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The care crisis: a research priority for the pandemic era and beyond

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Introduction

Care has long been identified as being in a state of crisis. Rich nations have been described as experiencing a ‘care deficit’ in that the demand for care cannot be met by existing relationships and infrastructures (Ehrenreich and Hochschild, 2002, p. 8). This deficit is a direct result of men’s unwillingness to engage in unpaid or paid care, women’s increased participation in paid labour, aging populations, smaller families and reduced welfare states (Ehrenreich and Hochschild, 2002). This is a crisis that is created in a capitalist system where workers are required to be free of care, without adequate infrastructure for workers to be care free: unfortunately, ‘capitalism structurally depends on a fundamental that it cannot create itself’ (Livnat and Braslavsky, 2020, p. 272).

These are not ideal conditions from which to respond to a global health crisis. As a consequence, during COVID-19 we have witnessed the amplification of the care deficit alongside, mostly unfulfilled, opportunities for change. The extent to which the care deficit has deepened, has, of course, varied according to local and national context. The acuteness of the COVID-19 care crisis has very much depended upon existing structures, especially welfare and health systems, cultures, geographies, political will and economic resources. As a rule of thumb, however, the longer the lockdowns and childcare and school closures, and the bigger the strain on the healthcare system, the worse the nation’s COVID-19 care crisis.

This amplified care crisis has most significantly impacted those who had already been working overtime to fill the care deficit – women (Mooi-Reci and Risman, 2021). Care is a feminised activity, and it is well documented that women do the majority of the unpaid care labour to the detriment of their employment and wellbeing. In response to the loss of childcare and schooling

during the pandemic, heterosexual families in particular have adopted, or further invested in, a traditional gendered division of labour, compromising women's economic security and independence (Collins et al., 2021). In the United States, for example, which is one of the few rich nations to fail to provide its citizens with state funded childcare, the closure of childcare centres and limited availability of nannies and babysitters has led to millions of women reducing their paid working hours or leaving employment altogether, in order to address the care shortfall. Thus, the pandemic reveals the gendered dimension to the crisis of care, and how, combined, childcare and schooling are, in fact 'a critical infrastructure of care', that ease the care burden and corresponding inequalities (Collins et al., 2021).

In this chapter we draw upon two broad areas of care research and commentary during COVID-19 – unpaid domestic labour and the employment experiences of academic workers who are carers – to examine 'pinch points' of this crisis; moments where the care deficit has been most apparent or amplified by the coronavirus in households and organisations. This is not a systematic review. Rather it is directed by our own research interests and popular commentary. Nevertheless, our focus on these two areas of research does help us to consider the ramifications of the care deficit for both homes and workplaces, and the ways in which family relationships and organisational cultures might mutually reinforce the care gap. Using these case studies, we make suggestions for a future research agenda for the analysis of the impact of COVID-19 on domestic spaces and the academy, and for the amelioration of the pre-existing and worsening care deficit.

Domestic labour during lockdown

The gendered division of domestic labour has been an enduring phenomenon in households, even as women's workforce participation has increased, and fathers are expected to be more actively involved in child raising (Doucet, 2020). Although most families are now dual earner (Lewis, 2009), women still do significantly more housework and care than men. Notwithstanding some variation by characteristics such as education, earnings, age or attitudes, over time gender has consistently proved the strongest predictor of time in domestic labour and it is usually women, not men, who tailor their paid work patterns around family care needs (Altintas and Sullivan, 2016; Perry-Jenkins and Gerstel, 2020).

Moreover, trying to fit it all in has made households with dependants to care for more and more time pressured. Accounting for the paid and unpaid work

of both partners, total household workloads have risen markedly (Craig et al., 2020). There are only 24 hours in the day, and if work and family time demands are too high, something must give. The resulting time scarcity squeezes out time for other activities including sleep, leisure, exercise and socialising, which are necessary to health and wellbeing (Craig and Brown, 2017; Strazdins et al., 2011). Unsurprisingly, there is rising stress, with a fifth of Australian women under 35 diagnosed with depression or anxiety disorders in 2018 (AIHW, 2019; HILDA, 2019). This trend is reflected worldwide. Globally, depression now constitutes 10 per cent of non-fatal disease, and women are twice as likely as men to suffer it (Salk et al., 2017; World Health Organization, 2016). For many families, and particularly women, a care crisis was already manifest in their daily reality before COVID-19 struck.

However, the pandemic lockdowns upturned everyday practice in managing work and care, requiring men and women alike to stay home. Researchers were curious to know whether this would provide opportunity to divide unpaid housework and care labour differently. In their study on divisions of labour in Australia during COVID-19 lockdown, Craig and Churchill found that in households with care-giving responsibilities paid work time was slightly lower, but time in housework and care was very much higher (Craig and Churchill, 2020; 2021a). These time increases were most for women, in line with pre-existing patterns. However, consistent with findings in the United States and the United Kingdom (Carlson et al., 2020; Sevilla and Smith, 2020), gender gaps in care somewhat narrowed because men pitched in more too (Craig and Churchill, 2020; 2021a). The improvement in relative equity was modest, however. As time went on, it became clear that women worldwide were shouldering by far the greater burden of extra housework, home schooling and childcare (Andrew et al., 2020; Collins et al., 2021; Petts et al., 2020; Power, 2020; Schieman et al., 2021).

From a subjective point of view, combining work and family demands during the pandemic was stressful and at times overwhelming for women, many of whom reported a lack of support from their male partners (Craig, 2020). Divisions of labour were more equal in same sex families, but in heterosexual couples there were pervasive implicit or explicit assumptions about women being the default care providers and men's work and careers being more valued and more important (Craig and Churchill, 2021a; 2021b). Men's work commitments took precedence in terms of access to dedicated private workspace as well as time (Craig et al., forthcoming; Skountridaki et al., 2020). This inequity was further compounded by expectations from employers and the workplace. Consistent with pre-existing notions of men as 'ideal workers' unencumbered by care responsibilities (Livnat and Braslavsky, 2020; Williams et al., 2013), most employers seemed to expect that home-based workers would deliver the

same output as before the pandemic. The special difficulties of working and caring for children simultaneously in the same physical location were considered by employers as family matters, not requiring workplace support (Craig and Churchill, 2020).

There were negative psychological and emotional consequences of these employer expectations of unaffected productivity, together with gendered domestic inequality (Nieuwenhuis and Yerkes, 2021). By increasing women's housework and childcare beyond a threshold, the pandemic created a wide gender gap in self-rated work productivity and job satisfaction (Feng and Savani, 2021). There was heightened insecurity, with many feeling their jobs were under threat if they could not perform to the level expected (Craig and Churchill, 2020) (social inequalities are also discussed in the chapters by Matthewman; Lambert; and Wyver). Working parents who adapted their work patterns during COVID-19, who were disproportionately women, experienced more psychological distress than those who did not (Xue and McMunn, 2021). A large study across the United States, Canada, Denmark, Brazil and Spain found that, to the extent that women spent more time on tasks such as childcare and household chores than men under lockdown, they reported lower happiness (Giurge et al., 2021).

This is not to say that men were not under pressure too. This showed up in their reports of satisfaction with how domestic work was shared within households. Before the pandemic, less than 10 per cent of men had been dissatisfied with their partners' share of domestic labour and care. During the pandemic, this proportion had more than doubled (Craig and Churchill, 2020). However, men were still doing significantly less unpaid work than women (and no more than women had been doing pre-pandemic), which suggests a relatively low threshold before men feel it is too much, and unfair on them. It could be because employer expectations weighed heavily upon them. The implication is that both employers' and men's own attitudes would need to change substantially if women's careers are not to continue being first to be sacrificed next time a family encounters the pointy end of everyday stressors (Craig et al., forthcoming).

On a more positive note, Craig and Churchill's study showed that, during the pandemic lockdown, many people felt less rushed and pressed for time, due to relief from the daily commute, and from external deadlines including school and day-care drop-offs (Craig and Churchill, 2020; 2021a). This highlights the need for flexibility to support families to organise their daily lives as suits them best. This is both a matter of workplace attitudes and policies, and of how families can maximise their time. In a post-COVID world this means

that workplaces should keep allowing employees to work from home when possible, but it also suggests that cutting commuting times through improved transport services would improve daily lives significantly. Also, if women are expected to take on the domestic load by their partners and given no relief from productivity expectations by their employers, they need to rely on non-parental childcare, which again underscores how necessary external care services and infrastructure are to families (Collins et al., 2021).

Academic productivity

Although all industries and organisations differ in their workplace structures and cultures, research on the impact of the pandemic on academic productivity gives some evidence to the consequences of this intensified domestic labour, alongside sustained employment demands, for primary carers. While there has been an amazing output of rapid response research from universities during COVID-19, indicating that many academics are finding space to research and write, there is a gendered pattern to this productivity, with women, especially those with young dependent children, reporting a larger decline in research time than that experienced by men (Myers et al., 2020). In other words, while some academics are ‘aiming for the stars’ during the pandemic, the high research achievers tend to be those who have less care obligations (Minello, 2020). An issue of significant concern, voiced by those who research gender and academia, has been the disparity between women’s and men’s publication outputs during the pandemic. This concern was initially sparked by journal editors who observed a reduction in submissions from women in 2020 (see for example, Matthewman and Huppertz, 2020), and has been commented on in higher education research, media and social media (Periera, 2021, p. 3). Some editors claimed that while they witnessed a 20 to 30 per cent increase in submissions, it was men who were increasing their article submissions rather than women (Beck, 2020, cited in Cui et al., 2020). In fact, some journals have reported that men’s submissions have increased by up to 50 per cent (Fazackerley, 2020). In perhaps the most comprehensive recent peer reviewed analysis on the impacts of the pandemic on academic publications, Cui and co-authors (2020) found this to be an international trend. Their research, which focused on an open-access pre-print repository for publications in the social sciences, found that, in the United States, in the period from December 2018 to May 2019, in comparison with December 2019 to May 2020, women’s publication productivity dropped by 13.2 per cent relative to men’s productivity. Across seven countries – the United

States, Japan, China, Australia, Italy, the Netherlands and the United Kingdom – this gender gap was most pronounced for: those at the rank of assistant professor, as this cohort of workers are more likely to be of an age where they have young children and feel pressured to publish; and academics employed at prestigious research universities, as the pressure to produce may be higher in these institutions (Cui et al., 2020).

Therefore, although not all women are mothers or carers, it does appear that, as women academics do tend to carry more of the care burden in the home, their paid labour has been disproportionately interrupted by the pandemic. While publications are not the only form, nor necessarily the most important form of academic activity that has been impacted, the drop in women's publications is one clearly observable way in which existing inequities in academia have been amplified during the pandemic. Publication, along with grant, citation (Ghiasi et al., 2015) tenure (Antecol et al., 2018), pay and promotion (Huppertz et al., 2020) gender gaps predate the pandemic. These disparities are enabled by a number of organisational factors, including sexist academic cultures that overwhelmingly reward the individualistic, entrepreneurial, competitive, unencumbered worker, for whom excellence is associated with high quantities of outputs and funding, rather than quality, care and collegiality (O'Conner & O'Hagan, 2016; Huppertz et al., 2018). However, they have also overwhelmingly been associated with women academics' unpaid care obligations – with women taking on more care work within the home, and therefore having less time available for research (Misra et al., 2012). The pandemic, in removing the critical care infrastructures and support systems that academics, who are also primary carers, have in place in order to engage in paid employment, and in providing some unencumbered workers with further space and time to devote to research, has reminded us that these workplace and domestic norms still exist, and has exacerbated the gender inequities that both underpin and result from them.

Periera (2021) points out that the intensification of care labour for academics during the pandemic has not only occurred in the home, but also in the workplace: those who engage in pastoral care for staff and students have been overwhelmed with an extra care burden. The devastation of illness, death, isolation, financial hardship and overwork, caused by COVID-19, has led to an increase in stress and mental health issues for students and staff. In addition, the introduction of remote and online learning has demanded new ways of teaching, learning and communicating. Both of these developments have necessitated further collegial workplace practice and workplace care. Although we do not wish to conflate care with women, again, it is well documented that women tend to do this type of 'housekeeping' (Macfarlane and Burg, 2019) labour

in higher education institutions, and so it follows that they have shouldered the majority of this work during the pandemic. Unfortunately, institutional housekeeping labour, while clearly vital to the wellbeing of the university community, constitutes what Babcock and co-authors (2017) describe as ‘low promotability’ work – it does not contribute to career advancement for those who carry out the pastoral care and actually detracts from academics’ capacity to engage in ‘high promotability’ tasks such as research activities, which further explains the publication gap. While this type of care labour is essential to a collegial and ethical culture, when it comes to evaluating productivity and assessing for promotion, care labour is not sufficiently valued by universities (Huppertz et al., 2020). Universities, as with the broader capitalist system, are fundamentally flawed, in that they do not appreciate the care labour on which they depend. It has therefore been argued that the pandemic will have negative impacts on the career trajectories of women academics for some time to come (Minello, 2020), and that it is crucial that these impacts be tracked through research and ameliorated via institutional support (Myers et al., 2020), so that the COVID-19 shock is not left to individual academics to manage (Nash and Churchill, 2020).

Lessons learned: a research agenda for COVID-19 and society

The unusual situation under COVID lockdown revealed the contingent nature of women’s employment and how, without adequate social and workplace supports and reliable care infrastructure, it takes second place behind the employment of male partners. It starkly underlined how necessary external care services are to families, and also that schools are part of a ‘critical infrastructure of care’ (Collins et al., 2021, p. 1), without which women’s capacity to participate in employment is severely hindered.

Reduced working hours and unemployment will further impact women’s economic security, possibly ‘for decades to come’ (Sasser Modestino, 2020), especially in contexts where significant gender pay gaps already existed, and where women were more likely to experience employment precarity, underemployment, unemployment, financial distress and poverty. Sasser Modestino (2020) warns that the lack of childcare and women’s corresponding employment decisions may even set gender equity back a generation.

The long-term economic and social costs of the pandemic for women must therefore be monitored and mitigated, and a robust care crisis research

agenda must continue. Following on from our case studies, we would like to make a series of recommendations for a research agenda for COVID-19 and society, that relate to our two areas of focus – domestic labour and the academy.

Recommendation one: reimagine the interconnections between domestic labour, the economy, social policies and workplace practices

Research into women in the labour force must be complemented by research that quantifies and monitors domestic labour in the home. A major reason housework and care is ‘invisible’ to policy makers and employers is that it is not regularly counted. We need up-to-date and reliable information about the time that it takes, and who is doing it. This would allow research to quantify both the combined burden of paid work and unpaid domestic work and care, and the trade-offs women and families make between the two forms of labour. At the macro-level, it would mean researchers could measure, calculate and analyse the trade-offs governments make between women’s economic participation and having to provide more publicly funded care services. The best source of information on this is nationally representative time use surveys, which use time diaries to capture information about everything people do over the course of the day (Gershuny and Sullivan, 1998). Direct information from within households is needed to counteract the dominant tendency to view gender equality through the lens of employment, which obscures the value of care and reinforces the idea that only paid work is productive and effortful labour (Suh and Folbre, 2017).

Empirical research tracking domestic labour through the pandemic recovery would help keep gendered divisions of care on the policy agenda and provide important robust new evidence for decision making. Crises can challenge prior thinking and allow new ideas to emerge (van Barneveld et al., 2020). The neoliberal approach that underpinned the pre-existing care deficit (Ehrenreich and Hochschild, 2002; Livnat and Braslavsky, 2020) was challenged and stress tested during the pandemic. As the health crisis unfolded, the Australian government was temporarily willing to make childcare free to parents, subsidise aged care homes to help retain workers and give allowances to families who took elders out of facilities to be cared for at home (Craig and Churchill, 2020). This was implicit recognition that care work is a vital social and economic good whether it is paid or unpaid (Folbre, 2012), and that rather than being a private matter for families, care is essential, productive and a collective social concern (Fraser and Jaeggi, 2018). The interventions were quite a departure

from standard policy, and the changes were only temporary. To engender longer lasting and more ambitious change requires robust research and evidence-based advocacy on how to reset the balance of paid work and the work of unpaid domestic labour and care. As part of this, we need international comparative research, so connections can be drawn between socio-political and employment context and help identify best practice across differing policy responses.

Making visible the time and effort involved in domestic labour and care, and situating it within policy context, is important to avoid creating perverse outcomes for women, families and the economy. For example, Australian state and federal governments spend AUD\$90 billion a year on education and training yet there is mass underutilisation of women's education (ABS, 2019); Australian tax and childcare policies encourage women's part time work, because when day-care costs for more than three days a week are factored in, most mothers incur effective marginal tax rates near 100 per cent of their income (Wood et al., 2020); largely due to this part time work, more older women now live in poverty despite aged pension and superannuation subsidies costing the government over \$45 billion annually (AHRC, 2019). The COVID-19 recovery is an opportunity to re-evaluate the counterproductive policies hampering women's economic opportunity and security and replace them with measures that acknowledge the social value of care.

Another research focus should be how the increasingly unpredictable and precarious labour market affects the domestic. There is a large and growing body of research and commentary on the 'future of work', including the implications of globalisation, technological change and the digital economy for underemployment and precarious work (Kalleberg, 2018), but little recognition that the shadow of labour market change is the future of family, care and social reproduction. Established economic assumptions and policy principles have proven flawed, undermining the idea that market competition and economic growth will promote wellbeing for all (Stiglitz et al., 2019). Women are disproportionately in occupational sectors with low-paid and insecure work, and with more people in the gig economy, doing casual work, piece work or on temporary contracts, we need to better understand the impacts of multiple job holding, underemployment, split shifts and multiple work sites (Churchill and Craig, 2019; Preston and Wright, 2020). With the unsustainable contradictions and gender blindness of the neoliberal era increasingly apparent following COVID-19, research on the domestic implications of the disrupting labour market is vital to understand the implications for the future of care.

Recommendation two: reimagine academia through recovery

Returning now to the narrower focus on the academy, researchers must continue to gather data on the ways in which the pandemic has exacerbated existing workforce inequalities, and the long-term consequences of the pandemic will need to be ascertained. While many universities have already taken steps to soften the impact of COVID-19 on researcher activity, and government grant schemes have extended timeframes (Myers et al., 2020), more could be done. Once again, in devising methods to mitigate the effects of the pandemic, there is an opportunity for us to reconsider existing policy and practice. Researchers and universities must address the plight of carers in ways that do not conflate women with motherhood (Periera, 2021) or reproduce heteronorms; however, they should understand how gender and care intersect. Both researchers and institutions might consider how workplaces could continue to provide more flexible work arrangements for staff with care responsibilities, offer affordable childcare and eldercare to workers and to better consider care interruptions in research workloads and performance assessments. This is not a time to be reducing existing gender equity and diversity measures, nor to cut childcare services, as some institutions have done in a bid to halt financial losses (Nash and Churchill, 2020).

When responding to the pandemic, universities must not adopt policy and practice that unwittingly set back women's gains in terms of career progression, tenure and pay within the academy. Crucially, many feminist academics have pointed to how competitive, neoliberal academic work cultures, which prioritise speedy, quantitative indicators of 'excellence', are particularly unfriendly to those workers who do not align with the white, heterosexual, middle-class, able bodied masculine ideal (O'Conner and O'Hagan, 2016; Huppertz et al., 2018). Therefore, any response to the pandemic should look to solutions that do not further normalise and celebrate these problematic values and norms of academic capitalism. For example, Periera (2021) points to how responses to interruptions in the careers of academics must avoid reifying publications as the only or most important aspect of academic labour that has been impacted.

Such a response should itself be informed by an ethics of care, in that collective wellbeing, rather than individual competition, is prioritised in research, teaching and leadership practice (Corbera et al., 2020). This is an opportunity to acknowledge care labour in all its forms – outside of the academy but also within the academy. This is a moment at which universities might reevaluate how they reward teaching, mentoring and other service work, which currently count for little in terms of promotion (Misra et al., 2012),

but are pertinent to an ethical, equitable and thriving university, especially when recovering from the pandemic. Thus, this is a time to reconsider how feminised academic care labour is valued within the academy, alongside research activities.

In suggesting a research agenda for the study of gender in academia, we are addressing both institutions and higher education researchers. Laube (2021) suggests that universities should listen to feminist sociologists in understanding the challenges that the pandemic has posed as well as seeking solutions, as these ‘experts within their own ranks’ are best placed to analyse organisational culture and avoid reproducing old mistakes. This is a pivotal moment for higher education scholars to take up engaged research in their own institutions and aid in the recovery process.

Recommendation three: reimagine the distribution of care through recovery

In addressing each of these case study areas, and looking beyond, we have an opportunity to apply an ethics of care to our research. Branicki (2020) argues that responses to the coronavirus pandemic, whether individual, organisational or policy based, should not just centre on the problem of care; the responses should themselves be informed by a feminist ethics of care. In relation to both case studies, we have suggested that there is an opportunity to address pre-existing inequities. Branicki (2020) suggests that Carol Gilligan’s theory of the ethic of care provides the language from which crisis management could truly reconsider existing norms and institutional arrangements (for more on crisis management see Dittmer and Lorenz’s chapter). Crisis management should move beyond containment and measurement, to ‘provide a care-based concern for all crisis affected people’ (Branicki, 2020, p.872). This form of ‘feminist crisis management might emphasize a relational logic grounded in preserving and extending relationships through a crisis through caring and seeing opportunities for a crisis to lead to transformation’ (Branicki, 2020, p.880). The COVID-19 care crisis is an opportunity to do gender and care differently; it is an opportunity to reformulate relationships, lessen the care burden and improve lives.

The consequences of ignoring or devaluing socially necessary unpaid work and care are substantial both for those who do this work and for societies as a whole (Folbre, 2012; Fraser and Jaeggi, 2018). For individuals, being disproportionately responsible for non-market work in a monetised economy that values little else has serious financial and psychological risks (Lewis, 2009), which can only be avoided if it is shared more equally, and if the social value of it is

recognised (Folbre, 2012). Comprehensive work-family supports are needed as part of the basic social infrastructure to support the provision of socially necessary non-market work. Analysing workforce participation and unpaid social reproduction together would show the combined productive value of both, so debates about national productivity will be better informed. Too much work of either type can crowd out time for other important activities and apparent gains in national productivity may not only be illusory, but cause costly social depletion in wellbeing, health and social connectedness (Rai et al., 2014). If the future is to involve employment on equal terms for all genders, then the division of unpaid work and care also must be fair and sustainable (Goode's chapter in this book explicitly references the future). Furthermore, governments should share the costs of making it workable. Women cannot manage this on their own. Nor is it possible to leave this challenge to overstretched families. To map out a more sustainable future we need to redistribute the costs and demands of care not only more equally between men and women, but also more equally between families, employers and governments.

Concluding thoughts

The care crisis is expansive. There is evidence of a care deficit in our own homes and in our workplaces, academia being just one example. Here we have drawn upon two case studies – domestic labour and academia – to examine how the care crisis manifests in specific, gendered, ways and has been exacerbated by COVID-19. The coronavirus has brought our attention to, and deepened, serious gender inequalities: women are bearing the brunt of the unpaid care labour and this is having consequence for their capacity to participate in paid work and for their wellbeing. Both cases reveal the ways in which organisations and families reinforce the care deficit and rely on women to fill the care gap.

As we emerge from the COVID-19 crisis we must take stock of the damage but also take the opportunity to research and advocate in new ways and with more momentum. We have made some recommendations in this chapter on where we might start in terms of domestic labour: patterns in unpaid domestic labour must be recorded and made visible, counteracting an overemphasis on employment in government policy; work and care policies must be reassessed for their intended and unintended contributions to the care gap, and compared with their international counterparts; and the impact of precarious and changing labour markets upon domestic labour arrangements must be assessed. In terms of a research agenda for academia, we have suggested that researchers must continue to monitor the impacts of the coronavirus on the

workforce, and point to ways in which the pandemic has worsened existing inequities; researchers must be advocates in their own universities, and ensure that any institutional responses do not reproduce damaging workplace norms; and in turn, universities are in a unique position in that they have expert data collectors, analysts and theorists in their own ranks, and so they should look to their own researchers in strategising for recovery. For both case studies, we have suggested that examining and re-examining existing structures and cultures, and offering structural and cultural solutions, is essential. We have suggested that a feminist ethics of care should be applied in the very manner in which we approach this research, and we have proposed that a comprehensive research agenda would look to how work-family support structures should be made part of our basic social infrastructure, supported by governments, workplaces and economies.

Our analysis and discussion here have pertained to two very specific areas of scholarship, and we have not spoken in any detail about the raced and classed dimensions to this care crisis, or the widening inequities in the global flow of care work. Nor have we discussed the poor working conditions and pay in our critical care infrastructure workforce – in our childcare, schools, hospitals and aged care facilities – all of which are important dimensions to the care deficit. In short, this social problem is so extensive that it is beyond the scope of one book chapter. This makes the need for new research all the more pressing.

References

- ABS (Australian Bureau of Statistics). (2019). Population. <https://www.abs.gov.au/Population>.
- AHRC. (2019). *Older Women's Risk of Homelessness: Background Paper Exploring a Growing Problem*. Australian Human Rights Commission Report. ISBN: 978-1-925917-01-7.
- AIHW. (2019). *Australia's Welfare Report 2019*. The Australian Institute of Health and Welfare: Canberra.
- Altintas, E. & Sullivan, O. (2016). 50 Years of Change Updated: Cross-national Gender Convergence in Housework. *Demographic Research* 35(16), 455–70.
- Andrew, A., Cattan, S., Costa Dias, M., Farquharson, C., & Kraftman, L. (2020). Inequalities in Children's Experiences of Home Learning During the COVID-19 Lockdown in England *Fiscal Studies* 41(3), 653–83.
- Antecol, H., Bedard, K., & Stearns, J. (2018). Equal but Inequitable: Who Benefits from Gender-neutral Tenure Clock Stopping Policies? *The Economics Review* 108(9), 2420–41.
- Babcock, L., Recalde, M., Vesterlund, L., & Wingart, L. (2017). Gender Differences in Accepting and Receiving Requests for Tasks with Low Promotability. *American Economic Review* 107(3), 714–47.

- Branicki, L. (2020). COVID-19, Ethics of Care and Feminist Crisis Management. *Gender, Work and Organization* 27, 872–83.
- Carlson, D.L., Petts, R., & Pepin, J. (2020). *US Couples' Divisions of Housework and Childcare During COVID-19 Pandemic*. SocArXiv. <https://osf.io/preprints/socarxiv/ljy8fn/>
- Churchill, B. & Craig, L. (2019). Gender in the Gig Economy: Men and Women Using Digital Platforms to Secure Work in Australia. *Journal of Sociology* 55(4), 741–61.
- Collins, C., Ruppener, L., Landivar, L., & Scarborough, W. (2021). The Gendered Consequences of a Weak Infrastructure of Care: School Reopening Plans and Parents' Employment During the COVID-19 Pandemic. *Gender & Society*, online first. <https://journals-sagepub-com.ezproxy.uws.edu.au/doi/10.1177/08912432211001300>
- Corbera, E., Anguelovski, I., Honey-Rosés, J., & Ruiz-Mallén, I. (2020). Academia in the Time of COVID-19: Towards an Ethics of Care, *Planning Theory & Practice* 21(2), 191–9.
- Craig, L. (2020). Coronavirus, Domestic Labour and Care: Gendered Roles Locked Down. *Journal of Sociology* 56(4), 684–92.
- Craig, L. & Brown, J. (2017). Feeling Rushed: Gendered Time Quality, Work Hours, Work Schedules and Spousal Crossover. *Journal of Marriage and Family* 79(1), 225–42.
- Craig, L., Brown, J., & Jun, J. (2020). Fatherhood, Motherhood and Time Pressure in Australia, Korea and Finland. *Social Politics: International Studies in Gender, State and Society* 27(2), 312–36.
- Craig, L., Brown, J., Strazdins, L., & Jun, Y. (2020). Fatherhood, Motherhood and Time Pressure. *Social Politics* 27(2), 312–36.
- Craig, L. & Churchill, B. (2020). Working and Caring at Home: Gender Differences in the Effects of Covid-19 on Paid and Unpaid Labor in Australia. *Feminist Economics* 27(1–2), 310–26.
- Craig, L. & Churchill, B. (2021a). Dual-earner Parent Couples' Work and Care During COVID-19. *Gender, Work & Organization* 28(S1), 66–79.
- Craig, L. & Churchill, B. (2021b). Unpaid Work and Care During COVID-19: Subjective Experiences of Same-Sex Couples and Single Mothers in Australia. *Gender & Society* 35(2), 233–43.
- Craig, L., Ravn, S., & Churchill, B. (forthcoming). *Making Education Work for Women*. Report to the Melbourne Lord Mayor's Charitable Foundation.
- Cui, R., Hao, D., & Feng, Z. (2020). *Gender Inequality in Research Productivity During the COVID-19 Pandemic*. SSRN, 1–30. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3623492
- Doucet, A. (2020) Father Involvement, Care, and Breadwinning: Genealogies of Concepts and Revised Conceptual Narratives. *Genealogy* 4(1), 14.
- Ehrenreich, B. & Hochschild, A. (2002). *Global Woman: Nannies, Maids and Sex Workers in the New Economy*. Metropolitan Books/Henry Holt and Company, 1–14.
- Fazackerley, A. (2020). Women's Research Plummeted During Lockdown – But Articles from Men Increase. *The Guardian*, 12 May. <https://www.theguardian.com/education/2020/may/12/womens-research-plummeted-during-lockdown-but-articles-from-men-increase>
- Feng, Z. & Savani, K. (2020). Covid-19 Created a Gender Gap in Perceived Work Productivity and Job Satisfaction: Implications for Dual-career Parents Working from Home. *Gender in Management* 35(7/8), 719–36.
- Folbre, N. (2012). *For Love or Money: Care Provision in the United States*. Russell Sage Foundation.
- Fraser, N. & Jaeggi, R. (2018). *Capitalism: A Conversation in Critical Theory*. Polity Press.

- Gershuny, J. & Sullivan, O.O. (1998). The Sociological Uses of Time-use Diary Analysis. *European Sociological Review* 14(1), 69–85.
- Ghiasi, G., Larivière, V., & Sugimoto, C.R. (2015). On the Compliance of Women Engineers with a Gendered Scientific System. *PLoS ONE* 10(12), 1–19.
- Giurge, L.M., Whillans, A.V., & Yemiscigil, A. (2021). A Multi-country Perspective on Gender Differences in Time Use During COVID-19. *Proceedings of the National Academy of Sciences (PNAS)* 118(12). doi.org/10.1073/pnas.2018494118
- HILDA (Household, Income and Labour Dynamics in Australia Survey). (2019). *The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 17*. Melbourne Institute: Applied Economic & Social Research. https://melbourneinstitute.unimelb.edu.au/_data/assets/pdf_file/0011/3127664/HILDA-Statistical-Report-2019.pdf
- Huppertz, K., Sang, K., & Napier, J. (2018). If You Put Pressure on Yourself Then That's Your Responsibility: Mother's Experience of Maternity Leave and Flexible Work in the Academy. *Gender, Work & Organization* 26(6), 772–88.
- Huppertz, K., Townley, C., Bansel, P., & Denson, N. (2020). *Redressing the Promotion Gap*. Vice-Chancellor's Gender Equality Fund Final Report, Western Sydney University. https://www.westernsydney.edu.au/_data/assets/pdf_file/0008/1762874/Final_Report_Redressing_the_Promotion_Gap_16122019.pdf
- Kalleberg, A. (2018). *Precarious Lives: Job Insecurity and Well-being in Rich Democracies*. Polity Press.
- Laube, H. (2021). COVID-19 Makes Transforming the Academy More Urgent. *Gender & Society Blog*, 30 March. <https://gendersociety.wordpress.com/2021/03/30/covid-19-makes-transforming-the-academy-more-urgent/>
- Lewis, J. (2009). *Work–family Balance, Gender and Policy*. Edward Elgar.
- Livnat, I. & Braslavsky, P. (2020). Who Takes Care of 'Care?' *Gender, Work & Organization* 27(2), 270–7.
- Macfarlane, B. & Burg, D. (2019). Women Professors and the Academic Housework Trap. *Journal of Higher Education Policy and Management* 41(3), 262–74.
- Matthewman, S. & Huppertz, K. (2020). A Sociology of Covid-19. *Journal of Sociology* 56(4), 507–15.
- Minello, A. (2020). The Pandemic and the Female Academic. *Nature Briefing*, 3 May. <https://www.nature.com/articles/d41586-020-01135-9>
- Misra, J., Lundquist, J., & Templer, A. (2012). Gender, Work Time, and Care Responsibilities Among Faculty. *Sociological Forum* 27(2), 300–23.
- Mooi-Reci, I. & Risman, B. (2021). The Gendered Impacts of Covid-19: Lessons and Reflections. *Gender & Society*, online first: <https://journals-sagepub-com.ezproxy.uws.edu.au/doi/full/10.1177/08912432211001305>
- Myers, K., Tham, W.Y., Yin, Y., Cohodes, N., Thursby, J., Thursby, M., Schiffer, P., Walsh, J., Lakhani, K., & Wang, D. (2020). Unequal Effects of the COVID-19 Pandemic on Scientists. *Nature Human Behaviour* 4, 880–3, 15 July. <https://www.nature.com/articles/s41562-020-0921-y>
- Nash, M. & Churchill, B. (2020). Caring During COVID-19: A Gendered Analysis of Australian University Responses to Managing Remote Working and Caring Responsibilities. *Gender, Work & Organization* 27(5), 833–46.
- Nieuwenhuis, R. & Yerkes, M. (2021). Workers' Well-being in the Context of the First Year of the COVID-19 Pandemic. *Community, Work & Family* 24(2), 226–35.
- O'Connor, P. & O'Hagan, C. (2016). Excellence in University Academic Staff Evaluation: A Problematic Reality? *Studies in Higher Education* 41(11), 1943–57.
- Periera, M. M. (2021). Researching Gender Inequalities in Academic Labour During the COVID-19 Pandemic: Avoiding Common Problems and Asking Different Questions. *Gender, Work & Organization* 28(2), 498–509.

- Perry-Jenkins, M. & Gerstel, N. (2020). Work and Family in the Second Decade of the 21st Century. *Journal of Marriage and the Family* 82(February), 420–53.
- Petts, R., Carlson, D., & Pepin, J. (2020). A Gendered Pandemic: Childcare, Home Schooling, and Parents' Employment During COVID-19. *Gender, Work & Organization* 28(2), 515–34.
- Power, K. (2020). The COVID-19 Pandemic Has Increased the Care Burden of Women and Families. *Sustainability: Science, Practice and Policy* 16(1), 67–73. DOI: 10.1080/15487733.2020.1776561
- Preston, A. & Wright, R. (2020). Exploring the Gender Difference in Multiple Job Holding. *Southern Economic Journal* 85(4), 1217–42.
- Rai, S.M., Hoskyns, C., & Thomas, D. (2014). Depletion: The Cost of Social Reproduction. *International Feminist Journal of Politics* 16, 297–317.
- Salk, R., Hyde, J., & Abramson, L. (2017). Gender Differences in Depression in Representative National Samples: Meta-Analyses of Diagnoses and Symptoms. *Psychological Bulletin* 143(8), 783–822.
- Sasser Modestino, A. (2020). Coronavirus Child-care Crisis Will Set Women Back a Generation. *The Washington Post*. 15 April 2021. <https://www.washingtonpost.com/us-policy/2020/07/29/childcare-remote-learning-women-employment/>
- Schieman, S., Badawy, P.J., Milkie, M.A., & Bierman, A. (2021). Work-Life Conflict During the COVID-19 Pandemic. *Socius*. DOI: 10.1177/2378023120982856
- Sevilla, A. & Smith, S. (2020). Baby Steps: The Gender Division of Childcare During the COVID-19 Pandemic. *IZA Discussion Paper* 13302, 1–29.
- Skountridaki, L., Zschomler, D., Marks, A., & Mallett, O. (2020). Work-Life Balance for Home-Based Workers Amidst a Global Pandemic. *The Work-Life Balance Bulletin* 4(2), 16–22.
- Stiglitz, J., Fitoussi J-P., & Durand, M. (2019). *Measuring What Counts*. U.S: The New Press.
- Strazdins, L., Broom, D., Banwell, C., McDonald, T., & Skeat, H. (2011). Time limits? Reflecting and Responding to Time Barriers for Healthy, Active Living. *International Journal of Health Promotion*, 26(1), 46–54.
- Suh, J. & Folbre, N. (2017). Time, Money, and Inequality. *Economia. History, Methodology, Philosophy* 7(1), 3–24.
- van Barneveld, K., Quinlan, M., Kriesler, P., Junor, A., Baum, F., Chowdhury, A., Junankar, P.N., Clibborn, S., Flanagan, F., Wright, C.F., Friel, S., Halevi, J., & Rainnie, A. (2020). The COVID-19 Pandemic: Lessons on Building More Equal and Sustainable Societies. *Economic and Labour Relations Review* 31(2): 133–157. URL (consulted June 19, 2020): <https://doi.org/10.1177/1035304620927107>
- Williams, J.C., Blair-Loy, M., & Berdahl, J. (2013). Cultural Schemas, Social Class, and the Flexibility Stigma. *Journal of Social Issues* 69(2), 209–34.
- Wood, D., Griffiths, K., & Emslie, O. (2020). *Cheaper Childcare: A Practical Plan to Boost Female Workforce Participatio*. Grattan Institute Report No. 2020-11, Grattan Institute Melbourne.
- World Health Organization. (2016). *Out of the Shadows: Making Mental Health a Global Development Priority*. http://www.who.int/mental_health/advocacy/wb_background_paper.pdf?ua=1 Retrieved November 26, 2016.
- Xue, B. & McMunn, A. (2021). Gender Differences in Unpaid Care Work and Psychological Distress in the UK Covid-19 Lockdown. *PLOS One*. 16(3). doi .org/10.1371/journal.pone.0247959