



Caring Systems Policy Paper

#CitiesAreListening

Town Hall Track

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Executive Summary

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Acknowledgments and Background

“Caring systems” typically refer to social and physical infrastructures underpinned by public funding, regulation and policies aimed at delivering equitable, quality care services for everyone everywhere regardless of their status and ability to pay, along the whole human life cycle, and

in the common interest, without extracting profit from such services so that all can live a meaningful and dignified life. Care services are essential to any individual, household and local community. Need to define what is meant by “care”. They aim to ensure the health, education, well-being, dignity, and socio-economic inclusion of everyone including the most marginalised in our societies. Ranging from care for children, older persons (who has to “take care of” older persons as a generality?, or disability care, to domiciliary assistance, and from live-in 24-hour homecare to long-term residential homes, from income support to public or social housing services, care services are among the most complex and diversified forms of public services, and their form of delivery varies across countries, communities, cultures and social norms.

This policy paper considers the holistic nature of care and advocates for the adoption of a rights-based approach focused on granting *all* residents and users access to social care services, structures and mechanisms that allow them, when they can and wish to do so, to care for themselves, others and the environment, as well as to be cared for with dignity. “Care is a right, in so far as it is a basic need (what is meant by it is a basic need?” that structures communal life, coexistence and solidarity between generations, and guarantees a decent life and participation in our communities, labour market and every sphere of social life. To ensure that everyone can receive care and that care is provided under fair conditions for the whole of society, we need to work to make the way we care for each other and the way we are cared for fairer and more democratic¹”. Translated into urban policy and practice, this implies a more participatory approach to caring, a caring *with* approach, rather than a caring *for* approach².

This is very different from past practices of care which tend to focus on the provision of health or social assistance. These out-dated medical and charity models of disability see people, including those with disabilities and older people, as passive recipients, patients, and beneficiaries of services (in other words, that they require care) rather than seeing the obstacles too often set in their environments or lack of resources that create the problems not their own selves.. These systems of care include the policies, programs and practices under which people with disabilities and older persons are too often segregated in residential institutions or special schools where they can face neglect, segregation, and abuse.

A more holistic and comprehensive approach to care focuses on all residents, with the concept of care having three key elements worth highlighting: *Firstly, caring systems need to be rights-based*. Care is understood from a human-rights based model in which everyone, regardless of their age, gender, race, ethnic group, legal or economic status, disability or health condition, is seen as a central actress or actor in their own life, an active decision-maker and rights holder, someone who is able to decide if and how they want to provide care, and/or to be cared for. This means acknowledging and empowering people as care rights holders. Caring systems thus contribute to human empowerment, helping to create agency and providing an inclusive legal framework, including in urban environments, that enables individuals and communities to act.

Secondly, caring systems need to be gender transformative and equitable. Given that care work falls disproportionately on women (either paid or unpaid), caring systems must be gender transformative, contributing to redress gender, intersectional and territorial inequalities by building a new social organisation of care shaped around equitably sharing caring responsibilities between genders, between households and the state, between local and central

¹ [Source]

² <https://caringwith.city/About>

governments, and within societies. The equitable distribution of responsibilities between levels of governments is key to effective, equitable caring systems and important for local authorities, as devolution has largely shifted responsibility for care onto families and sometimes on to local authorities without providing adequate funding or investment in appropriate infrastructure. This results in poor services, burdens on family members too often women, mass privatisation of care services, high out-of-pocket costs for users and families of care services, poor working conditions and lack of professionalisation (and a great and ongoing post-Covid resignation of care services workers). Local governments need to have adequate resources to provide care services for all; this includes finding the service, investing in infrastructure, and staffing, paying and training care workers.

Thirdly, care is more than just the provision of health, social and welfare services. Our notion of caring systems moves beyond the more traditional understanding of ‘care systems’ as those essentially related to health, social and other welfare state facilities and services. We acknowledge the relevance and contributions of a wider range of public services and policies that help people fulfil their potential when they would otherwise be held back and which, together, help shape more comprehensive ‘caring systems’. The notion of ‘caring systems’ in this paper also integrates issues around the environment, sustainable development, gender, poverty, well-being, security, informality, participation (democratic, economic, social and cultural), and equitable access to housing and basic services, supporting cities to fulfil their social function. This holistic approach to caring is followed by Iztapalapa, in Mexico City, see [Box 1](#) below.

The principles outlined in this paper are in line with global agendas and international agreements like the UN Convention on the Rights of Persons with Disabilities, the New Urban Agenda, the Paris Agreement, the 2030 Agenda for Sustainable Development, the Madrid International Plan of Action on Ageing, and the UN Declaration on Universal Health Coverage. It also builds on the UCLG, Cities Alliance, and PSI Care Manifesto³. These commitments urge us to leave no one behind, ensuring social, political and cultural inclusion with emphasis on society’s most marginalised and vulnerable, while promoting gender equality and environmental sustainability. Furthermore, they acknowledge local governments’ role in promoting sustainable development, and set the pattern for multi-level and multi-stakeholder collaboration.

For caring systems to be effective, a new social contract is required, involving people-public collaboration, and based on respect for human and workers’ rights, solidarity, and the environment. Under this framework, cities and local communities are seen as ecosystems, as spaces for care and inclusion that should be available, accessible and work for everyone. Being the governance level closest to residents, and able to design and implement services and infrastructure that directly impacts people, local and regional governments have a key role in developing and promoting caring communities and societies. That is not to say that they should act alone; caring is a shared responsibility across levels of governance and requires the involvement of all stakeholders in addition to comprehensive national policy frameworks enabling appropriate action at the local level.

This paper was collectively developed by stakeholders that work, advocate for, and represent marginalised and vulnerable people, care users and workers, people who are often left behind

³ <https://peopleoverprof.it/campaigns/care-manifesto-rebuilding-the-social-organisation-of-care?id=11655&lang=en>

by public policies and services designed in a top-down manner without their involvement. It offers local governments key elements to consider when designing urban interventions, be they of a social, political, economic, or environmental nature, and which should support the creation or improvement of caring systems, societies and communities, based on equality, human rights and inclusion. It also provides information on already existing practices implemented in diverse contexts and at different levels, and which differs from past practices that did not treat all persons as human rights holders.

Assessment and Challenges

Cities and local governments are often the primary providers of basic and essential public services and infrastructure. They [\(who is they?\)](#) also facilitate access to employment and security and allow [\(how do they “allow for social mobility”?\)](#) for social mobility. However, rapid urbanisation, along with exclusionary and neoliberal policies, inadequate or blinkered planning, insufficient resources to promote local services, and bias and discrimination, are undermining cities’ potential as hubs of innovation and opportunities for all.

Increased inequality within and across territories, and lack of adequate investment and staffing in the provision of public services, primarily affect the most marginalised and their capacity to make decisions around their care and that of others, locking individuals and households in a cycle of poverty, exclusion, discrimination, and marginalisation. For instance, the WHO notes that half of the world’s population doesn’t have proper access to healthcare, and “100 million people are driven into poverty each year through out-of-pocket health spending” (WHO, 2022).

Often excluded from decision-making processes and not recognized as valuable contributors, the needs and rights related to care of marginalised and minority groups such as migrants, displaced people or refugees, the urban poor, older persons, women and girls, persons with disabilities, and workers in both the formal and informal economy and their trade unions, tend to be neglected. The holistic nature of caring systems requires local governments to take into account how to finance and sustainably invest in the built environment, public spaces, mobility, housing and other public services and urban infrastructure that respond to the actual concerns, needs and experiences of residents, enabling or hindering caring practices. Housing, for instance, has been increasingly acknowledged as a primary need. Special attention and public investments and regulation are therefore needed to guarantee the right to adequate housing. Caring systems also need to include people who are regarded as stateless, either by birth or circumstance, as they are often unable to access basic human rights such as services, education, healthcare, employment or freedom of movement.

When considering the provision of care services, two intertwined groups largely carry the burden without proper recognition or compensation: care workers (most of them women), and women and girls. The COVID-19 pandemic shed light onto the precariousness of conditions that care workers are subject to in both the public and private sectors. Little protection and voice at work, lack of control over their time and responsibilities, exposure to hazardous environments, and poverty wages are some of the issues they face. Additionally, in some countries care services are largely provided by overexploited migrant workers, mostly women, who have very little access to their full legal rights due to language, cultural, legal and other barriers. [In many](#)

[families, it is the older woman who must take on care responsibilities for grandchildren and for anyone who is sick.](#)

In addition to making up 70% of the global health workforce⁴ women and girls remain the primary carers in households and in the informal sector. The current social organisation of care (how care needs are met, the interrelationship of unpaid and paid care work, public and private provisioning, and community-based care arrangements) is fundamentally unbalanced, unequal, and places the overwhelming share of the burden of care on women, often invisible, unrecognised and unpaid work. However, care has the potential to generate productive, decent work and quality employment conditions for many. The current overwhelming overreliance on low-paid or unpaid care work of women makes action on the progressive reform of caring systems at a global level an urgent matter of equality, fairness and non-discrimination.

BOX 1: Integrated care and GBV safe spaces: Mexico City

Iztapalapa, Mexico City's largest borough, has introduced the Utopias programme (Unidades de Transformación y Organización para la Inclusión y la Armonía Social) to improve people's quality of life and enhance their enjoyment of rights. Twelve utopias have been created to enhance public space, strengthen coexistence, reduce territorial inequalities and create new spaces for learning, recreation, culture and the exercise of rights. They promote development of the surrounding community, dialogue and interaction of all residents, and allow older adults to access various activities⁵. The Utopias programme is multi-faceted and adopts an integrated and holistic approach to care. Key components are Caminos de mujeres libres y seguras (Safe and free paths for women), Iztapalapa Mural, Mercomuna, Siemprevivas home visits, Mujeres estudiando (Women studying), Public care system, and Hummingbird centres.

Caminos de mujeres libres y seguras (Safe and free paths for women)

This urban and social intervention in public space aims to transform the most important streets and neighbourhood nodes by improving safety, illuminating public areas, ensuring universal accessibility, transforming the urban image, recovering the history and identity of the neighbourhood, generating new centralities, and enhancing local economic development. Plans are developed and implemented in a participatory manner, involving all those affected.

In the three years since they began, 188 safe paths have been implemented in 211 areas, along over 216 km of roads, directly benefiting 1,344,625 inhabitants. Theft dropped by 57%, crimes against women by 44%, and drug-dealing by 26%.

Practical steps followed by the local government include the following:

- Repair of roads and potholes, pruning of trees and bushes, and garbage removal
- Clearly demarcated pedestrian areas and pedestrian crossings on streets
- Signage and bollards to guarantee universal accessibility and protect pedestrians
- Improvement of the urban image through murals on facades and tactical urbanism
- Recovery of parks and spaces located on the roads
- Installation of 70,377 new streetlights to increase visibility and security

⁴ [COVID-19: Protecting workers in the workplace: Women health workers: Working relentlessly in hospitals and at home \(ilo.org\)](#)

⁵ Alcadia Iztapalapa UN SUEÑO HECHO REALIDAD PARA IZTAPALAPA

- Placement of panic buttons, security cameras, neighbourhood alarms, and connectivity to the C5, a patrol of the mayor's office to monitor roads
- Removal of sites of illegal sale of alcoholic beverages, junk vehicles and objects that obstruct mobility

The security strategy in Iztapalapa is comprehensive, multidimensional, intersectoral, and gender sensitive. It addresses insecurity and crime from multiple causes, including the effects on economic, social and cultural activities. Steps by the local government focused directly on security in these public spaces include the following:

- 24-hour video surveillance
- Police patrol vehicle for each road (motorcycle or car).
- Field coordination with other police and security providers
- Foot patrols particularly at key intersections
- Geospatial analysis of crimes
- Monthly assessment of crimes and civic offences.

Mercomuna

This program emerged with Covid-19 social isolation measures. It aimed to support people affected by the pandemic with a cash transfer and to reactivate the local economy by delivering vouchers interchangeable for food products in neighbourhood shops. Each year 200,000 people benefited, representing an expenditure of 870.5 million pesos being retained in small businesses of the local economy in the two years it has been operating. This example of public intervention to support the most affected population was replicated in most boroughs in Mexico City.

Siempre vivas

With Covid-19 restrictions, there was a 25% increase in calls to the 911 line for cases of gender violence, while the Network National Shelters (RNR) received over 60% more requests for support. Launched in October 2020, Siempre vivas is an inter-institutional strategy to prevent family violence and violence against women, especially sexual violence, which is usually committed by relatives in victims' homes. The intervention consists of a multidisciplinary team of professional women (psychologists, lawyers, social workers, among others) that visits families in their homes, where they reflect on prevention of family violence, sensitive parenting, and harmonious family relationships. If a case of violence is detected during the visit, it is channelled to the appropriate specialist authorities. These Community Counsellors are seen as agents of social change which encourage women to access their rights.

In addition, women's networks were developed through workshops and WhatsApp to promote empowerment and reduce isolation. Twelve safe houses were built, open 24 hours a day, where legal and psychological advice is provided to women victims of gender violence. By 2022, 1,486 women had received legal advice and 3,038 psychological assistance.

Mujeres estudiando (Women studying)

This programme aims to give uneducated women over 30 years old the opportunity to continue or complete their education, to improve their quality of life, and reduce their exclusion and

inequality, by exercising their right to education. Since 2019, 7,575 women have benefited and 4,675 workshops for life have been taught.

Public care system

The Political Constitution of Mexico City is the only one of its kind that contains care as a right and an obligation of the state. The Iztapalapa Mayor's Office therefore promotes the integration of a Public Care System as a government intervention to create conditions that guarantee the right to care, but also watch over the rights of the people they care for. This national vanguard program seeks to generate a paradigm shift on the responsibilities of care, where women are not the only ones who perform this task in the private sphere; rather care is seen as an obligation of the state and a vital action for social production. The programme calls for recognition and valuation of domestic work and of unpaid care through the provision of public services and social protection policies, as a means of gender equality and empowerment. It notes that care, conceived as a right, can be demanded, and governments must respond with public policies that contribute to the transformation of the social organisation of care. The programme involves home visits, provision of medical services, psychological therapy, nutritional care, and in some utopias also includes yoga, physical activities, relaxation and guided meditation. To date, 7,669 caregivers have benefited, 98% of them women.

Hummingbird centres

Hummingbird centres are a unique public intervention model based on Human Rights under the model of Risk and Harm Reduction, social reconnection and personal development. They provide professional care to users of psychoactive substances and their families in prevention, psychoeducation, health promotion and primary care. There are 11 Hummingbird Centres in the borough, two of which are strategically located in colonies of high consumption of psychoactive substances, and nine in the Utopias.

Recommendations to Local and Regional Governments

A city that cares is one that addresses the needs and aspirations of all those who live in it, including, but not limited to, young people, older people, migrants, women, and people with disabilities. Our more holistic view of care sees care as “embedded into community-led and policy-led urban development; the interface between the two; and the potential for designing care into future urban policy at a systemic level”⁶. Working with residents and stakeholders, governments, particularly at local and regional level, have a major role to play to identify people’s needs, to highlight the importance of care work and to socialise responsibility for care,

⁶ <https://caringwith.city/About>

to ensure decent working conditions for care workers and others providing care work, to improve the quality of the services, and to empower people receiving or providing care⁷.

As cities meet intertwined collective needs and provide socio-economic value to households, communities, societies and economies, the various services and infrastructures composing a caring system need to be supported and protected by public institutions. They also need to be adequately funded and duly regulated to ensure equitable access and safe working conditions.

Firstly, *people need to be listened to* in order to gain an honest appraisal of their concerns. There needs to be immediate institutional and regulatory change as well as adequate public long-term investment to set up sustainable and inclusive social, physical and institutional infrastructure while securing decent work and quality employment conditions to ensure that all urban dwellers can fully enjoy their rights and take advantage of urban facilities.

Second, *gender transformative cities and caring systems* need to be urgently set up to: recognize, reduce, and redistribute unpaid care work; properly reward paid care work; and build co-responsibility between the care actors (households, communities, market, and State) guided by a human rights-based approach and the ILO's decent work agenda. Governments at all levels (national, regional, and local) have the main responsibility to design and regulate a fair and inclusive caring system, integrating care workers and women's representation.

BOX XX: TH to add the case of Bogotá

Finally, the *interdependence of the formal and informal economy, and the delivery of non-monetized services must be recognized* as contributors to caring systems, while the rights and well-being of those involved must be protected.

BOX XX: The fight for the recognition of Community Health Workers as public employees: Pakistan

Community Health Workers (CHWs) play a critical role in providing primary health care and information, raising awareness, and facilitating access to public health care to hundreds of millions of rural people. In South Asia - where they are also known as Accredited Social Health Activists or ASHAs in India, Lady Health Workers in Pakistan and Female Community Health Volunteers in Nepal — CHWs are almost all women who are expected to deliver this vital work without being recognised as public health workers, and often without a written employment contract, no social protection, no personal protective equipment (PPE) and low wages. Many CHWs provide health and care services under the direct responsibility of municipal or state authorities. In Nepal, CHWs represent up to 75% of the health workforce.⁸

CHWs are generally denied the right to receive a minimum wage, except in Pakistan. This

⁷ <https://www.barcelona.cat/ciutatcuidadora/en>

⁸ PSI, Community Health Work is Work! Global Campaign, 2020 and PSI FIGHTING COVID ON THE FRONTLINES: STORIES OF SOUTH ASIA'S COMMUNITY WORKERS https://pop-umbrella.s3.amazonaws.com/uploads/5bebac9-603d-4281-b472-8adeac6761f7_PSI_Storybook_Final_Hi-res.pdf

exception is the result of years of struggles by the Pakistani CHW women workers of the Province of Sindh, who organised themselves in the All Sindh Lady Health Workers Association (ASLHWA) trade union in 2013. Uniting 25,000 women workers, ASLHWA has collectively fought for the rights of CHWs in Sindh since. In 2016 it launched the “Stolen Wages” campaign, organised district-level meetings, and engaged with local and state government officials, parliamentarians and politicians. It held public meetings and conducted research related to the unsustainable working conditions endured by the CHWs. In 2017 ASLHWA won employment regularisation for CHWs, the inclusion of their wage costs in the Sindh state budget proposal, the payment of arrears, as well as access to biometric identity for district employees to ensure social security coverage⁹.

To implement functioning caring systems, this policy paper suggests structuring interventions around four main elements, each with its own set of interconnected recommendations, as detailed below.

- a. *Focus on the informal and most marginalised:* any attempt to create coherent, functional and inclusive caring systems needs to start with those groups often excluded from social, economic, cultural and political opportunities. Strong caring systems value the contributions, needs, and rights of individuals and households made invisible by current practices, and help repair historical wrongs. To accomplish this, it is recommended that local and regional governments do the following:
 - *Provide universal access to essential services and infrastructure for all* including, but not limited to, childcare, healthcare, water and sanitation, housing, lifelong learning, and transportation, regardless of national legal status, race, ethnicity, gender, age, economic or social status, or disability or health condition. This entails, for instance, ensuring integrated systems of care services along the full life cycle of care users, urban designs that are accessible and meet the needs of older persons, persons with disabilities, and women and girls, and recognizing as active urban dwellers, residents of informal areas, workers in the informal economy, migrants and the undocumented (as in sanctuary cities, see [box XX](#) below);
 - *Engender public initiatives* ensuring gender considerations are integrated into public policy, goods and services. For instance, public lighting and mobility services need to account for the specific needs from and uses by women. In this process, including women, girls and L.G.B.T.Q.I.A.+ associations in the discussion and decision-making process is essential;
 - *Ensure that basic services are publicly funded, delivered, and regulated by public institutions that work on a public good approach*, moving away from privatisation of welfare and acknowledging that care is a vital service rather than a market

⁹ PSI, Mir Zulfiqar Ali, Community Health Workers in Pakistan – a struggle for union registration, <https://www.world-psi.org/en/community-health-workers-pakistan-struggle-union-registration> and PSI “Decent Work for Community Health Workers in South Asia” A Path to Gender Equality and Sustainable Development http://www.world-psi.org/sites/default/files/documents/research/decent_work_for_chw_in_south_asia_ilo_jan2018.pdf

economy (as highlighted in the cases of Denmark vs Canada, see [box XX](#)). Explore establishing intermunicipal care consortiums like that in Belgium which can be an effective way to pull resources together and enhance care and other basic services capacity (see [box XX](#)). Ensure that caring done on a volunteer basis is given a monetary value to indicate its real economic value.

- *Strengthen municipal fiscal systems to adequately fund equitable access to quality care services* for all users in their territories and communities, and enable wider redistribution in order to support the needs of those localities and regions with the greatest needs;
- *Recognize housing as an essential component of care infrastructure* as without adequate housing there cannot be equitable access to effective care services. Therefore, promote affordable and adequate housing and tenure security;
- *Care for the carers by protecting the rights and well-being of caregivers*, improving working conditions and providing a safer environment to shield them from gender-based violence, deportations, and abuse, among others. Additionally, tailoring public services to meet the schedule, mobility and access needs of paid or unpaid carers contributes to redressing inequalities and better alignment between care and other duties. For instance, create additional daycare services that receive children for short periods allowing caregivers to meet other occasional commitments (see [box XX](#), on the case of Bogotá);
- *Adopt gender-responsive municipal and regional budgeting* which ensures that the needs and experiences of women and girls are well captured and addressed. For accountability purposes, this needs to be monitored on an ongoing basis through gender-disaggregated data;
- *Ensure that people with disabilities are provided accessible care services which protect their autonomy* and guarantee their right to make decisions about the care and services they receive. It is similarly critical to ensure that government officials and care workers are familiar with the history of abuse and disenfranchisement faced by individuals with disabilities and by older persons in institutional homes within some 'caring systems' in order to help repair historical wrongdoing.

BOX XX: Sanctuary cities model: United States of America

Sanctuary cities allow undocumented migrants to access public services without fear of repressive enforcement against them and their families. Such cities discourage local law enforcement from reporting the immigration status of people unless it involves investigating a serious crime¹⁰. Sanctuary city policies have a strong basis in empathy, often supported by churches and local aid organisations, and aim to assist people in extremely vulnerable positions in navigating their way to a life that is as safe and healthy as possible.¹¹ There are many examples

¹⁰ <https://www.lirs.org/what-are-sanctuary-cities-why-do-they-exist/>

¹¹ Benjamin Gonzalez, Loren Collingwood, and Stephen Omar El-Khatib, 2017 The Politics of Refuge: Sanctuary Cities, Crime, and Undocumented Immigration, *Urban Affairs Review*, 1-38

of such cities globally, with those in the US often being triggered by the actions of Immigration and Customs Enforcement (ICE) officials.

For example, San Francisco's broad policy approach of promoting a culture of hospitality toward immigrants, asylum seekers, and refugees is entrenched in its Admin. Code which notes that all residents shall receive equal protection and equal treatment, regardless of immigration status and that public health, safety, and welfare services should serve the needs of everyone in the community, including immigrants. Immigration policies are not allowed to be used in investigations involving local law enforcement, ICE officials are denied entry to local prisons, and municipal officials do not send fingerprints to Homeland Security. This encourages access to social services (schooling, medical care, etc.) and reduces the number of immigrants who are unable to access public services.¹²

- b. *Foster development from bottom up*: participatory governance and collaboration are cornerstones of inclusive caring systems and allow for the understanding of the challenges, needs and contribution capacities of urban dwellers. Care users, workers and trade unions, as well as residents, in particular those from marginalised and excluded groups, need an equal say in decision making. To enhance the effectiveness and efficiency of social, economic and urban interventions, it is recommended that local and regional governments:
- *Support joint work of all stakeholders* instead of fragmented action. For instance, local and regional governments should establish solid social dialogue and collective bargaining with care workers and their trade unions, who have extensive knowledge of the needs and expectations of patients and care users. Similarly, civil society organisations, DPOs (Disabled Persons' Organisations) and Older Persons Associations are important partners in establishing caring systems;
 - *Institutionalise participatory mechanisms* through which civil society is included in policy design and decision-making processes. Young people, for instance, have a key role to play in shaping the future of cities and should thus have a seat in policy making processes. A multitude of tools and methodologies to support co-creation such as design-thinking exist and can support local and regional governments in their endeavours. Work proactively to build the confidence and skills to participate, rather than letting only the loudest voices be heard, and promote media and information literacy as a basis for meaningful engagement in policy discussions;
 - *Invest in training and skill building to ensure the professionalisation and long-term employability of government officials, community members and care workers*, supporting the deconstruction of the sexual division of labour and more equal access to opportunities and sharing of caring responsibilities within households, but also between households and the State;

¹² Juan Luis Manfredi-Sánchez, 2020 Sanctuary Cities: What Global Migration Means for Local Governments, *Social Sciences*, August 2020

- *Consider how existing facilities, services and infrastructure can be mobilised in support of caring systems.* Integrated urban and social planning that considers the intersections between public spaces, services and infrastructure requires strong coordinated efforts from governments, but can offer a comprehensive view of potential solutions. For instance, the services offered by public libraries which are focused primarily on the information needs of the individual, could be further leveraged or repurposed to help meet individualised or community care needs.

BOX XX: Public libraries: Canada, Norway, Colombia and Nigeria

Several libraries across the world have extended their traditional function to promote broader education and knowledge. In Canada, Toronto's public library has embraced its potential as a centre for inclusive democracy through its 'On Civil Society' programme. This brings a range of speakers on key policy issues to the library, enabling people from all backgrounds to hear different views and understand the facts on key issues¹³.

In Oslo, libraries set up language cafés for immigrants, focused on supporting their political integration¹⁴. In addition to building skills in Norwegian, they offer opportunities not just to build links with locals, but also to open a door to understanding and participating in wider democratic processes and policy decisions, in particular around issues of caring¹⁵.

In Colombia, libraries acted as points to collect data about air pollution, to explain this data to locals, and to give them the tools to interpret and manipulate it¹⁶. In this way, it was possible to engage locals more effectively in discussions around policy approaches to environmental issues, promoting a cleaner, healthier and more caring city.

Research in Nigeria has indicated that a key driver of political disaffection and disengagement is a lack of understanding of policy-making and government. This is closely linked to the possibility for people to access and engage with relevant information, leading to calls for greater investment in libraries¹⁷.

¹³ <https://www.torontopubliclibrary.ca/programs-and-classes/featured/on-civil-society.jsp#:~:text=On%20Civil%20Society%3A%20Democracy,our%20democracy%20transparent%20and%20fair.>

¹⁴ <https://www.tradeunionandlibraries.no/language-cafe/>

¹⁵ <https://www.uio.no/english/student-life/events/special-events/may/Language-cafe-may.html>

¹⁶ <https://blog.techsoup.org/posts/how-nonprofits-and-libraries-can-use-open-data-to-lead-to-cleaner-air>

¹⁷ Nwofor, Florence Amaka and Ilorah, Hope C University of Nebraska - Lincoln DigitalCommons@University of Nebraska - Lincoln Sustaining Nigeria's Democracy: Public Libraries as an

BOX XX: Home-base care Alliance (HBCA) of grassroots women providing care: Africa

The HBCA was initially created in response to the HIV crisis in Africa, and continues its work during the Covid-19 pandemic. It represents over 30,000 caregivers organised into multi-district Home-Based Care Alliances in 11 African countries, caring for about 200,000 people in their communities. Caregivers are grassroots women whose work expands beyond mere service provision, holistically reducing the impacts of HIV/AIDS as well as its effects, such as land and asset stripping, social stigma, food insecurity and gender-based violence. These carers seek recognition for the work they're doing, direct support for organising and leadership development, and inclusion in all levels of AIDS decision-making, programming, and implementation. They prioritise mutual self-help and are pioneering innovative collective income-generating activities. They act as agents of community development and service delivery and should be awarded public grants in proportion to NGOs. Evidence confirms such grassroots women's groups' capacity to foster relationships and collect data and information that enhances accountability and transparency with their governments¹⁸.

The HBCA is championing a community-based approach to the AIDS response, rather than a top-down approach, one that links people in need with access to health services, and works to reduce the impacts of HIV/AIDS, curb poverty and marginalisation, and foster community ownership and government accountability. Despite their significant contributions, documented through evidence-based research, grassroots women's CBOS remain fragile and under-resourced, leaders are stretched too thin and susceptible to burnout, and their work is being displaced by NGOs who seek to replace or absorb them as service providers (not community developers).

The HBCA calls for formal recognition of their contributions through priority access to governmental health services, medical, protective and food supplies, and national directories listing the location, work scope and contacts of women's home-based caregiver alliance groups; earmarked budget targeting a proportion of municipal, AIDS Council, and poverty reduction monies (1-5%) for registered community based women's organisations in the HBCA; women's empowerment and poverty reduction activities locally; and seats in planning and decision making bodies that design and fund community development and social service programs for poor affected/infected women and families. They would also like public and philanthropic

Indispensable Instrument in Anambra State 1-30-2015
<https://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=3207&context=libphilprac>

¹⁸ <https://huairou.org/old-file/wp-content/uploads/2016/06/HBCA-MYTHS-ONE-PAGER.pdf>

financing to grow and sustain their activities, including grants, health mutual and savings and credit initiatives, direct funding for capacity building, organising and leadership development, and public, transparent hearings and consultations on AIDS-related and health budgets that include strong representation of grassroots women's caregiving groups.

- c. *Technology advances to allow people to receive essential services:* Modern technologies can be used to the benefit of public administration and people in the establishment and promotion of caring systems, for instance, by collecting disaggregated data to better focus services on the marginalised and vulnerable, understanding their needs and existing gaps, or for the provision of online services. Furthermore, meaningful communication and trustworthy knowledge sources are essential for the development of caring systems and can be facilitated by locally available, low or high technology. To better integrate technological developments into caring systems, local and regional governments can:
- *Foster a digitalization process that increases access to services*, which includes offering skills training particularly to older persons who did not grow up with communications technology, as in Nepal. This should not undermine the benefits of sharing spaces with others; [\(what does this sentence mean?\)](#)
 - *Promote adequate data collection for accountability and more efficient planning* based on needs and lived experiences, while offering a high level of protection of privacy, and ensuring ethical use of data (notably where there are gaps in data, for example around undocumented migrants, people with disabilities, [older persons](#) and others);
 - *Promote residents' access to affordable and accessible technology and reliable information*, including through community institutions such as libraries and schools, helping to remove barriers in care systems. This entails investing in [technology and digital skills](#) literacy. Interventions should focus on providing access to information and services [in a fully accessible manner](#), but also on the capabilities for them to be used and capitalised on in the right way.

In doing this, it's important that local and regional government ensure the following:

- Data privacy protection and public ownership and control of the technology and of generated data so that caring systems data cannot be used for commercial purposes and local authorities can always access those (e.g Barcelona digital Charter¹⁹);
- Digital technology is not introduced in a top-down manner but is led from below, addressing the real needs of care users, workers and residents, not only based on cost-cutting considerations;

¹⁹ <https://digitalrightsbarcelona.org/la-carta/?lang=en>

- Digitalisation should not be used to reduce or compete with the care workforce. Care services are labour intensive because quality care necessarily entails personalised, face-to-face interactions. These cannot be replaced by mechanised and digitalised services²⁰.

BOX XX: Literacy classes for older people: Ageing Nepal²¹

In Nepal, 36% of the adult population aged 15 years and above do not have basic literacy skills, and far higher in people over 60. Without basic literacy skills, older people may find it difficult to live independently. It also contributes to the increase in the risk of falling victim to elder abuse and harassment. Ageing Nepal works with local NGOs to implement Basic Literacy Class for Older Persons aiming to empower older persons with the basic skills of reading, writing and numeracy; enhance their capacity for independent living in the local community; and promote social change and lifelong learning through literacy education. Literacy training is offered in the official language (Nepali), with English as a second language, and provides numeracy classes and training in life skills such as how to use electronic home appliances, operate mobile phones and navigate independently in the city. It is important to note that the curriculum was continually modified based on learners' needs and feedback. Basic Literacy for Older Persons has impacted both the individual learners and their communities, improving literacy levels, boosting self-confidence, and building a supportive community. Both the government and the local community recognised the successful implementation of Basic Literacy Class for Older Persons. At the end of the successful pilot programme in early 2017, the project was handed over to the local government, which allocated annual funds for the continuation of the programme. The programme has been replicated in four other areas of Kathmandu. All Basic Literacy classes now run with the financial support from local government.

- d. *Caring for people and the environment with nature-based initiatives: caring systems* encompass not only the services and structures created by humans, but also the environment and elements of nature. Recent disasters and the increasing impacts of climate change have brought forward the deep connections between human activities, nature, and global health and wellbeing. Environmental integration is an important consideration for local and regional governments. This paper recommends that local and regional governments:
- *Promotes actions to support caring for all forms of life, including natural habitats and local fauna and flora;*

²⁰ The DIGITALISATION of Local Public Services and WORKPLACES Brief #4, LRG Next2021, PSI 2021 https://pop-umbrella.s3.amazonaws.com/uploads/b730516a-3c46-4a85-807d-f130fc74c008_2021_EN_LRG_Conf_Brief_4.pdf

²¹ <https://sdgs.un.org/partnerships/ageing-nepal-piloted-basic-literacy-class-urban-center-kathmandu-metropolitan-ageing>

- *Invests in integrated and sustainable urban planning, paying special attention to the relationship between human activities and the environment.* For instance, nature-based solutions designed in collaboration with local and indigenous people can help advance caring practices that benefit humans and non-humans alike;
- *Integrates environmental considerations* in all public initiatives thus helping to secure a viable and equitable future. Consciously considering the opportunities and risks to the environment of a given urban intervention allows for the early adoption of mitigation measures preventing further environmental damages while enhancing positive outcomes for people and the planet alike;
- *Acknowledges and supports existing actions led by both formal and informal workers and community-based networks that contribute to a healthy environment.* For instance, local policies and frameworks that value and respect human and worker rights, enabling decent working conditions including adequate remuneration and social protection for all waste workers, regardless of their status, as they strengthen the circular economy, protect public health and the environment, and promote sustainable consumption and behavioural patterns.

BOX XX: TH to add case of waste management

Enabling Environments for Local Action

The responsibility for caring extends across all of government. Local and regional governments need to be supported and enabled to make the necessary city-wide transformations in favour of caring systems. To this end, this paper recommends the following actions to be taken at the **national** level:

- *The enactment of adequate, inclusive regulatory and policy frameworks* establishing the basis for green, sustainable and accessible public services and infrastructure that are gender transformative and supportive of the urban poor, older persons, young people, migrants, and persons with disabilities;
- *Sustain adequate transfer and allocation of financial resources* to strengthen local-level technical capacity and enable efficient implementation;
- *Establish the legal foundations to institutionalise meaningful participatory and multi-level governance* that considers the whole of society, moving past political alliances and promoting government accountability at all levels.

BOX XX: Municipal investment in care homes for older people: Evidence from Denmark and Canada

There is a need for state investment in, and careful oversight of, homes for older people, as

exemplified in cases from Denmark and Canada. In Denmark there has been a wide debate about the role of private for-profit companies as providers of social services (e.g., providing housing for children and adults with physical or mental challenges). The FOA trade union has exposed several examples of private social care companies delivering poor quality services while the owners reap large cash rewards. One example involves a very large profit from the 2017 sale of the private institution *Søbækskolerne* for 18 EUR million (including a special bonus) to multinational corporation *Olivia A/S*. The institution delivers services to young people with special needs, both educational training and housing. However, the sale did not transfer the physical assets, only the obligations to provide the service. This allows the previous owner to continue to earn a large income by renting buildings to the new supplier²².

Canada recorded the worst score of COVID-19 deaths in care services for older people worldwide: four out of five deaths were either residents or staff of a long-term care home, 29 largely run by private companies, some of which actively engage in tax avoidance, such as *Revera*. In 2020, the Canadian Union of Public Employees (CUPE) launched the nationwide 'FixLongTermCare' campaign to take profit out of long-term care of older people, demanding that the Canadian Government take over and invest in long-term elder care homes and set a national service quality standard and safe, decent working conditions for staff across all provinces. The campaign contributed to the 2021 decision of the Government of Saskatchewan to invest 80 million Canadian dollars in long-term care starting with municipalizing two facilities through substantial public investment; to plan 82 renewal projects and 13 new public elder care homes in rural and remote areas of the province²³.

BOX XX: Cyprus' Parallel Parliament - TBC

Joint way forward

Caring is a shared responsibility. Properly functioning caring systems require complementary actions led by national, local and regional governments, communities and individuals to be aligned and mutually supported in a new social organisation of care. This policy paper recommends the establishment of strong mechanisms that allow collaboration for social change, and which are based on the following:

- Caring systems as promoters of redistributive policies and sustainable reduction of inequalities, and exercising human rights;

²² Enghausen, T., 'Problems without benefits? The Danish experience with outsourcing and remunicipalisation', *The Future is Public*, TNI, 2019, p. 71

²³ Extract from Cibrario, D "[Challenging decades of privatization and de-funding of public services](#)" e [Spotlight on Sustainable Development Report 2021](#), August 2021, pp. 30-33

- Adequate, accessible and ethical information management that supports contextual analysis, informed decision-making, and accountability, with the State as the main party responsible;
- Participatory governance through collaborative platforms, solid social dialogue, democratic governance and representation, and proactive efforts to ensure that all have a real possibility to engage;
- The recognition of care as a human right and a public good, and promotion of its universal access;
- Respect and appreciation for local and indigenous knowledge;
- Challenge of the gendered division of labour of paid and unpaid care work and promotion of 'everyday life' caring tasks as everyone's responsibility, and redistributing care from households to public services;
- Adequate public financing based on progressive tax systems.

BOX XX: Intermunicipal cooperation in welfare care provision: Belgium²⁴

The case of Welfare Care Kempen (WCK) illustrates the challenges local social care providers have had to confront since the onset of the Covid-19 pandemic. The pandemic prompted local public service providers to rapidly adapt, review their processes and operations, and redeploy staff under duress. A publicly owned and managed intermunicipal consortium uniting 27 municipalities, WCK delivers home care services to residents of the Flemish Region of Kempen including health and medical care, errand assistance, domestic chores help, leisure and social contacts for older people, people with disabilities or isolated residents, and advice on financial hardship and debt. WCK also connects residents to a wide variety of related and complementary

²⁴ Extract from LOCAL PUBLIC SERVICES AND TRADE UNIONS THROUGH THE COVID PANDEMIC, THE CASE OF WELFARE CARE KEMPEN (BELGIUM), PSI, 2022 https://pop-umbrella.s3.amazonaws.com/uploads/45e14b83-f454-44bf-98d5-46a0e05eafce_PSPB-LRGU-WelfareCareKempen-EN.pdf and UCLG, Metropolis, LSE Cities LOCAL PUBLIC SERVICES IN CRISIS MODE: ADAPTING GOVERNANCE MODELS TO EXCEPTIONAL TIMES Emergency Governance for Cities and Regions POLICY BRIEF #05 March 2022 https://gold.uclg.org/sites/default/files/egi_policy_brief_5.pdf

services such as mental health and youth welfare services, acting as a local care public service hub for the territory. Most WCK users are older people and people with disabilities, as well as families in social or financial distress. Its 270 workers, mostly women, many with a migrant worker background, cover a population of 500,000 inhabitants. WCK is a pool of decent employment for the Kempen region as it ensures quality welfare care services, and provides stable jobs with vocational training and qualifications for the local community.

With direct public control and management of services, constructive dialogue with workers and trade unions, and a focus on the public good rather than the bottom line, WCK could swiftly redeploy services to the neediest users and protect workers without clear directions from authorities. This would not have been possible had the service been fragmented among different private operators with contracts mandating cost effectiveness imperatives. Besides, a strong practice of trust-based social dialogue and collective bargaining between WCK management and trade unions was crucial in ensuring service continuation and resilience.

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Note:

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The Crisis in Long Term Care – Effects of Private Provision

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Spanish: https://psishort.link/CrisisLTC_ES

French: https://psishort.link/CrisisLTC_FR

Arabic: https://psishort.link/CrisisLTC_AR

Care Givers and Takers - How finance extracts wealth from the care sector

English: https://psishort.link/Caregivers_EN

Spanish: https://psishort.link/caregivers_es

French: https://psishort.link/caregivers_FR

German: https://psishort.link/caregivers_DE

Ten Tricks – A short handbook of financial engineering

English: https://psishort.link/10Tricks_EN

Spanish: https://psishort.link/10tricks_ES

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<https://publicservices.international/resources/publications/desafos-para-una-agenda-feminista-y-sindical-en-amrica-latina?id=12845&lang=es>

Videos

- EN Who Cares? Fixing the care crisis – the 5 Rs– Rosa Pavanelli PSI General Secretary: <https://www.youtube.com/watch?v=CmVoskAFaSc>
- EN REWARD and remunerate care work – Gloria Mills, UNISON: <https://youtu.be/O9ztRE5WWGI>
- ES RECOMPENSAR y remunerar el trabajo de cuidado- Carolina Espinoza, CONFUSAM: https://www.youtube.com/watch?v=OTtj6zV0_ek&t=17s
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- EN RECOGNISE the Human Right to Care – Kate Donald, CESR: <https://www.youtube.com/watch?v=iKtFjjPRf4g>
- EN REDISTRIBUTE care work eliminating the sexual division of labour - Wangari Kinoti, ActionAid <https://youtu.be/22Pabv4aINU>
- ES REDUCIR la carga de cuidado no remunerado- Corina Rodríguez Enríquez, DAWN: <https://youtu.be/VhDaAhyCrTM>

ITF (International Transport Workers' Federation)

- People Public Transport Policy addressing ownership, financing, control of technology, climate, gender: www.OPTPolicy.org

Civil Society Action Committee

- Proposals for protection of migrants during the pandemic and health care systems: <https://csactioncommittee.org/wp-content/uploads/2020/04/Civil-Society-Statement-on-COVID-19-and-Migrants-final.pdf>

GOLD VI Process

- Chapter on [Caring](#) - "Socio-spatial inequality and local educational action in the construction of caring cities"
- "Enabling access to quality local public services for all: a precondition to beat inequality" <https://bit.ly/3gfu4VT>

Others

- Handbook that helps put recommendations outlined in the ICOPE Guidelines into practices: <https://www.who.int/publications/i/item/WHO-FWC-ALC-19.1>



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- This guide gives an overview of the concepts and steps for implementing the “Safe Women” project in small and medium cities.
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