



Constructions of Care in EU Economic, Social, and Gender Equality Policy: Care Providers and Care Recipients versus the Needs of the Economy?

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The European Union is facing a crisis of care due to demographic shifts, policies aimed at driving up women's employment while cutting state care expenditures, and marketizing public care provisions. This article combines feminist political economy approaches to reproductive labor as an essential part of the economy with theories of care ethics to explore the European Union's role in deepening this crisis. It concludes that the European Union fails to recognize the importance of care or address it holistically and is more preoccupied with the potential impact on public finances than finding a solution to the care crisis.

Introduction

The coronavirus disease 2019 (COVID-19) pandemic has exposed the scarcity of care in the European Union. In this article, we define care as material and affective activities aimed at maintaining life for its own sake, ensuring welfare, and meeting perceived needs. It can be provided either by the state, the market, or individuals, families, or communities, and be performed with or without pay. The current situation, where care needs are increasingly unmet and carers cannot provide care in dignified conditions, has been termed a care crisis (Dowling 2021). It results, on the one hand, from demographic shifts, such as an aging population and low birth rates. On the other hand, it is compounded by the contradictory neoliberal policies pursued by the European Union and its Member States, driving up women's employment while cutting state expenditure and marketizing public care provisions, thus restricting alternatives to the unpaid care work women are still expected to perform. As a result, the responsibility for and the costs of care have been

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socpol: *Social Politics*, 2022 pp. 1–22
<https://doi.org/10.1093/sp/jxac014>

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shifted from states to households (Bruff and Wöhl 2016), allowing states to avoid admitting and addressing the full extent of the care crisis.

In this context, it is timely to explore framings and solutions related to care in EU policies and the role these might play in facilitating the care crisis in Member States. This article analyzes how care needs and the public services and unpaid work that respond to them are framed in EU policy documents and what policies are proposed to address the care crisis. To do this, we combine two feminist approaches to care: (i) feminist political economy literature on social reproduction that approaches care as reproductive work and analyzes its relationship to the productive economy (Hoskyns and Rai 2007; Rai, Hoskyns, and Thomas, 2014); and (ii) feminist conceptualizations of care as a relationship and ethics (e.g., Fisher and Tronto 1990; Tronto 2013).

Although care provision remains largely in the competence of Member States (Caracciolo Di Torella and Masselot 2020), the European Union can have a substantial impact, given its role as an agenda-setter and its ability to disseminate policy frames. The European Union's impact on care provision is also connected to its power to define Member States' economic and fiscal policy, which limits the scope for public care provision (Cavaghan and Elomäki 2021). Since care is a crosscutting issue, we compare three policy fields that discuss care from distinct perspectives: economic, social, and gender equality. Economic policy is the area where the European Union has the most competences and can significantly influence its Member States, including by scrutinizing their budgets, which has clear implications on public care provision. While the European Union's competences in social policy are more limited, the introduction of the European Pillar on Social Rights (EPSR), which sets principles for a more social Europe, including the right to receive care, has raised social policy's prominence in this regard. Gender equality policy has approached care through directives on family leave and nonbinding targets for childcare, and it takes an interest in (unpaid) care work due to the gendered division of this type of work and the subsequent negative effects on women's equality.

This article assesses key EU economic, social, and gender equality policy documents from 2000 to 2021 through a constructivist and discursive approach. Instead of analyzing the tools, provisions, and legal implications of EU care policy (see Caracciolo Di Torella and Masselot 2020; Masselot 2015), we focus on the ideas about care that guide this policy. The article aims to answer the following questions:

- (1) How do EU economic, social, and gender equality policies construct care? Which policy solutions are prioritized to address perceived problems?
- (2) What contradictions emerge between the different policy fields and with what implications for the European Union's possibilities to address the care crisis?

While care is an emerging theme in EU studies (e.g., [Caracciolo Di Torella and Masselot 2020](#); [Masselot 2015](#)), literature on the topic remains scarce. This article fills gaps in gender and EU scholarship as well as EU studies more broadly as regards EU care policies. Previous literature has often focused on the role of care in individual policy areas, such as economic policy ([Cavaghan and Elomäki 2021](#)) or gender equality policy (e.g., [Repo 2016](#); [Stratigaki 2004](#)), or addressed specific forms of care, such as childcare, long-term care ([Caracciolo Di Torella and Masselot 2020](#); [Masselot 2015](#)), or unpaid care ([Stratigaki 2004](#)). This article, in contrast, provides an assessment of constructions of care across policy fields and forms of care, drawing attention to contradictions and convergences between different policy areas, the impact this has on proposed policy solutions, and their effectiveness in addressing the care crisis.

The structure of this article is as follows: the first section describes the key concepts and theoretical underpinnings which inform the analysis; the second section presents a brief review of the relevant literature on care and social reproduction in EU policy; the methodology section describes the methods used for the analysis in detail. This is followed by an analysis section, which outlines the three conceptualizations of care we identify as taken by EU policy when addressing care and the policy implications these have. A conclusions section draws up the main points of the analysis and their implications on EU policy towards care.

Theoretical Approach: Social Reproduction and Care as a Relationship

Feminist theorists across the disciplines have contributed to understanding care as a fundamental part of economies, societies, and human life ([Himmelweit and Plomien 2014](#)), and care has been seen as an important aspect of gender regimes and their transformations ([Walby 2020](#)). Our theoretical approach combines two feminist approaches to care: feminist political economy theories on social reproduction, and feminist theorizations of care as a relationship involving an ethical dimension. We argue that combining these two pathways allows us to identify different approaches to care in EU policy discourses and their implications for the proposed policy solutions.

Feminist political economists have analyzed care as a type of reproductive work. Social reproduction, as defined by feminist political economists, covers a variety of functions and types of labor connected but not limited to care. Typical definitions include the biological reproduction of human beings, the unpaid production in the home of both goods and services (including the provision of sustenance), education, and the sexual, emotional, and affective services required to maintain family and intimate relationships and create and reproduce shared meaning and understandings which sustain communities

and societies (e.g., Bakker 2007; Hoskyns and Rai 2007). Some definitions also include paid work in public services (Pearson and Elson 2015). In the global political economy, reproductive labor—both paid and unpaid—is highly gendered, racialized, and classed (e.g., Parreñas 2015).

A key insight we draw on in feminist political economy literature is that the labor of social reproduction is essential to the maintenance of capitalist economies (Fraser 2016). Yet, mainstream economic thinking and policy-making fail to recognize its importance and even purposefully obscure its economic value and importance. Economic theories and policies maintain a false dichotomy between productive and reproductive labor that invisibilizes unpaid reproductive work. Not considering it work at all, these theories and policies devalue paid reproductive labor, absolving the state of providing care (Bakker 2003; Hoskyns and Rai 2007). This false dichotomy is visible in the way key economic indicators, such as the gross domestic product and international systems of national accounts, fail to capture the wealth generated through women's unpaid work, leading to its further devaluation (Waring 1999). The devaluation of reproductive work is also reflected in the poor working conditions and pay in the care sector and how public care services are seen as a cost rather than an investment. Meanwhile, economic analysts have shown that investment in care, rather than being a cost to public expenditure, brings greater returns in terms of employment and fiscal income than equivalent spending on infrastructure (De Henau and Himmelweit 2020).

The ignorance of social reproduction also obscures the ongoing crisis of care and the broader crisis of social reproduction intensified by austerity and commodifying and marketizing neoliberal policies (Elomäki 2021). Nancy Fraser argued that late capitalist states disinvest from social welfare and force women into the paid workforce due to economic necessity, “externalizing care work onto families and communities while diminishing their capacity to perform it” (Fraser 2016, 112). Strategic silences (Bakker 1994) around the gendered implications of economic decision-making and the role that women play in stabilizing and sustaining the economic system help maintain and normalize the process of shifting the responsibility for social reproduction onto women (Klatzer and Schlager 2015). Indeed, social reproduction approaches show that cutting social spending does not save costs but rather pushes the expenditure onto private households, although its benefits continue to be collectively enjoyed by society (Cavaghan and Elomäki 2021). Cutting social spending creates a care deficit (Hochschild 2000), with social reproduction becoming either commodified or marketized for those who can afford it or privatized or assumed by the household for those who cannot. This deteriorates the health and well-being of individuals, households, and communities, a process that Rai, Hoskyns, and Thomas (2014) have called depletion through social reproduction.

The complex and contradictory relationships between social reproduction and the economy provide an important basis for analyzing constructions of

care in EU policy but do not sufficiently address the specific nature of care in comparison to other reproductive work. Feminist theories of care ethics look beyond the economic significance of reproductive labor and conceptualize care as an ethical orientation and a wider set of practices and relationships (e.g., Fisher and Tronto 1990; Held 2006; Tronto 1993). From this perspective, care appears as a vital way of relating to others and to our world, and it is imbued with a moral purpose. According to Fisher and Tronto's (1990) well-known definition, care can be seen as a process that involves four steps: caring about (identifying care needs); caring for (taking responsibility for meeting these needs); caregiving (the actual care work); and care receiving. The concept of universal vulnerability (as opposed to liberal autonomy) is also relevant in this context, pointing out the inherent interdependence between individuals that should be embraced and valued (e.g., Herring 2018). As such, the ethics of care approach that emphasizes relationships and human interdependence stands in stark contrast to neoliberal policies and rationalities that emphasize individual responsibility and choice and marketize public services (Hoppania and Vaittinen 2015; Tronto 2013).

The ethics of care approach complements feminist political economy approaches in analyzing public policies and discourses around care. Here we focus on two insights. First, this approach draws attention to care needs and the fundamental vulnerability and fragility of all human beings. All humans are equally receivers of care, even if care needs vary between individuals over time (Tronto 2013). Public policies can answer care needs through public provisioning or emphasizing individual responsibility. Yet, care needs do not disappear when resources for care are cut. Tronto (2013) pointed out the need to think of care provision and meeting care needs collectively as an element of democratic governance.

Second, the ethics of care approach nuances understanding of care labor. Care is unlike any other productive or reproductive activity because, at its core, it is a relationship between the carer and the person being cared for rather than a process producing an output (Himmelweit 2007). Despite attempts to do so, care work cannot be made endlessly more productive through deploying efficiency measures or technologies. These will inevitably compromise the quality of care as there are limits to the number of people carers can look after (Dowling 2021; Himmelweit 2007).

Care in EU Policy-making

A comprehensive EU strategy on care has been lacking. This is due to the variety of national care regimes and because the responsibility for organizing and delivering care services is in the competence of Member States (Caracciolo di Torella and Masselot 2010). At the EU level, care is addressed in several policy areas, including economic, social, gender equality, and health.

This article analyzes economic, social, and gender equality policy as the most pertinent areas for understanding the European Union's approach to care.

To date, family leave legislation has constituted the most substantial and binding part of EU care policy. In the 1990s, the European Union adopted directives that established minimum requirements for maternity and parental leave that must be transposed into national law (Guerrina 2011). More recently, the 2019 Work–Life Balance Directive, drafted by the European Commission (hereafter, the Commission) and adopted by the European Parliament and the Council of the European Union representing the Member States, introduced new provisions on paternity leave and leave for people with other caring responsibilities.

In contrast, provisions on care services have been part of EU soft law and taken the form of nonbinding recommendations and targets or benchmarking and coordinating between Member States (Caracciolo Di Torella and Masselot 2020). Most attention has been paid to childcare. The Council recommendation on childcare issued in 1992 was complemented in 2002 with Barcelona targets on childcare that set the nonbinding target for EU Member States to provide childcare to 90 percent of children from the age of three until mandatory school age and 33 percent of children under three. The objective was to increase employment rates by facilitating women's entry into the labor market. Monitoring these targets has been an important part of EU gender equality policy (Masselot 2015).

The European Union's intervention in long-term care for the elderly and the disabled is more minimal and recent (Caracciolo Di Torella and Masselot 2020). Principles related to long-term care were included in the EPSR, proclaimed jointly by the Commission, the European Parliament, and EU Member States in 2017. The EPSR principles that recognize the right to receive long-term care are general objectives rather than concrete targets and are mainly implemented through soft law. In addition, the binding Work–Life Balance Directive recognizes carers' right to take leave to provide care for dependents other than children. Long-term care has yet to merit a dedicated initiative, although the Commission is expected to propose a nonbinding initiative referred to as the European Care Strategy in 2022.

Previous research has pointed out how EU care policies in the areas of gender equality and social policy have been subsumed to the European Union's economic priorities and market-related concerns. In the field of gender equality policy, the early goal of balancing out the unequal distribution of care labor between women and men has been replaced with a concern for reconciliation between work and family. Focus on reconciliation has been used to liberalize the labor market and promote the precarization of workers rather than to achieve a more equal distribution of care work (Stratigaki 2004). The European Union's reconciliation policies have also seen family benefits, parental leave, and childcare not as welfare provisions but incentives the state can offer to facilitate a competitive economic climate (Repo 2016).

Similarly, the European Union's childcare policies and the emerging long-term care agenda have often been constructed as a means to reach economic goals, even if gender equality and children's rights rationales have been visibly present in childcare policy discourse (Caracciolo Di Torella and Masselot 2020; Masselot 2015). The framings of care have also been influenced by the social investment paradigm that depicts childcare as an investment in human capital (Jensen 2009). Furthermore, Caracciolo Di Torella and Masselot 2020 point out that in EU policy, "rights for carers have been framed as 'workplace rights.' As such, they can only represent a small part of the response to the challenges posed by the increasing demand for care for both children and adults" (Caracciolo Di Torella and Masselot 2020, 128).

Given the hierarchical relationship between the areas in EU policy-making that prioritizes economic policies and concerns, it is also important to pay attention to the role of care in EU economic policies. As noted above, framings and understandings typical of economic policy have been disseminated to gender equality and social policies, affecting the way care is discussed. Moreover, Caracciolo Di Torella and Masselot (2020) suggested that the prioritization of economic over social issues has meant that the caring relationship has not been perceived as a concern for EU legislation. What is more, the European Union's binding fiscal targets and fiscal policy recommendations—enforced through fines—may undermine the nonbinding, care-related principles and targets of social and gender equality policies (Copeland 2020; Crespy and Vanheuverzwijn 2019). EU economic policies may also affect public care provisions in Member States. They have been used to justify reducing state provision in areas such as child, health, and elder care or state support for carers, thereby externalizing reproductive labor to women and deepening established gendered hierarchies (Bruff and Wöhl 2016; O'Dwyer 2018).

Scholars who have analyzed framings of care in EU economic policy have shown how strategic silences on the role of care and social reproduction in sustaining economic systems have helped to legitimize and normalize austerity (Elomäki 2021). Moreover, they have argued that the narrow understandings of the economy underpinning EU economic policies make cuts in public care seem like effective economic policy. As a result, EU economic policy misrepresents care as "an irrelevance or a cost, rather than a macro-economic input" (Cavaghan and Elomäki 2021).

This article builds on previous research by analyzing EU care policies in view of the European Union's widely observed neoliberalizing trends and its focus on economic objectives over social concerns. It fills the gaps within this literature by analyzing the framings of and approaches to care across the three policy fields, assessing relationships, similarities, and differences between them. Thus, it provides a more holistic picture of EU care policy, the objectives and ideas which underpin it, and the policy solutions put forward. Our analysis also adds to previous research by including potential shifts introduced by Ursula von der Leyen's Commission and the COVID-19 pandemic.

Material and Methods

This article takes a constructivist and discursive approach. We do not see policies as solutions to problems that are objectively “out there” but rather as “social constructions that reflect subjects’ ideas, norms, and values about what a problem is, and what solutions are offered to the problem” (Kantola and Lombardo 2017, 160). We assess how the three EU policy areas (economic, social, and gender equality) construct care and its role and how this impacts the policy solutions they propose. We uncover problem representations because the way a policy problem is represented initially restricts the range of solutions available to address it (Bacchi 1999). Focus on problem representations allows us to understand how some solutions (e.g., market-based) are favored over others (e.g., state intervention).

The research data consists of extensive documentary material covering the three policy fields—economic, social, and gender equality—from 2000 to 2021. First, the material consists of key strategic EU documents from the three policy fields, such as mid-term strategies setting the key policy priorities in the area. Second, the material includes two or three initiatives for each policy area, carefully selected either due to a direct relation to or potential significance for care. The economic policy initiatives are the Investment Plan for Europe, which signaled a shift from austerity to investment after the Eurozone crisis (2014) and the Recovery and Resilience Facility, the European Union’s main economic response to the COVID-19 pandemic (2021). The social policy initiatives are the Social Investment Package which aimed to raise the status of social issues after the Eurozone crisis (2013), the EPSR (2017), and the emerging theme of long-term care. The gender equality policy initiatives are the Barcelona targets on childcare (2002) and the Work–Life Balance Directive (2019). The data for these initiatives consists of main policy documents as well as supplementary documents, such as action plans and implementation reports, which offer more nuanced material to analyze constructions and framings than the concise main documents. The selected initiatives include soft law (Barcelona targets for childcare), general policy guidance (Social Investment Package), and hard law (Work–Life Balance Directive, the Recovery and Resilience Facility). In addition, we have included individual policy documents (e.g., Council Conclusions and Commission Communications) addressing care. Overall, ten economic, thirteen social, and fourteen gender equality policy documents were analyzed. The full list of documents analyzed is provided in the annex.

The main actors involved in the adoption of these documents are the Commission, the European Council, and the Council of the European Union (composed of EU Member States), and, to a lesser extent, the European Parliament. Therefore, this article focuses on the discourses of the Commission and the EU Member States. As our focus is on differences between policy fields rather than policy-making processes, the differences and

power relations between the EU institutions are not considered pertinent to the analysis. Instead, we draw attention to discursive contestations and converging frames between gender equality, social, and economic actors within the different EU institutions.

The research material was analyzed with the help of the Atlas.TI qualitative analysis program. We first identified all references to care—understood as unpaid care at home and communities and references to different care services (healthcare, childcare, long-term care, social care). Given that references in economic policy documents were scarce, we also included implicit references to care, for instance, reconciliation or social protection. We coded these segments with a scheme based on the theoretical framework and adjusted during the coding process to consider frames and issues emerging from the data. The coding framework addressed framings of care (e.g., cost, investment, means to increase employment rate, valuable in itself or means to attain social goals), problem framings (e.g., increasing costs, demographic change, women's low employment rate, unmet care needs), framings of care work (e.g., feminized, working conditions, pay, migrant workforce), and policy solutions (e.g., digitalization, spending cuts, public investment, increased efficiency). We also coded the segments for the type of care discussed: unpaid care as well as different care services (e.g., childcare, long-term care, healthcare). We analyzed the coded segments through a discursive close reading, identifying competing frames and constructions as well as convergences between the three policy areas. We also paid attention to shifts over time, even if comparisons over time did not constitute a core part of our analysis.

Three Approaches to Care in EU Policy

The visibility of care and the prioritized forms of care vary greatly between the three policy fields. As can be expected, care is most visible in gender equality policy, where references to care and care work can be found in each analyzed document. This policy field mainly discusses unpaid care work and childcare—suggesting that these types of care are seen as particularly gendered issues and appropriate for gender equality policy to address. In contrast, direct references to care are rare in economic policy. Except for discussions of healthcare in the COVID-19 recovery policies, there are only a few references to care services, and unpaid care is only present indirectly, through sporadic references to reconciliation. This invisibility reflects the common assumption that care is a social, not macroeconomic issue (Cavaghan and Elomäki 2021; Heinz 2018). In terms of visibility, social policy is positioned between the two other policy fields, with approximately equal amounts of attention paid to childcare, healthcare, and long-term care in general strategic documents. Unpaid care is recognized but is not the focus.

In the following, we analyze the EU policy documents against three approaches to care derived from our theoretical framework, merging insights from feminist political economy and literature on care as a relationship. The approaches are ordered by their prevalence and are: (i) an economic approach to care; (ii) an approach focused on care providers; and (iii) an approach concentrated on care needs. While each approach contains several conflicting framings and spills over from one policy field to another, each corresponds broadly to one policy field: the economic approach is dominant in economic policy, gender equality policy focuses on care providers, and social policy pays most attention to care needs.

The Economic Approach to Care

EU policies mainly approach care from the perspective of the economy. Aside from being dominant in economic policy, this approach is central to social and gender equality policy, reflecting the dominance of economic goals and rationalities in all EU policies and the hierarchical relationship between the policy areas (e.g., [Copeland 2020](#)). Our analysis suggests that framings of care as a cost or a threat to the economy, typical for economic policy and some social policy documents, are increasingly contrasted with framings of care as beneficial to the economy or investment in social and gender equality policy. Nevertheless, calls for public care investment remain weak.

As expected, the few direct references to care in the analyzed economic policy documents almost exclusively relate care to the economy. In line with the ignorance of the economic value of care and social reproduction in economic policy ([Heinz 2018](#) [Hoskyns and Rai 2007](#)), economic policy documents mainly construct care as a cost or a hindrance, typically through references to fiscal sustainability. The Commission and the Member States represent the problem to be addressed as an aging population that strains public finances, rather than a care crisis that the EU economic policies have intensified. Only a few documents acknowledge the role of care in sustaining economies, either noting how public care services facilitate women's labor market participation ([European Council 2000](#)) or referring to care services as having "an important role to play in a competitive and dynamic economy" ([European Council 2005](#), 7). While the European Union's economic policy response to COVID-19 recognizes care as an investment, this only applies to healthcare ([European Commission 2000](#); [Official Journal 2021](#)). Investing in healthcare is connected to addressing new challenges (a new pandemic) rather than the long-standing care crisis that made the healthcare systems vulnerable in the first place.

Framings of public care services as a cost and the concern for their sustainability spill over to social and gender equality policy and are particularly prominent in social policy documents that address long-term care. Yet, social and gender equality policy documents predominantly frame public care as valuable to the economy and challenge the care-as-a-cost framing. These

constructions of public care services and even unpaid care as beneficial to the economy are not carried over to economic policy, illustrating the hierarchy between the policy fields.

Even where social and gender equality policy documents present care as an economically beneficial investment, it is within a narrow, economized logic, which sees the provision of care services, such as childcare, as an investment into a future labor force. Framings of care as beneficial to the economy emphasize the role of specific care services (e.g., childcare or healthcare) in increasing the skills, human capital, and productivity of individuals with potential benefits to the economy. This idea is present already in the EU social policy that the Commission presented in 2000, which framed social policy as a productive factor: “Most social expenditure on health and education represents an investment in human resources, with positive economic effects. As a result, there can be a positive correlation between the scale of such expenditure and the level of productivity in the countries concerned” (European Commission 2000, 5–6). This approach is later reaffirmed through the Social Investment Package of 2013, where the Commission presents childcare as having “a significant investment dimension if well designed, i.e., enhancing the skills and inclusion of the individual” (European Commission 2013, 3). In gender equality policy, too, the Commission presents childcare as an investment into “the construction of tomorrow’s human capital . . . a social investment with high potential” (European Commission 2018, 6). Reflecting the limits of the social investment paradigm as a rationale for public care provision (Nolan 2013), EU institutions rarely represent long-term care as an investment.

EU social and gender equality policies also construct public care services as beneficial to the economy through their role in facilitating and creating employment (e.g., European Commission 2013, 2021). As shown by earlier research (e.g., Masselot 2015), gender equality and social policies see care facilities as a way to free women to take up paid work, supporting economic growth and state revenue. For instance, the Commission states that “providing affordable high quality childcare services . . . [enables] parents to do paid work. In most cases, the extra tax revenue (over the course of life) generated by the increased participation of parents in the labor market is enough to cover the cost of childcare” (European Commission 2018, 3). What is noteworthy in this quote is that it suggests, in line with feminist economic research, that investments in care will partly fund themselves through increased tax revenue and other positive economic impacts (e.g. De Henau and Himmelweit 2020). In addition, social policy documents frame the increased demand for care services (both public and private) as an opportunity for job creation in “white coat jobs,” particularly for women (e.g., Social Protection Committee and the European Commission 2014, 6).

In contrast, acknowledgments of the economic value of unpaid care remain rare. Unpaid care is often represented as a hindrance to the functioning of the

economy rather than as something that has economic value, as in the following citation from the Commission: “caring responsibilities are the main reason for low female labor market participation, counting to 370 billion euro a year of loss for Europe” (European Commission 2018). Yet, our analysis suggests a shift over the past years toward acknowledging the value of at least some forms of unpaid care. For instance, the Commission’s social actors note in the context of the Social Investment Package that “the contributions of older people to society as carers for others or volunteers are often overlooked” (European Commission 2013, 14). A report on long-term care, drafted by the Commission and the Social Protection Committee of the Council, provides quantified estimates of the economic value of informal care (European Commission and Social Protection Committee 2021). Unpaid care work has been recognized as an economic activity in the field of gender equality policy, too. The Commission’s current Gender Equality Strategy states that “unpaid work ... constitutes a significant share of economic activity” (European Commission 2020b, 31). After the COVID-19 crisis, Council conclusions on gender equality point out that “the Covid-19 pandemic has shown how indispensable paid and unpaid care work is for economic stability as well as for the continued functioning and well-being of our societies” (Council of the European Union 2020b, 5).

These contradictory framings of care as both a cost and an economically beneficial investment are linked to equally contradictory policy solutions. The solution privileged in EU economic and social policy is the modernization of public care services to make them more effective, efficient, and fiscally sustainable, “developing more efficient ways to deliver care,” as stated in the Commission’s Social Investment Package (Council of the European Union 2013a, 14). It is unclear what such modernization would mean in practice or how efficiency could be increased, given the difficulties of making care more efficient without risking its quality (Himmelweit 2007). Digitalization is presented as a solution, but this stands in contradiction to care scholars’ assertions that technology cannot resolve the scarcity of care provision. In contrast, in line with increased framings of care as an investment, social and gender equality policy documents propose increased or improved care provision and public investment in care services. However, these documents are often vague in terms of who should provide and finance these services. We suggest that these calls for care investment are further undermined by the hierarchical relationship between the policy fields, where economic policy suggestions tending towards efficiency and outright spending cuts may be prioritized over those in other policy fields.

Care Providers

As important as these struggles around the relationship between care and the economy are for the European Union’s (in)ability to address the care

crisis, the focus on the economy is a limited approach that does not consider the inequalities related to care or its relational character. In other words, the economic approach says very little about those who provide care (and under what conditions) and those in need of care. When the analyzed documents go beyond the economic perspective, they more often focus on care providers. Our analysis shows that while EU institutions, particularly in gender equality policy, acknowledge that paid and unpaid carers are overwhelmingly women and at times recognize the undervaluation of care work, they fail to propose systemic solutions to undervaluation and neglect the relational character of care work.

Gender equality policy provides the most comprehensive discussion of unpaid care providers, reflecting the long-standing prominence of reconciliation of work and family as a key theme of EU gender equality policy (Repo 2016; Stratigaki 2004). Unlike the other policy fields, gender equality policy also acknowledges the issues related to women's disproportionate care burden: the unequal sharing of care responsibilities between women and men and the absence of adequate public care services. Some social policy documents, too, acknowledge that a significant amount of the care that supports societies and economies is unpaid. For instance, the Commission's Social Investment Package acknowledges that "a non-negligible part comes from people and families" (European Commission 2013, 5). Whereas gender equality policy documents stress that majority of those providing unpaid care are women, social policy documents construct elderly people (elderly women in particular) as another group that provides unpaid care. Increasing the social recognition of their contribution to care provision to encourage the provision of even more unpaid care is sometimes presented as a solution to the care deficit (European Commission 2013; European Commission and Social Protection Committee 2021). This demonstrates the willingness of policy-makers to relegate the responsibility for care to those who provide it for free, rather than to take on the cost of care onto state budgets.

The main concern regarding unpaid care provision is the difficulty of reconciling unpaid care with paid employment and care obligations' impact on pay, career advancement, and pensions. For instance, the 2019 Work-Life Balance Directive discusses unpaid care provision mainly in relation to employment: "When they have children, women are likely to work fewer hours in paid employment and to spend more time fulfilling unpaid caring responsibilities. Having a sick or dependent relative has also been shown to have a negative impact on women's employment and results in some women dropping out of the labor market entirely" (Official Journal 2019a, 80). Focusing on monetized costs for carers and the economy, EU policies are neither concerned for the strain on unpaid carers' physical and mental well-being nor enhanced the demands put upon unpaid care due to austerity and, more recently, the COVID-19 pandemic. In other words, the enhanced depletion of

unpaid carers' health and well-being through social reproduction disappears from view (Rai, Hoskyns, and Thomas 2014).

Employment-related framings of unpaid care suggest that it is not perceived as productive work but rather relegated to the private sphere and that the productive work in the labor market comes before the reproductive work at home. Although gender equality policy documents identify the scarcity of childcare and eldercare provision as something that increases the demand for unpaid work and regularly call for more care services, the main policy solution to the contradictions between productive and reproductive work is a better work–life balance. The EU institutions foresee a role for the state in this process, for instance, by providing leave to take care of children and other dependents through the Work–Life Balance Directive (Official Journal 2019a). The primary responsibility is, however, given to individual work–life balancing efforts, including a more equal sharing of care responsibilities among couples.

Both social and gender equality policies address paid care workers, but from different perspectives. The feminization and undervaluation of paid care work are almost exclusively seen as problems to be addressed in gender equality policy, which also calls attention to the poor working conditions of the sector, including of domestic workers. Gender equality policy also acknowledges, since 2020, the care sector's reliance on a migrant workforce. However, this issue is either not problematized (European Commission 2020b) or is solely raised in the context of a need to address irregular or undeclared work (Council of the European Union 2020b). Solutions to the undervaluation of care work are, however, scarce. Next to vague calls for “fair pay” and “fair and decent working conditions” (Council of the European Union 2020b, 11), the focus is on tackling gender stereotypes to counter occupational segregation and on improving staff qualifications.

Meanwhile, EU social policy constructs labor shortages in the care sector as the main policy problem. Social policy documents hardly note the feminization of the care sector and mention its heavy reliance on a migrant workforce only in passing in background documents. Neither of these issues is seen as a problem to be tackled. Working conditions in the care sector are only brought up in the context of addressing care labor shortages rather than as a problem in itself, reflecting and contributing to the undervaluation of care work. This is illustrated by the following quote from the Commission's Social Investment Package: “The widespread shortage of a health and long-term care workforce should also be addressed through incentives for boosting employment in ‘white coat jobs’ and improving working conditions in this area” (European Commission 2013, 14). Concrete proposals on how to improve working conditions are missing. This points, once again, to the subordination of social concerns to the demands of the economy. Indeed, recommendations to encourage care labor migration to solve staff shortages suggest limited willingness to improve working conditions through increasing expenditure (e.g.,

raising staff salaries, hiring more staff, and better working conditions). Instead, care work is externalized to people willing to do it, due to regional, racial, and class inequalities, despite poor pay and working conditions.

In economic policy, care providers and care work are next to invisible, only appearing in the context of the COVID-19 crisis when the Commission acknowledged “the strength, skill and courage of Europe’s health care workers” (European Commission 2020a, 14). The regulation adopted for the European Union’s main recovery fund acknowledges—at the request of the European Parliament (Kantola and Elomäki 2022)—the feminized nature of the health-care professions and the increased pressures upon unpaid care that have fallen on women’s shoulders (Official Journal 2021, 21). In line with the invisibility of care providers in this field, neither the undervaluation of care work nor the lack of care workers is problematized, even if economic policy is needed to address the dearth of public finances for care and thus its undervaluation.

What is striking from the perspective of feminist care research is that EU policies across policy fields are largely silent about the emotional or relational elements that distinguish care from other types of work (Held 2006; Tronto 1993). As an exception, Council conclusions on long-term care from 2020 acknowledge that “people who undertake informal care responsibilities may have to continue providing this care, due to their relationship and the specific needs of the care receiver” (Council of the European Union 2020a, 5). In relation to paid care work, the Commission and the Council Social Protection Committee pointed out in their report on long-term care that these services are “highly interpersonal” and that their quality is linked to the availability and quality of the workforce (European Commission and Social Protection Committee 2021, 63). Mostly, care work is framed like any other work. This lack of understanding of care and the realities of care work leads to internal contradictions, where improving working conditions and increasing efficiency and effectiveness are presented as complementary goals.

Care Needs and Care Recipients

Care scholarship has been criticized for losing sight of the perspective of those in need of care (Daly 2021). This is also the case concerning EU policies. Surprisingly, little attention is paid to care needs and the care crisis in EU care policy, at least from the perspective of potential care recipients, although the identification of care needs should be the first step of care as a process (Fisher and Tronto 1990; Tronto 2013). In Fisher and Tronto’s terms, there is very little “caring about” in EU care policy.

Our analysis reveals that the concern for care needs in society is almost fully outsourced to social policy. Some documents in this field acknowledge the existence of the ongoing care crisis (cf. Dowling 2021) and construct unmet care needs as a problem that needs to be addressed. For instance, the EPSR background documents stress, in relation to elderly care, that “formal

care services can have significant financial costs, leaving many persons who are reliant on care with unmet needs” (European Commission 2017, 68). However, the analysis of the care crisis and its causes remains shallow. The documents mainly omit the drastic impact of austerity on care provision in Member States (e.g., Bruff and Wöhl 2016), but there is some acknowledgment of how the COVID-19 pandemic has intensified the care crisis. For instance, the EPSR action plan from 2021 states: “Health and long-term care systems have been under considerable strain during the pandemic, which added to already existing challenges, such as growing waiting times for health care, structural staff shortages and growing health inequalities” (European Commission 2021, 29). The shallow analysis of the care crisis sidelines policies which could address it, drawing attention to other policy problems and solutions. Indeed, social policy documents present the costs related to demographic change and the ineffectiveness of service provision as the key policy challenges. As a result, increasing the efficiency of care service delivery is, once again, the prioritized proposed policy solution.

Care recipients have become more visible in EU social policy during the 2000s but with somewhat contradictory outcomes. On the one hand, EU institutions increasingly construct care as a right and stress that the needs and situations of care recipients should be considered—whether children, the elderly, or people with disabilities. The EPSR, which frames childcare, long-term care, and healthcare as a right, is a major step forward in this regard. The priorities of the Pillar assert, for instance, that “[e]veryone has the right to affordable long-term care services of good quality, in particular home-care and community-based services” (Official Journal 2017, 14). The rights-based approach has also been increasingly visible in childcare-related social policy documents, where the initial concern for women’s labor market participation has been somewhat sidelined (e.g., Official Journal 2019b; European Commission 2011). However, as pointed out by Caracciolo Di Torella and Masselot (2020), the discourse of rights based on the concept of personal autonomy (as opposed to, for example, inherent vulnerability) cannot adequately capture the caring relationship and the fundamental role of care in everyone’s life. On the other hand, social policy documents, specifically those around long-term care, emphasize people’s individual responsibility to minimize future care needs and the implied costs. People are responsabilized to take care of their own well-being and health and thus the health of public finances. Here, care is constructed through a neoliberal discourse of individual choice and responsibility rather than the fundamental view that we all are recipients of care at some point in our lives (Tronto 2013).

Despite the emerging discourse of rights, the policy solution to meeting care needs, particularly long-term care, is not to increase care provision but to minimize the need for care. Social policy documents regularly discuss the importance of health promotion, self-care, and environments and incentives encouraging independent living (e.g., European Commission 2013).

Individuals are also expected to increasingly finance their own care. For instance, the Commission and the Social Protection Committee report on long-term care suggests “targeting [public] resources towards those who need care the most and can least afford to pay for it” (European Commission and Social Protection Committee 2021, 96). The unsaid assumption behind these solutions is that those who can afford it should buy the care they need from the market.

Somewhat surprisingly, gender equality policy rarely takes the perspective of care recipients, even if care needs are gendered. Unmet care needs or the ongoing care crisis are rarely framed as problems. EU gender equality policy mainly acknowledges the rising care needs at the macrolevel of demographic change, rather than from the individual’s perspective. The main concern is not filling the rising needs but to manage them in a way that maintains women’s labor market participation (e.g., Council of the European Union 2020a). The documents fail to recognize that given their statistically longer lifespans, women are disproportionately more likely to find themselves in need of long-term care. Care recipients are also missing from discussions on childcare in this field. Despite the increased visibility of children’s rights in EU childcare policies in other policy areas (Massetot 2015), gender equality policy continues to discuss childcare through the economic approach described above, whereby affordable, good-quality early childhood education and childcare is seen as a precondition to the development of future human capital or women’s labor market participation. In economic policy, care needs and care recipients are near to invisible, apart from the fiscal threat caused by demographic change.

Conclusions

This article studied how EU policies frame and construct different forms of care—public care services in general, different forms of personal care (childcare, healthcare, long-term care), and unpaid care work. More specifically, we analyzed competing constructions and policy solutions in three policy fields—economic, social, and gender equality—that conceptualize and approach care differently, often in contradictory ways. Drawing on feminist theories of social reproduction and care as a relationship, we suggest it is vital that care policies—and analyses of them—address care in a manner that accounts for its economic value, current undervaluation, and relational aspects. From a feminist perspective, it matters how policies portray the relationship of care to the economy and whether and how they consider care providers, care recipients, and the connections between them.

First, our analysis shows that EU policy lacks a holistic approach to care. The different policy fields take varied approaches to care: economic policy emphasizes economic aspects at the expense of care relationships; social policy

pays attention to care needs and care recipients; gender equality policy focuses on paid and unpaid care providers. With aspects of care being outsourced to different policy areas, there is no room in EU policy to discuss care in ways that link the needs of care providers and care recipients while making visible the importance of care to the functioning of the economy. As a result of this division of labor between the policy areas, policy solutions proposed in one area contradict those made in others.

Second, our analysis shows the tensions between policy fields in terms of framings and solutions. The relationship between care and the economy emerged as a key discursive struggle. Economic policy constructs care services as a cost and unpaid work as invisible, a view that is also commonly adopted by other policy areas. At times, social and gender equality policies attempt to counter framings of care as a cost, presenting care as an activity with economic benefits and framing public care services as an investment (although this remains an economized way of conceptualizing care). Feminist political economy literature on the relationship between the productive and reproductive economy help to see the high stakes involved in these struggles. It is exactly the conceptions of care as a social issue without an economic value that have contributed to the view that public care services are a cost to public finances, despite evidence to the contrary (e.g., [De Henau and Himmelweit 2020](#)). However, while framings of care as a cost have trickled from economic to social policy and, to a lesser extent, gender equality policy, the framings of care as an investment have not made their way into EU economic policy, reflecting the hierarchical relationships between the policy areas.

Third, our analysis reveals that the EU institutions are aware of the care crisis in the European Union but continue to close their eyes to key dimensions of this crisis. This awareness is focused on concerns around demographic shifts and the burden on public finances that the need for additional care services will cause. It mainly bypasses the dimensions stressed by feminist scholars: increasingly unmet care needs and carers unable to provide care in dignified conditions. As the result of the hierarchical relationship among policy areas and the priority given to economic concerns, the most logical policy solutions to unmet needs and poor working conditions, such as better services and pay, are deemed too costly for public finances. The proposed solutions rarely go beyond the ideas of individual responsibility to reconcile paid and unpaid work, minimizing future care needs, or calling for greater efficiency and effectiveness of care provision. This pushes for further individualization and marketization of care. As such, we suggest that the primacy of economic policy over other policy fields results in ignoring the caring relationship ([Caracciolo Di Torella and Masselot 2020](#)) and further deepening of the crisis of care.

Finally, our analysis reveals some shifts over time, even if their effect on policy solutions proposed by the EU institutions is yet to be seen. Next to the increased framings of care as an investment and acknowledgment of

the centrality of care services for the functioning of societies and economies, which during the COVID-19 pandemic also reached economic policy, we observed an emerging acknowledgment of the economic value of unpaid care. Regarding care recipients, since the mid-2010s, there has been a clear emphasis on individuals' rights to care, at least in EU social policy. Indeed, there seems to be an increased understanding, at least in social and gender equality policy, of the challenges faced by paid and unpaid carers, the gendered character of this work, and, to a somewhat lesser extent, the European Union's reliance on migrant care workers.

Funding

This work was supported by the Kone Foundation (grant certificate 202104494); and the European Research Council (ERC) under the European Union's Horizon 2020 research and innovation program (grant number 771676).

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