

Care Economy As An Accelerator For Women's Empowerment: A Comparative Analysis Of G20 Innovations And Policy Frameworks

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Abstract

The care economy, encompassing childcare, elderly care, and domestic work, remains a critically undervalued sector despite its fundamental role in sustaining societies and economies. The gendered nature of care responsibilities creates significant market failures, limiting women's economic participation and perpetuating gender inequities. As G20 economies navigate demographic transitions and evolving care needs, strengthening care infrastructure through strategic public and private investments becomes increasingly crucial for inclusive growth.

This paper conducts a comprehensive comparative analysis of care economy innovations across G20 nations, examining various service delivery models including public, private, and hybrid approaches. Through mixed-methods research combining stakeholder consultations, case studies, and policy analysis, the study develops an analytical framework to evaluate intervention effectiveness and identify scalable solutions, particularly for emerging economies.

The research culminates in structured recommendations across five key pillars: leave policies, service subsidies, infrastructure investment, workforce development, and quality assurance. These insights aim to guide G20 economies in building sustainable care ecosystems that recognize, reduce, and redistribute care work while advancing women's economic empowerment. Special attention is paid to innovative public-private partnerships and community-based approaches that can expand access to quality care services, ultimately contributing to more equitable and efficient care systems.

1. Introduction

Women shoulder a disproportionate burden of the world's care responsibilities, performing three times more unpaid care work (UCW) than men across global economies. This stark imbalance manifests in both paid and unpaid care hours, with women and girls delivering 70% of total care hours and 75% of UCW specifically.¹ The gap reflects deeply entrenched social norms and systemic barriers that perpetuate gender inequality.²

The economic implications of this disparity are far-reaching. Women face severe time poverty, limiting their ability to pursue education and career opportunities. They encounter persistent motherhood penalties in the workplace and are often funnelled into undervalued care sector jobs. The COVID-19 pandemic intensified these challenges, with women taking on an additional 512 billion hours of UCW in 2020 alone, deepening pre-existing inequities.³

The care economy, encompassing childcare, elder care, long-term support for dependent adults, and domestic work, represents a cornerstone of societal well-being that remains chronically undervalued and underfunded. As G20 nations navigate demographic shifts toward aging populations and evolving care needs, strengthening care infrastructure through strategic public and private investment has become imperative for achieving sustainable and inclusive economic growth.

2. Methodology Adopted

The study employed a mixed-methods approach to analyse care economy innovations across G20 countries through secondary and extensive field research. Through comparative analysis, it examined policy frameworks, implementation mechanisms, and outcomes, supported by extensive secondary research of national time-use surveys and care economy expenditure data.

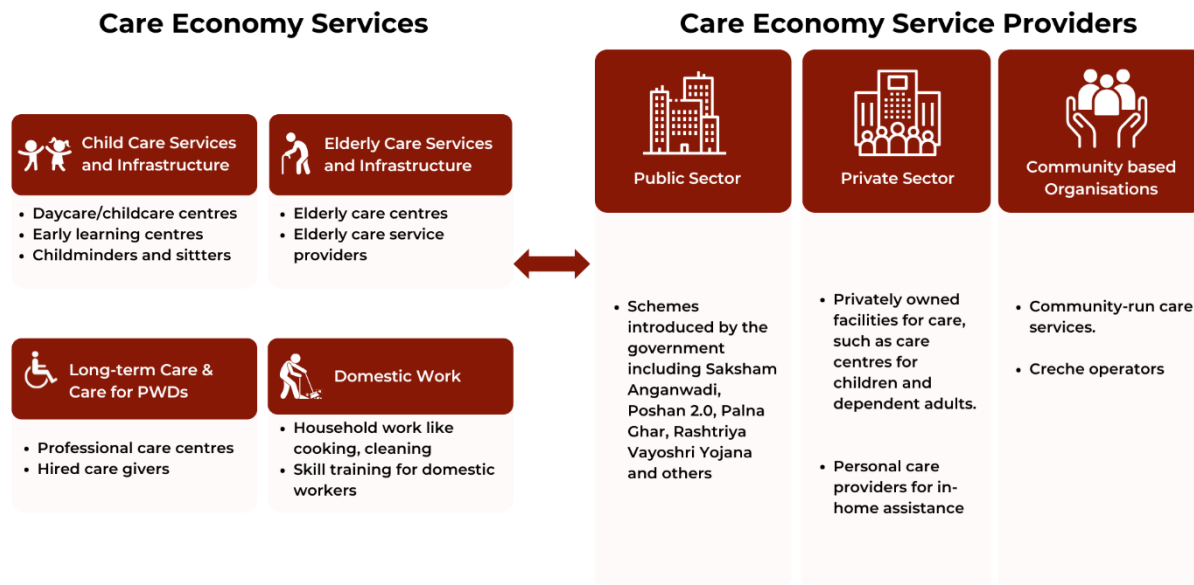
Primary consultations and field visits with key stakeholders - including policymakers, private sector leaders, and care service providers - provided crucial insights into implementation challenges and success factors. Detailed case studies documented transformative interventions in childcare, elderly care, and domestic work formalization across G20 nations.

The research developed an analytical framework to evaluate policy effectiveness and identify critical success factors for future policy design. The findings informed strategically structured recommendations around five pillars: leave and benefits policies, care service subsidies, infrastructure investment, skill development, and quality assurance mechanisms. These recommendations emphasized leveraging public-private partnerships and community-based organizations to build sustainable, inclusive care ecosystems across G20 economies.

3. The Care Gap in G20 Nations: Economic Impact and Opportunities

The care economy represents a classic case of market failure, where women as primary care providers deliver essential services without monetary compensation or recognition of their opportunity costs. This undervaluation, reinforced by social norms that romanticize women's caregiving role, creates an artificial dynamic of infinite demand meeting unpriced supply. The result is a systemic inefficiency where women shoulder a disproportionate share of UCW, preventing skilled individuals from realizing their economic potential and leading to significant resource misallocation at the macroeconomic level.

However, strategic investment in the care economy offers a powerful solution to correct this market failure while unlocking substantial economic potential within G20 nations. The World Economic Forum in its recent report identifies care work as one of the fastest-growing job categories globally through 2025.⁴ The care economy encompasses a diverse range of services - from childcare and elderly care to long-term support for dependent adults and domestic work - that can be delivered through various channels, including public services, private enterprises, and community-based organizations.



Source: Study Team's Analysis
Figure 1: Care Economy Ecosystem

The economic impact of such investments could be transformative. Research by the International Trade Union Confederation suggests that allocating just 2% of GDP to the health and care sector could boost overall employment by 1.2-3.2%. This translates to remarkable job creation potential: 24 million new positions in China, 11 million in India, 2.8 million in Indonesia, 4.2 million in Brazil, and 400,000 in South Africa. Furthermore, these services can generate additional economic value through international labour mobility, contributing to domestic economies through remittances while addressing global care needs.⁵ Moreover, estimates calculated by Nikore Associates say that women's unpaid care and domestic work in India represents an economic value of almost 15%-17% of the GDP.⁶

However, current investment levels across G20 countries remain inadequate. The Delhi G20 Declaration emphasizes the urgent need to scale up investment in this sector, recognizing its potential to drive both economic growth and social progress.⁷

4. Way Forward: Recommendations to the G20

The G20 economies should commit to affirming care as “a critical social good and an essential human right. PPPs can be a key instrument in developing workable care service delivery models. Governments and the private sector can become equal partners in the care economy, playing complementary roles across five types of interventions in the care economy, as follows:



Source: Study Team's Analysis

Figure 2: Care Expenditure as Percentage of GDP Across the G20 Countries

I. Leave-related policies

Studies suggest that providing new parents with paid time off contributes to the healthy development of children, improves maternal health, and enhances families' economic security. For instance, a study on the impact of paid parental leave on labour market outcomes in 30 OECD countries found that extensions of paid leave increase the female-male working hours ratio (0.5-1.8 hours per week).⁸

- a) Maternity leave: All countries in the G20, barring the USA, have legal provisions mandating paid maternity leave. Typically, maternity leave varies between 10 and 20 weeks, with some exceptions. In over 10 countries, the government also provides some level of financial support for the provision of maternity leave.
- b) Paternity leave: Most G20 economies (except India, USA, China, Canada, Russia, and Japan) also have statutory entitlements for paid paternity leave, in the range of 2-30 days.
- c) Shared parental leave: Less than 50 percent of the G20 countries have legal provisions that offer parental leave and partially fund benefits to the primary caregiver, regardless of their gender.

The G20 countries can move towards frameworks that favor gender-sensitive parental leaves rather than only long maternity leaves (with short paternity leaves). Ideally, gender-sensitive parental leaves should promote shared responsibility by encouraging mothers and fathers to take leave periods of equal length. Gender-sensitive parental leaves can reduce the reinforcement of stereotypes that cast the mother as the primary caregiver. The length of replacement rate and the timing of leave would need to vary depending on the fiscal capacity of each country.

Countries may use a combination of employer and employee contributions, insurance, and public funding to cover childcare leave costs. Policies which place the onus of providing benefits purely on

the employer may end up adversely impacting women in the labour market, as evidenced by India's Maternity Benefit (Amendment) Act 2017.⁹ Thus, the G20 countries can work to find solutions for cost-sharing with the private sector for parental leave.

Additionally, countries could explore options for extending leave coverage to informal workers, such as through parental cash transfers. This is particularly important in the Global South, where high rates of informality often limit workers' access to traditional parental leave policies. Following the ILO's (2021) guidelines, countries could ensure non-contributory parental benefits through cash transfers. Some countries, such as Argentina, provide cash transfers to pregnant women through the Universal Pregnancy Allowance, which offers a small sum each month to mothers. Argentina's care policies, including cash transfers and early childhood care services, have had a strong economic impact with an associated GDP growth of 0.7 percent and 5.3 percent and an increase in total employment from 0.7 percent to 6.4 percent, according to a 2019 study.¹⁰ These cash transfers could be raised to at least the minimum wage and be extended to both mothers and fathers.

Case Study 1: Parental Benefits in Sweden

Country	Sweden
Year	1995
Implementing agency	Swedish Social Insurance Agency
About the model	Each parent in Sweden is entitled to 90 personal days (or more than 12 weeks) of leave with 80 percent of their wages and also entitled to 480 shared days, out of which both parents have 240 days each. During the child's first year, there is an opportunity for both parents to take parental leave benefit during the same period for no more than 30 days (so-called 'double days'). 384 days of parental benefit must be taken before the child's fourth birthday. The remaining 96 days can be saved and taken, at the latest, before the child turns 12 or until the child finishes the fifth grade.
Impact of the program	<ul style="list-style-type: none"> • For children born in 1995 onwards, 77 percent of fathers have used parental leave before the child reached 4 years of age. • Through such policies, Sweden has been able to combine relatively high fertility levels with high female labour force participation rates and low child poverty.
Source: Institute for Future Studies 2005	

II. Subsidies for care services

For the G20, subsidies for availing care services take the form of individual tax credits for parents and tax concessions to encourage businesses to offer childcare benefits to employees. For instance, parents in the USA are eligible for various tax credits and deductions depending on the child's age.¹¹

While tax subsidies are more common in developed countries, they are slowly being introduced in developing countries. In Brazil, employers have the option to offer an additional maternity leave of two months and deduct the amount paid during this period from their corporate income tax.¹²

Argentina’s three-pillar system supports families facing unemployment and informality with tax concessions and cash transfers.¹³

The G20 governments can consider providing financial incentives to employers who encourage the reduction and redistribution of care work responsibilities amongst their employees through corporate tax credits. For instance, employers who provide care services such as breastfeeding/lactation rooms, parking facilities for pregnant women, offer care work leaves, and support employees by hiring care service providers for childcare and elderly care can be rewarded through tax breaks. Moreover, governments can offer higher deductions for small business owners providing support for care work.

Case Study 2: Subsidies for Care Services in Australia

Country	Australia
Year	Multiple programs commencing in different years
Implementing agency	Australian Government Department of Health and Aged Care, Department of Education
About the model	<ul style="list-style-type: none"> • The Child Care Subsidy (CCS) is the primary way the Australian government assists families with child care expenses such as daycare and after-school care. The amount of subsidy is determined by the household income. • The Australian Government provides subsidies for each individual who is a recipient of government-funded aged care. These subsidies are directed towards approved providers of services such as home care, residential aged care, and flexible care. • Additionally, the government offers supplements to assist with the expenses associated with addressing specific care requirements. • In the first year of its implementation, child care services that were sanctioned to receive the Child Care Subsidy (CCS) were accessed by 1,316,250 children from 931,030 families.
Impact of the program	<ul style="list-style-type: none"> • According to the Australian Institute of Health and Welfare (AIHW), in the 2019-20 financial year, over one million people were accessing aged care services in Australia.
Source: <u>Australian Government, Department of Health and Aged Care</u>	

III. Government investments in care infrastructure

As noted in Section 3, care economy investments can be important drivers of socio-economic growth across the G20 economies. Governments may consider public investment in care infrastructure and services to realise these socio-economic development opportunities.

a. Increase spending on childcare and elderly care facilities

The G20 countries, particularly developing economies, need to expand access to better-quality, affordable, and easily accessible care for children and the elderly, which necessitates increased government spending on care infrastructure, particularly in rural and underserved areas.

In 2018, the G20 countries were spending between 1 percent and 4.1 percent on selected care policies (Figure 3). Amongst the developed countries, investment as a percentage of GDP ranges between 2 percent and 4.1 percent, whereas for developing countries, it ranges from less than 1 percent to 3.9 percent.¹⁴

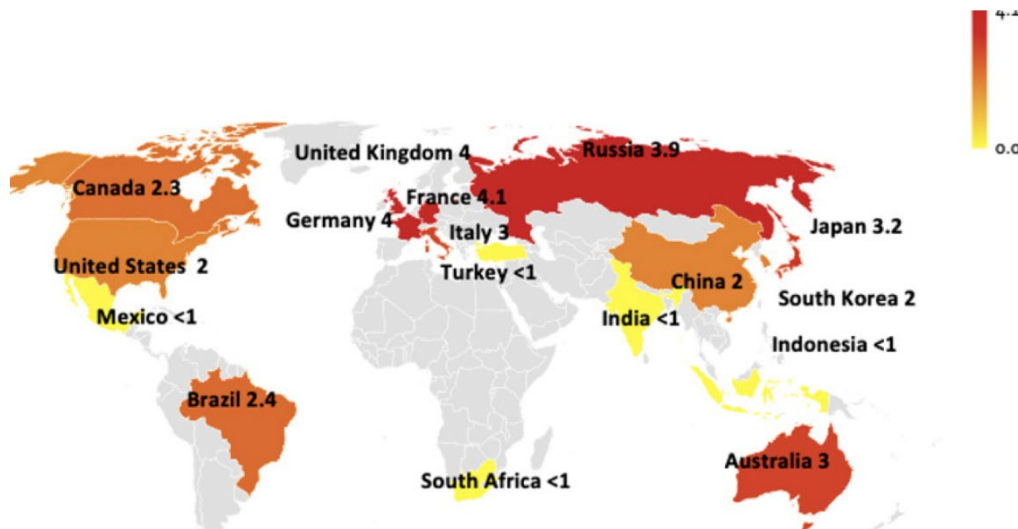


Figure 3: Care Expenditure as Percentage of GDP Across the G20 Countries
Note: Expenditure includes pre-primary education; long-term care services and benefits; and maternity, disability, sickness, and employment injury benefits.
Source: ILO Data, 2018

In recent years, G20 economies like Canada, Germany, China, and the United Kingdom have been actively investing in care infrastructure to build a resilient care ecosystem. The UK announced an investment of US\$4.87 billion to expand free childcare for eligible working parents to address the barriers of high childcare costs.¹⁵ Germany allocated US\$590 million in 2020 and an additional US\$590 million in 2021 to create new childcare facilities and refurbish existing ones.¹⁶ Saskatchewan in Canada announced an investment of US\$44 million to support early learning and childcare centers.¹⁷ China has proposed to invest US\$5.1 billion to build retirement facilities to support its elderly care system.¹⁸ Going forward, developing economies across the G20 should strive to enhance their fiscal investments in the care economy.

b. Leveraging public-private partnerships

For sustained and gender-inclusive post-pandemic recovery, G20 countries can devise policy and regulatory frameworks to operationalize PPPs for the provision of care services, as well as for greenfield/brownfield care infrastructure on a pilot basis, including model concession agreements for care infrastructure facilities such as childcare facilities or elderly care facilities. These frameworks should identify risk mitigation mechanisms and financing models relevant to the care sector and define key performance indicators. Following pilots, sufficient evidence may be generated to assess the impact and effectiveness of these models.

Case Study 3: Aveksha Day Care Centre by COWE

Country	Hyderabad, India
Year started	2022
About the Model	<p>A free daycare service initiative operating in purpose-built container facilities near construction sites and industrial hubs, serving children of construction workers, industrial workers, and economically marginalized groups. The model aims to promote women's economic independence while ensuring child welfare. Key features of the model include:</p> <ul style="list-style-type: none"> • Purpose-built container structures (800-1000 sq ft) with gypsum-lined interiors for cooling • Full-day operation (9 AM to 5 PM) aligned with laborers' working hours • Comprehensive facilities including air conditioning, CCTV surveillance, dedicated play areas, and educational resources • Curriculum-based activities focusing on foundational skills • Regular meals including five types of fruits daily • Strategic location near work sites for easy accessibility • Professional staffing with three trained women per center (caretaker, security guard) managing 20-30 children.
Impact	<p>The model demonstrates multiple positive outcomes:</p> <ul style="list-style-type: none"> • Enables working mothers to focus on jobs by providing reliable childcare and by providing safe, nurturing environment for children's development, • Creates direct employment for three women per center • Supports 20-30 families per center with free childcare services • Strong monitoring and quality control through CCTV integration with COWE control centre.



Source: Primary research by Nikore Associates study team;
Source for photos: Mitali Nikore

c. Incentivising investing in community-based organisations and social enterprises

Multiple G20 countries have provisions which direct grants towards local CBOs, particularly in the informal and rural sectors. For example, Australia supports approved providers of aged care with financial support.¹⁹

Governments can prioritise investments in rural and underserved areas to support CBOs providing innovative care solutions. A successful example of community-run care services (CCCs) comes from India which, if provided government funding, could scale and replicate its solution. Nikore Associates' consultations with Self-Employed Women's Association (SEWA), revealed how CCCs increased women's workforce participation and provided many women with a source of employment.²⁰

Case Study 4: Sangini Child Care Centres by SEWA

Country	Ahmedabad, India
Year Started	1985
Implementing agency	SEWA (Self Employed Women's Association), the largest Central Trade union representing informal sector women workers
About the model	<p>A cooperative-based childcare model operating 12 centers in Gujarat, providing full-day care services to children of informal sector workers. The initiative is part of SEWA's broader mission to support women workers through comprehensive social security measures. SEWA's Sangini centres offer a holistic approach to childcare that combines multiple benefits:</p> <ul style="list-style-type: none"> • Full-day care (9 AM to 5 PM) aligned with working hours of informal sector workers • Comprehensive child development services including nutrition (three meals daily), education, and health care • Age-appropriate activities for children 0-6 years • Regular parent engagement through weekly mothers' meetings and quarterly fathers' meetings, with notable improvement in paternal involvement (50% of fathers showing increased family responsibility) • Local employment generation by hiring community women as caretakers, 6) Affordable care with monthly parent contributions of INR 450 (increasing to INR 500), with remaining costs supported by the cooperative.
Impact of the program	<p>The centres demonstrate significant positive outcomes:</p> <ul style="list-style-type: none"> • Women's incomes have doubled in several instances due to reliable childcare access • Created employment opportunities for local women as caretakers (3 per centre caring for 40 children) • Ensures proper nutrition and development for children from informal worker families • Promotes greater involvement of fathers in childcare responsibilities through consistent counselling sessions. <p>The model has proven sustainable through its cooperative structure and has operated successfully for over three decades.</p>



Source: Primary research by Nikore Associates study team;
Source for Photos: Mitali Nikore

Case Study 5: Bangladesh Rural Advancement Committee home-based care model

Country	Bangladesh
Implementing Agency	BRAC (Bangladesh Rural Advancement Committee)
Year Started	2007
About the Model	<p>BRAC's home-based childcare model, launched in 2007 through the Manoshi Project in Bangladesh, demonstrates an innovative approach to community childcare in urban low-income areas. Operating primarily in communities like the Korail slum in Dhaka, the program employs local women caregivers ("Khalas") to provide affordable daycare services for working mothers, particularly those in garment factories and informal sector jobs.</p> <p>The model's strength lies in its community-centric approach, where trusted local mothers provide care from their homes, creating an accessible and familiar environment. This relationship-driven system, combined with flexible operating hours and low-cost services, effectively meets the needs of working families in underserved communities. However, the program faces significant challenges, including limited infrastructure, informal safety protocols, and minimal structured learning opportunities for child development.</p> <p>Despite these constraints, BRAC's model offers valuable insights into creating sustainable, community-based childcare solutions for low-income urban populations, particularly in developing economies where formal childcare infrastructure may be limited.</p>
Impacts	<p>The model has led to:</p> <ul style="list-style-type: none"> • Increased Workforce Participation: Over 600 women in the Korail slum have been able to secure paid employment due to access to childcare, significantly improving household income.

	<ul style="list-style-type: none"> • Support for Single-Headed Households: A large percentage of beneficiaries are single mothers, for whom the daycare centers are a lifeline for economic stability. • Economic Empowerment: Women employed in garment factories and other industries have reported a 20-30% increase in household income after accessing childcare services. • Community Development: The initiative fosters community interdependence, creating a trusted network between caregivers and mothers. • Education and Nutrition Benefits: Informal caregiving includes basic nutritional support and pre-literacy activities, though limited by resources.
Source	<u>Bangladesh Rural Advancement Committee</u>

Private enterprises can also provide CBOs with financing as part of their Corporate Social Responsibility (CSR) budgets. Through partnerships with formal sector enterprises, these CBOs may provide in-situ care facilities to workers in factories and other work locations. Such collaborations can allow CBOs to scale up their operations, helping them become financially viable social enterprises and increase access to care services in the rural and informal sectors.

Case Study 6: Early Childhood Care and Development provided by Gelephu Child Centre

Country	Bhutan
Implementing Agency	Gelephu Child Care Centre-GCCC
Year Started	2013
About the Model	<p>The Gelephu Child Care Centre (GCCC) in Bhutan demonstrates an innovative, holistic approach to early childhood development through:</p> <ul style="list-style-type: none"> • Learning Environment: Four specialized classes serve 92 children with dedicated facilitators ensuring personalized attention and educational excellence. • Financial Access: Monthly fees of Nu 4,000 (19% of average per capita income) make quality education accessible to middle-income families, though affordability remains a challenge for lower-income households. • Flexible Operation: Extended hours from 8 AM to 5 PM with additional flexibility accommodate diverse family schedules. • Quality Standards: The center maintains high standards through nutritious home-cooked meals, locally developed curriculum (National ECCD), and a Bhutanese teaching staff open to international collaboration. • Sector Leadership: Through establishing BECEDA under the Bhutan Chamber of Commerce and Industry, GCCC has unified 80 early childhood centers, promoting standardization and best practices nationwide.
Impact	<ul style="list-style-type: none"> • Holistic Development: The program benefitted 92 children by focusing on their physical, cognitive, and emotional growth.

- **National Influence:** It contributes to national childcare standards through curriculum development.
- **Unification of Centers:** The program has unified 80 private ECCD centers, promoting best practices and standardization in early childhood education.
- **Support for Working Parents:** Extended care hours help working parents balance their responsibilities.



Source: Primary research by Nikore Associates study team
Source for photos: Mitali Nikore

d. Collect gender-disaggregated data on care work

Regular gender disaggregated Time Use Surveys (TUS) are essential across the G20 countries, which include wide national and local coverage, more descriptive questions, and improvements in methodology to capture different types of UCW activities.

In addition, governments can track the quantum of fiscal investments in care infrastructure and the number of care jobs being generated. The G20 countries can also consider working together to establish common frameworks for data collection that may be actively tracked on an annual basis and discussed at G20-supported workshops and conferences.

An example of such a methodology is from Mexico, which has a system of data collection using Household Satellite Accounts which measures the time use characteristics of various demographics and has been used to formulate policies on care.²¹

IV. Skill training and formalization of current care work structures

Care work and domestic work are characterised by a high degree of informality, especially among women workers.²² To ensure decent and formal working conditions for care workers, the G20 member states could consider strengthening policy, legal, and regulatory frameworks, including ratifying the C189 convention.

There is a need to devise better organisational frameworks with comprehensive job roles and payment bands commensurate with skills, duty hours, and experience for care workers. Skilling programs for care economy workers can be devised and work experience and skill training-based certifications can be introduced to institute seniority levels and specialisations amongst care workers and facilitate the movement of care workers between the G20 countries, as is being done in

developed economies like the UK, Canada and Japan. Skilling programs for care economy workers can be devised and work experience and skill training-based certifications can be introduced to institute seniority levels and specialisations amongst care workers and facilitate the movement of care workers between the G20 countries, as is being done in developed economies like the UK and Canada. In the UK, private employers can provide training to care workers to obtain entry-level certifications and for further qualifications. In Ontario, Canada, a comprehensive registry has been created to ensure greater public protection and personal care worker accountability. The registry only accepts workers who are deemed qualified to provide competent and safe care.²³

Case study 7: Workforce Polices for Foreign Care Workers in Japan

Country	Japan
Implementing Agency	Government of Japan and Japan International Trainee & Skilled Worker Cooperation Organization
Year Started	Multiple programs commencing in different years
About the Model	<ul style="list-style-type: none"> • The Technical Intern Training Program for care workers: It is a unique initiative that welcomes talented young individuals from various countries to Japan. • The initiative seeks to benefit developing nations by embracing its citizens and imparting skills through On-the-Job Training (OJT) in Japan. It encourages international collaboration by transferring the skills, techniques, and information acquired by technical interns to underdeveloped countries. This will not only contribute to develop human resources, but it will also promote economic growth in the aforementioned locations. • Kaigoryugaku Scheme: Also known as the students' pathway for foreign care workers, enables foreign students to change their visa status to "care work", after completing a two-year care work training program. • TITP will not only contribute to developing human resources, but it will also promote economic growth in the said regions.
Impact	<ul style="list-style-type: none"> • This development paved the way for the active recruitment of foreigners as students of care work
Sources: <u>Institute of Developing Economies; Japan International Trainee and Skilled Worker Cooperation Organization</u>	

V. Institutional mechanisms for quality assurance

G20 nations could unlock tremendous potential by developing comprehensive institutional frameworks for care service excellence. While pioneering initiatives like the UK's OFSTED, (Office for Standards in Education, Children's Services and Skills) model demonstrate the power of structured oversight, G20 economies could create even more innovative regulatory ecosystems that promote quality, mobility, and professional growth in the care sector.

Case Study 8: The OFSTED Model by UK Government's Quality Assurance Approach

Country	United Kingdom
Implementing Agency	OFSTED, the Office for Standards in Education, Children's Services and Skills is the government regulatory agency responsible for inspecting and regulating educational and childcare institutions in the United Kingdom.
Year Started	2019
About the Model	<p>The OFSTED model inspects both public and private educational and childcare institutions. OFSTED, through inspections and regulation, ensures that educational and childcare services meet defined standards and serve the best interests of students and children.</p> <p>OFSTED conducts inspections of various educational settings, including schools, colleges, early years providers, and social care services. These inspections aim to evaluate the quality of education and care provided and to ensure institutions meet statutory requirements.</p> <p>OFSTED employs a four-point rating system to assess institutions. These categories are "Outstanding," "Good," "Requires Improvement," and "Inadequate." Schools rated "Outstanding" or "Good" are inspected less frequently, while those rated "Requires Improvement" or "Inadequate" are inspected more frequently to monitor progress and provide support.</p>
Impact	<p>The OFSTED model of quality assurance has improved UK's education system. Major achievements of this approach include:</p> <ul style="list-style-type: none"> • Removal of Single-Word Judgements: OFSTED has abolished single-word judgements (e.g., Outstanding, Good, Requires Improvement, Inadequate) for maintained schools and early years settings. Instead, schools will receive detailed report cards that provide a comprehensive view of performance across four key areas: Quality of Education; Behaviour and Attitudes; Personal Development; Leadership and Management. This change aims to enhance parental understanding of school performance, as fewer than 40% of parents and 29% of teachers supported the previous one-word judgement system. • Accountability Measures: The EIF has established rigorous accountability measures for schools. Schools rated as "inadequate" or "requires improvement" are subject to closer scrutiny and must demonstrate progress through follow-up inspections. • Support for Disadvantaged Students: Inspectors pay particular attention to whether all children have access to rich texts and resources that promote literacy and numeracy, especially among vulnerable populations. • Quality of Education: 97% of Initial Teacher Education (ITE) phases were rated as good or outstanding, reflecting a slight increase from the previous year. This suggests that OFSTED's inspection processes are contributing to improved educational quality across various training institutions.
<i>Source: Primary research by Nikore Associates; <u>Government of United Kingdom</u></i>	





Source for photos: Mitali Nikore

A dynamic two-pillar approach could transform the G20 care economy:

- a. Establish institutional mechanisms for monitoring care service delivery: The countries could pioneer unified monitoring frameworks with adaptable quality benchmarks. These frameworks would ideally combine standardized baseline requirements with flexible implementation guidelines, allowing each nation to tailor oversight mechanisms to their unique contexts. Taking inspiration from successful models like OFSTED, G20 nations could design next-generation monitoring systems that leverage technology and data analytics for real-time quality assurance.
- b. Establish Sector Skill Council for Care Services: Economies could establish interconnected Care Sector Skills Councils, creating a seamless ecosystem for professional development and mobility. These councils could design cutting-edge training programs, develop internationally recognized certification pathways, and forge cross-border partnerships for knowledge exchange. The UK's progressive certification model and Canada's registry system could serve as stepping stones toward an even more integrated G20 care economy.

Case Study 9: Private sector childcare model by Hanoi International Kindergarten

Country	Vietnam
Implementing Agency	Hanoi International Kindergarten (HIK)
Year Started	2000
About the Model	<p>The Hanoi International Kindergarten (HIK), founded by ECE expert Leah Ingles and enhanced by Chung Gilliland Pham, offers a premier early learning experience blending Australian and British educational approaches:</p> <ul style="list-style-type: none"> • Holistic Development: A comprehensive international curriculum guides children from 14 months to 7 years, integrating technology, arts, and experiential learning through activities like cooking, gardening, and performing arts. • Health and Wellbeing: The center maintains a health-conscious environment with natural, additive-free foods while providing extended care from 8 AM to 4:30 PM, including enriching after-school programs.

	<ul style="list-style-type: none"> • Educational Excellence: Early learning specialists ensure high educational standards, while committed staff development programs enhance teaching quality and build local expertise. • Community Impact: By focusing on both student development and teacher training, HIK has established itself as a model for quality international early childhood education in Vietnam.
<p>Impact</p>	<p>Some key aspects of HIK’s influence are:</p> <ul style="list-style-type: none"> • Enhanced Educational Standards: Hanoi International Kindergarten has contributed to raising educational standards in early childhood education by implementing a curriculum that blends Vietnamese cultural elements with international educational practices. • Increased Accessibility to Quality Childcare: HIK has created a warm, nurturing, English speaking environment that assists learning, growth and development. • Promotion of Bilingual Education: The kindergarten's bilingual curriculum promotes language development in both Vietnamese and English, which is increasingly important in a globalized world. • Expansive curriculum: HIK includes diverse activities like cooking, dancing, gardening, drama and music in the curriculum, providing holistic education.
	
<p><i>Source: Primary research by Nikore Associates; <u>Hanoi International</u> Source for photos: Mitali Nikore</i></p>	

Conclusion

The analysis of care economy innovations across G20 nations demonstrates that strategic investment in care infrastructure can simultaneously address gender inequities and drive economic growth. Case studies from diverse economies reveal how various approaches - from community-based models to government regulatory frameworks - can effectively expand access to quality care services while creating employment opportunities.

The findings point to clear practical implications: G20 nations must adopt a comprehensive approach encompassing leave policies, service subsidies, infrastructure investment, workforce development, and quality assurance mechanisms. Public-private partnerships and community-based organizations emerge as particularly effective vehicles for expanding care services. As

demographics shift and care needs evolve, these insights offer a roadmap for building more equitable and sustainable care ecosystems.

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