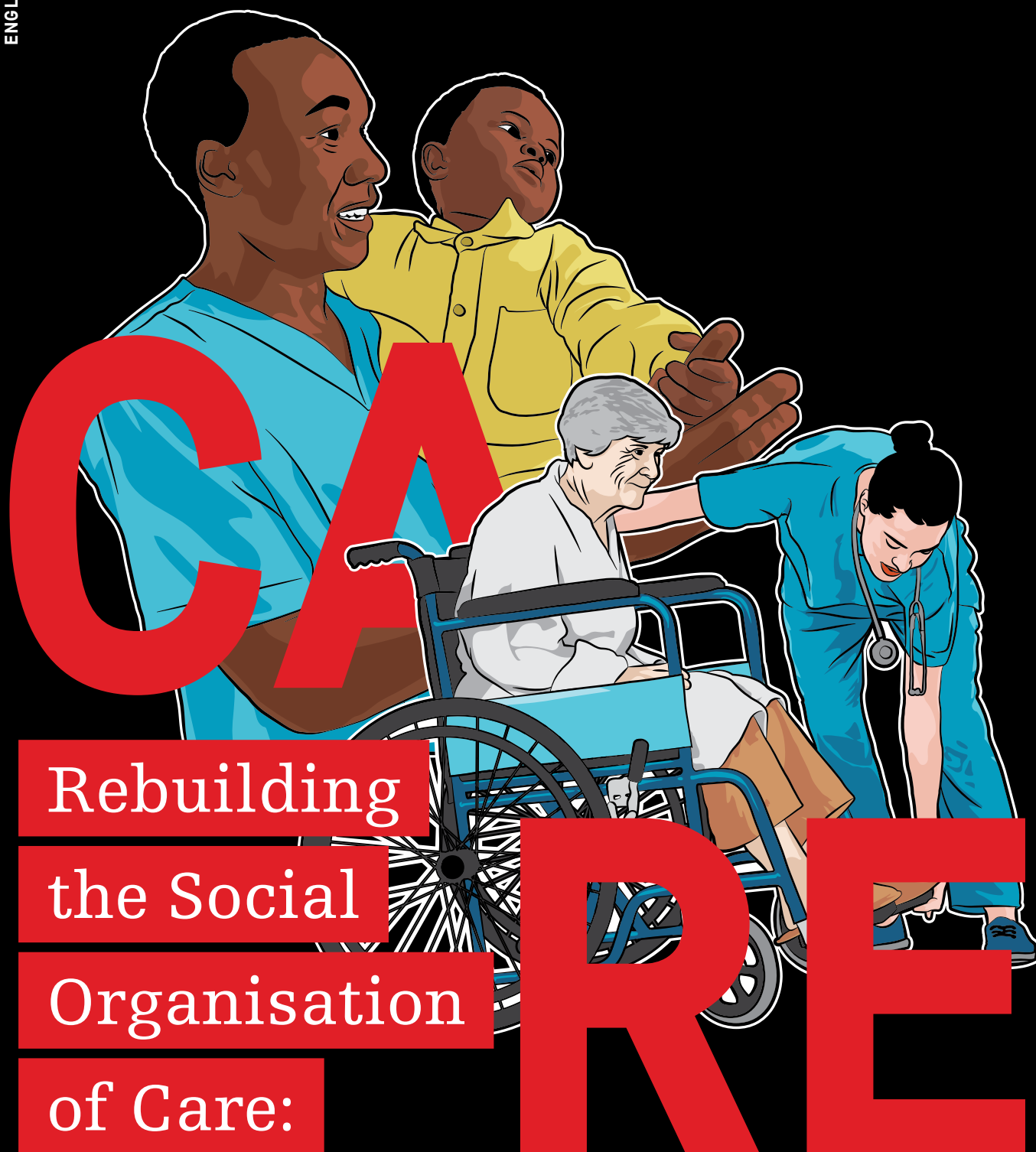




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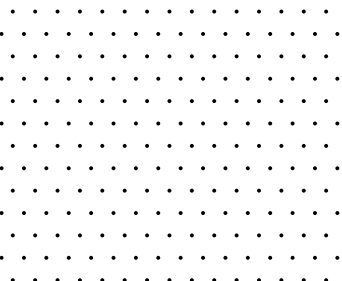
*The global union federation of workers in public services*

ENGLISH



Rebuilding  
the Social  
Organisation  
of Care:

**AN ADVOCACY GUIDE**



This guide was prepared by Georgia Montague-Nelson from the Global Labour Institute, Manchester, UK (<https://www.gli-manchester.net>).

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This includes staff of PSI and EPSU:

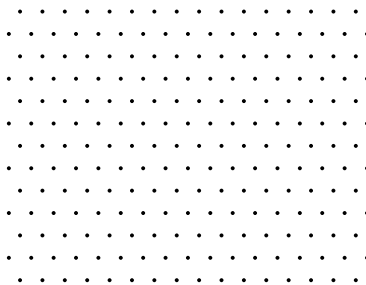
- Adam Rogalewski, EPSU
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**P**SI and its World Women's Committee have been the driving force behind a paradigm change that has just taken root but has undoubtedly already made considerable progress. Shifting the course and discourse on care from an economic approach based on care as a commodity and at the service of profit, to the positioning of care as a universal human right, is now part of the global debate.

As a global union, we have raised the different issues of paid and unpaid care in the world of work. Equally, we have underlined the role of the State, governments, and public services in guaranteeing new societies that will transform unequal gender relations and the unequal relations between the global North and South. We want to build societies where caring and being cared for is not placed on the shoulders of families, disproportionately felt by women. Nor is it placed on the economic capacity of people to access private services, or extracted for-profit at the expense of precarious, racialised and migrant labour. We have reclaimed care as an act of social responsibility that should be regulated as a public and common good of humanity.

PSI and its affiliated unions, as well as its women's committees, which have the aim of guiding action for gender equality within our organisation, are convinced that equality will not be possible without a profound change in the sexual division of labour, the fundamental axis of which is care. In accomplishing this mandate, PSI is working closely with feminist, human rights, and tax justice organisations to build a global movement in support of the call for rebuilding the social organisation of care as a way out of the care crisis, which has been made worse by the pandemic.

Our joint Manifesto has become a living political document and statement in permanent public debate, finding new areas of expansion that could even lead to new 'Rs' outside the five originally proposed.

Hence the main objective of this guide for trade unions and women workers around the world is to make our Manifesto an instrument of trade union political action at the local level.

Our thanks to Georgia Montague-Nelson and the Global Labour Institute for their dedicated work in making this material possible.

In solidarity,

**ROSA PAVANELLI**  
PSI GENERAL SECRETARY

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**REBUILDING THE SOCIAL  
ORGANISATION OF CARE:  
An Advocacy Guide**

## **PHOTO BASED ILLUSTRATIONS**

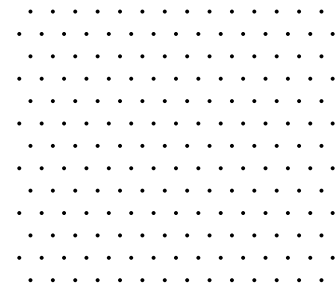
*cover and pg 16: PUN Photo/Martine Perret; cover and pg 39: Shutterstock/Michael Jung; pg 21: Freepik/Diana Grytsku; pg 31: Pixabay/Al Kags; pg 32: Pexels/Ivan Samkov; pg 35: Pexels/Anastasiya Gepp; pg 50: Pixabay/pasja1000; pg 54: Public Services International; pg 65: Flickr/Scottish Government*

# GLOSSARY

## IN THIS GUIDE, THE FOLLOWING CONCEPTS ARE UNDERSTOOD AS:

AUSTERITY	Economic policies that reduce public spending.
CARE	The activities and relations needed for the existence and wellbeing of societies and people within those societies. This includes all paid and unpaid activities that make it possible to fulfil the needs of all people and to reproduce the workforce for the labour market. Care systems include health care, education, domestic work, and social care.
CARE ECONOMY	A concept used to describe the sum of all forms of care work and their relations in the economy and in business.
CLIMATE CRISIS	The global change in climate patterns caused by the warming of the planet. This has now reached crisis levels.
COMMERCIALIZATION	Manging, organizing, or running something in a way that aims at making profit.
COMMODIFICATION	The process whereby something is given value and turned into a commodity that can be bought.
CONVENTION	A legally binding international agreement.
DE - FAMILISATION OF CARE	Reducing the caring responsibilities of the family, often through the public provision of care services.
DIRECT CARE	Face to face personal care activities.
DOMICILIARY CARE ASSISTANCE	Care work undertaken in private homes.
ENERGY POVERTY	Lacking essential energy services to ensure decent living conditions.
FINANCIALISED	Increasing penetration of financial techniques, institutions, and financial markets into all parts of the economy.

<b>GENDER BUDGETING</b>	Raising, planning, and spending resources in ways that promote gender equality.
<b>GENDER PAY GAP</b>	Women being paid less than men for performing the same work or work of the same value.
<b>GENDER STEREOTYPES</b>	Generalised views about the characteristics and roles that people with different gender identities should have. This includes men, women, and gender non-conforming individuals.
<b>GENDER TRANSFORMATIVE</b>	Programmes and policies that identify deep rooted gender inequalities and transform unequal power relations and resources.
<b>GENDER-BASED OCCUPATIONAL SEGREGATION</b>	Inequality in the allocation of different job categories and sectors across gender identities. It can be vertical or horizontal.
<b>GENDER-DISAGGREGATED DATA</b>	Data collected separately on different gendered identities.
<b>GLOBAL CARE CHAINS</b>	Globalised networks and markets for care workers based on migration.
<b>GROSS DOMESTIC PRODUCT</b>	A monetary measure of the total of all value created in an economy.
<b>ILLICIT FINANCIAL FLOWS</b>	Money that is either illegally earned, or activities which may be formally legal but take out resources out of a jurisdiction in an illicit way.
<b>INDIRECT CARE</b>	Activities that do not involve face to face care. This includes cleaning, cooking, washing and other household maintenance tasks. It also includes the management of care activities (care management).
<b>MULTIPLE/INTERSECTING DISCRIMINATION</b>	When people experience more than one discrimination
<b>NEOLIBERALISM</b>	An ideology and political approach that focuses on free-market capitalism, deregulation, privatisation, and austerity.
<b>PATRIARCHY</b>	Socially created and oppressive system based on the supremacy of masculinity in which men are more likely to hold positions of power, leadership, and authority. It defines the roles of men and women, including all feminised identities, and causes inequality.



<b>PHILANTHROCAPITALISM IN CARE</b>	'Charitable organisations' that provide care services while extracting huge profits.
<b>PRIVATISATION</b>	The transfer of publicly owned and/or operated means of production to private ownership or operation.
<b>PSYCHOSOCIAL HAZARD/RISK</b>	Anything in the design, management or organisation of work that increases the risk of work-related stress and violence and harassment.
<b>PUBLIC - PRIVATE PARTNERSHIPS</b>	Contracts between governments and the private sector.
<b>RATIFY</b>	To agree to or give formal and legal consent to.
<b>RECOMMENDATION</b>	Practical guidance from international bodies for strengthening national laws.
<b>SOCIAL CARE</b>	A type of care work that involves providing personal care and practical assistance to individuals who need extra support. Social care services include childcare, elderly care, long-term care, and disability and mental health care.
<b>SOCIAL ORGANISATION OF CARE</b>	The way that care needs are met by the relationships between different actors that are involved in providing care. This happens in different economic, political, and cultural contexts.
<b>SOCIAL REPRODUCTION</b>	The daily and generational renewal of human life and society.
<b>THIRD PARTY VIOLENCE</b>	Violence and harassment committed by those who are outside an organisation. This includes customers, clients, patients, and the public.
<b>TIME USE SURVEY</b>	Surveys that measure the amount of time different people spend on various activities.
<b>UNIVERSAL BASIC INCOME</b>	A financial transfer provided to everyone in a country regularly and without conditions.
<b>ZERO-HOUR CONTRACTS</b>	Contracts with no guarantee of minimum working hours.

# ACRONYMS

C190	Violence and Harassment Convention
CBA	Collective Bargaining Agreement
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CHW	Community Health Workers
CONFUSAM	National Confederation of Municipal Health Officials
CUPE	Canadian Union of Public Employees
DENOSA	Democratic Nursing Organisation of South Africa
EPSU	European Public Service Union
EU	European Union
FENPRUSS	National Confederation of University Professionals of Health Services
GDP	Gross Domestic Product
HEU	Hospital Employees' Union
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
IFI	International Financial Institution
ILO	International Labour Organization
IMF	International Monetary Fund
ITUC	International Trade Union Confederation
JICHIRO	All-Japan Prefectural and Municipal Workers Union
JHCWU	Japan Health Care Workers' Union
LGBTQI+	Lesbian, gay, bisexual, transgender, queer, intersex +
MNC	Multinational corporations
NSWNMA	New South Wales Nurse and Midwives Association
NUGFW	National Union of Government and Federated Workers
OSH	Occupational Safety and Health
OPZZ	All-Poland Alliance of Trade Unions
PPE	Personal Protective Equipment
PPP	Public-Private Partnerships
PSI	Public Services International
SDG	Sustainable Development Goal
SDNU	Swaziland Democratic Nurses Union
SINDSEP-SP	Sindicato dos Servidores Municipais de São Paulo
SINTRASEB	Sindicato único dos trabalhadores no serviço público municipal de Blumenau
SOC	Social Organisation of Care
SUNET	Sindicato Unitario de Trabajadores y Trabajadoras Estatales
UDHR	Universal Declaration of Human Rights
UK	United Kingdom
UN	United Nations
WB	World Bank
WHO	World Health Organisation



# INTRODUCTION

**C**are is the activities that are needed to satisfy our basic needs to exist. It is the glue that holds societies together and enables economies to function. It is essential for the existence and the reproduction of societies.

Care work can be paid or unpaid. Globally, care is gendered. This means that women are overrepresented in the paid care workforce. Women also face a disproportionate burden of unpaid care work in the home.

The global care system includes a wide range of different occupations and services. This guide will focus specifically on **social care** when talking about paid and unpaid care work and services.

In many countries, caring for the young, elderly, and vulnerable has long been part of social protection and welfare institutions. But years of austerity, neoliberal reforms, and privatisation have resulted in a care system that is failing to provide for the needs of society. It also means that care workers face low wages and exploitation at work.

Across much of the Global South, social care systems are virtually non-existent, and the State is largely absent from its provision. There is also limited or extremely expensive private provision of social care. This means that most care work, including social care, takes place in families and communities and is largely provided by women.

In response to the crisis of care, Public Services International (PSI) has focused on shifting approaches to care away from the dominant approach (**the 'care economy'**) to the **social organisation of care (SOC)**. PSI is calling for action to 'rebuild the social organisation of care' to a new model that puts caring for people over caring for profits.

The International Labour Organisation (ILO) has previously put forward a '5R Framework' to address the failures in care and to ensure decent care work:

- **Recognise, reduce, and redistribute** unpaid care work
- **Reward** care workers and provide more and decent work
- **Representation** of care workers through collective bargaining and social dialogue

The ILO framework has been strengthened and advanced by PSI in its new agenda. In 2020, on the Global Day of Action for Care, PSI called for the 5Rs as a way forward to rebuild the social organisation of care and fix the care crisis:<sup>1</sup>

1. **Recognise** the social and economic value of care work (paid or unpaid) and the human right to care.
2. **Reward, remunerate and represent** care work and care workers with professionalised work, equal pay for work of equal value, adequate pensions, comprehensive social protection, healthy and safe working conditions, strong representation, unionisation, and collective bargaining and social dialogue in line with the ILO Decent Work Agenda.<sup>2</sup>
3. **Reduce** the burden of unpaid care work on women.
4. **Redistribute** care work within households, among all workers, eliminating the sexual division of labour, and between households and State.
5. **Reclaim** the public nature of care services and restore the duty and the primary responsibility of the State to provide public care services and develop care systems that transform gender relations and women's lives – including by financing State's capacity to invest through fair and progressive taxation and ensuring internationally equal taxing rights of nation States.

Since this new agenda was launched, PSI has continued to strengthen the global movement to rebuild the social organisation of care.

- In March 2021, PSI worked with a group of progressive feminists, human rights, and tax justice organisations to jointly launch a Care Manifesto for Rebuilding the Social Organisation of Care.<sup>3</sup>
- PSI commissioned a global study to contribute to the debate on advancing a care agenda for transformation. It looks at the main challenges and potential alternatives for rebuilding the social organisation of care.<sup>4</sup>
- PSI has recently undertaken a study in Latin America to gather more evidence on how to advance on rebuilding the social organisation of care. It includes case studies of national and local governments that have enhanced public policies on care.<sup>5</sup>
- PSI has built strong alliances with social movements around the care system and has strengthened collaboration with other Global Union Federations representing care workers.
- In December 2021, on International Human Rights Day, PSI strengthened the agenda for rebuilding the social organisation of care by linking it with the ILO Decent Work Agenda, further integrating and strengthening the importance of 'representation' in the 5Rs.

## WHO IS THIS GUIDE FOR?

- This trade union guide is for union leadership and women's committees of PSI-affiliated unions. It will be particularly relevant for unions representing care workers.
- Globally care is gendered. This means that this guide is particularly relevant for women trade unionists, committees, and equality officers.
- Care workers who experience discrimination, because of their ethnicity, age, disability status, class, sexual orientation, or gender identity can face increased inequality at work. This means that this guide will be also useful for those with intersectional identities, including unions undertaking work on issues related to race, migration, disability, and LGBTQI+ rights.

## WHAT IS THIS GUIDE FOR?

This is a trade union advocacy guide on rebuilding the social organisation of care. It is intended to:

- Equip and guide PSI-affiliated unions in their political work around the care system.
- Enable unions to put forward concrete proposals to take action around the 5 Rs.
- Empower women to become advocates for rebuilding the social organisation of care.

The guide also addresses care issues related to the COVID-19 pandemic, and the climate crisis and just transition.

## HOW TO USE THIS GUIDE?

This document is made up of the an **advocacy guide** and the **activity workbook**.

The **Trainer's Guide** contains:

- Information about the key issues facing paid and unpaid care workers.
- Key demands for paid and unpaid care workers, care recipients and society. These demands are organised around the 5 Rs to support unions when campaigning around the human right to care and care as a public good.
- Examples of actions developed by unions.
- Further resources that might be useful for additional information and learning.
- Relevant international standards.

The **Activity Workbook** contains training materials to strengthen understanding of the key issues and build trade union capacity – particularly amongst women - to enable unions to develop practical action. It includes:

- Facilitator notes, describing objectives, intended outcomes, and instructions on how to run the activity.
- Participants' activity sheets.
- Further resources that might be useful for the session.

The guide is designed to be used either in its entirety, or for each section to be used separately depending on local needs.

This guide has a global focus. It includes experiences from Global North and Global South. It has a particular focus on key countries in Latin America, North America, Africa, Europe, and Asia.

The guide draws from worker and union experiences and includes quotations and examples from worker and union representatives across different contexts, countries, and unions.

Understandings of care are evolving and in many countries the discussion is only just beginning. This means that this guide is only intended to be a first step in equipping PSI unions to take action around the global care system.

01. Video: <https://youtu.be/CmVoskAFaSc>
02. For more information see: <https://www.ilo.org/global/topics/decent-work/lang-en/index.htm>
03. For more information see: <https://peopleoverprofit/campaigns/manifesto-rebuilding-the-social-organization-of-care?id=11655&lang=en>
04. For more information see: <https://publicservices.international/resources/publications/the-social-organisation-of-care-a-global-snapshot?id=12358&lang=en>
05. For more information see: <https://publicservices.international/resources/publications/challenges-for-a-feminist-trade-union-agenda-in-latina-america?id=12845&lang=en>

# Guide

## I. UNDERSTANDING CARE

*This part of the guide aims to enable unions to strengthen their understanding of the global care system and care work (paid and unpaid) that is undertaken within the system. It also encourages unions to consider about the causes of the crisis in the global care system.*

### 1. WHAT IS CARE?

**C**are is the activities and relations that are needed to satisfy our basic needs to exist. It is the glue that holds societies together and enables economies to function. It is essential for the existence and wellbeing of society.

Care work includes all paid and unpaid activities that make it possible to meet or fulfil the needs of all people (*children, elderly, sick, disabled*) and to ensure their wellbeing, dignity, and health. Care work also includes the daily work that is undertaken to reproduce the workforce for the labour market and make social reproduction (*daily and generational renewal of human life and society*) possible. It also includes community work. Care workers provide essential support to individuals, households, and local communities.

The **social organisation of care** is the way that these care needs are met by the economic, political, and cultural relationships between the different social actors involved in providing care. These social actors include families and households, communities, the State and increasingly the market (*private operators and providers*). The way that care is divided up amongst these actors varies across different contexts and countries.

Care work can be both *direct and indirect*.

- **Direct care** involves face-to-face care activities. This includes activities such as nursing the sick, looking after and feeding children, teaching children.
- **Indirect care work** does not involve face-to-face care activities but is important for maintaining people and households. It includes activities such as cleaning, cooking, and washing. It can also include the management and administration of care (care management).

The nature of care work and care services are constantly evolving. This means that definitions of care are evolving too. Care can be defined as: *“The activities and relations needed for the existence and wellbeing of societies and people within those societies. This includes all paid and unpaid activities that make it possible to fulfil the needs of all people and to reproduce the workforce for the labour market. Care systems include health care, education, domestic work, and social care.”*

*"CARE STRIKES THROUGH FROM BIRTH TO DEATH. CARE IS A DISPROPORTIONATE BURDEN THAT AFFECTS WOMEN AT EVERY STAGE OF THEIR LIFE – AS A GIRL GROWING UP IN THEIR HOUSE, THEY HAVE TO TAKE CARE OF SIBLINGS AND HAVE A HUGE RESPONSIBILITY FOR CARE. IN SOME COUNTRIES, GIRLS ARE NOT ALLOWED TO GO TO SCHOOL."* <sup>10</sup>

JILLIAN BARTLETT, NUGFW AND VICE-CHAIR REPRESENTING THE INTERAMERICAN REGION, PSI WORLD WOMEN'S COMMITTEE, TRINIDAD AND TOBAGO

Care work can be both *unpaid and paid*.

- **Unpaid care work** is care work that is undertaken without payment or any type of monetary compensation.

Most unpaid care work (*also called unpaid domestic work*) takes place within households. It includes activities that contribute towards caring for a household (*cooking, cleaning, collecting water, food, and firewood*) and caring for the people in the household (*young, elderly, sick, disabled*). It also includes unpaid activities undertaken to manage or administer care in the household, and unpaid care work for people outside of the home (*friends, neighbours, and community members*).

Across the world, unpaid care work is seen as 'women's work'. This means that women at all stages of their lives face a disproportionate burden of unpaid care work. Globally it is estimated that 16.4 billion hours every day (*equivalent to 2 billion people in full time jobs*) are spent on unpaid care work. Women perform 76% of this unpaid care work.<sup>6</sup>

All women face a greater burden of unpaid care work. But poorer women and women in lower income countries face a greater burden.

- In low-income countries, women in rural areas can spend 14 hours a day on unpaid care work.<sup>7</sup>
- In North Africa and West Asia, women spend 7 times longer on unpaid care work than men.<sup>8</sup>
- In Asia and the Pacific, women spend 4.1 times longer on unpaid care work than men.<sup>9</sup>

Lack of or inadequate public services, welfare, and social protection systems to provide accessible, universal and gender-transformative care services means that most unpaid care work is left for women to shoulder. In some societies cultural settings, norms, and expectations mean that care is seen as the responsibility of the family. But in reality, the burden largely falls on women and girls.

The unequal and disproportionate burden of unpaid care work is a cause of gender inequality. It holds women back and stops them from accessing education or participating in the labour market. But this disproportionate burden remains largely hidden and is often overlooked by governments. [For more information see Section II.3]

- **Paid care work** is care work that is performed for pay, or monetary compensation.

The global care workforce (11.5% of global employment)<sup>11</sup> includes all care workers in care sectors. This includes:

- Education, including early childhood care
- Healthcare, including nurses, midwives, community health workers, volunteer health workers
- Social care
- Paid domestic care

It also includes care workers in non-care sectors, and in non-care jobs who support the provision of care services (*cooks, cleaners, care management*).

## PAID CARE WORK COVERS A WIDE RANGE OF OCCUPATIONS, BUT THIS GUIDE WILL FOCUS ON SOCIAL CARE.

**Social care** is a form of care work that involves providing personal care and practical assistance to people who need extra support (*children, young people, adults, and the elderly*). Social care services include childcare, elderly care, long-term care and disability and mental health care. It also includes home-based social care (*paid domestic work*). It can take place in private homes (*called 'domiciliary assistance'*),

public or private nursing homes, residential or community homes or childcare facilities. Like most care work, social care is a feminised sector. Most work is undertaken by women.

The global care system includes the composition of all the different services that provide care. In social care this includes childcare, elderly care, long-term care, and disability and mental health care.

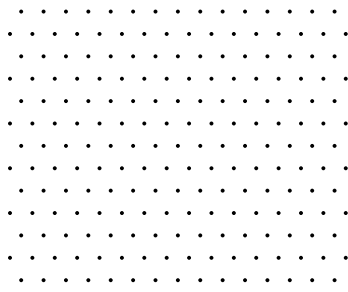
### WHY IS CARE WORK SEEN AS 'WOMEN'S WORK'?

In this guide, when we refer to 'women' we include all feminised gender identities.

Women are the main individual actors in care in communities, the market, and the State. Two-thirds of all paid care workers are women, and women provide three-quarters of all unpaid care. Harmful gendered stereotypes caused by the historical sexual division of labour and gendered inequalities mean that women are associated with having 'natural' caring abilities. This means that the responsibilities of paid and unpaid care work (*cooking, cleaning, nurturing*) are typically stereotyped as 'belonging' to women. Women are often forced to stay at home and provide care for free in their households rather than going to work.<sup>12</sup> Many women face the double burden of undertaking paid work

outside the home whilst also facing a disproportionate share of unpaid caring responsibilities in the home.

These structural inequalities also mean that paid work is generally divided between men, women, and other gender identities according to gendered roles. Women are clustered into jobs based on how society sees the roles of women. This creates gender-based occupational segregation. Women are often paid less even when working the same jobs or work of same value. This leads to a gender pay gap, which is even bigger for racialised women. Caring skills are perceived as 'natural' to women and so are seen as less skilled and undervalued. This means that paid care workers often have low wages and poor working conditions and suffer from vertical and horizontal occupational segregation. But these ideas about women's work are based on patriarchal gender norms, which are reinforced by the capitalist system.



Across the world, care workers make a huge contribution to economic and social systems. But the free or cheap care work of women is exploited to enable capitalist economic growth.

*"IN BRAZIL, AS IN THE VAST MAJORITY OF COUNTRIES, CARE WORK HAS HISTORICALLY BEEN PERFORMED BY WOMEN AND IS EITHER UNPAID OR PRECARIOUSLY PAID. IN THE CASE OF DOMESTIC AND DAY LABOURERS, IT IS UP TO THEM TO SUSTAIN THIS SYSTEM THAT DRIVES THE ECONOMY. CARING FOR THEIR CHILDREN, FEEDING THEM, TAKING CARE OF THE SICK, MAINTAINING THEIR HOMES."* <sup>13</sup>

LUCIANA MELO, SINDSEP-SP, BRAZIL

*"IN MOST CASES WOMEN ARE RESPONSIBLE FOR THE CARE TASKS – FROM THE OLDEST DAUGHTER WHO STAYS WITH THE SMALLER BROTHERS BECAUSE THE PARENTS NEED TO WORK, TO THE GRANDMOTHER WHO DOES THE SAME THING, OR THE WIFE WHO IS LEFT WITH THE TASK FOR CARING FOR PARENTS, PARENT-IN-LAW, OR SOMEONE IN THE FAMILY WHO NEEDS HEALTH CARE OR ASSISTANCE...USUALLY THIS WORK IS UNPAID."* <sup>14</sup>

GEICI MAIARA BRIG, SINTRASEB, BRAZIL

Many paid care workers are also **migrant workers**. A growing gap between the numbers of people that need care and the numbers of care workers able to provide care has led to a rising demand for care workers globally. This has increased migration for care work and has created a globalised labour market for care workers along which care is transferred and provided (called **global care chains**). In many countries this is actively encouraged by government policies and programmes.

This mostly takes place between the Global South and Global North; Europe and North America rely on migrant workers from Latin America, Africa, and Asia to fill labour shortages. Global South-South migration is also common between countries of different levels of economic development.

- The care sector in Canada is heavily dependent on precarious and temporary work of migrant workers. The federal government has developed immigration policies and programmes to encourage migrant workers to come to Canada to address the increasing demand.
- In the EU, the freedom of movement policy for labour has resulted in huge internal migration for care work. Workers generally migrate from countries in central and Eastern Europe to Western Europe.
- Across Asia a growing demand for long-term care has led to some countries turning to migrant workers to fill the gap. Most migration for long-term care is from poorer Southeast Asian countries (*Philippines, Indonesia, Vietnam*) to richer East Asian countries (*Japan, South Korea, Hong Kong, Taiwan, Singapore*).



Workers who migrate for social care work are often poor, particularly in relation to those in the country they provide care for. This power imbalance means that migrant workers face precarious working conditions, low pay, and lack access to social protection. In some countries, migrant care workers may even be paid differently depending on what country they are from. With limited rights and legal protections, they lack power and access to decent work opportunities.

Care workers who experience discrimination because of their ethnicity, age, disability status, class, sexual orientation, or gender identity can face increased inequality at work. The intersections of these different identities can mean that they can experience intersectional discrimination.

This means that paid care work is both **feminised and racialised**. Women migrant care workers face intersectional discrimination because of their gender and its intersections with their class and race.





Models of care and the composition of social care services vary between countries. The way that care is provided, funded, and organised depends on available resources, government policies and infrastructure, and cultural norms.

- Across the Global North, social care has long been delivered by the State as part of welfare and social protection systems. In some countries, care continue to be provided through publicly funded care services which are delivered and/or managed by local authorities. But in many countries, there has been increased privatisation of care services. Increasingly ‘for-profit’ providers are taking a central role in the delivery of care. These care services may be delivered solely by the private sector, subsidised by the State, or State-funded but outsourced and private sector delivered.
- Progress in State-provided social care has been made in South America, the Caribbean, and some parts of Southern Africa, but big gaps still exist. The lack of and/or insufficient public provision of social care mean that most care is community or family-based, and

largely provided by women. Some private care services do exist, but the high cost of these services means that access for most people is restricted.

- Across much of Africa and some parts of Asia, public provision of social care is virtually non-existent. Paid care work is largely informal. While there are small numbers of private care services, most care work is unpaid, takes place in families and communities and is performed by women. Many States lack sufficient resources and infrastructure to provide universal public care services. There are also cultural norms which mean caring responsibilities are seen as the responsibility of the family or community.

Across the world, gaps in coverage of care services mean that the not-for-profit sector is increasingly taking on a critical role in providing care – whether through cooperatives, community organisations, charities, non-governmental organisations, and religious groups. But these services are rarely universally accessible or gender transformative.

06. [https://www.ilo.org/wcmsp5/groups/public/-dgreports/-dcomm/-publ/documents/publication/wcms\\_633135.pdf](https://www.ilo.org/wcmsp5/groups/public/-dgreports/-dcomm/-publ/documents/publication/wcms_633135.pdf)

07. <https://www.oxfam.org/en/not-all-gaps-are-created-equal-true-value-care-work>

08. [https://www.ilo.org/wcmsp5/groups/public/-dgreports/-gender/documents/publication/wcms\\_732791.pdf](https://www.ilo.org/wcmsp5/groups/public/-dgreports/-gender/documents/publication/wcms_732791.pdf)

09. [https://www.ilo.org/wcmsp5/groups/public/-dgreports/-dcomm/-publ/documents/publication/wcms\\_633135.pdf](https://www.ilo.org/wcmsp5/groups/public/-dgreports/-dcomm/-publ/documents/publication/wcms_633135.pdf)

10. Quote captured via interview.

11. [https://www.ilo.org/wcmsp5/groups/public/-dgreports/-dcomm/-publ/documents/publication/wcms\\_633166.pdf](https://www.ilo.org/wcmsp5/groups/public/-dgreports/-dcomm/-publ/documents/publication/wcms_633166.pdf)

12. For more information see: ‘Patriarchy of the Wage’ by Silvia Federici

13. Quote captured via questionnaire.

14. Quote captured via questionnaire.

## 2. THE CRISIS OF CARE

**G**lobally, we are facing a care crisis.<sup>15</sup> The current social organisation of care is unjust, unequal, and unsustainable.

The global care system is failing to meet the needs of society and it relies on the exploitation of women and migrant workers. But how has this crisis come about?

In the Global North, inadequate public spending, and austerity measures (*economic policies that reduce public spending*) have starved care systems of the essential resources needed to fulfil societies' caring needs. This has resulted in a failing and underfunded care system, particularly in social care.

Neo-liberal reforms have deregulated public services and have shifted social care services into the private sector. This has turned social care into a commodity that can be bought (*commodification*). Private actors are increasingly taking a central role in the provision of social care and are establishing

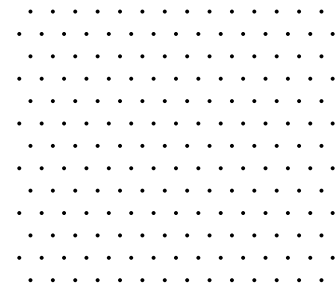
control over the sector. This means that social care is being run 'for-profit'.

In many countries, social care has been invaded by private wealth, investors, and hedge funds. The care sector has become financialised (*increasing penetration of financial techniques, institutions, and financial markets into all parts of the economy*). It has been transformed into a consumer-based service and business opportunity for the private sector. Any profit that is created is directed back to a small number of private individuals and investors. Many private social and health care companies in the Global North are now looking to push this privatised model of care onto the emerging middle class in the Global South.

Recent years has also seen the increasing role of 'philanthrocapitalism' – the rise of 'charitable organisations' that provide care services while extracting huge profits. This has only enabled further privatisation.

"IN BRAZIL, THE DISMANTLING OF THE WELFARE STATE HAS BROUGHT NEGATIVE CONSEQUENCES TO THE POPULATION THAT DAY AFTER DAY SEES NEGLECT...WITHOUT A JOB, LIVING IN PRECARIOUS HOUSING, WITHOUT ACCESS TO SCHOOLS, WITHOUT QUALITY HEALTHCARE, WOMEN ARE THE GREAT VICTIMS AND ALL OF THIS HAS A PROFOUND IMPACT ON THEIR LIVES, ESPECIALLY THE MARGINALIZED, BLACK WOMEN WHO MOST NEED POLICIES THAT SUPPORT AND HELP DEVELOP AUTONOMY...WE ARE FACING ONE OF THE BIGGEST CRISES. WITH THE DISMANTLING OF PUBLIC POLICIES, INFLATION, HIGH UNEMPLOYMENT RATE - WOMEN ARE INCREASINGLY THROWN TO DOMESTIC AND CARE TASKS WITHOUT ANY COUNTERPART..."<sup>16</sup>

LUCIANA MELO, SINDSEP-SP, BRAZIL



In recent decades, public-private partnerships (PPP) have increasingly been used in the social care sector. PPPs are contracts between governments and the private sector. In many countries, social care service provision is devolved to local authorities. But austerity measures means that local authorities do not have sufficient resources to run social care services effectively. This means that authorities outsource the provision, operation, or management to private actors. Tendering processes allow private actors to bid to compete to run care services for the lowest cost possible. Weak or lacking regulation from governments means that companies prioritise profits over the wellbeing of care workers and quality of care for recipients. This trend is common across all sectors but is particularly rampant in social care.

Across Europe, many countries have experienced devolution of decision-making to local government. But this has been accompanied by underfunding and pro-privatisation laws which have contributed to failing care systems and increased outsourcing.

In the UK, social care services are largely run by local authorities. In 1991 legislation was introduced which required local government to outsource 85% of social services. As a result, 95% of care at home is now provided by private companies. 2/3 of adult care workers now say that the quality of adult care has fallen. 1 in 4 home social care services are failing to meet quality and safety standards.

At the international level, pro-privatisation policies are frequently encouraged (or even imposed) by international financial institutions (IFIs) like the World Bank (WB), or International Monetary Fund (IMF). But these international institutions are often highly unequal, allowing richer countries and large multinational corporations (MNCs) to exert power over lower-income countries.

Across the Global South, neo-colonial debt burdens and structural adjustment programmes have also hollowed out States' abilities to deliver publicly funded care services. This has reinforced extreme power imbalances between the Global North and Global South.

- Across South Asia, Community Health Workers (CHWs) are an important part of the health care workforce. Many countries are heavily reliant on their work for the delivery of public health care. Accredited Social Health Activists (ASHAs) in India, Community Health Volunteers in Nepal and Lady Health Workers in Pakistan play essential roles in family planning, maternal, neo-natal and child health care and health education. Despite providing essential services and filling a gap caused by underfunding and privatisation of the public health system, CHWs frequently face no or limited wages and social security, and are often not recognised as employees, treated instead as volunteers.<sup>17</sup>
- In the Philippines, there are 42,000 barangays (*the smallest unit of government*). 420,000 Barangay Health Workers work in communities providing services to 110 million Filipinos without pay. 98% are women. But they are regarded as volunteers and are therefore unable to defend their rights as workers.

Regressive taxation policies have also limited funding available for public care services. This has been accompanied by the rise of tax avoidance and tax dodging by private investors. Limited regulation from governments means that there is a lack of financial transparency. [For more information see Section II.5]

- A study in the UK showed that 3 UK care home operators collected hundreds of millions of pounds in fees from residential homes and shifted profits offshore using complex corporate structures and tax havens.<sup>18</sup>
- A study in Australia found that 6 of the largest for-profit elderly care companies operate over 20% of all residential aged care beds. They receive nearly \$2.2 billion in government subsidies annually but use complex structures to report lower profits and avoid paying tax.<sup>19</sup>
- A study into Europe's largest care operator – Orpea - revealed that the company had been using subsidiary companies to extract taxpayers' money to fuel its property empire, while workers faced violations of their rights, understaffing and unsafe working conditions.<sup>20</sup>

▶ **The demand for care is increasing.** But there is a shortage of social care workers to meet the demand. In 2015, 2.1 billion people needed care. By 2030, it is estimated that 2.3 billion people will need it.<sup>21</sup>

▶ **Globally, we have an ageing population.** People are living longer than before. It is estimated that the world will need 60% more long-term care jobs by 2040 to keep up with the demand.<sup>22</sup>

Asia has some of the world's most rapidly ageing populations. But there are not enough people to provide the care needed for the elderly. 50% of older people do not receive the care that they need. The gap is bigger for those in poverty and in rural areas. This means most long-term care is provided by the family.

In Japan, JICHIRO report that the rapidly ageing population means that the need for elderly care continues to rise, while the number of people able to provide care is decreasing.

▶ **The structure of families has changed.** Households have become smaller, there has been a collapse in the extended family and there are more households with single parents. These changes have increased care needs, particularly the need for childcare.

▶ In recent decades, more and more women are **taking up paid work outside the home and entering the labour market.** This has decreased the availability of unpaid care work at home and has also increased the demand for formal care services to fill the gap. Unfortunately, this has not been met by a redistribution of unpaid care work.

▶ The **climate crisis** is endangering the world. It is also exacerbating the global care crisis and is intensifying care work. Harmful inequalities and gender stereotypes mean that women and girls are facing disproportionate impacts. [For more information see Section II.2, II.3, II.5]

The COVID-19 pandemic only further exposed the systemic failures of the 'for-profit' approach to social care - unequal, insecure, reliant on worker exploitation and failing to provide quality care. Social care work was one of the most dangerous occupations during the pandemic because of increased risk of exposure to the virus. Despite deemed 'essential' workers by governments, social care workers faced inadequate occupational safety and health (OSH) measures and high levels of burnout.

In long-term care, cost-cutting, understaffing, overcrowding, and inadequate training caused high death rates in private care:

- In Victoria in Australia, 75% of all COVID-19 deaths occurred in elderly care homes. All were in private care homes, even though around 10% of care homes were under State control.
- In Canada, the proportion of deaths in nursing homes represented 69% of Canada's overall deaths from the virus. Most took place in privately owned long-term care facilities.<sup>23</sup>
- In the UK, between early March and mid-June 2020, 20,000 COVID-19 deaths were recorded in long-term care homes in England and Wales. The actual figure is expected to be 30,000.<sup>24</sup>

The pandemic also revealed the crisis in unpaid care. With schools closed, family sick and the elderly needing more support, the unpaid care workload was intensified. Inadequate access to public care services, particularly childcare, meant that women were left to pay the price and disproportionately shouldered the additional burden of care work.

Without gender-transformative public services, women faced other disproportionate impacts from the pandemic including increased exposure to violence and harassment, and a greater likelihood of job loss. The pandemic also revealed the essential role of care in ensuring the wellbeing, dignity, and health of all people and the need for public services that are equally accessible for everyone.

*"DURING THE PANDEMIC, WE FOUND THAT THE CARE SYSTEM WAS UNPREPARED IN TERMS OF EQUIPMENT AND SUPPLIES, INCLUDING PPE. THIS CRISIS SHOWED US THAT OUR CARE SYSTEM IS FACING HUGE CHALLENGES, PARTICULARLY RELATED TO BUDGETARY ALLOCATIONS WHICH IS NOWHERE NEAR WHAT WE NEED. IT IS STRUGGLING BOTH IN TERMS OF PROVIDING THE CARE, BUT ALSO IN TERMS OF BEING ABLE TO PROVIDE GOOD WORKING CONDITIONS FOR CARE WORKERS."* <sup>25</sup>

IRENE KHUMALO, SWADNU  
AND PSI WORLD WOMEN'S  
COMMITTEE CHAIR, ESWATINI



**The global care system is in crisis. The neoliberal capitalist and patriarchal model is prioritising profit over the wellbeing of people and the planet, with disastrous impacts for care workers and care recipients.**

The social care system relies on the exploitation of care workers, most are women, migrants, and people of colour. Pay is generally low, working conditions are precarious and in many countries, care work is highly informal. Workers frequently face crushing workloads and excessive monitoring and control over the time they spend on care. They also face violence and harassment on the job. [For more information see Section II.2]

There is vast inequality in access to care services, which has transferred more responsibility of unpaid care work to the family and to the community. The unfair and unequal distribution of care on women is having devastating impacts for women's equality.

*"IN CANADA, PROBLEMS WITH ACCESS, AFFORDABILITY, AND POOR PAY FOR CHILDCARE WORKERS STEM FROM THE FACT THAT CHILDCARE SERVICES HAVE LARGELY BEEN LEFT TO THE MARKET TO PROVIDE. OVER THE YEARS, THERE HAS BEEN INCREASING FOR-PROFIT PROVISION AND WE ARE INCREASINGLY SEEING FINANCIALISATION OF THE SECTOR."* <sup>26</sup>

MORNA BALLANTYNE, EXECUTIVE DIRECTOR,  
CHILD CARE NOW, CANADA

**In the following parts of the guide, each of the 5Rs of the agenda for Rebuilding the Social Organisation of Care is explored in more detail in relation to these issues.**

**The next section outlines the main issues and makes suggestions of key demands and action that unions can take.**

15. Video: <https://publicservices.international/resources/videos/who-cares-fixing-the-care-crisis?id=11278&lang=en>
16. Quote captured via questionnaire.
17. For more information see: [https://pop-umbrella.s3.amazonaws.com/uploads/5bebafc9-603d-4281-b472-8adeac6761f7\\_PSI\\_Storybook\\_Final\\_Hi-res.pdf](https://pop-umbrella.s3.amazonaws.com/uploads/5bebafc9-603d-4281-b472-8adeac6761f7_PSI_Storybook_Final_Hi-res.pdf) and Video: <https://www.youtube.com/watch?v=FE4f6Q8nGo8>
18. For more information see: [https://cictar.org/wp-content/uploads/2021/02/Revera\\_Report\\_UK\\_FNL.pdf](https://cictar.org/wp-content/uploads/2021/02/Revera_Report_UK_FNL.pdf)
19. For more information see: [https://cictar.org/wp-content/uploads/2018/12/CICTAR\\_Aged\\_Care\\_Brief\\_Final.pdf](https://cictar.org/wp-content/uploads/2018/12/CICTAR_Aged_Care_Brief_Final.pdf)
20. For more information see: <https://publicservices.international/resources/publications/orpea-caring-for-people-or-for-profit-cictar?id=12690&lang=en>
21. [https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms\\_633135.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633135.pdf)
22. <https://www.oecd.org/coronavirus/policy-responses/workforce-and-safety-in-long-term-care-during-the-covid-19-pandemic-43fc5d50/>
23. <https://www.washingtonpost.com/opinions/2021/04/06/canada-covid-deaths-long-term-care-nursing-homes/>
24. <https://www.bbc.co.uk/news/uk-53280011>
25. Quote captured via interview.
26. Quote captured via interview.



## II. TAKING ACTION:

### REBUILDING THE SOCIAL ORGANISATION OF CARE

**F**or a long time, the **care economy** (*the sum of all forms of care work*) has been the dominant way that care work has been talked about by governments, the market, international institutions and even trade unions. The 'care economy' concept frames care as an economic sector that generates jobs and supports economic activities. But it also portrays care as an individual commodity that is for sale, rather than a collective social and public good.

As a result, PSI has worked with feminist, human rights, and tax justice organisations to try and shift approaches of care away from the 'care economy' to the 'social organisation of care.'

The **social organisation of care** is the way that care needs are met by the relationships between the different actors that are involved in providing care. This includes households, communities, the State, and increasingly the market. The concept of the 'social organisation of care' enables us to understand how care responsibilities are distributed across different contexts and be thought about through different economic, political, and cultural lenses.

In response to the failure of the current social organisation of care, PSI, together with other organisations, has introduced an **agenda for rebuilding the social organisation of care**.<sup>27</sup> This agenda calls for systemic change to the current economic system and organisation of care and a new paradigm that puts caring for people over caring for profits.

The agenda is based on the key principles of the human right to care and the right to decent work. The agenda frames care as a collective social and public good that the State should provide, but that we all have a shared responsibility to take a role in (**social co-responsibility**).

Fundamental to this new agenda are the '5R's' which outline demands to rebuilding the social organisation of care and fix the care crisis:<sup>28</sup>

1. **Recognise** the social and economic value of care work (paid or unpaid) and the human right to care.
2. **Reward, remunerate and represent** care work and care workers with professionalised work, equal pay for work of equal value, adequate pensions, comprehensive social protection, healthy and safe working conditions, strong representation, unionisation, and collective bargaining and social dialogue in line with the ILO Decent Work Agenda.<sup>29</sup>
3. **Reduce** the burden of unpaid care work on women.
4. **Redistribute** care work within households, among all workers, eliminating the sexual division of labour, and between households and State.
5. **Reclaim** the public nature of care services and restore the duty and the primary responsibility of the State to provide public care services and develop care systems that transform gender relations and women's lives – including by financing State's capacity to invest through fair and progressive taxation and ensuring internationally equal taxing rights of nation States.

27. For more information see: <https://peopleoverprofit/campaigns/care-manifesto-rebuilding-the-social-organisation-of-care?id=11655&lang=en>

28. Video: <https://youtu.be/CmVoskAFaSc>

29. For more information see: <https://www.ilo.org/global/topics/decent-work/lang--en/index.htm>

# UNION ACTION FOR REBUILDING THE SOCIAL ORGANISATION OF CARE

*In this section of the guide, each of the 5 Rs is explored in more detail.  
This section suggests action that unions can take to make these  
demands a reality at the local level.*

WORKERS AND UNIONS HAVE AN IMPORTANT  
ROLE TO TAKE ACTION ON THE 5RS BY:

- ▶ NEGOTIATING AND BARGAINING  
AT THE WORKPLACE;
- ▶ CAMPAIGNING AND MAKING DEMANDS  
TO GOVERNMENTS AT NATIONAL AND LOCAL  
LEVELS;
- ▶ LOBBYING INTERNATIONAL INSTITUTIONS;
- ▶ EDUCATING, AWARENESS-RAISING, AND  
ORGANISING WITHIN THE UNION AND SOCIETY.

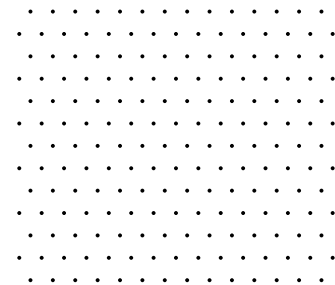
## 1. RECOGNISE

Global capitalist accumulation takes place on the backs of the free (unpaid) or cheap (paid) labour of care workers, most of whom are women. Care work is also essential for reproducing the workforce. But care work is undervalued. Paid care work is some of the lowest paid and most precarious work. Most unpaid care work remains hidden behind closed doors.

This section of the guide will focus on action that unions can take to deal with unpaid care work. [For more information about taking action on paid care work, see Section II.2]

**U**npaid care work plays an essential role in sustaining economic and social systems. It is necessary for all societies to function. But the unequal burden of care work that women face negatively impacts their human rights as set out in international human rights standards. It is also a major driver of gender inequality.





## INTERNATIONAL HUMAN RIGHTS

All people have human rights, regardless of their race, sex, ethnicity, nationality, or any other identity or status. These human rights are laid out in international human rights standards and treaties by global intergovernmental and States organisations.

The United Nations (UN) is an international body of almost every country. It works to promote peace globally. The UN has agreed a **Universal Declaration of Human Rights (UDHR)**. These are rights which apply to everyone. Two covenants give the UDHR legal force:

- International Covenant on Civil and Political Rights (ICCPR) (1966)
- International Covenant on Economic, Social and Cultural Rights (ICESCR) (1966)

These treaties create legally binding obligations to States that agree to them.

The **UN Convention Against the Elimination of Discrimination Against Women (CEDAW)** is an international treaty that has been adopted as an international bill of human rights for all women.

There are also regional agreements which protect and promote human rights and equality.

- The European Convention on Human Rights (1953)
- The American Convention on Human Rights (1969)
- The African Charter on Human Rights (1981)

The burden of unpaid care work can prevent people from enjoying their basic human rights. This disproportionately affects women.<sup>30</sup>

- **Everyone has the right to education.** But excessive unpaid care duties can mean women may leave education can reduce the time that they spend on their education, restricting their opportunities.
- **Everyone has the right to decent work.** But unequal and unpaid care responsibilities can be a barrier to women entering work. It can also mean that women are forced to accept informal, precarious, low paid and low status forms of work. Paid care workers also face low pay and poor working conditions which harms their rights. [For more information see Section II.2]

- **Everyone has the right to social security.** But this right is threatened when women are pushed into informal or precarious work with little or no access to social security.
- **Everyone has the right to health.** But care workers are at risk because both paid and unpaid care work can be hard, stressful, or even dangerous.
- **Everyone has the right to participation.** But harmful gender stereotypes and the excessive time spent on unpaid care work can violate women's rights.
- **Everyone has the right to equality and non-discrimination.** But the harmful gendered inequalities which mean that care work is 'assigned' to women undermines this right.

### International Covenant on Economic, Social and Cultural Rights (ICESCR)

- Article 6 & 7: Right to Decent Work
- Article 9: Right to Social Security
- Article 12: Right to Health
- Article 13: Right to Education
- Article 15: Right to Enjoy Benefits of Scientific Progress

### International Covenant on Civil and Political Rights (ICCPR)

- Article 12: Right to Participation

### Universal Declaration of Human Rights (UDHR)

- Article 27: Right to Enjoy Benefits of Scientific Progress

### Convention on the Elimination of Discrimination Against Women (CEDAW)

- Article 10: Right to Education
- Article 11: Right to Decent Work

The right to equality and non-discrimination is fundamental to all international human rights standards.

**Unions could make demands to governments to recognise the social and economic value of care work and the human right to care.<sup>31</sup>**

## 1. RECOGNISE THE SOCIAL AND ECONOMIC VALUE OF UNPAID CARE WORK

### ► Collect data on care work

The economic contribution of unpaid care work is rarely discussed by governments, recognised in national economic measurements, or taken into consideration when policies and programmes are designed and implemented. If governments do not measure women's unpaid care work, they cannot assess the economic or social contribution that it makes to society. It also means they cannot assess the impact that national policies might have on unpaid care work.

Unions could demand that governments collect data on unpaid care work.

Gathering data alone will not change attitudes about unpaid care work, but it is important to demand that governments capture this data to raise the visibility of unpaid care work.

Specific demands that unions can make include:

- Unpaid care work to be included in national labour surveys.
- Governments to undertake national time-use surveys (*surveys that measure the amount of time different people spend on various activities, such as unpaid care work*).<sup>32</sup>
- Data to be used to inform gender-transformative national policymaking and to assess the impact of existing policies on women and their unpaid care burden.
- Data collected to be disaggregated (*collected separately on different groups*) by gender, age, disability, race, and migration status and be made available and accessible to everyone.

Unions could carry out time use surveys amongst their own members to gather data. This can help to make the case to governments to recognise the value of care work.

In 2020, Colombia passed Law 1413, which mandates for time-use surveys to be undertaken to measure the contribution of unpaid care work to the national economy and to the social development of the country. By passing this law, Colombia has formally acknowledged the economic contribution of unpaid care work. The data will be used as a tool for defining and implementing public policies.

## ► Measure the economic contribution of unpaid care work

Globally it is estimated that unpaid care work makes up around 13% of total Gross Domestic Product (GDP) (*A measure of the economic success of a country*). Measuring the economic value of unpaid care work can encourage governments to recognise the valuable role of social care in the economy.

Unions could demand that governments measure and regularly report on the economic contribution of unpaid care work in national statistics and official economic measurements.

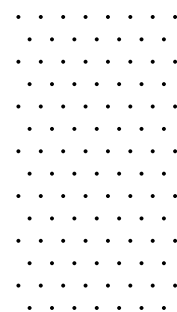
This includes in measurements of GDP. Data should be disaggregated and be made publicly available.

Recognising the value of unpaid care work is also part of the global and regional gender equality agendas of international institutions and many national governments.

- The Sustainable Development Goals (SDGs) are a set of goals adopted by the UN which aim to be achieved by 2030 to address economic, environmental, and social inequality. Governments are expected to use the goals to frame their agenda and policies. The goals explicitly state the importance of recognising and valuing the role of care work. As part of SDG 5 to achieve gender equality and empower all women and girls, SDG 5.4 calls for governments to “Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.” Unions can use the sustainable development goals to campaign for governments to play a central role in recognising the value of unpaid care work.
- CEDAW explicitly recognises women’s disproportionate responsibility for care and the impact it has on their human rights and acknowledges the important contribution of women to the well-being of the family and society. It also recommends research to measure women’s unpaid domestic work and its incorporation into the measurement of GDP.

“IF UNPAID CARE WORK PERFORMED BY WOMEN WILL BE COMPENSATED, I DOUBT WHETHER THERE IS ENOUGH MONEY IN THIS WORLD. THAT TO ME, IS HOW THE WHOLE WORLD IS HEAVILY INDEBTED TO WOMEN.” <sup>33</sup>

ANNIE ENRIQUEZ GERON,  
PSLINK AND VICE-CHAIR  
REPRESENTING  
THE ASIA-PACIFIC REGION,  
PSI WORLD WOMEN’S  
COMMITTEE, PHILIPPINES



### ► Campaign to make unpaid care work more visible

There is need for greater public awareness of the valuable contribution of unpaid care work. Unions can use data to raise awareness about the disproportionate burden of unpaid care work on women, and the social and economic value it provides for economies and for social wellbeing. Unions should also make visible the working conditions of care workers, both paid and unpaid. National campaigns can be a useful tool to do this.

*"IN GOVERNMENT MOST OF THE POSITIONS ARE OCCUPIED BY MEN. THEY DO NOT RECOGNISE THE WORK THAT WE DO. WASHING PATIENTS, COOKING FOR PEOPLE, CLEANING – THESE ARE ALL SEEN TO BE THE JOB OF A WOMAN. THIS UNDERMINES THE ENTIRE CARE SYSTEM. WHETHER YOU ARE A NURSE, OR A COMMUNITY HEALTH WORKER, OR YOU ARE A WOMAN WORKING ON UNPAID CARE WORK LOOKING AFTER CHILDREN AND THE SICK – THIS MUST BE RECOGNISED BY OUR AUTHORITIES."* <sup>34</sup>

RITTA THANDEKA MSIBI, DENOSA AND  
PSI VICE-PRESIDENT, SOUTH AFRICA

Some organisations have made proposals to recognise the value of unpaid care work by providing remuneration for unpaid care work. This proposal is made on the basis that unpaid care work is the foundation on which the labour market is built.<sup>35</sup> In recent years there have also been calls for the introduction of a Universal Basic Income (UBI). This is a financial transfer that is given to everyone in a country regularly and without conditions. It provides a level of income sufficient for a dignified life and to fulfil human rights.

## 2. RECOGNISE THE HUMAN RIGHT TO CARE

### ► Respect, promote, and fulfil human rights

Human rights are universal. This means that they should be afforded to all people equally. But the burden of care negatively impacts human rights and affects women's rights disproportionately. States and governments are the main duty bearers of human rights. This means that they have obligations and responsibilities under international human rights law to ensure that care does not harm human rights and to fulfil these rights.

Unions could raise awareness of the human rights implications of unpaid care work and could demand that government respect, promote, and fulfil human rights as laid out in international human rights treaties.

Unions can use international human rights law to pressure governments and to hold them accountable when they take action or fail to take action that harms human rights.

Evidence shows that where governments have failed to provide universal, accessible, and high-quality care services, they increase women's responsibility for unpaid care work. Paid care work is also undervalued. This harms women's human rights. This means that States cannot properly fulfil their human rights obligations without tackling the gendered distribution of care work.

Under international human rights treaties and constitutional and national legislation, most States have voluntarily assumed legally binding obligations that means that they should address unpaid care work.

## ► Recognise and fulfil the right to care

Care has an important role in realising human rights. Good quality care upholds dignity and improves health and wellbeing. It also opens opportunities for people. For many carers, providing care can also be an important source of dignity. This means that everyone should have a human right to care. This means both to provide care, and to receive care. The failures of the care system mean that many people are now calling for care to be recognised as a human right.

But the right to care can only be fulfilled if the care is undertaken in dignified conditions and with all the support that is needed. Under human rights law, States must create the conditions under which rights can be fulfilled. This means that governments are responsible to provide the means to be able to care and to receive care, and to ensure care is carried out in conditions of equality and without discrimination.

Unions could demand that governments include the right to care in national frameworks and constitutions. Specific demands might include:

- The right to care - to care and to receive care - to be recognised and given the status of a human right enshrined in national constitutions and frameworks.
- Care to be available to everyone and in all places, regardless of income, social status, or identity.
- Care to be delivered by workers with conditions of decent work.
- A recognition of the duty of the State to fulfil the right to care.

Unions could also demand that governments take action to ensure that the right to care can be fulfilled. This includes by improving the public services through which care is provided and improving other services that can support care (education, health, social services). Governments need to provide public investment and develop policies to do this. [For more information see Section II.5]

*"THE MOST IMPORTANT THING IS THAT WE HAVE MORE HEALTH INSTITUTIONS READILY AVAILABLE FOR INDIVIDUALS TO HAVE ACCESS TO AND TO ENSURE THEY CAN ACCESS THE RIGHT TO HEALTH AND THE RIGHT TO CARE. IT SHOULD SQUARELY FALL ON GOVERNMENTS SHOULDERS. THE BATTLE IS TO GET GOVERNMENTS TO UNDERSTAND THAT HEALTHCARE AND ELDERLY AND DAY CARE SHOULD NOT BE SOMETHING YOU CAN ONLY ACCESS TO IF YOU CAN AFFORD IT."* <sup>36</sup>

JILLIAN BARTLETT, NUGFW AND VICE-CHAIR REPRESENTING THE INTERAMERICAN REGION, PSI WORLD WOMEN'S COMMITTEE, TRINIDAD AND TOBAGO

Unions could also ensure that the rights of care recipients are properly integrated into all national frameworks, constitutions and supporting institutions. This will help to ensure the agency of care recipients in the care system and will improve the quality of the care services that are provided.

In 2020, in a historic moment for Chile, Chileans voted on a referendum that voted in favour of developing a new constitution. The development of the new constitution was a collaborative process, allowing citizens to decide what was to be included in the new constitution.

Like most other countries, the Chilean care system is in crisis – it is unequal, unfair and is failing to deliver universal access to care services. Most care is unpaid and provided by women.

*“THERE IS NO SINGLE SYSTEM COVERING ALL ASPECTS OF CARE (CHILD, DISABILITY, AND ELDERLY) AND THEREFORE EACH SYSTEM HAS ITS OWN POLICIES THAT DO NOT INTERACT WITH EACH OTHER. THE CARE CRISIS IS TAKING PLACE IN THE CONTEXT OF PRIVATISATION OF THE STATE AND THE ABSENCE OF SOCIAL RIGHTS IN CHILE, WHERE RIGHTS HAVE BEEN UNDERSTOOD AS MERE BENEFITS TO WHICH CITIZENS CAN HAVE ACCESS AND WHICH CAN BE PROVIDED BY THE STATE OR BY SUBSIDISED PRIVATE PROVIDERS... RECENT GOVERNMENTS HAVE CONFIRMED THE SUBSIDIARY NATURE OF CARE BY STATING THAT ‘THE FAMILY IS THE MAIN PROVIDER OF CARE.’”<sup>37</sup>*

PSI CHILE WOMEN'S COMMITTEE

In recent years, a strong feminist movement has emerged in Chile that has put care at the centre of the agenda. This has created a unique opportunity for Chile to rebuild the social organisation of care and enshrine the right to care in the constitution.

In recent months, the process has been underway to draft a new constitution including articles focused on care. Unions in Chile played an important role in promoting

the recognition of care as a human right, and the PSI Women's Committee in Chile also put forward proposals for care to be at the centre of the debate and for a cross-cutting and intersectional approach to be taken. The proposed new constitution included the right to care, to be cared for and for self-care. It also included explicit recognition on the importance of unpaid domestic work.

In September 2022, a referendum took place deciding on whether the new progressive constitution would be accepted. Unfortunately, voters rejected the new constitution. Trade unions across Chile are now continuing to build the movement and work with the government to create space for social dialogue to fight to strengthen the care system.<sup>38</sup>

A similar activity was undertaken in Mexico City where the city has recently created a city constitution. The right to care has been recognised and included in the constitution. Under Article 9 of the Constitution, it states: *“Everyone has the right to care that sustains their lives and provides them with the material and symbolic elements to live in society throughout their lives. The authorities shall establish a care system that provides universal, accessible, relevant, sufficient, and quality public services and develops public policies.”*

This is complemented by other articles in the constitution that recognise the protection of care workers, the recognition of the social and economic value of care work, mechanisms to promote a better work-life balance, the rights of care recipients, and a recognition of groups in situations of vulnerability. Now in Mexico, there is a growing debate over the creation of a creation of a Comprehensive Care System.



## ► The human right to care

At the international level, unions could also make demands for the human right to care to be included in international frameworks of human rights.

This establishes a fundamental international basis for demanding its guarantee at the national level.

Unions could also demand effective implementation of human rights' obligations of the State. This includes the ratification and effective implementation of relevant ILO Conventions.

At the international level, there is already some discussion regarding the human right to care.

A 2013 UN Human Rights study recognised that 'the unequal distribution of unpaid care work, fuelled by damaging gender stereotypes is a major human rights issue' and urged States to recognise and value unpaid care work.<sup>39</sup>

More recently, Mexico and Argentina, together with a list of co-sponsors called on States and the Human Rights System to *"further discuss avenues to promote equal caregiving responsibilities of parents, flexible work practices, and to discuss access to care and participation on care responsibilities based on the principles of equality and non-discrimination."*<sup>40</sup>



30. For more information see: <https://publicservices.international/resources/news/what-does-care-have-to-do-with-human-rights-?id=12549&lang=en>

31. Video: <https://www.youtube.com/watch?v=iKtFijPRf4g>

32. For more information see: <https://unece.org/statistics/video/time-use-surveys>

33. Quote captured via questionnaire.

34. Quote captured via interview.

35. For more information see: <https://caringlabor.files.wordpress.com/2010/11/federici-wages-against-housework.pdf>

36. Quote captured via interview.

37. Quote captured via questionnaire.

38. For more information see: <https://peopleoverprofit/resources/publications/care-in-chiles-new-constitution?id=12134&lang=en>

39. For more information see: <https://www.ohchr.org/en/press-releases/2013/10/eradicating-poverty-value-support-and-share-care-work-women-do-un-expert>

40. For more information see: [https://www.gob.mx/cms/uploads/attachment/file/669782/Joint\\_Statement\\_the\\_importance\\_of\\_care\\_in\\_human\\_rights\\_arena\\_Clean.pdf](https://www.gob.mx/cms/uploads/attachment/file/669782/Joint_Statement_the_importance_of_care_in_human_rights_arena_Clean.pdf)

## 2. REWARD, REMUNERATE, REPRESENT

*Recognising the value of unpaid care work is important for rebuilding the social organisation of care. But transformation of the care system also means that unions need to fight for decent work for paid care workers, in line with the ILO Decent Work Agenda.<sup>41</sup>*

*This section will focus on actions that unions can take to address issues in paid care work.*

*"IN CANADA, INCREASINGLY CHILDCARE WORKERS ARE RACIALISED AND GET FUNNELLED INTO THE LOWEST PAID JOBS. AT LEAST ONE PROVINCIAL GOVERNMENT HAS SIGNALLED IT WANTS TO USE CANADA'S TEMPORARY FOREIGN WORKERS PROGRAMME TO ADDRESS THE CURRENT SHORTFALL OF EDUCATORS. BUT WHAT WE ARE MOST WORRIED ABOUT IS THE NEED TO IMPROVE WORKING CONDITIONS TO ENSURE THAT THE WORK IS DECENT AND DESIRABLE, AND NO WORKER IS EXPLOITED."*<sup>42</sup>

MORNA BALLANTYNE, EXECUTIVE DIRECTOR, CHILD CARE NOW, CANADA

**A**cross the world, the social care system relies on the exploitation of care workers. Most social care workers are women, migrants, and racialised people. Pay is generally low because of the undervaluing of 'feminised' care work and the underfunding of services. Weak labour protections mean that workers have less bargaining power and are unable to negotiate strong wage rises.

Governments and private operators in social care frequently spout the narrative that wages are low due to underfunding. But the huge profits made by MNCs show that the real problem is the focus on maximising profits and cutting costs which contributes to wage suppression.

*"COVID-19 SHOWED THAT THESE WORKERS ARE WILLING TO SACRIFICE THEIR LIVES FOR THE JOB THEY DO AND THE PERSONS THEY SERVE. BUT WHERE IS THE EVIDENCE THAT WE HAVE RECOGNISED THE WORK....WE NEED TO ACKNOWLEDGE THAT THEY ARE UNDERPAID AND OVERWORKED AND ARE NOT RECOGNISED FOR THE WORK THAT THEY HAVE DONE."*<sup>43</sup>

JILLIAN BARTLETT, NUGFW AND VICE-CHAIR REPRESENTING THE INTERAMERICAN REGION, PSI WORLD WOMEN'S COMMITTEE, TRINIDAD AND TOBAGO





In Japan the JICHIRO, JHCWU and All Saiseikai Trade Union report that despite a heavy physical and mental workload, wages for care workers tend to be lower than most other sectors. This is exacerbated by challenges including high fragmentation, low unionisation, weak or non-existent regulations, high staff turnover and a high proportion of informal employment. This has resulted in permanent shortages of staff, low staffing standards and poor working conditions.

Commodification, underfunding and weak regulation of the sector means that most work is precarious. Social care workers are increasingly hired on fixed-term, temporary, agency, part-time and self-employed contracts. This has been accompanied by a rise in outsourcing, subcontracting and the role of intermediary labour agencies that 'supply' care workers. In some countries, the use of 'zero-hour' contracts (*contracts with no guarantee of minimum working hours*) have become commonplace. These types of contracts mean unpredictable and insufficient hours of work, job insecurity, lower pay, and gaps in social and labour protections.

Across the Global South, where care work is paid and not undertaken in

family or community settings, it is highly informal. As private care services become unaffordable and public care service provision fails, care recipients are increasingly hiring workers from the informal economy.

Occupational safety and health (OSH) is also a major problem. Social care work is labour-intensive. There is also widespread understaffing across the sector, leading to crushing workloads and mandatory overtime for many workers. This has resulted in high levels of exhaustion and burnout, psychological wellbeing issues, and occupational accidents. The impacts of the climate crisis are also increasing health and safety risks.

Studies undertaken by UNISON in the UK have revealed shocking statistics about the OSH risks that social care workers face, and their lack of support at work, particularly when dealing with illness. A study of over 2,000 social care workers revealed that over 50% of workers employed in the private sector received under £100 a week if they took time off work. During the pandemic, this meant that some care workers felt they had no other option than to go to into work.<sup>44</sup>

*"I'VE BEEN WORKING AT THE...CARE HOME FOR OVER 35 YEARS, AND I'VE ALSO BEEN A MEMBER OF THE TRADE UNION OF HEALTH AND SOCIAL CARE WORKERS DURING THAT TIME. FEWER AND FEWER PEOPLE ARE INTERESTED IN WORKING IN OUR NURSING HOME. ESPECIALLY YOUNG PEOPLE. IT IS A CHALLENGING JOB. IT IS BOTH PHYSICALLY AND MENTALLY TAXING...OUR FACILITY EMPLOYS 312 PEOPLE...THEY ARE FREQUENTLY OVER THE AGE OF 60, WITH SOME EVEN IN THEIR 70S. THE FEE FOR A PATIENT'S STAY AT THE CENTRE CONTINUES TO RISE, WHILE NO PAY RISES ARE GIVEN TO STAFF, APART FROM THOSE REQUIRED BY LAW AND ENFORCED BY THE GOVERNMENT."*<sup>45</sup>

JERZY KORCZAK, CARE WORKER, MEMBER OF OPZZ, POLAND

*"I'VE BEEN AN ASSISTANT NURSE FOR ALMOST 18 YEARS. I HAVE NOTICED A BIG CHANGE IN THE RATIO OF NURSING STAFF AND THE HEAVY WORKLOAD THAT WE HAVE NOW. I FEEL LIKE I'M ON A PRODUCTION LINE. I THINK OF THESE RESIDENTS LIKE I THINK OF MY OWN MOTHER OR FATHER, AND I WOULDN'T LIKE IT DONE TO THEM. I THINK IT'S ABOUT PROFIT NOT PEOPLE."* <sup>46</sup>

JULIE, ASSISTANT IN NURSING, QUEENSLAND NURSES AND MIDWIVES' UNION, AUSTRALIA

Pressure on profits and efficiency mean that care workers also face excessive monitoring and control of the time they spend on activities. Workers are forced to minimise 'non-profitable' time. Pay is often restricted to when care workers have direct contact with recipients. Visits are frequently scheduled to 15 minutes or less. But this is insufficient time to undertake necessary caring tasks. Time required for transport between visits is often also unpaid.

In Ontario in Canada, long-term care is facing a huge crisis. A rising demand for elderly care and chronic understaffing has been accompanied by failing government policy to deal with the challenges. Care workers in public care homes benefit from pay equity laws, but those in private care homes earn significantly less, work in more precarious arrangements and have to work overtime due to staffing issues. During the pandemic, the failure of the long-term care system was further revealed when over 3,600 residents in long-term care died from the virus. Although, long-term care is highly regulated with 'The Long-Term Care Homes Act', the government does not provide resources and regulation needed to achieve goals.

*"WHEN I FIRST STARTED IN THE NURSING HOME 16 YEARS AGO, I CAME OUT OF A FACTORY...AND I TOLD MY DON AT THE TIME, THANK GOD I HOPE THIS NEVER TURNS INTO WHAT I LEFT AND GUESS WHAT - 16 YEARS LATER, I MIGHT AS WELL BE BACK IN A FACTORY. IT'S ALL 15 MINUTES OR LESS, 15 MINUTES OR LESS, 15 MINUTES OR LESS."* <sup>47</sup>

IAN MCCHARLES, NURSING HOME WORKER, CUPE, CANADA

*"THE HARDEST PART OF MY JOB IS NOT BEING ABLE TO HAVE THE SUFFICIENT TIME TO DO WHAT THEY ACTUALLY NEED, NOT TO RUSH THEM THROUGH A SHOWER, OR TO RUSH THEM THROUGH A MEALTIME WHERE THEY ARE NOT GOING ANYWHERE. THEY ARE THERE THAT'S THEIR HOME, YET I'M RUSHING THEM BECAUSE I DO NOT HAVE SUFFICIENT TIME TO LET THEM ENJOY THEIR MEALS OR TO ENJOY THEIR BATH. IT'S REALLY HARD. AS LONG AS I'VE BEEN DOING THIS, WHEN I STARTED OFF, I HAD EIGHT RESIDENTS, NOW I HAVE TEN AND I'M SUPPOSED TO GIVE MORE CARE NOW THAN I DID WHEN I STARTED AND THAT'S THE HARDEST PART FOR ME, IS NOT BEING ABLE TO PROVIDE THEM WITH THE TIME THEY NEED."* <sup>48</sup>

ANA BETTENCOURT-DA SILVA, HEALTH CARE WORKER, CUPE, CANADA

Unions could make demands to governments and employers to reward, remunerate and represent care work and care workers with professionalised work, equal pay for work of equal value, adequate pensions, comprehensive social protection, healthy and safe working conditions, strong representation, unionisation, and collective bargaining and social dialogue in line with the ILO Decent Work Agenda.<sup>49</sup>

*"THE PANDEMIC SHOWED HOW BROKEN THE SYSTEM OF CARE IS...WE CANNOT ANY LONGER RELY ON THE BACKS OF WOMEN SUPPLYING UNPAID AND CHEAP LABOUR TO FILL THE GAPS AND HOLD THE CARE SYSTEM UP...WE NEED TO ENSURE PROPER REMUNERATION AND PROPER REWARDS FOR CARE WORK. THIS MEANS A NEW MODEL OF PROFESSIONAL JOBS, PERMANENT CONTRACTS, PENSIONS, GOOD PAY AND GOOD TERMS AND CONDITIONS. THAT MEANS WE HAVE TO REMOVE THE PROFIT MOTIVE OUT OF IT."*<sup>50</sup>

GLORIA MILLS, UNISON AND PSI WORLD WOMEN'S COMMITTEE VICE-CHAIR, UK

Under the UN Universal Declaration of Human Rights (and other human rights declarations) all people have the right to decent work. Under the UDHR.

**Article 22** Everyone (...) has the right to social security...

**Article 23 1.** Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.

- 2.** Everyone, without any discrimination, has the right to equal pay for equal work.
- 3.** Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.
- 4.** Everyone has the right to form and to join trade unions for the protection of his interests.



THE ILO DECENT WORK  
AGENDA SETS OUT FOUR PILLARS  
TO SECURE DECENT WORK:

### 1. FULL AND PRODUCTIVE EMPLOYMENT

### 2. SOCIAL PROTECTION

### 3. RIGHTS AT WORK

### 4. SOCIAL DIALOGUE

## 1. FULL AND PRODUCTIVE EMPLOYMENT

### ► Measures to ensure full and productive employment

Where there is a higher level of employment in care, decent work for care workers is more likely. Strengthening decent work for social care workers means the need to focus on increasing the number of workers available to provide care, but also to create full employment, professionalisation and good conditions of work.

Unions need to make demands to governments and employers to implement measures to ensure full and productive employment. Specific measures might include:

- Policies, programmes, and measures to professionalise care work. This might include employer or government provided education and training that aims to improve the skills of existing care workers and attract new social care workers to the sector.

In 2015, several studies were undertaken in Uruguay highlighting the difficulties that women faced in dealing with the care needs of the population and entering the labour market under equal conditions to men. In response, Law 19.353 was introduced which established a National Integrated Care System. It includes definitions of care, targets, guiding principles and measures for investment and infrastructure, and monitoring systems. Importantly, the system also includes initiatives to professionalise care work to ensure full and productive employment. It promotes the education and training of people who provide care services and encourages their continuous professional development.

- Stronger regulation and standardisation of professional training measures and qualifications and for training to be provided by public institutions.
- Equal access to gender-transformative training for women. This can help to improve women's career prospects and increase their salary.
- Measures to formalise care work where it is informal, particularly in countries in the Global South, in line with Recommendation No.204.

In 2015, the ILO adopted Recommendation No. 204 on the Transition from the Informal to the Formal Economy.<sup>51</sup> The Recommendation emphasises the need for a transition from informal to formal work to provide decent and inclusive work for everyone. Unions could demand that governments work to formalise the care sector in line with ILO Recommendation 204.

- Development of public employment programmes to address understaffing and problems with retention and recruitment within the care sector. This should include free training, fair remuneration, and income security for all care workers, including migrant care workers. This should also include an assurance that any care work will be formalised.
- Legislation to strengthen working conditions. Unions can also negotiate at the workplace to improve measures. This might include improving working conditions by ensuring a safe and secure work environment, including access to PPE, safe workloads, regular working hours, formal contracts, and security of employment.

In Australia, for decades the New South Wales Nurses and Midwives Association (NSWNMA) has been actively campaigning against the privatisation of aged care services and for the reform of care. The union has been advocating for improved pay and conditions, better staffing, safety at work, and improvements in the skills and education of the largely female aged care workforce.

A study into aged care in Australia identified the difficulties the sector has in attracting and retaining well-skilled people to work in aged care. Personal care workers and nurses in aged care are paid comparatively less than their counterparts in other health and social service sectors, and casual and contract employment is also common.

*"FUNDING OF THE SECTOR HAS BEEN SUBSTANTIAL OVER TIME HOWEVER THE QUALITY OF CARE WAS REDUCING, THERE WERE NO STAFF TO PATIENT RATIOS AND WAGES WERE BARELY ABOVE MINIMUM WAGE. BUT OUR CAMPAIGNS WERE BEING IGNORED BY THE GOVERNMENT....THE PANDEMIC INTENSIFIED THE ATTENTION AND PROVIDED FURTHER EVIDENCE OF THE DANGERS OF UNREGULATED, PRIVATISED CARE. A SIGNIFICANT PROPORTION OF COVID-19 DEATHS IN AUSTRALIA OCCURRED IN AGED CARE FACILITIES, PARTICULARLY IN VICTORIA. NOT ONE DEATH OCCURRED IN PUBLIC CARE, EVEN THOUGH 10% OF CARE IS PUBLIC IN THE STATE."<sup>52</sup>*

NSWNMA, AUSTRALIA

Aged care services have been increasingly deregulated since the mid-1990s. In 1997, a law was removed which required providers to account for public funding. But this has resulted in a privatised system and a lower quality of care.

Even before the pandemic hit, there were shocking revelations about conditions across the system, with several studies exposing shocking working conditions for care workers and financialisation across the aged care sector. This led to the government establishing a high-level public inquiry (called a 'Royal Commission') into aged care. The findings of the Royal Commission resulted in 148 recommendations.<sup>53</sup> These recommendations included many of the demands that unions in the care sector had been making for a long time. It included recommendations on improving staffing numbers, better training and qualifications and the need for public reporting to improve accountability. There was also a call for a new Aged Care law which would establish a human right to care for older people.

A new federal government has recently been elected in Australia, which is an exciting prospect for the union to continue their fight to make real change in the aged care sector. The union is now using the recommendations as a basis on which to organise and put pressure on employers during collective bargaining. It is continuing to hold meetings with politicians and undertaking community rallies and forums to highlight the problems and seek reform.<sup>54</sup>

### ► Proper remuneration for care work

Harmful gender inequalities and the undervaluation of care work means that care work is very low paid. Unions could also demand adequate remuneration for care jobs, in line with 'equal pay for work of equal value' to ensure full and productive employment. This will ensure decent living conditions for care workers.

**ILO Convention 100 on Equal Remuneration** uses the term 'equal pay for work of equal value.' This means that the right to equal pay should include equal pay for the same work and for work of equal value. Where the value of the work of one worker is similar to the value of the work of another, they deserve the same pay and conditions. This means that jobs should be evaluated without bias.

Specific measures that unions could negotiate with employers include:

- Improving wage transparency.
- Development and effective implementation of gender-neutral job evaluation methods.
- Changes to pay structures, abolition of lower pay grades, and changing the criteria on which pay is based.
- Gender-equitable pay review processes and effective recourse routes for care workers.
- Wage increases and wage justice.<sup>55</sup>

The ILO's Job Evaluation Method sets out four factors which can help to compare jobs:

1. Level of skill and qualifications
2. Responsibility for equipment, people, and money
3. Effort (physical or psychological)
4. Working conditions (physical and psychological)<sup>56</sup>

Demands that unions can make to governments include:

- Legislation to introduce or increase the minimum and sectoral wages, for equal pay for work for equal value, and to strengthen collective bargaining systems.
- Development of regulation on pay transparency and gender-neutral job evaluation.
- An end to austerity-induced pay freezes and increased investment into care.
- Measuring the economic value of paid care work so it is recognised as 'skilled' work.

Unions could also work with governments to undertake awareness raising activities to change public perceptions of care work as 'unskilled' work.





In New Zealand, trade unions have played a central role in promoting pay equity for care workers. In 2012, supported through her union, a residential care worker took legal action against her employer under the Equal Pay Act 1972, claiming gender-based systemic undervaluation of care and support work. After the Employment Court and the Supreme Court supported the claim, in 2015 the government announced that it would enter into negotiations around pay rates

for care and support workers and in 2016 established a joint working group (including workers' unions, employers' organisations and other care providers). In 2017, the new Care and Support Workers (Pay Equity) Settlement Act was adopted. The act covers over 55,000 care and support workers in aged care, home support and disability services. As a result of the Act, care workers' pay will rise between 15%-50% over the next five years.

In the South-West of the UK, UNISON is working with the local council (Somerset County Council) and the National Health Service (NHS) to fight for improvements to care workers pay. Finally, in 2021 the NHS and the Council announced £4.8million investment to increase pay and recognise the vital contributions of carers in the country. It includes:

- A 9% funding increase to home-care providers that agree to pay all their staff a minimum of £10.50 per hour.
- A retention bonus of £250 for staff who have been working in registered care for the last six months.
- A £250 payment for new starters in home care.

*"SOCIAL CARE STAFF PLAY A VITAL ROLE IN KEEPING SOME OF THE MOST VULNERABLE PEOPLE SAFE AND WELL IN THEIR OWN HOMES. BUT A CHRONIC LACK OF FUNDING AND THE EXTRAORDINARY PRESSURES FACED DURING THE PANDEMIC HAVE MEANT A SERVICE ALREADY STRUGGLING HAS BEEN HIT BY CRISIS AFTER CRISIS...SOCIAL CARE MUST BE PROPERLY FUNDED TO ENSURE LONG TERMS CHANGES ARE MADE TO A BROKEN SYSTEM."* <sup>57</sup>

HELEN ECCLES, UNISON SOUTH-WEST  
SOCIAL CARE LEAD

## 2. SOCIAL PROTECTION

Social protection is a human right which ensures stability, offers protection against risks, and reduces poverty and vulnerability. However, many social care workers do not have equal or universal access to social protection.

**ILO Social Security (Minimum Standards) Convention, 1952 (No.102)** establishes worldwide agreed minimum standards for all types of social security including medical care, sickness, unemployment, employment injury, maternity, and family benefits.

Unions could demand that governments legislate for strengthened and expanded social protection systems for care workers through the development of universal social protection, social insurance, and social assistance schemes. Specific demands for social protection might include:

- Guaranteed access to pension systems
- Unemployment coverage
- Health coverage
- Occupational safety and health, and protection against occupational hazards
- Care-based leave schemes [For more information see Section II.4]

Other ILO Conventions set out higher standards for specific types of social security:

- **ILO Medical Care and Sickness Benefits Convention, 1969 (No.130) and accompanying Recommendation (No.134)** suggest provisions for medical care and sickness benefits.
- **ILO Employment Promotion and Protection against Unemployment Convention, 1988 (No.168) and accompanying Recommendation (No.176)** set out unemployment benefits.
- **ILO Employment Injury Benefits Convention, 1964 (No.121) and accompanying Recommendation (No.121)** make provisions for employment injury benefits and sets out that universal social protection should be implemented to prevent victims of work-related injuries and diseases and their families from falling into poverty.
- **ILO Maternity Protection Convention, 2000 (No.183) and accompanying Recommendation (No.191)** provide 14 weeks of maternity leave for employed women. It also stops employers from ending a woman's employment during pregnancy or maternity, and women returning to work must have the same or similar position and pay. It also recommends increasing maternity leave to at least 18 weeks to ensure adequate rest and recovery time for the mother.
- **ILO Social Protection Floors Recommendation (No.202)** provides guidance for establishment and maintenance of social protection floors and their implementation.



Social protection should provide at least the minimum standard set out in relevant ILO Conventions. Measures should be gender-transformative (*taking into account the needs of women and transforming unequal power relations*). They should also be universal (*apply to everyone equally*). This includes workers in the informal economy and in non-standard forms of employment.

This universality is reinforced in **ILO Convention on Part-Time Work, 1994 (No.175)** which states that part-time workers have the same trade union rights, rights against discrimination, occupational health and safety rights, access to social security, maternity leave, sick pay, and paid holidays as full-time workers.

**European Council Equal Treatment in Social Security Directive (1978 & 1986) (79/7/EEC)** promotes equal treatment for men and women in social security and social assistance.

Unions could also demand that governments strengthen mechanisms to support and protect migrant care workers. This might include tackling abusive conditions against migrants in care work and promoting equality of opportunity and treatment for migrant care workers, including in social protection and trade union rights.

In Argentina, Law No. 26.844/13 was passed in 2013 that required employers of domestic workers to register them with the social security system. This gave domestic workers the right to retirement packages, vacation days, days of leave and minimum salaries. The law also led to the creation of a tripartite commission (*including representatives of workers, employers, and governments*) responsible for establishing the wages and working conditions of domestic workers.

All international labour standards apply to migrant workers. There are also specific provisions on migrant workers:

- **ILO Convention on Migration for Employment, 1949 (No.97)** and accompanying Recommendation (No.86)
- **ILO Convention on Migrant Workers (Supplementary Provisions), 1975 (No.143)** and accompanying Recommendation (No.155)
- **ILO Convention on Private Employment Agencies, 1997 (No.181)**
- **ILO Convention on Domestic Workers, 2011 (No.189)**

Migrant workers and their families are also protected by the nine UN core international human rights instruments. These apply to everyone, whatever their nationality.

The **UN Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (1990)** also confirms that migrant workers and their families have the same rights as all other workers and people, including freedom from all forms of discrimination.

### 3. RIGHTS AT WORK

#### ► Implementing Rights at Work

Central to the ILO Decent Work Agenda is respect for ILO fundamental rights at work. Within the ILO there are 'Core' Conventions which all member States must implement even if they have not ratified them.<sup>58</sup> These are:

• The freedom to form and join trade unions	87
• The right for trade unions to negotiate with employers	98
• An end to forced labour	29 and 105
• Minimum age for workers	138
• An end to discrimination in the workplace	111
• Equal pay for equal work of equal value	100

At the 2022 International Labour Conference, delegates adopted a resolution to add the principle of a safe and health working environment to the Fundamental Principles and Rights at Work.

- Occupational Safety and Health Convention, 1981 (No.155)
- Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187)

Unions could demand that governments properly implement these fundamental Conventions and integrate them into their national laws.

Importantly, the right to unionise (*freedom of association*) and the right to negotiate through collective bargaining and social dialogue should be respected and protected for care sectors, including for migrant workers.

Unions could also demand that employers ensure effective implementation.

Unions could also advocate and actively campaign for:

- Building the organisation of care workers, through unionisation.
- Strengthening collective bargaining coverage in the care sector.
- Making care workers' collective rights a key priority in the trade union agenda.

#### ► Tackling Violence and Harassment

Many social care workers face violence and harassment on the job. Care workers report some of the highest levels of violence – verbal aggression, physical violence, and sexual harassment. The risk is exacerbated due to understaffing.

*"I'VE BEEN IN THE HOME CARE INDUSTRY FOR ABOUT 18 YEARS NOW. A LOT OF IT IS PERSONAL CARE....WE HAVE TO GO TO A COMPLETE STRANGER'S HOUSE ON OUR OWN. THERE HAVE BEEN A FEW OF US HOME CARERS THAT HAVE BEEN ATTACKED AND ASSAULTED. OUR WORK IS NOT RECOGNISED. THERE IS MORE PRESSURE COMING TO US AT WORK NOW. WE'VE BEEN ASKED TO FULFIL MORE CLIENTS, THE TIMES WERE GETTING SHORTENED, AND THE WALKING DISTANCES WERE GETTING LONGER. LOTS OF THINGS AND JUST REALLY, WE JUST FELT SO DOWNTRODDEN WHEN WE WEREN'T GETTING LISTENED TO BY OUR BOSSES AT THIS STAGE EITHER."* <sup>59</sup>

SHONA THOMSON, HOME CARE WORKER, GMB/UNISON, SCOTLAND

In 2019, the ILO adopted ILO Convention 190 and accompanying Recommendation 206 on Violence and Harassment in the World of Work. Unions could campaign for governments to ratify and effectively implement these international standards. Even if governments have not yet ratified it, unions can use the language of the Convention in negotiations with employers to ensure protections at work.<sup>61</sup>

*"WE KNOW THAT IT IS LOW PAID, A DANGEROUS JOB. WE KNOW ABOUT THE VIOLENCE IN THE HEALTH INDUSTRY. BUT THEY CONTINUE TO GO BEYOND THE CALL. WE NEED TO RECOGNISE THE VALUE THAT THEY PROVIDE FOR SOCIETY."* <sup>60</sup>

JILLIAN BARTLETT,  
NUGFW AND  
VICE-CHAIR REPRESENTING  
THE INTERAMERICAN  
REGION, PSI WORLD  
WOMEN'S COMMITTEE,  
TRINIDAD AND TOBAGO

In Canada, a workforce crisis exists in many care sectors. 75% of care workers are women, and migrants are overrepresented in the lowest paid occupations. This has resulted in a gender pay gap of 11%. Employers are unable to recruit and retain workers due to low wages, poor benefits and crushing workloads.

The Canadian Union of Public Employees (CUPE) has been fighting to win care workers higher wages and better working conditions. CUPE has called for concrete measures to improve wages and working conditions in Canada including:

- A \$25 an hour minimum wage floor for all federally funded care work.
- Improved working conditions for care sector workers, including full time jobs, paid sick days, benefits and pensions.

- Better access to training for care sector workers.
- Preventing violence in care work and supporting quality mental health services for care workers.

CUPE is also calling for the federal government to ensure federal funding does not go to for profit care corporations, and to ensure minimum staffing levels in long-term care homes in the upcoming Safe Long-Term Care Act. CUPE is also calling for a commission to look into the care sector to enable the development of a national care strategy, better data on the care sector, and permanent residence for migrant care workers.<sup>62</sup>

## 4. SOCIAL DIALOGUE

Increased privatisation and outsourcing of care provision have contributed to fragmentation of worker and collective bargaining power across the sector. This means that collective bargaining often takes place at the individual workplace level which undermines collective power. But social dialogue and collective bargaining are important ways for care workers to engage with employers and governments to improve conditions of work. Unions could demand that the rights of unionisation, social dialogue and collective bargaining are respected.

### ► Representation

Unions could also demand that women and care workers are represented in decision-making processes around the care sector and are able to fully participate in shaping the care sector.

This means representation of women workers and care workers in collective bargaining negotiations in the workplace, as well as

representation of women's voices in all negotiations related to care. This might mean improving representation of workers in decision-making processes, and the introduction of grievance and accountability mechanisms.

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**All of these demands can only be achieved if we have strong unions to win them.**

**Fighting for better conditions and rights at work is not possible without the power of workers. Increasing union power means that unions are better placed to influence policy on care work and care jobs. Women committees within the trade union movement are also key actors in fighting for gender equality and raising the union's collective power and voice. This means that unions need to strengthen organising, including amongst care workers and women, and need to create spaces for these workers in the union.**

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*"IT IS REALLY IMPORTANT THAT WE LOOK AT RECRUITMENT IN THE CONTEXT OF TRADE UNION POWER. IT IS BECAUSE OF TRADE UNION POWER THAT WE CAN GET THE BEST IN TERMS OF OUR NEGOTIATING TOOLS...TO ACHIEVE THE BEST FOR OUR MEMBERS. WE ORGANISE AND COLLECTIVELY BARGAIN BECAUSE WE WANT TO STOP THE UNFETTERED ABUSE OF MANAGEMENT AND CORPORATE POWER...WE CAN ONLY CHANGE THINGS BY NEGOTIATING FOR BETTER OUTCOMES. WE NEED TO BUILD CAPACITY TO ENABLE US TO NEGOTIATE TO REBUILD THE SOCIAL ORGANISATION OF CARE AND PUT IT ON THE POLITICAL RADAR, EMPLOYERS' RADAR AND BUILD PUBLIC AWARENESS OF WHAT IS HAPPENING"* <sup>63</sup>

GLORIA MILLS, UNISON AND PSI WORLD WOMEN'S COMMITTEE VICE-CHAIR, UK

## 5. THE CLIMATE CRISIS & CARE WORK

The climate crisis is also increasing the pressure on paid social care workers. It is adding additional stress as care recipients (particularly the sick and elderly) require more care. It is also creating health and safety issues and is making work more physically intense, particularly when care facilities and environments are not designed for changing weather conditions.

Unions could demand that governments and employers undertake strategies to address the impacts of climate change on the care sector. This includes by identifying and

evaluating risks related to climate change and adopting sectoral adaptation strategies. Specific measures might include improving conditions of buildings, OSH measures, and improving uniforms and instruments.

In 2021 in Belgium, widespread flooding meant that some staff were unable to reach certain hospitals to undertake their caring responsibilities. In response, trade unions worked with care authorities to retrofit care facilities, and skill and equip care workers to help to ensure that care services could continue in the face of climate-related catastrophe.<sup>64</sup>

41. For more information see: <https://www.ilo.org/global/topics/decent-work/lang-en/index.htm>

42. Quote captured via interview.

43. Quote captured via interview.

44. <https://www.unison.org.uk/news/2022/06/absence-of-sick-pay-for-care-workers-shows-system-needs-reform/>

45. Quote captured from video clip.

46. Quote captured from video clip.

47. Quote captured from video clip.

48. Quote captured from video clip.

49. For more information see: <https://www.ilo.org/global/topics/decent-work/lang-en/index.htm>

50. Quote captured via interview.

51. For more information see: [https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100\\_ILO\\_CODE:R204](https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:R204)

52. Quote captured via questionnaire.

53. For more information see: <https://agedcare.royalcommission.gov.au/publications/final-report>

54. For more information see: <https://agedcare.royalcommission.gov.au/media/27185> and

<https://agedcare.royalcommission.gov.au/media/27184>

55. For more information see: <https://peopleoverprof.it/campaigns/equal-pay--wage-justice?id=5698&lang=en>

56. For more information see: [https://www.ilo.org/wcmsp5/groups/public/---ed\\_norm/---declaration/documents/publication/wcms\\_122372.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---declaration/documents/publication/wcms_122372.pdf)

57. Quote captured from: <https://southwest.unison.org.uk/news/2021/12/pay-boost-for-care-workers-in-somerset-welcomed-by-unison/>

58. For more information see: [www.ilo.org/normlex](http://www.ilo.org/normlex)

59. Quote captured from video clip.

60. Quote captured via interview.

61. For more information see: <https://www.ituc-csi.org/c190-r206-toolkit>

62. For more information see: <https://cupe.ca/cupe-pushes-better-wages-and-working-conditions-care-sector-workers>

63. Quote captured via interview.

64. For more information see: [https://reset.vlaanderen/wp-content/uploads/2021/10/Reset\\_klimaatadaptatie\\_A5ok.pdf](https://reset.vlaanderen/wp-content/uploads/2021/10/Reset_klimaatadaptatie_A5ok.pdf)

### 3. REDUCE

*Globally, most care takes place in households as unpaid care work. Women take on an unequal share of this care work. The gender gaps are greatest in lower income countries. The current social organisation of care is underpinned by a harmful sexual division of labour that is at the centre of women's continued inequality and is a barrier to women's participation in the labour market.*

*But the freedom to work – by choice, and in conditions of dignity and safety – is a fundamental human right for all people. To rebuild the social organisation of care we also need to reduce the burden of unpaid care work that women face.*

*This section will focus on actions that unions can take to reduce the burden of care work on women.*

Unions could make demands to governments and negotiate with employers to reduce the burden of unpaid care work on women and enable women to make their own decisions about workforce participation.

#### 1. FREE, UNIVERSAL AND GENDER-TRANSFORMATIVE PUBLIC CARE SERVICES

##### ► Gender-transformative public care services

**G**lobally the lack of affordable social care services is a huge obstacle for women, both for those looking for a job and for those in paid work. But States have a responsibility to tackle the inequalities created by heavy, unequal, and unpaid care workloads.

Unions could demand for governments to invest in care services. These care services must be free, universal, and gender transformative. They must address gendered and intersectional inequalities, fulfil women's rights, and move towards greater equality between women and men. To deal with the disproportionate burden that poorer households face and to ensure universal coverage of care services, care services should prioritise disadvantaged groups and households. [For more information see Section II.5]

## ► Reforms to other public services

Unions could also make demands to government to reform other public services that alleviate unpaid care work. Specific demands might include:

- Strengthened provision of public health, education, energy, water, and sanitation.
- Investing in free school meals programmes.
- Measures to extend school days.
- Development of public transport infrastructure and services.
- Policies that provide workers with time to care (parental leave, sick leave).

## 2. STRENGTHENING WOMEN'S LABOUR FORCE PARTICIPATION

Unpaid care work is one of the main barriers preventing women from getting into, remaining, and progressing in the labour market. The barrier is exacerbated when there is a lack of affordable or free care services provided by the State. Employers may also be reluctant to employ women because they think they will take time off to have children or care for members of the family.

Unions could demand policies and programmes to strengthen opportunities for labour force participation for women. These policies need to be broader than just a focus on recruitment and should ensure decent working conditions in line with the ILO Decent Work Agenda. [For more information see Section II.2] Programmes and policies need to be gender-transformative and designed taking the needs of unpaid carers into consideration.

Unions could negotiate with employers to develop strategies that target the recruitment and retention of women. Specific measures might include:

- Non-discriminatory recruitment and selection processes.
- Introducing quotas, targets, or affirmative action policies to ensure women's employment.
- Skills development and training to enable women to access different types of jobs.
- Education and awareness raising activities on equality that encourage women's employment in different sectors, including in sectors traditionally seen as 'male.'
- Support for women's leadership and women's access into higher-paid roles.
- Measures in the workplace to improve work-life balance. [For more information see Section II.4]

Unions could also make demands to governments to develop gender-transformative employment policies and programmes that address the needs of people with caring responsibilities and support women's participation in the labour market. Specific demands might include:

- Labour market interventions, such as public work programmes, to provide employment opportunities for people who are unemployed, and training and employment services for skills to make them more employable.
- Legislation to improve work-life balance and make working environments more gender-transformative. This might include the introduction of flexible working and leave schemes. [For more information see Section II.4]
- A lack of safe and accessible transport can be a barrier for women to access the labour market. Unions could demand that governments and/or employers provide free or subsidised transportation to and from work.
- Many countries already have explicit legislation against gender discrimination at work. Unions could demand measures to be implemented effectively, and to be expanded further.



### UN CONVENTION ON THE ELIMINATION OF DISCRIMINATION AGAINST WOMEN (1979)

**Article 10** requires States to take measures to remove discrimination against women and give them equal rights with men in education, vocational guidance, and qualifications.

**Article 11(1)** states that measures should be taken to ensure all women have equal rights with men in: choice of employment and opportunities, promotion, job security, social security and benefits, vocational training, equal remuneration and health and safety in working conditions.

**ILO Convention on Discrimination (Employment and Occupation), 1958 (No.111)** and accompanying Recommendation (No.111) aims to reduce discrimination in employment, promote equal access to training and employment, and equal terms and conditions of employment.

**European Council Equal Treatment Directive (2006/54/EC)** on equal opportunities and equal treatment of men and women in employment and occupation prohibits all discrimination based on sex including harassment and sexual harassment. It also promotes equal pay, equal treatment, training, promotion, working conditions and occupational social security.

## 3. REPRESENTATION, EDUCATION & AWARENESS RAISING

### ► Representation in Decision-Making

Reducing the burden of unpaid care work requires the involvement of women at all levels. But women are underrepresented in decision-making and leadership positions. Without women on decision-making bodies, policies will not adequately represent or address the issues that women face.

Unions could integrate demands for representation of women care workers, and representation of all women when negotiating with governments and employers. [For more information see Section II.2] Specific demands might include:

- Women's organisations and women in unions to be involved and represented in development, decision-making, planning and implementation of all policies and programmes.
- Gender-disaggregated data and gender impact assessments to be used to identify the impact of measures on women's livelihoods, employment opportunities and caring responsibilities.
- Monitoring policies to ensure effective implementation.

## ► Education and Awareness-Raising

Harmful gendered norms and pressure to conform to these norms are also a barrier to women's participation in the labour market. Reducing the burden also means the need to acknowledge that harmful gender roles contribute to the disproportionate burden of care work on women which can affect the right of women to choose to work.

- Unions could demand that governments undertake education, information and awareness raising activities to transform the sexual division of labour and harmful gendered norms.
- Unions could undertake awareness raising activities to challenge harmful gender roles about women and men. Information, training, and education campaigns in the union can raise awareness and build capacity.
- Unions could engage men in the struggle around care work. To reduce the burden on women, men also need to take a role in tackling the unpaid care work burden.

Traditional understandings of care have focused on care as 'belonging' to women because of their 'natural' skills for caring for others. But this is a socially constructed idea. In making demands for reducing the burden of care work and redistributing care work, unions need to fight to build a new ethic and understanding on care. Care must be transformed from being viewed as the 'natural' responsibility of women into a common public and social good that everyone has a responsibility to engage in. Most importantly, the State must take a leading responsibility. This also means that women need to have the option and the right not to provide care. Unions can ensure that this new ethic of care is engrained in the demands that they make.

## 4. THE CLIMATE CRISIS

The climate crisis is affecting everyone. But for women – who face a greater burden of unpaid care work and are more likely to be resource-scarce – the impacts are heightened. The climate crisis is increasing the amount of care work that women face and is making care work harder. It also threatens community networks which are a source of care.

Climate-related weather, food insecurity and water scarcity are increasing the unpaid care workload. Rising malnutrition, disease, psychological stress, and physical damage to buildings all increase the care burden. Declining natural resources mean that women are forced to travel further to collect them, which reduces their time for paid employment and exposes them to violence and harassment. Women's disproportionate share of care responsibilities related to energy – cooking, lighting, heating – mean that they suffer a greater burden. In some countries, women spend several hours every day gathering resources for energy.

The impacts are disproportionately felt by those in low-income and less-industrialised countries and countries that are more dependent on natural resources and the climate. Many women, particularly in the Global South, face energy poverty (*lacking essential energy services to ensure decent living conditions*).

Many States are introducing measures to address the climate-crisis. But these often do not take account of women's needs and unequal burdens. This means that measures can exacerbate the care crisis, limit women's opportunities and harm their basic human rights.<sup>65</sup>

The exploitative capitalist and patriarchal systems are also structural drivers of the climate crisis. In rebuilding the social organisation of care, unions could fight for care for people and the planet to be central.

There is a growing global consensus on the importance of reducing the burden of unpaid care work on women, particularly in relation to the impacts that climate change can have on women and their care burden. At the latest annual commission on the status of women meeting (UNCSW66) the conclusions recognised that women and girls are disproportionately affected by the impacts of the climate change. It also offered specific actions that member States, UN agencies and civil society could take to ensure resilience, mitigation, and sustainable recovery to ensure a just transition.<sup>66</sup> These conclusions are a first step towards integrating the importance of caring for people and the planet into the agenda.

65. For more information see: <https://www.oxfamamerica.org/explore/research-publications/caring-in-a-changing-climate/>

66. For more information see: <https://www.unwomen.org/en/csw/csw66-2022> and <https://www.unwomen.org/en/csw/csw66-2022/session-outcomes>

## 4. REDISTRIBUTE

*Reducing the burden of care work that women face is essential for rebuilding the social organisation of care. But reducing the amount of care available is not the solution. What must change are the inequalities in who pays for and who provides care. This means that the fight to reduce the burden of care on women is deeply linked with the fight to redistribute care work amongst society.*

*This section will focus on actions that unions can take to redistribute care work throughout society.*

**G**lobally, most care work is undertaken by women in their homes. Across most countries, insufficient quality and lacking universal coverage of public care services remain a major problem. In many countries in the Global South, care is largely carried out by families and communities. To reduce women's unpaid care workload, a broader redistribution of care responsibilities is needed.

- Care work needs to be redistributed more equally between men and women within households.
- Care work needs to be redistributed between the key actors in the social organisation of care, with the State taking a leading role in developing, organising, and providing care services.
- Care work needs to **be de-familised** (reducing and unburdening the caring responsibilities of the family) through the public provision of care services.

Care needs to be reframed not as an individual burden, but as a social and public good and a collective responsibility that is essential for societies and economies.

*"WHY IS IT SUCH AN IMPORTANT ISSUE FOR WOMEN? THE CARE SECTOR IS SO SATURATED WITH WOMEN. BUT WOMEN THEMSELVES ARE NOT BEING TAKEN CARE OF – BOTH AT WORK AND AT HOME. IT IS SO FRUSTRATING. WE NEED TO MAKE SURE THAT ALL WOMEN ARE TAKEN CARE OF AND THAT THE IMBALANCE IN UNPAID CARE WORK IS DEALT WITH. THIS MEANS THAT WE NEED TO REDISTRIBUTE THE CARE WORK THAT WOMEN DO TO OTHERS IN SOCIETY. THE GOVERNMENT NEEDS TO TAKE A CENTRAL ROLE IN DOING THIS."* <sup>67</sup>

IRENE KHUMALO, SWADNU AND PSI WORLD WOMEN'S COMMITTEE CHAIR, ESWATINI

Unions could make demands to governments and employers to redistribute care work throughout society among all workers, eliminating the sexual division of labour and between households and the State.

## 1. CARE-BASED LEAVE SCHEMES

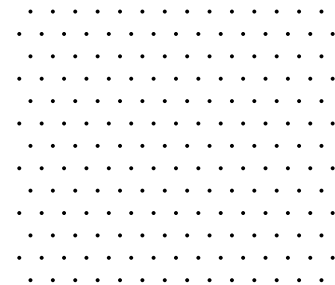
Care policies are essential for restructuring care in a more equal way and redistributing the responsibility of care. For decades there has been a growing demand for care-based leave schemes as a tool to redistribute care work more equally amongst society. Care-based leave schemes provide workers with leave from work for caring and family responsibilities. There are different types of leave schemes:

- **Maternity and Paternity leave:** leave for mothers and fathers associated with the birth and/or adoption of children.
- **Parental Leave:** leave linked to raising children.
- **Family Leave:** leave linked to caring for others in the household (elderly, sick, and disabled).

At the international level, care-related international labour standards have been developed by the ILO, which include leave provisions and social security measures to support people with family responsibilities. Many States have also developed care policies at the national level. But globally, the provision of care-based leave schemes is widely unequal. Universal coverage and universal access are far from being achieved.

Unions could demand that governments legislate to extend and strengthen care-based leave schemes. This should include provisions for maternity, paternity, parental, and family leave. ILO Conventions and other regional standards lay the foundations to enable unions to demand regulations from governments to ensure care-based work leave. Unions could demand that governments ratify these Conventions and implement them into national legislation.

- **ILO Convention on Equal Opportunities and Equal Treatment for Men and Women Workers: Workers with Family Responsibilities, 1981, (No.156)** calls on governments to make sure that people with family responsibilities are not discriminated against at work or in recruitment. Governments should promote equal treatment and develop childcare and family services.
- **ILO Convention on Maternity Protection, 2000 (No.183)** and accompanying Recommendation No.191.
- **European Council Parental Leave Directive (2010/18/EU)** compels employers to give parental leave to either parent for a minimum of four months on the birth or adoption of a child. Workers have the right to return to work after taking parental leave. The scope also includes part-time workers, fixed term contract workers and temporary workers.
- **European Council Directive on equal treatment of self-employed workers (1986) (86/613/EEC)** (women and men) and of self-employed women during pregnancy and motherhood.



Unions could demand that governments legislate for government-funded care-based leave, or care leave to be covered by social security. This is particularly important for workers in the informal economy or for those who are self-employed. Governments should also develop mechanisms to extend care leave to informal and self-employed workers, and those working in platform employment.

Across the world, where paternity leave is available, the take up rates by men is often low. Societal norms and attitudes affect how parental leave is taken. Unions could demand that governments introduce equal paternity leave for men and undertake education and awareness raising to encourage leave to be shared equally between men and women.

#### **EU Work-life Balance Directive (2019)**

encourages more equal sharing of parental leave and addresses women's underrepresentation in the labour market. Measures include:

- Paternity leave (minimum of 10 days leave around the birth of the child)
- 4 months parental leave (2 out of 4 months non-transferable between parents)
- 5 days of leave per year for caregivers
- Flexible working arrangements for caregivers and working parents

Unions could also negotiate with employers to include care-based leave schemes in collective bargaining agreements.<sup>68</sup> This should include paid time off, and the right for workers to return to the same job under the same conditions and pay after leave. Where leave schemes are already available, unions could encourage employers to extend them. This should include paid time off provided by employers.

## **2. FLEXIBLE WORKING & FAMILY-FRIENDLY WORKING**

Unions could also demand that governments legislate for more family-friendly working arrangements. At the workplace, unions can include the issue of 'work-life balance' in collective bargaining to ensure that flexible working hours are a workers' right. These measures can enable workers – particularly women – to remain in paid work and can improve their work-life balance. Specific demands might include:

- Measures to reduce legal working hours.
- Reduction in overtime hours.
- Introduction of flexible working arrangements, such as flexible working schedules or flexibility in the workplace location.
- Family-friendly working arrangements, such as creches or nurseries in workplaces.

Studies have shown that flexible working arrangements can improve the recruitment and retention of staff, reduce absenteeism and turnover rates, and increase productivity. Unions can use this in their negotiations with employers.

### 3. EXPAND PUBLIC CARE SERVICES

Although families, communities, the State, and the market (private sector) are all important actors in the social organisation of care, the State has a leading role to play in developing, organising, and providing care services.

Unions could demand that governments expand any existing provision of gender-transformative public care services to ensure universal access and coverage for all people. Specific demands might include:

- The State to guarantee access to and provision of public care services and structured public care systems.
- Public care services to consider the diverse needs of individuals and households, urban and rural populations, as well as integrate intercultural approaches and for groups in situations of vulnerability.
- The principle of social co-responsibility to be engrained into care services, limiting private actors and profit in the sector.
- Regulation of the provision of care services to guarantee their quality and the working conditions of care workers.
- Promote and strengthen community-based forms of care according to State regulation of public care systems. Where community-based forms of care exist, they need to be gender transformative and help to reduce and redistribute care work.
- Where private sector care exists, the State should limit responsibilities through strong regulation. Private providers should operate without public resources, and should comply with tax, social and labour responsibilities. Governments and authorities should also remove PPPs in the sector.
- Women to be involved and represented in the design, delivery and monitoring of policies and programmes. [For specific demands around care services see Section II.5]





Before 2022, no cities in Canada outside of Quebec came close to providing affordable childcare for families. But the government has recently made a commitment to a transformative plan to build a community-based system of early learning and childcare services across the country. Childcare will be more accessible and affordable for families, allowing parents to return to and enter workforce and remove financial barriers to early childhood education. The government has committed to reducing childcare fees by 50% by the end of 2022. By 2025, it is hoped that fees will be reduced to an average of \$10 a day in all regulated childcare.<sup>69</sup>

In 2022 the provincial government in Ontario signed onto the agreement. But there are concerns. The main barrier to the expansion of childcare is the Ontario government's failure to resolve the crisis of staff recruitment and retention in childcare. The COVID-19 pandemic and rising cost of living has also impacted the workforce crisis. People simply can't afford to remain in the profession. It is expected that the workforce crisis will only be exacerbated under the current plan.

*"...WE MUST LEARN FROM THE MISTAKES OF OUR PAST AND CORRECT COURSE NOW – WE CANNOT EXPAND ON THE PRACTICES THAT HAVE DEEPLY BROKEN ONTARIO'S CHILDCARE SYSTEM...CHILD-CARE WORKERS AND ADVOCATES FROM ACROSS THE PROVINCE AGREE. WITHOUT ADDRESSING THE CHRONIC WORKING CONDITIONS, INCLUDING LOW WAGES AND INADEQUATE SICK LEAVE THAT ARE LEADING TO A MASS EXODUS OF TRAINED AND EXPERIENCED WORKERS, ONTARIO'S PLAN WILL ULTIMATELY FAIL THE FAMILIES WHO'VE FINALLY FOUND HOPE IN THE PROVINCE'S CHILD-CARE SYSTEM."*<sup>70</sup>

CAROLYN FERNS, POLICY COORDINATOR, ONTARIO  
COALITION FOR BETTER CHILD CARE (OCBCC)

For the agreement to be successful, the plan needs to prioritise the workforce. Unions and other advocates have called for a workforce strategy that focuses on improving wages and decent working standards for childcare workers.

*"I THINK IT IS SO HARD TO QUANTIFY AND MONETIZE CARE LABOUR. THIS WORK IS VERY DYNAMIC. SO, TO CREATE A CHECKBOX AND SAY, "THIS IS HOW MUCH THIS CARE IS WORTH", IT'S PROBLEMATIC AND IT'S PREDOMINANTLY MALE POLITICIANS MAKING RULES FOR A FEMINIZED WORKFORCE...WITHOUT THE WORKFORCE, THERE IS NO CHILDCARE. AND WITHOUT DECENT WORK, THERE IS NO WORKFORCE."*<sup>71</sup>

RACHEL, EARLY CHILDHOOD  
EDUCATOR, ONTARIO

<sup>67</sup>. Quote captured via interview.

<sup>68</sup>. For more information see: <https://www.unison.org.uk/content/uploads/2021/12/Carers-policies-guide.pdf>

<sup>69</sup>. For more information see: <https://policyalternatives.ca/gamechanger> and <https://www.10aday.ca>

<sup>70</sup>. Quote captured from: <https://cupe.ca/ontario-child-care-advocates-celebrate-hard-won-victory-call-stronger-workforce-strategy>

<sup>71</sup>. Quote captured from: <https://timeforchildcare.ca/2022/05/05/the-workforce-needs-a-workforce-strategy-rachels-story/>

## 5. RECLAIM

*In the global care system, the State has the main responsibility to redress the harmful gendered inequalities that have put the burden of unpaid care work on women.*

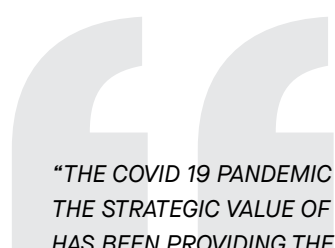
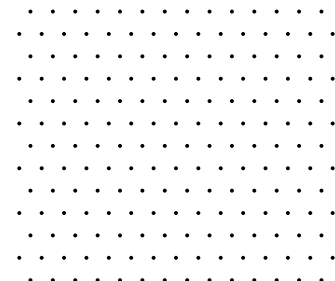
*This section will focus on actions that unions can take to encourage the State to reclaim its responsibility to provide gender-transformative public care services and systems that can transform inequalities and fix the crisis in social care.*

**Q**uality public services are essential for ensuring decent living conditions, fulfilling human rights, and improving equality. But globally, the lack of access to quality, gender-transformative public services mean that women are disadvantaged and face vast inequality. Women are also overrepresented amongst the poor and have a greater need for public services due to their unequal burden of unpaid care work, reproductive health needs, and the prevalence of gender-based violence and harassment.

Inadequate public spending and increased privatisation of essential public services is harming women and has exacerbated the unpaid care burden that they face. Institutions and programmes designed to promote equality are often underfunded, meaning women lack access to free quality public healthcare, childcare, and education. Failing public care infrastructure exacerbates the burden that women face.

*“COVID-19 HAS TAUGHT US THAT HEALTH AND CARE SHOULD NOT BE PRIVATISED. THE PROVISION OF THESE SERVICES SHOULD BE STATE DRIVEN. BUT THE CALL FOR THE PROVISION OF ACCESS TO AFFORDABLE - IF NOT FREE - HEALTH SERVICES WHICH IS WHAT WE HAVE BEEN ADVOCATING FOR MANY YEARS HAS BEEN FALLING ON DEAF EARS. COVID-19 HEIGHTENED CALLS FOR THE PROVISION OF CARE – CHILDCARE, AND CARE FOR THE ELDERLY IN PARTICULAR – TO BE PROVIDED BY GOVERNMENTS. IT HAS SHOWN THAT POLICIES DO NOT CATER FOR THOSE IN SOCIETY WHO CANNOT AFFORD IT AND WHO DO NOT HAVE AN EXTENDED FAMILY NETWORK TO ASSIST IN CHILDCARE AND CARE FOR ELDERLY .WOMEN ARE THE ONES DOING THIS UNPAID WORK IN THE PAST, BUT NOW WOMEN ARE IN PRECARIOUS JOBS, AND THIS DOES NOT ALLOW TIME OFF TO CARE FOR THEIR FAMILIES. WE RECOGNISE THAT AFTER COVID-19, THERE IS NO REAL TRUST IN GOVERNMENT TO ACT ON THE LESSONS LEARNT FROM THE PANDEMIC. PRIVATE STAKEHOLDERS ALSO NEED TO LEARN FROM THE LESSONS. THERE IS A NEED FOR POLICIES AND A FRAMEWORK TO SUPPORT A CARE REVOLUTION. DURING THE COVID-19 PERIOD, THERE WERE EMPLOYEES WHO WERE DEEMED ESSENTIAL BECAUSE OF THE SERVICES THEY PROVIDE, BUT THERE WAS NO PROVISION AT THE WORKPLACE TO TAKE CARE OF THE NEEDS OF CHILDREN OF THESE EMPLOYEES WHILE THEY WERE AT WORK AND ALL SCHOOLS WERE CLOSED. IN MY COUNTRY, WE HAD A LOT OF ISSUES ARISING OUT OF THE PROVISION OF CARE, BUT NO LESSONS HAVE BEEN LEARNT.” <sup>72</sup>*

JILLIAN BARTLETT, NUGFW AND VICE-CHAIR REPRESENTING THE INTERAMERICAN REGION, PSI WORLD WOMEN'S COMMITTEE, TRINIDAD AND TOBAGO



But governments have a duty to look after everyone without discrimination and on an equal basis. Governments need to step up and reclaim their role as providers and regulators of care. They need to provide public services that can relieve the burden of care on individuals, families and communities and transform gendered inequalities.

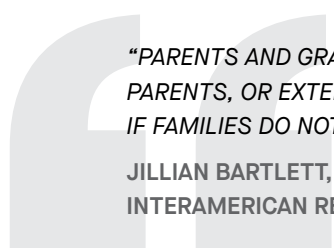
*“THE COVID 19 PANDEMIC HAS PUT THE GLOBAL SPOTLIGHT ON THE STRATEGIC VALUE OF PUBLIC SERVICES. THE PANDEMIC HAS BEEN PROVIDING THE MOST COMPELLING ARGUMENTS AND EVIDENCE FOR WHY PUBLIC SERVICES MUST REMAIN IN PUBLIC HANDS BECAUSE IN THE MOST DIRE, DESPERATE, AND VULNERABLE SITUATIONS, PEOPLE RELY ON ACTIVE GOVERNMENT WITH A STRONG, ACCOUNTABLE, COMPREHENSIVE, RESPONSIVE, EFFECTIVE, AND DEMOCRATIC PUBLIC SERVICE.” <sup>73</sup>*

ANNIE ENRIQUEZ GERON, PSLINK AND VICE-CHAIR REPRESENTING THE ASIA-PACIFIC REGION, PSI WORLD WOMEN’S COMMITTEE, PHILIPPINES

**Unions could make demands to governments and international institutions to reclaim the public nature of care services and restore the duty and primary responsibility of the State to provide gender-transformative public care services and systems that transform gender relations and women’s lives – including by financing State’s capacity to invest through fair and progressive taxation and ensuring internationally equal taxing rights of nation States. <sup>74</sup>**

## 1. INVESTMENT IN GENDER-TRANSFORMATIVE PUBLIC CARE SERVICES

Years of underfunding and austerity measures mean that public services are starved of resources. This means that there is vast inequality in access to care services. In many countries, access to publicly provided or subsidised care services is haphazard, frequently depending on the wealth of the local area. Low coverage levels means that there are often barriers for households on lower incomes to access care services. Private care services are largely restricted to those who can afford them. But poor, migrant and racialised women often have the least resources and so are left with a greater care burden.



*“PARENTS AND GRANDPARENTS DEAL WITH THE BURDEN OF CARE – WHETHER IT BE CHILDREN, PARENTS, OR EXTERNAL FAMILIES – THE RESPONSIBILITY FALLS SQUARELY ON THE INDIVIDUAL. IF FAMILIES DO NOT HAVE FINANCES TO GO PRIVATELY, THEY ARE LEFT WITH LITTLE OR NO CHOICE.” <sup>75</sup>*

JILLIAN BARTLETT, NUGFW AND VICE-CHAIR REPRESENTING THE INTERAMERICAN REGION, PSI WORLD WOMEN’S COMMITTEE, TRINIDAD AND TOBAGO

Unions could demand that governments reclaim their responsibility for care and invest in gender-transformative public care services and care supporting public infrastructure.

Gender-transformative public care services are public services that redress unequal power relations and address the historical gendered division of labour that puts the burden of care work on women and girls. By providing gender-transformative public care services and infrastructure, the State can redistribute paid and unpaid labour and can transform unequal gendered power relations.

The nature of union demands will vary depending on the local context, but there are some core demands that unions can make. These include:

- Public services to be publicly funded and publicly delivered, and universally accessible, inclusive, and equal for all.
- Public services to be gender transformative. They should acknowledge harmful power inequalities between women and men, focus on addressing them, and should be responsive to women's specific needs.
- Public services should be underpinned by the principles of non-discrimination and equality. This means that they should be accessible to all women in their full diversity, including intersectional groups. This also means that governments need to ensure gender-equality in governments and meaningful participation of women in designing, organising, and managing public services.
- States to invest in gender-transformative public services by practicing gender budgeting (*raising and spending public resources in ways that actively address gender inequalities and promote gender equality*).
- Public services to provide decent work and working conditions for those working within public services.
- Care to be redefined as a public and social good. This means that its provision should not be motivated by profit or access determined by competition but provided in response to needs. This means that caring responsibilities are central to economic policies and programmes.

Countries that spend more of their GDP on care policies have improved health outcomes and it can actually increase employment. Studies estimate that investments of 2% of GDP into social infrastructure would generate increased employment of between 2.4% and 6.1%.<sup>76</sup> Around 269 million new jobs could be created by 2030 if investments in health, education, and social care services were doubled.<sup>77</sup>

A report by the Women's Budget Group in the UK showed that investing public funds in childcare and elderly care service is more effective in reducing public deficits and debt than austerity policies. It could boost employment, earnings, economic growth, and foster gender equality. The report shows that an investment of 2% GDP in care sector would generate up to 1 million jobs in Italy, 1.5 million in the UK, 2 million in Germany and 13 million in the USA.<sup>78</sup>

In 2020, CUPE in Canada launched a nationwide campaign to ‘Fix Long Term Care’. The campaign demands that governments remove profit out of long-term elderly care and that the Canadian Government take over and invest in long-term elderly care homes, and set a national service quality standard and safe, decent working conditions for staff across all Canadian provinces. The campaign contributed to the 2021 decision of the Government of Saskatchewan to invest 80 million Canadian dollars in long-term care.

## 2. FAIR AND PROGRESSIVE GENDER EQUAL TAX & FISCAL REFORMS

Governments frequently say that they do not have financial resources to provide the quality care services that are needed. Austerity measures have also starved public services of essential resources. Globally, financial and taxation systems are failing to provide the necessary financial resources to provide for care needs and are harming gender inequality:

- The way that taxation is organised harms women. Many tax systems and laws discriminate against women because of inequalities and biases that rely on harmful gendered assumptions about women’s role in society. The way taxes are organised disregard how incomes are earned and spent, and often favour men by maintaining the idea of the man as the head of household. Some taxes also apply to everyone, regardless of their income. This means that that poor – disproportionately women and girls – face a greater burden.<sup>79</sup>
- At the national and international level, illicit financial flows mean that much-needed revenue to fund essential public services is taken out of circulation. Tax avoidance by large MNCs deprives the world of essential revenues and contributes to underfunding of essential services. This contributes to huge gaps in revenue for provision of public services and development projects, particularly in the Global South.
- Some national and international policies give generous tax incentives to MNCs. Tax treaties lower or remove regulations which mean that global corporations are able to limit their tax contributions. These policies are often promoted by international financial institutions.

To make up for the gap, governments frequently increase tax burdens on the poor and cut spending on essential public services. But this undermines equality and deprives governments of essential resources to provide care services.

Progressive taxation is the most important and sustainable source of funding for gender-transformative public services.<sup>80</sup>

At the national level, unions could demand that governments maximise available resources for public care services through fair and progressive taxation and financial reforms. Specific demands might include:

- Making tax systems gender-responsive and reforming tax laws so that they do not discriminate against women and reduce tax burdens for poorer groups, including women.
- Raising taxes in the most progressive ways possible, including through taxation on income, wealth and ensuring that MNCs pay their fair share of tax.
- Introducing measures to improve financial transparency.
- Challenging tax avoidance and tax dodging and introducing legislation to close loopholes and control tax evasion.
- Ensuring tax and fiscal policies recognise and serve to represent, reduce, and redistribute unpaid care work.
- Evaluating and reforming national tax policies on the basis of human rights principles such as equality and non-discrimination, and their impact on the amount, intensity and distribution of unpaid care work performed by women.<sup>81</sup>

More than 190 countries have acceded to or ratified CEDAW. This means almost all governments have committed to the legally binding obligation to progressively take action on direct and indirect discrimination that is embedded in institutions, laws, and policies. This includes taxation measures that sustain gender stereotypes.

At the international level, unions could work together with tax justice organisations to demand that governments and international institutions work to address cross-border tax avoidance and introduce measures to stop illicit financial flows. Specific demands might include:

- Reforming and transforming the global taxation system to ensure internationally equal taxing rights of nation States.
- Increased research on the gendered impacts of tax policies for policymakers.
- Developing a system of international tax cooperation that guarantees funding and does not promote a race to the bottom on financial standards.
- International institutions to demand that States, MNCs and wealthy elites stop tax abuses and pay their fair share of taxes.

The impact of structural adjustment programme and neo-colonial debt burdens have negatively impacted countries in the Global South. Unions could also campaign for debt cancellation and for equitable financing for countries in the Global South, and for reform of IMF and World Bank loan conditionalities.

The way that the global taxation and financial systems are organised mean that lower-income countries often have less of a say in policies and rules around taxation, even though they often face the worst impacts from tax avoidance and tax abuse. The agenda is largely dominated by higher income countries. As a result, there are now calls to establish a fully inclusive and intergovernmental global tax body which is equal in terms of country representation to ensure equal taxing rights of nation States and to stop all forms of tax abuse by MNCs and wealthy individuals.

In taking action around taxation, unions could consider supporting tax justice organisations in their demands for a fairer global tax body. Unions can also work with tax justice organisations to map companies and identify where tax avoidance is taking place.

### 3. REFORM AND REGULATION ON CARE SERVICES AND SYSTEMS

The State has a responsibility to deliver universal, quality and gender-transformative public care services and should be held accountable for doing so. But social care is generally poorly regulated.

*“DUE TO LOW STAFFING RATIOS IN HOSPITALS ACROSS THE COUNTRY, WE AREN’T ABLE TO PROVIDE THE QUALITY SERVICES WHICH ARE REQUIRED. THIS IS THE REASON BEHIND MANY PROBLEMS.”<sup>82</sup>*

SUMAN GIRI SHRESTHA, NURSING OFFICER, HEALTH PROFESSIONALS OF NEPAL, NEPAL

Governments need to reclaim their role as the providers and regulators of care. But it is important to acknowledge the limits of State action. In some contexts, the social organisation of care might also include the community, and potentially even the private sector. But the State as a regulator should limit responsibilities and power within the private sector.

*“I AM IN THE NURSING SECTOR. IN THIS SECTOR STAFF TO PATIENT RATIOS IS ALSO A MAJOR ISSUE. IN THE PRIVATE SECTOR, FOR EXAMPLE, THERE IS ONE NURSE TO TWO PATIENTS. BUT IN THE PUBLIC SECTOR IT IS MORE LIKE ONE NURSE TO 60 PATIENTS. THE SYSTEM IS UNDERFUNDED, AND IT IS A MAJOR ISSUE. THIS ALSO AFFECTS CONDITIONS OF EMPLOYMENT, SALARIES, AND EQUIPMENT.”<sup>83</sup>*

RITTA THANDEKA MSIBI, DENOSA AND PSI VICE-PRESIDENT REPRESENTING AFRICA AND THE ARAB COUNTRIES, SOUTH AFRICA



In Australia, the New South Wales Nurses and Midwives Association (NSWNMA) has been pushing for key reforms to ensure safety and quality across aged care, as well as better staffing, increasing skills and education for the largely female workforce.

At the State level, the union embarked on a campaign to ensure that registered nurses were on shift around the clock in residential aged care. Members had conversations with local MPs, and a wide range of community groups to highlight the benefits of having staff working 24/7. Following numerous community forums, petitions, and thousands of conversations, the 24/7 campaign resulted in the State minister agreeing not

to repeal a State-based regulation that would ensure registered nurses maintained rostered on site in nursing homes.

Following the win, the grassroots campaign continued. The union carried on researching and producing reports to highlight the growing concerns from a workforce perspective. It also established an aged care roundtable of stakeholders with experience in aged care to continue discussions on reforms and how best to tackle some of the barriers in aged care. The group also released educational pamphlets explaining different aspects of care to increase knowledge and make the journey into residential care easier.

Unions could make demands for governments to reform current policies around care and implement stronger regulation of care services. Specific demands might include:

- Reform of existing legislation, policy, and regulatory frameworks on care provision. The essential role of care and universal access to care should be systematically integrated into policymaking, design, implementation, and monitoring of care services.
- The right to quality care to be established in legislation.
- Gendered human rights impact assessment to be used in design and monitoring of policies and programmes around care.
- Strengthened regulation of care providers to guarantee formal employment conditions, professional standards, a living wage, and decent work for care workers. This should include schemes for the supervision of paid care work when it takes place in private homes.
- The introduction of minimum staff to patient ratios to tackle understaffing and to ensure improvements to working conditions and quality of care services.
- Governments to bring outsourced and privatised services back into public ownership (remunicipalisation and/or insourcing).<sup>84</sup>
- Increased investment in regulatory bodies and labour inspectorates.

In Vancouver British Columbia, Canada the Hospital Employees' Union (HEU) represents more than 50,000 workers in different health occupations. Around 20 years ago, the provincial government introduced legislation that stripped health care workers' collective agreements of jobs security provisions. It also excluded them from full protection of provincial labour laws. This led to the firing of thousands of health care workers – most of whom were women – as authorities contracted out hospital services. In 2018, the legislature voted unanimously to repeal the law that enabled the contracting out. As a result, more than 4,000 workers will be brought in-house as health authority employees. In 2021, the HEU reached an agreement with public health employers and government on a labour adjustment framework for the transfer of workers to health authorities.<sup>85</sup>

In the UK, successive governments have failed to provide enough public funding to deliver quality care. This means that the care system is at breaking point. Workers face poverty wages, unreliable employment and violence and harassment on the job. Staff routinely leave the profession.

UNISON is campaigning to improve the care system and is calling for the government to establish a national care service. According to UNISON, a national care service must be publicly delivered and publicly funded, and:

- Uphold quality standards via a professionalised workforce
- Be based on a system people understand and trust
- Have sustainable public funding and a public ethos<sup>86</sup>

The union has put forward 5 demands that it is calling on the government to guarantee immediately:

- A real living wage for all care workers, as an absolute minimum.
- A standard employment contract for care work – including sick pay, contracted hours and pay for all hours on duty, including 'sleep ins' and travel time.

- Significant, emergency government funding.
- Professional standards – the Care Certificate should be upgraded and expanded, and professional registration should be standardised throughout the UK.
- A partnership working group of commissioners, providers, governments, and trade unions must be established to action solutions.

In the UK, the government comes together with the health sector on a regular basis with health workers and employers in a social forum to try and anticipate challenges before they arise and get input on government policy. But the same forum does not exist in the social care sector. So, UNISON is engaging with other unions and employers across the sector to set up its own national partnership forum to put pressure on the government to set one up for social care.

*"FOR ALL THE THINGS THAT ARE WRONG WITH THE CARE SYSTEM IN THIS COUNTRY, WE HAVE A WORKFORCE THAT ARE PASSIONATE AND COMMITTED. THEY CARE DESPERATELY ABOUT THE PEOPLE THEY LOOK AFTER. THAT'S A FANTASTIC PLACE TO START IN TRYING TO BUILD A CARE SYSTEM THAT WORKS."*<sup>87</sup>

CHRISTINA MCANEA, UNISON GENERAL SECRETARY

Unions could also make demands for better regulation of the funding of care systems. Specific demands might include:

- Governments to meet national commitments on spending in public services, to end austerity measures and to increase public funding for care services.
- Public financing to be made accountable and transparent and to include safeguards to prevent them from subsidising the profits of private providers.
- Public funding for care services to be conditional on decent work, and collective bargaining for workers.
- An end to public-private partnerships and public financing of private operators.

*"WE SEE HUGE PROFITEERING IN THE CARE SECTOR WITH THE INVASION OF THE PRIVATE MARKET. THIS WILL NOT GUARANTEE ANY REAL STANDARDS OF CARE IN TERMS OF QUALITY, ACCESS, OR AFFORDABILITY AND IN TERMS OF IMPROVING WORKING CONDITIONS...WE CAN ONLY REBUILD THE SOCIAL ORGANISATION OF CARE IF WE LOOK AT HOW CARE IS PROVIDED AND FIGHT FOR BETTER RIGHTS FOR THOSE WHO ARE PROVIDING THAT CARE. WE NEED TO TAKE THE PROFIT MOTIVE OUT OF CARE. THE STATE CANNOT CONTRACT OUT CARE TO PROVIDE COMPANIES. CARE SHOULD BE A PUBLIC SERVICE UNDER THE RESPONSIBILITY OF THE STATE. WE NEED TO ENSURE THAT PUBLIC FUNDS ARE NOT MISUSED AND ARE TARGETED TO MEET THE CARING NEEDS OF PEOPLE WHO ARE DEPENDENT ON CARE, BUT ALSO FOR THE NEEDS OF THOSE WHO PROVIDE CARE."* <sup>88</sup>

GLORIA MILLS, UNISON AND PSI WORLD WOMEN'S COMMITTEE VICE-CHAIR, UK

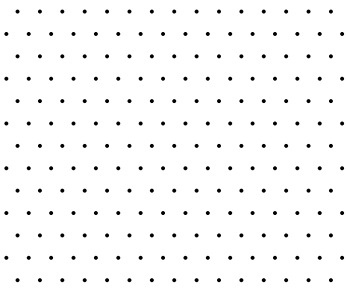
In Korea, social care provision is dominated by private providers. The system lacks coordination, and the service quality, workforce and facilities are weakly regulated and lack monitoring from the government. This has contributed to unequal and unsatisfactory care service provision and poor working conditions for care workers who face low wages, long and irregular hours, instability in employment status and undervaluing of their work. The way the system is structured also limits the effectiveness of social dialogue and negotiations between unions and employers in the sector.

The Korean Public Service and Transport Workers' Union (KPTU), together with other unions, social movements and civil society groups have been developed key demands to work towards establishing strong public institutions for care, and for sufficient public funding from government. Demands include:

- Structural reform of the care sector through the revision of relevant laws and systems.

- Municipalisation of care services, including through establishing public social service institutions at the municipal/regional level.
- Expansion of public infrastructure to increase public provision of social services.
- Strengthening regulation and monitoring of private providers around care services and business practices.

From early 2017, trade unions and civil society organisations launched a joint campaign to achieve these key demands. The campaign organised a series of panel discussions, workshops and press conferences and developed research projects and reports which called for the revision and reform of the care sector. Through these efforts, the group have made great strides towards establishing a legal foundation for building nationwide public institutions of care services and for strengthening public funding. The next challenge for the unions is to ensure the law is put into practice.



In Japan, the long-term care insurance system has been the cornerstone of the care system for many years. The system was launched in 2000 with the aim of ‘socialising care’ – for society as a whole to take on the responsibility of caring for the elderly. But in recent years, the rising demand for long-term care services, together with shortages of workers and limited financial resources have resulted in a care system that is buckling under the pressure. Care workers are also facing poor working conditions and low wages. In response to the care crisis, several unions in Japan have been taking action to improve the care system:

JICHIRO has been making demands for improvement to staffing levels and wages for care workers, including through the development of wage guidelines in the sector. Each year the union takes part in the ‘National Care and Community Welfare Assembly’ – a forum to discuss the key issues facing the care sector. The union also regularly lobbies ministries and members of parliament. Similarly, both the JHCWU and All Saiseikai Trade Union have made demands around wage increases, improving staffing levels and increasing the numbers of night shift personnel to eliminate long night shifts for care workers.

#### 4. INVESTMENT FOR JUST TRANSITION

Unions could also demand that governments provide policies and investment to transition away from fossil fuels and towards cleaner jobs. Transition must be gender-transformative and must ensure women’s full participation in the energy transition. Care must be central to policymaking around just transition to ensure that any transition also addresses structural inequalities.<sup>89</sup> Specific demands to government might include:

- Gender-transformative public financing of energy projects and policies, effective climate action, mitigation, and adaptation strategies to ensure gender equal outcomes and to promote women’s participation.
- To have gender balance in all decision-making bodies around the climate crisis and to ensure that the gendered impacts of energy transition projects and policies are assessed.
- To ensure that gendered roles of women and women’s care burdens are understood and integrated into any project development.
- Women’s needs and human rights – in all their diversity - to be taken into account and embedded in the design of new energy systems.<sup>90</sup>
- Energy to be reframed as a key public service that the State has responsibility to provide.



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72. Quote captured via interview.
73. Quote captured via questionnaire.
74. Video: <https://www.youtube.com/watch?v=5ZeitUMmnhI>
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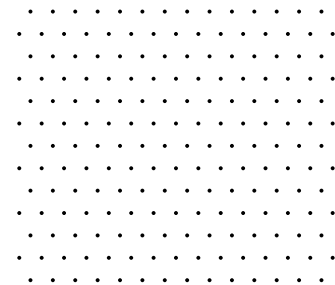
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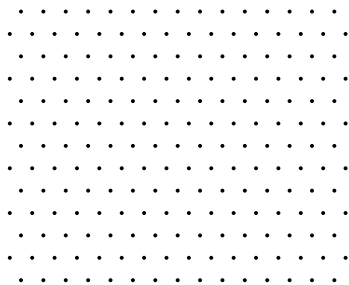
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Video: REWARD and remunerate care work

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Video: RECLAIM The Public Nature of Care

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Video: Austerity and Nurses in Nepal

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Video: Our Health, Our Community

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