours a week. Our hope is that this proposal will spark an urgently needed conversation that will radically change existing beliefs and practices around work and care.¹

At the heart of our argument is the claim that everyone needs to have life long experience of the benefits, demands, and significance of providing (and receiving) care. Neither this experience nor the revaluation can happen without a radical restructuring of work; more flexible hours (while important) will not do the job. The kind of restructuring advocated by PTfA entails, in turn, a revaluation of work. We need not just to understand the true

¹ I have appended a slightly longer summary the argument in the book as an appendix for readers not familiar with it. I have also added a couple of paragraphs on the care/policy divide.

value of care and its connections for human thriving, but to put work in its place. Under the norms of PTfA, work is, and would continue to be, a source of identity, contribution, status, and dignity. But it would be only one such source. Care, community participation/activism, and leisure pursuits would be other, sometimes more important, sources.

Many of the contentious parts of the proposal are necessary, in my view, because they are needed to accomplish a transformative shift in the way people understand and value care. This paper engages with several of those contentious issues in order to test (against the views of others committed to the value of care) my judgment about necessity. One of the main points of contention is that the new norms would override (at least existing) individual preferences.

There is also another related form of objection to the constraining, and potentially invasive, quality of the norm that everyone, without exception, should take on significant care-taking responsibility. Particularly in the context of a widespread commitment to undermining existing gender norms that have been such a powerful source of constraint, it seems odd to some to embark on a project of putting in place new norms that would seriously constrain people's choices. Thus the linked objectives of revaluing care and ending the care/policy divide are important justifications for the constraining quality of PTfA.

Underlying each part of the argument is the claim that as long as only a subset of people does the care every society needs, both care and the people who do it will be denigrated. This is a formulation I repeat throughout the book, and I now see that it assumes a fairly stable category of people constituting that subset, and a category that is part of the low end of the categories of hierarchy that organize power, privilege, and status. I suppose it is possible to imagine that in some future world, care would come to be seen as the most highly valued activity, that there would be competition for who got the role as care-giver, and that one could have an inverse of our current hierarchy in which only the very top subset of the population does the care. But that is a fantasy outcome I am not worried about in the foreseeable future, and thus not a serious challenge to my formulation. In addition, it is imaginable that care would be valued on par with many other kinds of contribution—such as being an artist, or a teacher, or a lawyer—and that although only a subset of people did it, they and their contribution would be fully valued.

These distant possibilities point to another core claim of the book: good governance (in both the public and the private realms) is only possible if those with high-level policy-making positions have first hand experience with the nature of care: its demands, its rewards, its significance for human thriving and connection. In other words, even if the equality and denigration problems were solved in some other way than having everyone participate in care, there would be another core problem left unresolved.

It is thus the combination of these objectives—equality, the revaluation of care, and fixing the existing care/policy divide that drive the structure of (Part)-time for All. As long as one group of people does the policy-making and a different group provides care,

it is very hard to imagine policy-making coming to be seen as equal to care in value. In other words, the care/policy divide itself sustains the denigration of care. When those in powerful positions of high-level decision making (whether in corporations or government) know very little about care, they will continue to believe it is of low value and enact policy making accordingly.

II. Justifying constraint in order to promote the linked objectives of revaluing care, fostering equality, ending the care policy divide

A slightly different concern than the one that focuses on how individuals' preferences would be thwarted is the view that PTfA has a disturbing Maoist tone to it. The concern is that it would foster a culture that is highly regimented, requiring a high level of consensus about intimate matters like how people organize their household labour, and reducing diversity in the ways people run their lives. It is true that we are after a cultural revolution (as one might say many feminist, anti-racist, anti-colonialist projects are) in the sense that the proposal aims at deep changes in people's values and norms. But we do not envision a totalitarian social regime, or a shame culture. Roughly speaking, the new norms would be no more constraining than the current (highly gendered and racialized) norms around who does what kind of work and care.

In the care section we address the question of why not aim, instead, at freeing up of all norms around work and care, so individuals could simply follow their preferences. First, this would be an even more radical proposal if it were to include a removal of *economic* forms of coercion to work—revealing the ways that people tacitly assume the appropriateness of coercion to work. If the idea were simply to remove the gendered dimensions of pressure to work, everyone is pressured equally, how would care be provided? Is everyone to be equally subject to norms about responsibility for care? Or is work a social and economic requirement for everyone, but care is an option based on individual preference? Such a divide would not account for the way the structures of work and care are interdependent, nor would it acknowledge the way care is as essential for human survival as work.

JN and TM have each had serious conversations with professional women who say they want to organize their lives so that they do not have to personally provide care. They want care workers to be well paid, and that they would take financial responsibility for paying someone to look after an elderly parent if that became necessary. But by choosing not to have children, and assuming these financial responsibilities, they want to free themselves from direct care obligations and would resist the social compulsion that would be part of PTfA. How is such compulsion justified in the face of such carefully considered preference?

Of course, one important reason not to rely on personal preference with respect to care is that existing preferences are so deeply shaped by the norms that underpin our current hierarchical structure of work and care. One can see by the examples of the women above that these preferences are not always shaped by the strong gender norms around care. But

those are not the only norms at play. One of the most important is that work is more valuable and rewarding than care.

What would be the harm of allowing for the full commodification of care? As long as everyone understood that they had care obligations, it would be up to them whether they met them through their own personal care, or hired others to meet them. If this were the approach to care, what would happen to the norms around work? One might get a modification of the proposed hours of work. Perhaps the idea would be that there should be a large number of good part time jobs available for those who wanted to directly participate in care. But for those who didn't, they could continue to work something like the current hours. Of course there are other reasons to advocate hours that allowed for leisure, friendship, and community participation, so perhaps the new norms would be something like 40-50 hours a week—still a very big departure from norms in the legal and financial sector, as well as in high level government jobs.

If it were widely taken up, such a system of the option of commodifying care would almost certainly reinforce the existing hierarchies of work and care. Care (and work) involving physical labor would be at the bottom. Care involving emotional care, such as comforting and playing with children would be higher up, but below most forms of paid work. (Although in Canada and ?? those who clean people's homes are usually paid a higher hourly wage than that earned by people who care for their children. Here I think there is an odd divergence between status and income: cleaners have lower status, but are paid more.) Professional and managerial work would be the high end of the hierarchy. If significant numbers of people took up the option of contracting out their care obligations, the revaluation of care would not take place—thus making it likely that significant numbers of people *would* opt to buy care if they had the money.

Reinforcing existing hierarchies would thus fail to address the problems of equality in the distribution of care. Care and those who do it would continue to be denigrated.

Equally obviously, norms that accepted paying someone else to fulfill one's care obligations would not redress the care-policy divide, unless only a very small number of people chose that option. People who are buying rather than performing care are not learning about it experientially —although even taking on the role of helping to find, select, supervise and pay someone to care for one's aging parent would, if done conscientiously, involve learning something about the kind of care that mattered to the parent and why.

The issue of buying care rather than providing raises the problem of another kind of inequality: between those who do and those who do not have children. It is already the case that in the US almost all of the wage differential between men and women is really between all men and women who have children. If they are removed, the wage differential is only about 5%.² One could imagine a two-tiered world in which gender was not the big divide between commitment to work and to care, or between high and

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low paid and prestigious work. The divide might be between those who had children and those who did not—and perhaps also between those who took personal, hands-on responsibility for sick, elderly or disabled relatives, friends and neighbors and those whose commitment was financial only. Even if one could imagine communities of care, which, like some co-op child-care centers, allowed “buy outs” of members’ care responsibilities through financial contribution, this would still sustain the care-policy divide and some considerable denigration of care.

III. Restructuring work in a way that can foster the revaluation of care

Here it is helpful to compare the norms I advocate for restructuring work with those advanced by Slaughter in *Unfinished Business*. The comparison will also help frame questions about what might be lost under a PTfA regime.

Slaughter and I agree about the need to revalue care, and we agree that both men and women “are responsible for providing the combination of income and nurture that allows those who depend on them to flourish.” (p. 50). We disagree about the kind and extent of the transformation of work that could accomplish the kind of revaluation of care that we both advocate. It is important to remember, as I noted at the beginning, that feminists have been making impassioned, articulate and well-reasoned arguments about the value of care from at least 1869 to the present. Those pleas and arguments seem to have had little effect. I think only a radical restructuring of work and care can actually accomplish this vital shift in the culture. Here, I want to talk about the kinds of restructuring of work that Slaughter advocates and why I think we need a very different approach.

My claim is that her plan for structural change is actually at odds with the revaluation of care she advocates.

Slaughter offers many insights about the ways work and care are interconnected, and she is motivated not only by making it more possible for women (and others with care responsibilities) to hold high level positions, but also by revaluing care and shifting the long standing link between care and gender. Here I am going to just briefly mention a few of the characteristics of her approach that matter for a contrast with PTfA. First, she talks about two powerful drives, competition and care. Competition is often a term that she uses to refer to work. For her, both can play an important and fulfilling role in peoples lives and both are important for society. She wants people (both men and women) to be able to experience the benefits of both competition and care. She sees that work must be restructured in order to accomplish these goals.

The key to her solution is much greater flexibility on the part of employers and the structures of workplaces. First, there is the now often mentioned flexibility of working from home, accommodating urgent care responsibilities, and more flexible work schedules in terms of when one does one’s work. She also thinks that it is important to measure what people accomplish, not how many hours they spend in the office. All of these involve significant revisions to the contemporary ideal worker.

The other, more novel, form of flexibility she suggests is her proposal for an “interval” approach to work (like interval training in exercise, shifting between intense and moderate exercise). Slaughter basically accepts that high-level jobs involving important managerial and decision-making functions will often, perhaps ordinarily, involve long hours of intense work. Working in this way is incompatible with significant care responsibilities, even with the more modest kinds of flexibility I outlined first. These will accommodate the occasional emergency, but on an ongoing basis a person with children who wants to hold one of those jobs needs to have someone else be “the lead parent.” The problem is that many women either do not have someone willing to take on that role, or want to do it themselves. This then has the effect of permanently cutting them off the fast track. The interval model would allow for both men and women to climb the ladder of success in the early years of their career (before major care commitments), and then step off it for while, and then re-enter with a good chance of being able once again to occupy the fast track. The problem with the fast track for Slaughter is that in the absence of such flexibility, many women step off for family reasons and can never get back on.

Under the norms of PTfA there will be no such fast track. No one will spend years of their lives in exhilaratingly powerful, high paying jobs, working 50-70 hours a week and thus having virtually no time for care (or community participation or leisure). Of course, to dispense with the fast track would be to radically restructure work at the high end. It is a common belief in law, finance, and high levels of management in both the public and private sector, that the really important jobs cannot be done except on this fast track model. And at a somewhat more modest scale, to climb the ladder of success in many corporate contexts means to move up the management scale: to have greater decision-making authority and greater control over a larger number of other employees. (This is a model Slaughter repeatedly refers to.) It is widely assumed that such jobs require at least 40 plus hours a week, if not the 50-70 of the really high-end positions. This mid level fast track would also be incompatible with the maximum of 30 hours.

To meet the goals of PTfA requires transforming the structures of the workplace such that all work can be done part-time, through job sharing, or short-term intensity rotation (e.g. 6 months on, six months off). This will, as we noted earlier, require significant creativity in rethinking the definitions of traditional “jobs.” Maybe each manager oversees fewer employees or projects, or manager teams of 2-3 job-sharers do the work that had previously been done by 1 manager. In jobs where personal relations with clients are particularly important—such as doctors and lawyers—clients may need to get to know and trust a small team one of whom can reliably be available.

Of course, the underlying purpose for such restructuring is to transform the meaning and practices of both work and care; in particular, to make it possible for everyone to provide care throughout their lives. But the more immediate reason it is important not to settle for improvements of Slaughters plan is the danger of creating two categories of workers, 1) those who more or less comply with the current ideal worker—(work comes first, they are available 24/7 whenever “necessary”) and 2) those who take care responsibilities seriously as a major and ongoing priority in their lives. Slaughter acknowledges that as

long as those ideal workers exist, employers are going to prefer them (though she does say this may be short sighted on their part).

There are two ways these categories of workers would continue, even after many of the accommodations and innovations Slaughter suggests. The first is that without a norm of regular unpaid care from all, there will be those who see that being without care responsibilities will give them a fast track to rising on the ladder of success. Ambitious people may decide that they would prefer a sustained fast track to commitments to care. They may decide not to have children, to structure their intimate relationships around an agreed priority for work, and to generally signal to friends and family of origin that their work comes first. They may be available to contribute to exceptional care needs when it doesn't interfere with something important at work. They may be happy to contribute money to help hire others to provide care for friends or family in need. But they will not contribute time, and thus will rarely be present for hands-on or face-to-face emotional care. These are people who may envision themselves as virtually life-long ideal workers. (A predictable risk of this approach is that their own care needs in old age, sickness or accident may not seem very real to them. They may think that they will have the money to buy care, so it won't be a problem.) Perhaps they envision an active retirement from paid work, but again free from the encumbrance of care obligations.

The other way such workers would be available to be preferred by employers is on the interval model Slaughter proposes. People might "slow down," or even step off the path of advancement while their children were young, or during a period when a parent needs a lot of care. But then, on her model, they could return, eager to ramp up to the fast track. These are people who have experienced serious care commitments to people (children in particular) who are likely to continue to need their care and attention, if not as much of their time. I think there is some ambiguity in Slaughter's description of people diving back into intense commitment to work and her repeated invocation of the importance of relationship and the care it calls for. Perhaps these people will never quite return to being the old form "ideal workers" in that they will never simply treat work as the absolute priority. But to return to the fast track, they will need to minimize the interruptions they permit care to make in their commitment to work. Thus while employers might still prefer the first group (the permanent fast track folks), once people are committed to getting back on the fast track for another invigorating interval, (at least traditional) employers are going to prefer them to those who have major (and inevitably unpredictable) care commitments.

Of course, there is an underlying question I will return to of the picture of work as competition, of success as climbing a management ladder that gives one ever greater authority over others and larger scope of decision-making authority. This is not everyone's picture of fulfilling or creative work or of success. But for the moment, let us admit that it describes the structures of many workplaces and their definition of success. PTfA would prevent (or at least resist) the creation of these three classes of workers: 1) the permanent fast-trackers; 2) the interval fast-trackers 3) those who spend their lives with very significant care commitments in combination with work commitments. Without a radical restructuring of work and care beyond what Slaughter suggests, it is clear what

the workplace hierarchy would be among these three categories. It is hard to see how it would foster the serious revaluing of care that she says she advocates. Money and power would be accorded along the work-place hierarchy. Care would be something “nice” people do some of the time, and really nice (and unambitious) people do a lot of the time. People with serious talent and ambition will be keen to get back to the fast interval because that will still be what really counts as success. Talk about how relationships come first in a crisis may make a little more space for flexibility in the workplace, but is unlikely to shift the fundamental priority accorded to power and money over care.

Thus I think Slaughter’s greater flexibility would be an improvement over existing practices, but I think it cannot solve the problems that PTfA is aimed at, and it is very unlikely to seriously advance her own call for revaluing care. It will not make a sufficient difference for the care/policy divide. It is true that (despite the lure of the advantages given to the permanent fast-trackers) there will be some significant group of people (probably disproportionately women) who become interval fast-trackers. That means that when they return to high-level policy positions they will have had some significant experience of care. They will bring that knowledge with them. But they will no longer be involved in much daily care for others. Indeed, they will come to rely on others to care for them so they can sustain the gruelling work hours. This will make sense since the work they do is so important and pressing. They will live in a work environment that still marks work as what matters for power, status, money and social recognition of contribution. After a while, (humans being the social creatures we are) it will be hard to sustain a sense that care matters as much as work. Their policy judgments will come to reflect the superior value of work, and probably the superior value of the people who do the intense work that requires a virtual abandonment of care. The hierarchy of work over care will assert itself even for (most of) them. Thus the care/policy divide will not be quite as bad as before the interval option, but it will still play a role for both the permanent fast-trackers and the interval fast trackers. And those who choose to combine work and care will still not have access to high level policy making positions.

For the culture at large, the model of power, prestige, money and social recognition accorded to intense work that precludes care will be largely untouched. Talk about how important care is will be given lip service, reflected in romantic movies, but the hierarchy between work and care—and those who do it—will remain in place. In short, I do not see how a serious revaluation of care will be advanced by the kind of flexibility that Slaughter recommends. Structural change, not reminders of what people say on their death beds, will be needed to the redress deep, long standing devaluation of care.

As I said above, if either well-reasoned or impassioned argument would do it (along side structures that support the hierarchy of work over care), it would have happened already.

The gender hierarchy involved in the distribution of care is unlikely to be deeply affected by the interval model—even if some women choose to be permanent fast trackers, and some men become one of the other two categories of workers. More generally, the value accorded to care will remain low. Unless everyone does care, both the care and those who do it will be denigrated. And, of course, not just gender is at stake. Slaughter’s model will

not undo the distribution of care along categories of hierarchy—race, class, ethnicity, citizenship status.

Slaughter's model would ease the stresses of family life. Even the more modest forms of flexibility are desperately needed, especially in the United States. But it is not a systemic solution. It will not give most people adequate time for both work and care, as well as the community involvement important for democracy and the leisure important for health and well being. It will not end the desperate sense of time scarcity that afflicts so many in North America. And for those who aim for the fast track, or live with someone who does, their family will rely on a division of labour—even if it is not as deeply gendered as current North American patterns.

In sum then, of the basic objectives of PTfA, Slaughter's model will improve the stress on families, but not deeply enough. It will have little impact on the way the way care is organized around categories of hierarchy, thus sustaining inequality. And it will improve the care/policy divide, but still in only a limited way. Each of these limitations is connected to my view that the structure she advocates will not seriously change the devaluation of care.

IV. Division of labor under PTfA or an equal role for work and care, for all?

So let me turn now to the question of division of labour under the new norms of PTfA. There are two big, related, questions here. The first is whether in addition to the basic norms of 12-30 hours a week of both work and care, there should be a (weaker but still significant) norm of doing roughly equal amounts of work and care over a life-time. Would people who from youth on choose to work 30 hours and do care 12 hours be seen as less than model citizens, or should everyone feel entirely free to choose within the basic norms? Another, more contentious, way of putting it is: should the norms become even more constraining than the already demanding shift to a maximum of 30 hours of work a week for all and the minimum of 12 hours of care? Consider a very modest "interval" version: people who spend 23 hours at work, 23 doing care when there are intense immediate care demands from young children or aging parents, but otherwise revert to 30 work, 12 care as in their youth. Arguably, even this cuts against the norm that one's care obligations are not built around the arc of individual's lives, but last throughout one's life and extend beyond one's family and friends. Where does individual preference fit here? What about serving the collective needs of society and building the wider patterns of relationship that support community and democracy?

The related question is whether there should be a norm of economic independence. Should family units (however constituted) avoid arrangements in which one person (or group of people) does mostly care work for, say 15 years, and is thus economically dependent on the others in her family? Feminists have made many arguments about the dangers of economic dependence, including the link between susceptibility to Intimate Partner Violence, power imbalances in the family, and poverty later in life. Should the norms of PTfA allow for a modified version of the interval approach, even if that means some people will spend years being economically dependent? (At least in the transition

these people are likely to be disproportionately women.) What if a woman is involved with care responsibilities for 3 children and wants to spend 15 years doing only 12 hours of work, and then moving up to 23 hours of work, 23 of care? Should this be treated as well within the norms, or an undesirable asymmetry that is of collective concern in part because of the vulnerabilities that arise from economic dependence?

Of course, an argument against economic dependence is, in essence, an argument against a division of labour between work and care. Some version of the division is so common that a sub-norm of equal work and care for all requires additional justification. The basic norms of PTfA--12-30 hours for both work and care—offer quite a wide range of choices. Indeed I have sometimes justified the new norms by highlighting their flexibility, both for individual preference and for change over time. But here I want to make arguments for a sub-norm of equal work and care, which would not have the stringency or social force of the basic norms, but would be norms nevertheless.

The first argument is that those who do only 12 hours of care a week, including their own maintenance, may not really be doing enough to gain the knowledge and experience of care that the norms aim at. This would particularly be so if a person did no more than 12 throughout their life. Thus, this is a minimum, and (under the sub-norm) those who had a life-long pattern of it would not be thought to be doing a very good job of complying with the norm of responsibility for both work and care.

Similarly, someone who never engaged in paid work for more than 12 hours a week would have a limited understanding of employment-of both the difficulties and the rewards of earning a living and contributing to society through paid work. Such a person is also very likely to be economically dependent on others. This would also not be seen as a high level of compliance with the norms of PTfA.

Optimal compliance would probably be seen to be an average of 20-25 hours a week each for care and work. This average would allow for periods of longer hours at one or the other. But the norm would best be maintained if none of those periods were very long.

People might want to reduce their work hours when their children were young. If all of the primary caregivers are to have a central relation with their children, they are not likely to want to work more than 20-25 hours a week. (We currently define a living wage as able to support a person and a child with 30 hours a week. But the aspiration is to reduce that to twenty hours so that two parents could support two children if each parent worked 20 hours a week.) If good part time work were available, the inclination to use a division of labour such that one parent only does 12 hours of work and the other only 12 hours of care would be reduced. Since PTfA is not expected to eliminate large variation in wages and salaries, family members with widely different earning capacity might be tempted, as often happens now, to have most of the work done by the high earner, and the care done by the lower earner. The new norms should discourage this. It becomes a way of using the flexibility of the hours to perpetuate the care/ policy divide, and it threatens to reinforce existing gender norms around care, as well as the devaluation of care.

What about those who want to spend as much time with a new baby as possible? The norms of PTfA would best be fostered by a policy of parental leave for both parents for six-ten weeks so that both can bond with the baby, support each other, and avoid one being the expert care-giver and the other the “helper”. Then there should be parental leave for an additional 9 months that could be divided between the parents. Norms should encourage an equal division. (And, in the transition, policies that provide particular reward for fathers taking leave would be desirable.) But what if one parent would still rather only work 12 hours a week as long as they had children under 3? Should that be discouraged? Since it will normally only be 6 years or so, it seems to us that that is should be seen as compatible with a life long norm of equal work and care.

And what if the woman has a stronger urge to stay home than the man? During the transition to the new norms it will be important to resist the pressure of preferences shaped by existing gender norms. This is an important reason for the sub-norm of equal amounts of care and work.

In addition to resisting gender norms in the transition, there is the problem of resisting the hold-over of existing norms around the value and attraction of work—and corresponding denigration of care. This concern intersects with two big questions underlying both the core norms of PTfA and the additional sub-norm of avoiding divisions of labour and fostering equal hours of work and care, at least over a life time: 1) the question of individual preference, talent, and fulfillment; 2) the question of whether there may be losses to society as whole by constraining individual choices within these norms.

One form the attraction to work might take is the desire for the power associated with high-level work. No amount of revaluation of care will bring with it the kind of power some people get to exercise in their jobs. If a big part of the attraction of work is competition where success is rewarded with ever greater power over others—in the form of climbing a management ladder, where one both has more employees “reporting” to one and is able to make decisions whose impact has a wider and wider scope—then even the most rewarding and respected care practices will not provide this.

Of course, one should recognize the positive potential in the desire to expand one’s power to shape one’s world in a way that will benefit others. At least some people attracted to public service in government and NGOs are, presumably, motivated to reach positions with high level decision-making power for the purpose of social contribution. Some people’s creativity is sparked by the projects of institution building (such as figuring out new ways of delivering university education, or fostering the integration of indigenous knowledge into university curricula); and they need a certain level of power to implement their ideas, to put their creativity into practice. Of course, some people might be interested in innovation and institution building in the care field, but that, under the PTfA norms, remains either paid work or community participation, not direct care. So we are still left with the question of whether people with strong preferences for using their energies in this way should be discouraged from spending most of their life doing work at the upper end of the norms (30 hours) and care at the lower end (12 hours). (I

leave aside for the moment whether they should be encouraged to exceed the 30 hour limit.)

Will societies be worse off if people with the energy, talent, and drive to have the power to shape change are limited (by norms) in the amount of time they spend in these pursuits? Of course, this raises the traditional economic argument that they would be wasting their exceptional talents doing mundane care (that, implicitly, anyone can do). When people really recognize the range of talents, skills, and abilities involved in good care? **ADD CITE AND QUOTE , there is reason to believe that they will stop thinking people are wasting their time if they are limiting their work to do care. Is it really true that those who can develop institution-building skills and other forms of creativity that require (or are currently organized around) power over others are rarer than those who have the skills to provide exceptional care? We think that a metric that measured the improvement of human well-being might often assess direct care work as more important than that of high level managers who direct many people who “report to” them.

It is important to take a moment here to note the implications of these questions: the long-standing devaluation of care has sustained, together with discriminatory gender norms, a massive market failure. The fact that care is very low paid is not the result of effective market mechanisms responding to supply and demand. It is the result of distortions created by the wide spread disregard of the value of care, which has itself been sustained by gender norms that extract unpaid care from millions of women, as well as barriers to jobs and education for those who get relegated to low paid care jobs. Market distortions, like gender and racial discrimination are widely recognized to be inefficient in some respects—they mean that lots of the best people will never even be considered for some jobs. But it is not really a mystery why “the market” does not correct for these distortions. Discrimination (and gender norms around care) creates such value (free labor, cheap labor, removal of competition for jobs and education) for the beneficiaries of the discrimination that it remains worth it to them to keep the system in place. (And it is easy to keep the system in place with a series of stories—including objective market valuation of skills and people--about why there is no discrimination happening.) Of course, for PTfA, this means that those who have benefited from the nexus of gender norms and the devaluation of care have to be persuaded to relinquish those advantages for the sake of the benefits for everyone of PTfA. (We note that “the beneficiaries” include not just men, but women who are able to pay those who provide care for them and their families much less than they themselves earn.)

Having considered all these issues, we are inclined to advocate a sub-norm of equal work and care, and thus norms that resist household divisions of labour between a “worker” and “carer,” and that thus also resist patterns of economic dependence.

V. What kind of care at work should count as work?

The first thing to say is that the categories of work and care are themselves somewhat arbitrary: care involves work and good work involves care. But we need to juxtapose

categories of “care” and “work” in order to argue for the radical restructuring of both. In order to shift the existing priority of “work” over “care”—reflected in the greater prestige, power, and benefits accorded to work—and, in particular, to argue that everyone should provide unpaid care, we need to have shared understandings about what counts as care. The next thing to say is that this book offers a proposal whose details we envision as being worked out by the communities who try to implement it. The process of talking together about these categories in shaping new community norms is important. Such reflection, especially about grey areas, will bring more and more to consciousness that care is important everywhere. And as people recognize the many ways in which care is necessary for good work (easy examples are teachers and doctors), the care may become recognized as part of the work and compensated accordingly. In many cases this will be a good thing, and the work (like listening) that once counted as part of one’s care obligation will then be counted as work. Similarly, we envision ongoing conversations about how much work people should do, and about difficult issues like whether the economic dependency that follows from household divisions of labour (some people are primary care-givers and others are the primary income earners) should be discouraged under the new norms.

In short, we offer definitions as starting points. But in our model, the categories of work and care are never static, and the process of reflecting and revising will be an ongoing part of how communities shape meaning and give effect to values.

One way of re-valuing care is to garner recognition of the importance of care for the quality of work. A familiar example is the importance of a doctor who listens attentively to a patient’s concern, as opposed to just focusing on particular symptoms. Here the argument is that a caring doctor is also likely to be a better doctor. Not only will visits to the doctor be more pleasant and supportive for the patient, but the doctor is more likely to get the information she needs to make the best diagnosis. (Of course there are counter arguments: 1) concerns that caring doctors will have too much of their valuable time taken up by people who need someone to listen to them rather than medical expertise; 2) people want the technically best surgeon regardless of his “bed side manner.”)

One also hears examples of teachers, from primary school to university professors. Teachers who nurture and support their students are often crucial to students’ academic success. Like all care work, the care teachers provide tends to be unevenly distributed. Some do it, some don’t and there is very little credit to be had for doing it. Female faculty at universities routinely complain about that; they spend a lot more of their spare time providing care for their students than their male colleagues do. But the ones who leave office hours promptly to go write their articles are the ones who are rewarded with recognition and pay.

So all of this leads to the question of whether it would be desirable to get care work—such as taking time to talk to students in distress—recognized as part of doing an excellent job, so that those who do it would get credit for it. I think this is a hard question. Let us look first at why this could be a good idea. First, as already noted, often emotional support is important for students’ academic success, and it very often their teachers they

turn to because the stress they feel is directly affecting their academic performance. I don't think it makes sense just to say that that is the job of counsellors (who are already overwhelmed at most colleges and universities). Second, for a significant group of teachers, the care they provide takes up a lot of their time, time that is then unavailable for the "work" that *is* recognized. This group is disproportionately female and racialized, so the failure to recognize their care work is exacerbating existing hierarchy and disadvantage. Because the care they provide is not recognized as work it is easy for white, male colleagues either to disparage their colleagues inability to focus on what matters or, more sympathetically, to try to help them to get their priorities straight. (The latter is a form of mentoring that can be seen as bordering on care.) Either way, when the caring colleague does not get promoted, the others can just shake their heads whether in contempt or compassion.

If one thinks that the care this subset of teachers is providing is in fact important for students, then one might think that it should be recognized as work. This would also equalize the work, as more people might do it if it were recognized. The easiest way to foster that is to recognize it in formal ways. Most universities have some mechanism for asking faculty to list their yearly accomplishments for purposes of salary review and sometimes for promotion. Should there be a place to list the hours one has spent supporting students in ways that are not directly about how to improve a paper? Some people I have spoken to are uncomfortable about what seems like commodifying human acts of kindness and the building of bonds of trust and support. Perhaps this is especially so because teachers are not counsellors, they are not paid to do this. They do it because they are moved by the students who come to see them and they want to help—AND because they recognize that if the students don't get help, they won't be able to do their work. Perhaps there is also a concern that if such care becomes formally "counted," some people will claim hours that they did not spend or that were not actually very helpful. Emotional support is not easily monitored or measured.

Similarly, some faculty member spend a lot of their time helping their junior colleagues in ways that are not simply about "mentoring" in the sense of getting things published or getting on panels at conferences. They may informally help mediate conflict or encourage young faculty to ask for accommodation. This sort of care work is also very unevenly distributed, and can also take up a lot of time.

My tentative view now is that, as already appeared above, there is a distinction between professional mentoring on the one hand and a wide variety of care and support for both students and colleagues. Mentoring as I see it includes reading colleagues' work (and sometimes students' work that a faculty member has no direct responsibility for), helping them make professional contacts, providing professional advice about jobs and publication, and writing letters of recommendation, blurbs on books etc. This should be recognized as a formal part of the work of university professors, and there should be a place to write it down on one's yearly account of accomplishments. No one is forced to do it, there is a big variation in how much people do, and it should be formally recognized and thus encouraged.

I think there should be an invitation on annual review forms to note significant time spent supporting students and colleagues. Perhaps it should be listed as one possible option under a heading like “other contributions.” This signals that providing care is part of one’s job, but in a less formal way, perhaps a way that cannot be expected of everyone. Like mentoring, there is no simple or formal way of assessing the quality of the contribution. (Although one could imagine forms for colleagues and students to comment on special help and support they have received.) These are forms of recognition that stop short of treating the care as a job requirement. This midway stance recognizes that the work of a university could not be carried out well if no one were providing such care, but that the choice to devote one’s time to it remains an individual choice. The value of that choice can be recognized in semi-formal ways.

If this were the policy of a university, then the care work a faculty member provided in this way would “count” as part of their hours of unpaid care.

I can also imagine that over time, as more and more people become adept at care and recognize its value, this sort of care at work would become increasingly recognized as part of the job. Ultimately it could be fully become part of paid work, rather than unpaid care. But I can also imagine that as people come to value unpaid care more and more, that the appropriate recognition for the support for students and colleagues would be seen to be part of the recognition of the importance of unpaid care.

VI. Equal status for non-nurturant care

One of the issues that I see as important for revaluing care is to disrupt the long-standing divide between intimate, face to face, care (sometimes called nurturant care³) on the one hand, and the non-nurturant care involved in activities like cleaning. In the book we argue that everyone should do unpaid care, even though there will remain some space for hiring people to help with one’s care work through paid care. But we insist that under the new norms people should NOT do what my generation of professional women have so heavily relied on: hire other people to do the non-nurturant care to free up scarce time for face to face care, particularly of our children. We urge this position to help overcome the very long-standing link between hierarchies of care and social categories of hierarchy such as race, class, and immigration status. We now have excellent histories and analysis of the division of care labour into the nurturant care appropriate for middle class women, and the non-nurturant, heavy labour that was to be delegated to racialized and lower class women.⁴ Despite the fact the 21st century household no longer has the amount of heavy labour of the 19th century (bringing in coal, building fires, washing clothes by hand), the division has sustained itself. Even after children are old enough to be in school so that

³ This is Duffy’s term in *Making Care Count: A Century of Gender, Race, and Paid Care Work* (Rutgers University Press, 2011).

⁴ Evelyn Nakano Glenn, *Forced to Care: Coercion and Caregiving in America* (Harvard University Press, 2010). See also Duffy.

they don't need Nannies or day care, many women who can afford it hire other women to clean their houses for them. Our position is not that under the new norms no one should ever hire anyone to help clean their house, but that everyone should do enough cleaning themselves that the care they do and the care they pay for does not divide along the lines of nurturant-non-nurturant thus reinforcing the long standing hierarchies associated with that divide.

Somewhat to my surprise, I have heard resistance to this idea from senior feminist scholars. These are women who, like me, have relied on this division for most of their professional lives. It seems that some women who work full time find it very difficult to embrace the idea of taking on some significant part of the “non-nurturant care” they have paid others to do. I think this is because they constantly feel they are barely managing as it is. If they had some relief from the demands of work, they would want to use those hours for intimate time with family and friends, and maybe for community work, not for cleaning the bathroom. I think this reaction is probably not so different from men's reactions. They might be persuaded to give up some income to have more time for the pleasures of life, including the connections of intimate care—but not for scrubbing toilets. I think what underlies both reactions is the powerful sense that it would surely be wasting one's precious time to be cleaning the house when someone else (who—as people like to point out-- needs the work) can be paid to do it. One suggestion, from a feminist scholar who has spent decades working on issues of work and care, was “well, we will come to that last. First cut the hours of work, then get people (men) to do more unpaid intimate care, and then get people to take up more of the non-nurturant care.” We (my co-author and I) resist both this sequential approach and the temptation to make an exception for non-nurturant care in the norm that everybody does unpaid care. Care and work are integrally connected and the norms around both need to change simultaneously. And the distinction between nurturant and non-nurturant care would reinforce long-standing hierarchies around care and the people who do it.

Here I want to explore a bit why I think there is this resistance. Let me begin with another form of the resistance that I recently heard. Part of the definition of care we provide (for the purposes of what counts as part of one's obligation to provide unpaid care) is that the care builds relationships, the one who receives it feels valued. One person who heard my talk on PTfA objected that cleaning toilets does not build relationships, does not make one feel cared for. I think that is only true if the person who receives that gift of care doesn't think that otherwise they will have to do it themselves, or go without it being done. (Of course, that is often the case when people are oblivious of the non-nurturant care that they take for granted.) Personally, I have felt profoundly grateful to the care my husband has given me when he cleans up the kitchen at night when I am (often) too tired to help.

The response to the toilets question addresses the importance of care, its role in relationship, even its value in the sense that its absence would be sorely felt. But I am not sure it would persuade one who wants to recognize its importance, but doesn't want to have to do it herself. There I think there is a dual problem: 1) believing that as long as the

toilet gets adequately cleaned it doesn't matter who does it (as long as they are properly compensated and properly treated)—unlike caring for a sick child or reading a bedtime story; 2) believing that cleaning really is a less valuable use of one's time than nurturant care, and thus a waste of precious, scarce time. Even if the sense of time scarcity were significantly changed under the new norms of PTfA, leisure, community work, and nurturant care would continue to seem like better uses of one's time. The resister might point out that until there are radical changes in the global economy, there will always be someone who wants the cleaning jobs—so why not use one's money to provide those jobs and use one's time in keeping with one's talents, preferences, and personal relationships?

First, I think it is probably true that in terms of the benefits provided by a clean toilet, it doesn't matter who does it. One of the things we say people will learn by providing care is that it very often is not fungible, it *does* matter who does it. Many forms of cleaning might be an exception to this in terms of the experience of the recipient of the care. But that is not the only reason why it matters who does it. It matters for equality reasons, for the project of revaluing care, and for widespread knowledge about the demands and satisfactions of care.

If it were to become routine under the new norms that wealthier people did not do their own cleaning because they hired other people to do it, this would (as noted above) reinforce the hierarchy within care. One of the powerful existing norms is that important people whose time is valuable (even if they are not very rich) provide little care. The more important and wealthy, the less care they provide. Having others provide the care one needs (and one's family needs) is a major indicator of one's success and importance. Care cannot be revalued as long as such a norm remains in place. The question then becomes: can this norm be dismantled if non-nurturant care like cleaning is treated as an exception to the norm that everyone cares?

One might say, in defence of the sequential model I heard proposed (above) that just as the definitions of work and care might shift over time as we recognize the importance of care in work, we might expect shifting norms around people's willingness to devote their time to cleaning. As all care becomes more valued, as the hierarchy between work and care shifts, people might become increasingly uncomfortable with hiring others to provide care that they are fully able to provide themselves. Thus over time, the full incorporation of non-nurturant care could happen without having to make such contested demands at the very outset of norm change.

Or one might imagine that just as people will continue to hire editors to help them with their writing, they will want to hire well paid, skilled people to clean their houses for them. Perhaps if the status (as well as the wages) of those jobs improved significantly, the equality costs would be reduced of having some (important and wealthy) people hire others to provide that kind of care. After all, PTfA does not purport to end all hierarchies of work, even though it does aspire to increase the remuneration of paid care as care comes to be more highly valued.

As in note in the following, final section, I think that as time pressure is reduced people will come to change their affect around a lot of care work, particularly the more mundane. People might come to experience the satisfaction of chopping vegetables, cleaning up the kitchen after a meal, producing a sparkling bathroom, or successfully tidying the mess of a well-used family play area. Differences in preferences for such activities that are not organized around traditional hierarchy might emerge in ways that can be accommodated without undermining the commitment that everyone shares in the care everyone needs.

Can we imagine really shifting the status (and remuneration) of non-nurturant care if we retain the hierarchy of nurturant and non-nurturant care in the new norms of PTfA? I think not.⁵ Even though there may be resistance to this dimension of the recommended norms, it is important to remember that these are norms not law. I think that our proposal should continue to advocate for norms encouraging everyone to take up both nurturant and non-nurturant care, to foster conversations with “resisters” about why it matters for equality reasons, for reasons of revaluing care, and for experiential knowledge of all dimension of care being shared by virtually everyone.

Finally, there is the additional issue of the messages that would be sent to children about both hierarchy and the value of care if they see that cleaning is something their parents tacitly see as beneath them—because they have too many other important things to do, including playing with their children. That last (or versions of it) has always been my excuse for hiring other people to do the cleaning, so that I can have a bit more time for family. People who have spent their whole lives being too busy will have a hard time adjusting to the idea that time is no longer so scarce. Indeed, they may reconstruct their busyness around reduced paid work and increased unpaid care, so that they replicate the earlier time scarcity. This is something people who advocate the new norms will have to try to help people with. I anticipate (given responses that I have heard as well as my own long standing patterns) that discussions around hiring others to do the fungible care work like cleaning will be an important part of the transition.

VII. Finally, there is a dimension of our argument about the benefits of PTfA that is relevant to the issue of promoting the revaluation of care by encouraging everyone to participate in all forms of it.

One of those benefits is the shift in affect that would accompany the new norms. I think that a great deal of what are currently strongly held personal preferences about how to

⁵ I can imagine some alternative scenarios. People might come to accept the general norm that they should not be getting someone else to do their care work, and so decide that for the forms of care they really don't want to do they will hire someone at the same remuneration they get for their paid work. They would thereby be resisting the denigration of care, resisting the idea that they are too important or specially talented, but permit themselves to express a preference about how they use their time.

spend one's time are shaped by existing patterns of stress caused by excessive demands from paid work (often compounded by conflicting demands of work and care). At the most basic level, without the pressure to work long hours, much of the work of care can be transformed from a burden to a pleasure. This is true of the mundane work of chopping vegetables and bringing order to a messy room; when not in a rush and worried about the long list of undone tasks, people can experience the intrinsic satisfaction of many basic tasks. Even bundling up a toddler to get ready to go to play school in the winter takes on a different feel if there is no rush. The idea of "home-making" could be rescued from its association with 1950s gender stereotypes, as people come to have time to attend to the creation of beauty and harmony in their homes. And this can be done without a focus on consumption.

In short, if one does not feel rushed and pressed for time, each such task can be satisfying—especially if one does other things as well. The *mix* of work and care I advocate would transform how people experience both.

More broadly, without the constant sense of time pressure, people can enjoy being more generous with their time, and patterns of asking and receiving help would be supported. And the participation of everyone in networks of care would strengthen bonds of family, friends and community in ways that would enable people to see the importance of caring relationships for both the pleasures of life and basic needs.

Thus I would expect one of the additional benefits to be an ever-increasing awareness of the value of care. People might support the initial change in norms for good reasons having to do with, say, equality and the stresses of family life, but not because of a deep awareness of the importance of care. That awareness would develop with the experience of care. For example, I would expect people to come to see that contrary to the current dominant norms of autonomy as independence, everyone is in need of care and dependent upon others, and virtually everyone is capable of contributing to the care of others. The world is not divided up into the dependent and the independent, or care receivers and care givers (of course, currently many well off men think they are neither); we all move between these modes both everyday and in the arc of our lives.

The different relation to care that would be enabled by these new norms would, in turn, foster an experience-based understanding of the centrality of relationships to human well-being. An increased understanding of the fundamentally relational nature of human beings would, then, aid in clearer thinking about problems of law and policy, as well as more immediate shifts in people's sense of responsibility to care and to build and sustain relationships.⁶

I would further expect that an increased awareness of the importance of the webs of relationships that sustain people's quality of life would come to include an extension to the relationships with the non-human world. Again, I see mutually reinforcing norms and

⁶ See Nedelsky, *Law's Relations*

practices around reduced consumption and attentiveness to the pleasures of the natural environment and our responsibilities to it (also fostered by the easing in time pressure).

One other very important benefit is the effect on the recipients of care. Children should be able to feel that those who care for them enjoy them, delight in them. Someone once said that even if one makes time to read a bedtime story to a child, if that child knows that the story is one of a long list of tasks to be done, it may not feel like the parent is taking delight in it. No one wants to feel like her care is a chore or a burden. Of course, one hears this most often in the context of the sick or the elderly, but I think it is true for all recipients of care—whether they can articulate it or not. When the responsibilities of care are widely distributed and the demands of work reduced, the capacity of people to provide care in a way that can be enjoyed by both giver and receiver will be greatly enhanced.

I think it is reasonable to hope that children whose care-givers delight in them will grow up with a sense of value of care. In this case, their sense of the value would not be derived from an appreciation of the burdens their parents bore, the sacrifices they made, but an awareness of the mutual joy that was an important part of their upbringing.

In short, the current models of care and work involve time poverty and the incessant demand for more: acquisition, consumption, and production of work of all kinds. These practices corrupt values and distort people's perceptions of what is possible and what matters for a good life. By removing this powerful corrupting and distorting force, the new norms I propose would bring a wide range of benefits beyond the crucial solutions to family sustainability, inequality, and the care-policy divide.

Appendix: longer summary

Western societies⁷ face three critical problems: unsustainable stress on families, persistent inequality for women and others who do care work, and policy makers who are

Although many of the problems that we address are growing throughout the world, we address our particular recommendations to the Western societies of Europe and the Anglo-American world. We will use the shorthand "rich societies." The importance of a *conversation* about norms of employment and care would apply everywhere, but the proposal I make to focus that conversation may not be applicable in developing economies. In particular, my proposals would involve big reductions in consumption. This is a good thing for the rich societies; it may not be for all. ⁷ **Global Inequities**

"People must consume to survive, and the world's poorest will need to increase their level of consumption if they are to lead lives of dignity and opportunity."

<http://www.worldwatch.org/node/810>

ignorant about the care that life requires. These problems arise out of destructive norms around work and care. This book is about the transformation of those norms. It is about rethinking what is important by talking together about how we want to work, how we want to provide care, in short about how we want to live. What is needed is not small improvements like flexible hours, but the kind of fundamental change that can actually address these pressing problems. The book presents a proposal, (Part) Time for All, for reshaping the existing conversations about “work-family balance.” The proposal is that all capable adults are expected to do paid work part-time (what we would now call part-time), no less than 12 and no more than 30 hours a week, and to do unpaid care work part time –also somewhere between 12 and 30 hours a week. Our hope is that this proposal will spark an urgently needed conversation that will radically change existing beliefs and practices around work and care.

Solving the problems of family stress, inequality, and the ignorance of policy-makers makes this urgent. Serious harm is caused by the constant stress of being overwhelmed with the demands of providing--emotionally and financially-- for family, while meeting the demands of work. The work demands can take the form of looking for work, or of holding and commuting between multiple, insecure, part time jobs, or of working the 60-70 hour weeks of many “high end” jobs. Even in middle income jobs people feel they must work extra long hours to prove they are valuable employees in the face of daily anxiety about how long their jobs will last. In addition, it is harmful to everyone to live in a society where the care of children, the elderly, and the disabled is treated as having little value: it is done by those whose time is seen as least valuable, and is rewarded with little respect and (when paid) low pay. Everyone suffers when policy, not just around work and care, but education, health, housing, or taxation is made by those who are ignorant of the significance of care for the quality of life and the relationships that make it meaningful.

But (Part) Time for All would do more than remove the harms. It would bring joy, pleasure and satisfaction into the lives of everyone. People would enjoy the pleasure in giving and receiving care, the satisfaction of working for a living wage for 30 hours a week, with time left to enjoy family and friends and to contribute to ones community. The pleasures of enjoying life when there is routinely enough time for what matters would immediately compensate for the reduction in consumption that would follow from reduced work hours. And living in a society with vastly reduced urges for consumption would itself be a relief for many, together with the benefit of knowing that those of us in wealthy countries are no longer gobbling up many times our share of the world’s increasingly scarce natural resources.⁸

⁸ For example, The United States, with less than 5 % of the global population, uses about a quarter of the world's fossil fuel resources—burning up nearly 25 % of the coal, 26 % of the oil, and 27 % of the world's natural gas.

[The State of Consumption Today | Worldwatch Institute](https://www.worldwatch.org/node/810)

www.worldwatch.org/node/810

(Part) Time for All (PTfA) is a proposal that everyone do paid work *part* time and unpaid care *part* time. But its outcome would be *time* for all. As the pace and stress of life recedes, health, peace, and daily pleasures expand.⁹

This is not a utopia. These transformations are possible within the economic systems of the western world (as outlined in Chapter 4). Every element that is required already exists in some part of the world. PTfA will not solve all the problems of either stress or injustice, but we also do not have to wait for all those problems to be solved to bring about vast improvements in the quality of life, greater equality, and better governance.

Norms around work and care can change, and have changed hugely over the past few hundred years. Think about these changes: ideas about how many hours a work-day should be—from 12 hours a day to the successful battle for 8 hours a day to current norms of 60-70 hour work weeks in the financial sector; who should do care work (should female aristocrats nurse their own babies); whether the elite should be unemployed (the definition of a gentleman); whether children should work; whether it is ideal for women to be home when their children are young. Many of these issues are still contested while some (like the unemployed gentleman) seem like ancient history.

Let me open with an example of a very recent change in norms that captures the kind of change I will be proposing here: a friend of mine asked a young male colleague at Swedish university whether he would be taking the full paternity leave available to him when his wife had their first child—or whether he would feel career pressure not to take the leave. He answered, “Are you kidding? If I *didn't* take the leave all my colleagues would be saying, ‘who knew he was such a money grubbing careerist.’” From concern about undermining one’s career by taking paternal leave (a story one hears everywhere), the norms had so changed that to *fail* to take the leave would subject one to the disapproval of one’s colleagues.

That is the kind of change I am looking for. My project here is to radically change the kinds of things that generate approval and disapproval among one’s colleagues, friends, family, neighbors and society in general. People would encourage one another to resist the pressure of taking on more work, and support and appreciate the care they do, as well as the leisure time they take and the ways they contribute to their communities. Although we picture the new norms being fostered more by support and encouragement than by disapproval, it is in the nature of norms that failure to comply brings some kind of censure. Thus, the failure to meet these norms by working long hours or refusing to participate in care, would generate the sort of concern, disapproval, embarrassment, pity, and unease that currently would arise if a competent adult male announced at a party that he had never held a job. One might, for example, offer a “workaholic” advice on where to get help. But whether the response was kindly or disapproving, it would be clear that an

⁹ Slow food, pleasure

important norm was being violated. Thus new norms of work and care would be enforced by serious social constraint (like most norms), but not by law enforced by the state.¹⁰

In sum, our argument is both that Part Time for All would bring many benefits and that without such norm transformation, we cannot hope to solve the three pressing problems—stressed families, inequality, and ignorant policy makers-- that afflict all Western societies.¹¹

The Care-Policy Divide

The third problem is that least commented on in the now extensive literature on care. I call it the care/policy divide. This means that those in top policy making positions are almost always people with very little experience of the demands, or satisfactions, or importance of care taking. In my view this means that policy-makers are, for the most part, ignorant of a core dimension of human life. This renders them unfit for the job. We should no more consider electing someone without substantial experience in caregiving to public office, or appointing them CEO of a corporation, than we would someone who had never held a job. Those who DO have the requisite knowledge and experience (primarily women) have very limited access to high level policy making positions. My claim is that knowledge of care is essential to good policy making, and the necessary knowledge can only be acquired by hands-on experience. Reading reports, or novels, or talking to one's mother is not a substitute. To ensure that everyone has the capacity to make and evaluate policy, everyone needs substantial experience in providing care.

It is probably obvious why people who are making decisions about child care (whether a national child care policy, or a decision about on-site child care at a corporation, or how to licence in home care) needs to have some understanding of both the specific issues around quality care and the nature of families' needs. Something similar could be said about after school programs, early childhood education, aid for families caring for the

¹⁰ While I understand that for some legal pluralists the normative regime I am advocating is best thought of as a form of law, I think it is important for my purposes here to distinguish between state law and norms. Both the nature of the coercion and the challenges of genuine deliberation are very different in the two contexts.

¹¹ This project builds on the work of Nancy Fraser, *Fortunes of Feminism: From State-Managed Capitalism to Neoliberal Crisis* (Verso, 2012); Joan Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care* (Routledge, 1993), *Caring Democracy: Markets, Equality, and Justice* (New York University Press, 2014); Eva Kittay, *Love's Labor: Essays on Women, Equality, and Dependency* (Routledge, 1999); Daniel Engster, *Justice, Care, and the Welfare State* (Oxford University Press, 2016) and many other important care theorists, and it will take up scholarship on the transformation of work and its intersection with transformations in the family (for example, Allison Weir "The Global Universal Caregiver: Imagining Women's Liberation in the New Millennium," (2005) 12 *Constellations* 308-330; Kerry Rittich, "Families on the Edge: Governing Home and Work in a Globalized Economy," (2010) 88 *North Carolina Law Review* 1527-1558, Joanne Conaghan and Kerry Rittich, eds, *Labour Law, Work, and Family* (Oxford University Press, 2005)).

sick and elderly. But there are many other policy fields-- health care, social assistance, labour and employment, housing and city planning, communications (including access to internet), transportation, finance and taxation, parks and recreation, human rights, foreign aid, democratic participation, immigration, pensions, support for the elderly-- which require knowledge of the centrality and significance of care for individual, family, and community well being. Without such knowledge, policy makers will not only be without the information they need to implement good care, but will not recognize when a policy (like inadequate public transit) will have an important impact on care—and thus on families and communities. At the deepest level, they will not have the knowledge of the value of care, which is necessary for wise judgment in the face of inevitable trade offs between competing policy objectives and costs.

Many efforts to make the gendered division of care compatible with gender equality fail to address the problem of policy makers who are ignorant about care. For example, wages for housework, or well paid, long term maternity leave, or part-time work that is overwhelmingly taken up by women, or pensions for homemakers will not solve the care/policy divide. Indeed, even fixing the gendered division of care would not be sufficient, although it is necessary. Only breaking the link between care and all categories of hierarchy can do it. As long as one group of people does the policy making and a different group provides care, society will still suffer from ignorant policy makers. This would remain true even if the care-givers were better protected and compensated than they currently are, and it would remain true even if women gain access to high-level policy making by leaving care to be done by others.¹²

I would add here that the proposal envisions the ongoing importance of publically funded formal child care. But the expectation would be that because no one is working more than 30 hours a week (at least after the transition stage), and friends and family are participating in care, few children would regularly spend full days in formal care.

¹² In the Care chapter I discuss the question of how much experience of care one needs to be a competent policy maker.