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BUILDING SUCCESS IN DEVELOPMENT AND PEACEBUILDING BY CARING FOR CARERS

A Guide to Research, Policy and Practice to Ensure Effective, Inclusive and Responsive Interventions

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Contents

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SUMMARY

The experiences and marginalisation of international organisation employees with caring responsibilities has a direct negative impact on the type of security and justice being built in conflict-affected environments. This is in large part because international organisations fail to respond to the needs of those with caring responsibilities, which leads to their early departure from the field, and negatively affects their work while in post. In this toolkit we describe this problem, the exacerbating factors, and challenges to overcoming it. We offer a theory of change demonstrating how caring for carers can both improve the working conditions of employees of international organisations as well as the effectiveness, inclusivity and responsiveness of peace and justice interventions. This is important because it raises awareness among employers in the sector of the severity of the problem and its consequences. We also offer a guide for employers for how to take the caring responsibilities of their employees into account when developing human resource policies and practices, designing working conditions and planning interventions.

Finally, we underscore the importance of conducting research on the gendered impacts of the marginalisation of employees with caring responsibilities, not least because of the breadth and depth of resultant individual, organisational and sectoral harms.

In this regard, we also draw attention to the way in which gender stereotypes and gender biases not only inform and undermine peacebuilding efforts, but also permeate research in this field. Our toolkit is aimed at international organisation employees, employers and human resources personnel, as well as students and scholars of peacebuilding and international development. We see these communities of knowledge and action as overlapping, with insights to be brought to bear as well as challenges to be overcome in this area. The content of the toolkit is equally relevant across these knowledge communities as well as between different specialisms and disciplines. Peacebuilding and development draw in experts from economics, politics, anthropology, sociology and law, to name but a few.

The authors of this toolkit have come together from gender studies, political science, and development studies to develop a theory of change informed by interdisciplinary insights. We hope, therefore, that this toolkit will be useful to an inclusive and interdisciplinary set of knowledge communities. Our core argument - that caring for carers benefits the individual, the sectors, and the intended beneficiaries of interventions - is relevant for students, researchers, policy makers and practitioners alike.

WHY SHOULD WE PAY ATTENTION TO THOSE WHO WORK FOR DEVELOPMENT ORGANISATIONS AND WHO HAVE CARING RESPONSIBILITIES?

What is Care?

For the purpose of this Toolkit, caring responsibilities refer to the work required to care for children and others, also referred to as 'care work' in the literature. It usually involves caring for children (and other members of the family), is usually unpaid and tends to be ignored or otherwise undervalued by society (Rai et al., 2014; Goldblatt and Rai, 2017). Gendered assumptions about care work continue to prevail with are work usually undertaken and expected to be undertaken by women (and girls). In this toolkit we argue that the conceptualisation of 'caring responsibilities' should be extended beyond the individual employee to organisational responsibilities towards the employee. Moreover, we recognise that this leads to an expansion of the concept of care from 'caring practices' to values and principles (Held, 2006).

The Cost of Care

The subsequent burden that often falls to women (and girls) results in various costs or harms, also referred to as 'depletion through social reproduction' (Rai et al., 2014). The provision of care continues to remain 'so stubbornly gendered' (Himmelweit and Plomien, 2014: 446). As a result, women are disproportionately affected by the marginalisation of those with parental and other caring responsibilities from the peacebuilding and broader international development sector. This is not just because women are much more likely to be the primary or sole caregiver. It is also because the subsequent impact on work undertaken in the sector means that interventions are less likely to be responsive to the specific needs and priorities of women. We know that a less diverse sector is less likely to be cognizant of or responsive to a diversity of needs (Gordon 2014; Rai et al., 2019). Reflecting upon the costs of care, therefore, we see that the harms caused by the marginalisation of those with parental and other caring responsibilities are not only felt by the individual employees. They extend beyond individual employees, to their families, to the organisations and sector within which they work, and, fundamentally, the work being undertaken in this sector and, ultimately, the prospective beneficiaries and societies in which they work.

Addressing the marginalisation of those with parental and other caring responsibilities is therefore fundamentally a feminist undertaking. What we are calling infrastructures for care include hiring practices, work environments, professional training, and shifts in work culture. Importantly, the benefits of these advances will not only be enjoyed by women, whether (current, former, prospective) employees or beneficiaries. Men and people with diverse gender identities also have primary or sole parental and other caring responsibilities.

Oftentimes, men are expected to prioritise work responsibilities above caring responsibilities, evidenced by the comparatively limited paternity leave available in most development organisations; the harm that results (to men and their families and

others, as we will discuss below) is often underestimated or not recognised.

The benefits of policies and practices which better enable balancing work and caring responsibilities, are not limited only to direct beneficiaries. Organisations which care for carers help contribute to moving away from the 'toxic work culture' that has blighted the reputation and compromised the work of many organisations in this sector over the last decade. We have seen recent sexual misconduct scandals, as well as research – including our own – demonstrating that a 'mission junkie' permissive culture damages and marginalises individuals who do not 'fit' (Oxfam, 2019; House of Commons, 2019; Cain et al., 2006; James, 2010; Jones and Gordon, forthcoming).

Moreover, research suggests that care work can give rise to different ways of thinking and being (Ruddick, 1990), and also that these different ways of thinking and being can positively contribute to peacebuilding (Confortini and Ruane, 2014; Vaittinen et al., 2019). These different ways of thinking and being derive from the 'existential fact of human vulnerability and relatedness, and the capacity to recognise and respond to the needs of others' (Vaittinen et al., 2019: 197). Furthermore, organisational and sectoral commitment to caring for carers communicates a strong message about principles and priorities.

It also bridges the 'credibility gap' between advocating for principles of inclusion and equality but not acting on them internally. There is a recognition that gender equality, inclusion and, increasingly, care work significantly impacts society's resilience and security (Cohn, 2012; Enloe, 2004; Melander, 2005; Puechguirbal, 2012; Vaittinen et al.,

2019). There needs to be a similar recognition that little progress will be made until organisations are regarded as practicing what they preach. This means implementing internally, as we ass externally, facing policies and practices which advance efforts to promote peaceful societies.

CARERS AS EMPLOYEES OF INTERNATIONAL ORGANISATIONS

Research has shown that once employees assume caring responsibilities (often when women have children and assume primary or sole parental responsibilities) they leave the sector, sometimes voluntarily and sometimes as a result of organisational, legislative/policy, practical and cultural barriers (see evidence section below). By way of example, across the whole UN system, women outnumber men until the mid-30s, the age at which many women in this sector choose to have children, and thereafter men outnumber women (UN, 2018). There are also over five times more male consultants and individual contractors engaged in UN field operations than females (UN, 2018).

Barriers to engagement of staff with caring responsibilities have been identified as including: gendered biases and assumptions about the professional competence, commitment, and productiveness of those with caring responsibilities for children (often women); lack of structures, policies, and practices to support those with caring responsibilities (e.g. flexible time, financial support for childcare, or adequate provisions while on mission); environments perceived to be unsuitable for raising children – not just

because of security concerns that may be present in post-conflict environments but also because of a transitory, often permissive, and sometimes toxic work culture. This work culture feeds, and is fed by, a false assumption that peacebuilders/aid workers are, and indeed should be, unencumbered – i.e. without the ties that come with caring responsibilities (Jones and Gordon, forthcoming). Barriers to engaging carers in the sector are not confined to, or men who wish to undertake care work. There may also be entrenched perceptions that those with caring responsibilities, are not as flexible, committed or focused on their professional work. Structural inequalities of the contexts and societies in which international organisations and their interventions are based will be relevant to shaping these dynamics and their effects.

What are the Resulting Harms and Effects on Peacebuilding?

The marginalisation of those with caring responsibilities in these organisations has severe repercussions for the type of security and justice being built, how security and justice are conceived, and whose security and justice matters. When peacebuilders are from a narrow demographic community, they can have a detrimental impact on security and justice outcomes. We argue that this narrowing of the demographic is especially pronounced as a result of a large proportion of women, in particular, leaving the sector when they assume caring responsibilities, generally when they have children, oftentimes compounded by gendered assumptions about security work and care work. Consequently, the peace being built is unlikely to be inclusive, equitable or, ultimately, sustainable. Moreover, the result is that a diversity of knowledge, experience, and

skills is often missing from such organisations, which leads them to become more removed from the environments in which they engaged.

Efforts to build security and justice after conflict are also compromised because of an unhealthy work environment which is fed and sustained by a permissive culture (within which staff may be lonely, traumatised, and separated from familial ties) and a narrow range of individuals who are able and willing to work in such a way. This, in turn, has been linked in the media and academic analysis to the recent sexual abuse and other safeguarding scandals and the more long-standing documented abuses by peacekeepers and others mandated to protect those affected by conflict and disaster. Reports of official investigations and inquiries into recent 'safeguarding scandals' (see for instance House of Commons, 2019; Oxfam, 2019) have acknowledged that poor work-life balance has negatively impacted staff well-being and contributed to a toxic culture. Other research has also shown that workplace stress and anxiety can lead to organisational dysfunction and reduced organisational performance (Snelling, 2018).

An absence of policies, processes, and structures to enable those with caring responsibilities to continue engaging or to re-engage in this sector also calls into question the credibility of organisations which outwardly advocate for gender equality and inclusion. This credibility gap between principles and practices espoused and expected of others, and those that are internally adhered to can undermine the effectiveness of such organisations. Organisations that do not 'practice what they preach' will be less likely to engage or influence others. Over time, reputational damage and a trust deficit will result which will further undermine the extent

to which the organisation can achieve its peacebuilding and development goals.

WHAT IS THE EVIDENCE FOR THE SCALE OF THE ISSUE?

Organisational Personnel Statistics

Personnel statistics from leading organisations engaged in peacebuilding and broader international development indicate that employees with caring responsibilities, especially those with primary or sole caring responsibilities - which tend to be women with children - are disproportionately represented among staff. We take the UN here as a key example, and in order to illustrate the scope of the problem (Fig. 1).

These statistics, released by the UN indicate that a large number of women leave the UN when they have children, that working at the UN may not be conducive to family life, and that significantly inequalities still exist between men and women and their career progression within the UN system. These statistics do, however, indicate some positive trends over recent years. Notably, gender parity at the UN's highest echelons (among Assistant and Under-Secretaries General) has reached 50:50 for the first time in the UN's history. However, there remain gender imbalances in the organisation and a notable lack of diverse gender parity, with women from the global South remaining underrepresented (Deen, 2020). Our primary data discussed below indicates that those with caring responsibilities face particular obstacles securing and retaining work in the field including and beyond the UN: these obstacles are not limited to the more obvious security and logistical concerns, but also include gendered assumptions about the commitment and effectiveness of people

(often women) with caring responsibilities as well as lack of organisational support.

Figure 1: UN Personnel Statistics

→ While women outnumber men in the three youngest age groups, men outnumber women in all other age groups except 40-45 (UN, 2020a).

→ 27.72% of women in the UN system are 35-40 or younger compared with 16.30% of men in this age group (UN, 2020a).

→ Fewer women have served in the UN for 15 years or more compared with their male counterparts (3,538 of 18,309 international professional staff compared with 4,441 men out of 21,924) (UN, 2018a).

→ Of the 40,241 34,077 staff members in the UN system, almost half (19,328) have children; a much smaller number (2,753) have a second child (UN, 2020a).

→ In UN field operations, women constitute only 19% of individual contractors (UN, 2018b).

Primary Data

This statistical data on UN personnel suggests that once women have children, they find it hard to sustain a career in the UN. This is also the case in other organisations working in the sector. This is confirmed by the primary data we have gathered over the last two years through in-depth life story interviews which we have analysed in a recent paper (Jones and Gordon, forthcoming) and a global survey with current and former practitioners engaged in the sector, as well as engagement with various online platforms used by such practitioners. The global survey was conducted in August and September 2020 with 105 employees, across 50 countries, to deepen our knowledge generated through previous interviews and to capture potential effects of COVID-19 on existing caring responsibilities. The findings generated by the survey can be summarised as follows (Fig. 2).

Figure 2: Survey Highlights

→ 90% said their caring responsibilities had impacted their work in the sector.

→ 3% did not have to leave or change their career due to their caring responsibilities.

→ 1% said that it is not difficult for people with caring responsibilities to work in the sector.

→ 1% said that the organisations do enough to enable people with caring responsibilities to work in this sector.

→ 79% of all survey respondents (82% women; 50% men) said that COVID-19 had impacted their ability to manage their caring responsibilities and their paid employment responsibilities.

What we see in such survey data is a response to pivotal moments when respondents had to change their work, or stop working, due to caring responsibilities. Many said that because of their caring responsibilities, they had moved to a position that doesn't require much travel (20%), changed career direction (12%), or moved to home-based work (12%). Some also mentioned taking on positions with less responsibility or below their previous grade after maternity leave. A number referred to the struggle to return to positions they held prior to assuming caring responsibilities: 'I left full time to have a child with the idea of consulting after a mat leave. After my partner left me, things fell apart. Eight years later, I am still seeking a path to return.' (survey respondent). One respondent referred to knowing less than 10 women who have had children in her organisation, of over 500 staff she had worked with over 14 years, who did not leave the organisation within a year (survey respondent). In addition, 80% of all survey respondents (81% of female respondents and 75% male respondents) also said that their caring responsibilities had affected their career progression. One respondent offered the following description:

> I wanted/needed to work part time to look after my 2 kids when not working. This meant fewer career development opportunities were available to me - fewer opportunities to get promoted, take on interesting roles, earn more. Despite nearly a decade's experience. I also felt I was seen as less committed to my career because I worked part time and I needed to leave the office on time (to pick up kids from childcare). I couldn't just stay on an extra hour or two with no notice (even if a donor had

emailed at 4pm requesting some urgent report by noon the next day, which would take several hours to pull together), or join a meeting on my day off. (survey respondent)

Significantly, only 1% (1 of 83 respondents) said that it is not difficult for people with caring responsibilities to work in the sector. While both male and female respondents referred to the practical difficulties of managing both caring and work responsibilities, especially in this sector and particularly in the field, especially expectations of travel and long working hours. Our interviewees and survey respondents also referred to organisational work cultures and informal work practices (with organisations expecting flexibility and out-of-office hours work) as compromising their ability to manage both their caring and work responsibilities:

Many development organizations (in the US) demand high volumes of workload with some or little flexibility to manage familial responsibilities. I think it's also very competitive so if you can't keep up with "appearances" or the high expectations due to familial obligations or requests like limiting travel it very much affects your career progression and ability to access opportunities. I have also found that many of the employers I've worked for (particularly with male bosses) have either no experience or little sympathy for working mom's juggling work. I have very much seen a culture of keeping professional and work life separate which makes it challenging and even awkward to discuss options for workload or jobs based on familial needs. (survey respondent)

Another respondent referred to a 'Rambo or martyr mentality where we should sacrifice everything and that is just not possible/fair with children' and a lack of 'real care about mental health and work/life balance' (survey respondent). Another respondent referred to 'little understanding of being "unavailable" due to family responsibilities at [the organisational level other than lip service' (survey respondent). So, while some challenges to managing both caring and work responsibilities may be due to the nature of the work itself in the sector – which may be in insecure environments and may require flexibility, long hours and frequent travel, a number of barriers exist which are not due to the nature of the work and, in fact, can compromise the work being done, considering the impact that a toxic work culture can have on organisational performance and the broader field.

While most of our research participants referred to the practical difficulties of managing both caring and work responsibilities, many also recognised that obstacles were also normative and political in nature: '[there is an assumption that women with children] cannot work after hours, will take time off when children are sick, will soon have other children [and thus take maternity leave], [and] will not prioritise the needs of the organisation above their children (Interviewee 2); 'Large organisations dominated by men with supportive partners shouldering the burden at home makes this seem like the only viable model' (survey respondent). A number of female interviewees and survey respondents also referred to questions about their parental responsibilities being asked during the hiring process which they felt prejudiced their application: 'If I was a man and said I had a wife and family I'd be way more likely to get a job' (Interviewee 2). While gendered assumptions

about caring responsibilities often left male employees without adequate support to manage both care and work responsibilities.

Many respondents referred to challenges they had faced in retaining or securing employment in the field and how they felt organisations exhibited very little inclination to support or address the needs of carers:

> I think many organizations still have large stigmas against enabling people with caring responsibilities particularly if it means more resources on their end to find additional coverage for work. I think because development is so competitive there is often a sentiment that if you're not willing to do the work someone else will replace you... This disincentivises both organizations from giving and [employees] from seeking family friendly policies. I have also experienced a number of organizations that feel uncomfortable with more flexible means of working like part time, remote work, extended maternity leave, etc. (survey respondent)

Crucially, only 1 person of 77 respondents said that organisations 'do enough to enable people with caring responsibilities to work in this sector' (65% said organisations do not, 31% said 'it depends'). When asked how organisations could better support employees with caring responsibilities, many referred to the need to change organisational cultures, improve the work-life balance (and recognise that its absence does not improve productivity or outcomes), train managers in understanding the impact of juggling both caring and work responsibilities, supporting flexitime and remote working, extend maternity leave (beyond the 2 weeks provided by some organisations). One respondent, for instance, noted:

> … provide support to people with caring responsibilities in the transition to a new duty station (e.g. support finding child care!!!) including time to settle-in their families rather than a requirement to report to work the first day upon arrival. This last point is key -- it reflects an organization wherein the staff member is traditionally a man and has a trailing spouse who can care for their family and take care of settling-in affairs (finding a home, school, etc.). (survey respondent)

Importantly, many male and female interviewees and survey respondents also referred to the positive impact that 'caring for carers' could have on organisational performance, notably by increasing workforce 'diversity, skill and knowledge' (survey respondent), as well as the impact on work-life balance and the well-being of all staff:

> Assume staff having caring responsibilities, establish predictable working hours and allow boundaries. Make it normal to talk about other caring responsibilities than just childcare, including elder care and other meaningful and important obligations, including caring for one's own mental and physical health. (I put off necessary surgery for 3 years once because it was too hard to schedule while working in a hardship post.) This would make it less of an exception when someone is caring for children, even if others on the team don't have them. (survey respondent)

Both the interviews and the survey thus demonstrate overwhelmingly the difficulties in managing both caring responsibilities and work

responsibilities in the sector, with many identifying these difficulties as being 'one of the major reasons why women are so underrepresented in peacebuilding and peacekeeping' (survey respondent). Interview and survey data also reveal the marginalisation of those with caring responsibilities from the sector as a result of these difficulties compounded by organisational, normative and political factors, with resulting harms for the individual employee, organisations, the sector and the programme beneficiaries. More importantly perhaps, our primary data also demonstrates the possibilities for change, which we will explore in the recommendations section.

WHAT HAS COVID-19 REVEALED ABOUT CARE WORK AND GENDER INEQUALITIES

COVID-19 has had a significant impact in the sector (Baumgardner-Zuzik et al., 2020; Gordon and Carrot 2020; Gordon and Gunawardana, 2020; UN, 2020b), including the ability of those with caring responsibilities to manage these responsibilities alongside work responsibilities. While there is, as yet, no published research on the impact of COVID-19 on the engagement of people with caring responsibilities in this sector, there is a growing body of scholarship on the increased care burden due to COVID-19 – a burden which disproportionately impacts women (see Bahn et al., 2020; Branicki, 2020). Survey respondents referred, in particular, to the closure of schools and childcare facilities as compounding the difficulties they faced in being able to concurrently manage caring and work responsibilities. This has been supported

in other research, which has also shown that not only have women taken on more care work during COVID-19, but that they have taken on more than men, helping to increase existing gender inequalities in the contribution to care work (Adams-Prassl et al., 2020; Hupkau and Petrongolo, 2020): 'The closure of schools and nurseries has added education and childcare services to pre-existing home production needs, with a likely increase in pre-existing disparities between the childcare contributions of mothers and fathers.' (Hupkau and Petrongolo, 2020: 1). This additional burden can also increase the gender gap beyond the home, restricting women's access to work and other opportunities.

However, COVID-19 has also demonstrated that remote working is possible and rapidly accelerated a previously gradual move towards more home-based, remote and flexible work in various sectors (Hupkau and Petrongolo, 2020; Campbell, 2020). This has led to organisations and individuals rethinking how, when and where they work (CIPD, 2020). In the peacebuilding and development sector, the previously gradual move towards localisation has been rapidly accelerated, with local counterparts increasingly empowered as many international staff members are repatriated and those who remain have their movements curtailed and work remotely (Gordon and Carrot, 2020). Before COVID-19, many businesses foresaw barriers in the way of flexible work arrangements, 'but it is possible that some of the perceived barriers will be eventually cracked by actual remote work patterns implemented during COVID-19 (Hupkau and Petrongolo, 2020: 5; CIPD, 2019). This can provide some of the flexibility that those with caring responsibilities require to be able to work in various sectors, including the ones which are the focus of this toolkit.

There are risks, however. While increased flexibility and remote/home working, if it continues beyond COVID-19, can benefit those with caring responsibilities (predominantly women with children) and enable them to manage both caring and work responsibilities, 'it may also lead them to specialize in low- or middle-tier jobs that are more permeable to informal work arrangements' (Hupkau and Petrongolo, 2020: 6). Increased flexibility and remote / home working can also 'dilute employee presence and attachment to the workplace, with possibly detrimental impacts on career progression' (Hupkau and Petrongolo, 2020: 6 citing Bloom et al., 2015).

Our survey conducted in August and September 2020 (after about 6 months of COVID-19-related impacts on the sector, such as travel restrictions and lockdowns) also demonstrated that that challenges faced by practitioners with caring responsibilities have been exacerbated as a result of COVID-19. Respondents referred to increased workloads as well as needing to care for (and often home-schooled) children who cannot go to school or childcare facilities. A number of respondents referred to the toll this has had on their mental and physical health, and a number said that they were forced to reduce their paid work:

➔ 79% of all respondents (57 of 73) said that COVID-19 had impacted their ability to manage their caring responsibilities and their paid employment responsibilities.
➔ Only 50% of male respondents agreed, compared with 82% of women.

While the number of male respondents (#10) prevents any even broad generalisations, other research demonstrates the disproportionate gendered impacts of COVID-19 on care labour and the associated health and economic costs as well as the adverse impact on gender equality (Karian et al., 2020; UNICEF et al., 2020).

Reflective of many of the responses we got, two respondents told us:

> *I'm now full-time teacher / child minder + expected to continue delivering in my leadership role and in the midst of COVID response that has been ongoing for my team since the last week of January 2020. My workload has doubled at work, resources have not kept pace, and I've been caring for children / acting as their teacher since March. I'm not able to meet the demands of work…… higher workloads linked with COVID-19 related circumstances, absence of paid care, multiple responsibilities for home-schooling, pre-school support and toddler care while working full time. While my job was not under threat at any point, my confidence, ability to work as much and in as much detail as I would have liked were greatly impacted. This mental load and physical load is huge and quite invisible.*

A number of respondents also referred to the opportunities that have been presented by COVID-19, namely demonstrating that working from home and/or remotely, as well as other flexible working arrangements, can be productive. Others, however, referred to the lack of flexibility of the organisations they worked for, even amidst the pandemic. This inflexibility included refusals to work from home and flexible working hours (e.g. starting later, finishing earlier or moving meetings).

HOW CAN ORGANISATION ADDRESS CARE-BASED DISCRIMINATION? THEORY OF CHANGE

Employees who work for international organisations in the sectors of peacebuilding and development, are often marginalised as they struggle to balance their care work with their paid work responsibilities. Despite claims of inclusivity, gender awareness, and equality in their programming, international organisations too often fail to care for the carers, leading many to leave their posts and seek alternative employment. This is compounded by gender biases and gendered assumptions about the professional competence, commitment, and productiveness of women with caring responsibilities, and a work culture not conducive to managing caring responsibilities. Research tells us that this narrows the range of voices at the table, and shapes what kind of programmes are designed and how they are implemented. In other words, those who determine priorities in peacebuilding and development come from a narrow, predominantly-male demographic. In the security and justice sector, this ultimately adversely impacts whose security and justice needs are known, understood and responded to. As such, we can see that not attending to the needs of carers has a negative effect on the individual employees, the sector, and ultimately the intended beneficiaries of the peace and development interventions.

Caring for carers, thus, has the potential to transform working conditions, leading to more inclusive employment practices, and more effective, inclusive and responsive interventions. Caring for carers moves beyond organisations adhering to principles and practices (of inclusion, equality and responsiveness) that they advocate in peacebuilding and development contexts, thus bridging the credibility gap between principle and practice, to the potential for more responsive and, thus, successful peacebuilding. Caring work practices, or infrastructures for care - such as job share, remote working, and efforts to acknowledge and remove gender bias - allow a more diverse staff body to flourish. This can contribute to improving the outcomes of peacebuilding and development

Figure 3: Theory of Change

interventions and can also, if managed effectively, contribute to countering the toxic work culture that is often prevalent in environments where international organisations operate - a work culture which has caused immeasurable harm to individuals as well as to the reputation of international organisations active in this sector. Such reputational damage, as well as the credibility gap between principles espoused and adhered to by international organisations, also adversely impacts the extent to which peacebuilding and development work can be successful (and be regarded as successful).

The success of caring for carers depends on commitment by employers, awareness and agency of employees, and critical research to generate the political will and knowledge base required to effect change.

RECOMMENDATIONS

There are many ways in which organisations and other stakeholders can remove barriers to the continued and meaningful engagement of employees with caring responsibilities in the peacebuilding and development sector, and thereby mitigate the resultant harms outlined above. These include, human resource policies and practices, training, disciplinary, organisational and research recommendations.

Improved and More Transparent HR Policies and Practices

- **Job Sharing:** introducing the possibility to share posts between 2 or more employees working part time can increase the likelihood that those with caring

responsibilities apply for new positions and promotion. This can significantly increase the applicant pool and, thus, the overall standard of applicants for any job-shared position.

- **Telecommunications:** telecommunications and online tools, including conference platforms, means staff members do not always need to be in situ or in the field, and especially in conflict-affected or insecure environments. COVID-19 has underscored this. Utilising technological developments would help address the security-related obstacles to retaining those with caring responsibilities that organisations may have little control over.

- **Remote/Home-based Working:** COVID-19 has also shown us that effective work can be undertaken working entirely out of the office. Offering home-based work schemes or remote working as part of a flexible package would benefit those with caring responsibilities and increase accessibility to the field for a more diverse range of employees.

- **Part time work:** enabling part time work and removing the stigma and barriers to opportunities and career advancement that part time work often entails, can help enable carers manager both caring and work responsibilities.

- **Prioritising Applications:** prioritising applications for family-duty stations, including HQs, from those with caring responsibilities, especially primary or sole carers can help redress the departure of staff members once they assume caring responsibilities and the gender imbalance in many international organisations, especially at the more senior levels.

- **Negotiating Work Location:** enabling carers to negotiate work location (to less insecure environments or closer to support

networks) can help enable carers manager both caring and work responsibilities.

- **Maternity and Paternity Leave:** ensuring adequate maternity leave is required to avoid soon-to-be or new mothers choosing to leave the organisation. Extended paternity leave would help create a more equitable division of care labour, and recognise the care labour also undertaken by men.

- **Carers and Unpaid Leave:** the provision of paid and unpaid leave is also vital to allow carers to respond to a crisis or take a longer period of time off work to care for somebody.

- **Carers' Allowance:** such an allowance could support staff members additional care-related expenses incurred due to work (e.g. costs of childcare).

- **Re-engagement Policies:** policies which encourage and prioritise applications from carers returning to the sector would help to ensure diversity and inclusion.

- **Contract Length:** longer contracts for consultants would help those with children to ensure stability necessary for family life and to plan caring responsibilities alongside professional responsibilities.

- **Spousal Policies:** the introduction of policies which enable or oblige the transfer of spouses to the same mission when employed by the same organisation would encourage applications from those with caring responsibilities and encourage a more equitable division of care labour.

- **Other Human Resources Policies:** a review recruitment, retention and promotion policies and procedures should be undertaken to ensure they do not discriminate against employees with parental and other caring responsibilities.

Training, Education and Awareness-Raising

- **Training opportunities**: Where possible training should not include overnight stays if it prohibits the engagement of staff with caring responsibilities (among others) and consideration should be given for remote or online training. Residential training courses or team building events that include overnight stays can mean those with caring responsibilities (especially primary or sole carers) cannot engage and benefit. It is also a missed opportunity to raise awareness among other staff of the challenges for staff with caring responsibilities as well as the value of a diverse staff team.

- **Retraining for Carers:** training programmes can be developed and delivered to carers returning to work after maternal or paternal leave as well as those who return to the sector after longer breaks due to caring responsibilities.

- **Awareness Raising, Communication and Education Campaigns**: to overcome some of the more entrenched cultural barriers, it is necessary to introduce communication and education campaigns to promote awareness of the benefits of hiring women with children and better understanding of the challenges facing practitioners with primary caring responsibilities. This requires reflections through training and awareness raising within the organisation on visible and invisible biases in application procedures as well as day to day working conditions. Such communication also needs to be externally facing, to encourage those with caring responsibilities to apply in the knowledge that organisations are responsive to their needs.

- **Career Guidance:** large organisations could provide career guidance to assist those with caring responsibilities, as well as those who may plan to have them, providing guidance on ways on which to remain in the sector, or to re-engage with the sector after a period of absence.

- **Sensitisation to Care:** Through training programmes and awareness raising, organisations can foster and communicate sensitisation to issues of care, including care work, caring for carers, and self-care.

- **Management training:** managers should receive training on organisational carer strategies (see below) to ensure carers are treated fairly and consistently across an organisation.

Disciplinary Action and Accountability

- **Codes of Conduct:** organisational codes of conduct should explicitly refer to a zero-tolerance policy for any forms of discrimination and lay out measures that will be taken in the event of non-compliance. Such a policy should refer to intolerance for gender-based discrimination as well as discrimination on the grounds of parental status or other caring responsibilities.

- **Discipline**: transparent disciplinary mechanisms and procedures should be in place, and communicated widely and regularly, to guard against discrimination based on gender and parental status or other caring responsibilities. Disciplinary action should be taken if such discrimination occurs, and reports on the outcomes of such cases should be shared with senior management and oversight bodies where appropriate.

Other Organisational Policies and Practices

- **Organisational Care Assessment:** an organisational care assessment should be undertaken to determine the care needs of employees, in recognition of the fact that the needs of employees will differ depending on their caring responsibilities and individual circumstances. Such organisational care assessments have been recommended by UNICEF, the International Labour Organization and UN Women (2020), the Australian Human Rights Commission (2013), Carers UK (2019) and others.

- **Carer Strategy:** organisations should develop and communicate carer strategies, which ensures carers are treated fairly and consistently across an organisation (see Clisby, 2019; Dowling, 2017; Karian et al., 2020). Unpaid care labour can also be included in broader diversity and inclusion policies, as we as mid-career reviews (see Carers UK, 2019).

- **New Structures and Spaces:** the introduction of structures and spaces which would enable carers to better balance the responsibilities of professional work with care work would reduce the number of, predominantly, mothers, who choose to leave the sector. Such structures and spaces would include crèches, safe spaces for nursing mothers, or other break out spaces for private use.

- **Gender-focused organisational structures:** establishing and strengthening gender-focused organisational structures (such as gender offices, task forces, desks, departments, units), and expanding their remit to be internal- as well as external-facing would help to ensure adherence to inclusion and gender equality policies and practices which respond to the needs of those with caring responsibilities. It can catalyse and build upon efforts to advance gender equality and gender responsiveness within organisations and through their work.

- **Gender Policies:** organisational gender policies can include reference to caring responsibilities, articulate organisational commitment to supporting the well-being of all staff, including those with caring responsibilities, and communicate a commitment to inclusion and equality within the organisation as well as through its work.

- **New Networks:** creating and supporting both formal and informal networks for information-sharing and career advancement for those with caring responsibilities can foster a sense of support and solidarity as well as communicate care and acknowledgement from the organisation itself.

- **Role Models:** real change requires the presence and active engagement of advocates and role models in organisations, to support those with caring responsibilities, push for change to address their needs, and articulate the many harms that otherwise arise.

- **Mentoring Schemes and Peer Support Mechanisms:** introducing mentoring schemes, and peer support mechanisms need not be resource intensive and can have several benefits, including providing support and guidance to those with caring responsibilities (or who plan to become parents); raising awareness of the challenges of simultaneously fulfilling work and caring responsibilities and the positive impact that addressing these challenges has upon individuals, organisations and the sector; and publicly communicating an organisational commitment to the principles of inclusion, equality and employee well-being.

- **Travel Requirements:** Reconsideration of the necessity that certain jobs require extensive travel would help primary and especially sole carers whose career options are often significantly limited otherwise. COVID-19 has shown that continued engagement in the field can continue with travel restrictions. Less travel can also positively impact power dynamics in programme implementation with increased reliance upon in-country staff and partners, and has positive environmental implications.

- **Work-Life Balance Messaging and Practice:** removing organisational expectations that staff work long and unsociable hours, would not only contribute to enabling those with caring responsibilities to remain within or return to the sector, but could also contribute to improving a healthy work environment for all, helping to reduce the manifestations of stress and exhaustion which can result in individual and sectoral harms. Small steps can be taken to move towards a culture which promotes self-care and care of others, including considering the scheduling of meetings, travel, events and working dinners or lunches.

- **Insurance Company Policies:** organisational engagement with insurance companies should be undertaken to ensure their products respond to the specific needs of women who are pregnant or are with children (who comprise the majority of those who leave the sector due to caring responsibilities).

Research, Monitoring, Evaluation and Learning

- **Creating an Evidence Base:** to inform action, data should be gathered and analysed on employees' experiences with managing caring and work responsibilities, including experiences of bias or discrimination, as well as the composition of personnel statistics, noting staff members' gender, parental status, seniority, time in service and time since promotion. All data should be sex-disaggregated and an intersectional analysis undertaken in order to be able to ascertain the intersection of gender with other identity markers such as race, ethnicity, age, marital status, sexual orientation, or nationality. Analysis of the organisational budget, ascertaining what, if any, resources are allocated to supporting staff members with caring responsibilities should also be undertaken.

- **Monitoring & Evaluation:** monitoring and evaluation processes should be introduced to assess progress towards more carer-responsive organisations and the subsequent outcomes and impact. This is also needed to recognise and avoid unintended consequences. For instance, making interventions 'carer-safe' should not help legitimise the harms that interventions can cause, nor justify the continued marginalisation of 'locals' deemed not to possess 'exclusive expertise'.

- **Research:** further research is needed to investigate where there are variations in the level of support organisations provide for caregivers, and identify and learn from best practice. Further research on creative re-engagement with the sector (for instance, through academia) and whether and how this might (or can) impact institutional culture and the field.

These recommendations span individual and organisational levels, they capture work policies as well as cultures, and they are both pre-emptive and responsive. They must of course be adapted to context, including geographic, cultural, and economic. However, in the following section we highlight how it is possible to implement many of our recommendations even in insecure or low-resource settings.

RESOURCES, RISKS, AND OPPORTUNITIES

Many, but not all, of the measures outlined above have resource implications, in terms of the financial, human resource and time commitments required. However, investment in infrastructures for care is critical if organisations take gender equality and inclusion seriously and if they are committed to improving the success rate of peacebuilding and development interventions. Fundamentally, comprehensive, sustained and co-ordinated financial support and political will is required.
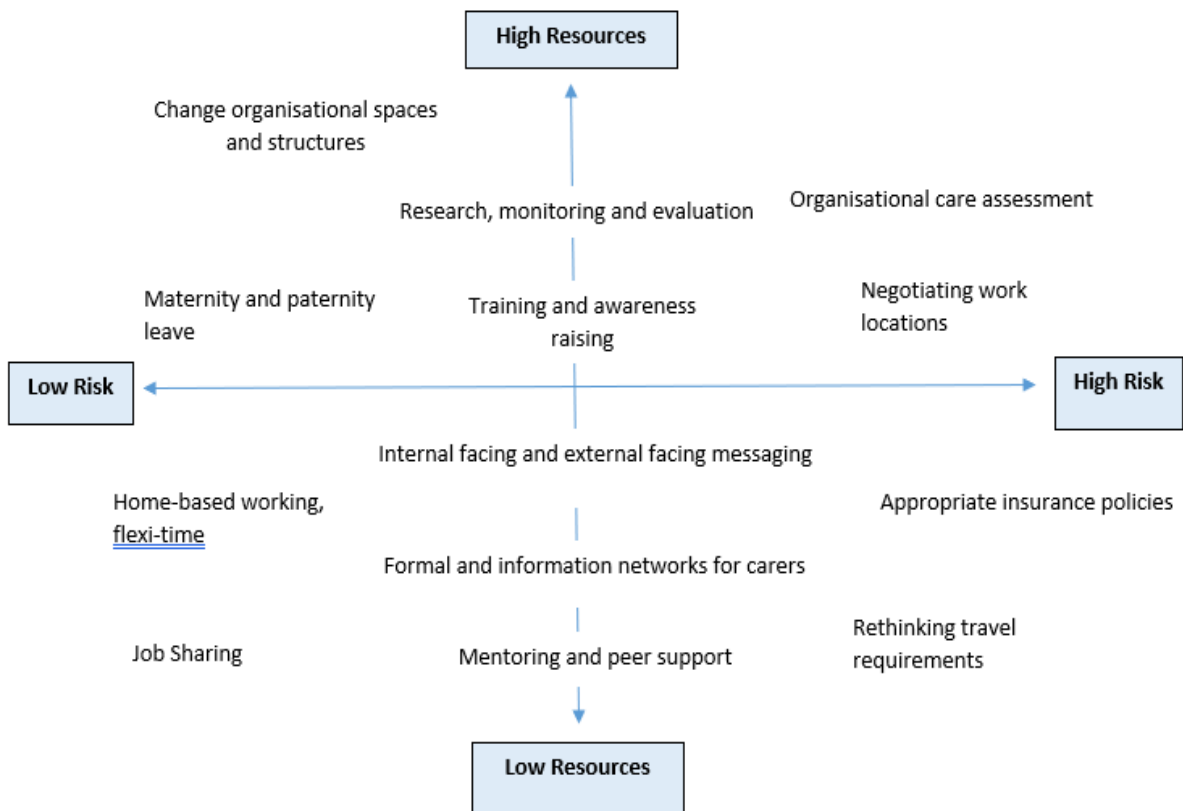
Over the longer-term, however, investment in building more inclusive, equitable and resilient societies will be offset by the cost-savings of avoiding recurrent armed conflict, heightened levels of violence and insecurity. Taking action will also respond to the Women, Peace and Security Agenda, Sustainable Development Goals, 2017 Group of 7 Road Map for a Gender-Responsive Economic Environment, namely recognition of the contribution of unpaid care work to the economy which is disproportionately shouldered by women and girls. It also responds to the 2017 G20 call for greater female labour force participation and the L20 (Labour Unions) emphasis that a well-functioning care economy is critical to this (G20, 2017). In the diagram below, we chart some of the options available to organisations to illustrate their ability to make both small and big changes. We take into consideration those organisations with greater or fewer resources, as well as contexts with higher or lower risk. This diagram can be used in conjunction with the recommendations listed above as well as the checklist provided at the end of this toolkit.

The organisation of the recommendations into the categories of high to low resources and contexts of high to low risk is not designed to list the only options available, or even the changes which should be undertaken. We suggest which changes could be made by different types of organisations in different operating contexts. Likewise, the categorisations are not mutually exclusive, and organisations operating in high risk contexts can likewise undertake any recommendations

suggested for low risk contexts. Conflict-affected or insecure environments may be particularly challenging, but all suggested recommendations can be assessed for their applicability in a given context by a given organisation. We intend the diagram below to help in structuring this assessment, and in illustrating some of the options available (Fig. 4).

Figure 4: Resources, Risks and Opportunities

Change organisational spaces and structures

Research, monitoring and evaluation

Organisational care assessment

Maternity and paternity leave

Training and awareness raising

Negotiating work locations

Internal facing and external facing messaging

Home-based working, flexi-time

Appropriate insurance policies

Formal and information networks for carers

Job Sharing

Mentoring and peer support

Rethinking travel requirements

CHECKLIST FOR ORGANISATIONAL SELF-ASSESSMENT

The following table provides a set of indicative reflective questions for organisations to assess the extent to which they are cognisant of and responsive to the needs of employees, or prospective employees, with caring responsibilities. The table also identifies where organisations can locate the data to respond to the questions as well as how improvements can be made where weaknesses or gaps are identified. These questions are not exhaustive and should be adapted to context. This checklist has drawn from DCAF, UN Women and OSCE ODIHR (2019) *Gender and Security Toolkit*, which provides further guidance on ways in which to promote gender equality and gender responsiveness in and through the security and justice sector.

Question	Data to Consult	Recommendations
Are employees with caring responsibilities equally able to secure and retain employment, and access promotion opportunities?	Recruitment, retention and promotion rates of staff with and without primary, sole and joint caring responsibilities; Where caring responsibilities of staff are not known, compare sex disaggregated recruitment, retention and promotion rates of staff at different age groups (recognising that most caring responsibilities involve caring for children, and that childbearing age in the sector is around mid-30s); % of staff with and without caring responsibilities at each level of seniority (and where caring responsibilities are unknown data should be sex and age disaggregated); Proportion of reasons for termination of contract which cite caring responsibilities; Data from staff / exit surveys on potential barriers to engagement and promotion;	Introduce and ensure compliance with non-discrimination policies, ensuring everyone has equality of opportunity; Develop and deliver training and awareness raising campaigns on challenges faced by employees with caring responsibilities and discrimination against them (and how it intersects with gender bias); Introduce policies which respond to the needs of employees with caring responsibilities (e.g. flexitime and home-based work); Provide (or facilitate access to) crèche/care facilities; Provide private spaces for nursing mothers; Provide adequate maternal and paternal leave and other forms of support for those with caring responsibilities; Introduce a Work-Life Balance Policy or Policy Statement;

	Gender and age disaggregated data on staff turnover and retention.	Include reference to the importance of work-life balance (or similar terminology) in recruitment campaigns, job descriptions/Terms of Reference, and organisational mission statements or similar.
Are employees with caring responsibilities able to access training, team-building and other official extraordinary activities (e.g. networking events, conferences, meetings out of office hours)	% of training, team-building and other official extraordinary activities which are residential or require an overnight stay; % of training, team-building and other official extraordinary activities which are out of office hours; % of staff who have received training in the last year (disaggregated according to caring responsibilities and/or gender and age); Number of crèche or care facilities at training locations; Existence of training policies and plans that accommodate the needs of those with caring responsibilities, especially sole/primary carers.	Deliver training and team-building events in normal office hours and that don't require overnight stays; Introduce and ensure compliance with non-discrimination policies, ensuring everyone has equality of opportunity; Provide crèche or care facilities at training locations; Deliver training remotely or at times/places suitable for carers; Introduce policies which support sole/primary carers and enable equal access to training.
Are managers within the organisation aware of the way discrimination against employees with caring responsibilities operates, especially how it intersects with gender bias, and its potential impacts and ways it can be avoided?	% of managerial staff who have completed equal opportunities and/or gender training that has reference to people with caring responsibilities (disaggregated by sex, seniority, location, and other relevant factors).	Evaluate whether and how discrimination against those with caring responsibilities operates in the institution and how it intersects with gender bias, and act upon findings.
Are employees treated equally and not discriminated against on the grounds of their caring responsibilities or gender?	Number of complaints or disciplinary proceedings that involve discrimination on the grounds of parental status (or other caring responsibilities).	Introduce policies and guidelines which guard against discrimination.
Do facilities exist to support employees	Number of work-based crèche/care facilities within the organisation;	Provide crèche or care facilities within organisations and at training locations;

with caring responsibilities?	Number of crèche/care facilities near the organisation for which transport is provided by the organisation; Number of child-friendly spaces within the organisation.	Facilitate access to crèche or care facilities where none exist within the organisation (e.g. providing transport, reduced fees, security checks of local facilities); Introduce a flexitime policy to accommodate school/nursery drop-off and pick-up times.
Do policies exist to support employees with caring responsibilities?	Existence of flexitime and/or home-based work policies; Existence of policies which enable remote engagement with training and other opportunities.	Implement flexi-time arrangements and provide the necessary resources for home-based working; Include discussions of flexi-working needs as well as training needs of employees in professional development reviews; Create portfolio or structure, such as a gender desk or gender officer, as a first point of contact for employees with concerns, questions, or requests.

CONCLUSION

There is a need to conduct further research on the gendered impacts of the marginalisation of employees with caring responsibilities, not least because of the breadth and depth of resultant individual, organisational and sectoral harms, and because these practices and harms have largely escaped attention. More specifically, as we have shown with our recommendations, there is a need to investigate variations in the field in terms of the extent which those with caring responsibilities are marginalised or supported by organisations, as well as further research on the way that different contexts may enable or hinder efforts to better support these staff. Mixed methods research, as we have shown in our work, can combine an in-depth understanding of individual and context specific circumstances with an understanding of the nature of the problem in the sector as a whole. We need the former to render visible the deeply personal and individual nature of the experiences and harms, and we need the latter to render visible the extent of the problem and in order to argue that the sector needs to acknowledge and address this issue as a matter of urgency.
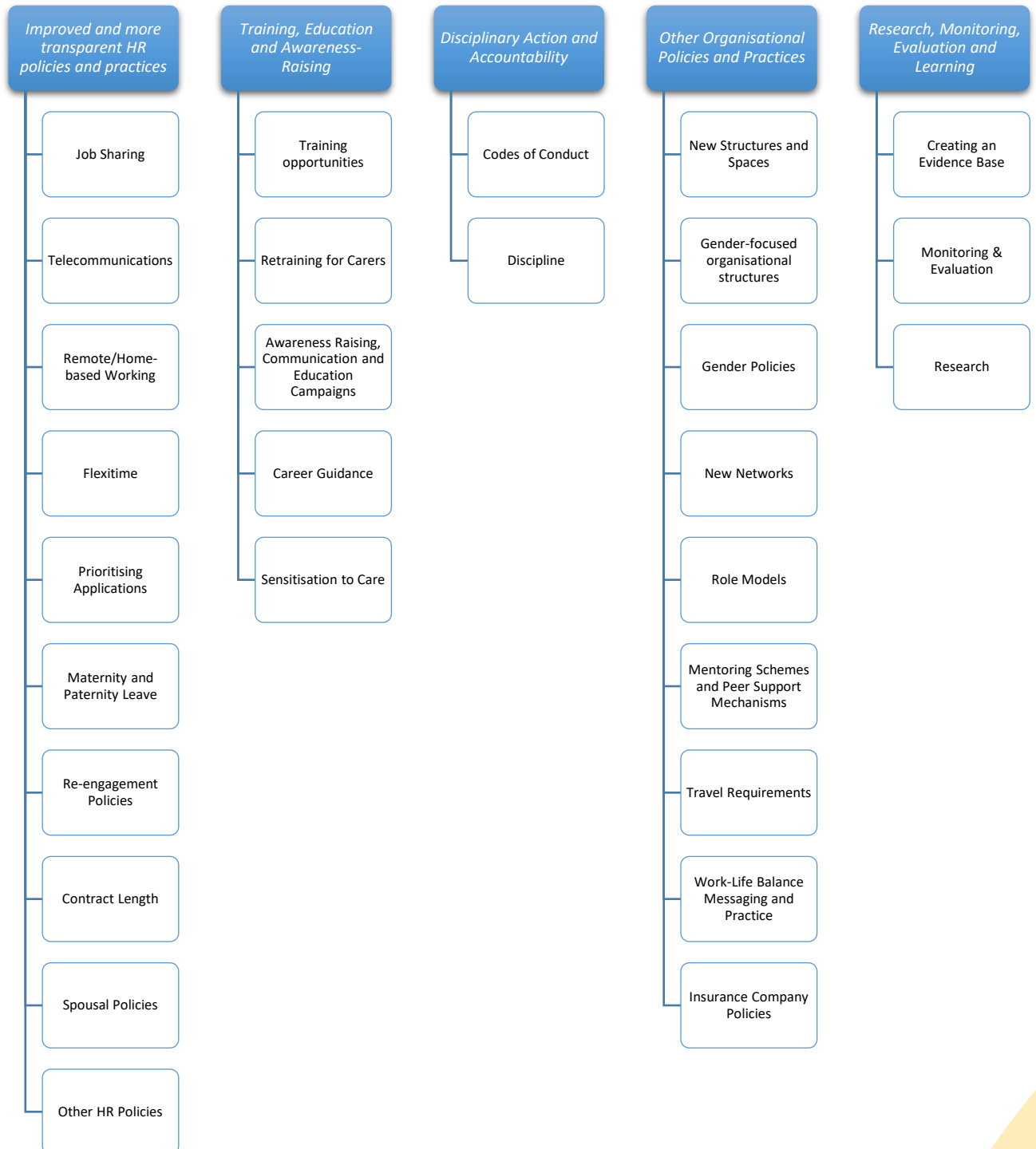
We would therefore encourage researchers to explore methods and methodologies which enable a combination of analytical entry points, and which can facilitate a critical conversation regarding the structures and conditions of employment which marginalise those with caring responsibilities.

Such knowledge needs to be communicated to employers in the international development sector in an open dialogue with them about how to avoid the individual, sectoral, and societal harms which have been outlined in this toolkit and which will be identified by further research. There is a need to invest in infrastructures of care which can advance gender equality. Investment should be squarely within the purview of organisations given the sever repercussions for peacebuilding, in particular, of constraining the epistemic community to a narrow, male-dominated demographic. As we have outlines in this Toolkit, there are many ways in which organisations and other stakeholders can address these challenges and remove barriers to the continued and meaningful engagement of employees with caring responsibilities in the international development sector. These are summarised in the figure below.

Figure 5: Summary of Recommendations

Improved and more transparent HR policies and practices
- Job Sharing
- Telecommunications
- Remote/Home-based Working
- Flexitime
- Prioritising Applications
- Maternity and Paternity Leave
- Re-engagement Policies
- Contract Length
- Spousal Policies
- Other HR Policies

Training, Education and Awareness-Raising
- Training opportunities
- Retraining for Carers
- Awareness Raising, Communication and Education Campaigns
- Career Guidance
- Sensitisation to Care

Disciplinary Action and Accountability
- Codes of Conduct
- Discipline

Other Organisational Policies and Practices
- New Structures and Spaces
- Gender-focused organisational structures
- Gender Policies
- New Networks
- Role Models
- Mentoring Schemes and Peer Support Mechanisms
- Travel Requirements
- Work-Life Balance Messaging and Practice
- Insurance Company Policies

Research, Monitoring, Evaluation and Learning
- Creating an Evidence Base
- Monitoring & Evaluation
- Research

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