

ITUC REPORT ON CARE

Putting the Care Economy in place: Trade Unions in Action Around the World



CLIMATE-FRIENDLY JOBS
WAGES
RIGHTS
SOCIAL PROTECTION
EQUALITY
INCLUSION

A New Social Contract



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Executive Summary

The ITUC New Social Contract calls for the creation of 575 million new jobs by 2030 and the formalisation of employment for at least one billion informal workers. Investment in the care economy is at the heart of these demands for job creation, including formalisation of care workers in the informal economy.

This report explains what the care economy is and why it is important. It presents an inspiring range of initiatives to strengthen the care economy by trade unions and governments in six countries –Canada, Dominican Republic, Argentina, India, South Africa and Spain – showing how public investment in childcare, long-term care and family friendly-labour market policies significantly boosts employment for women in direct and formal jobs, narrowing the gender employment gap and the gender gap in monthly earnings.

The COVID crisis provided the Canadian labour movement an opportunity, building on decades of campaigning for childcare and a more comprehensive public health care system, to press for major investments in the care economy, shun austerity policies, expand public care infrastructure and establish a national childcare system. A new labour campaign on the care economy will build awareness of the importance of care to people's lives and to the Canadian economy.

In the Dominican Republic an inter-union committee of working women (CIMTRA), have joined forces to press for improved protections and working conditions for care workers; in particular, domestic workers. The government has introduced a pilot project to transform home care services from unpaid, informal employment to formal employment, paid minimum wage, covered by social security and labour standards.

In Argentina, unions having secured ratification of key ILO Conventions (except C183), are engaging

to expand the care economy. Unions are pushing to amend the draft “Care in Equality” legislation so it guarantees a comprehensive care system as a right for the entire population as well as investments to create stable employment with decent working conditions and pay in care jobs.

In India, the Self-Employed Women's Association (SEWA) is calling on the Indian government to increase investment to at least 1% of GDP in order to implement a national, universal full-day quality childcare system using SEWA's model.

South African unions are successfully negotiating and pressing the government for legislative rights and benefits for informal workers - such as minimum wage, employment standards, unemployment insurance (including maternity, paternity and parental leave) as well as compensation for injury on duty (including sexual assault or harassment) - and making a push to organize domestic workers and home care workers, while advocating for system-wide investment in the care economy.

Spain was the first EU country to follow the Work-Life Balance Directive thanks to the push of Spanish unions that are now calling for increased public spending, worker protections and improved working conditions for care workers and better quality care.

Comprehensive care systems need to be at the center of the economy. Developing a care economy involves taking the work historically done privately, in the home, by women, and making it a public responsibility to fund, organize and deliver. Given the scope and significance of care work in all countries, the care economy represents a fundamental contribution to inclusive economic growth, and to sustainable development.

Introduction

“ Investing in care makes sense for our societies as health, education and care for children, disabled people and older people are now recognised as a foundation for resilience in our communities against national or global shocks and for meeting the promise of the UN Sustainable Development Goals.

We need jobs and investment plans in every country to kick-start progress for women and make these care jobs a reality by 2030 as part of a New Social Contract.

Sharan Burrow, ITUC General Secretary.

What is care work and the care economy?

Care work and the care economy are terms to explain how we think about the work involved in caring for those who cannot care for themselves or need support to do so (such as children, those who are sick or with disabilities, elderly). Caring for others needs to be recognized as work and comprehensive care systems need to be at the center of the economy. Developing a care economy involves taking the work historically done privately, in the home, by women, and making it a public responsibility to fund, organize and provide. This frees women to participate in the paid labour force, escape poverty, and achieve greater gender equality while advancing inclusive economic development. New solutions to care are needed on two fronts: to the nature and provision of care policies and services, and to the terms and conditions of care work.¹ This report explains how unions are organizing to make advances on both fronts in six countries: Canada, Dominican Republic, Argentina, India, South Africa and Spain.

There are many significant differences between the countries profiled here such as the size of the country and its population, the size, nature and state of the economy, the extent and nature of care services provided by the state and the private market, the politics of the government, the number of union federations, the strength of feminist and peoples' organizations and much more. At the same time there are notable similarities between these countries. Unions who coordinate their efforts and use a range of opportunities achieve success in strengthening the care economy in meaningful ways for care workers and those who need care.

This report employs the International Labour Organization's (ILO) definition of the care economy. The ILO definition recognizes a wide range of formal paid care workers such as early childhood educators, social workers, health care workers, disability care and long-term care for the elderly.²

¹ Self-Employed Women's Association. "Child Care as Care Economy."

² Maybud, S. "Decent Work and the Care Economy."

“*The care economy entails a diversified range of productive work with both paid and unpaid work activities for providing direct and indirect care necessary for the physical, psychological, social wellbeing of primarily care dependent groups such as children, the elderly, disabled and ill, as well as for prime-age working adults.*³

Both unpaid and paid domestic care work is recognized as well. Unpaid domestic workers, providing care in households, are also recognized as part of the care workforce providing care work without a monetary reward. (ILO. 2018).

“*Care work consists of two overlapping activities: **direct**, personal and relational care activities, such as feeding a baby or nursing an ill partner; and **indirect** care activities, such as cooking and cleaning. Unpaid care work is care work provided without a monetary reward by unpaid carers. Unpaid care is considered as work and is thus a crucial dimension of the world of work. **Paid** care work is performed for pay or profit by care workers. They comprise a wide range of personal service workers, such as nurses, teachers, doctors and personal care workers. Domestic workers, who provide both direct and indirect care in households, are also part of the care workforce.*⁴

Often, domestic care work provided by workers, is not recognized as formal work with legal rights and benefits. It's part of the informal economy, beyond the reach of minimum employment standards or occupational health and safety for workers as well as regulations for quality of care.

The nature of care work, how it is defined as well as the needs of care workers differ somewhat between the countries in this report. This is partly related to the systems of care that exist, or not, in each country. In countries like Argentina, Dominican Republic or South Africa, where domestic workers represent a leading occupation for women, they are filling a care gap, providing care services that are not accessible through organized care systems (such as childcare in India or elder care in South Africa). For some people, the definition of the care economy should be broader than caring for humans, to include workers who take care of and contribute to the sustainability of the environment (like waste recyclers or forest workers).⁵

Given the scope and significance of care work in all countries, the care economy represents a fundamental contribution to inclusive economic growth, and to sustainable development. Strengthening the care economy contributes to two specific UN Sustainable Development Goals: SDG 5 on gender equality which includes an explicit indicator on the proportion of time spent by women on unpaid domestic and care work (indicator 5.4.1) - and SDG 8 on inclusive economic growth, full employment, and decent work for all.⁶

The International Labour Organization (ILO) is providing important leadership in promoting the care economy. Their 5 Rs approach to care work - to Recognize, Redistribute, Reduce, Represent, and Respond - to the need for care work, both paid and unpaid - is being adopted by trade unions and some governments around the world. The

³ United Nations Women. 2021 “A Guide to Public Investments in the Care Economy.”

⁴ International Labour Organization. 2018. “Care Work and Care Jobs For the Future of Decent Work.”

⁵ Self Employed Women's Association. 2022. Written correspondence from M. Shah; interview with M. Chatterjee.

⁶ United Nations Economic Commission for Europe. 2020. “Women's Economic Empowerment and the Care Economy in the ECE Region: The Impact of Economic and Social Policies during the COVID-19 Response and Recovery.”

ILO and the ITUC have been demonstrating the transformative value and benefits of investing in the care economy through a series of macrosimulation studies.^{7,8,9} This report provides key highlights and summary tables from the most recent ILO data.

Together with the ILO, the ITUC is part of the **Global Alliance for Care (GAC)**¹⁰ which constitutes an

important platform to advance the care economy agenda globally and it is an opportunity for trade unions to strengthen social dialogue with their government around care.

Why is investment in care important?

Adequate public investment in care that eases the burden of unpaid domestic work on women, reduces this important barrier to women's participation in the labour market, enabling women to gain economic independence and eventually rebalance the gender employment gap and gender gaps in pay and social protection.¹¹

Pandemic related job loss disproportionately impacted women: with a 4.2 per cent job loss for women compared to 3.0 per cent for men¹² due to women's concentration in sectors severely affected by the crisis, including domestic work and in informal employment, where it is easier to fire workers.¹³ Based on data from past economic crises we know recovery tends to be slower for women. Investment in care jobs that enable women to return to paid employment with decent pay and benefits would hasten the economic recovery.

Significant benefits from investing in the care economy

This report draws on a new ILO resource or tool¹⁴ that demonstrate significant economic benefits of

investing in Early Childhood Care and Education (ECCE), Long-Term Care (LTC), and family-friendly labour market policies by 2030. The data show that public investment in childcare and long-term care and family friendly-labour market policies significantly boosts employment for women in direct and formal jobs, thereby narrowing the gender employment gap and decreasing the gender gap in monthly earnings.

The ILO estimates that globally:¹⁵

- Investing in universal childcare and long-term care would create 280 million jobs by 2030 and another 19 million by 2035.
- An annual spend of 4% of total GDP would create millions of jobs that could be paid for, in part, from tax earnings that would rise because of increased incomes and employment, reducing the cost closer to 3% of GDP.
- Investing in care would boost the employment rate of women by 78%, and 84% of the jobs would be formal.

⁷ De Henau, Jerome. 2022. "Costs and Benefits of Investing in Transformative Care Policy Packages: A Macrosimulation Study in 82 Countries."

⁸ De Henau, Jerome, Himmelweit, Susan and Diane Perrons. 2017. "Investing in the Care Economy."

⁹ De Henau et al. 2017. "Investing in the Care Economy A Gender Analysis of Employment Stimulus in Seven OECD Countries."

¹⁰ Twelve governments have joined the Alliance: Mexico, Germany, Argentina, Canada, Costa Rica, Dominican Republic, Italy, Panama, Paraguay, Spain, Sweden, Tanzania. Others who joined the Alliance include PSI, IDWF and a range of other stakeholders (from civil society organisations, philanthropies, private sector and international organisations). The governments who joined the Alliance started to announce plans to significantly strengthen national policies and budgets on care. Website of the Global Alliance on Care: <https://alianzadecuidados.forogeneracionigualdad.mx/?lang=en>

¹¹ De Henau, et al. 2017 "Investing in the Care Economy."

¹² International Labour Organization, "An Uneven and Gender-Unequal COVID-19 Recovery: Update on Gender and Employment Trends 2021." 2021.

¹³ International Labour Organization. 2021

¹⁴ International Labour Organization (ILO). 2022. ILO Care Policy Investment Simulator (Geneva, forthcoming)

¹⁵ De Henau. 2022. "Costs and Benefits of Investing in Transformative Care Policy Packages: A Macrosimulation Study in 82 Countries."

Country-specific data on the job creation potential and gender equity implications of additional investments by percentage of Gross Domestic Product (GDP) is presented in the country sections below, except for the Dominican Republic as data was not available for that country. The narrative draws on data presented in the tables in Appendix 1.

The ILO's economic modelling or macrosimulations are based on several assumptions to calculate the job creation potential and gender equity advantages of investing in the care economy in each country. Childcare enrolment estimates vary between countries, with more ambitious assumptions for upper-middle- to high-income countries that start from a more developed childcare system.¹⁶ The assumptions for long-term care and family friendly labour market policies are related to goals established by the ILO and spelled out in detail in Appendix 2 – Explanatory Notes.

¹⁶ De Henau, 2022.



Childcare is currently delivered by a mix of commercial, charitable, religious and non-profit providers in Canada.

Canada

Building on decades of campaigning for childcare and a more comprehensive public health care system, the Canadian labour movement uses the COVID crisis to press for major investments in the care economy.

The pandemic's impact on women's labour participation was a major factor behind the creation of a nation-wide, affordable childcare system in Canada after decades of lobbying by trade unions and childcare activists. "COVID-19 has brutally exposed something women have long known: without childcare, parents – usually mothers – can't work," Canadian Finance Minister Chrystia Freeland said, announcing a \$30 billion over the next five years investment. Though financial and practical bumps lie ahead, childcare employers, advocates, academics and trade unionists welcomed the funding agreements. "Canada's unions are pleased that the federal government came to terms with every province and territory on affordable childcare. We are on the right path toward having Canada-wide affordable early learning and childcare in place," Canadian Labour Congress president Bea Bruske tells Equal Times. The union has long advocated for universal, public-funded childcare in Canada and has run campaigns to improve childcare for decades.

“*Canadians must be vigilant that affordable childcare is enshrined in law and backed by sustainable funding to expand the system to ensure all parents access the system equitably. Bruske adds.*”

*“In Canada, a historic move towards a nationwide childcare system draws praise, and criticism”
By Ray Mwareya, Equal Times, forthcoming.*

Overview of Care Work in Canada

Socio economic data

Canada is a northern industrialized country with a population of over 38 million.¹⁷ Formal employment is the norm, although it is becoming more precarious.¹⁸ There is a long history of state investment in care services such as health care, long-term care, social services, and education but these sectors have been weakened through austerity and privatization.¹⁹ The economy and employment levels are recovering from the effects of the pandemic and labour shortages are developing including in childcare,²⁰ health care, and other sectors where low wages and burnout are driving workers out.²¹

Care economy features

Care work has been defined in Canada as “tasks required to support the health, well-being, maintenance and development of people”,²² including health care and mental health, childcare, early childhood education, care for the elderly and people with disabilities, domestic work such as cooking and cleaning to support families and individuals, and other vital social and health care services that support families and communities.²³ Care work is considered part of a social fabric that allows all other work to happen, even though it is often not recognized as work and unpaid – or it is undervalued and low-wage, with racialized, immigrant and migrant women disproportionately

represented in these jobs.²⁴ As of 2016, 19% of the employed population in Canada worked in paid care positions. Women accounted for 75% of these workers but were more likely than men “to hold assisting positions and to report lower employment income on average”. In 2015, the average income of women in care work was \$59,300 vs. \$73,400 for men.

The benefits of investing in the care economy in Canada: ILO study

An additional investment of 3.78% of GDP in the care economy would create many jobs and improve gender equality in Canada, according to a 2022 ILO study that uses economic modelling or macrosimulations to calculate concrete advantages of investing in the care economy. Over 1 million new jobs could be created in Canada by 2030 by investing 2.1% of GDP in childcare and 1.34% in elder care. Additional jobs would be retained through an investment of 0.31% GDP in family-friendly labour market policies such as expanded parental leave and 0.03% in paid breastfeeding breaks, bringing the total number of jobs (direct, informal and induced) to 1,593,861.²⁵ This would create 417,599 direct and formal jobs in childcare with women holding 96% of these jobs. The investment would boost jobs providing elder care to create 460,496 new direct and formal jobs, with 91% of all direct and formal jobs in this sector

¹⁷ Statistics Canada. 2022. “Canada’s Population Estimates, First Quarter 2022.”

¹⁸ Lewchuk, Wayne. 2021. “Collective Bargaining in Canada in the Age of Precarious Employment.”

¹⁹ Evans, Bryan and Carlo Fanelli. 2018. *The Public Sector in an Age of Austerity*.

²⁰ McGinn, Dave. 2022. “Daycare Workers Are Exiting the Profession in Droves, Just as Access for Parents Opens Up.”

²¹ Canadian Press Staff. 2022. “After Pandemic Pivots, Where Have Canadian Workers Gone?”

²² Canadian Labour Congress. 2022. Canadian Labour Congress, “IWD 2022: Gender Equality Depends on a Healthy Care Economy.”

²³ Canadian Labour Congress. 2022. “CLC: Governments Must Commit to Repairing Care Economy on Global Care Day.”

²⁴ Canadian Labour Congress, “IWD 2022: Gender Equality Depends on a Healthy Care Economy.”

²⁵ Authors’ calculations based on ILO forthcoming. Care policy investment simulator. Family-friendly labour market policies would include various expansions of maternity leave for formally and informally employed women, the introduction of parental leave and breastfeeding breaks. Among formally employed workers this would include an expanded family leave from 17 weeks at 55 per cent replacement to 18 weeks at 100 per cent replacement and an expanded paternity leave to 2.8 weeks at 100 per cent replacement. Parental leave for both mothers and fathers will also be expanded for a total of 15 weeks at 100 per cent replacement for mothers and 8 weeks at 100 per cent replacement for fathers. Among formally self-employed workers, this would include an expanded maternity leave of 9.4 weeks at 100% replacement and paternity leave of 2.8 weeks at 100% replacement. Among informally employed workers this would include an expanded maternity leave of 14 weeks at 100% replacement for maternity leave and 0.6 weeks paternity leave at 100% mother replacement. Family Friendly Policies would also include parental leave for both the formally self-employed workers such as parental leave for self-employed mothers for 15 weeks at 100 per cent replacement, and parental leave for self-employed fathers for 8 weeks at 100 per cent replacement. For informally employed workers this would include 11 weeks at 100 per cent replacement for mothers and 8 weeks at 100 per cent replacement for fathers. Family friendly policies also include paid 60-minute breaks for breastfeeding.

being held by women. Of the total net employment creation in childcare and long-term care in 2030, 88 per cent is expected to be held by women, of which 98% would be formal employment. The ILO calculates that investment in the care economy in Canada would reduce the gender employment gap

(the gap between male and female employment rates) by 6.2% and the gender gap in monthly earning by 6.9%.²⁶

Trade Union Engagement in the Care Economy

The Canadian Labour Congress (CLC) is the largest labour confederation in Canada, bringing together dozens of national and international unions, provincial and territorial federations of labour and community-based labour councils to represent more than 3 million workers.²⁷ CLC affiliates represent care workers employed in public healthcare, long-term care, early childhood care and education, primary and secondary education, and community and social service work. The CLC includes community and social service workers within this definition as these workers provide necessary infrastructure so people can live their lives in dignity. Affiliates of the CLC do not yet represent domestic workers. But the CLC continues to call for ratification of ILO Convention 189, establishing rights and protections for domestic workers.²⁸

ITUC's call for "increased investment in better jobs for care workers and immediate action to build a more resilient and robust care system."

During the pandemic the CLC won important legislative and campaign victories to support working families. These include the Canada Recovery Caregiving Benefit (CRCB), offering income support to employed and self-employed Canadians who could not work because they had to care for their child under 12 or a family member who needed supervised care,²⁹ as well as the Safe Restart Agreement, which provides financial support for testing, contact tracing and data management; personal protective equipment for workers; childcare for returning workers; and Pan-Canadian sick leave, while also addressing healthcare system capacity, and vulnerable populations.

COVID-19 recovery and resilience

In 2020, at the outset of the pandemic, the CLC launched a campaign called *#ForwardTogether* to engage Canadian workers in urging the federal government to address the impact of COVID by investing in public services and public infrastructure, including social infrastructure to access to quality care, a made-in-Canada procurement strategy, and the inclusion of long-term care in Canada's public healthcare system. The campaign highlighted how Canada exploited and undervalued care workers and supported

The CLC has worked with health affiliates and health allies such as the Canadian Health Coalition to strengthen Canada's public healthcare system, develop a national pharmacare program, and end for-profit ownership of long-term care (CLC, CHC, CFNU 2021). Important progress was made in 2022 after the federal Liberal and New Democratic parties signed a confidence-and-supply agreement that would allow the Liberals to govern with NDP support until 2025, contingent on implementation of a negotiated list of policies and priorities.³⁰ This

²⁶ Canadian Labour Congress. 2022. "June 16 Is International Domestic Workers' Day."

²⁷ Canadian Labour Congress. 2022. "Who We Are."

²⁸ The CLC adopted a policy at its 2021 national convention to "press the Government of Canada to commit to increased annual investments until Canada reaches at least the international benchmark of one percent of GDP in early learning and childcare."

²⁹ Government of Canada and Canada Revenue Agency, "Canada Recovery Caregiving Benefit."

³⁰ Wherry et al., "How the Liberals and New Democrats Made a Deal to Preserve the Minority Government."

includes progress towards a better healthcare system, universal national pharmacare program, dental care program, more primary care doctors and nurses, mental health support, aging at home, and better data, as well as tabling a Safe Long-Term Care Act and Early Learning and Child Care Act.³¹

Pushing a national childcare system

But the most dramatic advance in strengthening the care economy arises from a historic breakthrough to create a national childcare system. After more than 50 years of sustained effort by childcare advocates, the CLC and union members, the pandemic proved to be the tipping point in making the case for childcare compelling. One-third of working mothers in Canada thought about leaving the workforce during the pandemic³² and many did leave their jobs when childcare and school were not available.³³

In response, the federal government announced in 2020 a national childcare system would be created through an investment of \$30 billion over five years in early learning and childcare (ELCC). The 2021 federal budget set out a plan for financial transfers to provinces, territories, and Indigenous governments to create regulated childcare spaces for children under six years old, at \$10-a-day on average, within the next five years, promising a 50% reduction in average parent fees by the end of 2022. The federal government projects this will significantly improve labour market participation by women with children, create approximately 50,000 new Early Childhood Educators jobs and boost real GDP by 1.2% over the next two decades.³⁴ By March 2022 agreements were negotiated across Canada creating a new, national childcare system. The 2022 federal budget established a new Early Learning and Child Care Infrastructure Fund with \$625 million in capital funding over four years to

build new childcare centres, opening 3,000 new spaces each year – welcome, but far short of what advocates had called for.³⁵

Building up to that moment, the CLC and its affiliates engaged thousands of union members, working with childcare advocates to “raise awareness about the need for universal child care in this country”.³⁶ The CLC’s *Rethink Child Care* campaign found “kitchen table conversations” were one of the most effective ways to engage members. Kits were developed to help activists organize conversations among workers to share their challenges in finding quality childcare and to encourage joining and forming coalitions and networks to advocate for better childcare. Childcare was part of the CLC’s Done Waiting campaign in 2021 and was linked with other pillars of women’s economic justice, like pay equity and ending sexual harassment and violence, to make connections and show the interdependence of these issues. Supporters were encouraged to write letters to Members of Parliament and share their story with the CLC.

The CLC learned important lessons from the *Rethink Child Care* campaign. One was the value of building a common vision among childcare advocates and labour on wages, working conditions, and recognition of training and professional development. Second, working with childcare advocates and policy researchers outside the union movement gave the campaign greater clout. Third, working with professional organizations representing child care workers in campaigns with a provincial focus helped secure important gains, including wage increases. Fourth, campaigns should be flexible, providing common tools without imposing one model for organizing, in order to address differing political contexts across Canada.

³¹ Prime Minister of Canada, “Delivering for Canadians Now.”

³² Alini, Erica. 2020. “One-Third of Working Moms Mulled Quitting Their Jobs Due to COVID-19: Survey.”

³³ RBC Economics. 2020. “Canadian Women Continue to Exit the Labour Force.”

³⁴ Department of Finance Canada, “A Canada-Wide Early Learning and Child Care Plan.”

³⁵ Child Care Now, “What Federal Budget 2022 Said about Early Learning and Child Care.”

³⁶ Canadian Union of Public Employees British Columbia, “Rethink Child Care Website Launched.”

Labour market policies

Canadian workers rely on a patchwork of family-friendly policies and programs that support more equitable sharing of family responsibilities and promote flexible working arrangements on a gender-neutral basis. The national Employment Insurance (EI) legislation provides maternity, shared parental leave, designated second parent leave, adoptive leave, and caregiving benefits. Trade unions have negotiated enhancements to these provisions such as supplementary parental leave benefits and paid leave for short-term illness in the family.

Employers and employees contribute to maternity, parental and adoption leaves through payroll deductions to the national EI fund. Maternity benefits, for the person giving birth, provide 15 weeks of maternity leave at 55% of earnings up to a ceiling³⁷ for those who have sufficient hours of work and weeks of employment to qualify.³⁸ But inadequate benefit levels mean low and moderately paid workers, single parents and

students often can't afford to take leave. Some unions have been able to negotiate a "top-up" where the employer bridges part of the gap between EI and regular wages, but this is uneven, with higher income families more likely to benefit.³⁹ And coverage for self-employed workers is available only to those who contribute employee and employer contributions to EI.

Parental leave applies to adoptive parents. Employees on maternity, parental and adoption leave are protected against dismissal with the right to return to the same position or its equivalent. Despite these features, Canada has not ratified ILO Convention No. 183 and its maternity leave provisions do not match those of the Convention.⁴⁰

Caregiving benefits are also available through the EI program, offering support while to caregivers who take a leave from work to care for a critically ill or injured person or someone needing end-of-life care.⁴¹ Caregivers need not be related to or live with the person being cared for, but they must be considered to be like a family member.⁴²

Challenges and Opportunities

Challenges

Despite the encouraging progress made to establish a national childcare system, issues remain. Federal-provincial agreements are not clear on how they will increase the supply of affordable, not-for-profit and publicly licensed childcare programs nor on the need for a comprehensive childcare workforce strategy⁴³ that covers better pay and benefits, decent work standards and

continued learning and training to retain and attract workers.⁴⁴ Low rates of unionization make it hard for the CLC to engage childcare workers in pressing for policy change.

Within the Canadian care economy, more work is needed to improve services for people with disabilities. There is no rights-based framework

³⁷ Up to 638 Canadian dollars per week; a higher amount in Quebec. Government of Canada. EI maternity and parental benefits.

³⁸ Extended parental benefits provide two options to parents. Up to 40 weeks at a 55% benefit rate (to a weekly maximum of \$638) can be shared between parents, but one parent cannot receive more than 35 weeks of standard benefits. Or up to 69 weeks at a 33% benefit rate (to a weekly maximum of \$383) can be shared between parents, but one parent cannot receive more than 61 weeks of extended benefits.

³⁹ Friendly, Martha. 2018. "What we know: Roundtable on Maternity and Parental Benefits and Leave."

⁴⁰ Addati, Laura, Cattaneo, Umberto and Emanuela Pozzan. 2022. *Care at Work*.

⁴¹ Benefits are comparable to those for EI generally, set at 55% of your earnings, up to a maximum of \$638 a week. Support is capped at 15 weeks for care of an adult; up to 26 weeks for a person of any age that requires end-of-life care; and up to 36 weeks for children.

⁴² Government of Canada. "EI Caregiving Benefits."

⁴³ Ballantyne, Morna. "Commentary: Advocating to Ensure Governments Make Affordable Child Care Accessible to All Is a Collective Responsibility."

⁴⁴ Canadian Labour Congress. "Child Care Can't Wait."

guiding this care and supports that currently exist are highly privatized. The erosion of public healthcare and privatization of health services pose ongoing challenges on top of an urgent need to address the human resource crisis created by COVID in health care. In all systems of care, advocates must be careful to recognize Canada's colonial context and not recreate harmful community structures. Systems of care for Indigenous peoples should be determined by Indigenous communities.

Finally, in 2021 the CLC called on the Canadian government to develop "...a national strategy and an investment plan for developing the care economy, care jobs and care work"⁴⁵ and form a Care Economy Commission "to study, design and implement a comprehensive Canadian care strategy".⁴⁶ To date there has been no action on the proposed Commission. Nor has there been action to implement national standards in long-term care, which the federal government committed to in its agreement with the CLC-supported NDP in 2021.

Opportunities

A new campaign on the care economy, called the Future of Care, was launched by the CLC in December 2021. Stories from care workers and people who depend on care, will be used to build awareness of the importance of care to people's lives and to the Canadian economy. In September 2022 the CLC will circulate a discussion paper, exploring the interlinked struggles for women's economic justice, quality public services, and decent work in the interrelated occupations and industries that make up the caring economy. This framing document will outline why it is important that the Canadian labour movement have a strong analysis and vision for care. The paper

will explain the concept of care work, identify common challenges, issues and opportunities, and roughly outline what a cohesive progressive policy approach to care could look like. A policy discussion in November 2022 will help build consensus among trade union and other experts on policy solutions and demands for government action.

⁴⁵ Canadian Labour Congress. 2021. "Defining the Future: From Pandemic to Promise."

⁴⁶ Canadian Labour Congress. 2021. "CLC: Governments Must Commit to Repairing Care Economy on Global Care Day."



Balancing the responsibilities of work and family life is on the list of trade union proposals put forward for consideration in the reform of the Dominican Labour Code. Although women shoulder most of the family responsibilities in the Caribbean country – as is the case in much of the world – trade unions are also pressing for men to benefit from a better work-life balance.

Dominican Republic

Through an inter-union committee of working women (CIMTRA), unions in the Dominican Republic have joined forces to press for improved protections and working conditions for care workers; in particular, domestic workers.

Verónica, who has chosen to use a fictitious name to protect her identity, is a mother who had to give up her job in February 2022 after she was unable to convince her employer to accept her proposal to telework two mornings a week from home. She wanted to combine her work with caring for her two little daughters and her 75 year old mother, who had suffered a stroke. “I was told that the company didn’t have such work practices and that it wouldn’t be possible,” Verónica recalls with regret.

“*There are many people who are in the same situation or worse, because there are mothers – including single mothers – who have to leave their children on their own, because they don’t have the money to pay anyone to help them, and they have to go out to work. It really is very difficult.*”

In Verónica’s case, care for her dependents would have costed more than half her salary. Trade unions in the DR are campaigning for the implementation of family-friendly labour market policies to help workers with family responsibilities like Verónica keep their jobs.

“Trade unions in Dominican Republic want work-life balance rights to be recognized”, By Mariela Mejía, Equal Times <https://www.equaltimes.org/trade-unions-in-dominican-republic#.YzB-pXZBw2w>

Overview of Care Work in the Dominican Republic

Socio economic data

Dominican Republic is a Small Island Developing State (SIDS) in the Caribbean region with a population of 10.5 million. Its economy has consistently grown in recent decades, increasing employment and reducing poverty, but significant social inequalities persist, with unequal access to basic rights like drinking water, education, health, and housing. Workers in the informal sector account for more than 50% of the economically active population (54.5% in 2020).⁴⁷ Gender inequalities are evident in the labour market. The unemployment rate for women is twice that of men (8.9% vs. 4.2% in 2020)⁴⁸ and women are much less likely to be employed in the formal labour force – 58% of women compared to 84% of men (2019).⁴⁹

Care economy features

The concept of the care economy, including unpaid work in the home as well as paid work in the labour market, has been embraced in the Dominican Republic. The government recognizes that investing in care will create decent work opportunities for women, combat poverty and contribute to social cohesion. Citing data from the Economic Commission for Latin America (ECLAC), a government official acknowledged "we have 130 women in poverty for every 100 men and that is the highest rate of all the countries in the region and it is an issue that we have to deal with."⁵⁰

It is mainly women who perform care work regularly in the home.⁵¹ Women dedicate 31 hours a week to care or unpaid work compared to only nine hours by men, on average, severely limiting women's ability to gain paid work outside the home. In the formal labour market, it is mainly women that care for children, the elderly, do domestic work, or nursing. 92% of domestic workers are women⁵² and a third are estimated to be Haitians whose fear of deportation makes them especially vulnerable.⁵³ An estimated 300,000 LGBT workers are in care occupations, a large proportion of them women.⁵⁴

Care work, both paid and unpaid, provides vital support to productivity in all sectors but is not properly valued. Wages are low – or nil, benefits and protections are few and precarious, and the risk of physical and mental harm, and sexual abuse, is omnipresent. New solutions are required in the face of this situation.⁵⁵

The main government-funded care programs are health care and social security programs⁵⁶ including Old Age, Disability and Survival Insurance, Family Health Insurance and Occupational Risk Insurance for work accidents and occupational diseases.⁵⁷ Almost 70% of the population is insured by Social Health Insurance, half through two contributory schemes with the other half fully subsidized.⁵⁸ Health expenditures have increased from 3.99% of GDP in 2006 to 5.93% in 2019.⁵⁹ Little support is offered to childcare centers, homes for the elderly, people with disabilities or girls and boys abandoned by their parents.⁶⁰

⁴⁷ International Labour Organization. 2022. "Statistics on the Informal Economy."

⁴⁸ The World Bank. 2022. "Unemployment, Female (% of Female Labor Force) (National Estimate) - Dominican Republic."

⁴⁹ The World Bank. 2022. "Labor Force Participation Rate, Male (% of Male Population Ages 15-64) (Modeled ILO Estimate) - Dominican Republic."

⁵⁰ Demiusar. 2022. "Congreso internacional 'Economía del cuidado' - Primer día."

⁵¹ Demiusar. 2022. "Congreso internacional 'Economía del cuidado' - Primer día."

⁵² Based on interview by Paola Simonetti with Mayra Jimenez, Minister for Women's Affairs.

⁵³ International Trade Union Confederation, "Dominican Republic: 300,000 Domestic Workers to Gain Labour Law Protection."

⁵⁴ Based on interview by Leonor Cedillo with Eulogia Familia, CNUS. June 20, 2022

⁵⁵ Based on personal correspondence from Daysi Montero, CNTD. July 7, 2022

⁵⁶ These programs are based on three main financing modalities under the Social Health Insurance System (1) contributive, based on contributions from workers and their employers (2) subsidized, funding from the Dominican state (for the poor, disabled, and unemployed; and (3) financing by higher-salaried professionals, technical workers, and self-employed persons, subsidized by the state.

⁵⁷ Ministry of Women, Genders and Diversity. "Ley No. 87-01 Que Crea El Sistema Dominicano de Seguridad Social."

⁵⁸ Rathe, "Dominican Republic: Implementing a Health Protection System That Leaves No One Behind."

⁵⁹ The World Bank, "Current Health Expenditure (% of GDP) - Dominican Republic."

⁶⁰ Based on personal correspondence from Daysi Montero, CNTD. July 7, 2022

Trade Union Engagement in the Care Economy

There are three national union confederations in the Dominican Republic that have worked together through the Inter-Union Committee for Working Women (CIMTRA) to defend the interests of care workers and advocate on issues related to gender and women's work: CNUS (Confederación Nacional de Unidad Sindical), CNTD (Confederación Nacional de Trabajadores Dominicanos) and CASC (Confederación Autónoma Sindical Clasista).

CNUS represents formal, informal and self-employed workers in the care and other sectors.⁶¹ Within CNUS, domestic workers are represented by the Asociación de Trabajadoras del Hogar (Domestic Workers Association), formed in 1989 and affiliated with CNUS since 2010, representing more than 3,500 domestic workers.⁶²

CASC (Confederación Autónoma Sindical Clasista) represents over 31,000 informal workers and their families.⁶³ Within CASC, Sindicato Nacional de Trabajadoras Domésticas (National Union of Domestic Workers), formed in 2012, has 5,200 members, 98% of whom are women.⁶⁴

CIMTRA serves as the key mechanism for the three confederations to join efforts to pressure for and participate in labor market policies affecting women workers, who are predominant in the care sectors. CIMTRA is committed to pressing for labour and social security reform to be inclusive with a gender perspective, and with an emphasis on care.⁶⁵

Investments in care and decent jobs

The teachers' union has had success in pressing for a percentage of GDP to be earmarked for

education. In 2016, they campaigned and won support for a "pact for education" that commits 4% of GDP to education spending. Resources are distributed through a social audit process in which the union participates. To date, more than 150 childcare centers have been opened, generating 5,208 jobs during the 2015-2016 period at the national level,⁶⁶ as part of the social security system that serves private sector workers. Plans call for further investment in buildings, technology, staffing and training to improve care, extend service hours and extend service to all children under five years of age. Teachers' salaries have increased by 10% and investments have been made in shelters for children, creating jobs.⁶⁷

Labour market policies

CIMTRA has organized several successful campaigns for family-friendly labour market policies, including improved parental leave. Under a new decree for "family care and co-responsibility," paternity leave has been increased to 15 days from three in the private sector and seven in the public sector, and maternity leave has been extended to 14 weeks. CIMTRA is seeking further improvements to parental leave as part of a reform of the labour code, extending maternity leave to 18 weeks, and for the first time including adoptive parents as equal beneficiaries. CIMTRA and feminist organizations welcomed the adoption in May 2022 of ILO Convention 156, on equal treatment for paid workers with family responsibilities. They are now calling on the government to implement legislation to close gaps and end inequality in care policies.

⁶¹ Based on personal correspondence from Eulogia Familia, CNUS. June 13, 2022

⁶² Written and virtual communication with Eulogia Familia (Vice-President CNUS, Confederación Nacional de Unidad Sindical, in charge of Gender Equity Policy president of UNISIMAS and CNUS Coordinator at CIMTRA), by Leonor Cedillo in June 2022. CNUS) July 2022

⁶³ International Trade Union Confederation. "Trade Union Development Projects Directory."

⁶⁴ Written communication with Francisca Jimenez CASC July 8, 2022

⁶⁵ Written communication with Daysi Montero (CNTD) July 2022

⁶⁶ Instituto Nacional de Atención and Integral a la Primera Infancia. "Informe de Gestión Enero 2015 - Noviembre 2016."

⁶⁷ Written and virtual communication with Eulogia Familia (op. cit.)

Advocacy campaigns by CIMTRA and unions are also responsible for securing national ratification of ILO Convention 183, on maternity protection, and the national ratification in December 2021 of Convention 156, on workers with family responsibilities. Both are in process to deposit the instruments to the ILO. Once that is completed it will be listed in the ILO's information system for international labour standards. Convention 190, on violence and harassment, is next in line for CIMTRA's attention.

ILO Convention 189

This success by CIMTRA, the three union confederations and their NGO allies builds on their work leading up to the ratification in 2015 of ILO Convention 189, bringing domestic workers in the informal economy under labour legislation, affording them rights and protections. A bipartite commission of government and unions was created to consider the minimum wage and social security coverage for domestic workers. Yet domestic workers still lack full rights and benefits. The unions successfully campaigned for the Ministry of Labour to adopt a resolution to formalize domestic work and then mobilized public attention and support for it. In the summer of 2022 CIMTRA had its first meeting with the National Salary Committee to discuss the minimum wage for the domestic worker sector and its inclusion by law under social security.⁶⁸ The Committee of Experts on the Application of Conventions and Recommendations (CEACR) noted the Labour Code provisions for domestic workers set conditions inferior to other workers with respect to hours of work, rest, annual leave, sick leave and remuneration. The government reports it has established a Special Commission for the Revision and Updating of the Labour Code, with the participation of social partners in the process.⁶⁹ Unions are determined to make gains for domestic workers on wages, working hours and social security.⁷⁰

Organising care workers

The CASC has organized workers in the informal economy since the 1980s. In 2004, CASC created the Mutual Association of Solidarity Services (AMUSSOL) to extend social security benefits to workers in the informal economy. AMUSSOL serves as a virtual employer for the social security system, so that both workers and employers can contribute, and workers can enjoy the benefits and labor rights the system offers.⁷¹ AMUSSOL-CASC now has 94,516 informal workers and their families contributing to social security and has contributed to the formalizing of some 1100 micro-enterprises. Women make up 42% of the workers, including some working in small businesses or as professionals in the care sector.⁷²

In 2022, CNUS created the National Union of Care Services Workers (SINTRASEC) to represent self-employed care workers in the informal sector such as therapists, masseuses, nutritionists and workers caring for children, the elderly, or sick people at home. CNUS, with support from women trade unionists organized through UNISIMAS (Union Unit of Active Women), provides leadership training to SINTRASEC members, helping them develop strategies to gain rights, decent working conditions and social recognition for workers in unorganized care occupations. As well, they support SINTRASEC to build support within the labour movement for increased rights for care workers and investment in the care economy.

Organizing self-employed care workers in the informal sector into CNUS brings them together with unions that represent care workers in the formal economy and have been organizing for many years. This includes nurses (Sindicato Nacional de Trabajadores de Enfermería (SINATRAE), teachers (Asociación Dominicana de Profesores (ADP), health support staff and technicians (Sindicato Nacional del Personal

⁶⁸ Written communication with Francisca Jimenez (op. cit.)

⁶⁹ International Labour Organization. 2022. "Securing Decent Work for Nursing Personnel and Domestic Workers, Key Actors in the Care Economy."

⁷⁰ Written communication from Eulogia Familia, CNUS, with Paola Simonetti, 2022

⁷¹ Written communication with Francisca Jimenez (op. cit.)

⁷² Written communication with Francisca Jimenez, CASC, July 2022

de Apoyo y Técnicos de la Salud (SINATESA) and technical and professional education staff (Asociación de Técnicos y Profesionales de la Educación (ANPROTEP).

Challenges and Opportunities

Challenges

Despite the positive steps being taken to strengthen care services and assert care workers' rights, the country still has much to do to relieve the burden of unpaid care work on women, so they can gain employment with a decent income, social security and employment rights, more free time, and overall wellness. Care must shift from a problem in the private sphere to become the center of a public debate, in which state actors, based on the recognition of inequalities, work on the design of public policies aimed at achieving greater equity.⁷³

Opportunities

“Communities of Care” – A Government initiative to strengthen home care services

In 2021, the government launched a pilot project called “Communities of Care”⁷⁴ to strengthen home care services in three municipalities to address women’s unpaid care work in the home, the poverty gap it creates, and the need for decent caring jobs. State coverage will be expanded to meet care needs for people over 65 years of age, children from birth to 5 years of age and people with severe disabilities. Early Childhood Care Centers (CAIPI) will be expanded, and these services will be complemented with

specialized home care services.⁷⁵ The goal is to transform home care services from unpaid, informal employment to formal employment, paid minimum wage, covered by social security and labour standards. A network of caregivers will be created, trained and certified. The pilots test different approaches and methods of reorganizing home care services to foster a more comprehensive and less costly system⁷⁶ that recognizes care work as an economic activity that creates value, wealth and wellbeing. Strengthening public care services will redistribute time between men and women and create conditions for overcoming poverty, essential aspects for reducing gendered inequality. Participation of trade unions and civil society in the coordination for the Care Communities pilot project has been raised by the government but had not been formalized at the time of writing. No doubt CIMTRA and the union confederations will continue to play a central role in pressing for progress.

⁷³ Based on written and virtual communication with Eulogia Familia (CNUS). June 2022.

⁷⁴ Gobierno de la República Dominicana. 2021. “Comunidades de Cuidado: Construyendo Una Política Nacional de Cuidados Con Los Actores Del Territorio.”

⁷⁵ Demiuser. 2022. “Congreso internacional ‘Economía del cuidado’ - Primer día.”

⁷⁶ Gobierno de la República Dominicana. 2021. “Comunidades de Cuidado: Construyendo Una Política Nacional de Cuidados Con Los Actores Del Territorio.”



Social actors are mobilising to set up a comprehensive care system including centres for child and adolescent care, a measure that would allow parents to work, study and seek employment. In this image, schoolchildren in Buenos Aires attend an extracurricular activity by school bus.

Argentina

In Argentina, unions having secured ratification of most key ILO Conventions, are engaging to expand the care economy with a concerted push for a comprehensive care system.

Lorena, who has chosen to use a fictitious name, is mother of a 9-month-old baby and is trying to return to the labor market; however, “it’s a lottery to get a [childcare spot],” she lamented. “If I were to get a job where I could work from home, I would need to hire a nanny in order to be able to work... [even then], I would have to pay next to nothing to the person taking care of the love of my life.” Verónica (also using a fictitious name) is a sociology student in Buenos Aires with two young boys. In her view,

“**people think that women can just telework while they take care of their kids. I think this is based in the idea that childcare isn’t work, that it doesn’t require attention. Domestic and care work are made invisible, and it has everything to do with the gender gap and the expropriation of feminine work.**”

Trade unions have been working on legislation focusing on the creation of comprehensive assistance and protection targeted at workers’ children through infancy, childhood and adolescence.

*“Improving child and adolescent care infrastructure to boost the economy and promote equality in Argentina”
By Nazaret Castro, Equal Times, forthcoming.*

Overview Care Work in Argentina

Socio economic data

Argentina has the second largest economy in Latin America with a vast territory of 2.8 million square kilometres and abundant natural resources. Yet it suffers from 40% poverty, 50% annual inflation, and the threat of the country's ninth sovereign debt default.⁷⁷ Most Argentinians (78%) work in the service sector, with 22% employed in industry.⁷⁸ The economy recovered faster than expected after the pandemic, growing 5% above pre-pandemic levels. The fiscal deficit fell, mainly because of reduced COVID-related spending, but also because of increased revenues from a tax on large fortunes, and higher payments from exports. But the high inflation rate, up 52.3% over the previous year,⁷⁹ makes survival difficult for those with fixed and low incomes.

Care economy features

Compared with neighbouring countries, Argentina has made relatively little investment in the care economy. Domestic workers make up the largest number of care workers, followed by education and lastly healthcare,⁸⁰ unlike most developed countries where education is the largest sector, followed by health care and lastly domestic or home services.⁸¹

Unpaid care and domestic work represent the largest sector in the economy, accounting for 16%

of GDP, followed by industry (13%) and commerce (13%). Women do 75% of unpaid domestic labour.⁸² If domestic tasks were remunerated, the sector would contribute U\$67 billion to GDP.⁸³ During the pandemic, the care economy took on unprecedented importance⁸⁴ with care work constituting 21.8% of GDP.

The domestic service sector was one of the most affected by the COVID crisis. The pandemic demonstrated this sector produces essential goods and services for social, economic, and productive activity⁸⁵ and underlined the need to advance new public policy and care systems.⁸⁶ It magnified structural challenges of gender inequality, reversing recent progress, and highlighted why the current approach to care work is unsustainable and unfair.⁸⁷

The benefits of investing in the care economy in Argentina: ILO study

An additional investment of 2.7 of GDP in the care economy can create jobs and greater gender equality in Argentina, according to a 2022 ILO study that uses economic modelling or macrosimulations to calculate concrete advantages of investing in the care economy. In Argentina, over 2 million direct and formal jobs could be created by 2030 by investing 1% of GDP in childcare and 1.46% in long-term care. Additional jobs would be retained through an investment of 0.25% in family-friendly labour market policies and 0.03%

⁷⁷ Timerman, Jordana. 2021 "In Argentina, a Push to Make the Economy Work for Women."

⁷⁸ O'Neill, Aaron. 2019. "Employment by Economic Sector in Argentina 2019."

⁷⁹ The World Bank. 2022. "The World Bank in Argentina."

⁸⁰ International Labour Organization. 2022. "Economía Del Cuidado y Trabajo Decente En Argentina: Una Agenda Transformadora Para La Recuperación Económica y La Igualdad de Género."

⁸¹ International Labour Organization. 2018. "Care Work and Care Jobs For the Future of Decent Work."

⁸² Timerman, Jordana. 2020 "In Argentina, a Push to Make the Economy Work for Women."

⁸³ Ministry of Economy Argentina. "The Value of Care: A Strategic Economic Sector A Measurement of Unpaid Care and Domestic Work in the Argentine GDP."

⁸⁴ Ministry of Economy Argentina.

⁸⁵ Ministry of Economy Argentina.

⁸⁶ United Nations Women and United Nations Economic Commission for Latin America and the Caribbean. 2021 "Towards the Construction of Comprehensive Care Systems in Latin America and the Caribbean."

⁸⁷ United Nations Women and United Nations Economic Commission for Latin America and the Caribbean.

breastfeeding breaks,⁸⁸ bringing the total number of jobs (direct, informal and induced) to 2,514,078. This would increase women's net employment in childcare through the creation of over 829,000 direct and formal jobs, of which 96% would be held by women. The investment would boost jobs providing long-term care to create 1.1 million new direct and formal jobs with women holding 81%

of this employment. Of the total net employment creation in childcare and long-term care in 2030, 82 per cent is expected to be held by women, of which 97% would be formal employment. The ILO calculates that investment in the care economy in Argentina would reduce the gender employment gap by 8.6% and the gender gap in monthly earnings by 6.8%.

Trade Union Engagement in the Care Economy

There are three union confederations in Argentina - the General Confederation of Labour (CGT), the Argentine Workers' Central Union, Autonomous (CTA-A); and the Argentine Workers' Central Union (CTA-T). The CGT represents health workers (its fifth largest union, FATSAs) and teachers (CEA, in 13th place by numbers).⁸⁹ The CGT's Secretariat for Equal Opportunities and Gender brings together more than 180 organizations from different sectors inside and outside trade unions.⁹⁰ The CTA-A includes workers from the public and private sectors, in active service and retired, formal workers, precarious workers, freelancers and self-managed workers (who are enrolled in legally recognized trade union organizations or those that are simply registered). Neighbourhood, social, community and youth organizations, and organizations of people with disabilities, migrants, native peoples also belong to the CTA-A as well as those who are part of the National Coordinating Body of Industrial Workers of the CTA-A and the federations of workers of Energy, Retirees, Teachers, the National

Territorial Federation, of Health, of Culture and of Communications.⁹¹ In recent years, "staff working in private homes" as domestic workers and attendants have been organized into CTA-A unions.⁹² The CTA-T represents state workers, including the largest teachers' union (CTERA), university professors (CONADU), employees of the national, provincial and municipal governments in various organizations, health care workers employed through PAMI, a public agency providing health benefits and elder care, nurses and social support workers. CTA-T also includes unions from the private sector, services and industry, workers organized in cooperatives and other forms of the popular, social and solidarity economy, and a neighbourhood movement made up of local organizations of informal workers.⁹³

Investments

Argentina lags behind neighbouring countries, in particular, Uruguay, in developing an integrated care system. There is no sufficient national

⁸⁸ Family-friendly labour market policies would include various expansions of maternity leave for formally and informally employed women, the introduction of parental leave and paid breastfeeding breaks. Among formally employed workers this would include an expanded maternity leave from 13 weeks at 100 per cent replacement to 18 weeks at 100 per cent replacement and expanded paternity leave to 0.6 weeks at 100 per cent replacement. Among formally self-employed workers, this would include an expanded maternity leave of 9.4 weeks at 100% replacement and paternity leave of 0.6 weeks at 100% replacement. Family Friendly Policies would also include parental leave for both the formally self-employed workers such as parental leave for self-employed mothers for 15 weeks at 100 per cent replacement, and parental leave for self-employed fathers for 8 weeks at 100 per cent replacement. For informally employed workers this would include 11 weeks at 100 per cent replacement for mothers and 8 weeks at 100 per cent replacement for fathers. Among informally employed workers this would include maternity leave of 4 weeks at 100% replacement for maternity leave and 0.6 weeks paternity leave at 100% replacement. Additionally, family friendly policies include 60-minute paid breaks for breastfeeding. Among informally employed workers this would include an expanded maternity leave of 14 weeks at 100% replacement for maternity leave and 0.6 weeks paternity leave at 100% replacement. Additionally, family friendly policies include 60-minute paid breaks for breastfeeding.

⁸⁹ 2022. "Confederación General del Trabajo de la República Argentina."

⁹⁰ Interview by Leonor Cedillo on August 09, 2022, with Noé Ruiz, General Secretary of the Fashion Industry and Advertising Union; Secretary for Equal Opportunities and Gender of CGTRA; President of the Committee of Working Women of the Americas (CMTA).

⁹¹ Written communication from Alejandra Agriman. CTA-A September 8, 2022.

⁹² Shokida Natsumi et al. 2021. "Datos Estadísticos, Reclamos y Propuestas para la Acción. Personal de Casas Particulares."

⁹³ Interview by Leonor Cedillo on August 4, 2022, with Yamile Socolovsky, Secretary of Training, Research, Projects and Statistics for the CTA-T.

childcare system and few health services directed to the elderly. There are some transfers to families to support care services, but care workers in private homes are precarious. Public spending is limited and complicated.⁹⁴

CTA-T is advocating for a comprehensive care system⁹⁵ that would recognize, reduce and redistribute care work, taking into account human rights, gender, intersectional, and intercultural perspectives.⁹⁶ The CTA-T wants to see the government invest in infrastructure and services, expand leaves and promote equalization of family responsibilities. Proposed legislation would guarantee the same rights to leave for care for all sectors, including self-employed, informal and rural workers.

The CGT has been advocating for nine years for the creation of a national childcare program. They have put forward an ambitious plan to provide care and education to workers' children through early childhood, childhood and adolescence, regardless of the parents' work status, with a mix of public, private and solidarity funding, in the process creating huge numbers of jobs.⁹⁷ CGT is currently pushing legislation through Congress to make this vision a reality.

The government has recently promised to increase spending on care infrastructure, "aimed at guaranteeing well-being and the effective exercise of rights, not only of those who receive care (children, adolescents, the elderly, people with disabilities, etc.) but also of those who provide care (workers who in their vast majority are women). It contributes to the promotion and comprehensive protection of the rights of early childhood, which

reduces the burden of unpaid domestic and care work in homes, facilitates equal opportunities between genders, and aims at the comprehensive protection of specific populations in the most vulnerable situations".⁹⁸

Labour market policies

Argentinian union confederations have been very successful in pressing for ratification of ILO Conventions intended to strengthen the care sector, including Convention 156 on workers with family responsibilities, Convention 183 on maternity protection, Convention 189 on decent work for domestic workers, and Convention 190, on eliminating violence and harassment in the workplace. But until now they've had less traction moving the government to invest in care.

CTA-A's view is that while the government has proposed draft legislation that would entail significant progress in policies for vulnerable population groups, no advances have been made in care as a right guaranteeing equitable access to be cared for and to care (or not), for the entire population.⁹⁹ It has advocated a model based on the example of neighbouring Uruguay, where unions, civil society and academia influenced the creation an integrated system where care is recognized as a universal right.¹⁰⁰ Since 2015, the state has served as "the guarantor of access to the right to care, based on a model of social co-responsibility,"¹⁰¹ with civil society, the private sector, and families playing a role in providing services, while directly addressing the gendered nature of care work. The model requires resources, coordination, and flexibility to adapt to cultural and regional differences, with attention to services,

⁹⁴ Short communication with Alejandra Angriman, CTA-A by Leonor Cedillo on August 5, 2022.

⁹⁵ Ministerio de las Mujeres, Géneros y Diversidad, "Proyecto de Ley Hacia el reconocimiento de los cuidados como una necesidad, un trabajo y un derecho para un desarrollo con igualdad para todas, todes y todos 'Cuidar en Igualdad' para la creación del Sistema Integral de Políticas de Cuidados de Argentina (SINCA)."

⁹⁶ United Nations Women and United Nations Economic Commission for Latin America and the Caribbean. 2021. "Towards the Construction of Comprehensive Care Systems in Latin America and the Caribbean."

⁹⁷ Draft proposals in English and Spanish received from Noé Ruiz on June 29, 2022

⁹⁸ Ministerio de Obras Publicas. 2021. "10 Motivos Para Invertir En Infraestructura de Cuidado."

⁹⁹ Written contribution from Alejandra Agriman CTA-A

¹⁰⁰ United Nations Women and United Nations Economic Commission for Latin America and the Caribbean. 2021. "Towards the Construction of Comprehensive Care Systems in Latin America and the Caribbean."

¹⁰¹ United Nations Women and United Nations Economic Commission for Latin America and the Caribbean.

training, regulation, knowledge management, and communications to promote cultural change. Legislative changes are also needed to expand parental leave and leave to care for dependent family members, in addition to measures to make working hours more flexible and improve workers' access to services.¹⁰²

Collective bargaining

A recent study¹⁰³ shows collective bargaining demands have focused on maternity leave and leave to care for children, with little attention to other demands for care arising from old age, disability, or chronic illness. These priorities reinforce a focus on women as mothers, ignoring men's role and the broader range of demands for care.

Those interviewed for the study support a holistic, systemic, and federal-level approach to care.

"Cultural change" was seen as essential to sharing joint responsibility for care and recognizing a healthy work/life balance as a fundamental right for all. While unions have secured some gains over the minimums guaranteed in legislation, a much more ambitious bargaining agenda around care and shared responsibility is needed.

The study recommends joint labour-management strategies for training and raising awareness, and promotes a social dialogue among government, employers and unions. But beyond the bargaining table, an overhaul of labour legislation is needed to catch up with more advanced – and gender-transformative -- legislation in other fields. Because it is only through legislative change that minimum standards will be raised, improving conditions for those workers who lack union representation and are most vulnerable.¹⁰⁴

Challenges and Opportunities

Challenges

There are many challenges to strengthening Argentina's care economy, including incorporating nurses and caregivers within long-organized formal sectors; and overcoming barriers to equitable gender representation (gender quotas)¹⁰⁵ Even though there is still a long way ahead towards gender parity, there are important advances in this direction relating to trade union structures. The CTA-T has recently approved a change to its constitution requiring gender parity in elections to internal trade union governance structures. CONADU, the university teachers' union, has already implemented a requirement for gender parity in its constitution.¹⁰⁶

Opportunities

The government has recently introduced a draft law, whose name, translated into English, is "Towards the recognition of care as a necessity, a job and a right for development with equality for all. "Caring in Equality" for the creation of the Comprehensive System of Care Policies of Argentina (SINCA)."¹⁰⁷ This is draft law ("Care in Equality") was prepared by the Executive Branch (National Government) and has been presented in Parliament, but not yet debated. The government has started to consult trade unions about it, but only after proposed law was drafted and presented to Parliament. It does open a window for Argentina's union confederations to gain

¹⁰² United Nations Women. 2019. "The National Integrated Care System In Uruguay: An Opportunity For The Economic Empowerment Of Women."

¹⁰³ Novick, Marta. 2022. "La agenda del cuidado en los convenios colectivos de trabajo en Argentina."

¹⁰⁴ Interview with Yamile Socolovsky, op. cit.

¹⁰⁵ Interview with Noé Ruiz. op. cit.

¹⁰⁶ Written communication from Yamile Socolovsky, September 8

¹⁰⁷ Ministerio de las Mujeres, Géneros y Diversidad. "Proyecto de Ley Hacia el reconocimiento de los cuidados como una necesidad, un trabajo y un derecho para un desarrollo con igualdad para todas, todes y todos 'Cuidar en Igualdad' para la creación del Sistema Integral de Políticas de Cuidados de Argentina (SINCA)."

recognition for rights, extend care services and improve working conditions in the sector.¹⁰⁸ The draft bill recognizes care as a necessity, a job, and a right, and promises a comprehensive system for “Caring in Equality”. It sets out an eight-year plan with a goal of benefiting 8 million people, including workers in the informal sector.¹⁰⁹ The aim is to recognize, reduce and redistribute care among different actors – state, family, market and community. An inter-ministerial roundtable with leadership from the Ministry for Women, Gender and Diversity has a mandate to coordinate development of a comprehensive care system,¹¹⁰ and move from “the logic of services to the logic of people”.¹¹¹

The CTA-A has proposed several amendments to the draft legislation to strengthen rights and conditions for workers in the care sector including: Policies that generate stable employment in care jobs with decent working conditions and pay, as well as retirement benefits and pensions that cover everyone’s basic needs; Tripartite agreements for a reduction of the workday with no reduction in pay, to create more jobs; State investment policies aimed at the care sectors, guaranteeing the rights of the workers in regard to working conditions, wages and retirement in dignity; Recognition of unpaid community care jobs, placing them in wage schedules and creating decent employment; Creation of a National State Observatory for the generation of surveys and statistics regarding care; Creation of a national register of carers and care locations; Ministry of Labour requirement for

clauses in collective bargaining agreements and sectoral agreements with a gender perspective to address barriers to women’s employment and skill development related to their caring responsibilities e.g. financial compensation and paid time.¹¹² CTA-A is advocating for their proposed amendments to be incorporated into the draft law.¹¹³

It will be critical that the union centrals, and in particular, women in the three centrals, continue to coordinate the work they have been doing since 2015 to link with non-union organizations and workers from unorganized sectors, to advocate for a new comprehensive care system.¹¹⁴ Unions can play a key role in making the case that being cared for is a right and that caring is a job with rights.¹¹⁵ They can underscore the contribution these new jobs can make in reducing women’s poverty by increasing their labour force participation and income, while also growing tax revenues to fund care jobs and avert cutbacks.¹¹⁶

¹⁰⁸ Written communication from Yamile Socolovsky, September 8

¹⁰⁹ “Proyecto de Ley Hacia el reconocimiento de los cuidados como una necesidad, un trabajo y un derecho para un desarrollo con igualdad para todas, todes y todos “Cuidar en Igualdad” para la creación del Sistema Integral de Políticas de Cuidados de Argentina (SINCA)”

¹¹⁰ United Nations Women and United Nations Economic Commission for Latin America and the Caribbean. 2021. “Towards the Construction of Comprehensive Care Systems in Latin America and the Caribbean.”

¹¹¹ United Nations Women and United Nations Economic Commission for Latin America and the Caribbean.

¹¹² Written contribution from Alejandra Agriman CTA-A

¹¹³ Interview with Yamile Socolovsky, op. cit.

¹¹⁴ Interview with Yamile Socolovsky, op. cit.

¹¹⁵ Interview with Yamile Socolovsky, op. cit.

¹¹⁶ Interview with Noé Ruiz, op. cit.



A domestic worker employed by an expat couple in Bangalore, India, makes tea.

India

In India, the Self-Employed Women's Association (SEWA) has piloted childcare cooperatives and other social supports to meet members' needs – and to press government to implement these innovative, responsive services nationally.

Sita Ashokan was recruited at 18 from Kerala's Wayanad district to be a care worker. "I had bitter experiences in almost all of the houses I worked in," she reflected. "I was accused of stealing, labelled as a loose woman, deprived of food, and subjected to racial and suggestive comments. The agencies seldom hear our cry." Workers from the most vulnerable households are often forced to bring their dependents with them to work or leave them at home uncared for. That is not the case for the hundreds of thousands of workers associated with India's Self-Employed Women's Association (SEWA), a national trade union for women workers in the informal SEWA members can go to work, while SEWA care workers look after their children, as well as sick or old relatives. Manali Shah, SEWA's national secretary, points out that

“ when the onus of caregiving is shifted to a profession, women have the freedom to choose their profession and commit wholeheartedly to their work, ... [leading] to access to better living standards.

*“By workers, for workers: in India, cooperatives are addressing care workers' own caregiving needs”,
By Sindhu Menon, Equal Times, forthcoming*

Overview of Care Work in India

Socio economic data

India, with a population of almost 1.4 billion people, had a growing workforce of over 471 million in 2021.¹¹⁷ About two-thirds of workers live in rural areas and almost half of Indians work in agriculture, despite a slight shift over the past decade to urban living and urban growth in industry and the services sector.¹¹⁸ Workers are overwhelmingly employed in informal arrangements (90% of workers nationally (92% of women) and 80% in urban areas)^{119,120} without access to social security benefits or the protection of labour legislation.¹²¹ Women in India have one of the lowest formal labour force participation rates in the world, at only 23% in 2017-18, which has been declining since 2004-05.¹²² Outside of agriculture, women workers tend to be employed as informal home-based workers (16.4% of total employment 2017-18), as domestic workers (3.2%), in informal construction (4.9%) and also as street vendors, waste pickers and in informal transport.¹²³ While child labour has declined in India, there are still over 10 million children (5-14 years of age) working.¹²⁴

Care economy features

India spends less than one per cent of GDP on care work infrastructure and services, such as pre-primary education, maternity, disability and sickness benefits, and long-term care.¹²⁵ Much of the work in the care economy in India is done by women in the informal economy. For

example, there are 2.5 million women who work as Anganwadi workers (AWWs), auxiliary nurse-midwives (ANMs) and accredited social-health activists (ASHAs). Only the auxiliary nurse-midwives are part of organised public health personnel with full pay and benefits. In 2020, the Parliamentary Standing Committee on Labour (2020) called on the Ministry of Labour and Employment to set wage thresholds for frontline health and care workers. Meanwhile 3.9 million domestic workers (of whom 2.6 million are women), await formalized working conditions under the National Platform for Domestic Workers Bill 2016 and the National Policy on Domestic Workers, which remain under consideration. As of August 2022 the policy has yet to be finalised and implemented.

The benefits of investing in the care economy in India: ILO study

An additional investment of 4.4% GDP in the care economy in India can create many jobs and significantly improve gender equality according to a 2022 study by the ILO that uses economic modelling or macrosimulations to calculate concrete advantages of investing in the care economy. Over 60 million jobs could be created by 2030 by investing 2.2% of GDP in childcare and 2.09% in elder care. Additional jobs would be retained through an investment of 0.12% in family-friendly labour market policies, such as improving parental leave, and 0.01% investment in paid

¹¹⁷ The World Bank, "Labor Force, Total - India."

¹¹⁸ Raveendran and Vanek. 2022. "Informal Workers in India: A Statistical Profile."

¹¹⁹ Raveendran and Vanek.

¹²⁰ Informal employment in India includes those working in the informal sector – that is, in all unincorporated private enterprises owned by individuals or households engaged in the sale of and production of goods and services, operated on a proprietary or partnership basis and with less than 10 total workers, as well as domestic workers, contributing family workers, casual day labourers and workers in the formal sector with no social security benefits provided by their employer. Raveendran and Vanek, WIEGO. P.2

¹²¹ Legislated social security benefits for workers includes medical, sickness, maternity and disability benefits, as well as retirement benefits but only for workplaces with over 10 workers, which leaves out most establishments in the country. Raveendran and Vanek. P. 1

¹²² De Henau, Himmelweit, and Perrons. 2017. "Investing in the Care Economy."

¹²³ Raveendran and Vanek. 2022. "Informal Workers in India: A Statistical Profile."

¹²⁴ De Henau, Himmelweit, and Perrons. 2017. "Investing in the Care Economy."

¹²⁵ Nikore, "Care Economy: Why India Must Recognise and Invest in Care Work."

breastfeeding breaks, bringing the total number of jobs (direct, informal and induced) to 78,462,407.¹²⁶ This would create 17 million direct and formal jobs in childcare, with women holding 96% of these jobs. The investment would boost jobs providing long term care by over 26 million direct and formal jobs from which 88% will be held by women. Of the total net employment creation in childcare and

long-term care in 2030, 72 per cent is expected to be held by women, of which 93% would be formal employment. The ILO calculates that investment in the care economy in India would reduce the gender employment gap by 5.7% and the gender gap in monthly earnings by 7.3%.¹²⁷

Trade Union Engagement in the Care Economy

This report focusses on SEWA, the Self-Employed Women's Association, a national trade union founded in 1972, which has grown to represent 2.1 million informal women workers across 18 states. SEWA's programs are women-oriented and focus on four pillars: value-based organizing for decent work, voice, and representation; capacity-building; social Security; and financial services. SEWA is inspired by the values of Mahatma Gandhi and has formed 154 women's cooperatives and collectives.¹²⁸

Organizing women workers and cooperative childcare centres

SEWA has been organizing women workers for 50 years. It was clear from the start that many SEWA members wanted childcare so they could work, so SEWA's founder, Ela Bhatt, began a creche for members in 1972. In 1986,¹²⁹ the Sangini Mahila childcare cooperative was registered and now runs 11 childcare centres for infants and young children under six. Shaishav childcare cooperative was set up for young children of tobacco workers in 1994 and runs 21 centres. "Gyan Kendras" or knowledge

centres provide support to older children in the urban areas.¹³⁰

For some years, SEWA has run childcare centres under the government's Integrated Child Development Services (ICDS) through the Sangini cooperative which provided care, and also trains union members who want to become childcare teachers and helpers to become caregivers. The centres focus on the overall development of the children — their physical, emotional, mental, and social well-being. They promote the health of women and adolescent girls by functioning as centres for the monthly Mamta Diwas (health and nutrition days) held in each community. In total, the Sangini cooperative has 624 members, including childcare teachers, helpers, and parents of the children. The cooperative gives a dividend of 15 per cent to members in years it has a surplus.¹³¹

Research has identified many positive effects of SEWA's childcare cooperatives for mothers and children. Mothers' incomes increased, rising more than 60% on average with full-day childcare and

¹²⁶ Family-friendly labour market policies include improved maternity leave for formally and informally employed women, introduce parental leave and paid breastfeeding breaks. Among formally employed women this would include expanded family leaves of 18 weeks maternity leave at 100% and 0.6 weeks of paternity leave at 100% replacement. Among formally self-employed workers, this would include an expanded maternity leave of 9.4 weeks at 100% replacement and paternity leave of 0.6 weeks at 100% replacement. Among informally employed workers this would include maternity leave of 4 weeks at 100% replacement for maternity leave and 0.6 weeks paternity leave at 100% replacement. Additionally, family friendly policies include 60-minute paid breaks for breastfeeding.

¹²⁷ Authors' calculations based on ILO, Care policy investment simulator, forthcoming.

¹²⁸ Chatterjee, Mirai. 2021. "Child Care for Women's Economic Empowerment."

¹²⁹ A watershed report in the 1980s strengthened SEWA's work on childcare. "Shramshakti" or Women's Labour Power", a report by the National Commission on Informal Women Workers, devoted one chapter to the childcare needs of informal women workers. The report was a catalyst for the creation of FORCES, a coalition of Indian labour and women's groups that focused on creating childcare centres.

¹³⁰ Self-Employed Women's Association. "Child Care as Care Economy."

¹³¹ International Labour Organization. 2018. "Advancing Cooperation among Women Workers in the Informal Economy: The SEWA Way."

44% with part-time care. The cooperatives allowed mothers to work with less worry: “96% of mothers in full-day centres and 88% of mothers from other centres reported increased peace of mind. Children experienced positive health benefits, (health and nutrition, high rates of immunization); a positive effect on education and learning. When asked about what effect the childcare centre had on their children, 68% of mothers who sent their children to SEWA centres self-reported that their children were now speaking more and had become “more clever”, versus an average of 56% for non-SEWA centres.”¹³²

Childcare policies and investments

SEWA advocates for the expansion of the government’s Integrated Child Development Services with the goal of improving health, nutrition, and education and according to women workers’ hours of work. SEWA calls on the Indian government to expand their system to provide universal, full-day quality care, increasing investment to at least 1% of GDP. It has joined with other unions and civil society organisations to launch a national campaign for universal quality childcare. Their demands include that childcare be considered decent work, recognized for its value, and meriting social protection and capacity-building programs. The campaign has organised workers across India to demand full-day care, prompting discussions with several state governments to extend the hours of the ICDS program. It also advocated for childcare commitments from all political parties during the 2019 national elections.

According to SEWA, “childcare centres play a great role in the care economy and... in formalizing the informal and just transition.” Benefits include increasing mothers’ productivity while improving livelihood prospects; creating better working conditions by decreasing working hours; increasing wages and income with higher productivity; expanding employment for childcare givers and teachers; linking mothers to the social

security; training and certification of child-care givers and teachers; and improving children’s preparation for school. Each of these benefits advance international goals related to decent work, improved living standards, new employment opportunities, increased voice, visibility and validation of the informal sector and women workers, a just transition from informal to formal employment, and a just transition for children. SEWA’s childcare cooperatives are striving to be self-sustainable with contributions of mothers and workers to running the cooperatives, working toward formalizing employment without the help of government or other major stakeholders.¹³³ The childcare centres also created job opportunities internally amongst the communities for the educated younger generation.

Addressing COVID-19

The COVID-19 pandemic created many challenges for the women workers SEWA represents.

For example, the Sangini cooperative, which serves low-income households, remained closed during lockdowns, respecting government orders and guidelines. So, the cooperative did not have any income during that time. Yet the centres continued to pay the childcare workers, who provided nutritious meals to children from vulnerable families and distributed food and health kits to over 450 families.

During the pandemic, SEWA, through its health cooperative, Lok Swasthya, trained leaders and organized a network of “doctors and hospitals, and tele-consultation services to provide access to basic healthcare and treatment. They distributed individual and community health kits which included masks, sanitizers/soaps, vitamins, paracetamol tablets, immunity supplements, oximeters, and thermometers.” They also helped distribute food and sanitary napkins. SEWA’s insurance cooperative, VimoSEWA, assisted 3,000 informal women workers with insurance coverage

¹³² Chatterjee, Thomas, and Mahajan. 2017. “Report – Study on the Impact of Full Day Childcare Managed by a Women in Urban Neighbourhoods.”

¹³³ Self-Employed Women’s Association. “Child Care as Care Economy.”

for COVID-19 and income loss due to COVID-19 and other illnesses. Further, SEWA Cooperative Federation¹³⁴ “provided working capital to nine enterprises and 350 micro-entrepreneurs, across three states. The capital was used for purchase of raw material for production, ensuring timely payments to workers, (while) diversifying revenue models.”¹³⁵ The cooperative federation intends to expand these efforts.

Although some live-in homecare workers were able to maintain employment, many part-time staff experienced layoffs. Few members of SEWA

Homecare received their salary for March despite efforts to negotiate. Therefore, the cooperative “collectively decided to pay the members from their savings.” Many who were laid-off pursued “alternative sources of livelihood such as mask production.” As restrictions lifted, employment opportunities grew for homecare workers. However, it took time to ensure workers had access to vaccinations and to overcome vaccine hesitancy. As well, the Homecare cooperative has begun to explore opportunities to expand their range of services to include nursing, physiotherapy, massage, gardening and sanitizing services.¹³⁶

Challenges and Opportunities

Challenges

A major challenge for SEWA members has been to ensure the government-run childcare system is working well and to expand cooperative childcare centres where women are trained to provide quality childcare. SEWA works as a union is to bring women together to build their confidence and their voices, to demand quality childcare. SEWA also mobilizes members to monitor childcare centres and ensure they function properly.¹³⁷

SEWA’s strategy has been to develop and demonstrate a viable model of universal, quality childcare and then press the government to implement that model. To this end, SEWA recently started an action research project with ten childcare centres in Gujarat state to extend the hours and improve nutrition and educational materials. They have established a baseline and will monitor the pilot over three years, evaluate the benefits against the additional cost, hoping to make a case for expanding the hours of the government’s childcare program.¹³⁸

Opportunities

SEWA has learned that childcare promotes organising because it brings workers and communities together, as everyone shares a concern about their children. Childcare has been a unifying issue, affecting all women workers regardless of religion or caste, building workers’ solidarity. SEWA’s actions to address women workers’ need for childcare, built trust, and establish a worker-run, cooperative structure is ideal to create a sense of collective ownership and decision-making.

SEWA’s experience also demonstrates that full-day childcare is critical. It allows women to focus on their paid work and significantly increase their income. When women earn more it has a positive impact on children, the family and home. And children who attend full-time childcare benefit from improved nutrition. Combined with a holistic approach to care, young children of informal workers thrive, with better prospects of continuing their formal education.

¹³⁴ SEWA Cooperative Federation provides support services to over 100 women-owned and women-led cooperatives and other collective businesses of women workers in the informal sector to become viable, to innovate and to scale up. The Federation reaches 300,000 informal women workers across many sectors, with the aim of achieving full employment and self-reliance for women workers in the informal sector.

¹³⁵ Swasthya, Lok. 2021. “COVID Relief and Restoration Work for Health and Livelihood.”

¹³⁶ Self Employed Women’s Association, “Building Resilience & Strengthening Our Solidarity.”

¹³⁷ Thomas, Susan 2022

¹³⁸ Thomas, Susan 2022



A domestic worker hangs out the washing on a farm in Swartland, South Africa. South Africa's domestic work sector has long been characterised by a high degree of informality and poor adherence to labour regulations.

South Africa

Continuing to press for respect, benefits and protections for all care workers, South African unions are making a push to organize domestic workers and home care workers, while advocating for system-wide investment in the care economy.

Thulie Mbatha wakes up at 4am every weekday to catch the first bus from Soweto, the township where she lives, to Sandton, an affluent suburb located to the north of Johannesburg in South Africa. Mbatha is a nanny to three children and handles all the domestic chores associated with keeping a 14-room mansion tidy and clean. "Informality and vulnerability in the domestic work sector in SA makes violations go unchecked because of the private spaces in which workers operate," points out SADSAWU general secretary Myrtle Witbooi. Thanks to union action this was not the case for Mbatha. Mbatha benefited from a 20 per cent minimum wage increase in March 2022.

“Domestic workers have been exploited for a long time. We are glad our voices are now becoming louder and strong enough to draw the authorities' attention, says Mbatha.

*“Landmark minimum wage hike brings relief to domestic workers in South Africa, but challenges remain”,
By Colleta Dewa, Equal Times, forthcoming.*

Overview of Care Work in South Africa

Socio-economic data

South Africa has a growing population of 60.6 million people in 2022¹³⁹ with a labour force of over 22.7 million.¹⁴⁰ Most workers (over 10 million) are employed in the non-agricultural formal sector, over 2 million are employed in the informal sector and over 1 million work in private households.¹⁴¹ Over half of women aged 15-64 are in the paid labour force (54% in 2019) with women accounting for 44.8% of the 2022 work force.¹⁴² Despite progress in addressing the legacy of apartheid, South Africa has one of the highest, most persistent inequality rates in the world. Structural challenges and weak growth have undermined progress in reducing poverty in South Africa, which has grown through the COVID-19 pandemic.¹⁴³ Unemployment is high, reaching 34.5% in the first quarter of 2022¹⁴⁴ with unemployment for youth (15 - 24 years of age) almost double, at 66.5%.¹⁴⁵

Care economy features

South Africa's care economy includes health care, wellness, community care, early childhood development, social services, education, and domestic work, looking after children, the elderly, those with disabilities, and the home.^{146,147} Care work is provided in the formal and informal markets by public and private providers, with non-profit organizations (NPOs) and non-governmental organizations (NGOs) providing much of the service delivery.¹⁴⁸ Women perform most of the

paid and unpaid care work, and much of it has traditionally been done by women in the home on an unpaid basis. Where care work is paid, it is often underpaid, and the services are undervalued. Care and support services contribute to the nurturing and development of the population, which is vital to maintaining the labour force, and contributes to social cohesion.¹⁴⁹ Neglecting care work sustains gendered forms of inequality.¹⁵⁰

The benefits of investing in the care economy in South Africa: ILO study

An additional investment of 4.62% of GDP in the care economy can create jobs and greater gender equality in South Africa, according to a 2022 study by the ILO that uses economic modelling or macrosimulations to calculate concrete advantages of investing in the care economy. Almost 4 million jobs could be created in South Africa by 2030 by investing 2.38% of GDP in childcare, 1.81% of GDP in elder care (Long Term Care). Additional jobs would be retained through an investment of 0.39% of GDP in family-friendly labour market policies and 0.04% in paid breastfeeding breaks, bringing the total number of jobs (direct, informal and induced) to 6,076,182. Over 952,000 direct and formal jobs would be created in the childcare sector, with women holding 79% of this employment. Over 1 million direct and formal jobs would be created in the long term care sector with women holding 91% of this employment. Family-friendly labour market

¹³⁹ Statistics South Africa, "Census 2022."

¹⁴⁰ Statistics South Africa. 2022. "Quarterly Labour Force Survey (QLFS) Q1:2022."

¹⁴¹ Statistics South Africa. 2022. "Quarterly Labour Force Survey (QLFS) Q1:2022."

¹⁴² The World Bank. 2022. "Labor Force, Female (% of Total Labor Force) - South Africa."

¹⁴³ The World Bank, "The World Bank in South Africa."

¹⁴⁴ Statistics South Africa. 2022. "Quarterly Labour Force Survey (QLFS) Q1:2022."

¹⁴⁵ The World Bank. 2022. "Labor Force, Female (% of Total Labor Force) - South Africa."

¹⁴⁶ Shai, Lerato. "Public Employment Programs in the Care Economy – the Case of South Africa."

¹⁴⁷ FEDUSA. "FEDUSA Contribution to the ITUC Report on Investment in the Care Economy."

¹⁴⁸ Shai, "Public Employment Programs in the Care Economy – the Case of South Africa."

¹⁴⁹ Federation of Unions of South Africa. "FEDUSA Contribution to the ITUC Report on Investment in the Care Economy."

¹⁵⁰ Federation of Unions of South Africa. "FEDUSA Contribution to the ITUC Report on Investment in the Care Economy"

policies,¹⁵¹ including expanded maternity leave, parental leave and paid breast-feeding breaks for formally and informally employed women would further enhance well-being and employment opportunities. Of the total net employment creation in childcare and long-term care in 2030, 63 per

cent is expected to be held by women, of which 83% would be formal employment. Investment in the care economy would reduce the gender employment gap by 4.3% and the gender gap in monthly earnings by 11.5%.¹⁵²

Trade Union Engagement in the Care Economy

This report focuses on two labour federations in South Africa – the Congress of South African Trade Unions (COSATU) and the Federation of Unions of South Africa (FEDUSA). COSATU, the largest federation, represents at least 1.8 million workers¹⁵³ within the “mining, metals, food, retail, transport, paper, chemical, teaching and public sectors”.¹⁵⁴ FEDUSA has 19 affiliates and over 700,000 members in banking, transportation, hospitality, teaching and public sectors.¹⁵⁵

COSATU, FEDUSA and a third federation, NACTU work closely together to advance gender equity. Gender equity staff from the three federations formed a Gender Task Force in 2016 to consult on common issues. They caucus together before meetings with government to plan their strategies and created a What’s App group to keep in touch on a regular basis.¹⁵⁶

South African trade unions benefit from a strong national social dialogue forum established by Parliament and funded by the state: the National Economic Development and Labour Council (NEDLAC) brings government, business, labour and civil society organizations (representing women, children, disabled, cooperatives, and

those in the informal economy) together in an ongoing, structured opportunity for labour to lobby for workers’ issues.¹⁵⁷ All labour laws and socio-economic laws or policies need to be discussed with NEDLAC first, before going to Parliament.

Investments in the care economy

South African unions speak with one voice to advance a range of gender issues with the government and employers at the National Economic Development Labour Council. To address the disproportionate effects of unemployment on women in South Africa, FEDUSA advocates the immediate strengthening of universal and sustainable social protection policies, investment in supporting families with care work, promoting women as leaders, and ensuring the dignity and safety of women and men in the labour market.¹⁵⁸

Labour market policies

2017-18 legislation to assure maternity protection for all women workers can be credited to advocacy by COSATU and FEDUSA to implement ILO Convention 183, providing maternity coverage to workers in the informal economy. The changes benefitted all workers by providing maternity leave

¹⁵¹ Family-friendly labour market policies would include various expansions of maternity leave for formally and informally employed women, the introduction of parental leave and breastfeeding breaks. Among formally employed workers, maternity leave provisions would increase from 17 weeks at 66 per cent replacement, to 18 weeks at 100 per cent replacement, plus 1.3 weeks (10 days) of paternity leave at 100% replacement. Among formally self-employed workers, this would include an expanded maternity leave of 9.4 weeks at 100% replacement and paternity leave of 0.6 weeks at 100% replacement. Among informally employed workers this would include an expanded maternity leave of 4 weeks at 100% replacement for maternity leave and 0.6 weeks paternity leave at 100% replacement. Supplemental family-friendly policies such as a 60-minute paid break for breastfeeding could be implemented with additional investment.

¹⁵² Authors’ calculations based on ILO, Care policy investment simulator, forthcoming.

¹⁵³ Congress of South African Trade Unions. “Formation of COSATU.”

¹⁵⁴ Culter, J. “COSATU: Congress of South African Trade Union.”

¹⁵⁵ Federation of Unions of South Africa. “FEDUSA Contribution to the ITUC Report on Investment in the Care Economy.”

¹⁵⁶ Gertrude Mtsweni. Aug. 13, 2022. COSATU.

¹⁵⁷ Gertrude Mtsweni. Aug. 13, 2022. COSATU.

¹⁵⁸ Federation of Unions of South Africa. “FEDUSA Contribution to the ITUC Report on Investment in the Care Economy.”

of 17.32 weeks (or 4 months), payable subject to the provisions of the Unemployment Insurance Act.¹⁵⁹ Ten consecutive days 66 per cent of parental leave, paid from Unemployment Insurance, is available upon the birth, or adoption of a child.¹⁶⁰ As well, fully paid family responsibility leave of 3 days during each annual leave cycle (12 months) is available to workers with at least 4 months of service, includes for the birth of a worker's child.¹⁶¹

South African trade unions also have negotiated enhancements to legislated family leaves through collective bargaining. For example, SACCAWU have negotiated eleven months paid maternity leave, while other unions have negotiated six months. Unions have also bargained for 100% wage replacement during maternity leave. COSATU's June 2022 gender conference noted the need to advocate and campaign for six months paid leave as part of ILO Convention 183. Unions are also bargaining for family responsibility day, where both parents can take time off work when needing to attend at child's school.¹⁶²

Also, through collective bargaining, unions have tried to secure workplace childcare centres. In some cases, rather than having each company provide childcare, the union advocates for a government-owned centre, subsidized by companies, to be established for the area. Some childcare centres have been established in workplaces, as well as spaces for breastfeeding, with much more to be done.

COSATU recognized unpaid care work compromises women's ability to participate fully in union activities, so they now provide childcare to members who request it to attend union meetings. COSATU is developing a new campaign on unpaid work where they intend to identify male comrades and train them as gender champions to spearhead efforts to recognize and value women's unpaid care work.

Collective efforts by COSATU and FEDUSA also encouraged the government to ratify ILO Convention 190 on violence and harassment and supplementary Recommendation 206 focused on the elimination of violence and harassment in the workplace in 2021. South African unions are very active to address Gender-Based Violence. Many organize a campaign throughout the country for 16 days of activism to end GBV every year from Nov. 26 to Dec. 10 and 7 days paid leave for victims of domestic violence is being tabled by unions now in negotiations.¹⁶³

Organizing to gain domestic workers rights

South Africa has about 1 million domestic workers, mainly women, who were not recognized as workers or covered by labour or social security legislation prior to 1994. South African union efforts have been at the heart of gaining rights for domestic workers who are increasingly migrant workers, coming from countries experiencing economic turmoil.

COSATU and FEDUSA have worked together and with domestic workers unions SADSAWU (South African Domestic Workers Union) and UDWOSA (United Domestic Workers of South Africa) to improve domestic workers' rights. The federations offered domestic workers resources like office space, training, materials, and strategic advice to organize and learn about their rights.¹⁶⁴ Provincial *imbizos*, meetings to share knowledge, were organized by unions to inform domestic workers about their rights and the advantages of unionization, as well as to engage them in the domestic workers union.¹⁶⁵

After the ILO Convention on domestic workers was ratified in 2013, unions identified gaps between the ILO Convention and South African legislation for domestic workers, such as the lack of a minimum wage or compensation for occupational injury

¹⁵⁹ Republic of South Africa. "Basic Conditions of Employment Act."

¹⁶⁰ Republic of South Africa. "Basic Conditions of Employment Act. BCEA, Article 25A, Parental Leave."

¹⁶¹ Republic of South Africa. "Basic Conditions of Employment Act. BCEA Article 27."

¹⁶² Gertrude Mtsweni. COSATU

¹⁶³ Martlé Keyter. Aug. 29 2022. Interview.

¹⁶⁴ Olasoji, Tolu. 2022. "South Africa Is Pioneering a Better World for Domestic Workers."

¹⁶⁵ COSATU, FEDUSA

or diseases. The National Minimum Wage Act, passed in 2019, initially pegged domestic workers below the national standard, but that gap will be eliminated in 2022.

Union campaigns and legal action also called attention to the absence of compensation for occupational injury and diseases (COIDA) for domestic workers. COSATU organized pickets of union members and domestic workers in Western Cape near the national parliament and in Johannesburg (the business center). Unions drew attention to cases of domestic workers injured and dying at work when lobbying the department of employment and labour and in criminal court cases. Actions were organized to disrupt traffic and call attention to geographic hot spots and households where domestic workers were injured or attacked.¹⁶⁶ Union federations worked with the ILO to clearly explain rights to compensation for occupational injuries and diseases (COIDA) suffered by domestic workers, using social media and flyers. Social media platforms were crucial during lockdown when marches and pickets were not possible. Legislation to extend the provisions of the COIDA law to domestic workers is before parliament as of August 2022 and is expected to become law by the fall. SADSAWU is producing and distributing an educational WhatsApp video and pamphlet, translating worker rights and employer obligations into local languages. (Employers must register or face penalties and make annual payments to have their employees covered under COIDA).¹⁶⁷

A campaign is now underway to ensure domestic workers are covered by Unemployment Insurance and get maternity leave and UI benefits. Shop stewards from different sectors were trained to engage with domestic workers and provided time off work to meet with domestic workers during

their leisure time, to raise awareness about their rights, the union, and the need for their employer to register with the UI fund. Since many union members in South Africa employ domestic workers, COSATU challenged union leaders and shop stewards to BYOD - Bring Your Own Domestic worker to union marches about domestic worker rights. Domestic and migrant workers are also invited to participate in all COSATU training (for shop stewards, gender champions, on labour laws) regardless of whether they are a union member.

Organizing home-based care workers

Another large group of home-based care workers in South Africa provide health home-based care (HBC) for the disabled, the frail elderly and the sick. Organizing home-based care workers also started after 1994 with the democratic state. The sector comprises mainly women who are hired as volunteers to meet care needs within their community.¹⁶⁸ HBC work is seen as an entry point to the labour market¹⁶⁹ for young nurses who could start as volunteers in the township where they live to service the local clinic, look after senior citizens and those with disabilities and work with the clinic staff.¹⁷⁰

The voluntary status of these workers made it hard to organize a union since labour law did not apply to them nor did fundamental labour rights like the freedom of association (FEDUSA, pp4-5). A more successful strategy has been an incremental approach to full employment status by first getting the government to agree to pay these workers a stipend; then negotiating employment contracts for them with better wages and employment rights. Current demands call for nurses to be fully integrated as government employees with equal pay, access to training and other employment rights.^{171,172}

¹⁶⁶ Gertrude Mtsweni, COSATU.

¹⁶⁷ Olasoji, Tolu. 2022. "South Africa Is Pioneering a Better World for Domestic Workers."

¹⁶⁸ In 2007 there were more than 60,000 volunteers linked to the Department of Health HIV/AIDS programs, with less than one-third receiving stipends from the Department of Health. "FEDUSA Contribution to the ITUC Report on Investment in the Care Economy."

¹⁶⁹ Federation of Unions of South Africa. "FEDUSA Contribution to the ITUC Report on Investment in the Care Economy."

¹⁷⁰ Gertrude Mtsweni, COSATU.

¹⁷¹ Federation of Unions of South Africa. "FEDUSA Contribution to the ITUC Report on Investment in the Care Economy."

¹⁷² Gertrude Mtsweni and Matthew Parks, COSATU.

Challenges and Opportunities

Challenges

Despite newly legislated rights for domestic workers, conditions during COVID were tough, with 250,000 fewer domestic workers employed in 2020 than in 2019.¹⁷³ Domestic workers experiencing pandemic-related job loss were eligible for financial aid, but only 20% were registered for the program because employers had failed to set up their accounts.¹⁷⁴ Earnings of informally employed women decreased by nearly 70% between February and April of 2020.¹⁷⁵ Under conditions of high unemployment where workers can easily be replaced, it will be a challenge to force employers to comply with new rights for domestic workers such as minimum wage and compensation for injury on duty, including sexual harassment. This underlines the importance of unions using political muscle to win legislative protection as well as the need for ongoing union solidarity to enforce the victories gained.

Expanding public funding in the care economy will be challenging, given high unemployment, low economic growth, high levels of poverty and a long history of not recognizing, not valuing and underfunding care services. Current levels of public funding are inadequate to meet service requirements for the care economy.¹⁷⁶ Some sectors, like elder care, are almost non-existent as recognized work in South Africa, performed largely by women and girls in families at home on an unpaid basis.

Opportunities

There are two important initiatives by South Africa's government to increase investment in the care economy: the expansion of Early Child Development and a National Health Insurance bill.

Childcare in South Africa is largely informal, geared to children aged 3-6 years, with little government funding, and heavy reliance on parent fees which puts it out of reach for many parents and depresses childcare workers' wages.¹⁷⁷ Currently an estimated 1.1 million children aged 3-5 are not accessing early learning services, with the poorest children most excluded.¹⁷⁸

The South Africa National Development Plan and the National Early Childhood Development Policy (2015) commit to universal coverage of the full range of services by 2030 which would roughly double access for 2.5 to 3 million children aged 3-6 years. The government recently moved Early Childhood Development from social services to be part of the school system. Legislation before Parliament in August 2022 would require children to attend grade 0 before grade 1. Implementation is expected by 2024, allowing time for infrastructure and curriculum to be put in place. The plan is to lower the age requirement for early education to eventually provide universal early childcare education for children starting at age 3.

A comprehensive National Health Insurance bill is also currently before Parliament, to establish a national universal health plan, requiring health insurance contributions through payroll contributions. This is expected to strengthen primary health care and community health care sectors.

¹⁷³ Olasoji, Tolu. 2022. "South Africa Is Pioneering a Better World for Domestic Workers."

¹⁷⁴ Olasoji.

¹⁷⁵ Smout, Jennifer. 2020. "COVID-19 in South Africa: The Outsized Impact on Women in the Informal Economy."

¹⁷⁶ Shai, Lerato. "Public Employment Programs in the Care Economy – the Case of South Africa."

¹⁷⁷ Draper, "Child Care Centres in South Africa Need More Support: Principals Tell of Pandemic Impact."

¹⁷⁸ Furness-Symms, Johnson, and Matlhape, "A Pragmatic Approach to Expanding Access to Quality Early Learning for South Africa's Poorest Children."



Colombian migrant Clara Hoyos has been living in the Spanish city off Valencia for three years. During this time, she has earned a living as a domestic worker, taking care of cooking, cleaning, caring for people and even animals.

Spain

Spanish unions are pressing for increased public spending, worker protections and improved working conditions for care workers.

Ángela López, a single mother of two children, left Colombia to work as an informal live-in caregiver in Madrid. In her first job, she worked nonstop taking care of an elderly Spanish couple. López recanted how “the daughters wanted to lower my salary, so I went to a different home which ended up with being even worse: I had to ask permission to use the bathroom. Now I am taking care of a different couple, who took me to their summer house. I was trapped there for two months.” Those employed in residential care homes also know about low wages and excessive workloads. “Our biggest problem is the staff shortages,” criticises Sonia Jalda, president of Trega, the association of nursing home workers. “They ask us to attend to one person in 10 minutes, as if it were an assembly line.” This is how caregivers end up accumulating pain, dampening it with painkillers and antidepressants. Spanish unions CCOO and UGT have been key in obtaining Spain’s ratification of ILO conventions 189 on domestic work and 190 on violence and harassment in the workplace.

“**Signing these conventions signifies that domestic work also deserves international recognition, and advances the rights of all working women. Reflects Ana María Corral of the UGT.**”

*“Spain extends rights for domestic workers but excludes the undocumented”
By Claudio Moreno, Equal Times, forthcoming*

Overview of Care Work in Spain

Socio-economic data

The Spanish economy is the fourth largest in the European Union. Significant growth in GDP was undermined by COVID-19¹⁷⁹ Unemployment soared by 22% in 2020 and the number paying social security fell by 2%. Yet there was a shortage of care workers, specialist doctors and nursing professionals in 2020¹⁸⁰ The economy rebounded in 2021 with a 5% increase in GDP, yet growth slowed in early 2022.¹⁸¹ In the longer-term Spain's main economic challenges include an ageing population and high and long-term unemployment. The care sector is highly feminized. Of 1.8 million people who work in health and social service activities, 74.5% are women.¹⁸²

Care economy features

Spain has two main care programs: the System for Autonomy of and Support for Persons in a Situation of Dependency (SAAD)¹⁸³ and the Shared Responsibility Plan (*Plan Corresponsables*).¹⁸⁴

SAAD¹⁸⁵ assures basic rights for all citizens, providing income supports and benefits intended to promote personal autonomy and assure care and protection. SAAD employs 603,900 people, of which 339,600 work in care homes and 264,300 in other settings. Many work part-time, almost a third are temporary and 20% are foreigners. While the government agreed in 2020 to improve working conditions, this commitment remains unfulfilled.¹⁸⁶

The Shared Responsibility program is a new initiative under the Secretary of State for Equality and against Gender Violence which aims to

guarantee care as a universal right, regardless of the employment status of the beneficiaries, to promote equality between women and men. This program seeks to design comprehensive care systems that promote shared responsibility among women and men, the state, the market, families, and the community to meet the different care needs of the population.

Spain co-leads one of the six global Generation Equality Action Coalitions, intended to mobilize and commit governments, civil society, international organizations, and the private sector to accelerate gender equality by 2026 by including by the following goals: increase the number of countries with comprehensive measures in gender-responsive quality public care services; invest 3 to 10% of GDP and create of up to 80 million decent care jobs; recognize, reduce and redistribute unpaid care work; and reward paid care work and represent care workers, while guaranteeing care workers' decent pay and labour rights, including in the private sector.¹⁸⁷

The benefits of investing in the care economy in Spain: ILO study

An additional investment of 5.1% of GDP in the care economy can create jobs and greater gender equality in Spain, according to a 2022 study by the ILO that uses economic modelling or macrosimulations to calculate concrete advantages of investing in the care economy. Over 1.6 million jobs could be created in Spain by investing 1.27% of GDP in childcare and 3.68% in long term care. Additional jobs would be retained through

¹⁷⁹ Tourism, hotels, catering and culture.

¹⁸⁰ European Commission, "Labour Market Information: Spain."

¹⁸¹ Reuters. 2022. "Spanish First-Quarter Economic Growth Slows to 0.2% Quarter over Quarter, 6.3% Year over Year."

¹⁸² Confederación Sindical de Comisiones Obreras. 2022. Confederación Sindical de Comisiones Obreras, "Cuidar a quien cuida, reclamación sindical prioritaria."

¹⁸³ "El Sistema Para La Autonomía y Atención a La Dependencia (SAAD)."

¹⁸⁴ Ministerio de Igualdad, "Plan Corresponsables."

¹⁸⁵ There are two options for receiving an economic benefit through the SAAD: (1) individuals can directly hire a personal assistance professional, registered in the special social security regime for self-employed workers. The individual hiring the personal assistant must present the required documentation to the administrative body; and (2) Duly accredited service providers, Independent Living Offices or other entities and/or companies, responsible for managing the service, will issue an invoice which the individual user of the personal assistant must present to the administrative body.

¹⁸⁶ Vidal López, Álvarez Bonilla, and Paloma Vázquez. 2022. "Ponle Cara a la Dependencia."

¹⁸⁷ United Nations. 2021. "Action Coalitions Global Acceleration Plan."

an investment of 0.15% in family-friendly labour market policies, bringing the total number of jobs (direct, informal and induced) to 2,435,834. This would help create over 267,000 direct and formal jobs in childcare, with women holding 93% of these jobs. In long term care, this increased investment would create over 1.1 million direct and formal jobs, with women holding 84% of

this employment. Investment in family-friendly labour market policies¹⁸⁸ would also enable more parents to join the paid workforce. Of the total net employment creation in 2030, 79% is expected to be held by women, of which 97% would be formal employment. Investment in the care economy would reduce the gender employment gap by 6.8% and the gender gap in monthly earnings by 7.3%.¹⁸⁹

Trade Union Engagement in the Care Economy

There are two major union confederations in Spain, the Confederación Sindical de Comisiones Obreras (CCOO) and the Unión General de Trabajadoras y Trabajadores (UGT). They have broadly similar levels of membership and support in works council elections.¹⁹⁰ Overall, trade unions in Spain represented 12.5% of the workforce in 2019.¹⁹¹ Members of the CCOO federation working in nursing homes and public and private homecare are represented by the Federación de Sanidad y Servicios Sociosanitarios (FSSS-CCOO) while those working in home help and telecare are represented by CCOO del Hábitat. “UGT Public Services” brings together members of the UGT federation in the health and socio-health sectors, those providing support to persons receiving social assistance, and community services.

Investment in the care economy

Both confederations lobby the government and employers for increased public investment, the creation of decent jobs and the formalization of informal jobs in the care sector, as well as a living

wage, decent working conditions and access to social protection for caregivers. Unions have been successfully engaged in lobbying and advocacy to increase the current 0.8% of GDP investment in care, though Spain continues to lag behind the EU standard of 1.5%. An important agreement, signed in January 2021 between the unions (CCOO, UGT), employers (CEOE, CEPYME) and Ministry of Social Rights, will increase the care budget by €600 million a year for six years, starting in 2021-22, for a total of €3.6 billion.

Labour market policies

In 2019 the EU adopted the Work-Life Balance Directive,¹⁹² requiring member states to strengthen rights of parents and caregivers with children up to age 8 to leave from work or to flexible work by 2022.¹⁹³ Spain was the first EU country to carry out this reform, establishing equal, paid leave for both parents in law and funded by the social security system, and in so doing, encouraging shared childcare as one way to reduce workplace discrimination against mothers. Paternity leave

¹⁸⁸ Family-friendly labour market policies would include various expansions of maternity leave for formally and informally employed women and the introduction of parental leave. Among formally employed workers this would include an expanded family leaves from 16 weeks at 100 per cent replacement to 18 weeks at 100 per cent replacement and expanded paternity leave to 16 weeks at 100 per cent replacement. Among formally self-employed workers, this would include an expanded maternity leave of 9.4 weeks at 100% replacement and paternity leave of 0.6 weeks at 100% replacement. Among informally employed workers this would include an expanded maternity leave of 14 weeks at 100% replacement for maternity leave and 0.6 weeks paternity leave at 100% replacement. Family Friendly Policies would also include parental leave for both the formally self-employed workers such as parental leave for self-employed mothers for 15 weeks at 100 per cent replacement, and parental leave for self-employed fathers for 8 weeks at 100 per cent replacement. For informally employed workers this would include 11 weeks at 100 per cent replacement for mothers and 8 weeks at 100 per cent replacement for fathers. Among informally employed workers this would include maternity leave of 4 weeks at 100% replacement for maternity leave and 0.6 weeks paternity leave at 100% replacement. Additionally, family friendly policies include 60-minute paid breaks for breastfeeding.

¹⁸⁹ Authors’ calculations based on ILO, Care policy investment simulator, forthcoming

¹⁹⁰ International Trade Union Confederation, “Encuesta de La CSI Sobre Cuidados.”

¹⁹¹ OECD. “Trade Union Dataset.”

¹⁹² Silkin, Lewis. 2019. “UK – The EU Adopts a Work-Life Balance Directive.”

¹⁹³ Laboris, Lus. 2019. “EU – The Work-Life Balance Directive Enters into Force.”

was gradually expanded from five to 16 weeks at 100% pay as of January 2021. Six of the 16 weeks must be taken by both parents immediately after birth, adoption or foster care. The remaining 10 weeks can be used on a full- or part-time basis, all together or at different times, subject to the employer's agreement.¹⁹⁴ Parents can take up to three years unpaid leave, which will be included in their seniority, and they will be entitled to attend vocational training courses on request of their employer at the time of their return to work.¹⁹⁵ Spain offers free universal early childhood care and education, providing 25 hours per week of care to children three and over – but that still leaves a two-year-and-five-month gap¹⁹⁶ between the end of parental leave and the start of public childcare services.

The UGT's lobbying, advocacy and engagement in social dialogue are focused on the adequate implementation of the EU Work-Life Balance Directive in Spain and achieving decent work for all care workers, including domestic workers. This involves securing the ratification of ILO Convention 189 on decent work for domestic workers to the recent inclusion of domestic workers in law reforms concerning the Prevention of Occupational Risks and social protection coverage.¹⁹⁷

The UGT as well CCOO, CLM (Castile-La Mancha region) and FEMP (the Federation of Municipalities and Provinces in CLM), collaborated with the Spanish government to sign a joint-responsibility plan,¹⁹⁸ in June 2021, which furthers the governments institutional co-responsibility towards the implementation of support services for families with children up to 14 years old. The government

invests 16 million euros in services at municipal and local entity level. It is expected that it will create up to 2,000 jobs.

Collective bargaining and organizing

Collective bargaining has been focused on improving rights for care workers.¹⁹⁹ Recent CCOO bargaining in the care sector has focused on wage increases,²⁰⁰ minimum length of contract,²⁰¹ and reducing working hours.²⁰² Through negotiating plans and collective agreement provisions The UGT has made an effort to train negotiators, for example with workshops on the importance of care work, as they were negotiating equity plans and collective agreement provisions, especially during the COVID-19 crisis.²⁰³

CCOO's federations have used collective bargaining to establish urgent financial aid for domestic workers, to demand masks and priority vaccination for home help care workers, to negotiate reclassification of National Health System personnel, and to negotiate collective agreements with private care homes for the elderly.²⁰⁴ FSS-CCOO has taken action to oppose the growth of temporary employment in public health and end insecurity and precarious employment.

Several CCOO campaigns have been organized to improve conditions for workers in the care economy; for older women who become caregivers (who cares for the carers); for workers in health and care centres during COVID-19; for maternity protection against health risks at work in domestic care activities; to lower the retirement age to 60 years in the health sector, based on high exposure

¹⁹⁴ Lockton Global Compliance. 2019. "Spain Equalizes Maternity and Paternity Leaves."

¹⁹⁵ Gomez, Raquel. 2022. Personal correspondence. September 2022.

¹⁹⁶ Tomei, "Género y trabajo de cuidados: hacia un sistema de políticas de cuidados transformadoras."

¹⁹⁷ Unión General de Trabajadores. "Mujer Trabajadora."

¹⁹⁸ "Gobierno Regional, FEMP, CCOO y UGT Dan Un Paso Adelante Para Impulsar La Corresponsabilidad Familiar Con El Acuerdo Para Poner En Marcha El Plan Corresponsables."

¹⁹⁹ ITUC. 2021 Written communication – Information on target countries.

²⁰⁰ 2022. "Atendo, Contrata Del SAD de Vedra, Cumplirá Con El Acuerdo y Aplicará El 6,5% de Incremento Salarial."

²⁰¹ 2022. "Firmado El Convenio Del Servicio de Atención Domiciliaria de Beasain."

²⁰² "CCOO firma el convenio de residencias privadas de mayores de Galicia que beneficiará la cerca de diez mil trabajadoras y trabajadores."

²⁰³ M^a Amor Vázquez 2022. Area Mujer Vicesecretaria General, UGT SPAIN. Personal correspondence Sept. 2022.

²⁰⁴ Correspondence with Secretariat Women FSS-CCOO and Hábitat. June 2022.

to health risks at work; and, to eliminate temporary employment in health.

The UGT has produced a comprehensive guide to inform domestic workers of their labor and social security rights, including how to renew temporary residence and work authorization for migrant workers, how to enforce rights when employers fail to comply and about the right to join a union,

including for foreign workers.²⁰⁵ The UGT has also created a specific web page, to address the issues related to care work, and to provide information on the development of rights for domestic workers, such as their inclusion in the Law on the Prevention of Occupational Risks and in the Salary Guarantee Fund (FOGASA), as well as the establishment of the unemployment fund contribution and benefit.²⁰⁶

Challenges and Opportunities

Challenges

Overarching challenges include ratification of ILO Convention 189, assuring decent employment conditions for domestic workers and all caregivers, including occupational health coverage, and dignity and rights for female workers to be better paid and have jobs that are valued.²⁰⁷

SAAD Care Providers

Concerted action is required to improve accreditation of SAAD care providers, increase staffing ratios, address occupational health, raise salaries, and improve employment stability. In January 2021, the union confederations reached an agreement with government and employers²⁰⁸ to increase public funding and improve quality care. Yet in 2021 the government awarded 194 tenders in homecare with an average contract duration of two years, opting for the cheapest offer rather than directly provide homecare services. For the same amount of public funding -- over 7.5 million euros -- the government could have created 541 full-time workers for a year. Instead, it has created more precarious employment, for which employers are not paying the wage adjustment agreed in the collective agreement.²⁰⁹

Both union confederations have rejected the Accreditation Agreement for Dependency Care Centres and Services approved by the government on June 17, 2022, because it did not include any of their proposals to improve conditions for workers. The government also reneged on its commitment to set minimum percentages for hiring male and female workers and increase full-time, permanent jobs. Meanwhile staff ratios remain frozen at 2008 levels with one caregiver for every 6.7 elderly people served in day centres.

Even more serious, the standard for a minimum number of workers in nursing homes has been waived until December 31, 2023. From that date to 2029 the minimum requirement for geriatric nurses (*gerocultores*) will be less than the current ratio. The ratio is expected to increase moderately, conditional on the further increases in State funding.

The government has begun to meet its commitment to increase funding by €3,600 million but there is not yet any funding earmarked to improve conditions of employment. CCOO and UGT are pressing both national and regional authorities to meet their commitments under the 2021 agreement to improve working conditions and quality of care.

²⁰⁵ Unión General de Trabajadores. "Guía Sobre Trabajo de Hogar y Cuidados."

²⁰⁶ M^a Amor Vázquez 2022. Area Mujer Vicesecretaria General, UGT SPAIN. Personal correspondence Sept. 2022.

²⁰⁷ International Trade Union Confederation, "Encuesta de la CSI Sobre Cuidados."

²⁰⁸ The 2021-2023 Dependency System Emergency Plan signed also by CEOE (Employers' Confederation) and CEPYME (Confederation of Small and Medium-Sized Firms).

²⁰⁹ Vidal López, Álvarez Bonilla, and Paloma Vázquez. 2022. "Ponle Cara a la Dependencia."

Opportunities

The 2022 European Parliament Resolution on care services is also creating opportunities and developing momentum.²¹⁰ The pandemic has shown that “life would not be sustainable without care, and domestic work, mostly carried out by women in a paid and unpaid way ... and the world will change because of this crisis, and what is considered ‘normal’ will also need to change.”²¹¹ Adjusting to this new normal, the European Parliament adopted a report in July 2022 calling on the EU and member states to fund all types of care services more effectively, using structural and investment funds to invest in childcare, elder care and others in need of care, to legislate decent working conditions for caregivers, and to train informal and formal caregivers to prevent care-related violence.²¹²

The European Care Strategy published September 7, 2022, advances proposals for quality, affordable and accessible childcare and long-term care services (for elderly and people with disabilities) as well as to improve conditions for care receivers and care providers across the European Union.²¹³ However the European Trade Union Confederation (ETUC) argues that it lacks clarity and calls for clearer guarantees of sufficient public investment in care services and to tackle the undervaluation of care work through social dialogue and collective bargaining.²¹⁴ These are key measures to achieve quality standards of care, safe staffing and patient ratios and levels of compensation to attract and retain staff.²¹⁵

Spanish and European unions will continue to organize to strengthen the European Care Strategy and use other opportunities to work toward the creation of a powerful network of care for all those in need, whether children, the elderly or those with a disability, linked to strong rights for care workers.

²¹⁰ Pietikäinen, Sirpa and Milan Brglez “REPORT towards a Common European Action on Care.”

²¹¹ Confederación Sindical de Comisiones Obreras, “Trabajadoras En Tiempos Del COVID-19: Los Cuidados En El Centro de La Nueva Normalidad, de Alba Garcia Sanchez.”

²¹² European Parliament, “More Investment Needed in Common European Action on Care.”

²¹³ European Trade Union Confederation. 2022. “European Commission’s (EC) Care Strategy.”

²¹⁴ European Trade Union Confederation.

²¹⁵ Uni Global Union, “Putting Workers at the Centre of the European Care Strategy.”

Conclusions and Recommendations

COVID starkly demonstrated the importance of systems of care to governments and employers, since so many workers, especially women, could not go to work without care for children. COVID also demonstrated how important standards of quality care were for the elderly in long-term care centres, as well as decent wages and working conditions to retain and attract workers such as those in the health care sector. In some countries COVID was the trigger for improved public support programs, building on decades of organizing.

This report describes a range of trade union and government strategies to strengthening the care economy. According to the cases narrated, unions have focused on campaigning for major investments, on strengthening and extending inclusive labour market and family friendly policies and legislation as well as organising care workers.

Some governments are taking important steps to strengthen the care economy, starting to introduce

comprehensive care systems where services are organized around the person needing care, and where care is considered a right. However, these systems need to be supported by concrete resources. In all countries profiled in this report and beyond, unions need to continue mobilize their members to press governments to ensure sufficient funding for quality care systems as well as better wages and working conditions for care workers.

In countries with a national social dialogue platform involving the state, unions and employers unions coordination is key to effectively influence plans to build up/strengthen a care economy.

The importance of coordination to advance gender rights, through inter-union women's committees, with feminist organizations and advocacy groups, was a key element in the countries profiled.

As outlined in the 4th ITUC World Women Conference Outcome Document²¹⁶, unions call for:

1. The implementation of comprehensive care economy frameworks based on the **recognition, reduction** and **redistribution** of unpaid care work with income; **rewards** for care work and more and decent jobs; and ensuring **representation** of care workers through collective bargaining and social dialogue.
2. **Public investments of adequate levels of national GDP in the care economy**, creating millions of new decent jobs for women, enabling women's effective participation in the broader economy, and ensuring universal access to quality public health, care and education services.

²¹⁶ The International Trade Union Confederation, "ITUC's Gender-Transformative Agenda for Recovery and Resilience."

3. The adoption of **strong gender-responsive public policies and active labour market policies, as well as family-friendly workplace policies, incentivising a more equitable sharing of family responsibilities and other care responsibilities and promoting flexible working arrangements on a gender-neutral basis.** To this end, **awareness-raising campaigns** are necessary to fight patriarchy and address gender norms and stereotypes.
4. A **well-regulated care economy to fight systemic discrimination and occupational segregation:** care jobs need to be formal and decent, with safe working conditions, free from gender-based violence and harassment, and adequately remunerated, including equal pay for work of equal value, and covered by social protection. Measures need to be put in place to revalue care work and recognise its social and economic contribution by promoting professionalisation and avoiding de-skilling.
5. A **stronger role for women** in collective bargaining, reflected in the participation of women in collective bargaining teams and the inclusion of gender equality provisions/ clauses in collective bargaining agreements.
6. **Organising care workers** as a priority within trade union political agendas and operational plans.

Appendix 1 –

ILO Data on Macrosimulations of investment in Early Childhood Care and Education, Long-Term Care and Family Friendly Labour Market Policies²¹⁷

Table 1

Total Net Employment Creation from Investment in Early Childhood Care and Education (ECCE)

Country	Gross additional investment (USDm)	(in % of GDP)	Direct employ't (all formal)	Indirect employ't	Induced employ't	Total employment	Net total employment (w/o induced effect)
Argentina	5,001.0	1.00%	829,796	88,558	129,075	1,047,429	918,354
Canada	44,009.4	2.10%	417,599	59,150	280,888	757,638	476,749
India	109,016.4	2.22%	17,419,164	3,859,623	8,015,275	29,294,061	21,278,786
South Africa	9,121.9	2.38%	952,872	896,648	1,254,026	3,103,546	1,849,520
Spain	20,090.8	1.27%	267,315	27,226	129,322	423,864	294,542
Total			19,886,746	4,931,205	9,808,586	34,626,537	24,817,951

USDm = US dollars in millions

Table 2

Total Net Employment Creation from Investment in Long-term Care LTC)

Country	Gross additional investment (USDm)	(in % of GDP)	Direct employ't (all formal)	Indirect employ't	Induced employ't	Total employment	Net total employment (w/o induced effect)
Argentina	7,254.0	1.46%	1,100,161	178,855	161,862	1,440,877	1,279,016
Canada	27,965.0	1.34%	460,496	106,414	214,968	781,878	56,6910
India	102,572.4	2.09%	26,351,957	13,250,009	9,062,870	48,664,836	39,601,966
South Africa	6,944.4	1.81%	1,005,924	859,871	979,528	2,845,323	1,865,795
Spain	58,136.5	3.68%	1,108,541	283,105	597,104	1,988,750	1,391,646
Total			30,027,078	14,678,254	11,016,332	55,721,665	44,705,333

²¹⁷ Authors' calculations based on International Labour Organization (ILO). 2022. ILO Care Policy Investment Simulator (Geneva, forthcoming).

Table 3

Percent of Total Net Employment Creation from Investment in Care in Childcare (ECCE) Held by Women

Country	Gross additional investment (USDm)	(in % of GDP)	Direct employ't (all formal)	Indirect employment	Induced employment	Total employment
Argentina	5,001.0	1.00%	96%	36%	46%	85%
Canada	44,009.4	2.10%	96%	50%	50%	75%
India	109,016.4	2.22%	96%	19%	23%	66%
South Africa	9,121.9	2.38%	79%	37%	51%	56%
Spain	20,090.8	1.27%	93%	42%	48%	76%

Table 4

Percent of Total Net Employment Creation from Investment in Care in Long-term Care (LTC) Held by Women

Country	Gross additional investment (USDm)	(in % of GDP)	Direct employ't (all formal)	Indirect employment	Induced employment	Total employment
Argentina	7,254.0	1.46%	81%	45%	44%	72%
Canada	27,965.0	1.34%	91%	61%	52%	76%
India	102,572.4	2.09%	88%	21%	23%	58%
South Africa	6,944.4	1.81%	91%	41%	52%	63%
Spain	58,136.5	3.68%	84%	51%	48%	68%

Table 5

Total Net Employment (With and Without Induced Effect) When all Labour Market Policies are Implemented

Country	Gross additional investment (USDm)	(in % of GDP)	Net total employment (w/ induced effect)	Net total employment (w/o induced effect)
Argentina	13,655.5	2.74%	2,514,078	2,197,369
Canada	79,195.6	3.78%	1,593,861	1,043,659
India	217,640.0	4.43%	78,462,407	60,880,753
South Africa	17,732.6	4.62%	6,076,182	3,715,315
Spain	80,631.7	5.11%	2,435,834	1,686,188

Table 6

Percent of Net Total Employment Creation Held by Women When all Labour Market Policies are Implemented

Country	Gross additional investment (USDm)	Net total employment (w/o induced)	% Women	% Formal (all)	% Formal (women)
Argentina	2.74%	2,197,369	82%	94%	97%
Canada	3.78%	1,043,659	88%	98%	98%
India	4.43%	60,880,753	72%	75%	93%
South Africa	4.62%	3,715,315	63%	72%	83%
Spain	5.11%	1,686,188	79%	95%	97%

Table 7

Change in Gender Employment Gap with Investments in Care Economy

Country	Gross additional investment (USDm)	(in % of GDP)	Gender employment gap (% pts)	% Pts change
Argentina	13,655.5	2.74%	10.3	-8.6
Canada	79,195.6	3.78%	-0.5	-6.2
India	217,640.0	4.43%	47.3	-5.7
South Africa	17,732.6	4.62%	6.3	-4.3
Spain	80,631.7	5.11%	3.3	-6.8

Table 8**Change in Gender Gap in Monthly Earnings with Investments in Care Economy**

Country	Gross additional investment (USDm)	(in % of GDP)	New gender gap (w/ induced effects)	% Point change
Argentina	13,655.5	2.74%	17.1	-6.8
Canada	79,195.6	3.78%	17.9	-6.8
India	217,640.0	4.43%	10.3	-7.3
South Africa	17,732.6	4.62%	1.8	-11.5
Spain	80,631.7	5.11%	14.1	-7.3

Table 9**Job Creation When Paid leaves are introduced (Type II effects – induced jobs)**

Country	Gross additional investment (NCUm)	Gross additional investment maternity leave (NCUm)	Gross additional investment paternity leave (NCUm)	Gross additional investment parental leave (mother) (NCUm)	Gross additional investment parental leave (father) (NCUm)	Gross additional investment (USDm)	(in % of GDP)	Net induced employment	Net induced employment % women	Net induced employment % formal (All)
Argentina	61,034.9	16,529.1	1,244.2	26,904.6	16,357.1	1,267.7	0.25%	25,771	44%	49%
Canada	8,643.9	1,172.4	369.3	4,644.4	2,457.8	6,514.9	0.31%	54,346	50%	85%
India	400,705.4	92,508.0	15,996.8	94,680.3	197,520.3	5,651.7	0.12%	503,509	23%	8%
South Africa	21,629.2	6,761.8	108.2	10,937.3	3,821.9	1,497.0	0.39%	127,313	52%	35%
Spain	2,095.3	444.3	417.4	690.0	543.6	2,345.7	0.15%	23,221	48%	73%

NCUm = National Currency in millions

Appendix 2 –

Definitions of Terms used in ILO Macrosimulation ²¹⁸

Direct Effect - Investment in the care economy creates jobs in the industry being invested in

Indirect Effect - Investment in the care economy creates jobs in supplying industries

Induced Effect - Investment in the care economy creates jobs when newly employed workers and those who keep their jobs and earnings as a result of the policies use part of their increased earnings to spend in the local economy

Type I effect - Total employment created in the economy as a result of direct and indirect effects

Type II effect - The number of total jobs created in the economy (that is, direct, indirect and induced jobs) per direct job created in the industry.

Investment

The estimated percentage of investment of GDP is proportional to the amount of investment that would be required to close current policy gaps and achieve “adequate” standards of care.

The simulation estimates the annual public spending requirement for providing collectively funded policy packages based on existing data from UN and International Monetary Fund data

1. Individual Childcare Leave

Maternity, paternity and parental with durations extended according to national priorities and paid at full earnings for formal employees (or at least 67 per cent of earnings based on the average wage),

and at least at minimum wage level for those informally employed (or 45 per cent of the average wage);

- The main two elements required for simulating the paid leave expansion are:
 1. the size of the eligible employed population
 - Size is dependent on legal frameworks, as well as employment and birth rates in each country
 - In this study eligibility is extended to all potential parents who are gainfully employed, including those in the informal economy.
 - This assumes no qualifying condition of employment duration
 2. the average earnings of eligible parents/potential parents
 - The annual spending requirement to fill the gap in provision of paid childcare leave is the product of the following four factors:
 1. number of annual live births;
 2. employment rate of women and men aged 15–54 (split between each type of employment);
 3. average weekly target earnings;
 4. coverage gap in fully paid weeks equivalent (gap between current provision and target).

²¹⁷ Definitions and methods used in modeling same as in ILO, 2022. Costs and benefits of investing in transformative care policy packages: A macrosimulation study in 82 countries. ILO Working Paper 55.

2. Breastfeeding breaks - At least one fully paid hour per day for mothers returning to work after leave, for a period of at least 6 months;

- 60 minutes per day for 6 months at 100 per cent
- The study has assumed this target to be reached by 2030
- Total costs add up to about US\$31 billion in 2030 for the whole world (table 3), which is about 0.03 per cent of GDP
- Although 6 months are costed, it is expected that there will be significant overlap between the childcare leave provision and breastfeeding breaks in countries with more generous parental leave for mothers, so that the two budgets do not add up fully

3. Free, full-time, full-year, high-quality early childhood care and education (ECCE) - care in collective settings to all children under primary school age (from the end of the paid leave period), with low child/ staff ratios and professional childcare personnel with a mix of qualifications reflected in their wages (from at least above the minimum wage to primary school teacher wage or equivalent);

- Early childhood care and education (ECCE) services and programmes are broadly classified into two types:
 1. early childhood educational development (ECED) programmes designed for children in the age range of 0–2 years;
 2. pre-primary education programmes designed for children from 3 years of age to the start of primary education
- The main parameters used for this simulation are:

- number of children to be enrolled/offered a place;
- opening hours per week and per year;
- staff pay and qualification (and provision for training costs);
- ratio of children per staff;
- overhead costs

4. Free, high-quality long-term care (LTC) - based on estimation of need prevalence, with adequate recipient-to-carer ratios and a mix of qualified personal care workers paid at 75 per cent of nurses' wages and some with entry-level training paid at least at a rate above the minimum wage.

- Care needs are examined for three different age groups with limitations in their daily activities:
 - disabled dependent children;
 - working-age population with limitations in daily activities because of long-standing illness or disability;
 - older persons facing important functional limitations in their day-to-day activities (using an arbitrary age threshold of 65).
- The costing of universal long-term care (LTC) will thus mainly depend on the following elements:
 - the prevalence of different types and intensity of care needs in each age group;
 - the extent of needs that should be covered (severe, moderate) and their type (personal care, household care);
 - the pay of care workers and qualifications (and provision for training costs);
 - the number and hours of care workers needed to perform different tasks;
 - overhead costs

Employment creation

“To estimate this additional job creation, a standard input–output analysis is carried out. Such an analysis rests on the use of input–output tables, which are statistical tables computed according to national accounting conventions. They show the relationship between industries and sectors of the economy, in terms of how much output (that is, the value of what it produces) of one industry is needed as input to produce one unit of output of another industry, and how much of each industry’s output do the government, households and export sectors consume. As demand for the output of one industry increases (for example, through investment in care services by a government), inputs from other industries will be purchased, thereby increasing labour requirements in those supplying industries (indirect effects). And as new people are hired both in the industry where the investment takes place (direct effect) and in the supplying industries (indirect effects), part of the wages of these employees are then spent in the domestic economy, further increasing demand for the outputs of different industries and thus increasing the employment requirements of these industries (induced effects). This is under the assumption that increase in demand can be met by increased production – that is, there is no supply constraint in the domestic economy.” (p.43)

- Direct employment creation - Measured directly from the parameters of the simulated care investment (for example, number of staff required to provide childcare in each scenario)
- Indirect effects - Measured from the Type I multiplier
 - The Type I employment multiplier of investing in a given industry returns the number of total (direct and indirect) jobs created in the economy per direct job created in that industry

Changes in Gender Employment Gaps

- In the simulation, women’s employment rates would increase far more than that of men. The data shows the decrease in the gender employment gap (that is, the gap between male and female employment rates). Therefore, the gender employment gap becomes negative or very small. The gender gap in Table 7 in Appendix 1 is measured in terms of employment rates, but in Table 8 it is measured in terms of wage rates through monthly earnings.

Appendix 3 –

Experts Consulted for this Report

Argentina

Alejandra Angriman	Secretaria Administrativa Central de Trabajadores de la Argentina – Autónoma (CTA-A)
Noe Ruiz	General Secretary of Equal Opportunities and Gender of the CGTConfederación General del Trabajo de la República Argentina (CGTRA/CGT)
Yamile Socolovsky	Secretary for Training Research, Projects and StatisticsCentral de Trabajadores y Trabajadoras de la Argentina (CTA-T)

Canada

Elizabeth Kwan	Senior Researcher, Canadian Labour Congress (CLC)
Vicky Smallman	Director, Human Rights (CLC)
Siobhán Vipond	Executive Vice-President (CLC)

Dominican Republic

Eulogia Familia	Vice President, Confederación Nacional De Unidad Sindical (CNUS)
Francisca Jiménez De Tolentino	Vice President, Confederación Autónoma Sindical Clasista (CASC)
Daysi Montero	Confederación Nacional de Trabajadores Dominicanos (CNTD)

India

Mirai Chaterjee	Director of Social Security team (Health Care, Child Care and insurance programmes) (SEWA)
Manali Shah	National Secretary, Self Employed Women's Association (SEWA)
Susan Thomas	Health, National Health Coordinator (SEWA)

South Africa

Martlé Keyter	Deputy President, Federation of Unions of South Africa (FEDUSA)
Brenda Modise	Social Policy Officer (FEDUSA)
Gertrude Mtsweni	National Gender Coordinator, Congress of South African Trade Unions (COSATU)
Matthew Parks	Parliamentary Coordinator, Parliamentary Office (COSATU)

Spain

Cristina Antonñanzas	La Vicesecretaria General de UGT Unión General de Trabajadores (UGT)
Raquel Gómez Merayo	Mujer e Igualdad en coordinación con Secretaría de Internacional Cooperación, Comisiones Obreras (CCOO)

International Labour Organization

Laura Addati	Maternity Protection and Work-Family Specialists, Gender, Equality, Diversity and Inclusion Branch (GEDI)
Lorena Pastor Palacios Junior	Economist, Care policies, Gender, Equality, Diversity and inclusion Branch (GEDI)

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The ITUC extends its appreciation to Jane Stinson, Danielle Saj and Leonor Cedillo who drafted this report and to the ILO for the important contributions provided.



This publication has been made possible through the support of the [friedrich-ebert-stiftung](https://www.friedrich-ebert-stiftung.org/).

ITUC
International Trade Union Confederation

info@ituc-csi.org

www.ituc-csi.org

Phone: +32 (0)2 224 0211

Fax: +32 (0)2 201 5815

Boulevard du Roi Albert II, 5, Bte 1
1210 Brussels - Belgium

Publisher responsible in law:
Sharan Burrow, General Secretary

