Global Platform for the Right to the City
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Call for inputs for an expert workshop and a comprehensive thematic study on the human rights dimension of care and support

Inputs from the Global Platform for the Right to the City and RIPESS (Intercontinental network for the promotion of social solidarity economy)
April 2024

1) In your country, regional or at the global level, how are the following rights recognized and protected under national, regional and/or international law? Please provide concrete examples, such as legal provisions, jurisprudence of courts and/or human rights mechanisms:

- Human rights of unpaid and paid caregivers, including those who are women, persons with disabilities, children and older persons;
- Human rights of recipients of care and support, including those who are women, persons with disabilities, children and older persons;
- Human right relevant to self-care of caregivers and recipients of care and support, including those who are women, persons with disabilities, children and older persons

Such recognition and protection may be made in relation to, but not limited to, the rights to work, social security, adequate housing, health, education, enjoyment of scientific advancement, legal capacity, equality in marriage, independent life in the community, rest and leisure, and the rights relevant to participation. It may include the recognition of care and/or support as human right(s) under the law.

The recognition of the relevance of care and support is slowly growing at a global level, with advances in different spheres towards explicitly highlighting its rights-based dimension. The historic mobilization of feminists around the world has helped evidence the dynamics around sexual division of labor and the gender-gap regarding unpaid care work, opening leeways for a stronger recognition of unpaid care work as work, as well as for providing stronger support and retribution for those leading such activities, and working to reduce the gender gap. This is evident for example on Goal 5.4 of the 2030 Agenda, which seeks to "recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate".

Per the structure of the Agenda in itself, the document does not approach care from a rights-based approach and remains non-binding. However at the national level one can find examples of recognition of unpaid care work as work and provision of instruments to support those leading such activities, particularly women, through social protection mechanisms. It is the case of countries that have restated retirement provisions for women that majoritary did not perform formally remunerated economic activities, dedicating their time to home-based domestic work. The national constitutions of Bolivia, the Dominican Republic, Ecuador and Venezuela, acknowledge unpaid domestic work, while countries such as Argentina and Spain have approved particular dispositions to ensure access to retirement benefits to these women regardless of their contribution to pension funds -by ratifying ILO Convention 189 after 11 years, which is not yet mandatory for employers.

Advances are increasingly being made also regarding the recognition of the rights of workers of the care economy, highlighting the precarious nature of how these jobs are often performed in terms of wages,

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benefits and overall safety and working conditions. This also comes hand in hand with the recognition that these are also often performed by collectives subject to marginalization such as women, racialized communities and migrants. An example in this direction is the Convention No. 189 of the International Labour Organization (2011) which encourages States to "take measures to ensure the effective promotion and protection of the human rights of all domestic workers".

The COVID-19 pandemic presented change both regarding the urgency and the scope in which care is being conceived and prioritized in multiple levels. The health emergency and the measures taken to contain it shed explicit light on multiple layers that intersect care, including the invisibilization of domestic care tasks and the gender gap in fulfilling such activities, as well as in the fundamental importance of care activities for the reproduction of life, calling for stronger institutional social protection mechanisms and recognizing the crucial labor performed by community care networks in the many contexts in which institutional mechanisms and services are not available or accessible.

This opened the room for a discussion on care that is more structural and that acknowledges a wider crossing in terms of its linkages with a human rights perspective. An example of this is the Buenos Aires Commitment emerging from the XV Regional Conference on Women in Latin America and the Caribbean held in 2022. The document welcomes the notion of a "care society" that "recognizes care as forming part of the human rights that are fundamental to the well-being of the population as a whole, ensures the rights of the people who require or provide care, and raises awareness of the multiplier effects of the care economy on well-being and as a sector that can drive an inclusive, transformative recovery with equality and sustainability".

The document defines care as "a right to provide and receive care and to exercise self-care based on the principles of equality, universality and social and gender co-responsibility, and therefore, as a responsibility that must be shared by people of all sectors of society, families, communities, businesses and the State, adopting regulatory frameworks and comprehensive care policies, programmes and systems with an intersectional and intercultural perspective that respect, protect and fulfil the rights of those who receive and provide paid and unpaid care, that prevent all forms of violence and workplace and sexual harassment in formal and informal work, and that free up time for women, so that they can engage in employment, education, public and political life and the economy, and enjoy their autonomy to the full; 9. Adopt regulatory frameworks that ensure the right to care through the implementation of comprehensive care policies and systems from a gender, intersectional, intercultural and human rights perspective, and include joined-up policies on time, resources, benefits and universal, good-quality public services in the territory".

More specific on the acknowledgement of care as a right and, consequently, the need for articulating multiple mechanisms for guaranteeing its realization, it can be highlighted the Uruguayan National Law n. 19353 (2015) that established the Integrated National System for Care and its operating instances. This law considers care as "both a right and a social function that implies the promotion of the development of personal autonomy, care and assistance to dependent people" and previews the integrated national system as a "an articulated set of new benefits, coordination, consolidation and expansion of existing services, as well as the regulation of people who perform care services." It also acknowledges - although not extensively - the importance of decentralizing initiatives, considering the communities and territories and joint action with other levels of government.

A similar stance is taken by the Political Constitution of Mexico City (2017) which in its article 9, B recognizes the right to care stating that all people have a "right to care that sustains their lives and provides them with the material and symbolic elements to live in society throughout their lives" and stating that "authorities will establish a care system that provides universal, accessible, relevant, sufficient and quality public services

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and develops public policies. The system shall give priority attention to people in a situation of dependency due to illness, disability, life cycle, especially childhood and old age, and to those who, in an unpaid manner, are in charge of their care".

In the case of Chile, within the framework of the 2021-2022 conventional process, the proposal for a Political Constitution incorporated the right to care for all people, as well as the construction of a comprehensive care system from a gender perspective , without achieving approval in the plebiscite of 4 September 2022.

The Latin American and Caribbean Parliament elaborated the Draft Framework Law on the Comprehensive Care System and the Framework Law on the Care Economy48 with the aim of promoting legislative harmonization in the area of care in the region.

Finally, the recent request by Argentina for the Inter-American Court on Human Rights to issue an Advisory Opinion on the content and scope of care as a human right, and its interrelationship with other rights is an important example of the increasing demand to recognize both the right to care, as well as the rights of those that provide care and the right to self care. In 2023 different social organizations submitted an advisory opinion to the IACtHR, urging the recognition of the right to care as an autonomous, justiciable and enforceable right that is interdependent and indivisible from other recognized human rights. The right to care is essential to upholding and guaranteeing multiple human rights because the right to equality, labor rights, and all the human rights that care work guarantees are built and strengthened on the basis of care and cannot be understood and fully realized without the proper guarantee of the right to care itself. This document outlines State legal duties to adopt measures flowing from the right to care, driven by the Six Rs framework developed collectively among feminists, indigenous women, human rights defenders, and community and grassroots leaders from diverse regions: "the framework of the 6Rs values and redistributes care work and ensures the representation and recognition of caregivers, the majority of them are women. It aims to promote feminist economics and advance policies that reduce the care burden, reframe the economy, and fulfill the rights of caregivers and recipients."

The Quebec government historically had a policy that strongly favors the development of child care services that are controlled by user-parents. MESSF licenses (permits) new child care services as the requirements of the Act and Regulations are met. Quebec uses a province-wide planning process. Les con- seils régionaux de développement, with representation from municipalities, social services, and child care organizations, set priorities by region. They develop five-year plans based on population and labour force statistics, funding and relative regional equity. (Childcare Resource and Research Unit • University of Toronto). There is a Quebec policy – Politique d'adaptation scolaire – that addresses inclusion, specialized services and corresponding budgets. School boards can adopt additional policies that expand on it but cannot restrict it. There is unregulated and regulated child care possibilities: child care services through Social and Solidarity Economy (SSE) entities in Quebec are an example of good practice. Regulated Child Care Legislation: 1) Quebec. An Act Respecting the Ministère de la Famille et de l'Enfance and amending the Act Respecting Child Day Care Centres. Bill 145, 15 June 2000. 2) Quebec. Public Education Act. Regulation on School-Age Child Care. L.R.Q., c. 1-133, a.454.1; 1998, c.58, a51; 1992, c.96, a.132. D1316.98 3)Quebec. An Act Respecting Child Care Centres and Child Care Services R.S.Q. chapter C-8.2 as amended June 1, 2004. 4)Quebec. Regulation Respecting Day Care Centres, C-8.2, r.5.1, as amended June 8, 2004. Regulation Respecting Reduced Contributions. C-8.2, r.3, as amended June 8, 2004.

The social and solidarity economy is receiving global policy recognition for the role it plays in priority areas such as crises response, transition from the informal economy, decent work in supply chains, care economy,

platform economy and just transition. The Resolution concerning decent work and the social and solidarity economy, ILO, 10th June 2022 and the United Nations resolution A/RES/77/281 on the promotion of Social and Solidarity Economy are both a proof of this interest from UN, states members and other institutions and organizations.

The field of home support service provision has seen considerable growth over the past few decades. Increasing reliance on the SSE for the provision of personal services for people with disabilities has coincided with a questioning of the welfare state and a new sharing of responsibilities between the public, private, SSE and domestic (family, friends, family caregivers) sectors (Vaillancourt and Jetté 1997).

There is an ethics of care in favor of developing and recognizing jobs held primarily by women (in particular, elder care, care for people with disabilities and childcare). Under SSE perspective, a new model emerges taking inspiration from a more participatory and democratic approach within a plural economy that falls under a perspective of social innovation, decommodification and co-construction of policies and services. This second vision involves respecting organizations' autonomy to allow for the development of new practices adapted to the specific realities and needs of people, territories and communities; recognition and appreciation for expertise from different careers and professions working in the field of care; and recognition of the importance of their contribution in a more general sense. It also involves participation from the SSE, not only in terms of generating services in a simple co-production relationship (contractualization, outsourcing or subcontracting) but also in terms of co-construction: developing programmes and policies that provide guidelines for these services as part of collaborative and partner-based entities with other stakeholders (the state, users, private businesses, independent contractors, SSE organizations and enterprises, caregivers).

Evaluation of the current system of home care services in Spain, in relation to the quality of the service provided and respect for the labor rights of the workers who perform them. Consideration of the working and human conditions, and the lack of access to professional training, of workers in the care and domestic work sector, in an irregular situation. To make visible the conditions of slavery in which many domestic workers live, and their vulnerability to situations of abuse of the employer's power. The recognition of occupational diseases for the care sector and the precariousness of the sector due to the lack of value that society places on domestic and care work. Access to information and training on the rights and duties of migrants, in order to promote self-care for undocumented workers, most of whom work in an irregular manner.

2) Concrete policy or programmatic measures taken to promote and ensure the rights of caregivers and recipients of care and support in national care and support systems, mentioned under Question 1 above. If possible, please indicate the impacts of such measures.

Such measures may include, but not limited to, social security/protection, working conditions, human support, childcare, long-term care and support, health services, education, transportation, housing, water and sanitation, assistive devices, digital technology, deinstitutionalization, access to justice, governance, financing, monitoring and evaluation, and awareness raising.

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Towards a full right to have and provide decent care

Both the idea of "care societies" and "care systems" present important advancements by introducing a more integral and systemic view of care, understood as a right that should be fulfilled through an integral logic and not through isolated sectoral policies. In a joint document targeting the development of integral care systems, ECLAC and UN Women identify five principles that should guide the construction of such systems: care as a right, universality, social and gender co-responsibility, promotion of autonomy and solidarity in financing. In the region, Uruguay is a reference with its pioneering care system, with other countries having differentiated levels of implementation of care systems: Argentina, Chile, Colombia, Cuba, Ecuador, Mexico, Panama, Paraguay, Peru and the Dominican Republic[1].

In this sense, acknowledging how structural inequalities shape how care work is viewed, structured, distributed, supported and compensated should be at the core of an understanding of care from a human rights perspective and guide the construction of integral care policies and systems. Thus, policies and programmatic measures related to care should be founded on a commitment to address such inequalities in their multiple expressions. This entails protecting the right to care of all, but with a particular focus on those subject to structural conditions of marginalization, by incorporating an explicit intersectional lens based on gender, race, migratory status and others.

Moreover, it also entails looking at the intersections between care and various aspects of life. In terms of public policy-making this entails a fundamental exercise of mainstreaming the right-based dimension of care through different sectoral policies, with a clear commitment to addressing structural inequalities. From an economic perspective, for example, this entails going beyond the discussion of recognition of unpaid care work and improvement of working conditions within the care economy, addressing also how inequalities in the overall economy intersect with how care work is structured and distributed. Worsening job conditions, reduced purchasing power and increasing working hours, for example, have a direct effect in terms of the ability to dedicate time and resources to care work, which have a disproportionate effect on women, racialized communities and migrants.
The effect of a minimum living income as a right to guarantee access to care?

Likewise, a care system that is grounded solely on an over-reliance of private-sector led services, not only poses challenges in terms of accessibility of such services to all, but also incurs the likely risk of reproducing structural economic inequalities characteristic of the capitalist system, which prioritize profits and accumulation of benefits instead of the fulfillment of socio-economic and environmental functions. In this sense, a strong case can be made around structuring care systems through nurturing economic alternatives proposed by the social and solidarity economy or through the direct support to community-care networks, through direct transfer of resources or the co-management of public-community spaces such as community kitchens and gardens.

In a similar manner, addressing the intersection between care and territorial dynamics is vital for advancing towards care policies and systems that address intersecting dimensions of structural inequalities. This means, on one hand, ensuring the availability of care related services throughout the territory, prioritizing areas historically marginalized and subverting the "center x periphery" dynamics. But it also entails addressing the "private x public" dimension related to the distribution of care related activities, which relegates care activities to the domestic realm, contributing to further invisibilization of such activities and of those who

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[1] https://www.corteidh.or.cr/docs/opiniones/soc_2_2023_en.pdf

disproportionately perform them. Reversing these logics entails both reinforcing spatial components of care policies, but also introducing a care-related lens to the development of territorial policies, which is often missing. A glaring evidence of such is how some territorial policies grounded in the notion of proximity are increasingly justified around environmental components related to the need to shift mobility patterns and systems, without properly integrating and acknowledging the historic work and reflection of feminist urbanists regarding the urbanism of everyday life, the differences in the use of time and space, and the fragmentation of productive and reproductive life, with its consequences for the autonomy, rights and opportunities of women, adolescents and girls.

The "care blocks" of Bogota (Colombia), is a paradigmatic example of the crossing between spatial and care policies, advancing the territorialization of the city's district care system, incorporating services and initiatives from multiple government areas and founded on the commitment of advancing gender and territorial justice. Similarly, Barcelona (Spain) has issued a government measure to structure policies around gender-based urbanism, including the development of a practical guide to include a gender perspective to urbanistic plans, public space projects and public equipments. While care systems tend to be conceived and developed at a national level, these examples show how subnational spheres of government and particularly cities and local governments can actively contribute to protecting and fulfilling the rights-based dimensions of care. Grounding such policies and practices around the Right to the City allows for a more nuanced view on how to construct care systems and policies that are committed to promoting socio-spatial justice, grounded on the acknowledgement of interdependence of human rights and targeted towards reclaiming urban spaces as collective places for people, by people, we can prevent the marginalization, criminalization and expulsion of large sectors of the population from our cities. In Barcelona there is talk of the municipalization of home care services, SAD, derived from the Dependency Law, and which has as an example the program called "Superilles de les Cures", within its strategy for the democratization of care.

Intersection of care policies with other public spheres: for example education, tax spheres, etc. Women and girls bear the brunt of austerity and debt in Africa. Evidence suggests that austerity measures often have a disproportionately negative impact on girls' access to education, hindering their individual development and limiting their future opportunities. The main drivers of education disparities in Africa are still gender, disabilities, household income, parental education, location, ethnicity, and migrant and refugee status, and people's overlapping identities and experiences may further compound the challenges they face in accessing quality education.
- Propose multi-lingual virtual launch and collective discussion on Transforming Care Financing through a strategic agenda.
- highlights the urgent need for countries to strengthen sustainable, gender-responsive domestic financing for the care system, probably through ambitious and progressive action on tax, ending austerity and bold renegotiation of debt.

Social and Solidarity Economy recalls the notion of multi-stakeholders heralded by the presence of a diversity of actors and legal frameworks related to the associative or cooperative movements embodies a type of participation where general interests are best served and balance of power is best assured. For example SSE entities working on home support services could have seats on its board of directors for representatives from categories such as service users, family caregivers, home health aides and community members from the area where the organization operates. Decisions made pertaining to the organization's orientations or management become the subject of tripartite or even multi-party discussions that allow for each stakeholder to express their concerns and interests. Production and consumption relationships are then articulated according to a variety of configurations involving demand for, and supply of, home services as

part of a process that seeks a satisfying conclusion for all parties. (Care and home support services, Jetté,Vaillancourt and Lenzi).
- Support for SSE and self-employment projects led by women workers in the care and domestic work sector,
- Care systems that protect the health of caregivers, as a priority for improving the provision of services to the community.

3) Main challenges faced at the national level in creating robust, resilient and gender responsive, disability-inclusive and age-sensitive care and support systems with full respect for human rights.

Perhaps the central challenge in this respect lies in addressing one of the most silenced elements of industrial society: the division between the economy considered productive (productive work) and all those tasks essential to sustain life and the functioning of the economic system (reproductive work). This invisibilization, this elimination of care in the collective, social and political imaginary, has led to the elimination of the political-social view on roles often assumed by women and with a profoundly racialized dimension. In addition, the deficit of public resources for the different care needs and the working conditions in the care market are different situations that materialize the precariousness that is placed on these same people.

Thus, a core challenge faced in creating a robust human rights-based care and support system is landing those systems in communitarian and territorial contexts, taking into account both local demands and needs, and already existing informal and/or disintegrated caring infrastructures. Since caring is still relegated to private, family and community activities, the local governments engagement and co-responsibility in providing integrated and intersectorial caring services and infrastructures is very poor and lacks oversight to ensure decent care services.

Even though caring-related public services (for instance, related to education, assistance, health, mobility) are usually local and regional governments responsibilities, they are not properly integrated to respond to diverse caring needs, both of those who demand care and for caregivers. Besides, communities' informal arrangements and social strategies for providing care may also be considered and supported, so that caring public systems can properly respond to communities' specific needs and strengthen local networks and resources. In this sense, it is relevant to highlight the work of the Uruguayan civil society network "Red Pro Cuidado" (Pro-Care Network) - former "Red Género y Familia". This network works with advocacy around caring public policies towards governmental authorities - and in this sense, it was a protagonist in pressing for the formulation of the national care system - and also with empowerment of local communities and territorial initiatives.

Finally, another challenge that should be considered while developing local caring systems, is taking into account the increasingly frequent climate change adverse impacts on the lives of the most marginalized populations and how it can deteriorate the wellbeing of those who need and provide care. The combined effects of the lack of adequate caring systems with the lack of local climate adaptation resources will worsen the current caring crisis we are already experiencing.

SSE is often called to meet needs that are not met by the public or private sectors. This approach has led to several social innovations whether in terms of information, orientation, personalized support, collective outreach or developing new partnerships on the ground between stakeholders affected by home services - public, private or associative. SSE actors bridge the divide between individuals and the resources that can meet their needs. These social innovations may be considered radical in the sense that they provide new

approaches in an activity sector. For example, the Initiatives de travail de milieu auprès des aînés en situation de vulnérabilité (ITMAV) developed by the Quebec Association of Senior Centres took the form of outreach activities that aimed to directly contact vulnerable seniors in their familiar environments (apartments, parks, malls, and so on), creating a bond of trust to identify their needs in terms of quality of life, whether referring them to appropriate resources, providing information on government assistance, providing individual support, providing training on new technology, organizing parties, advocating, and so on (QASC 2012). Social innovations can also be of a more incremental nature when they improve on processes already in place. This is the case with the Société coopérative d'intérêt collectif (SCIC) in Versailles, France, which helps to facilitate transitions for seniors between different types of services (housing services, nursing care, day centres, home services, support from loved ones, and so on), and the Quebec-based community organization Carpe Diem that encourages developing alternative approaches for those living with Alzheimer's disease (Gil et al. 2018). These examples of social innovations illustrate an effort of organizational and institutional hybridization that nonetheless raises questions pertaining to funding, management and working conditions (Thériault and Vaillancourt 2021).

4) As much as possible, we would appreciate receiving the following information in relation to your responses to points 1 and 2 above:
- Data disaggregated by sex/gender, age, disability, and if possible also by other grounds, including income, race/ethnicity, geographic location, migratory status and other characteristics;
- Information on people who are in vulnerable situations and/or who face intersecting forms of discrimination, such as single parents, widows/widowers, children deprived of family environment; persons with disabilities and older persons in care institutions; as well as those who are affected by humanitarian crises, armed conflicts, disasters; living in poverty; living in rural areas; migrants, refugees, asylum seekers; belonging to minorities or indigenous communities; and those who are deprived liberty.

When analyzing data on care, besides having disaggregated data, it is important to combine and intersect different social categories to be able to access multiple unequal realities of those who need and provide care. In Brazil, for instance, domestic paid work is the main caring occupational category, where 93% of its workforce are women, and among them, 61% are black women (National Secretariat for Care and Family, 2023). Without considering the interactions between gender and race it is not possible to fully address the caring context in this country.

In addition, we call attention to the lack of disaggregated data that can provide information about care in cities and local contexts. Although there is some systematized information available on care at the national level, decentralized information it is usually missing and/or not produced by official statistics organs, which means that territorial aspects of care that could guide public policies are completely invisibilized, reinforcing the absence of the state's co-responsibility - in this case local governments - in providing care.

The basic premise of the human right to care, which recognises that nothing can function and no one can live without care, becomes particularly relevant when analyzed in terms of human relationships with nature and the environment. In turn, human relationships with nature are not gender-neutral. The work that many people, including women, Indigenous Peoples, forest communities, peasants and other people working in rural areas do in protecting and conserving territory must be constituted as care work. Article 1 of UNDROP:a peasant is any person who engages or who seeks to engage alone, or in association with others or as a community, in small-scale agricultural production for subsistence and/or for the market, and who relies

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significantly, though not necessarily exclusively, on family or household labor and other non-monetized ways of organizing labor, and who has a special dependency on and attachment to the land.

Many of the dynamics that affect caregivers in general (discrimination, invisibilisation, public policies that further marginalized them, etc.) are also present in this context. So it's therefore important to analyze the relationships between gender and environment, how unpaid care work is used to facilitate and guarantee the extractive economy that degrades the environment, aggravates the climate crisis and deepens gender inequalities, and how environmental and climate degradation aggravates the demand for care, disproportionately affecting women. In addition, it is important as well to take into consideration the reinforced responsibility of the state in the face of women's special vulnerability due to environmental degradation, unequal participation in decision-making and the demand for care resulting from environmental and climate impacts. Finally, measures and recommendations should be taken by States to respond to the structural gender inequality that cuts across environmental and climate policies, and consequently undermines women's right to self-care, to care and to be cared for (Argentina's advisory opinion on the right to care, 7 November 2023)