COMPARATIVE ANALYSIS OF COMPREHENSIVE CARE SYSTEMS
IN LEADING COUNTRIES IN THE EUROPEAN UNION, LATIN AMERICA AND THE CARIBBEAN
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Founded in 1986, it is the national network of organisations and platforms working in the field of development, international solidarity, humanitarian action, education for global citizenship and the defence of human rights throughout the world.

Formed by 75 member organisations, six associates and 17 regional coordinators, in total, it represents more than 600 organisations working in more than 100 countries in the defence of human rights, gender equality and the protection of the planet.

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Introduction

In light of the current global situation characterised by the existence of a systemic crisis -primarily a care crisis that also affects the planet- it seems essential to analyse care from a comprehensive perspective. During and after the COVID-19 pandemic, and when care gained importance in public debates and the focus of governments and the private sector, there has been greater awareness of the risks of a development model and system that are unsustainable.

Through this study, the Coordinadora de Organizaciones para el Desarrollo (Spanish Development NGO Coordinator, hereinafter La Coordinadora1) joins this debate, creating a knowledge base of the nature and characteristics of care policies through a dual—national and regional—approach. In the current situation, the responses to the growing need for care are heterogeneous and divergent in their transformative reach of the gender, class and race inequalities throughout society. The emphasis is sometimes placed on proposals that are more commodified or digitalised, and other times on views that are more collectivised, regional or sensitive to their affective dimension.

From this perspective, La Coordinadora views it as essential to thoroughly analyse the feminist policies of the European Union (EU) and Latin America and the Caribbean (LAC) to extract lessons learned and recommendations that help guide its advocacy work on policies on comprehensive care systems through proposals from the feminist economy. This has been done by performing a comparative analysis of the policies of comprehensive care systems in six leading countries from the two regions: Argentina, Spain, France, Mexico, the Dominican Republic and Sweden.

The research performs this analysis of the responses that the countries studied give to the care needs of their societies from the approaches that shape La Coordinadora’s work on political and social advocacy, which are: feminist, based on human rights, decolonial and intersectional ecofeminist, and policy coherence for sustainable development. This comparative study has used a series of key variables as a reference to explain the nature of the models and their transformative reach in terms of social, gender and racial justice. The variables are: context, evolution and acceleration factors; care services, policies and regulations, through the analysis of specific policies; governance of care; budget and funding models; and social transformations promoted. The assessment of the transformative reach of the models’ inequalities responds to the alignment with criteria of progressivity, universality, complexity, comprehensiveness, intersectorality and inter-institutionality, social and gender-shared respon-

1 This research is done within the framework of the Spanish Presidency Project of the EU Council, carried out by and led in Spain by La Coordinadora, and the aim is to raise awareness and have an impact on EU initiatives to fulfil the 2030 Agenda goals and to help create a more equal, inclusive, green and feminist future. This project, in turn, forms part of the “Towards an open, fair and sustainable Europe in the world - Fourth Trio European Union Presidency Project 2023-2024”, funded by the European Commission and with the participation of CONCORD Europe, the HAND Association (Hungary) and the platforms of development organisations 11.11.11 and CNCD-11.11.11 (Belgium).
sibility, funding and intersectionality. Various bibliographic sources, in-depth interviews and information collected through questionnaires were used in the study\(^2\). The analysis of each case and the stipulated criteria is documented in the country fact sheets attached to the research.

Based on the theoretical framework that characterises the feminist approaches to care and that includes the ecofeminist perspective on the need for life -and therefore the care that sustains it- to be at the centre of an alternative development model, nuclear matters are considered in the debate about comprehensive care systems and policy coherence. This is the case of the transnational dimension of care and the connection between migration, work and reproduction from a racist and colonial logic; or the challenges posed by the link between the transition towards care societies, and green and digital transitions.

It is important to note that, although the study focuses on analysing these variables, other intersectionalities should be taken into consideration when addressing care from a systemic perspective, although they were not included on this occasion due to technical limitations and their large number. This is the case, for example, of caring for the planet, violence against women and gender-based violence\(^3\), health and sexual/reproductive rights. We cannot discuss care as essential for sustaining life without mentioning environmental conservation and protection, women’s physical autonomy and their right to decide over their own body and to live free of violence. Additionally, despite including ecofeminist and decolonial approaches, there is no detailed analysis of the specific measures through these approaches to ensure that comprehensive care systems address the importance of affection and are not driven by commodified, ecocidal, racist or exploitative guidelines. This could lead to future analyses that complement or further explore the one performed in this study.

The conceptual framework addresses the continuing advancement of care as a human right, recognised universally and nationally, highlighting the interdependence and interrelation of rights and their importance for women’s autonomy and equality. These rights, which are subjectively comparable to civil and political rights, give States the responsibility of respecting, protecting and guaranteeing them through specific policies and actions. Various international regulatory instruments integrate the right to care, with mentions in declarations, conventions and recommendations of the United Nations and of regional bodies. This recognition supports the inclusion of care in public policies and specific public spending allocations.

\(^2\) The research team is grateful for the input materials provided by the countries and their representatives, and for the valuable information obtained from the following institutions: Expertise France-EUROsocial, UN Women, International Labour Organization (ILO), Economic Commission for Latin America and the Caribbean (ECLAC) and the experts who participated (see Annex 3).

\(^3\) The study does not classify violence against women as an analytical variable, although the country analyses in the attached fact sheets specify the adhesion to international and regional regulatory instruments for gender-based violence.
The analysis of care policies in this study is done through a dual approach - regional and national - in the search for shared trends, differentiating elements and replicable practices. The countries analysed have heterogeneous models focused on sectoralised policies as part of their social protection systems, primarily, and appear to have different speeds, penum and designs in light of shared challenges, such as the widespread care crisis and population ageing. In the process of developing their welfare states, European countries have rolled out a vast yet fragmented response that, as a whole, would advance towards the comprehensiveness that lies beneath the logic of the proposed systemic care. However, the approach found in these countries does not include analyses and debates similar to the ones in LAC for comprehensive care systems, new social organisation formats and the changing development model from a structural perspective.

Finally, the conclusions and recommendations cover the study’s main findings and suggest lines for advancing towards fairer care models that are more integrating and sustainable, such as the need to delve into international standards on the right to care, the key role of policy coherence for its systemic approach and the importance of promoting dialogue frameworks and joint frameworks and between the EU and LAC following the path of the Bi-Regional Pact for Care between Latin America and the Caribbean and the European Union. This is also relevant for the new political and institutional cycle that will begin after the elections for the European Parliament take place in June 2024.

Advancing towards transformative societies entails undertaking vast and comprehensive concepts of care through a sustainability of life paradigm that includes the environmental dimension, promoting a care culture, and achieving equality and social, gender and racial justice. A narrow perspective of care can lead to ongoing structural inequalities found in unjust, unequal and racist care models.
1. Theoretical framework
The feminist perspective has revealed androcentric and ethnocentric knowledge creation, drawing attention to and challenging the gender power relations that delimit the frameworks with which societies interpret and transform reality. Feminisms have expanded and democratised these frameworks, positioning women as political subjects and agents of knowledge creation and the symbolic creation of sense. They have placed at the heart of the public debate and political agenda historically excluded topics such as sexuality, building subjectivity, violence against women, reproductive work and care.

Specifically, feminism’s critical review of the androcentric bias of the economic field is aimed at building a more integrative framework of the economy, that reflects the direct link between the business sphere and the reproductive sphere. The feminist economy redefines nuclear concepts such as work, value, time and productivity. It reveals the essential purpose of care in an economy’s operation by reproducing the labour force and playing a systemic role in the capitalist economic dynamic and the entire system’s sustainability. In turn, the feminist economy focuses on the inequalities and discriminatory situations that create the gender-based division of work and the patriarchal organisation of care in society. This unpaid work has traditionally fallen on women and been done in the home, invisible to analysts and economic policies, and with little social value (Carrasco, 2017; Coello, 2017; Pérez Orozco, 2019a; Picchio, 2012; Rodríguez Enríquez, 2015).

The great paradox is that care work and carers are essential for collective welfare; they are the basis of all social and economic activity in society, as well as the most undervalued and precarious work (Institute of Women, 2023). This devaluation of care is because it is viewed as a natural extension of the feminine role, as activities that women do altruistically for the sake of love and therefore do not count in the market economy. However, care work is a decisive dimension in the contributions of women and girls to development, involving an unjust and disproportionate transfer of resources, time and opportunities (UN Women, 2018).

All the feminist approaches to care share the need and importance of recognising, drawing attention to and valuing this work, taking into account the gender inequalities associated with the social organisation of care. The following approaches have been identified (CLACSO and UN Women, 2022; Valenzuela, 2023):
i) Care as a component of welfare, which involves drawing attention to the fundamental role of families, specifically of women as the source of welfare in everyday life. This perspective suggests the impossibility of defining welfare systems without taking into consideration the care dimension, stressing the responsibility of public and private institutions in providing care services, and studying the relationships that exist between the State, markets, family and community organisations in this process (Razavi, 2007).

ii) The care economy perspective, which includes the sphere of care in the economic analysis by studying the systemic role of unpaid care in the economic system’s operation. The care economy studies the unrecognised economic value resulting from the production and flow of goods, services, activities, relationships and values linked to reproducing and sustaining life, without omitting the consequences that the social organisation of care has on women’s rights and gender inequality, strengthening the sexual, racial and class-based division of work.

iii) A third perspective originates from ecofeminism and focuses on the connections that arise between economic, social and environmental spheres. The ecofeminist view identifies the close relationship between the discrimination of women and the exploitation of nature because both respond to the same logic of patriarchal domination and accumulation of capital that materially exploits and symbolically undervalues nature, emotions, the body, personal matters, the home and, in summary, the sustainability of life. This confirms that Western society’s economic and cultural system enters into conflict with the material and relational foundations that sustain life (capital-life conflict). The ecofeminist view emphasises this dimension of development processes. It points out the ecological limits of the current production, consumption and collective organisation model, its anthropocentric and androcentric nature, and connects the conservation and care of nature and the planet with gender equality and justice (Carrasco, 2017; Coello, 2017; Güemes and Cos, 2023; Herrero, 2012; Pérez Orozco, 2019a; Picchio, 2012; Shiva, 2006).

The ecofeminist perspective places the reproduction of life in the centre, instead of markets and the reproduction of capital. This marks a paradigm shift aimed at shaping an alternative macroeconomic model that recognises the vulnerability and interdependence of humans, in which their care needs throughout life are the basis of a new community organisation system. From this perspective, life would therefore be a reality of interdependence and ecodependence. “For life to succeed, we must establish the conditions that make it possible to rebuild, sustain and care for it daily. This can only be done together and on a living planet” (Institute of Women, 2023, p. 21).
The network that currently sustains life was organised under a “self-sufficiency ideal linked to white masculinity” that entails exploiting the work and life of other people, primarily women, under a patriarchal and racist logic of “neo-colonial servitude” (Pérez Orozco, 2019b, p. 7). The ecofeminist concept is anti-racist and communal. It consists of rebuilding this interdependence horizontally and fairly to guarantee the autonomy of care recipients and carers in terms of self-affirmation, self-care and agency. In dialogue with decolonial approaches, ecofeminism is inspired by the notion of Living Well linked to the indigenous world views of Latin America and Abya Yala⁴. The proposal is to shift from views that hide or outsource care work and move towards a society in which care is reorganised, redistributed and shared (CLACSO and UN Women, 2022).

The community network is a fundamental pillar in a new social care organisation that addresses a sustainability of life paradigm. From this perspective, regional community care experiences, such as self-managed initiatives and social activism, offer alternative non-commodified views of the collective organisation of care as part of the working-class, social and solidarity economy (Fraga, 2022).

Examples along these lines are public-community initiatives, such as the care ecosystems, with local experiences aimed at creating more personalised, flexible and community care models. These experiences seek to promote safe, decent and person-centred initiatives focused on the home as a way to promote the autonomy of people with care needs connected to their community. The idea is to deinstitutionalise care, which must be feminist and consider the gender inequalities that occur in homes. The initiatives also take into account people’s care needs throughout the life cycle, strive to improve the synergies and links between social and healthcare systems (particularly in terms of primary healthcare), and bear in mind the specific environment in which people live, for example through approaches that range from feminist to inclusive urban development.

The transnational dimension of care

It is becoming increasingly evident that the advancement of global capitalism has created a systemic crisis in the current development model. This transcends the economic dimension and has serious consequences on the ecological dimension, as shown by the climate crisis, biodiversity loss and the overexploitation of natural resources. This systemic crisis is also reflected in the rising level of inequality between countries and inland regions; the uptick in conflicts, violence and forced human mobility; and the weakening of the democratic culture and the international governance model. Women face enormous challenges in this scenario because the rise

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⁴ The concept of Living Well is the translation of notions of sumak kawsay (Quechua), suma qamaña (Aymara), ñandereco (love life in Guarani) or qhapaj ñan (noble life or path in Quechua) (Acosta and Martínez, 2009; Del Popolo, 2017).
in gender inequality and the emergence of new ways in which their rights are violated are closely linked to the expansion of neoliberal globalisation. For example, the austerity approaches in response to the economic and financial crises at the start of the century have had a major impact on gender because the reduction of public services and State resources to guarantee and provide economic and social rights have translated into labour instability for women and a rise in unpaid care and reproductive work (Cobo, 2011; UN Women 2015; Sassen 2003; Strange, 2003).

This reproductive crisis occurs in a context in which care needs have grown, accelerated by the world population’s rate of ageing. This demographic change, caused by improved health and survival, paired with a drop in fertility, brings new and major challenges in guaranteeing fair and comprehensive care systems in old age. The overall defencelessness experienced by older dependants during the COVID-19 pandemic brought to light the deficiencies of public care systems and States’ lack of preparedness in light of future challenges (UN, 2023).

Population ageing and other factors, such as women entering the labour market and a change in their life expectations (beyond their role as carers), the urban growth model, the loss of community networks and the consolidation of an individualised management model for everyday life, have led to a crisis in the traditional care model. This crisis occurs in a context in which States do not assume their responsibility of providing care services, companies do not alter their dynamics to improve work-life balance, community structures for the collective management of care have not been created, and men, in general, continue to not handle an equal share of household tasks. This care crisis is leading to delegation formulas between women, built on a foundation of inequality based on age (grandmothers or girls), class, race, ethnicity or migratory status (domestic workers) (Pérez Orozco, 2019b).

The care crisis in the Global North and the reproductive crisis in the Global South, where migration is the only alternative for survival for many women, have shaped the so-called global care chains, “transnational networks created to sustain everyday life and through which households, and specifically women, transfer care to each other according to social hierarchies” (Pérez Orozco, 2019b, p. 12). The links that hold the chains together are women who relocate to provide care and look after households in the Global North, who have had to travel in search of employment opportunities and leave their children and dependants in the care of other women, such as family members or people working in precarious labour conditions (Coello, 2017; Pérez Orozco, 2019a; Picchio, 2012). Domestic work is one of the few career opportunities for women who have had to relocate due to violence, persecution or rights violations, and are in host countries as asylum seekers or refugees, regardless of the training and work experience they can confirm their home country but usually face challenges in getting accredited (particularly academic degrees). This labour market segmentation along ethnic lines locks non-locals into the most precarious work with worse conditions (Jubeto, 2017; UN Women, 2021).

The approach to care should systematically integrate the connections that emerge between migration, work and reproduction, as well as the power dynamics linked to racism
and colonialism (Lugones, 2008; Segato, 2016). The feminist study of human mobility makes it possible to identify the complex dismantlement and rearticulation of the productive and reproductive spheres that occur in internal and international migrations. The decolonial focus shows how “the social representations of Afro-descendants and indigenous people pigeon-hole them into care roles through a logic derived from the colonial past and the systems of servitude and slavery (...) that give meaning to paid domestic work to date” (Valenzuela, Scuro and Vaca, 2020, p. 23). This is the only way to fully understand the phenomenon of the mobility of native women and female farmers from rural settings to provide care for families in urban settings, or the mobility of racialised women to the Global North to work as carers. The colonial logic also affects the nature and structure of care systems and policies.

In the same way that the accumulation of capital in certain regions, predominantly countries of the Global North, occurs and perpetuates through extractive practices under a colonial logic, the transnational dimension of care (Barañano, 2016; Gioconda, 2016) shows the global expansion of a development model that is only possible because it is based on the patriarchal exploitation of this work. Additionally, these global care chains confirm the internationalisation of the division of work according to gender and how “a person’s location in an unequal global order becomes an increasingly important factor when defining who has access to decent care and how, and at the cost of whom” (Pérez Orozco, 2019b, p. 13).

Who are carers

In the feminist economy approach and the ecofeminist focus on care, the main concern centres on fairness, social justice, distribution by gender and other power hierarchy factors such as race, ethnic group, class, origin and region. There is a vicious circle between care, inequality and poverty because access to care has become a social differentiation factor. There is “an asymmetrical flow of care between groups based on inequality: women care for men, lower classes care for higher classes, migrants care for locals, etc.” (Coello, 2017, p. 171). Therefore, the gender gap grows in low-income households where the demand for care is unmet to a greater degree, and women whose rights are more vulnerable, such as racialised women, tend to be carers with the most precarious conditions.

The responsibility to provide care, paid or unpaid, falls disproportionately on women. According to estimates by the International Labour Organization (ILO), 75% of unpaid housework⁵ throughout the world is done by women; this is equivalent to 2 billion jobs (calculated using an

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⁵ This estimate only takes into consideration the care work done in the home (housework) and excludes tasks derived from unpaid care that also forms part of the care economy defined by the ILO and UN Women (2021), such as volunteer work, community-based tasks and rural work, such as hauling water/wood or producing/processing food for personal consumption, which are tasks primarily done by women.
eight-hour workday). Additionally, two-thirds of care in the public sphere and mediated by the market in the form of pay is also done by women. This is estimated to be the equivalent of 381 million jobs throughout the world. This work consists of i) healthcare and social services, including long-term care; ii) education, including early childhood education; and iii) personal care services and domestic work (ILO and UN Women, 2021).

Most of the people who do paid housework in Arab countries (83%), North America (71%) and Europe (55%) are migrants (Valenzuela et al., 2020). The 2022 World Migration Report by the International Organization for Migration (IOM, 2021) estimates that there are 117.6 million female migrants of working age, around 70 million of whom are paid workers. This report also reveals that a large proportion of female migrants find work in highly gendered and precarious sectors, like domestic and care work in destination countries, where they are often isolated and completely dependent on their employers, putting them at greater risk of exploitation and abuse. This is the case of women and girls who travel to Europe along the Eastern, Central and Western Mediterranean routes, and the Western Africa-Atlantic route. It also applies to the increased movement of women and girls from Central Asia to the Russian Federation in search of work or fleeing from forced, early and servile marriage.

Domestic work is also the main sector of trafficking for forced labour, with 30% of identified victims worldwide. In regions such as Europe and Central Asia, the number of trafficking victims for forced labour in domestic work is close to the number of trafficking victims for sexual exploitation; and in Africa, most trafficking is linked to domestic work, affecting children to a greater degree (IOM, 2021).

Two types of migratory flows have been identified in Latin America and the Caribbean: south-north migration, primarily from Central America, Mexico and the Caribbean to the United States (and Europe to a lesser degree); and south-south migration, primarily in the South America sub-region (Valenzuela, Scuro and Vaca, 2020). Inter-regional migration has increased considerably in recent years, currently reaching 80% in South America. The mobility of women has contributed greatly to this phenomenon, resulting in more female than male migrants in the largest destination countries, such as Argentina and Chile. Female migrants in the region work primarily in domestic and care work, formally and informally, due to rising care needs “caused by the ageing population and the increased number of middle-class women joining the labour force” (IOM, 2021, p. 111). The percentage of female migrant workers in Latin America and the Caribbean doing paid domestic work (35.3%) is estimated to be much higher than the global average (12.7%) (Valenzuela et al., 2020).

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6 Between 2018 and 2020, women represented 20% of the entire migrant population that reached Europe along these routes, with the resulting exposure to violence and sexual exploitation during the journey and in the destination countries.
Weaknesses in labour migration governance and the existence of different and even divergent regulatory frameworks and policy objectives regarding domestic workers and migrant workers make it difficult to create decent working conditions for female domestic workers. Improving employment and migration policy coherence is an inevitable part of undertaking comprehensive care systems and policies (ILO, 2015).

Care at the crossroads of digital and green transitions

The concept of care entails a triple dimension that shapes the recognition and exercise of the right to care: the right of people to provide and receive care and exercise self-care based on the principles of equality, universality, and social and gender-shared responsibility. The creation of care societies should address these three dimensions, thereby guaranteeing access to care for everyone throughout their life cycle and in accordance with their needs, preferences and autonomy. However, it should also guarantee the right to provide care in decent, quality conditions. The challenge is enormous and involves transformations that include changing the organisation and culture of care, implementing systemic changes to how migrations are addressed and strengthening the community perspective in line with infrastructure, health and education policies. This transition would not be possible without an adequate budget and funding, an investment in care, rights, welfare and life that offers significant economic and social returns7 (UN Women, 2022; ILO, 2019; ILO/CINTERFOR, 2023).

Under an ecofeminist sustainability of life paradigm, the transition towards care societies should be the aspect that guides major changes in the existing development model. We are in the midst of an era of transitions in search of new ways of producing, working, interacting and, in summary, living and organising ourselves socially. In this process of systemic change, one thing that stands out is the push for green transition and digital transition. These concepts are driving national and regional policy changes towards decarbonised, climate-neutral circular economies that use resources efficiently, and towards economies with a strong technological presence through the development of robotics and artificial intelligence. These policies face major challenges in terms of gender, racial, environmental and social justice.

For this green and digital agenda to address the criteria of inclusiveness and social justice, progress is being made in conceptualising the term “just transition”8 that, according to the ILO

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7 Investing 36.6% more in education and formal childcare and 19% more in healthcare and long-term care can create 117 million new jobs, resulting in a total of 475 million jobs (ILO, 2019). This should be accompanied by measures that guarantee decent work, better working conditions, a minimum wage and access to social security, among other aspects (ILO/CINTERFOR, 2023).

8 The current situation -revising the historic social contract, Green Pact and Just Transition- shows that we must move towards a different development model. The Just Transition entails reforming or transforming the existing economic, social and political systems, addressing the climate emergency and problems derived from the inequalities of our contemporary societies.
(2024), “involves maximising the social and economic opportunities of climate action, while minimizing and carefully managing any challenges, including through effective social dialogue and stakeholder engagement and respect for the fundamental principles and rights at work” (par. 3). Including the gender perspective in these agendas for change is not consolidated and, **given the existing gender—based digital divide, it underscores the risk of increasing the inequalities, rights violations and discrimination in the regulation, access, use and benefits of digital technology.** According to UN Women (2023), women and girls are under—represented in the creation, use and regulation of technology. They make up less than one-third of the workforce in science, technology, engineering and mathematics (STEM), thereby perpetuating gender biases and stereotypes, all whilst being at a greater risk of experiencing online violence and harassment. Only 22% of the people who work in artificial intelligence are women, and in LAC, the bulk of the 244 million people who do not have Internet access are women (Vaca and Valenzuela, 2022). Therefore, **not only is it necessary to include technology in care systems, but it is also necessary to continue promoting access for women and girls to training in fields aside from care, specifically in Science, Technology, Engineering and Mathematics (STEM), and including it in other occupational niches and decent jobs that help eliminate existing and future gaps.** Otherwise, we run the risk of “moving to the back of the line” the work of millions of people by reproducing the same logic that has remained in place for hundreds of years, marked by racist and patriarchal discrimination and oppression. It is not just a matter of including women and girls in the framework that governs the digital transition, but that the contributions of an ecofeminist and human rights paradigm can permeate and redirect this transition towards fair and sustainable development.

From the Just Transition perspective, the new care economy is viewed as a strategic sector due to its impact on social transformation by recognising and properly valuing care work and because of its potential to create fair and decent jobs. However, in light of proposals focused on the commodification, technification and digitalisation of care in a context in which the silver economy⁹ is emerging as a major business opportunity, it is necessary to further develop these initiatives under a feminist sustainability of life paradigm. The reactivation of the community approach to care and the focus on the affective component involved, the State’s responsibility to recognise and guarantee the right to care in a broad sense, under the principles of universality, progressivity and quality, as well as the extensive application of the care perspective in all public policies and the promotion of a culture of caring for life that also considers the natural setting, are aspects that must be considered when shaping comprehensive care systems and strategies.

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⁹ The silver economy refers to the portion of the economy that is related to the needs and demands of older adults within the current global context caused by the ageing population.
2. Conceptual framework
The gradual shift towards care as a right, within the universal framework of human rights as well as in national frameworks, supports the idea that social rights fit into the concepts of women’s autonomy and equality. In its subjective dimension, these rights do not differ legally from civil and political rights, and they give States the responsibility of respecting, protecting and guaranteeing them through specific policies and actions and by providing the required goods and services (Bidegain and Calderón, 2018). The international framework has progressively included, in one way or another, the right to care in various regulatory instruments.


In the 2030 Agenda, the Sustainable Development Goal focused on gender equality and the empowerment of women and girls (SDG 5) includes a specific target (5.4) linked to care. However, since the perspective of care does not appear in the Agenda or the other SDGs, this target is not enough to promote environmental and social-shared responsibility. Additionally, there is a weakness in the wording of the indicators that could provide information about the creation of comprehensive care policies that promote the culture of care. This lack of a systemic

10 Target 5.4 of SDG 5: 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.
perspective of care persists even though the Agenda promotes improving policy coherence for sustainable development through target 17.4\textsuperscript{11}.

Despite these major regulatory advances, it is necessary to strengthen comprehensive wording on the right to care, that takes into consideration the interdependence and interrelation of rights and their respective mechanisms, with an emphasis on cultural, environmental and migrant rights. Viewing the rights of citizens as human rights supports their inclusion in the development and implementation of public policies and the allocation of public spending specifically for these needs. On this point, it is essential to understand that care encompasses many complex daily and everyday activities aimed at promoting the physical and emotional welfare of people. Care can be defined as:

“Essential work that sustains life and the social and economic systems, with a major impact on the welfare of care recipients and carers. Care work makes it possible for households to close the economic cycle (acquire, transform and maintain goods and services from the market, create additional goods and services, and cover the emotional dimension of welfare), which can be interpreted as the continuous regeneration of life. It also reopens the economic cycle by renewing the labour force in a system that requires people who are free of care, with all of their reproductive needs met and without any care responsibilities that condition their presence in the labour market and the public sphere.

(Ministry of Equality, 2023, p. 22)

\textsuperscript{11} SDG 17 - Partnerships for the goals. 17.14 Enhance policy coherence for sustainable development.
This recognition has led to comprehensive laws, regulations linked to policies, care services and an array of initiatives. Most recognise paid domestic work and put into practice policies for time, shared responsibility and maternity/paternity leave, etc. Despite this vast heterogeneity, for comparison purposes, the study will differentiate between the following three levels of State responses: programmes, policies and comprehensive care systems (UN Women and ECLAC, 2021).

A comprehensive care system can be defined as the set of policies aimed at defining a new social organisation to care for, assist and support people with needs, and also to recognise, reduce and distribute the care work primarily done by women and girls. These care policies form a system under a governance model that includes national and regional inter-institutional organisation between all the entities that implement care actions for people who need them, shifting “from the logic of the services to the logic of people” (Güezmes and Vaeza, 2023; UN Women and ECLAC, 2021, p. 24).

This logic supports a structural change of the development model —androcentric and anthropocentric, unsustainable and unequal— that prevents increasing and deepening existing gender gaps, promotes substantive equality, and protects the planet and the people who live on it. ECLAC postulates defend moving towards a care society (ECLAC and UN Women, 2022) that contributes to “reconsidering social organisation alternatives (...) and is based on interdependence and ecodependence as constituent dimensions of the subjects and of the network of social, interpersonal and environmental relationships” (ECLAC, 2022, p. 28-29).

In a care society, vulnerability is viewed as human nature and a human characteristic. This recognition leads to the idea that we are all dependent and autonomous in various ways throughout the life continuum. By recognising that everyone needs (care recipients) and provides (carers) care, we break away from the classic individual notion of the current social and economic system. In accordance with this, ECLAC has proposed a move, agreed upon within Latin America and the Caribbean, towards a care society that prioritises:

> the sustainability of life and the planet and guarantees the rights of people who require care and of those who provide care; that takes into account self-care; that works to reduce the job insecurity that pervades the care sector; and that raises awareness of the multiplier effects of the care economy on welfare and as a sector that can drive a transformative recovery with equality and sustainability.

(CEPAL, 2022, p.29)
For this to occur, policies should be focused on making a reality the right to care (universal, collective and individual) based on shared responsibility and the development of strategies that dignify, professionalise, collectivise and help create a new care model (Ministry of Equality, 2023) and a new social model. In other words, it requires a social and political reorganisation of care, with the involvement of the State, the community, and public and private institutions that provide services. This social organisation of care varies according to the context\textsuperscript{12} and the welfare state models, fluctuating between family, the State, the market and the community. These four vertices interact in a complex manner and make up what is known as the “care diamond” (Razavi, 2007), which is implemented differently in each region and country. The access to services and the coverage they provide is adjusted for each situation based on the welfare matrix and the services offered by the State.

These services are implemented through specific policies, measures and programmes that should include feminist perspectives and help transform these situations of inequity and inequality as a key part of social justice. To move towards this vision, the ILO establishes a course of action—“the optimal path towards decent work”—using transformative care policies. These are based on human and employment rights throughout the life cycle, “as a continuum of time, income security, services and rights” (ILO, 2022, p. 47).

Care systems and policies for these activities are established within the 5R Framework for Decent Care Work, in which domestic work and family care are recognised, reduced, redistributed and compensated with decent work and carers are represented. This framework benefits carers, care recipients and society as a whole (ILO, 2023a, 2023b), and it is essential for shifting from the current development model to a gender-based just transition in which care is a common theme.

Just like ECLAC in its care society proposal, the ILO believes that the existing development model and the resulting crises have normalised gender, ethnic-racial and socio-economic inequality, particularly in the case of poor, indigenous, Afro-descendant and migrant women (ILO and European Commission, 2023), which is why an in-depth transformation is of the utmost urgency\textsuperscript{13}.

\textsuperscript{12} The cultural, economic, political and institutional characteristics of countries; the quality of the services in each region; the regional organisation and community networks; and the fiscal evaluation of each country (ECLAC, 2022, p. 59).

\textsuperscript{13} This change in the development model also entails transformations in the work model. On this matter, the ILO’s framework of the 5 Rs —recognise, reduce and redistribute unpaid care work and represent by guaranteeing representation and collective bargaining (ILO, 2022)— includes matters relating to the 2008 Seoul Declaration on Safety and Health at Work and is aligned with the World Health Organisation and the promotion of healthy work settings through six elements that address companies’ responsibility to care for life and their employees.
3. Methodology
In line with the research goal of further analysing the feminist policies of the EU and Latin America and the Caribbean, and of extracting lessons learned and recommendations to shape policies for comprehensive care systems from the feminist economy proposal, a comparative study has been done in six countries on comprehensive care systems and policies, as part of the Spanish Presidency Project of the EU Council of La Coordinadora, which aims to, among other things, contribute to the reflection on the EU’s role in working towards the 2030 Agenda and building equal, inclusive and sustainable societies.

When choosing the countries for the comparative study —Spain, France and Sweden for Europe and Argentina, the Dominican Republic and Mexico for Latin America and the Caribbean— the postulates of feminist foreign policy and the existence of actions, policies and comprehensive care proposals were taken into consideration.

The research process included a series of transversal approaches —the human rights-based approach (HRBA), the intersectional and decolonial ecofeminist approach (IDEA), and the policy coherence approach (PCA)— that have been present in all the phases: defining the theoretical and conceptual frameworks, creating the methodology, performing the analysis, and writing the conclusions and recommendations.
The **comparative method** was selected for the research because this tool allowed us to analyse and understand policies and care systems by comparing them in the countries to identify similarities, differences and recurrent patterns (Sartori, 1984). This method has a versatile reach and allowed us to: i) understand the variability (how do the systems differ based on the location, time and conditions); ii) identify trends in the systems analysed; iii) define concepts in the development and operation of the systems, aligned with the aforementioned transversal approaches; iv) make future informed decisions based on a solid foundation; and v) promote interdisciplinary research that uses multiple approaches and disciplines to address complex problems.

Applying this methodology in both regions specifically addressed the transient nature (conditions and circumstances can change over time), the data (availability, quality and access), and the contexts (contextual and cultural differences), etc., making it possible to identify the best practices, shared challenges and adjustments needed to design just and inclusive comprehensive care systems and policies.

**Study variables and assessment methodology**

**Care** encompasses many complex daily and everyday activities aimed at promoting the physical and emotional welfare of people. Just as it is defined in the conceptual framework, care is viewed as

> essential work that sustains life and the social and economic systems, with a major impact on the welfare of care recipients and carers.

*(Ministry of Equality, 2023, p. 22)*

There is a wide array of collective responses for providing services that address the care needs of societies. Despite this vast **heterogeneity**, for comparison purposes, the study differentiates between the following three levels of State responses: programmes, policies and comprehensive care systems (UN Women and ECLAC, 2021).
To analyse the **Comprehensive Care Systems** defined in section two, the research has identified a series of key variables that serve as the basis of the comparative study of care systems, policies and laws. By analysing this information, it has been possible to compare the countries, draw conclusions and make future recommendations. These variables were defined using an initial literature review on the topic of care by country from a theoretical, operational and programmatic perspective.

The research tools were designed according to the following variables that guided the study of each country and the comparative analysis. Each variable focused on specific research questions. The variables are:

1) **Context, evolution and acceleration factors**
   The key milestones for positioning care in the national agenda, the role of the women’s feminist movement and the impact of accelerating factors (e.g., the COVID-19 pandemic) were analysed.

2) **Care services, policies and regulations**
   The following was studied for each country: the existence of comprehensive care regulations and/or legal norms or services that regulate matters such as maternity/paternity leave, parental leave, long-term care leave, other types of care leave, as well as assistance and support services, and flexible working conditions for non-professional carers. Other matters addressed were maternity protection measures and other care initiatives for early childhood dependants (0-3), elderly dependants, people with illnesses and in other situations of dependency, as well as the regulation of domestic work and professional care work in the home.

3) **Governance of care**
   From a systemic perspective, the research considered the nature and governance characteristics of care in each country, addressing the role of the institutions responsible; the level of coordination, organisation and intersectorality; and the involvement of women’s, feminist and migrant women organisations. Similarly, it sought to identify coherence with other sectoral policies —cooperation and foreign policy, migration policy, education policy and labour policy— and assessed the existence of evaluation and accountability indicators.

4) **Budget and funding models**
   The research analysed the characteristics of the financing system for care policies and the existence of mechanisms for identifying the budget allocated and any budgets with gender perspectives.

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14 See questionnaires in Annex 2.
5) **Social transformations**

The study analysed the social transformations that could be the result of care systems and policies. These social transformations have taken into consideration whether they promoted changes in gender relations and their contributions to equality based on social class, region, age, disability, belonging to indigenous and racialised population groups, and belonging to the LGBTIQ+ population. This variable collects the basic information needed to assess the transformative scope based on criteria of progressivity, universality, complexity, comprehensiveness, gender-shared responsibility, social-shared responsibility, intersectionality, budget/funding with gender perspectives.
The study includes a **fact sheet** for each country, containing all the variables studied to offer a snapshot of each one. These fact sheets contain additional information that serves as the basis of the comparative analysis and includes an approach through policy coherence for sustainable development, with contributions from the Coherence Index (See Annex 4: **Country fact sheets**).

The research also offers descriptive and analytical information about the nature and level of development of the care systems, policies and laws, and assesses the transformative reach of the inequalities affecting the societies where they are implemented. To analyse the transformative reach, the **key criteria** for defining transformative care systems were identified and formulated:

- **Progressivity and universality.**

- **Complexity and comprehensiveness** require an intersectoral and inter-institutional perspective.

- In terms of **distribution**, care policy must have an impact on the **distribution** of care work between men and women (**gender-shared responsibility**), and between the State, the market, households and the community (**social-shared responsibility**).

- **Care policy financing** systems.

- **Intersectionality**\(^{15}\).

Therefore, a system will be viewed as transformative for gender relations and other power dynamics if the aforementioned criteria are met upon analysing the indicators. This does not eliminate the possibility of additional key elements related to shared environmental responsibility that also contribute to this transformation, as stated in the introduction, although they have not been analysed for this study.

**Key informants and research techniques**

The study methodology combines multiple techniques and uses qualitative tools to obtain information. On this point, several key profiles (based on criteria such as involvement, development and knowledge of care systems and policies in each of the countries selected and in the regions

\(^{15}\) For additional information, see Annex 1: Assessment of the transformative reach.
analysed) to obtain relevant information for the study (for additional information, see Annex 3: List of people contacted and interviewed[6]).

A script organised by topics, criteria and indicators was used to collect information to then implement the comparative scales. The techniques used combined structured questionnaires and semi-structured interviews to obtain detailed information about the topics being studied. These types of tools allowed us to focus the research topic, the context and the most important aspects, and also include descriptive, structural and contrast questions that provided relevant information for our study. They were then analysed on three levels: discovery, coding and relativisation, although the coding level was essential for our comparative research. The coding allowed us to gather and then analyse data for each topic, idea and concept.

The interview scripts (for additional information, see Annex 2 containing the questionnaires) were enhanced and approved by experts before creating the final version.

**Main limitations of the study**

Regarding the comparability between countries, certain analytical limitations were identified because the reality of care in the countries selected varies widely due to their historical evolution; the political, regulatory and institutional instruments that sustain them; the welfare state model they address and their development status; and the concept of care. From a more systemic perspective of care, the study could have included a wider range of policies (such as housing, taxation and agriculture), but they are not being defined as such in the countries analysed. In turn, some of the countries analysed have undergone political changes during the research period, with rotating ministerial teams, and this affected the development of the care policies being analysed and communication with individuals responsible for policies that had previously been identified as key informants. As a result, desk research was the main source of information in several instances, with limited access to more detailed technical information, such as national accounting and policy evaluation mechanisms.

16 17 people were contacted and 9 were interviewed.
4. Making progress in the analysis of care policies and systems
Latin America and the Caribbean and the EU are formally committed to making joint progress in the creation of comprehensive care systems, as reflected in the European Care Strategy and the Buenos Aires Commitment. Based on these two reference frameworks and in the context of the 3rd EU-CELAC Summit held in Brussels on the 17th and 18th of July 2023, under the Spanish Presidency of the EU Council, it was proposed to adopt a Bi-Regional Pact for Care between Latin America and the Caribbean and the European Union.

Aside from the governments, this pact is also backed by entities such as UN Women LAC, ECLAC and the EU-LAC Foundation, as well as civil society agencies and the feminist movement from the two regions. Although it does not appear in the Declaration adopted by the Heads of State\textsuperscript{17}, it was included in the Declaration by union and civil society organizations, networks and platforms in Latin America and the Caribbean and the European Union presented at the closing ceremony of the EU-LAC Forum: Partners in Change\textsuperscript{18}, held in Brussels on the 13th and 14th of July 2023, which La Coordinadora helped organise through the advisory committee coordinated by the European External Action Service (EEAS) and the Directorate General for International Partnerships (DG INTPA) of the European Union.

The main objective of this pact is to promote cooperation between the two regions on public policies and comprehensive care systems in response to the care challenges shared by the two regions and that have to do with access to basic services for health and education, social protections, equitable participation in the economy and employment, and the development of comprehensive care systems (EULAC Foundation, 2021).

As part of the process of building the welfare state in European countries, care aspects have progressively been included in policies, with a sectoral and fragmented focus, and addressing them independently. Each country has a different welfare state model. A different approach is being used in Latin America and the Caribbean, with a focus on developing comprehensive care

\textsuperscript{17} The full Declaration is available at: https://www.consilium.europa.eu/es/press/press-releases/2023/07/18/declaration-of-the-eu-celac-summit-2023-17-18-july-2023/

\textsuperscript{18} For additional information about the recommendations, please visit: https://international-partnerships.ec.europa.eu/eu-latin-america-and-caribbean-forum-partners-change_es
systems and driving the creation of services and benefits in countries where the development of the welfare state is limited (Ministry of Equality, 2023). Additionally, the current focus of care policies tends to be transformative, according to the analytical basis of the 5 Rs proposed by the ILO: recognise, reduce and redistribute unpaid care work, reward paid care work and represent by guaranteeing representation and collective bargaining. (ILO, 2022).

Care is also present in the feminist foreign policy (FFP) of the countries analysed, although in a different manner. The key lies in the interpretation of FFP. The International Center for Research on Women (ICRW) (Thompson, Spogmay and Khokhar, 2021) proposes a definition that seeks to recognise and correct the racist, colonialisit and patriarchal structures that have traditionally supported foreign policy, suggesting an intersectional focus of feminism. Intersectionality is also key in the political declaration by FFP+ nations19 within the framework of the 78th session of the United Nations General Assembly (UNGA, 2023).

Additionally, **foreign action through cooperation for development is essential to address global care chains and avoid continuing to reproduce inequality worldwide.** It is therefore essential to place care at the heart of the cooperation agenda so the right to decent care is viewed as a key dimension of development and a collective responsibility (Coello and Pérez, 2013).

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19 Group of feminist foreign policy plus (FFP+) countries: Albania, Argentina, Belgium, Canada, Chile, Colombia, Costa Rica, France, Germany, Israel, Liberia, Luxembourg, Mexico, Mongolia, Rwanda, Spain, Sweden, the Netherlands and Tunisia.
4.1. CARE FROM A REGIONAL PERSPECTIVE

4.1.1. European Union

Of the 9.1 million people in Europe who work in the care sector, approximately 90% are women, most of whom are paid little and have minimal job security. 92% of European women are regular carers and 81% are daily carers, as opposed to 68% and 48% of men, respectively (European Commission, 2022a). In the case of early childhood care, only 27% of children between the ages of 0 and 2 years at risk of poverty or social exclusion receive education services and care, far from the 50% set out in the Barcelona Targets revised in 2022. 13% of parents do not use childcare services due to the cost, and this percentage jumps to 28% in the case of households at risk of poverty. Additionally, half of children with disabilities only receive care from their parents. On the other hand, it is estimated that 30.8 million people in the EU need long-term care, a number that could reach 38.1 million in 2050. Around 80% of long-term carers do so in a non-professional manner. One-third of households with long-term care needs do not use home care services because they cannot afford them (European Commission, 2022a). 26.6% of people over 65 and 39.4% of people over 75 or more who live in their home require long-term care, and nearly half have unmet care needs in the form of domestic work or personal care.

The ILO suggests that investing 1.1% of GDP in early childhood education and care services and 1.9% of GDP in long-term care services will help create 26.7 million jobs in Europe by 2035 (De Henau, 2022). Public spending on long-term care in the EU was 1.7% of GDP in 2019, well below the value of the hours spent on long-term care by non-professional carers, which are estimated at 2.5% of GDP. According to calculations, long-term care will comprise up to 2.5% of GDP in 2050 (European Commission, 2021a). To face this need for increased public and private investments, countries have access to financial instruments to support care policies20.

European regulations have addressed various dimensions of care. Principle 11 of the European Pillar of Social Rights21 recognises that children have the right to affordable early childhood education and care of good quality, and principle 18 states that everyone has the right to affordable long-term care services of good quality. In 2002, the European Council established the Barcelona Targets for early childhood care, and in 2022, due to varied compliance of member states, the Council approved a Recommendation (European Commission, 2022b) urging greater participation in early childhood education and care services to make it easier for women to join the labour market and improve children’s development. Additionally, the EU Gender Equal-

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20 European Regional Development Fund (ERDF); European Social Fund Plus (ESF+), in its chapter on Employment and Social Innovation; European Agricultural Fund for Rural Development; Just Transition Fund; Horizon Europe and Digital Europe programmes; Recovery and Resilience Mechanism (RRM).

21 The European Pillar of Social Rights, proclaimed at the Gutenberg Summit in 2017, seeks to improve compliance with citizen rights based on 20 key principles. The European Pillar of Social Rights Action Plan establishes specific initiatives to make the European Pillar of Social Rights a reality. It proposes key EU objectives for 2030.
ity Strategy 2020-2025 promotes that women and men should equally share financial and care responsibilities, and also addresses discriminatory social norms, gender stereotypes and the undervaluation of women’s work (Ministry of Equality, 2023).

The European Care Strategy (European Commission, 2022a) is currently the main EU framework on the matter. It is based on existing regulations and addresses early childhood care and long-term care, as well as fair working conditions and training for carers. There is consensus in the EU on the matter that guaranteeing work-life balance is essential to make progress in the shared responsibility of care, and two directives have been approved for flexible working arrangements that allow people to organise their time to provide care. Also important are the Opinion of the European Committee of the Regions on the deinstitutionalisation of care systems at the local and regional levels (European Union, 2018), which proposes community-based care with more open procedures, and notes that this entails a paradigm shift; and the Strategy for the rights of persons with disabilities 2021-2030 (European Commission, 2021b), which promotes independent living and inclusion in the community. In light of the challenges of providing accessible, affordable and quality care, in a context of growing demand and a shortage of workers in this field, the European Skills Agenda (European Commission, 2020) addresses the development of professional skills in the care sector, and the “Attracting skills and talent to the EU initiative” (European Commission, 2022c) seeks to create associations with third-party countries given that migrants make up a significant percentage of care work.

The EU Gender Action Plan III on Gender Equality and Women’s Empowerment in External Relations 2021-2025 (GAP III) aims to make promoting gender equality a priority for all foreign initiatives and policies. In this regard, the mid-term evaluation of GAP III makes a timid mention of the shared responsibility of care as part of its focus on strengthening the economic and social rights of women. However, it does not systematically include the care perspective, its transnational dimension that is so important in Europe, or the links to environmental rights or the culture of peace.

4.1.2. Latin America and the Caribbean

Paid and unpaid care work in Latin America and the Caribbean is highly feminised, and women devote triple the time to unpaid work than men (Güezmes and Vaeza, 2023). Countries have made progress on policies to measure and account for care and domestic work, and it is estimated that 90% of the 13 million people who do unpaid domestic work are women, primarily indigenous people, Afro-descendants and/or migrants (Güezmes and Vaeza, 2023). This work

22 The full report is available at: https://international-partnerships.ec.europa.eu/document/7bd3f0b5-1a87-43a4-9c10-fae-de23cf644_en
is done in the region with a major deficit of decent work, generalised non-compliance with labour regulations and a high degree of informality because it is estimated that at least 75% do not have a pension system (ILO, 2023a). Additionally, the time spent on unpaid care and domestic work is the main obstacle that keeps women from fully participating in the labour market (UN Women and ECLAC, 2021). Although the region has made progress in creating early childhood care services, **60% of women in households with children under the age of 15 do not participate in the labour market** due to family obligations (ECLAC, 2022).

The **economic contribution of unpaid work** is estimated to be between 15.9% and **25.3% of GDP in the region**, and women contribute 75% of this amount (UN Women, 2018). There are 14.8 million domestic workers in Latin America, and a quantitative analysis of seven countries by the ILO shows that **28 million care industry jobs could be created**, the majority formal, with a transformative investment in care and gender policies (ILO, 2023a). Population ageing forecasts in the region indicate that people over the age of 60 will jump from 11% currently to 25% in 2053 (UN Women, 2018). Although progress has been made in the area of social protections, except in Costa Rica and Uruguay, the long-term care needs for this population segment are handled by families through unpaid care work done primarily by women (Rossel, 2023).

When analysing care in Latin America and the Caribbean, it is **essential to include rurality and whether people belong to indigenous and Afro-descendant population groups**. The rural areas in the region have very limited public and private services. The overlap between productive and reproductive work tends to make invisible the work of rural women (FAO and ILO, 2019), whose unpaid workload is three times greater than that of men and also greater than that of urban women (CLACSO and UN Women, 2022). Additionally, amongst the indigenous people in the region, **care is based on bonds of reciprocity and solidarity. It is a community role** that relies on networks and is done primarily by women, for whom the use of public care services can result in a loss of authority and a threat to cultural identity. On the other hand, the **degree of autonomy of indigenous children** is interpreted as part of their learning process and the development of their agency (CLACSO and UN Women, 2022).

Latin America and the Caribbean have **covered significant ground in the creation and application of the gender agenda**. This has progressively enabled numerous government agreements in an increasingly integrated manner and in dialogue with women’s and feminist movements. The biggest advances in the care agenda have been made through the Consensuses of the Regional Conference on Women and the Regional Gender Agenda\(^2\). The Buenos Aires Commitment (ECLAC, 2023), adopted in 2022 at the 15th Regional Conference on Women, is currently the main framework for moving **towards the care society**, recognising care as the right

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23 The Regional Gender Agenda offers a robust framework of agreements approved by governments in Latin America and the Caribbean, aimed at guaranteeing women’s human rights, preventing setbacks and moving towards achieving women’s autonomy and substantive equality (UN Women and ECLAC, p. 2, 2022).
of people to provide and receive care and exercise self-care. Other regional milestones in the care agenda include: i) in 2013, the Framework Law on the Economy of Care (Ley Marco sobre Economía del Cuidado) was adopted by the Latin American and Caribbean Parliament’s General Assembly (Parlatino, Gender Equality Commission); ii) in 2015, care appeared as a right in the Inter-American Convention on Protecting the Human Rights of Older Persons (Organization of American States - OAS, 2017); iii) in 2022, the Inter-American Commission of Women (CIM) created a Model Law on Care (Ley Modelo de Cuidados) (OAS, 2022); and iv) within the context of Mercosur, Recommendation 04/2021 by the Council urged States to promote comprehensive care systems and highlighted social and gender-shared responsibility (MERCOSUR, 2021).

Most countries do not recognise care as a universal right, and the available care services are limited. Although public and private childcare services exist, they are scarce and the hours are incompatible with today’s long workdays, which are not centred on the need to provide care. Long-term care services (paid and unpaid), which have experienced rising demand, are barely present in legislation and the supply is limited in terms of the types, hours, quality controls and subsidies. All the countries have maternity leave, although it rarely addresses the rights of children, gender equality and the social inclusion of families (Güezmes and Noel, 2023), and given the high degree of informal employment, it only covers a limited percentage of working women. Paternity leave only exists in 18 countries; it ranges between 2 and 14 days and most fathers do not request it. Additionally, flexible work hours and support services for work-life balance are not commonplace. This shows that the types of leave available in the region are insufficient and perpetuate the unequal distribution of care work, which continues to fall on women, thereby extending job discrimination (UN Women, 2018).

Based on Uruguay’s pioneering experience, progress is being made in implementing comprehensive care systems in Argentina, Chile, Colombia, Cuba, Ecuador, Mexico, Panama, Paraguay, Peru and the Dominican Republic. The right to care has also been specifically included in the Mexico City Constitution24, which lists care as a fundamental right, and in the constitutional texts of Bolivia, Ecuador, the Dominican Republic and Venezuela, which also recognise domestic work and care work as work.

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Uruguay has become a benchmark by being the first country in the region to establish a comprehensive public policy to address the population’s care needs. In 2015, Law No. 19.553\textsuperscript{25} was enacted to create the National Integrated System of Care (SNIC), and its characteristics have been key for making progress in other countries: i) care is viewed as a right and has a comprehensive focus; ii) a universal model of solidarity is established that entails intergenerational and gender-shared responsibility; iii) rights holders are people in situations of dependency, referring to children up to the age of 12, persons with disabilities, people over the age of 65 that lack autonomy for their activities and handle their basic everyday needs, people with long-term care requirements, and paid or unpaid carers; iv) childcare arrangements include recipients, carers and regions, with the State in charge and costs are nationalised; v) it establishes ten public institutions in the National Care Council and institutionalises social participation in an Advisory Committee for Care; vi) it has five-year plans with components for services, training, regulations, information and knowledge creation, and communication; vii) it is primarily funded with the national budget as well as individual co-payments, business and union funds, and other formats such as non-refundable credits and tax exemptions; and viii) it carries out local initiatives, such as Local Care Initiatives and Local Initiatives for Gender-Shared Responsibility of Care.

The country’s civil society organisations, feminist movement and academic sector played a crucial role, with regional debates, in the design and nationalisation of the system’s creation, along with technical input from specialised international entities such as ECLAC, ILO and UN Women.

\textsuperscript{25} Law No. 19.553 is available at: https://siteal.iiep.unesco.org/sites/default/files/sit_accion_files/siteal_uruguay_0471.pdf
4.2. NATIONAL APPROACHES TO CARE

The countries selected in the two regional contexts share elements and have distinctive features on a regional level and regarding the welfare states and social guarantees. The information presented below analyses the approaches used by each country for what was previously defined in this study as care and its transformative reach, according to the key criteria established to classify care systems as transformative, which are: progressivity and universality, complexity and comprehensiveness, distribution, funding systems for care policies and intersectionality.

More detailed and descriptive information is available in the annexes of this document, along with an additional approach through policy coherence for sustainable development with contributions based on applying the Coherence Index.

4.2.1. ARGENTINA

Women in Argentina perform 70.2% of unpaid care work whereas men do 29.8%. The 2021 National Time Use Survey reveals that women spend 6:31 hours daily on unpaid work and men only spend 3:40 hours. This unequal distribution of reproductive and care tasks has an impact on the gender wage gap, which in 2022 reached 27.7% in the formal job market and 34.5% in the informal job market. Another factor in the pay gap is the concentration of female employment in care-related jobs, which are characterised by their low pay, and 4 out of 10 women in Argentina work in areas related to domestic work, teaching, social services and health services (National Directorate of Economy, Equality and Gender, 2023).

The social organisation of care in Argentina is characterised as “privatised, feminised, family-focused and unpaid” (Beradi, 2020, p. 161) because most of the population does not rely on any types of services or institutions (Brosio, López and Yance, 2022). Limited or segmented social care services and regulations. The nation’s federal nature creates major differences between regions in terms of benefits, resources and social services. The State’s response adheres to isolated measures for labour legislation and recognised leave or parental leave, currently below ILO recommendations, breastfeeding leave or unpaid leave. The leave has a short du-
ration, only covers those with formal employment and it is highly heterogeneous by province and occupation segment, thereby compromising its universal nature (ILO, UNICEF, UNDP and CIPPEC, 2018). Additionally, there is no care leave for looking after a sick child or family member (Beradi, 2020).

Of the non-contributory income transfers included in the Family Allowances System managed by Social Security, those that stand out are the Universal Child Allowance (for minors under the age of 18), the Maternity Allowance and the Annual Education Allowance per child. Non-contributory allowances are conditional on providing proof of economic requirements, medical check-ups, school attendance, etc. Most contributory benefits are allocated to women, thereby reinforcing their role as carers and making them responsible for childcare (Beradi, 2020; ILO, UNICEF, UNDP and CIPPEC, 2018).

School in Argentina is mandatory as of the age of four years. The availability of public early childhood care is insufficient and focused on actual care, omitting the educational nature of this important stage of development for children. It is estimated that 95% of children between the ages of 0 and 2 and 60% of 3-year-old children do not attend an educational institution or childcare facility (Ministry of Women, Gender and Diversity [MMGyD], Ministry of Labour, Employment and Social Security [MTESS], 2022a). There is a private service network and alternative community initiatives, so early education depends on family income. Additionally, most childcare facilities do not offer extended-hour services and lack the proper infrastructure, materials and trained childcare staff (ILO, UNICEF, UNDP and CIPPEC, 2018).

Argentina is one of the countries with the oldest population in Latin America and the Caribbean, and it continues to age at a fast pace. In 2023, the population segment over the age of 60 was 7.5 million people (around 16%)\(^{26}\), a number that is expected to increase by 44% (10.8 million) by 2040. 10% of the elderly are basic dependants, of which 77% are currently covered by families (MMGyD and MTESS, 2022a). However, Argentina is one of the most advanced countries in the region in terms of care for dependency programmes and policies. Nationwide, care for dependency operates within a social security system managed by the National Institute of Social Services for Retirees and Pensioners, which covers 62% of the elderly. It also has a network of paid services that include long-term care facilities, home carers and telecare services. Although the country has a wide array of services for dependants, they are insufficient\(^{27}\) and fragmented and have weaknesses that compromise their quality and efficacy, characterised by a lack of coordination between institutions and other government levels (Oliveri, 2020).

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\(^{26}\) Estimate performed using data from the National Institute of Statistics and Census of the Argentine Republic (INDEC) on 1 July 2023.

\(^{27}\) For example, 4 out of 10 departments in the country do not have any nursing homes (MMGyD and MTESS, 2021a).
This means how families resolve their care needs depends primarily on their socioeconomic status (MMGyD and MTESS, 2022a), which does not comply with the principle of progressivity. A fundamental strategy is to outsource care and informally hire women in precarious working conditions, bringing them from rural areas or other countries in the region. In fact, Argentina is one of the top destination countries for female migration originating from other nations in the region for this purpose (IOM, 2021).

The impact of the COVID-19 pandemic and the strength of the feminist and LGBTIQ+ movement that is capable of dialogue with the government through the Ministry of Women, Gender and Diversity (MMGyD) shifted the public agenda’s focus on the importance of care as a basis of social inequality and the initiative to recognise it as a right, a job and a need for society as a whole. In 2020, work began on designing a Comprehensive Care Policy System driven by the National Directorate of Care Policies and the MMGyD based on four pillars (MMGyD and MTESS, 2022a): i) the Inter-ministerial Board of Care Policies, made up of 15 national ministries and bodies to work from a systemic and intersectoral perspective on the future system’s design, implementation and follow-up; ii) the Federal Care Map, an online tool containing updated information about the closest institutions (public, private and community) that offer early childhood care as well as care for the elderly and persons with disabilities throughout the country, making it possible to also identify the biggest gaps; iii) the National Campaign “Caring for equality. Necessity, right and work”, that uses a cultural and communicational dimension to raise awareness of the right to care and social-shared responsibility, “restoring pre-existing organisational dynamics, conceptualisations and knowledge of care” (p.10) and contributing to the participatory diagnosis of needs and priorities; and iv) the Drafting Commission for a Draft Bill for a Comprehensive Care System with a Gender Perspective (Anteproyecto de Ley del Sistema Integral de Cuidados con Perspectiva de Género), created in 2020 and made up of nine experts who have established seven advisory bodies with social agents; feminist, children’s and social economy organisations; and representatives of the elderly and persons with disabilities.

In May 2022, the Caring in Equality Draft Bill for the creation of Argentina’s Comprehensive Care Policy System (SINCA, Proyecto de Ley Cuidar en Igualdad para la creación del Sistema Integral de Políticas de Cuidado de Argentina)29, which recognises the right of everyone to give and receive care and the right to self-care, was submitted to congress. The draft bill also establishes guidelines for care policies overall and for care policies for children, the elderly and persons with disabilities. Some of its main measures are (MMGyD and MTESS, 2022a):

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28 The Inter-ministerial Board’s existence was decisive during the pandemic for designing specific initiatives from the care perspective (Bango and Piñeiro, 2022).

» Expanding care services and infrastructures available, requiring the Ministry of Public Works to **allocate annually at least 8.5% of its budget** for this purpose to support provincial and municipal governments.

» Adjusting work schedules to care needs in the **public sector** by driving work-life balance policies, spaces for breastfeeding and early childhood education facilities in the workplace.

» **Promoting paid care work** by creating a national registry of care workers and promoting training, certifications, proper pay and recognition of the professions, tasks and trades classified as care work.

» Recognising and bolstering **care work in the community** by creating a registry of community spaces or promoting paid community work.

» **Modifying the public and private leave systems** to guarantee coverage and align them with international standards. All leave will be covered by Social Security instead of companies; maternity leave will increase from 90 to 126 days and gender-neutral parental leave will increase progressively from 2 to 90 days; adoption leave will be created; the right to unpaid leave for parents and adopters will be recognised; and the unpaid leave will be considered as contributory in the calculation basis.

» Creating **data, registries and information** about care services.

» Carrying out **information and awareness** campaigns.

The public investment to implement the law is estimated to be 114.630 billion pesos, or 0.11% of GDP (MMGyD and MTESS, 2023), and is expected to have multiplier effects by reducing unemployment and poverty, increasing domestic consumption, reactivating neighbourhood economies and raising tax revenue (MMGyD and MTESS, 2022a). The draft bill also includes new allocations in the National Administration Budget for SINCA and specifies certain allocations for care (MMGyD and MTESS, 2023).

This intersectoral view of care also reached the FFP, driven by Argentina in 2022 and bolstered in 2023 with the creation of the Special Representative for Feminist Foreign Policy. Therefore, one of the six priority initiatives has been to establish a Care Society to help implement and track the Buenos Aires Commitment and its contribution to multilateralism, and to build alliances on various scales that contribute to the implementation of this agenda. This framework is conducive to reaching a Bi-Regional Pact for Care, based on the Buenos Aires Commitment and the EU’s European Care Strategy (Rulli, 2023).
In addition to making progress on a bi-regional pact for care, support was given to initiatives like the Care Resolution in the UN Human Rights Council, the declaration of the International Day of Care and Support, and the request for an advisory opinion of the Inter-American Court of Human Rights on the content and reach of the human right to care. This line of work is aligned with the focus of national policies.

The idea of creating the Comprehensive Care Policy System (SINCA) in Argentina is an unquestionable opportunity to transition from a deficient, unjust and sexist model for covering the population’s care needs to a more universal, progressive and equal model. The participatory nature of the process of designing the system, the strength of the feminist and LGBTIQ+ movement, the organisation of intersectoral spaces for dialogue and the effort to provide empirical evidence about the reality of care and its budgetary dimension contribute to the rationality and comprehensiveness of the proposed measures. Additionally, the strength of the communication and awareness line works perfectly with the effort to promote a cultural change towards care societies. However, the Caring in Equality Draft Bill (Proyecto de Ley Cuidar en Igualdad) has yet to be approved, and given the new government’s measures against equality, it appears that support for this transformative proposal will not become reality, at least during this term.

4.2.2. SPAIN

The social organisation of care in Spain is shaped around family as the basic element in the country’s socioeconomic structure. This family-oriented model, present in other Southern European countries, is characterised by the welfare state’s limited development in comparison with that of Nordic, Continental and Anglo-Saxon welfare models. The network of social services remains weak and welfare-based, with salaried employment as the foundation as opposed to care as a universal right. This is why most welfare benefits in Spain depend on employment contributions, so the inequalities and biases that arise in the job market, primarily due to the unjust distribution of care, are directly transferred to the social benefits system (Institute of Women, 2020a; Ministry of Equality, 2023; Aguirre and Ranea, 2020).

Significant regulatory advances have been made in recent years for the creation of care policies that are more fair and comprehensive, but institutional weaknesses and sexist cultural patterns persist. The public resources available and the coordination of dependant resources are unable to meet the demand for care of a highly aged population in which 6% of the total is
over 80, double the figure for 2001 (CSIC, 2023). On the other hand, the care culture continues to be associated with the traditional role of women, the realistic possibilities of work-life balance are not guaranteed, and migrant women carry a decisive weight in addressing these needs since domestic work is one of their main gateways to Spain’s job market. In fact, Spain is the EU nation with the most domestic workers of which 50% are migrants, primarily from non-EU countries (UN Women, 2021; Institute of Women, 2020a; Rodríguez and Marbán, 2022).

Spanish women participate at a higher percentage and spend more time on care work than men: according to the latest Time Use Survey in Spain (2009-2010), 91.9% of women and 74.7% of men perform domestic and care work, for which women spend approximately 2 hours and 15 minutes more than men (4:29 women and 2:33 men). This reality determines their labour force participation because 72.9% of part-time workers are women, with a direct impact on 18.4% of the gender wage gap. This overload of reproductive tasks also creates inequalities in the use of free time, resulting in greater time poverty for women and affecting their health. The use of remote work during the pandemic had worse consequences on the professional performance and physical welfare of women than men (Ministry of Equality, 2023).

Although a sectoral and ordered focus remains on employment, in the last two decades, the evolution of care legislation in Spain has shifted from a view tied to work-life balance to a wider perspective of shared responsibility and the right to care. This move is aligned with Directive 2019/1158 of the European Parliament and of the Council of 20 June 2019 on work-life balance for parents and carers, and with principle 18 of the 2017 European Pillar of Social Rights about long-term care, which states that “everyone has the right to affordable long-term care services of good quality, in particular, home care and community-based services”. However, although Spain is promoting more transformative narratives and more strategic views of care under a sustainability of life paradigm, specific legislation that comprehensively establishes the right to care has not been approved up to now.

Within this process, Law 39/1999 of 5 November, to promote the work-life balance of employed persons (Ley 39/1999, de 5 de noviembre, para promover la conciliación de la vida familiar y laboral de las personas trabajadoras), was the first ground-breaking initiative in the care of sick family members and/or dependants. Organic Law 3/2007 of 22 March, for the effective equality of women and men (Ley Orgánica 3/2007, de 22 de marzo, para la igualdad efectiva de mujeres

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30 In 2020, 55% of female workers contributing to Social Security for the corresponding activity category were foreign, of which 19.5% were from EU countries and the remaining 80.5% were not (Institute of Women, 2020a).

31 Part-time workers according to the Active Population Survey for the third quarter of 2023.

32 According to the latest Annual Wage Structure Survey for 2021. According to the Workers’ Commissions (2022), the gender gap in 2019 was 24%, and the part-time nature is the reason behind more than half of this figure. Other key factors include the higher percentage of temporary contracts among women, the low value socially given to highly feminised care work, and the nature and composition of salary allowances (which were taken into consideration to calculate the gap).
y hombres), made progress in the development and protection of work-life balance rights and established non-transferable paternity leave that, however, does not recognise various family realities. Royal Decree-Law 6/2019 of 1 March, on urgent measures to guarantee equal treatment and opportunities for women and men in employment and occupation (Real Decreto-Ley 6/2019, de 1 de marzo, de medidas urgentes para garantía de la igualdad de trato y de oportunidades entre mujeres y hombres en el empleo y la ocupación), consolidates this line of progress towards shared responsibility by consolidating paid parental leave into a single benefit for the birth and care of a minor, and introducing flexible work aspects. Highlights for 2023 include the advances contained in Royal Decree-Law 5/2023 (Real Decreto-Ley 5/2023) to improve the right to work-life balance and expand its application to unmarried couples. In February 2024, work continues on a future Family Law (Ley de Familias) that will fortify benefits linked to care, such as extending parental leave from 16 to 20 weeks and creating new roles to help recognise care as a right. The future Family Law will also mark a step forward in legally recognising diverse family models and their specific support needs for upbringing. This specifically applies to single mothers, who make up 23% of households with children and hold an 8-to-2 ratio over single-father households.

Early childhood education and care policies continue to “omit child protections from the end of paid leave to the start of the education cycle between the ages of 3 and 5” (Ministry of Equality, 2023, p.113). In Spain, there is no universal access to the first early childhood education cycle and it depends on the socioeconomic circumstances of parents, giving priority to families with two working parents. On the other hand, the economic family allowance system gives priority to personal income tax deductions, in detriment to direct benefits, which have extremely restrictive income requirements that are prejudicial to low-income families (Ministry of Equality, 2023, Aguirre and Ranea, 2020).

Overall, care policies in Spain have been more focused on early childhood and to a lesser degree on dependants and long-term care. As a result, another regulatory milestone in care policies was Law 39/2006 of 14 December on the Promotion of Personal Autonomy and Care for People in Situations of Dependency (Ley 39/2006, de 14 de diciembre, de Promoción de la Autonomía Personal y Atención a las personas en situación de Dependencia), hereinafter the

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33 Royal Decree-Law 5/2023, of 28 June, adopting and extending certain measures in response to the economic and social consequences of the war in Ukraine, to support the reconstruction of the island of La Palma and other situations of vulnerability; transposing European Union Directives on structural modifications of commercial companies and work-life balance for parents and carers; and on the implementation and enforcement of European Union law (Real Decreto-Ley 5/2023, de 28 de junio, por el que se adoptan y prorrogan determinadas medidas de respuesta a las consecuencias económicas y sociales de la Guerra de Ucrania, de apoyo a la reconstrucción de la isla de La Palma y a otras situaciones de vulnerabilidad; de transposición de Directivas de la Unión Europea en materia de modificaciones estructurales de sociedades mercantiles y conciliación de la vida familiar y la vida profesional de los progenitores y los cuidadores; y de ejecución y cumplimiento del Derecho de la Unión Europea).

34 Spain is one of the few European countries without a universal child allowance, so the future Law aims to promote economic protections for families by creating a universal family benefit in the form of €100 monthly per child dependant.
Dependency Act (Ley de Dependencia), which created the System for the Autonomy and Care for Dependency (SAAD). In terms of Spain’s regulations and the decentralised management of social services, the existence of the Regional Council of Social Services and the System for Autonomy and Care for Dependency stand out, with representation in the State Administration and the Autonomous Communities. The Dependency Act evaluation report (Rodríguez and Marbán, 2022) identifies weaknesses in SAAD that compromise its availability, accessibility, efficacy, quality and universal coverage. It notes that the services and benefits do not match the actual needs of people in situations of dependency, thereby requiring 80% of them, who live at home, to supplement SAAD services and benefits with informal care or services hired individually. In addition, the registration process is slow and inflexible, the regulatory and instructional complexity hinders its governance and compromises its efficacy, and the economic allowance for care in the family setting is insufficient and inadequate, once again placing the responsibility for care on female family members or by outsourcing these tasks in precarious working conditions. Aside from the regional differences that affect the principle of equality, the focus continues to be welfare-based and gerontological, without addressing the paradigm of personal autonomy inspired by the Convention on the Rights of Persons with Disabilities.

The existence of a progressive government somewhat contributed to the inclusion of the gender perspective in the response to the COVID-19 pandemic (Institute of Women, 2020b), approving measures such as flexible work schedules and reduced hours to address care needs, promoting remote work and allocating specific subsidies for domestic workers (Ritz, 2020). The pandemic also highlighted the existing care crisis and the high degree of vulnerability of the elderly in Spain, including those who live in nursing homes and those who remain in their house. Additionally, the mobilisation and influence of domestic workers, migrant associations and feminist groups have helped push ahead regulations in this field, with the ratification of the ILO Domestic Workers Convention (No. 189) in 2023 as a milestone.

35 It is worth noting that the Spanish Constitution establishes a system that recognises regional autonomy, which legally and administratively translates into 17 highly decentralised Autonomous Communities, two autonomous cities and 8,125 local entities. The Autonomous Communities are politically and financially autonomous and have legislative and executive competence over specific matters defined in their statutes of autonomy. Specifically, the Autonomous Communities have exclusive competence over social services, regardless of State policies, and each Autonomous Community recognises and guarantees rights at a different speed.

36 This measure did not require families to choose a single family member as the carer, like in other countries.

37 Another noteworthy aspect is the approval of Royal Decree-Law 16/2022 of 6 September for the improvement of working conditions and Social Security of domestic workers (Real Decreto-Ley 16/2022 de 6 de septiembre para la mejora de las condiciones de trabajo y de Seguridad Social de las personas trabajadoras al servicio del hogar), to ensure equal working conditions and Social Security for this collective as for other people employed workers.
All of the above has fostered a more strategic, comprehensive and inclusive view of care, and a firm commitment to improve social rights in Spain\(^{38}\), which could result in a State Care Strategy. The creation of the Roadmap for the State Care Strategy, driven by the Ministry of Social Rights and 2030 Agenda and the Ministry of Equality (2022), includes and promotes initiatives like: i) the 2021-2023 Emergency Plan for Dependency, which increases economic allowances from SAAD and has resulted in the Agreement on Common Criteria of Accreditation and Quality of the Centres and Services of SAAD, coordinated by the Ministry of Social Rights and 2030 Agenda, social agents (Social Dialogue Panel) and civil society and experts (Civil Dialogue Panel); ii) the focus of Component 22 of the Recovery, Transformation and Resilience Plan towards transforming the long-term care model into a dual logic of centrality and people’s autonomy, as well as deinstitutionalisation and care in the person’s home or community\(^{39}\); iii) drafting the future Family Law; iv) the Joint Responsibility Plan that, in coordination with the Autonomous Communities, focuses on early childhood and adolescence care up to the age of 16; v) the approval in 2022 of the Third Strategic Plan for the Effective Equality of Women and Men (2022-2025), which promotes recognising the right to care and socially reorganising care and time fairly; vi) creating an Care Assessment Board as a space for citizen and institutional participation; and vii) drafting the future Social Services Law aimed at guaranteeing equality in citizens’ subjective right to benefits and services from the public system of social services.

These advances have been accompanied by a significant economic injection, primarily linked to European funds, whose sustainability will require social consensus on stable social spending standards, similar to those of more developed countries in the European Union\(^{40}\). This entire process must be accompanied by cultural changes in Spanish society. An aspect that stands out on this matter is the new Education Law (Ley de Educación)\(^{41}\), which recognises care as one of the goals of education (art. 2) and the care economy as one of the aims of adult education (art.66).

In 2021, Spain further boosted equality in its External Relations by adopting an FFP. The lines of action contained in the Guide to Spain’s Feminist Foreign Policy (Ministry of Foreign Affairs, European Union and Cooperation, 2021) include economic justice and empowerment of women, echoing the commitments made in the Generation Equality Forum regarding the care economy. However, this line loses precision in favour of the explicit support expressed by the

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38 One example is the establishment of Law 19/2021 of 20 December, which establishes the minimum living income minimum vital income (Ley 19/2021, de 20 de diciembre, por la que se establece el ingreso mínimo vital).

39 For additional information about the National Deinstitutionalisation Plan, please visit: https://estrategiadesinstitucionalizacion.gob.es/estrategia/

40 Therefore, for example, the total investment planned for the Shock Plan is 3.6 billion until 2023. However, in 2021, public spending on dependency was 0.82%, far from the 1% planned for 2015 (Rodríguez and Marbán, 2022).

FFP for businesswomen through economic diplomacy and inclusive business policies. The Action Plan for a Feminist Foreign Policy 2023-2024 (Ministry of Foreign Affairs, European Union and Cooperation, 2023a) includes the economics and the ethics of care through a sustainability of life paradigm and in the cooperation policy for development and humanitarian action. One example is the publication of the Guidelines for Economy and Policy of Care for EU Development Partners (Ministry of Foreign Affairs, European Union and Cooperation, 2023b) within the framework of the Spanish Presidency of the EU Council. The work of the High-Level Advisory Group for the FFP, with contributions from ministries, expert staff and civil society organisations, had a major impact. However, the connection with the transnational dimension of care and the status of migrants remains glaringly weak.

Spain makes progress in recognising, guaranteeing and protecting the right to care. This paradigm is inspired by bolstering its welfare state in terms of protections for children and other dependants, which has a positive impact on the transformative reach of social policies. However, institutional deficiencies and regional diversity in the effective implementation of this right compromise its efficacy, quality and universality (OECD, 2022). The public budget for social spending remains timid and unambitious, and the focus of certain Autonomous Communities on blended financing formulas, including copays, could harm the principle of progressivity. Political differences regarding the State’s role in providing care services and benefits, from a perspective that includes social, medical and education policies, could compromise the State policy nature of the care agenda. The current progressive coalition government’s commitment seems to consolidate a strategic and intersectoral view that permeates various policies and drives measures with a wide reach, such as the plan to reduce the work week from 40 to 38.5 hours in 2024.
France, which has over 68 million residents (Eurostat, 2023), is the largest country in the European Union in terms of size and has a GDP per capita in PPS of €101 and a birth rate of 12.4 children per 1,000 people. According to data from the EIGE for 2023, France has a gender equality index of 75.7 points out of 100, as opposed to the regional average of 70.2 for the European Union (EIGE, 2023).

The **French social system is conservative** (Esping-Andersen, 1990, 1993) or corporatist (Arts and Gelissen, 2002; Korpi and Palme, 1998; Ragin, 1994; Ritz, 2020), characterised by a redistribution of benefits linked to labour force participation, in which families rely on blended arrangements, referring to formal care supplemented by care from mothers, fathers and family members. Therefore, the French system is based on the contributory principle and requires workers and employers to make contributions to establish an allowance plan aimed at covering social needs (Moreno et al., 2014). In addition to these contributions, the system provides non-contributory benefits and subsidies, some of which are not linked to specific actions or commitments to re-enter the labour market. The social protection system recognises the existence of social risks (illness, incapacity, disability, old age, unemployment) that are managed within the framework of national social insurance entities that comprise the social security system (Martin and Molero, 2017, p.5).

France’s republican population has been built on a **centralist and interventionist perspective of the State in economic and family matters**, along with a subordination of individual rights towards a notion of the country’s common good. In France, women’s social rights (such

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42 Purchasing power standard.

43 The French number is lower than that of Sweden (82.2) and Spain (76.4).

44 The pay gap in France, which remains at 9% (INSEE, 2022), is particularly notorious in female-dominated occupations such as care, including health, education, personal care and cleaning. The OECD notes that French nurse’s assistants earn nearly 5% less than the national average and 30% less than their counterparts in Spain. These inequalities persist in retirement because the existing system reflects and amplifies gender disparities, thereby contributing to poverty in old age, particularly in the case of the most vulnerable female workers. In turn, the unequal distribution of domestic and care responsibilities between women and men is an indirect cause of female instability, undermining their economic independence in the home. Women in France spend an average of 3 hours and 26 minutes daily on domestic work, as opposed to the 2 hours spent by men, highlighting the persistence of gender inequality in various dimensions of everyday life.

45 The general scheme of the social security system is established on a hierarchy of national, regional and local entities, arranged according to the type of contingency, managed equally and under the guidance of the ministries responsible for social security (Ministry of Health and Prevention and Ministry of the Economy, Finance and Recovery).
as family subsidies for single mothers) were recognised before (1938) civil and political rights, such as the right to vote (1944) (Ambler, 1991). To help stimulate women’s participation in the labour market, the French social security system has linked medical care and maternity benefits directly to employment instead of to citizen rights. However, a peculiarity of the welfare system in France is its propensity to fluctuate between policies that support women in their role as mothers and those that seek to foster their insertion into the labour market.

As of the 1970s, women’s participation in the job market was promoted through work-life balance policies and workplace equality policies aligned with EU initiatives, such as the early creation of the State childcare system. However, these policies coexisted with new pro-natalist family allowances that suppressed the relationship between income level and household income, allocating these benefits as women’s rights. During this time, maternity leave was extended and tax cuts were implemented for families with three or more children. Measures were introduced in the 1980s to modify this pro-natalist approach by eliminating these differences in benefits based on the number of children. However, this has not had an impact on France having one of the highest maternity leave rates.

According to the CLEISS (Centre des liaisons européennes et internationales de sécurité sociale) and based on 2022 data from the Commission des Comptes de la Sécurité sociale, the Social Security General Scheme is funded through 80% from contributions and taxes deducted from earnings and covers private sector workers in manufacturing, shops and services, in addition to contingencies from self-employed workers (since 2018), including craftsmen, manufacturers, shopkeepers and unregulated private-practice professionals. It is divided into five branches: the branch for illness, maternity, paternity, disability and death; the branch for industrial accidents and occupational illness, managed separately by the French National Health Insurance Fund (CNAM); the old-age branch, managed by the French national old-age insurance fund (CNAV) for basic retirement pensions; the family branch, managed by the French national fund for family benefits (CNAF); the branch that collects social contributions, managed by the country’s social security and family allowance contribution collection network, National Fund (Caisse Nationale).

The right to care is handled within the framework of social rights and the healthcare system. The latter, which is funded through mandatory contributions from citizens and employers, is comprehensive and universal, with access to medical care as a fundamental right, although it is not completely free. The right to care in France is based on the principle of solidarity and seeks to guarantee access to quality medical services for all citizens, giving priority to universality rather than wide coverage.

46 The length of maternity leave depends on the number of unborn and dependent children (from 6 weeks to 46 weeks, see country fact sheet), and the length of paternity and parental leave (congé de paternité et d’accueil de l’enfant) depends on whether it is a single or multiple birth.
Additionally, France has been addressing care matters in the context of feminist debates and discussions of gender equality, drafting specific legislation that includes matters related to medical care, social security and the rights of people who need care, resulting in several regulations that guarantee equal access to medical care and the protection of patient rights. The country has met European targets (Lisbon Strategy, Europe 2020, 2002 Barcelona Summit) by ensuring that 33% of three-year-old children receive formal care. The primary measures for work-life balance and the shared responsibility of family and employment matters are linked to maternity leave (funded through social security), parental leave (five days per year), reduced hours and unpaid leave (until the child turns three), and extended school and childcare hours. However, specific subsidies or leave for breastfeeding do not currently exist.

According to the French National Institute of Statistics and Economic Studies (INSEE), in 2040, there will be 2 million dependants with an estimated annual spending of €35 billion, and by 2050, the number of people over the age of 85 will reach 32%. Population ageing is occurring in France and other EU countries, and the risk of dependence, in terms of people losing their autonomy to perform basic daily tasks, is a reality faced by the nation. The number of people who receive the autonomy allowance (APA) is used to calculate the number of people in situations of dependency (nursing homes and households), although these figures omit over three million people informal care recipients (Martin and Molero, 2017). The approach to dependency protection is done within the concept of social risk—the fifth risk—with its own social insurance and system, in the same manner that the State addresses the four other risks. This idea about the inclusion of the fifth risk has evolved since the start of the 21st century in the institutional design of social protection for dependency and the creation of action plans and specific benefits, scattered in various regulations (European Commission, 2012; Dufour-Kippelen and Jöel, 2011). The creation in 2001 of a new allowance for the autonomy and care of dependants stands out (APA, Allocation Personnalisée d’Autonomie). The French system’s protective approach is solely shaped around this benefit, which is not linked to mandatory and contributory social insurance for dependency. This differentiates it from other benefits. It is a hybrid allowance because it has national and universal features that are not made conditional on income level, and features based on the type of care. It is non-contributory and administered and partially funded by the Départements (2/3) and national contributions Caisse Nationale de Solidarité Autonomie, CNSA (1/3).

In an attempt to involve society as a whole, Law No. 2015-1776 of 28 December on Adapting Society to an Ageing Population (Ley 2015-1776 del 28 de diciembre sobre Adaptación de la
Sociedad al Envejecimiento) does not fully address funding deficiencies and shortfalls in the creation of a true system of rights, benefits and suitable services, despite setting out a comprehensive view of demographic changes and dependence. Therefore, although the dependency debate is at the heart of the public agenda, these discussions remain primarily focused on the need to manage public spending and the financial crisis. Although personalised compensation for autonomy is viewed as a universal right, in the current context of fiscal discipline, families are likely to continue playing a key role in this area of care and there seems to be an up-tick in the private dependency insurance market (More, 2015).

The long-term social care model has a vast network of home care services provided primarily by non-profit associations. This approach has combined a professional logic that is reflected in a classification tied to official titles, thereby contributing to a relative revaluation of employment and the reduction of job insecurity. However, there seems to be a trend towards including work rationalisation and management aspects focused on service efficiency, without giving sufficient consideration to the corresponding care recipients. In parallel, care work has undergone “re-domestication” through public subsidies in the form of tax cuts for people who hire services directly in the home. This demand stimulus seeks to promote employment for people who struggle to enter the labour market, such as middle-aged women without a formal education, migrant women or children of immigrants. On this matter, from an institutional level, agreements between the French Office for Immigration and Integration (OFII) and the National Agency for Services of the People (ANSP) have contributed to the ethnicisation of the care sector (30% of all care workers are migrants (Duffy and Armenia, 2021) by focusing employment services on these jobs, which are less valued and have lower pay. Therefore, there is a clear limitation between the care and migratory schemes in which gender, social class and migratory status interact (Moliniere, 2009; Moré, 2015).

This dissociating element and the lack of coherence can also be seen when analysing the FFP. Although France, through its Ministry for Europe and Foreign Affairs, internationally defends equality between men and women using feminist diplomacy, this concept is disconnected from internal policies. The objective covers various areas of action, such as the reduction of inequality and sustainable development; peace and security; defence and the promotion of fundamental rights; climate-related, cultural and economic challenges, etc. Its main instrument is France’s International Strategy for Gender Equality, which includes the fundamental aspects of French feminist diplomacy internally and in its foreign dimension. However, mechanisms for coordination and harmonisation with the derived and transversal approaches of care policies have not been found.

It suggests changes primarily for prevention, APA reforms and home care service regulations, and recognition and support for next of kin carers.
The **care scheme** has been built on France’s welfare state model and social protection system. **Social protection** alludes to the **collective allowance** mechanisms that allow people who are at risk of or in situations of poverty, illness, maternity, disability, old age and unemployment to deal with the financial consequences of social risks. This **care scheme** is based on a series of **universalist policies** primarily aimed at the job market, prevention, allowances and services, and improved conditions for carers. As mentioned earlier, initiatives that stand out on this matter are numerous measures to help women enter the labour market and address gender inequality in the workplace and everyday life (parental leave and work-life balance policies), to address gender disparity in the workplace (measures to promote equal pay and to combat gender discrimination) that, combined with the feminist movement’s efforts, have played a key role in promoting women’s rights, including the right to care and State and social-shared responsibility.

Care debates have taken place for several years in academia, reflecting on them as theory (care theories, CT) and ideology (Ibos, Damamme, Molinier and Paperman, 2019; Coutel, 2020; Revault d’Allonnes, 2008), and crossing medical, ethical and political aspects (Ibos et al., 2019), contemplating them as:

> A multidisciplinary focus centred on a way of viewing ordinary life, including social and political matters, by becoming aware of our vulnerability as human beings and of the importance of our interdependencies and bonds. (p.9)

Recognised practices for achieving a care society consider our vulnerability and that of others, and the responses to the resulting needs. These indicate that they should not be based on exploiting people who provide care, so they advocate for a redistribution of tasks and responsibilities as a basic part of any care policy. They also analyse and deconstruct, through the underlying inequalities and incoherences, the neoliberal State, the ethics founded on individual rights, the rationalist doctrines and the heterosexual white male universalism (Ibos et al., 2019). Therefore, debates about CT include other **intersectional elements**, such as intersectional feminism, landless movements, neopagan movements, critical disability studies, associative and migrant movements, power acquisition mechanisms, etc. (Tiecerlin, 2021).
These elements are aligned with the theoretical concept found in other countries such as Spain, Argentina, Mexico and the Dominican Republic, although they are not inserted in the logic of France’s care scheme. The latter is sectoralised upon prioritising matters linked to work-life balance and the labour market, childcare, health-related aspects, and with another differentiated scheme that does not fully address one of the biggest problems faced by French society and the rest of the world: ageing and long-term care. **With a universalist focus** and **State funding** that is increasingly combined with **blended and hybrid schemes** (see the fifth risk), the care scheme has progressively been built by facing the current essential elements such as comprehensiveness. However, there are other elements, such as intersectionality, that are present in feminist theoretical debates, funding, and the shift from a sectoral logic to a systemic one of social protection.
Mexico’s population is primarily young. Of its 119,938,473 residents, 60% are under the age of 35, 48.6% are men and 51.4% are women, and 10.6% of the total population are children between the ages of 0 and 5 years. However, Mexico will deplete its demographic dividend in two decades, resulting in greater care challenges for public policies and households (Villa, 2019). In 2022, the first edition of the National Survey for the Care System (ENASIC), which provides statistical information on the demand for care in households, the characteristics of the people who provide care and the perception of the types of care, revealed that 58.3 million people are susceptible to receiving care, and of the 98.9 million people aged 15 years and over, 28.4% help care for members of their household, and 40.9% of those carers are women and 14.2% are men. Women spend an average of 38.9 hours each week on care, which is equivalent to 2,700,000 hours of unpaid work per week in the country.

Additionally, there is a close connection between being a paid domestic worker and an indigenous woman in Mexico. This not only shows the high prevalence of indigenous women in this occupation, but also the social archetype indicating that indigenous women are the ones who should perform these tasks (Valenzuela, Scuro and Vaca, 2020). The country has 1,405,000 indigenous households in rural areas, of which 21.1% are female-headed, which is equivalent to 296,000 households. The monolingual indigenous population is made up of 909,356 people, of which 63% are women and 85% live in rural regions. These data hint at the need for a different approach to address care in rural regions and among indigenous populations, who have their own view of care. Women in rural regions work even more hours than their counterparts in urban areas, up to 88.7 hours per week, as opposed to 58.5 hours in the case of men (CLACSO, 2022).

The Mexican government is currently addressing the coverage of social protections and bridging inequality gaps through specific programmes and unconditional transfers to vulnerable population groups. Care services are stratified based on people’s ability to pay, so the system’s universality is not guaranteed.

Early childhood care is available through nursery schools of institutions such as the Mexican Institute of Social Security (IMSS), the Institute for Social Security and Services for State Workers (ISSSTE), the National System for Integral Family Development (DIF), the Mexican Secretariat of Public Education (SEP) and the Secretariat of Welfare. In 2018, most nursery schools, over 9,000 establishments of the former Secretariat of Social Development (now called the Secretariat of Welfare), were closed due to a government decision and replaced with direct economic aid for working mothers (Arroyo and de los Santos, 2023). Most women carers who also have paid employment (79.9%) face the challenge of limited access to nursery school services. The percentage is 87.9% in the case of female shopkeepers, 93.9% in the case of personal care service workers, and 96.4% in the case of agricultural workers (INMUJERES, 2020). These data show the lack of gender-shared responsibility in childcare.

Care services for the elderly fall far short of covering the demand based on existing needs. According to the Census of Social Welfare Accommodations\(^5\), there are 4,517 accommodations, of which 1,020 are classified as housing for the elderly. In this last category, 58% are established as civil associations, 14% as private assistance institutions (PAI), 4% as civil society, 2% as businesses and another 2% as religious associations. The remaining 20% represent another type of legal entity. The data show the number of programmes that are primarily geared towards childcare and, to a lesser degree, the elderly. However, the programmes do not offer universal coverage (Arroyo and de los Santos, 2023).

Mexico is one of the three countries in the Organisation for Economic Co-operation and Development (OECD) with the lowest rates of female labour force participation, which was 45% in 2019 as opposed to 77% in the case for men, a number that is also well below the regional average. If women had the same labour force participation rate as men, the per capita income would be 22% higher (International Bank for Reconstruction and Development / World Bank, 2020). In 2021, the estimated economic value of domestic and care work was 6.8 billion Mexican pesos, or 26.3% of the nation’s GDP\(^3\). Specifically, the satellite account of unpaid work and the time-use surveys have served as milestones in promoting the care agenda defended by the feminist movement since the 1990s, providing evidence about the existing gender gap. Another recent milestone was the set of 32 advisory forums that took place in the country’s states to identify priorities in the design of the National Equality Programme 2020-2024. Participants included indigenous women as well as women who are farmers, labourers, Afro-Mexicans, domestic workers, sex workers, migrants, scholars, victims of violence, carers, lesbians and trans, members of civil organisations, young and elderly women, and women with disabilities. The results of the advisory forums showed that the elimination of violence, access to employment,
and quality and safe care for dependants are top priorities for Mexican women, and they posed the need to establish the right to care as a universal right (INMUJERES, 2020).

As a result, one of the top priorities of the National Equality Programme 2020-2024 is to “generate conditions to recognise, reduce and redistribute domestic and care work among families, the State, the community and the private sector”, with 40 care initiatives, including the creation of a National Care System, also aimed at making progress across institutions. Currently, the instrument with the greatest transformative reach for care would be the National Care System, which is pending legislative procedure and has a feminist focus on the sustainability of life. The draft bill was submitted in 2020 but the legislative procedure has not advanced due to the string of priorities resulting from the pandemic. The law seeks to outline existing initiatives and programmes, and revert the unjust social organisation of care. Although the National System has not yet been approved, progress has been made on a state level. The country’s federal structure makes it difficult for the Federal Care System to provide a system in every state; instead, each state must create its own system. However, there is now a care system in the state of Nuevo León and another one is pending approval in the state of Jalisco, both inspired by the federal proposal’s guidelines. In turn, the Mexico City Government has reformed its constitution (article 9) to expressly recognise the right to care and propose a care system for this area. The federation’s focus has been on driving the public debate about care, which is key for the law’s future, given that its application requires cultural changes in Mexican society.

The proposed National Care System has an intersectional and inter-institutional perspective that up until now had been difficult to achieve due to sectoralised care institutions, services and initiatives. The Mexican feminist movement reflects diversity and has added the intersectional perspective through the policies of INMUJERES. Despite this, and despite participating in the state forums, they have been omitted from federal programmes and the draft bill on essential people, such as migrants, agricultural labourers and indigenous communities, in which the view of care is also built on the community dimension (CLACSO, UN Women, 2022) and their demands with respect to the State’s role must be identified. In terms of governance, the System will include a National Care Council that will be presided over by the Secretariat of Welfare and in which the technical secretariat will be in INMUJERES. The System will consist of the Secretariats of Labour, Education, Culture and Health, the Mexican Institute of Social Security, the National System for Integral Family Development, the National Council to Prevent Discrimination, and the heads of the Secretariats of Welfare or their counterparts in federal entities.

One of the critical points in the debate between the feminist movement and gender institutionalility in Mexico is unpaid work. The feminist movement has been driving for this to become paid work and the institutional side believes that a portion of this unpaid work should be distributed

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54 The “community rearing” model for the care of Nahua children with disabilities (CLACSO, UN Women, 2022).
among the parties involved, pointing at social-shared responsibility between the State, the private sector, households and the community. On this matter, the domestic worker agenda in Mexico has taken off in recent years due to the segment’s organisational capabilities through the creation of the National Union of Domestic Workers and the 2019 reform of chapter 13 of the Federal Labour Law (Ley Federal del Trabajo), which establishes the rights and obligations of employers. Workers have achieved the recognition of rights such as access to a pension, medical coverage, nursery schools and home ownership, as well as a specific contract format for domestic workers. This has resulted in greater protections for domestic workers in exchange for one-third higher costs for employers.

The National Care System appears in the draft bill as a driver for promoting social justice and it promises to fight against the “persistence of discriminatory sociocultural patterns that continue to replicate inequality and violence against women”. The National System seeks to serve as a driver of social cohesion and peace. The burden of care puts a strain on human relations, community relations, and the relations between women and the State. The goal was to define this in the law, which includes economic reactivation as well as social cohesion aspects, specifically in response to the reality of Mexican society and its extremely high rates of gender violence. According to INMUJERES, funding for the National System is an investment with significant returns in the form of taxes, economic reactivation and social peace.

Within the framework of the FFP, the progress made to include care has been greatly due to the Global Care Alliance, which was launched by Mexico and UN Women in 2021 as part of the Generation Equality Forum with an “urgent call to action”. The Alliance was established as a multisectoral collective action in which governments, the private sector, international and philanthropic institutions, and civil society organisations could participate and make specific commitments to drive the care work agenda globally. It has served as an international instrument to mobilise the care agenda within member countries. In the case of Mexico, it has helped raise awareness and include key players in the care agenda, such as domestic workers, the Secretariat of Public Education and the Secretariat of Foreign Affairs.

Despite the complexity of a federal State, Mexico has made significant progress in the care agenda’s transformative reach, with two State systems, the inclusion of the right to care in a State constitution, advances in the dignification and professionalisation of domestic workers, making important changes to legislation and even serving as a benchmark for specific statistical instruments. However, the current policies that address the various components of care continue to have significant limitations in terms of universality and progressivity, with population groups that are being left out of the coverage and access to services. There has been a clear willingness to make progress in terms of intersectionality by establishing the Coordination Group, but the views and needs of indigenous, rural and migrant women continue to be omitted from most of these policies and a commodified version of care remains. The creation of the National Care System could signify a definitive leap in the journey towards a comprehensive policy that is committed to social and gender-shared responsibility, that could achieve universality and has a viable and sustainable blended funding model.
Just like most countries in the region, the Dominican Republic is experiencing moderate population ageing. This means that the segment of people 60 and over is growing the most progressively and relatively compared with other age groups. According to 2020 data from the National Statistics Office (ONE), people over the age of 60 made up 4.4% of the population in 1950, 8.6% in 2010, and will reach 12% in 2025. Furthermore, it is expected that 1 in 5 Dominicans will be older than 60 by 2050, representing 20% of the total population.

Number 11 of Article 5 of the Dominican Republic 2010 Constitution recognises housework as an "economic activity that creates added value and produces wealth and social well-being", so it will be incorporated in the formulation and execution of public policies. This made it possible to view care as a collective good of public order, beyond private households, that improves family health and social reproduction, and ensures a stable labour force, market operations, economic growth and development (OISS, PICSPAM and SEGIB, 2022).

Additionally, the Dominican Republic has signed the leading international declarations, conventions and agreements, as well as the main regional instruments that address the constitution and the shift towards development models centred on care. On a national level, the country also has regulatory and planning instruments that help build a care system. Examples include the National Development Strategy (END), the Government Plan 2020-2024, the National Plurianual Plan of the Public Sector (PNPSP), the National Gender Equality and Equity Plan (PLA-NEG III) and the Draft Bill for the General State Budget 2022 (Proyecto de Ley de Presupuesto General del Estado 2022).

According to data from the Continuous National Survey of the Workforce (ENCFT), the domestic sector produced 5.38% of the country’s working population in 2021, representing 12.35% of women’s jobs and surpassed only by shopkeeping and other services. In total, it created 245,102 jobs (92% women), becoming one of the top employment niches. Despite their economic and social importance, and in relation to sustaining life, these activities are not regulated or recognised, and they do not receive fair and decent economic remuneration. Laws for domestic service are insufficient. Most people working in the country’s domestic sector do so through verbal agreements (94%), and the absence of a minimum wage impacts the industry’s poor working conditions, with salaries 57% lower than the average. If in 2021 the monthly income for the country’s working population was RD$19,429, domestic workers earned RD$8,415 per month (Cañete and Serafin, 2022).

This reality brings to light that people working in the industry, mostly women, experience the highest percentages of monetary poverty (20.33%), establishing a correlation between pover-
ty, domestic service and gender inequality. Other variables, such as the place of origin, ethnic group and class, are determining factors in inequality because, in the Dominican Republic, 19% of migrant women of Haitian origin are domestic workers (Gontero and Velásquez Pinto, 2023).

To reverse this scenario and underscore the importance of domestic work for the economic and social development of Dominican society, a series of public policies are being designed to create a national care system that views care as an essential part of society, and its activities must be better distributed between the State, the private sector, the community, and of course, between men and women in the same household. They also recognise the care economy's potential for the country and the requirement to give people working in the sector (decent work) the same labour rights as other employees.

To move towards this system, care has been placed in the public agenda as a pillar for welfare and social rights (Balbuena and Gómez, 2021; Cañete et al., 2021), and in 2022, with the participation of 10 public institutions and the support of international organisations (UN Women, ILO, UNDP, UNFPA, IDB) work has begun on a pilot strategy for Care Communities in three municipalities: Santo Domingo Este (Santo Domingo), Báñica (Elías Piña) and Azua de Compostela (Azua). This initiative is aligned with the strategy for the fight against poverty (Decree 377-21) and the creation of the Supérate Programme, which in turn has a specific care component.

Using data from the Unique System of Beneficiaries (SIUBEN), the pilot has defined a series of metapopulations in 40,166 Supérate households. These are i) early childhood, with and without disabilities, without paid care services, from 45 days to 4 years and 11 months; ii) middle and late childhood without paid care services after school, 5 to 12 years; iii) dependent adults over the age of 65 years; and iv) dependants with a disability, from 13 to 64 years or more. It has identified the metapopulation segments that provide care: unpaid care workers and domestic workers 15 years and older.

These communities aim to “reduce the gap between the demand and the public supply of care services, and to promote decent job placement for certified carers, thereby improving the capabilities of each region” (Cañete et al., 2021, p. 58). The care community pilots will drive four interdependent lines of work: a reference and cross-reference system for care, improved access to care services, a greater array of carer certification training, and a network of carers.

The initiatives will move towards an expansion plan and the creation of a care system based on the idea of shared-State responsibility aimed at achieving universality (Cañete et al., 2021). The initiatives are currently sectoralised and address the coverage of social protections and closing inequality gaps through specific programmes and unconditional transfers for vulnerable population groups. However, these are not universal nor do they offer the shared responsibility frameworks and the intersectorality defined in the pilot programme.

The new Dominican proposal advances in the direction of substantive equality and addresses socioeconomic inequality, the persistence of poverty, discriminatory and violent patriarchal
cultural patterns, the gender division of labour and unjust social organisation of care, moving towards building a transformative care system.

The model presented by the government recognises care as a human right and the pilot programme prioritises the needs of various population groups when creating **progressivity mechanisms** in the access to policies. Specifically, it refers to people with a permanent or temporary dependency status who require care (persons with disabilities, children and the elderly), as well as paid and unpaid carers. Therefore, it can be defined as a model with **progressive and universality traits**, although this is not guaranteed without ongoing funding and it cannot be extrapolated to the rest of the country, which has a starkly different reality.

Additionally, it seeks to address **complexity and comprehensiveness** from an intersectoral and inter-institutional perspective. An example of this is the governance system based on the coordination of numerous actors, sectors and panels from different regional levels, just as in the 2022 Inter-institutional Collaboration Framework Agreement. This plays a key role in mainstreaming the Ministry of Women’s feminist view throughout the design, management and implementation of care policies and in the potential synergies with feminist foreign policy. The clear comprehensiveness in the participation of the numerous actors is not conveyed into a key aspect when discussing them and the people who provide much of that care. Migrants are omitted from references, reflections and initiatives (ILO, 2023c). On this point, and according to the established rights framework, the migratory question and its connection to care should be kept in mind, and policy coherence is a fundamental element to be strengthened.

Another feature is its **intersectionality** upon considering the demographic, social, economic, cultural and regional characteristics in which care relations are inserted. Examples include the three locations with different situations in which the pilots and reference and cross-reference systems were implemented.

**Social-shared responsibility** between the State, the market, households and the community is present in the governance model and the management of care communities, led by the State’s decisive and active presence to guarantee rights, promote the social redistribution of care responsibilities and launch the care economy. On this matter, the pilot programme is aligned with the ILO’s 5Rs—recognition, reduction, redistribution, remuneration and representation—creating care services for social, occupational, educational and social security matters, along with strategies for communication and awareness aimed at transforming inequality. Perhaps the involvement of women’s associations is blurred and scarcely institutionalised as key players in the intergovernmental panel, local panels and the definition of the care system.

**Funding** also shows a real commitment by allocating a protected budget in addition to the Supérate Programme pilot funding and the budget resources from CONAPE, CONADIS, INFOTEP, SIUBEN, PROPEEP, the Ministry of Women, the Ministry of Labour and the Ministry of Economy, Planning and Development. However, there is little information about the system’s
sustainability and no funding mechanisms have been considered around the systemic logic of the proposal to ensure its progressivity and universality.

These elements, which are fundamental for a care system (see the DR country fact sheet), bring to light willingness and early progress towards consolidating redistribution policies that include initiatives aimed at changing gender relations and existing inequalities, promoting a participative governance model with a transformative intention. However, the DR’s proposal is based on the economic sphere, attempting to establish the care and service economy as a key vector for job creation, job placement for women, economic reactivation, social investment and the fight against poverty. It is too early to say whether the future system will meet the aforementioned criteria and enable another development model aimed at bridging gaps and gender inequality and the social transformation towards shared responsibility and a true care society.
Sweden’s historically rural nature, paired with the transparency of its government and social actors, has helped establish a high level of social and institutional trust and a willingness to pay taxes. The Swedish modern welfare state is primarily municipal and can be traced back to the Protestant Reformation. Universal social protection policies began to be applied in the early years of the 20th century, and the 1960s, 70s and 80s marked the peak of the social democratic welfare state model, which contributed to full employment. Women increased their labour market participation rate from 49% to 82%, which led to the creation of public nursery schools, although most studies agree that this jump in female employment was not driven by the search for gender equality, but rather by workforce needs. Inbound labour migration also grew during this period. However, since the 1990s financial crisis, the Swedish model has undergone several revisions and the GDP allocated to the welfare state has dropped ten percentage points. The result is that a portion of the heart of the Swedish welfare state — healthcare, education and assistance (vård, skola, omsorg) — has been privatised (Carlson and Hatti, 2016). For-profit service providers, particularly in the case of childcare services and long-term care, increased their market share from 15% to 25% between 2007 and 2013 (Sundström, 2015).

Sweden’s demographics are interesting: between 1749 and 1900, 20% of women did not have descendants, whereas only 12% of people today do not have children. Currently, 20% of the Swedish population is of retirement age (over 65), and 5% is 80 or older. The model faces a major demographic challenge due to an ageing population and a migrant population that finds it difficult to enter the labour market. In society and national policies, the concept of care refers solely to caring for the elderly and persons with disabilities; the remaining components analysed in this study are viewed as educational, medical, occupational or migratory mattes that are not linked to care. In any case, they have all been included in this analysis.

Protecting the best interests of minors in Sweden includes universal and free maternal care and child health care and preschool, as well as the prohibition of corporal punishment. Children have rights of their own that are separate from the rights of their parents, who receive support to fulfil their parental responsibilities and are entitled to home visits and assistance if
they experience difficulties. Sweden’s social protection system is family-oriented, has a high level of quality and a wide range of instruments. Family policies are focused on equality and gender-shared responsibility in terms of paid work, domestic work and care work. In fact, Swedish policies explicitly defend mothers’ employment as a key element of gender equality. 65.9% of women of working age are employed, as opposed to 71.6% of men. However, most of the people with a part-time job are women with children between the ages of 3 and 6 years because the majority of mothers cut their work hours until their last child is in school so they can coordinate their work schedule with nursery hours (Martínez Herrero, 2009). Most paid parental leave (480 days) is spent by mothers. Although fathers are spending a growing amount of time with their children, men currently request only 30% of all parental leave.

Elderly care in the country is primarily the responsibility of municipalities and it is largely funded through municipal taxes and government subsidies. Although families continue to play a very important role in practice, the system is based on the idea that long-term care should be a public and collective responsibility. In general, there is tension between the principle of universality and equality established in national legislation and the principle of municipal self-determination because the principle of local autonomy gives municipalities a great deal of liberty in their interpretation of a “reasonable standard of living” (Peterson and Brodin, 2021). Variations in elderly care between municipalities have become so significant in recent years that some authors suggest referring to “welfare municipalities” instead of a welfare state (Trydegard and Thorslund, 2001). As for home care services, privately provided service hours constitute 23% on average in the country, as opposed to 59% in the municipality of Stockholm (Peterson and Brodin, 2021).

Since 2009, the law has required municipalities to support carers, but surveys suggest that most prefer good services for the people they take care of. The majority of elderly people who require some type of assistance receive it from family members, neighbours and friends, and when their needs become greater, they also use public services and volunteer associations. Although national care policies and legislation have not been modified significantly, elderly care has been rearranged (Bergh, 2010). The commodification process has sparked an important debate in the country regarding for-profit care services, in which arguments against privatisation...
tion have to do with everyone’s right to access services of the same quality, regardless of their income level, and with the criticism that businesses earn profits from these types of services. The first argument has been addressed by financing services through public funds, regardless of the service provider, but the second argument remains controversial.

The **Swedish model is classified as universal** because most social services and social security programmes are general and cover the entire population. However, 17% of the country’s population, born in other countries, faces serious challenges in accessing the welfare state (Carlson and Hatti, 2009). The right to social benefits requires meeting administrative criteria such as having social security coverage, living or working in the country, or having a residency permit in the case of people who are not from the EU, the United Kingdom or Switzerland.

The number of people in Sweden who were born abroad has increased from 11% to 20% between 2000 and 2021, and 32% of carers are foreign (from Asia, Africa or Latin America). The difference in the relative poverty rate between women and men over the age of 65 in Sweden is one of the highest in the OECD: 15% of women and 7% of men. The elderly and people born in other countries are at particularly high risk of poverty, and the percentage of elderly immigrants is on the rise (Peterson and Brodin, 2021). On the other hand, Swedish governments have argued that opening the sector to private businesses (with public funding) will help women entrepreneurs, and migrants are encouraged to start ethnically specialised businesses to meet the growing need for care services that are culturally adapted to an increasingly diverse older population segment. Although home care work has become a job that requires skills in various areas, it continues to be an undervalued occupation, with little skills recognition, low status and little pay, and not only is it feminised, but it is becoming an employment niche for migrants and racialised people. Immigrant women risk being caught in the middle of racial stereotypes of care workers and gendered stereotypes of entrepreneurship, which disqualifies them both as care workers and as entrepreneurs (Brodin and Peterson 2020).

Sweden was the first country to adopt FFP in 2014 and the first to dismantle it at the end of 2022 following a government shift. This policy was based on three Rs: rights, representation and resources, and a fourth R referring to the reality of women and girls, alluding to the intersectional focus (ESGLOBAL, 2021). Although the FFP did not specifically include the concept of care, 90% of the ODA budget was allocated to gender equality and the Strategy for Sweden’s Development Cooperation for Gender Equality 2018-2022 received $105 million. Despite this, the feminist movement has questioned the FFP due to its gender binary concept, the absence of an intersectional focus, and the absence of an effective implementation strategy.

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61 The so-called “choice revolution”.

62 Social Insurance Agency (Försäkringskassan).

63 Income that is 50% less than the median income in the country.
of LGBTIQ+ rights, the handling of indigenous people, the lack of coherence with migration and asylum policies, and the arms trade (Bernarding and Lunz, 2020).

Care policies in Sweden form part of its welfare state model, which continues to be a global benchmark due to its degree of universality, progressivity and access to quality services, and the advances in terms of social and gender-shared responsibility and the social transformations that welfare policies have achieved. However, due to the privatisation of care services in recent decades, the model has certain cracks in terms of its coverage and access to quality public services. Although people continue to have the right for their needs and services provided by the public sector funded primarily through taxes to be evaluated, it is being questioned whether the focus on vulnerable communities violates the principle of universality that guarantees equal access. The trend towards geographic inequality, informalisation and privatisation could exacerbate gender and social class inequalities (Rostgaard, Teppo Kröger and Peterson, 2022). The population groups resulting from recent migrations include people who are being left out of the social protection system, and equality is being questioned due to the difference between municipalities in the services provided to the elderly and persons with disabilities. Additionally, despite the model’s positive aspects, family policies create inequality in the professional development of women, who continue to handle most childcare duties despite the measures that promote gender-shared responsibility, with mixed results. Therefore, limitations and even setbacks have been identified in the model’s transformative capacity.
5. Conclusions and recommendations
1. Heterogeneous response on behalf of States in recognising, guaranteeing and protecting the right to care

Although the countries studied face a variety of realities and differences in the implementation of economic and social rights, they structurally share the existence of a care crisis with gaps in the coverage to address the needs of their populations. In most, the social organisation of care is based on the division of work according to gender and class inequalities, which are also racialised by origin and migratory status. At this time, the various concepts about care and its translation into policies and systems address a certain development model that heterogeneously recognises the right to care.

The existence of welfare states with the development and strength of their social protection systems will be directly related to the reach and nature of the care policies that are implemented. This is a meaningful observation for this study since we are comparing countries that have welfare pillars with different levels of development and in which the State’s presence and social protection systems vary significantly. The European Union and the three European countries analysed go hand in hand with the development over the past two centuries of the welfare states (each European nation representing a different model) and the set of interconnected policies and institutionalised social rights that offer protection—in varying degrees, depending on the country—to citizens against certain social and economic situations and risks. They also serve as instruments between the class structure and social order, pointing towards, among other things, universality, aspiring to achieve social cohesion and economic, social and political order.

Based on this concept, a series of policies were created that evolved over the course of decades to address the realities of citizens in each one. These policies are frequently associated with care policies and face, just like the welfare states, today’s demographic, economic and financial challenges; the guarantee of required social protection standards; and the sustainability of the development models promoted. When analysed from the perspective of the Coherence Index, these models create and are based on global externalities. In other words, countries with relatively decent socioeconomic and democratic performance indicators are exerting significant pressure on the planet and influencing the development potential of other regions. This reality constrains the debates and systemic view of care, and in some way, fits with a sectoralised and increasingly commodified model.

64 The Coherence Index is a composite indicator for exploring country performance in terms of policy coherence for sustainable development through the interconnected analysis of transitions and their impact on the planet.
Additionally, welfare states have been built on the foundation of their colonial heritage, and in the current care crisis, colonial and racist logic shapes the social responses to care needs by exploiting migrants and racialised people due to the failure of universal public models.

On the other hand, in the LAC countries analysed, which also represent three different realities with heterogeneous structures, we find that, in light of the structural inequality and lack of social protections, care is viewed through a more systemic logic that serves as an opportunity to strengthen States and create instruments for social cohesion. However, these initiatives also face challenges linked to the creation of class and race-based privileges.

RECOMMENDATION 1

Within the framework of the United Nations, promoting international standards on care from a systemic perspective, that address the right of people to provide and receive care and exercise self-care based on the principles of equality, universality, and social and gender-shared responsibility. An example of this is the international consensus materialised in the UN Human Rights Council resolution on “The centrality of care and support from a human rights perspective”\(^{65}\). Recognising the impact of the redistribution of care on gender equality, the resolution calls to guarantee that women have the same economic, social, cultural, civil and political rights, eliminating gender inequalities, increasing their labour market participation and improving their autonomy and economic opportunities as well as their access to medical services (including sexual and reproductive health, and psychosocial and clinical services for gender-based violence survivors), education and training. It proposes establishing legally binding obligations to achieve this.

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RECOMMENDATION 2

Promoting knowledge creation about care from a broad and systemic perspective is a duty for those who hold obligations towards citizen rights and welfare. Knowledge that includes people and the planet, that takes into consideration the different cultural approaches towards care, the affection that defines it, the community dimension, the importance of the surroundings and region, the care needs throughout the life cycle, and the links to gender, race and social class power dynamics.

2. Binding care systems and policies to regional development models

The recognition, visibility and worth of care work respond to the feminist perspective’s critical review of the hegemonic development model. There are several feminist approaches to care with different proposals for the model’s transformation, from care as a component of welfare to the care economy and proposals from the ecofeminist perspective. The ecofeminist view places the reproduction of life in the centre, instead of markets and the reproduction of capital, resulting in a paradigm shift that calls for the creation of an alternative macroeconomic model. The proposal is shaped around recognising the ecodependence, vulnerability and interdependence of human beings, with care needs throughout life as the basis of a new system of collective organisation. The ecofeminism perspective is also anti-racist and community-oriented, emphasising the transnational dimension of care and the decisive role of migrant women and community care networks that have emerged in the region.

Under an ecofeminist sustainability of life paradigm, the transition towards care societies should be the aspect that guides major changes in the existing development model. The shifts towards a care society appear in international frameworks with different accents translated into transformative focuses, one through the sustainability of life, defining the interdependence between people and regions (carers and care recipients) and comprising the environmental dimension; and others more geared towards the care economy and creating the labour and social rights framework it promotes.

In Europe and LAC, the COVID-19 pandemic has brought to light the model’s deficiencies as well as the gender, class and race inequalities of care. Regional policies (the Bi-Regional Pact for Care, the European Care Strategy and the Buenos Aires Commitment) converge and recognise the role main role of women and emphasise the importance of addressing gender inequality by balancing the responsibilities between genders and social-shared responsibility. They also focus on improving the availability, quality and accessibility of care, making the sector
more resilient to future challenges such as new pandemics or the demographic change linked to ageing. They recognise the economic and social yields of care as essential for economic prosperity and social cohesion, from childcare to elderly care and caring for persons with disabilities. Both models recognise the importance of the care economy as a fundamental vector for social investment, job creation and economic reactivation. However, this view leans towards responses based on the commodification of services and the system’s productivity, in detriment to alternatives that place the reproduction of life in the centre and promote structural changes in the social and economic organisation. Another weakness shared by the two regions is the lack of integration of the decolonial focus and the inadequate handling of the migratory reality in their diagnoses and planning.

The two regions analysed have significant differences. Whereas the EU has chosen to integrate digital and technological solutions into its care policies, LAC has placed less emphasis on this while highlighting the role of the care community dimension. Additionally, the policies in both regions reflect their specific structures and implementation models, the differences in their socioeconomic and cultural realities, and the variations in their welfare states. The EU tends to favour public-private funding and partnerships for care, whereas LAC places more emphasis on the role of the State and public policies. Another key difference lies in the focus on deinstitutionalisation, which is more present in the EU and its policies for long-term care and ageing.

**RECOMMENDATION 3**

Advancing towards transformative societies entails undertaking vast and comprehensive concepts of care through a policy coherence and sustainability of life paradigm that includes the environmental dimension, promoting a care culture, and achieving equality and social, gender and racial justice. A biased and partial view of care leads to ongoing structural inequalities found in unjust, discriminatory and racist care models.
RECOMMENDATION 4

Establishing bi-regional and inter-agent dialogue, ensuring the involvement of feminist organisations, indigenous people, and migrant and racialised women to roll out a common feminist agenda that explores innovative mechanisms for technical and financial collaboration. On this point, countries, institutions and entities are encouraged to actively participate in building dialogue within the framework of the Bi-Regional Pact for Care between Latin America and the Caribbean and the European Union.

3. Care at the crossroads of green and digital transitions

We are in the midst of an era of transition marked by significant changes in how we live, organise ourselves, work and interact. Public agendas are undertaking the ecological and digital transition in parallel to the shift towards care societies. The two regions are attempting to focus their policies on revitalising, restructuring and transforming their economies and production systems. Regional proposals are defined by approaches centred on boosting economies with low-carbon emissions and a defined technological presence to effectively address the climate crisis and bridge the divides, structural disparities and historical dualisms, although the environmental consequences of this digital transformation have not yet been thoroughly analysed. However, coordination and dialogue between these agendas and the care agenda remain weak and relatively unstructured because State and regional debates have an isolated view of the green and digital transitions, with little basis on postulates of the sustainability of life paradigm.

From the just transition perspective, the care economy is a strategic sector that can have a significant impact on the creation of just and decent work, sustainability and social transformation. However, capitalism and the market play a key role in the evolution and nature of these transitions and the underlying socioeconomic matrices, with the risk of continuing to reproduce existing inequalities and create new ones. For example, the lack of integration of the gender perspective in the digital agenda (given the current digital gender divide) heightens the risk of greater inequality and discrimination in the access, use and benefits of digital technology. On the other hand, the care agenda aspects linked to the digitalisation of services appear to have a longer track record than those related to the collectivisation and redistribution of care or the corresponding affective dimension.
RECOMMENDATION 5

The transition towards care societies should serve as the basis for the inspiration and organisation of other transitions proposed in the current agendas. This is the case of the green deals, which should evolve towards designing a new social contract that includes the dimension of care, people and the planet to ensure effective, just and inclusive transitions. The resulting agenda should recognise and highlight the value of care work and the links between climate change and unpaid care work, as per the United Nations proposals (ECLAC, ILO, UN Women, etc.) in the two regional frameworks. Additionally, the connection between digital and care transitions should not be limited to commodified solutions that exclude the affective and community dimensions of care.

RECOMMENDATION 6

The private sector is involved in building care societies, specifically in the green and digital transitions, and it is not exempt from making existing gender equality commitments. This requires guaranteeing the creation of mechanisms that, for example, help audit business practices from a systemic care perspective, focusing on social and environmental aspects (Environmental Social Governance, ESG) and going beyond adopting equality plans and complying with existing equality legislation. Additionally, in the area of reporting, sustainability strategies should be defined, including dual materiality aspects (material matters from the financial perspective and material matters from the social and environmental perspective), that translate into establishing indicators based on care.

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66 In Europe, reporting hints at the corporate obligatory nature contained in EU directives, but it could also be applied to similar regional and national instruments.
RECOMMENDATION 7

Ensuring just transitions requires anticipating the potential inequalities that may arise due to changes in the social-production models without real social transformations regarding care. We run the risk of continuing to feminise the care sector because significant changes are not being made to the gender stereotypes for this type of work or to its undervalued nature and low pay, whereas new jobs in the green and digital sectors, which continue to be male-dominated, are being promoted. Guaranteeing job opportunities for women in formal sectors that are and will be the most highly valued economically and socially (STEM), according to current forecasts, is essential for moving towards equality and bridging other existing and future gaps. In parallel, it is essential to continue making progress in policies that promote social and gender-shared responsibility that involves men and society as a whole.

4. Policy coherence as a key part of the systemic care concept

Systemic care cannot be addressed without policy coherence. Traditionally, care policies have been promoted in a sectoralised manner through employment policies, education policies, healthcare policies and social policies. One of the weaknesses identified in all the cases studied is the difficulty in creating a comprehensive and coordinated view of the actors and institutions on different administrative levels. Additionally, a broad view of care transcends these traditional areas and involves other policy categories such as infrastructure, housing, the environment, migration, foreign affairs, taxation and the economy.

The intersections between care schemes and migratory schemes lead to national and local institutional frameworks that are the specific context in which care work is done and where policy coherence is required. Migratory policy does not include the care perspective in any of the cases studied. Regional strategies do not have the recognition and central support required, based on their representativeness among the care population, on a formal and informal level.

Feminist foreign policy and feminist governance can be the past, present or future, depending on the country analysed. In most cases, the care perspective is slightly integrated, with isolated international diplomacy initiatives in certain instances, and in others, such as Argentina up until the arrival of the new government (2023), a more structured proposal to promote the shift towards care societies through FFP.
Beyond the multilateral work to support international and regional care initiatives, FFP can also include equality as a transformative pillar of national and foreign policy, and the sustainability of life focus for the internal and external development of countries. While care appears to have an ecodependence reality, an essential dimension of care through policy coherence is the environmental one and the connections to climate change and biodiversity loss. A care society entails addressing these dimensions and overcoming androcentric and anthropocentric views of development.

In this sense, care should not be linked solely to the external dimension, but rather there should be coordination and correlation with the national sphere to include it in the various dimensions and components. FFP is an opportunity to transform the hierarchies and privileges reproduced in the spheres of power and on an international level that perpetuate gender inequality and systemic discrimination, thereby hindering sustainable development. It should also become a comprehensive strategy that is aligned with the equality commitments made in international and regional frameworks and increases the value of care ethics and the sustainability of life.

**RECOMMENDATION 8**

Promoting ecosystemic approaches to care focused on people and with tailored and flexible community care models. Regional models that address the care needs of people throughout their life cycle, that improve synergies and the links between social and healthcare systems, particularly in terms of primary healthcare. Models aligned with regions and the world views of indigenous people, that take into consideration people’s right to make decisions about care, affection and the specific environment in which they live, aligned with approaches such as living well, architecture, agriculture and inclusive and feminist urban development, thereby establishing dialogue between policies.

**RECOMMENDATION 9**

Improving policy coherence for sustainable development between work and migration for sustainable, inclusive and fair development is an inevitable part of undertaking comprehensive care systems and policies. For example, the concentration of bilateral social security agreements between source and destination countries that promote access to and the portability of social security, the fight against irregularity and informality, promoting workers’ organisations, certifying skills, the
transnational approach to work-life balance rights and access to legal aid and specialised consular services are some of the components to consider when designing comprehensive care frameworks.

RECOMMENDATION 10

FFPs must include broader views of care and the sustainability of life through comprehensive public policy approaches, coordinating the external relations and internal policies of countries. Identifying the cross-border impact of domestic policies, such as environmental, migratory, economic or social security policies, from a care perspective is a key part of ensuring that care societies are promoted coherently.

RECOMMENDATION 11

Further delving into the creation of alliances, strategic lines and operations to promote care societies within the framework of international cooperation policies for development. In this sense, exploring innovative international cooperation initiatives for development, peacebuilding and humanitarian action, for example, within the framework of triangular cooperation, could serve as levers to deepen and promote care societies in all the countries and regional frameworks.
5. Top experiences in national approaches to care

The COVID-19 pandemic magnified existing inequalities and brought to light care overload, underscoring the urgency of designing public policies centred on care. In various areas of the countries analysed —State, private sector, families and society— the importance and value of care are starting to be recognised as key aspects in the fight against gender inequality, economic reactivation, the fight against poverty, decent job creation and the preservation and promotion of personal welfare and health. In this context, LAC proposes a new public policy agenda that includes care as the fourth pillar of welfare, along with education, health and social protection. This agenda is an opportunity to establish, from the onset, a perspective of rights and social and gender-shared responsibility. In Europe, in the context of the pandemic, a series of care measures are being developed within a consolidated welfare state model that faces challenges in light of new demands and finds it difficult to respond from a systemic perspective, going beyond the focus of needs.

In countries with strong feminist movements that are capable of dialogue with the government, the resulting proposals include broader views on the sustainability of life and more transformative gender inequality measures, as in the case of Mexico and Argentina. The organisational capabilities and impact of migrant women who work in the care sector, as in the case of Spain, are fundamental in recognising their rights and establishing decent work standards for this collective that is so essential for the care needs of every country.

A notable element in the new experiences of creating comprehensive systems is that they are based on the explicit recognition of the right to care. This recognition is guaranteed by legislation in most instances, and even, as in the case of Mexico, by the Mexico City Constitution. The same does not occur in Europe, where the right to care is not integrated into the national regulatory frameworks. This difference is transferred to the institutionality and governance of care. Although institutionality in Europe is solid, it is sectoralised, almost always with a high degree of decentralisation, making it difficult to coordinate and address intersectoral and intersectional aspects, thereby compromising the quality, efficacy and universality of measures. Institutionality in LAC is fragile and has the same weaknesses, but the comprehensive system proposals seek to overcome them by creating intersectoral governance and coordination mechanisms led by the ministries or mechanisms for equality, such as the Inter-ministerial Board of Care Policies in Argentina, the Intersectoral Care Table in the Dominican Republic and the National Care Council in Mexico. Following these experiences, Spain has created the Advisory Board for Care.

Most of the experiences focus on early childhood policies, care for dependency and elderly care. These policies have a heterogeneous nature with an unequal promotion of self-care and personal autonomy, surpassing welfare-based or gerontological approaches with more personalised, flexible and community care models. Sweden is an example of the creation of benefits
and services from this perspective. On the other hand, the creation of awareness and community measures aimed at cultural change by breaking down gender roles and stereotypes and promoting shared responsibility and the care culture are very suitable elements found in new experiences of comprehensive systems.

The creation of information, data and records about service and care gaps plays an important role in the quality of care systems and policies. Therefore, experiences of gathering statistical information through time-use surveys, specific surveys about care, the systematisation of care resources through, for example, carer records and care service mapping, or shared certification and quality criteria, are important and replicable elements. On this matter, France stands out for its degree of institutionalisation of care-related evaluations.

**RECOMMENDATION 12**

Designing systemic and feminist approaches to care helps create more comprehensive, effective, sustainable and just responses of greater quality to current challenges. The recommendation is to make progress in recognising and protecting care rights within national regulatory frameworks, and to work towards creating and implementing interregional, intersectoral and multi-actor coordination mechanisms, with strong involvement of civil society, including feminist organisations and representatives of ethnic groups (indigenous people, Afro-descendants), the LGBTQ+ population, platforms for children, young people, the elderly, persons with disabilities and other individuals at risk of exclusion, and with migrant organisations playing a prominent role. These organisations and equality mechanisms must be bolstered to guarantee the integration of the intersectional gender perspective in measures. It is also important to strengthen the community network as a fundamental pillar in the social and regional structure of care.

**RECOMMENDATION 13**

Creating robust information collection and analysis systems that feed the integration of mechanisms to monitor and evaluate care policies is one of the biggest challenges. More resources must be allocated to creating statistical sources, reports and specific records, as well as to designing care indicators that help apply the care perspective to public policies and at every government level.
6. **Political commitment and budget allocation are essential for the care agenda’s sustainability**

When analysing care systems and policies, their success, implementation, ability to adapt and address the population’s care needs will be defined by three essential elements: political support, legislation and funding. Without these elements, it is not possible to discuss care systems and policies, regardless of social pressure and debates. These pieces are essential to ensure the existence and survival of any initiative, which is paradoxical because care entails sustainability. They are the cornerstone of the economy and society, and play a systemic role in capitalist economic dynamics and the system’s sustainability.

However, the idea of sustainability, which is present in the essence of care and in the systemic proposals that make up the logic of the sustainability of life, does not translate directly into these essential elements. On this matter, the lack of specific legislation, the political changes, and the funding priorities and challenges faced by governments create a complex scenario. Transformative comprehensive care systems cannot exist without increased public revenue or unless care investments become a budgetary priority. The cases studied do not show a clear willingness to economically expand the care agenda or to guarantee stable funding.

On the other hand, a systemic approach to care would require exploring innovative mechanisms for public budgeting, such as adding new budget line items, tagging allocations for care, and designing new gender-based budgeting mechanisms that contribute to monitoring, evaluation and accountability. On this point, proposals in which care, as an essential part of life, is recognised and transferred to all areas and sectors stand out. One example is the Argentina Draft Bill that requires the Ministry of Public Works of Argentina to establish a Care Infrastructure Fund to which at least 8.5% of the annual infrastructure budget is allocated to care.

The role of multilateral institutions has been essential to implement the law, which accompanies institutional initiatives and advances towards care systems. On this matter, many countries with new systems, laws or policies received full or partial support and funding from United Nations entities, such as UN Women, the ILO or ECLAC, or the EUROsociAL Programme. The implementation of certain measures in Europe has depended on the availability of community funds. This reality poses questions about the continuity and sustainability of the initiatives if the support or funding is removed since these are extraordinary contributions that will not be kept in the long term. States must adjust and redirect their taxation systems, using different sources and consolidating public and private funding, without compromising the principles of universality and progressivity.

The weak commitment of political forces endangers the model’s sustainability, particularly in those cases where funding has not been approved and the systems are in the early stages, such as Argentina and Mexico.
RECOMMENDATION 14

Guaranteeing sufficient, adequate and stable public funding for care systems and policies to ensure their universality and progressivity. This requires bolstering public revenue by expanding the reach of taxation systems and channelling more resources to labour policies focused on improving shared responsibility and public services. Another suggestion is to explore formulas that help consolidate budget allocations for care, such as Care Infrastructure Funds, and implement gender-based public budgeting mechanisms for care that contribute to monitoring, evaluation and accountability.

RECOMMENDATION 15

Guaranteeing the integration of the feminist perspective in investments in the care economy. Just as public investment in large-scale infrastructure has traditionally been viewed as an economic mechanism for creating and formalising employment in virtually every country, the care economy is being seen as a new vehicle for growth. However, without an ecofeminist perspective, these investments will continue to reproduce inequalities and ecocidal practices, and will not be transformative from a gender, decolonial, class and regional focus.

RECOMMENDATION 16

The care agenda requires State deals that serve as turning points for existing sectoralised initiatives and a commitment to their budgetary and political sustainability. This requires promoting institutional, political and social consensus that shows a real commitment to positioning care and the sustainability of life as essential pillars of the development model. Without this type of State consensus, the sustainability of new initiatives is jeopardised by political changes.
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Annex 1
Assessment of the transformative reach
The research offers descriptive and analytical information about the nature and level of development of the care systems, policies and laws. It also assesses the transformative reach of the inequalities affecting the societies where they are implemented. To analyse this transformative reach, the following key criteria for defining transformative care systems were identified and formulated:

**Progressivity and universality** are criteria that go hand in hand although it is important to note that although care is being recognised as a universal human right, this guarantee may follow criteria of progressivity based on the prioritisation of different people’s needs. Specifically, people in permanent or temporary situations of dependency (people who are disabled, children and the elderly) and people who provide care (paid and unpaid) should be viewed as priority groups when creating progressivity mechanisms in the access to care policies.

**Complexity and comprehensiveness** characterise the topic of care and require an intersectoral and interinstitutional perspective for efficient and structured management. Given the impact of care on various social and economic spheres, and its importance for gender inequality, government intervention in the area of care requires an intersectoral focus and the coordinated work of multiple ministries and sectors, as well as defining the roles of the levels (subregional, local and national) and State agencies involved (ECLAC, 2022, 2017). It is also fundamental to identify various formats and organisational levels that address matters regarding the policy’s daily management as well as channels for political-technical dialogue between public entities and high-level policy decision-making bodies. On this point, the mechanisms for women’s progress play a key role in mainstreaming the feminist perspective at every level of the design, management and implementation of care policy.
In terms of **distribution**, care policy must have an impact on the **distribution** of care work between men and women (**gender-shared responsibility**), and between the State, the market, households and the community (**social-shared responsibility**). In this sense, the recognition, reduction, redistribution, remuneration and representation (5Rs, ILO) of care work is a key element that should be at the heart of any public policy for this area. It requires creating care policies and services for social, occupational, educational and social security matters, along with strategies for communication and awareness aimed at modifying the traditional roles and masculinities that society assigns to women and men for care. Key elements include advertising campaigns, integrating the gender perspective in educational curriculum maps, training and awareness strategies in the workplace, and promoting labour regulations that encourage men’s participation in care.

**Financing systems for care policies** can be based on several instruments or on variable combinations. Examples include contributory social security models, general or special taxes destined for care, copayment systems, special contributions or care funds, private sector contributions, individual care funds chargeable to companies or unions, funding from the national or federal budget, and individual insurance to cover the risk of situations of dependency. Aside from the specific method used to fund care policy, it is fundamental to have sufficient, non-transferable and sustainable resources, just as in other spheres of development policy. As established in the *Montevideo Strategy* (ECLAC, 2017), the implementation of a regulatory framework and improved State capabilities regarding care require allocating the necessary budgetary resources that guarantee the financial sustainability of the policies.
Intersectionality, or confirming the importance of having a focused and intersectional view that considers the demographic, social, economic, cultural and regional characteristics in which care relations are inserted. The social organisation of care has different forms in urban and rural settings; among indigenous people; in large cities or remote towns; in regions with poor access to social and physical infrastructures; in places with mobility and transportation restrictions; in societies with traditions that are more focused on community, family or business; in situations involving human mobility or regional conflict; etc. This heterogeneity warns of the need to design appropriate policies. It entails identifying needs with different degrees of urgency, performing a detailed analysis of the type of services needed in each region, and selecting the most efficient strategy in terms of environmental sustainability. Georeferencing studies of the potential demand and available services are essential for the diagnosis that feeds the design of public policy.
Annex 2
Questionnaires
2.1 INTERVIEWS OF THE INDIVIDUALS RESPONSIBLE FOR CARE POLICIES IN THE SELECTED COUNTRIES

<table>
<thead>
<tr>
<th>GENERAL INFORMATION</th>
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<tbody>
<tr>
<td>COUNTRY</td>
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<td>NAME AND SURNAMES</td>
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<tr>
<th>CONTEXT, EVOLUTION AND ACCELERATION FACTORS</th>
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<tbody>
<tr>
<td>1   What were the key milestones for positioning care in the national agenda?</td>
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<td>2   What role did women’s organisations and the feminist movement play in this positioning?</td>
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<td>3   What accelerating factors can be identified in working towards the care agenda in the country? What impact has COVID-19 had?</td>
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<tr>
<th>CARE SERVICES, POLICIES AND REGULATIONS</th>
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<tr>
<td>4   Does a comprehensive care law/regulation exist? What aspects does it regulate?</td>
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<td>5   What regulations/laws/services regulate and guarantee maternity/paternity leave, parental leave, long-term care leave, and other types of care leave and flexible working conditions for carers?</td>
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<tr>
<td>6   What regulations/laws/services regulate maternity protection?</td>
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<tr>
<td>7   What regulations/laws/services/transfers guarantee the right to care for people in situations of dependency (early childhood between the ages of 0-3 years, elderly dependants, people with illnesses and in other situations of dependency)?</td>
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<td>8   What assistance subsidies exist to care for people in situations of dependency?</td>
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**GOVERNANCE OF CARE**

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<th>13</th>
<th>What is the role of the institution that represents governance in the care system/policy/services?</th>
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<tr>
<td>14</td>
<td>What other State institutions have competence over care? What does that competence consist of?</td>
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<td>15</td>
<td>Is there an interinstitutional coordination mechanism for care? If so, please describe it briefly.</td>
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<td>16</td>
<td>How is governance of the care system/policies/services structured?</td>
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<tr>
<td>17</td>
<td>What is the role of women’s and/or feminist organisations? And what is the role of female domestic workers’ organisations?</td>
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<td>18</td>
<td>What is the role of migrant women’s organisations?</td>
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<td>19</td>
<td>How is the right to care integrated into foreign policy and cooperation policy? And in migrant policy?</td>
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<tr>
<td>20</td>
<td>What monitoring, evaluation and accountability system is used for care policies? Does it have a specific statistics indicators system?</td>
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### BUDGET AND FUNDING MODEL

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>21 Briefly describe the care policy funding model.</td>
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<tr>
<td>22 Are there any mechanisms for identifying the budget allocated for care? If so, please estimate the annual budget allocated for care policies.</td>
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<tr>
<td>23 Are there public budgets with a gender perspective? If so, how are they organised with the design of the care system/policies/services and accountability?</td>
<td></td>
</tr>
</tbody>
</table>

### SOCIAL TRANSFORMATIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 In your opinion, how does the care system/policies/services contribute to transforming gender relations in your country?</td>
<td></td>
</tr>
<tr>
<td>25 In your opinion, how does the care system/policies/services contribute to equality in your country, considering social class? In the region? (rural/urban; decentralised government/administration) Belonging to indigenous or racialised population groups? And belonging to LGBTQ+ collectives?</td>
<td></td>
</tr>
<tr>
<td>26 What impact does the care system/policies/services have on your country’s economy and employment?</td>
<td></td>
</tr>
</tbody>
</table>

### REMARKS

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>27 Please add any pertinent information that was not included in the form.</td>
<td></td>
</tr>
</tbody>
</table>
### 2.2 INTERVIEW QUESTIONNAIRE FOR THE INDIVIDUALS RESPONSIBLE FOR FEMINIST FOREIGN POL

#### GENERAL INFORMATION

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th></th>
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<tbody>
<tr>
<td>NAME AND SURNAMES</td>
<td></td>
</tr>
<tr>
<td>POSITION/TITLE</td>
<td></td>
</tr>
<tr>
<td>INSTITUTION</td>
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</table>

#### CONTEXT OF FEMINIST FOREIGN POLICY

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>What were the key milestones for positioning and implementing Feminist Foreign Policy (FFP) in the national agenda?</td>
</tr>
<tr>
<td>2</td>
<td>What role do women’s organisations and the feminist movement play in FFP? And what is the role of migrant women’s organisations?</td>
</tr>
<tr>
<td>3</td>
<td>Is there an interinstitutional coordination mechanism for FFP? If so, please describe it briefly.</td>
</tr>
<tr>
<td>4</td>
<td>How is FFP integrated into your country’s cooperation system? (priorities, resources, initiatives, etc.)</td>
</tr>
</tbody>
</table>

#### FOREIGN POLICY AND CARE POLICY

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>5</td>
<td>Has your Ministry participated in designing and implementing care policies/laws/systems in your country? If so, please explain.</td>
</tr>
<tr>
<td>6</td>
<td>How do your country’s external relations have an impact on the national care policy?</td>
</tr>
<tr>
<td>7</td>
<td>What interactions do you identify between FFP initiatives and your country’s care policies?</td>
</tr>
<tr>
<td>8</td>
<td>How is the right to care integrated into foreign policy and cooperation policy?</td>
</tr>
<tr>
<td></td>
<td>Question</td>
</tr>
<tr>
<td>---</td>
<td>----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>9</td>
<td>How does your country's cooperation policy have an impact on the creation of care policies/laws/services in other countries? And in terms of global care initiatives? What instruments/programmes/initiatives does your country have for this?</td>
</tr>
<tr>
<td>10</td>
<td>In your opinion, how can FFP contribute more to creating care societies?</td>
</tr>
<tr>
<td>11</td>
<td>How is the care focus viewed in the monitoring, evaluation and accountability system used for FFP?</td>
</tr>
</tbody>
</table>

**SOCIAL TRANSFORMATIONS**

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>In your opinion, how does FFP contribute to the transformation of gender relations through a care perspective?</td>
</tr>
<tr>
<td>13</td>
<td>In your opinion, how does FFP contribute to equality through a care perspective, taking into consideration the social class, region (rural/urban, decentralised government/administration), belonging to indigenous or racialised population groups, and belonging to LGBTIQ+ collectives?</td>
</tr>
<tr>
<td>14</td>
<td>What impact does FFP have on creating a global economy focused on care?</td>
</tr>
</tbody>
</table>

**REMARKS**

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
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<tbody>
<tr>
<td>15</td>
<td>Please add any pertinent information that was not included in the form.</td>
</tr>
</tbody>
</table>
Annex 3
List of key informants
Linked directly to care systems and policies

Mexico

• Nadine Gasman, President, National Institute for Women.

Dominican Republic

• Mayra Jiménez, Minister, Ministry of Women.
• Nisaly Brito, Director of Comprehensive Women’s Rights, Ministry of Women.
• Tania Hernández, Supervisor of the Care Economy Division, Ministry of Women.
• Angel Serafin Cuello Polanco, Sector Analyst, Unit of Poverty, Inequality and Democratic Culture, Ministry of Economy, Planning and Development (MEPYD).
• Yoanna Maria Medina Buten, Sector Specialist, Unit of Poverty, Inequality and Democratic Culture, Ministry of Economy, Planning and Development (MEPYD).
• Noemi Gómez Alonso, Coordinator, Care Communities Joint Project, United Nations System in the Dominican Republic.

Argentina

• Ayelén Mazzina, Former Minister, Ministry of Women, Gender and Diversity.
• Lucía Cirmi, Undersecretary for Equality Policies, Ministry of Women, Gender and Diversity.
• Gimena de León, Gender Mainstreaming Consultant.

France

• Bérangère Couillard, Minister, Ministre déléguée auprès de la Première ministre, chargée de l’Égalité entre les femmes et les hommes et de la Lutte contre les discriminations. Mme Kenette Bourienne. Fonction: Directrice de cabinet adjointe et conseillère parlementaire.
Spain

• Ana Redondo García, Ministry of Equality.

• Eva del Hoyo, Director-General of Sustainable Development Policies.

Sweden

• Paulina Brandberg, Minister for Gender Equality and Working Life, Ministry of Labour.

Linked to Feminist Foreign Policy

• Pilar Cancela, Secretary of State for International Cooperation (MAEC, Spain).

• María Cristina Perceval, Special Representative for Feminist Foreign Policy (Argentina).

• Lucy Garrido, Articulación Feminista Marcosur (Uruguay).

There were also nine semi-structured interviews, based on the aforementioned questionnaire, with the following people:

• Amaia Pérez Orozco, Professor, Feminist Economist.

• Ana Pérez Camporeale, Genre Développement et Politique Publique, EUROsociAL+ Expertise France.

• Elin Peterson, Professor, Department of Social Work, Stockholm University.

• Larraitz Lexartza, National Officer on Gender, International Labour Organization (ILO).

• María del Carmen Huerta, expert independent consultant on childcare and equality policies.

• María Jesús Conde, Ambassador on a Special Mission for Feminist Foreign Policy (MAEC, Spain).

• María Lucía Scuro, Social Affairs Officer, Division of Gender Affairs, ECLAC.
• Marta Clara Ferreyra Beltrán, Director General of the National Policy of Equality and Women’s Rights, INMUJERES.

• Raquel Coello Cremades Regional Policy Specialist on Economic Empowerment at UN Women Regional Office for the Americas and the Caribbean).
All the fact sheets include a list of the ratified regional and international agreements that would be linked to care from a comprehensive perspective - human rights of women, infancy, disability, and conventions on labour rights and social protection, the environment, migrations, indigenous peoples - as well as a summary of the main care legislation linked to maternity protection, parental leave, care and social protection systems and the regulation of paid domestic work.

Moreover, the section relating to policy coherence includes a reference to the Coherence Index (Indico) for each country, as an alternative measurement of its commitment to sustainable, fair and equitable human development. This proposed measurement of development is in line with the ecofeminist approach to care from the perspective of ecodependence, sustainability of life and coherence with human rights. Indico measures countries’ commitment to democratic, feminist, socioeconomic and ecological transitions, as well as the planetary pressures, that is, the ecological pressures and impacts that the countries being evaluated exert on the planet.¹

¹ The value of the Coherence Index can range from 0 (worst score) to 100 (best score). The scores for the transitions and dimensions also range from 0 to 100, where 0 is the worst score and 100 the best. The index of planetary pressures ranges from 0 and 1. The nearer this value is to 1, the less pressure the countries exert on the planet. The data provided refer to the 2023 edition of Indico, i.e., referring to data available from 2019 to 2021. Further information is available at: https://www.indicedecoherencia.org/
1. EVOLUTION AND ACCELERATION FACTORS

The social organisation of care in Argentina is characterised by being “privatised, feminised, family-based and unpaid” (Beradi, 2020, p.161), as the large part of the population does not use services or institutions of any type (Brosio, López and Yance, 2022). Although the state is progressively assuming greater responsibility for social rights, the care policies for early childhood are frankly insufficient. However, it is worth noting that, despite the current weaknesses, the existing care for dependent adults and older adults in Argentina is considered to be among the oldest and most extensive in the region (Oliveri, 2020).

The impact of the COVID-19 pandemic, the strength of the feminist and LGBTIQ+ movement with the capacity to enter into dialogue with the government, through the Ministry of Women, Gender and Diversity (MMGyD) were factors that positioned the importance of care as an axis of social inequality and the commitment to make progress towards its recognition as a right, a job and a need of society as a whole at the centre of the public agenda. Therefore, in 2020, the process of designing a Comprehensive Care Policy System, promoted by the National Directorate of Care Policies of MMGyD (MMGyD and MTESS (National System of Continuous Training), 2022a) was started.
### 2. RATIFICATION OF REGIONAL AND INTERNATIONAL AGREEMENTS

<table>
<thead>
<tr>
<th>International conventions</th>
<th>Signature</th>
<th>Ratification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convention on the Rights of Persons with Disabilities.</td>
<td>2007</td>
<td>2008</td>
</tr>
<tr>
<td>ILO Convention No. 97 on migrant workers.</td>
<td></td>
<td>Not ratified</td>
</tr>
<tr>
<td>ILO Convention No. 100 on equal remuneration.</td>
<td>1956</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 102 on social security (minimum standards)</td>
<td>2016²</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 107 on indigenous and tribal populations.</td>
<td>1960³</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 111 on discrimination (employment and occupation).</td>
<td>1968</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 128 on invalidity, old-age and survivors’ benefits.</td>
<td></td>
<td>Not ratified</td>
</tr>
<tr>
<td>ILO Convention No. 130 on medical care and sickness benefits.</td>
<td></td>
<td>Not ratified</td>
</tr>
<tr>
<td>ILO Convention No. 155 on occupational safety and health.</td>
<td>2014</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 156 on workers with family responsibilities.</td>
<td>1988</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 157 on the maintenance of social security rights.</td>
<td></td>
<td>Not ratified</td>
</tr>
<tr>
<td>ILO Convention No. 169 on indigenous and tribal peoples.</td>
<td>2000</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 183 on maternity protection.</td>
<td></td>
<td>Not ratified</td>
</tr>
</tbody>
</table>

² Ha aceptado las Partes II, V, VII, VIII, IX y X.
³ No está en vigor. Denuncia automática el 3 de julio 2001 por C169.
<table>
<thead>
<tr>
<th>International conventions</th>
<th>Signature</th>
<th>Ratification</th>
</tr>
</thead>
<tbody>
<tr>
<td>ILO Convention No. 189 on domestic workers.</td>
<td>2014</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 190 on the elimination of violence and harassment in the workplace.</td>
<td>2021</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Convenios regionales América Latina y el Caribe</th>
<th>Firma</th>
<th>Ratificación</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Belém do Pará)</td>
<td>1996</td>
<td>1996</td>
</tr>
<tr>
<td>Santiago Commitment.</td>
<td>2020</td>
<td></td>
</tr>
<tr>
<td>Buenos Aires Commitment.</td>
<td>2022</td>
<td></td>
</tr>
</tbody>
</table>
3. CARE REGULATIONS

The legislation on care in Argentina is principally structured around occupational legislation - the Labour Contract Law *(Ley de Contrato de Trabajo)*, Law 20.744, 1976 - and regulation of the Integrated Retirement and Pension System *(Ley Nacional del Sistema Integrado de Jubilaciones y Pensiones)* - Law 24.241. There is also specific legislation linked to early childhood such as the National Education Law *(Ley de Educación Nacional)*, the Educational Funding Law *(Ley de Financiamiento Educativo)* and the Law on the Comprehensive Protection of the Rights of Children and Adolescents *(Ley de Protección Integral de los Derechos de Niñas, Niños y Adolescentes)*, the Law on Child Development Centres *(Ley de Centros de Desarrollo Infantil)* among others. It is worth noting that Argentina has a federal state model, comprised of 23 provinces and the Autonomous City of Buenos Aires; therefore, there are different provincial laws, in addition to the various collective agreements and conventions that shape the scope of many of these rights. This diversity creates a heterogeneity in the protection of these rights, according to the jurisdictions, the methods of entering the labour market, the type and quality of services available to children and dependent persons in the different provinces and socio-economic sectors (ILO, UNICEF, UNDP and CIPPEC (Public Policies Promoting Equity and Growth) 2018). With regard to dependency, of note is Law 24.901 of 1997 relating to the “Basic benefits system for the comprehensive entitlement and rehabilitation in favour of persons with disabilities”.

In 2020, the process of designing a Comprehensive Care Policy System, promoted by the National Directorate of Care Policies of the Ministry of Women, Gender and Diversity (MMGyD), was started. In May 2022, the Caring in Equality Draft Bill for the creation of Argentina’s Comprehensive Care Policy System *(SINCA, Proyecto de Ley Cuidar en Igualdad para la creación del Sistema Integral de Políticas de Cuidado de Argentina)* was presented in Congress; this bill recognises everyone’s right to receive and provide care, as well the right to self-care. The draft bill, still in the process of being approved, involves a more comprehensive, structured and extensive view of care and an import commitment in terms of social justice.

**Gender equality and non-discrimination**

The Convention on the Elimination of All Forms of Discrimination against Women lays down the principle of the equality of women and men and commits its members to “adopt all appropriate measures to eliminate discrimination against women in the field of employment”. Therefore, the principle of the equality of women and men, as well as the express prohibition on any type of discrimination based on sex within the work sphere, must be covered by different legislative provisions, including in specific legislation to promote equality between women and men.

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4 The following information has been extracted from the Virtual platform on legislation affecting women’s economic independence and empowerment in Ibero-America, developed by the SEGIB (Ibero-American General Secretariat) with the support of UN Women.
### Equal pay

Ensuring that the work carried out by men and women is properly valued and ending pay discrimination are essential to achieve gender equality, and they also constitute essential elements for decent work. The principle of equal pay for men and women for a job of equal value, as established by the Convention on equal pay, 1951 (No. 100) is therefore essential, especially considering that men and women often perform different jobs.

### Maternity protection

Maternity protection is a fundamental labour right and a crucial element to ensure decent work and the productivity of women, as well as to achieve gender equality at work. This right, that has been enshrined in universal fundamental human rights treaties, includes among its principal elements, maternity leave of not less than 14 weeks, protection from dismissal in the event of pregnancy or maternity, reduction or interruption of paid working time for breastfeeding and payment of maternity leave by social security to avoid indirect sources of discrimination.
Regulations | Provisions
---|---
Law 20.744, the Labour Contract Law (of 11 September 1974) Art. 177 to 179 and 183 to 185. | Social security funding (maternity) 100% paid by the Social Security. Maternity leave of 90 days (45 before the birth and 45 after).

**Protection against dismissal**  
During pregnancy and seven and a half months subsequent to the birth.

---

### Paternity leave

Together with maternity protection, one of the main measures to overcome economic discrimination against women is implementing regulations that ensure the involvement of men in family responsibilities. The legislation relating to maternity protection has to be accompanied by laws that regulate paternity leave, ensuring the principle of co-parenting in the care-related legislation and avoiding the weight of care falling unilaterally on women, through the extension of paternity leaves.

Regulations | Provisions
---|---
Law 20.744, the Labour Contract Law (of 11 September 1974) Art. 158 to 160. | Social security funding (paternity) 100% paid by the company. 2 days of paternity leave.

### Care

Discrimination against women in terms of their financial independence is subject to the historic sexual division of work that places them predominantly in the reproductive sphere and makes them primarily, and almost exclusively, responsible for the unpaid care work and domestic work. From this point of view, the legislation also presents standards and laws aimed at balancing out this type of work between the State, the market, the community and the families, focusing on shared responsibility in relation to the right to care and be cared for (among the four actors mentioned), universality (ensuring access and cover to all people) and gender equality (promoting care systems that equalise the opportunities and responsibilities of women and men).
Social security

One fundamental aspect linked to women’s economic empowerment relates to the social protection systems that include access to pensions. In the case of contributory pension schemes, the main source of discrimination is linked to their contribution density that can be affected by retirement ages differentiated by sex and by the interruptions in women’s working life as a result of the reproductive role and care work they assume.
**Paid domestic work**

Another essential sphere linked to women’s economic empowerment is that of domestic workers, a sector that is highly feminised and that, at the same time, provides an important proportion of women’s employment. This is a sector where, due to the nature of the activity and the space in which it is carried out, up until relatively recently was not regulated in national legislation and, consequently, has been subject to deep discrimination on matters such as access to social protection, minimum wage, working days and holidays, or the benefits available to these workers.
4. INSTITUTIONAL STRUCTURE OF CARE

In Argentina, there are several public institutions dedicated to care policies, both for early childhood and for older adults and dependent persons. Given the country’s federal character, the public institutions at different levels of government are involved in determining the nature of the benefits and services, with multiple actors at a national, provincial and municipal level. The main institutions linked to care at a national level are:

**National Social Security Administration (ANSES)**

A decentralised organisation created in 1991 that is responsible for administering the Social Security national benefits and services in the Republic of Argentina. This includes the functions of granting and paying pensions, paying Family Allowances, managing and paying Unemployment Benefit and Universal Child Allowances, and Universal Pregnancy Allowance for Social Protection, as well as managing programs to cover identified needs by increasing the pension cover of the citizens.

**Comprehensive System for the Protection of the Rights of Children and Adolescents**

Created in 2005 by Law 26.061, the system is made up of “all the organisations, entities and services that design, plan, coordinate, orient, execute and supervise public policy, whether State- or privately run, at the national, provincial and municipal levels, intended for the promotion, prevention, assistance, protection, safeguarding and restitution of the rights of children and adolescents (…)” (Art. 32). The **National Secretariat of Children, Adolescents and Family**, also created in 2005, is of special note; it is the governing body for national public policies to ensure the rights of children and adolescents. The Secretariat is also responsible for regulating and promoting the child development centres. And also the **Federal Council for Children, Adolescents and the Family** which has deliberative and consultative functions and drafts proposals and concertation policies.

**National Institute of Social Services for Retirees and Pensioners (INSSJP-PAMI)**

Created in 1971 under the Comprehensive Medical Attention Programme (PAMI), it is the principal provider of social-health care for older persons. Its legal function is to “draft and design global health and social policies, ensuring equity in the quantity and quality of the services offered by the institute throughout the national territory” (Art. 4, Law 25.615). The PAMI provides healthcare services aimed at ensuring the
health of persons covered by the scheme, as well as social services aimed at increasing the functional independence, social integration and exercise of citizenship of older adults. These include care services.

National Directorate of Policies for Older Adults (DINAPAM)

This is attached to the National Secretariat of Children, Adolescents and Family, dependent on the Ministry of Health and Social Development. Its role is to govern and coordinate with the provinces through the Federal Council for Older Adults and the Directorate for Adult and Older Adults (DIPAM) of the National Health Ministry.

Federal Council for Older Adults

A federal organisation that brings together and coordinates the implementation of policies for older persons. It operates as a joint working space for all the sectors committed to gerontological activities and the representation of older persons throughout the country.

Directorate of Adults and Older Adults (DIPAM) of the Ministry of Health

Created in 2020, its mission is to draw up public policies that are consistent with the principles of the Inter-American Convention on Protecting the Human Rights of Older Persons, as well as the 4 pillars of the Decade of Healthy Ageing in the Americas (2021-2030).

National Non-Contributory Pensions Commission

A devolved body belonging to the National Ministry of Social Development, it transfers monetary benefits to those who are outside the contribution system to ensure that they reach the minimum retirement level, even if they have not paid contributions.
Secretariat of Social Security of the Ministry of Labour, Employment and Social Security

The secretariat is responsible for creating policies to protect the citizens from various social contingencies and needs they face throughout their lives. It is involved in drafting and implementing comprehensive social security programs relating to retirement and pensions, occupational risk, family allowances and unemployment insurance.

National Disability Agency (ANDIS)

An autarchic body created in 2017 which reports to the General Secretariat of the Presidency of the Nation. ANDIS’s mission is to design, coordinate and generally implement the public policies on disability.

National Directorate of Care Policies of the Ministry of Women, Gender and Diversity

The organisation that is the driving force behind the process aimed at designing a Comprehensive Care Policy System. A process that has included the formation of an Inter-ministerial Board of Care Policies comprised of fifteen national organisations and ministries to work from a systematic and intersectoral perspective on the design, implementation and follow-up of the future System. The process had the objective of presenting the Caring in Equality Draft Bill for the creation of Argentina’s Comprehensive Care Policy System (SINCA).
5. FEATURES OF THE CARE POLICIES

With regards to early childhood policies the following stand out:

**National Infant Development Programme “Early Years”**

Its objective is to strengthen the childrearing capacities of families with children from 0 to 4 and pregnant women in socially vulnerable situations, through training, provincial and local institutions and community networks.

**Policies relating to time for caring**

Covered by occupational legislation and the recognition of time off or leave for childbirth (that, as mentioned in the regulatory analysis, is currently below the recommendations of the ILO), breastfeeding or unpaid leave.

**Economic benefits for caring**

Another policy line is the transfer of contributory and non-contributory income included under the Family Allowance Regime and managed by Social Security (ANSES). In the first group there are specific deductions for Income Tax and there is also Child Allowance for working people with lower income. Among the non-contributory transfers, the Universal Child Allowance for Social Protection is worth noting which is aimed at children under the age of 18 of working people who earn less than the minimum living wage, individual tax payers, home workers and unemployed people.

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6 Maternity leave is 90 days (of which half may be taken before the birth, or at least 30 days before the due date) and paternity leave is only 2 days. Social Security (ANSES) is responsible for payment of this leave for women, and the employer is responsible for payment of this leave for men.


8 Created in 2009 (Presidential Decree 1602/09).
There are also allowances for specific situations, such as Prenatal Family Allowance (contributory) or Pregnancy Allowance for Social Protection (non-contributory), as well as Annual School Aid per child.

Care and education services

In the process of improving early childhood education, of particular note is Law No. 26.233/07 on the Promotion and Regulation of Community Child Development Centres (Ley No. 26.233/07 de Promoción y Regulación de los Centros de Desarrollo Infantil Comunitarios) which has made progress in terms of the recognition and consolidation of these spaces. Similarly, through the Programme to Support the Policy of Improving Equity in Education the Ministry of Education seeks to increase the cover and improve the quality of the first level of education. For its part, the Ministry of Social Development through the Programme ‘Jugando, Construimos Ciudadanía’ (Playing, We Build Citizenship) promotes the creation of institutional spaces aimed at ensuring that children and adolescents can access the right to play and its promotion, as well as strengthening already existing spaces.

On the other hand, labour legislation establishes that when there is a minimum number of female workers specified by the regulation, a company must provide day care and nurseries. However, the State has not so far proceeded to regulation of this law. Also, reimbursement of child care expenses is provided for, but adherence to these provisions is minimal9. Moreover, these benefits are feminised, granted to working women.

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9 According to UNICEF (2019) only 5% of companies have nurseries, agreements with an institution or pay compensatory reimbursement.
In relation to policies aimed at older persons, dependent persons and carers:

**Social and health services through the PAMI**

Intended for registered older persons, they include **care for dependent persons**. These services may consist of providing long-term care in day centres and, also, comprehensive long-stay services. These may be: i) residences for persons with mild or moderate difficulties in carrying out daily living activities; residences with psychiatric supervision; or iii) continual care residences for those pathologies that require more complex care.

PAMI also offers **monetary transfers** aimed at paying for services in the home or to cover basic unmet needs (food, housing, distance from the family network, etc.). Currently the home care services are well-established in the area of care for dependent persons.

**Social services offered through the Directorate for Adults and Older Adults (DIPAM)**

Consisting of long-stay residences and a wide range of training services for carers. Two types of programmes are promoted: those aimed at the promotion and protection of rights based on training and dissemination activities, such as the Experience Counts programme; and specialised training programmes for carers and subsequent coordination with service providers, through the Home Carers Programme.

**Health Policies aimed at older people**

Both through PAMI, which is established as the main health provider in the country, and through the medical attention programme for recipients of non-contributory pensions (known as the Include Health Programme).
Active ageing policies

These are promoted by PAMI and DINAPAM, such as the Programme for socio-community promotion and prevention: prevent to continue to grow, the national programme of education, culture and community communication for older people, or the portfolio of activities offered in all the residential centres managed by PAMI.

Policies for people with disabilities

These policies are implemented through the National Disability Agency (ANDIS). They include the Programme for assistance and coordination of social policies, non-contributory pensions for invalidity, the Programme for medical attention for recipients of non-contributory pensions, the Programme for community-based rehabilitation, the Federal programme for recreation and sport, the Programme for accessible tourism and the Programme for participation in recreational, sporting and physical activities.
6. GOVERNANCE

The various studies on care-related social policies in Argentina concur in pointing out the sectoral nature of the measures, and the weakness of institutional coordination and coordination between the different levels of government (Beradi, 2020; Brosio, López y Yance, 2022; ILO, UNICEF, UNDP and CIPPEC, 2018; Oliveri, 2020). Moreover, many non-state actors are involved in the area of care policies in Argentina, such as social work, community organisations and civil society organisations, social agents and the private sector. All this weakens the quality and universality of the measures, creating large differences according to the region, socio-economic capacity or sector of activity.

In recent years, attempts have been made to address the gradual extension of care-related social rights from a systematic perspective, and spaces have been created for institutional coordination and the participation of organisations from civil society and experts. Thus, for example, work has been ongoing since 2005 on coordinating the Comprehensive System for the Protection of the Rights of Children and Adolescents. Also worth noting is the creation in 2017 of the National Agency, and the provision of multi-actor spaces for joint working which have deliberative, consultative and policy design functions, such as the Federal Council for Children, Adolescents and the Family and the Federal Council for Older Persons.

In this effort the creation of the National Directorate of Care Policies of the Ministry of Women, Gender and Diversity is paradigmatic. This directorate has worked with a systematic and intersectoral approach on developing SINCA. As part of this initiative, it is relevant that spaces have been created for dialogue and governance at different levels, such as the Inter-ministerial Board of Care Policies, comprising fifteen national bodies and ministries; also that it has the participation of experts and feminist, LGBTIQ+, children’s organisations and social economy organisations along with representatives of older persons and persons with disabilities through consultative bodies; or the Territorial Care Parliaments as instruments to channel citizen participation at a territorial level. The Draft Bill also establishes guidelines on care policies in general and those aimed at children, older persons and persons with disabilities, in particular. These common guidelines will also help to coordinate the system.

10 The Drafting Committee for the Draft Bill for a Comprehensive Care System with a Gender Perspective has been set up by nine experts, and has coordinated seven consultative bodies with the participation of over 600 leading experts from 200 organisations and institutions with experience in different care-related fields. These meetings were led by the competent organisations that make up the Inter-ministerial Board of Care Policies, among which stand out: unions, chambers of commerce, feminist, diversity, disability, childhood and older people organisations as well as those of popular and social economy (MMGyD and MTESS, 2023).

11 The Territorial Care Parliaments have been instruments designed to channel citizen participation into the participative diagnosis of care needs in all the territories. They have functioned as spaces for meeting and dialogue between the actors that are part of the social organisation of care in each territory, including social, political and feminist organisations, public and private institutions representing the academic sector and cultural experts (Bango and Piñeiro, 2022). 20 Parliaments have taken place in 15 provinces with over 2000 participants and more than 100 rounds of exchange and reflection (MMGyD and MTESS, 2023).
On the other hand, the community outreach work being implemented on care in the draft bill is interesting, as this promotes an area of work designed to recognise and strengthen this type of work, through the creation of a register of community spaces or the promotion of paid community work. In Argentina the community organisations play an important role in the social and territorial structure of care and, as well as covering gaps in access to care, they promote access to rights linked to education, culture, sport and health, as well as institutional and gender-based non-violence. They are also new ways of creating and organising a type of associative and socially necessary work.

(Fournier, 2022, p.10)

Their inclusion in the comprehensive care system plays its part from a wider sustainability of life perspective in creating links with citizens and promoting community responsibility in the exercise of the right to care through influence and accountability.
In this section, first, we offer a comprehensive snapshot of the country according to the approach of policy coherence for sustainable development that underpins the Coherence Index. Below, we analyse certain policies that play a key role in contributing towards a care society.

### Application of the Coherence Index

The Coherence Index is calculated as 51.78, indicating a moderate level of coherence.

- **Transitions**: 68
- **Planetary pressures**: 75
- **Democratic**: 84
- **Feminist**: 75
- **Socio-economic**: 68
- **Ecological**: 51

**Legend**:
- **0-20** (worse performance)
- **60-80**
- **20-40**
- **80-90**
- **40-60** (better performance)
- **>90**

**Categories**:
- **D**: Democratic transition
- **F**: Feminist transition
- **S**: Socio-economic transition
- **ECO**: Ecological transition
- **TRAN**: Transitions
- **ECO IMP**: Planetary pressures

**Dimensions**:
- **SC**: Social cohesion
- **DDHH**: Disability
- **MILIT**: Military
- **LEG**: Legal
- **SOC**: Social
- **POL**: Political
- **BRECH**: Breach
- **SOC**: Social
- **EMP**: Employment
- **FIS**: Finance
- **SSBB**: Social security
- **DESIG**: Design

**Performance**
- **SC**: Black
- **DDHH**: Green
- **MILIT**: White
- **LEG**: Red
- **SOC**: Yellow
- **POL**: Purple
- **BRECH**: Red
- **SOC**: Green
- **EMP**: Green
- **FIS**: Red
- **SSBB**: Red
- **DESIG**: Green
The figure shows Argentina’s score in Indico, at an aggregated level and in its different components. As can be seen, the country obtains a final score of 51.78 points out of 100. In disaggregated terms, Argentina obtains a score of 68 in Transitions and 75 in Planetary Pressures. If we look in detail at each of the transitions assessed by Indico, we can see:

» In **democratic transition**, according to data for the period between the years 2019-2023, the country gets a high score (84) which is explained by its commitment to the principal treaties on international rights and its relatively low contribution to militarisation of the planet. However, the country has considerable room for improvement in the dimension of civil society, that evaluates to what degree the country guarantees civic space and transparency.

» In **feminist transition**, the country has a score of 75. In the legal and regulatory framework, positive emphasis is given to its ratification of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and its optional protocol, the Convention on domestic workers, 2011 (C-189), and its legislation to guarantee the right to abortion and the recognition of LGBTI families, among others. However, it has low scores for legislation on violence against women, and LGBTI legislation, due to the limited protection it provides against sexual discrimination (according to ILGA data of 2020). In relation to the social situation of women, the country has considerable room for improvement in important areas such as the percentage of women with secondary education. In political participation, the country is penalised by the low presence of women in ministerial positions (36 points). In gender gaps, the fundamental challenge appears in the participation of women in the labour market (65 points).

» In **socio-economic transition**, the country scores 68 points out of 100, of particular note are its low scores in the dimension that evaluates the social situation of the population (in particular in public investment in healthcare workers and social protection); or in taxation where there is significant room for improvement both to increase the level of state revenue (also through tax collection) and to reduce social inequality through governmental fiscal action. Weak fiscal systems (with low collection and little progressive taxation) work to the detriment of the funding of vital public policies such as those related to care.

» The country has a low score in **ecological transition**, fundamentally due its poor performance in protected terrestrial and marine areas (18 out of 100), and in electricity generation from renewable energy sources (10 out of 100)

On the other hand, in relation to **planetary pressures**, it is notable that it has the fifth lowest score of the Latin American countries evaluated by Indico, although this is better (75) than many European countries.
In short, and up to the date of the Indico 2023 analysis, it could be said that, although it has an interesting legal framework with the potential to be more widely deployed, some very important challenges can be seen in the dimension that evaluates its social situation, in fiscal action as a way of reducing inequalities and in certain environmental policies, as well as in the reduction of its planetary pressures.

Policy coherence towards a care society

The commitment to a more systematic and comprehensive approach under a broad perspective of the right to care and the creation of inter-institutional management and governance mechanisms help to make progress in policy coherence towards a care society. As regards educational policy, as has already been mentioned, the State has committed to improving the cover and quality of early childhood education from an educational perspective, going beyond the welfare-based viewpoint that used to characterise its policies aimed at this group. In this way, for example, through the Care Infrastructure Network, the Ministry of Public Works together with the Ministry of Social Development has implemented the Infrastructure Programme for Child Education Centres, aimed at constructing 500 spaces for education, care and the promotion of children’s rights in the most vulnerable areas of the country, with the objective of promoting equitable access to early childhood care spaces.

When it comes to labour policy, an important area for improvement included in the Caring in Equality Draft Law is the creation and extension of leave for birth and adoption, which would mean amending the labour legislation. Furthermore, the draft bill includes the development of formal and decent employment in care work, for which it is oriented towards the promotion of paid care work through the creation of a national register of care workers and the promotion of training, certification, proper remuneration and the recognition of professions, tasks and occupations considered to be care work. The draft bill also includes the recognition and strengthening of care work in the community, through the creation of a register of community spaces or the promotion of paid community work.

With regards to health policy the draft bill does not address any specific points. However, it is worth pointing out that in the area of health there is no clear coordination with social services, or with care services in particular. However, PAMI has been working since 2016 on the model PAMI Medical Home (Casa Médica), “a comprehensive primary care approach for older persons who are considered to be fragile and with chronicity that takes into account their biological, psychological and social aspects” (Oliveri, 2020, p.42).

Further information is available at www.indicedecoherencia.org and fact sheet on Argentina.
The systematic approach to care does not seem to be reaching the migration policy despite the fact that Argentina has traditionally been a country in the region that receives a migrant population, especially women coming from Paraguay, Bolivia and Chile (Gavazzo and Nejamkis, 2021). One of the principal job opportunities for the migrant population is domestic work that, in 2013 - through the Special Employment Contract Regime for Persons Employed in Private Homes (Law 26.844) - gave them the same rights as other registered salaried persons. Nor does the social policy network identify this group as vulnerable, with specific programmes and measures.

Finally, and in relation to foreign policy, it is worth pointing out that this intersectoral view of care also extended to the Feminist Foreign Policy (FFP) during the previous government, which promoted it in 2022 and reinforced it in 2023 with the creation of the Special Representative for Feminist Foreign Policy. Thus, one of the six priority bases for action was development of a Care Society, whose focus was

“to contribute to the implementation and monitoring of the Buenos Aires Commitment, its contribution to multilateralism and to establish alliances on a different scale that will contribute to setting up that agenda. In this context, progressing towards achieving a Bi-regional Pact for Care Policies, based on the Buenos Aires Commitment and the European Care Strategy of the EU is encouraged."

(Rulli, 2023)

As well as working towards an EU-LAC Bi-regional Pact with regard to the right to care, Argentina has also supported initiatives like the Resolution on Care in the UN Human Rights Council, the declaration of an International Day of Care and Support for the request for an advisory opinion to the Inter-American Court of Human Rights on the content and scope of care as a human right. One line of action, therefore, with which the orientation of the national policy has been consistent.
8. BUDGET AND FUNDING MODELS

The Caring in Equality Draft Law entails a commitment to increasing the public sector in the guarantee and provision of the right to care. Public investment for its implementation is estimated at 114,630 million pesos, which represents 0.11% of GDP. This calculation includes remuneration for the network of community workers and the provision of carers, as well as the costs of extending and creating leave, (MMGyD and MTESS, 2023). It is considered that this investment would have multiplier effects through the reduction of unemployment and poverty, the increase in domestic consumption, the economic reactivation in the districts and the increased tax revenue. (MMGyD and MTESS, 2022ª).

The draft bill also provides for the inclusion of new items in the Budget for the National Administration earmarked for SINCA, as well as the identification of items assigned to care (MMGyD and MTESS, 2023). That is, budgeting mechanisms with a gender-focus that will be vital for control, evaluation and accountability.

Moreover, from a comprehensive perspective and taking into account the important economic and social returns involved in the care economy, the draft bill proposes the obligation of the Ministry of Public Works of Argentina to create a Care Infrastructure Fund that, on an annual basis, will allocate at least 8.5% of its budget to care infrastructures. The Care Infrastructure Programme (Resolution 252/2021) has been created for this purpose. Its aim is to strengthen the Care Infrastructure Network, through which works are planned and executed for children, health, gender, youngsters, older people and people with disabilities, which will promote this right and guarantee basic standards of quality of life for the population.

The Care Infrastructure Network proposes to increase and strengthen the services already existing in the areas of care, through the following components: i) Federal Health Infrastructure Network; ii) Comprehensive Territorial Centres for Gender and Diversity Policies; iii) Childhood Development Centres; iv) Spaces for Youth; v) Spaces for care of older persons and persons with disabilities13.

Further information on the Care Infrastructure Network is available at: https://www.argentina.gob.ar/obras-publicas/genero-y-diversidad/red-de-infraestructura-del-cuidado

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13 Further information on the Care Infrastructure Network is available at: https://www.argentina.gob.ar/obras-publicas/genero-y-diversidad/red-de-infraestructura-del-cuidado
9. MONITORING, EVALUATION AND ACCOUNTABILITY

One of the main challenges is to develop robust information systems to support the incorporation of mechanisms to monitor and evaluate the care policies. This weakness influences the policies aimed at children, older persons and dependent persons. Thus, for example, with regards to dependence policies, the coordination and integration of minimum standards of quality for the services, both public and private, is insufficient. Nor is there systematised and computerised information on the offer of available services (ILO, UNICEF, UNPD and CIPPEC, 2018; Oliveri, 2020).

This is why the production of data, registers and information on care services is one of the lines of work proposed by the draft bill. Specifically, its Art. 76 calls for the development of instruments to map, survey and analyse the characteristics of care work, the gaps existing in the social organisation of care throughout the national territory, including the offer of and demand for care services and infrastructure and the integration of this information with that produced by the National Statistical System in the terms of Law No. 27.532 as a principal source of measuring the value of unpaid care work.

Law 27.532 refers to the inclusion in the National Statistical System of the National Time Use Survey as a module of the Permanent Household Survey (PHS), in order to collect and quantify, from a gender perspective, information on the participation and time spent by people on the different activities of their daily life, disaggregated by gender and age. The first National Time Use Survey (NTUS) was carried out in 2021 and means a major step forward, however, it only collects data about the real situation in urban areas. Thus, for example, it showed that women devote, on average, 6:31 hours to unpaid work, while men only devote 3:40 hours to it. Recent studies show that rural women have specific problems and spend more time on care work, related to tasks of self-consumption, and estimated at 13:26 hours (CONICET, 2023). Another tool to measure care work is the Care Calculator, a platform to measure the time and economic contribution of domestic and care tasks.

In this process of diagnosing and systematising the care services available, the creation of the Federal Care Map deserves special recognition; this is a pioneering web-based tool offering up-to-date information on the nearest institutions (public, private or community) that provide early childhood care, and care for older persons and persons with disabilities throughout the country, also enabling identification of where the principal gaps lie. This tool has been one of the pillars of the design creation process of SINCA.

On the other hand, as already mentioned, the draft bill also provides for the inclusion of new items in the Budget for the National Administration, earmarked for SINCA, as well as identification of the items assigned to care (MMGyD and MTESS, 2023). That is, budgeting mechanisms with a gender-focus that will contribute towards control, evaluation and accountability.
1. CONTEXT, EVOLUTION AND ACCELERATION FACTORS

Spain’s social organisation of care has a family-based model, present in the countries of Southern Europe, which is characteristic because the Welfare State is poorly developed in comparison with the Nordic, Continental or Anglo-Saxon welfare models. The network of social services remains weak and welfare-based, with salaried employment as the foundation as opposed to care as a universal right.

Despite having a sectoral approach that is essentially structured around employment, in recent decades the regulatory development in Spain on care has moved away from an approach more linked to achieving a work-life balance, towards a wider perspective of shared responsibility and the right to care. This progress has taken place within the European regulatory framework, but, although Spain is currently promoting more transformative narratives and more strategic visions of care under a sustainability of life paradigm, up to now specific legislation has not been approved that embodies the right to care in a comprehensive way. Moreover, institutional weaknesses and sexist cultural patterns persist.

The existence of a progressive government helped to include the gender perspective in its response to the COVID-19 pandemic. The pandemic made clear the existing care crisis and the great vulnerability of older persons. Similarly, the mobilisation and advocacy of domestic workers, associations of migrants and feminist groups have contributed to the progress made in the regulation of this sphere of work.

These factors have contributed towards the creation of a more strategic, comprehensive and inclusive vision of care and a firm intent to strengthen social rights in Spain. In this sense, attention should be drawn to preparation of the Road Map for the State Care Strategy developed by the Ministry of Social Rights, Consumer Affairs and 2030 Agenda and the Ministry of Equality.
### 2. RATIFICACIÓN DE ACUERDOS INTERNACIONALES Y REGIONALES

<table>
<thead>
<tr>
<th>International conventions</th>
<th>Signature</th>
<th>Ratification</th>
</tr>
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<tbody>
<tr>
<td>Optional Protocol.</td>
<td>2000</td>
<td>2001</td>
</tr>
<tr>
<td>International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (CMW).</td>
<td>Not ratified</td>
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<tr>
<td>ILO Convention No. 100 on equal remuneration.</td>
<td>1967</td>
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<td>ILO Convention No. 102 on social security (minimum standards)</td>
<td>1988</td>
<td></td>
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<tr>
<td>ILO Convention No. 111 on discrimination (employment and occupation).</td>
<td>1967</td>
<td></td>
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<tr>
<td>ILO Convention No. 156 on workers with family responsibilities.</td>
<td>1985</td>
<td></td>
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<tr>
<td>ILO Convention No. 183 on maternity protection.</td>
<td>Not ratified</td>
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<tr>
<td>ILO Convention No. 189 on domestic workers.</td>
<td>2023</td>
<td>2023</td>
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<tr>
<td>ILO Convention No. 190 on the elimination of violence and harassment in the workplace.</td>
<td>2022</td>
<td></td>
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<tr>
<td>ILO Convention No. 107 on indigenous and tribal populations.</td>
<td>Not ratified</td>
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<tr>
<td>ILO Convention No. 169 on indigenous and tribal peoples.</td>
<td>2007</td>
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<tr>
<td>Regional Conventions in Latin America and the Caribbean</td>
<td>Signature</td>
<td>Ratification</td>
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<tr>
<td>EU Directive 2019/1152, on transparent and predictable working conditions.</td>
<td>2019</td>
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<tr>
<td>EU Directive 2019/1158, on work-life balance for parents and carers.</td>
<td>2019</td>
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<tr>
<td>Council Recommendation on vocational education and training to address gender segregation in employment.</td>
<td>2020</td>
<td></td>
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<tr>
<td>Council Recommendation of 8 December 2022 on access to affordable, high-quality long-term care.</td>
<td>2022</td>
<td></td>
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<tr>
<td>Council Recommendation on the revision of the Barcelona targets on early childhood education and care.</td>
<td>2022</td>
<td></td>
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<tr>
<td>Opinion of the European committee of the Regions on Deinstitutionalisation in care systems at local and regional level.</td>
<td>2018</td>
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</tbody>
</table>
3. CARE SERVICES, POLICIES AND REGULATIONS

In Spain there are various laws and regulations on education, employment and social services that regulate different components of care. It is worth pointing out that in Spain there is extensive administrative decentralisation and that the Autonomous Communities have legislative and executive competences in these matters\(^\text{15}\). At the level of national legislation, the following are significant: Law 39/1999 of 5 November to promote the work-life balance of employed persons (Ley 39/1999, de 5 de noviembre, para promover la conciliación de la vida familiar y laboral de las personas trabajadoras); Organic Law 3/2007, of 22 March, for the effective equality of women and men (Ley Orgánica 3/2007, de 22 de marzo, para la igualdad efectiva de mujeres y hombres); and Royal Decree-law 6/2019, of 1 March, on urgent measures to guarantee equal treatment and opportunities for women and men in employment and occupation (Real Decreto-ley 6/2019, de 1 de marzo, de medidas urgentes para garantía de la igualdad de trato y de oportunidades entre mujeres y hombres en el empleo y la ocupación). In 2023, the developments contained in Royal Decree-Law 5/2023\(^\text{16}\) are worth noting. They strengthen the right to a work-life balance, create a new parental leave, increase certain paid leaves and the right to adapt the working day to care for children or persons with disabilities, and extends its application to unmarried couples. More focused on the long-term care of dependent persons is Law 39/2006, of 14 December, on the Promotion of Personal Autonomy and Care for Dependent Persons (Ley 39/2006, de 14 de diciembre, de Promoción de la Autonomía Personal y Atención a las personas en situación de Dependencia).

From a more comprehensive and strategic vision of care, the Road Map for the State Care Strategy developed by the Ministry of Social Rights, Consumer Affairs and 2030 Agenda and the Ministry of Equality (2022) considers the development of a future Family Law and Social Services Law, equality of subjective rights of the citizens to the benefits and services of the public social service system.

\(^{15}\) The Spanish constitutional system establishes a system that recognises territorial autonomy which legally and administratively results in profound decentralisation based on 17 Autonomous Communities, two cities with a statute of autonomy and 8,125 local entities. The Autonomous Communities have political and financial autonomy, as well as legislative and executive competences in relation to the subjects contained in their Statutes. In short, with regard to social services, the Autonomous Communities have exclusive competences and, therefore, irrespective of state policies, each Autonomous Community progresses at a different speed in the recognition and guarantee of rights.

\(^{16}\) Royal Decree-law 5/2023, of 28 June, adopting and extending certain measures in response to the economic and social consequences of the war in Ukraine, to support the reconstruction of the island of La Palma and other situations of vulnerability; transposing European Union Directives on structural modifications of commercial companies and work-life balance for parents and carers; and on the implementation and enforcement of European Union law (Real Decreto-ley 5/2023, de 28 de junio, por el que se adoptan y prorrogan determinadas medidas de respuesta a las consecuencias económicas y sociales de la Guerra de Ucraína, de apoyo a la reconstrucción de la isla de La Palma y a otras situaciones de vulnerabilidad; de transposición de Directivas de la Unión Europea en materia de modificaciones estructurales de sociedades mercantiles y conciliación de la vida familiar y la vida profesional de los progenitores y los cuidadores; y de ejecución y cumplimiento del Derecho de la Unión Europea).
According to data from the European Institute for Gender Equality (EIGE) of 2023, Spain scores 76.4 points out of 100 on the Gender Equality Index\textsuperscript{17}, compared to an average regional score of 70.2 for the European Union (EIGE, 2023).


gender equality and non-discrimination\textsuperscript{18}

The Convention on the Elimination of All Forms of Discrimination against Women lays down the principle of the equality of women and men and commits its members to “adopt all appropriate measures to eliminate discrimination against women in the field of employment”. Therefore, the principle of the equality of women and men, as well as the express prohibition on any type of discrimination based on sex within the work sphere, must be covered by different legislative provisions, including in specific legislation to promote equality between women and men.

<table>
<thead>
<tr>
<th>Regulations</th>
<th>Provisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Spanish Constitution (of 27 December 1978) Art. 1, 9, 14 and 149</td>
<td>Regulated in the Constitution, in the Workers’ Statute (Estatuto de los Trabajadores) in the law for the effective equality of women and men, in the Royal Decree that regulates equality plans and registration thereof and in the Royal Decree that establishes urgent measures to guarantee equal treatment and opportunities for women and men in employment and occupation.</td>
</tr>
<tr>
<td>Organic Law 3/2007, of 22 de March, for the effective equality of women and men (of 22 March 2007) Art. 1, 2, 3, 5, 6, 10, 11, 13, 43, 45, 46, 47 and 49</td>
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<tr>
<td>Royal Decree 901/2020, of 13 October, regulating equality plans and registration thereof and modifying Royal Decree 713/2010, of 28 May, on the registration and filing of collective employment agreements and collective bargaining agreements (of 13 October 2020) Art. from 1 to 12</td>
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<tr>
<td>Royal Legislative Decree 2/2015, of 23 October, approving the consolidated text of the Workers’ Statute Law (of 23 October 2015) Art. 4, 12, 17, 22, 24, 64, 85 and 90</td>
<td></td>
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<tr>
<td>Royal Decree Law 6/2019, of 1 March, on urgent measures to guarantee equal treatment and opportunities for women and men in employment and occupation (of 1 March 2019) Art. 1</td>
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\textsuperscript{17} The Gender Equality Index is a tool to measure gender equality progress in the European Union, prioritising those areas where improvement is needed such as work, money, knowledge, time, power, health, as well as violence and their intersection with other inequalities.

\textsuperscript{18} The following information has been extracted from the Virtual platform on legislation affecting women’s economic independence and empowerment in Ibero-America, developed by the SEGIB with the support of UN Women.
Equal pay

Ensuring that the work carried out by men and women is properly valued and ending pay discrimination are essential to achieve gender equality, and they also constitute essential elements for decent work. The principle of equal pay for men and women for a job of equal value, as established by the Convention on equal pay, 1951 (No. 100) is therefore essential, especially considering that men and women often perform different jobs.

<table>
<thead>
<tr>
<th>Regulations</th>
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<tbody>
<tr>
<td>The Spanish Constitution (of 27 December 1978) Art. 35</td>
<td>Regulated in the Constitution, in the Workers’ Statute and in Royal Decree on Equal Pay and in these the principle of equal pay for a job of equal value is applied in accordance with the provisions of ILO Convention No. 100.</td>
</tr>
<tr>
<td>Royal Decree 902/2020, of 13 October, on equal pay for women and men (Real Decreto 902/2020, de 13 de octubre, de igualdad retributiva entre mujeres y hombres) (of 13 October 2020) Art. from 1 al 11</td>
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<tr>
<td>Royal Legislative Decree 2/2015, of 23 October, approving the consolidated text of the Workers’ Statute Law (of 23 October 2015) Art. 28</td>
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Maternity protection

Maternity protection is a fundamental labour right and a crucial element to ensure decent work and the productivity of women, as well as to achieve gender equality in work. This right, that has been enshrined in universal fundamental human rights treaties, includes among its principal elements, maternity leave of not less than 14 weeks, protection from dismissal in the event of pregnancy or maternity, reduction or interruption of paid working time for breastfeeding and payment of maternity leave by social security to avoid indirect sources of discrimination.
Paternity leave

Together with maternity protection, one of the main measures to overcome economic discrimination against women is implementing regulations that ensure the involvement of men in family responsibilities. The legislation relating to maternity protection has to be accompanied by laws that regulate paternity leave, ensuring the principle of co-parenting in the care-related legislation and avoiding the weight of care falling unilaterally on women, through the extension of paternity leaves.

<table>
<thead>
<tr>
<th>Regulations</th>
<th>Provisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law 39/1999, of 5 November, to promote the work-life balance of employed persons (of 5 November 1999) Art. 1 to 3 and from 5 al 7</td>
<td>Social security funding (maternity) 100% paid by the Social Security.</td>
</tr>
<tr>
<td>Organic Law 3/2007, of 22 March, for the effective equality of women and men (of 22 March 2007) Art. 8 and 44</td>
<td>Maternity leave of 16 weeks (6 consecutive obligatory weeks following the birth)</td>
</tr>
<tr>
<td>Royal Legislative Decree 2/2015, of 23 October, approving the consolidated text of the Workers' Statute Law (of 23 October 2015) Art. 37, 45, 48, 53, and 55</td>
<td>Protection against dismissal Up to twelve months after the date of birth or adoption.</td>
</tr>
<tr>
<td>Royal Legislative Decree 8/2015, of 30 October, approving the consolidated text of the General Social Security Law (Ley General de la Seguridad Social) (of 30 October 2015) Art. 165; from 177 to 179; from 181 to 189; 248</td>
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<tr>
<td>Royal Decree-law 6/2019, of 1 March, on urgent measures to guarantee equal treatment and opportunities for women and men in employment and occupation (of 1 March 2019) Art. 2</td>
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<td>Regulations</td>
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<tr>
<td>Law 39/1999, of 5 November, to promote the work-life balance of employed persons (of 5 November 1999) Art. 1, 2, 5, 6 and 7</td>
<td>Social security funding (paternity) 100% paid by the Social Security.</td>
</tr>
<tr>
<td>Royal Legislative Decree 2/2015, of 23 October, approving the consolidated text of the Workers’ Statute Law (of 23 October 2015) Art. 48</td>
<td></td>
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<tr>
<td>Royal Decree-law 6/2019, of 1 March, on urgent measures to guarantee equal treatment and opportunities for women and men in employment and occupation (of 1 March 2019) Art. 2</td>
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</tr>
</tbody>
</table>

### Care

Discrimination against women in terms of their financial independence is subject to the historic sexual division of work that places them predominantly in the reproductive sphere and makes them primarily, and almost exclusively, responsible for the unpaid care work and domestic work. From this point of view, the legislation also presents standards and laws aimed at balancing out this type of work between the State, the market, the community and the families, focusing on shared responsibility in relation to the right to care and be cared for (among the four actors mentioned), universality (ensuring access and cover to all people) and gender equality (promoting care systems that equalise the opportunities and responsibilities of women and men).

<table>
<thead>
<tr>
<th>Regulations</th>
<th>Provisions</th>
</tr>
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<tbody>
<tr>
<td>Decree-law 3/2021, of 2 February, adopting measures to reduce the gender gap and other matters in the fields of social and economic security (<em>Decreto-ley 3/2021, de 2 de febrero, por el que se adoptan medidas para la reducción de la brecha de género y otras materias en los ámbitos de la Seguridad Social y económico</em>) of 2 February 2021) Art. 1</td>
<td>Recognition of care work  The law establishes the need to introduce appropriate statistical tools that will allow the work undertaken by women in the home to be visible.</td>
</tr>
</tbody>
</table>
### Regulations

<table>
<thead>
<tr>
<th>Law 10/2021, of 9 July, on remote working (Ley 10/2021, de 9 de julio, de trabajo a distancia) (of 9 July 2021) Third final provision.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law 39/1999, of 5 November, to promote the work-life balance of employed persons (of 5 November 1999) Art. From 2 to 4 and 7</td>
</tr>
<tr>
<td>Law 39/2006, of 14 December, on the Promotion of Personal Autonomy and Care for Dependent Persons (of 14 December 2006) Art. 6, 7; from 13 to 15; and 26</td>
</tr>
<tr>
<td>Royal Legislative Decree 2/2015, of 23 October, approving the consolidated text of the Workers’ Statute Law (of 23 October 2015) Art. 13, 34, 37, 40 and 46</td>
</tr>
<tr>
<td>Royal Decree-law 6/2019, of 1 March, on urgent measures to guarantee equal treatment and opportunities for women and men in employment and occupation (of 1 March 2019) Art. 2, 3, 4 and 7</td>
</tr>
<tr>
<td>Royal Legislative Decree 8/2015, of 30 October, approving the consolidated text of the General Social Security Law (of 30 October 2015) Art. 60 and from 235 to 237</td>
</tr>
<tr>
<td>Royal Decree-law 5/2023, of 28 June, transposing European Union Directives on the work-life balance for parents and carers.</td>
</tr>
</tbody>
</table>

### Provisions

<table>
<thead>
<tr>
<th>Redistribution and/or reduction of care work</th>
</tr>
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<tbody>
<tr>
<td>The right to request adaptations to the length and distribution of the working day.</td>
</tr>
<tr>
<td>The right to remote working and adaptation of the working day for a child under the age of 12 or person with disabilities.</td>
</tr>
<tr>
<td>The right to reduction of the working day and leave for the care of minors. Breastfeeding leave for mother or fathers with children under the age of 9 months.</td>
</tr>
<tr>
<td>Economic allowance for reduction of the working day for a child in hospital.</td>
</tr>
<tr>
<td>Services and assistance are established for dependent persons and carers.</td>
</tr>
<tr>
<td>Contributory pensions for care are considered.</td>
</tr>
<tr>
<td>Parental leave of 8 weeks</td>
</tr>
</tbody>
</table>
Social security

One fundamental aspect linked to women’s economic empowerment relates to the social protection systems that include access to pensions. In the case of contributory pension schemes, the main source of discrimination is linked to their contribution density that can be affected by retirement ages differentiated by sex and by the interruptions in women’s working life as a result of the reproductive role and care work they assume.

<table>
<thead>
<tr>
<th>Regulations</th>
<th>Provisions</th>
</tr>
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<tbody>
<tr>
<td>The Spanish Constitution (of 27 December 1978) Art. 41</td>
<td>Social contributions for unpaid care work</td>
</tr>
<tr>
<td>Law 19/2021, which establishes the minimum living income (Ley 19/2021, de 20 de diciembre, por la que se establece el ingreso mínimo vital) (of 20 December 2021). Fourth final provision.</td>
<td>Extraordinary contributions for mothers for each birth or effective contributions for mothers and fathers during the years of unpaid leave for the care of children.</td>
</tr>
<tr>
<td>Royal Legislative Decree 8/2015, of 30 October, approving the consolidated text of the General Social Security Law (of 30 September 2015) Art. 42, from 190 to 192 and 205.</td>
<td>Contribution density</td>
</tr>
<tr>
<td></td>
<td>The same retirement age for women and men (67 years or 65 if they have at least 38 years and 6 months of contributions).</td>
</tr>
</tbody>
</table>

Paid domestic work

Another essential sphere linked to women’s economic empowerment is that of domestic workers, a sector that is highly feminised and that, at the same time, provides an important proportion of women’s employment. This is a sector where, due to the nature of the activity and the space in which it is carried out, up until relatively recently was not regulated in national legislation and, consequently, has been subject to deep discrimination on matters such as access to social protection, minimum wage, working days and holidays, or the benefits available to these workers.
<table>
<thead>
<tr>
<th>Regulations</th>
<th>Provisions</th>
</tr>
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<tbody>
<tr>
<td>Royal Decree 1620/2011, of 14 November, regulating the special relationship that characterises service within the family household (Real Decreto 1620/2011, de 14 de noviembre, por el que se regula la relación laboral de carácter especial del servicio del hogar familiar) (of 14 November 2011) Art. From 1 to 13.</td>
<td>Enrolment to the special regime of the Social Security with recognition of the same benefits, including unemployment benefit (from 2022).</td>
</tr>
<tr>
<td>Royal Legislative Decree 8/2015, of 30 October, approving the consolidated text of the General Social Security Law (of 30 September 2015) Art. 136, 250 and 251.</td>
<td>Regulation of working hours, time off and paid holidays</td>
</tr>
<tr>
<td>Royal Decree-Law 29/2012, of 28 December, on improving the management and social protection in the Special System for Domestic Employees and other economic and social measures (Real Decreto-Ley 29/2012, de 28 de diciembre, de mejora de gestión y protección social en el Sistema Especial para Empleados de Hogar y otras medidas de carácter económico y social) (of 28 December 2012) Art. 34 bis</td>
<td>Time off during the working day for live-in domestic workers is for 10 hours (12 hours under the general regime), although these must be made up in the following 4 weeks. Less weekly time off than under the general regime.</td>
</tr>
<tr>
<td>Royal Decree-law 16/2022, of 6 September, for the improvement of working conditions and Social Security of domestic workers (El Real Decreto-ley 16/2022, de 6 de septiembre, para la mejora de las condiciones de trabajo y de Seguridad Social de las personas trabajadoras al servicio del hogar)</td>
<td>Regulated minimum wage</td>
</tr>
<tr>
<td></td>
<td>Regulated minimum wage</td>
</tr>
</tbody>
</table>
4. INSTITUTIONAL STRUCTURE OF CARE

We highlight the following institutions with competences for care at a national level:

**Social Security System**

Management of the Spanish Social Security System is attributed, among others, to the following public bodies which are part of the Ministry of Inclusion, Social Security and Migration through the Secretary of State for Social Security and Pensions:

- **National Social Security Institute (INSS).** Managing Body of the Social Security, with its own legal personality, and mandated with the management and administration of the economic benefits of the Social Security System, except for those whose management is attributed to the Institute for Older Persons and Social Services (IMSERSO) or competent services of the Autonomous Communities, as well as recognition of the right to healthcare. Its powers include recognition and monitoring of the economic benefits of the Social Security System, in its contributory regime in cases such as birth and child care, risks during pregnancy, care of minors affected by serious illness; family allowances under their non-contributory regime; or the condition of the insured person and beneficiary, whether they are the holder, family member of similar for the purposes of their health cover.

- **Social Marine Institute (ISM).** Public-law entity whose responsibilities include the management, administration and recognition of the right to benefits under the Special Social Security Regime for Seafarers, as well as their healthcare.

- **General Social Security Fund (TGSS).** Common service of the Social Security where through application of the principles of financial solidarity and single fund all the economic resources and financial administration of the Social Security System are brought together.

- **Social Security Information Technology Management.** Common service for the management and administration of the information technologies and communications in the Social Security System.Instituto de Mayores y Servicios Sociales (IMSERSO).

Further information is available at: [https://www.seg-social.es/wps/portal/wss/internet/Conocenos/QuienesSomos](https://www.seg-social.es/wps/portal/wss/internet/Conocenos/QuienesSomos)
Institute for Older Persons and Social Services (IMSERSO)

Managing Body of the Social Security that is currently attached to the Ministry of Social Rights, Consumer Affairs and 2030 Agenda through the Secretary of State for Social Rights; it has competences, among others, in the management and monitoring of disability and retirement pensions under the non-contributory regime, or the planning and basic regulation of the recognition of the right to personalised assistance to all dependent persons, guaranteeing a universal, integrated and uniform system of services.

National Institute of Healthcare Management (INGESA)

In 2002 this replaced the National Institute of Health (INSALUD), the body created in 1979 to manage and administer the healthcare services of the Social Security System. The General Health Law (Ley General de Sanidad), of 14 April 1986, created the National Health System, realising the concept of public health service that the State has to provide. From 1989, the funding of public health expenditure was changed and moved to being fundamentally paid for by the State through the ordinary tax system. On the other hand, Social Security health cover was extended to those persons previously not covered by Social Security and without sufficient resources. The transfer process for competences relating to healthcare culminated in the creation of INGESA responding to the need to reduce the size of INSALUD.

Ministry of Social Rights, Consumer Affairs and 2030 Agenda

Its objectives include guaranteeing strengthening the social rights of the citizens. Worthy of note are the impetus to approve the Minimum Living Income in 2021 and the management of social services for families, persons with disabilities and childhood and adolescence.

Further information is available at: https://www.mdsociales2030.gob.es/index.htm
Ministry of Equality

This is responsible for proposing and executing government policy on equality and policies aimed at making equality between women and men real and effective, preventing and eradicating the different forms of violence against women and eliminating all forms of discrimination based on sex, racial or ethnic origin, religion or ideology, sexual orientation, gender identity, age, disability or any other condition or personal or social circumstance\(^\text{21}\).

Institute of Women

Created in 1983, this is an autonomous body attached to the Ministry of Equality, whose functions are to promote and develop the transversal application of the principle of equal treatment and opportunities for women and men; it also prepares, in cooperation with other Departments, the reports on application of the European Union Directives, in which the Institute is the Organisation responsible for promoting equality.

Further information is available at: [https://www.igualdad.gob.es](https://www.igualdad.gob.es/)
5. FEATURES OF THE CARE POLICIES

As has already been mentioned, the distribution of administrative and legal powers relating to social rights are divided between the General State Administration, the Autonomous Communities and the Local Corporations; therefore, the social assistance and services can be funded, organised and managed by one of these three administrative bodies. Despite this decentralisation and diversity, the State guarantees that all citizens have access to the basic social benefits through instruments such as the Social Security, the Fiscal Policy, the Concerted Plan of Social Services, etc. (Ministry of Social Rights, Consumer Affairs and 2030 Agenda, 2023).

The General State Administration develops multiple initiatives from the different ministries to support families, in areas such as social protection, basic labour regulations, taxation, educational grants, housing policies, among others, that complement the activities carried out by the autonomous and local administrations in their respective areas of competence. Some of the measures are aimed at families in general, while others are aimed at specific family groups, such as large families, monomarental or monoparental families, and families with dependent persons.

The main care-related policies identify the following groups of measures:

Social Security family allowances, Minimum Living Income, Parental leave and unpaid leave. School Insurance Benefits Complements for reduction of the gender gap. Which include:

» Economic benefits for birth or adoption of children, granted to families in the case of multiple births or adoption; birth or adoption in large families, single-parent families and disabled mothers or fathers.

» Financial allowance per child or minor dependent child granted for each child under the age of 18 and affected by a disability equal to or greater than 33%, or above this age when the degree of disability is equal to or greater than 65%, whatever the legal nature of the re-

22 In recent years, this family model has grown significantly in Spain currently representing 23% of homes with children. We use the term ‘monomarental’ to show that monoparental families headed by women have a proportion of 8 to 2 (Ministry of Social Rights, Consumer Affairs and 2030 Agenda, 2023).

23 This presentation follows that proposed by the Guide to Assistance and Services for families from the Ministry of Social Rights, Consumer Affairs and 2030 Agenda (2023). Further information is available at: https://www.mdsocialesa2030.gob.es/derechos-sociales/familias/guia_ayudas_sociales/Guia2023DEFINITIVA.pdf
lationship, as well as for dependent minors under family placement regime or foster care with the purpose of adoption.

» Minimum Living Income, configured as a subjective right to an economic benefit, that forms part of the protective action of the Social Security, and guarantees a minimum level of income to those who are in financially vulnerable situations. It seeks to guarantee a real improvement in opportunities for social and labour inclusion for its beneficiaries.

» Parental leave and other leave or benefits for family reasons which include:
  
  • Birth and childcare.
  
  • Risk during pregnancy and breastfeeding.
  
  • Leave of absence or reduction of the working day: for childcare, for caring for minors and family members; for care of minors who are suffering from cancer or any other serious illness; parental leave; other leave and adaptation of the working day (for example, for prenatal checks and preparation techniques for the birth; for reasons of force majeure for family reasons, etc.).

» Unpaid leave for a period of time, but without the right to continue receiving the salary that they were receiving, in the following circumstances: for the care of children or minors under family placement regime or foster care with the purpose of adoption; or for caring for family members.

» Benefits paid by the Obligatory School Insurance managed by the National Social Security Institute (INSS) that protects all students under the age of 28 from the 3rd year of Obligatory Higher Education (ESO) up to the third year of university, against school accidents, illnesses or family misfortune.

» Complement to contributory pensions for reduction of the gender gap. Women who have had one or more children and who receive a contributory pension for retirement, permanent disability or a widow’s pension, have the right to a complement for each child, due to the effect that the gender gap generally has on the amount of women’s contributory pensions from the Social Security.
Employment assistance

These may consist of the granting of contributory or welfare-based economic benefits by the state public employment service (SEPE), or of measures to encourage the employment of certain persons established by the state within its annual employment policy. They include:

» Unemployment Benefits and Allowances that include contributory unemployment benefits, welfare-based unemployment allowance and active insertion income.

» The Employment Promotion Programme and measures providing incentives for employing workers who have special difficulties in finding work.

Tax benefits for dependent children and other family circumstances in personal income tax (IRPF)

The main objective of IRPF is for all citizens to contribute towards maintaining public expenditure in order to be able to enjoy the public services with equality of opportunity. This contribution has to be made according to the principle of progressive taxation, according to the economic capacity of each person so that it facilitates income redistribution. These types of measures include:

» State deductions for different situations and personal circumstances.

» Deductions by some Autonomous Communities that, using their regulatory powers, have modified the minimum personal and family allowance.
Social assistance to large families

Covered by the State Law on Large Families\(^{24}\). Among the benefits established on a state level the following can be highlighted: reductions of 45% of the Social Security contributions (paid by the employer) for employing carers to help a large family; deduction for taxpayers with the right to the minimum deduction per child or ascendant with disabilities and ascendants or orphan siblings of the mother and father, who form part of a large family; extension of the period for which contributions are considered to have been paid and of the period for which a job is reserved in the case of unpaid leave for childcare; specific deduction for the calculation of computable family income for the purposes of requesting a grant or assistance; or access to support measures for large families in vulnerable situations relating to their main residence.

Social assistance to monomarental and monoparental families

» Assistance through the Social Security System:

- Death benefits and survivor benefits in the event of the death of one of the members of the couple, such as widow/widower’s pension, temporary widow/widower’s allowance, orphan’s pension, or orphan’s allowance for violence against women.

- Benefits paid on the birth or adoption of a child in the case of single-parent families.

- Increase in the duration of the non-contributory maternity allowances in the case of single-parent families.

- Reductions of 45% in the social security contributions for employing family members as carers in single-parent large families.


\(^{24}\) Law 40/2003, of 18 November, on the protection of large families and Royal Decree 1621/2005, of 30 December approving the Regulations of the Law.
Taxation through the IRPF:

- Considering the single-parent family as a family unit for the purposes of joint taxation.
- Deductions from the taxable base and minimum personal allowance.
- Advance payment of the deduction for ascendants who are legally separated, or in a non-marital partnership, with two dependent children.
- Deductions by some Autonomous Communities for single parent families.

Specific measures to protect families who are in socially and economically difficult situations in relation to their housing, including single-parent families.

Social benefits from the Public Social Service System

These include benefits and services from other social protection systems such as Health, Education, Income and Social Security. They include:

- Primary care social services and benefits.
- Equipping the social services as Social service centres, Reception centres and Residential and reception centres for homeless people.
- Intervention and family support, that includes, socio-family intervention and guidance, family mediation, family meeting points and socio-educational care of children and adolescents.
- Social programmes in collaboration with Autonomous Communities:
  - Romany development plan.
  - Family protection and attention on child poverty (Support Plan for the family and children)
  - VECA programme on school holidays for children in vulnerable situations.
Assistance for families with people in situations of dependency and other services for people with disabilities

Law 39/2006, of 14 December, on the promotion of personal autonomy and care for people in situations of dependency, establishes a new citizen’s right that guarantees attention and care for people in a situation of dependency throughout the national territory. To achieve this, the System for the Autonomy and Care for Dependency (SAAD) was set up, being gradually introduced, with the participation of all the Public Administrations and the guarantee of a minimum common content of rights for all citizens in any part of the State. The benefits relating to the care of dependent people take the nature of services (that are a priority) and economic benefits, including the following:

» Services

• Prevention of situations of dependency and promoting personal independence.

• Telecare.

• Home help.

• Day and night centre.

• Residential care.

» Services provided through economic benefits

• Benefits linked to home help service, day centre service, night centre service and residential care service.

• Provision of personal assistance.

• Specific economic benefit for care in the family environment and support for non-professional carers.

Assistance in the case of non-payment of maintenance payments in situations of separation or divorce

Through the Maintenance Payment Guarantee Fund.
Childcare services for children under the age of 3

Offered by the Autonomous Communities and Local Corporations with the aim of making it possible for this group to access quality socio-educational care, as well as facilitating families being able to reconcile their work and their family responsibilities and tasks. These services, that have an uneven deployment depending on each Autonomous Community, are the following:

» Nursery Schools.
» Pre-school Centres.
» Playgroups.
» Educational Services in rural areas.
» Drop-in Centres for children and adults.
» Direct family support services.

Positive Parenting: support for father, mothers and people with parental responsibility

Through the platform ‘Familias en Positivo’ (Positive Families), created by the Ministry of Social Rights, Consumer Affairs and 2030 Agenda, in collaboration with the Spanish Federation of Municipalities and Provinces (FEMP), its purposes include helping families in the positive exercise of parenting.

Further information is available at: https://www.familiasenpositivo.es/
Study grants and assistance from the Ministry of Education and Vocational Training

Calls for applications for study grants and assistance are held annually for the purpose of obtaining an official qualification or certificate valid throughout the national territory.

Housing assistance

Through the State Plan for access to Housing 2022-2025 which establishes the assistance available to meet the housing needs of more vulnerable social groups and sets the requirements that must be met to access them. There are also specific measures to support family units in situations of special vulnerability, and those who are finding it difficult to pay their mortgage debt or rent and have been evicted from their habitual residence. Similarly, the Youth Rental Voucher helps towards payment of rent, making emancipation and access to housing possible for young people.
The impetus of a more strategic, comprehensive and inclusive vision of care and the commitment to strengthen social rights is developing into the design of a **State Care Strategy**. In this sense, preparation of the Road Map for the State Care Strategy stands out. It is promoted by the Ministry of Social Rights, Consumer Affairs and 2030 Agenda and the Ministry of Equality (2022) and comprises and promotes various initiatives:

i) the Emergency Plan for Dependency 2021-2023 that strengthens SAAD’s economic provision and moves forward reforms and improvements in the system, which include the new Agreement on Common Criteria of Accreditation and Quality of the Centres and Services of SAAD, coordinated between the Ministry of Social Rights, Consumer Affairs and 2030 Agenda, social actors (Social Round Table) and civil society and experts (Civil Round Table); ii) guidance of Component 22 of the Plan for Recovery, Transformation and Resilience towards the transformation of the long-term care model under a dual logic of centrality and individual independence, as well as deinstitutionalisation and care as far as possible at home and in the community; iii) drafting of the future Family Law; iv) the Joint Responsibility Plan, in coordination with the Autonomous Communities, focuses on the care of children and adolescents up to the age of 16; v) approval in 2022 of the III Strategic Plan for Effective Equality between Women and Men (2022-2025) which includes a line of action aimed at promoting recognition of the right to care and progress in a socially fair reorganisation of care and time; vi) the launch of a Care Assessment Board as a space for the participation of citizens and institutions; and, finally, vii) the drafting of a future Social Services Law that will seek to guarantee equality in the subjective rights of the citizens to the benefits and services of the public social service system.
6. GOVERNANCE

As has been mentioned, the various policies related to care in a wide sense involve different government institutions. Moreover, given the high level of decentralisation of powers in the Autonomous Communities and Local Entities with regard to health, education and social services, the coordination and governance of these services and benefits is fundamental in order to guarantee their equality and universality. This coordination may be economic and technical, in some cases it involves collaboration in its management or territorial expansion, and in other cases it is centred on the projection and implementation of assistance in one territory and/or for a specific group of people.

To achieve this, there are various Sectoral Conferences that are multi-actor cooperation bodies relating to a specific sector of public activity. They are comprised of the competent Ministerial Department and Departments of the autonomous Governments responsible for the same subject. Because of their composition, number and activity they are the principal pillar of the inter-administrative cooperation. There are Sectoral Conferences on health, education, equality and childhood and adolescence, and the Territorial Council of Social Services and of the System for the Autonomy and Care for Dependency have been set up. Their functions include establishing the criteria to determine the service protection intensity, agreeing the conditions and amounts of the economic benefits or the scale that will be used as guidance for the benefit system.

They also set up coordination mechanisms with social and civil society actors. Thus, for example, within the Emergency Plan for Dependency 2021-2023, that strengthens SAAD’s economic provision and moves forward reforms and improvements in the system, work has been done on the Agreement on Common Criteria of Accreditation and Quality of the Centres and Services of SAAD, coordinated between the Ministry of Social Rights, Consumer Affairs and 2030 Agenda, social actors (Social Round Table) and civil society and experts (Civil Round Table).

Independently of these sectoral mechanisms and in line with the more strategic, systematic and comprehensive vision of the Road Map of the State Care Strategy, in 2021 the Care Assessment Board was set up, an initiative of the Ministry of Equality and with the participation of the Ministries of Social Rights and Agenda 2030, Labour and Social Economy, Social Inclusion and Education, as well as the Spanish Federation of Municipalities and Provinces (FEMP) and the Autonomous Communities. This board constitutes the first experience of discussion and coordination between all the ministerial departments and institutions with competence in the sphere of the right to care. A space with the participation of 76 social and union bodies, experts from academia, the third sector, the feminist movement and from the international sphere, that started a process of collective reflection through its plenary session and working groups. In this process, of particular note is the First and Second Deliberation Forum: Social Meeting for the State Care Strategy, in 2022, in which the six areas of work proposed by the Assessment Board were addressed: i) bringing professionalism and dignity to care work; ii) the use of time and measures in the work environment; iii) the governance and funding of the system; iv) the system of support for dependency and promotion of personal independence; v) childcare; and vi) cultural change towards the ethics of care. The Board has also prepared the Base Document for Care (Institute of Women, 2023).
In these spaces, debates are held on the institutional governance model and the need to set up the following bodies has been proposed: an Inter-ministerial Committee on Care (CIC), as an institutional mechanism for the coordination of political decisions; a State Secretariat for Care (SEC), as an institutional mechanism for the intersectoral management of the System’s components; and finally, an Intersectoral Care Conference, as a space for concertation and agreement between the State and the Autonomous Communities.
7. POLICY COHERENCE

Similarly to the case of Argentina, in this section, we offer a global analysis of the country in accordance with the approach of policy coherence for sustainable development that underpins the Coherence Index. Below, we analyse certain policies that play a key role in contributing towards a care society.

Application of the Coherence Index

![Coherence Index Graph]

- **Transitions**: 73
- **Planetary pressures**: 72
- **Democratic**: 73
- **Feminist**: 88
- **Socio-economic**: 79
- **Ecological**: 56

**Legend**
- **D**: Democratic transition
- **F**: Feminist transition
- **S**: Socio-economic transition
- **ECO**: Ecological transition
- **TRAN**: Transitions
- **ECO IMP**: Planetary pressures

**Performance Ranges**
- 0-20 (worse performance)
- 20-40
- 40-60 (better performance)
- 60-80
- >90 (better performance)
From a quick reading of the scores shown in the Coherence Index for Spain we see that its final score is 53.23 out of 100. At a disaggregated level it scores 73 points in Transitions and 72 in Planetary Pressures. We can see which are the most specific areas for improvement Spain has from a policy coherence perspective in the different areas evaluated by Indico:

» In **democratic transition**, according to data fundamentally from the period between the years 2019-2022, the country get a score of 73 points, which is explained by its strong commitment to the principal international rights treaties (96). However, Spain faces important challenges in the Militarisation dimension (with a score of 55), due to its high levels of participation in the international trade of conventional weapons, being the seventh greatest weapons exporter in the world. This score would be even lower if we were to take figures from 2023, given recent increases in Spanish military expenditure that show that it has exceeded 2% of GDP.26

» In **feminist transition**, with a score of 88 out of 100, we can highlight its high scores in the political participation of women, their high presence in ministerial posts, in certain indicators that tell us about their social situation (such as the maternal death rate, teenage birth rate) or in the gender gap relating to average years enrolled in school. However, there is room for improvement in the figures on gender-based violence. In the dimension legal and regulatory framework, it is worth mentioning that for many of the indicators, the figures refer to the period 2019-2021, and they do not therefore include recent legislative reforms and advances, such as ratification of the ILO Convention No. 189.

» The values obtained in the different dimensions of **socio-economic transition** (79) point to the need to make improvements in policies of different importance and nature that, together, will strengthen the welfare state and ensure social and economic rights. For example, it is considered necessary to increase public investment in social and healthcare expenditure or strengthen the policies that tackle unemployment. In Taxation, the Financial Secrecy Index stands out for its low score (57). This tells us about a tax policy that favours financial opacity and, therefore, contributes to a national and global environment of tax evasion and money laundering, at the expense of a solid state with redistributive policies.

» Looking at **ecological transition** (with 56 points out of 100), Spain faces some important challenges when it comes to electricity generation from renewable energy sources (excluding hydroelectric power) and providing better protection for its terrestrial and marine areas.
Analysis of Indico’s second pillar, planetary pressures (72 out of 100), shows us an important area for improvement in the reduction of its material footprint and CO2 emissions (in terms of consumption).

In short\textsuperscript{27}, a detailed look at the data provided by Indico allows us to understand better the significant actions that must be taken in policy coherence for sustainable development. In this sense, as well as those mentioned from an ecological perspective, there is significant room for improvement in reduction of militarisation and strengthening the educational and health system, also in its employment policies, and its commitment to fiscal transparency and the fight against fraud and tax evasion as a way of reducing inequalities and promoting a fair tax system within and outside its borders.

Policy coherence towards a care society

Despite the fact the different care-related policies continue to have a sectoral approach, the progress from a logic of the subjective rights of the citizens to benefits and services of the public system of social services is promoting better coherence under the principles of universality, progressivity and quality. In parallel, the formulation of the right to care and its integration throughout public policies also contributes towards this coherence. However, these steps forward require better integration between the different assistance services and those of the social services with the services of other actors, such as health or education (OECD, 2022)

With regards to educational policy, work is being done on filling the gap in child protection from the end of paid leave up to the start of the educational cycle from 3 to 5 years. As, in Spain, access to the first year of pre-school education is not universal and depends on the socio-economic circumstances of the parents, giving priority to the condition of both of them working. As has been mentioned in the portfolio of services and benefits, the Ministry of Education, Vocational Training and Sport offers study grants and assistance to obtain an official qualification or certificate that is valid throughout the national territory. It is worth pointing out that the new Education Law (Ley de Educación)- Organic Law 3/2020, of 29 December, modifying Organic Law 28/2006, of 3 May, on Education - mentions care as one of the purposes of education (Art. 2), and the care economy as one of the objectives of education for adults (Art. 66).

In terms of foreign policy, in 2021 Spain strengthened the momentum of equality in its External Actions through the adoption of an FFP. The lines of action contained in the Feminist foreign policy guide (Ministry of Foreign Affairs, European Union and Cooperation, 2021) include economic justice and the empowerment of women, echoing the commitments assumed in the

\textsuperscript{27} Further information is available at www.indicedecoherencia.org and at Spain fact sheet.
Generation Equality Forum on the subject of the care economy. However, this line fails to materialise in favour of the explicit support that the FFP does express for female entrepreneurs through the development of economic diplomacy and an inclusive business policy. The Action Plan for the Feminist Foreign Policy 2023-2024 (Ministry of Foreign Affairs, European Union and Cooperation, 2023a) makes considerable progress in areas including the care economy and ethics, from a sustainability of life paradigm, as an action line promoting a feminist foreign agenda at the multilateral level, in the EU and in its bilateral and regional relationships, as well as in its cooperation policy for development and humanitarian action. One example of a notable area that is acquiring a care approach in its External Actions is publication of the document Guidelines for Economy and Policy of Care for EU Development Partners (Ministry of Foreign Affairs, European Union and Cooperation, 2023b) as part of the Spanish Presidency of the EU Council. On this journey the work of the high-level Advisory Panel for the FFP, set up in 2022 has had an impact; various ministries participate in this panel, including the Ministry of Equality, along with experts and civil society organisations. However, the connection with the transnational dimension of care and the status of migrants remains glaringly weak.

With regards to migratory policy, no great progress has been made, despite the fact that female migrants are very important in covering care needs in Spain (representing over 50% of domestic workers) and with domestic work being one of the principal ways of entering the Spanish labour market.
8. BUDGET AND FUNDING MODELS

Social expenditure in Spain still remains far from achieving the stable and similar standards in social expenditure as more developed countries in the EU\textsuperscript{28} and is below the OECD average (OECD, 2022). The governance characteristics in the provision of social services in Spain has a direct impact with its complex funding model: the Autonomous Communities usually fund and manage the social services of specialist care, while the Local Entities fund the social services of basic care, but with differing contributions from the autonomous and state levels. In addition, in some cases the citizens can contribute to the funding through copayment. Finally, the EU can also contribute to the funding, in particular through investments for the improvement of social services.

The contribution of central government is quite small, about 5% or less of the overall budget, and there are important differences between the Autonomous Communities in their funding of social services, as well as great differences in the expenditure per inhabitant and in expenditure control. The proposal to improve the system of funding the social services in Spain involves committing a greater percentage of state expenditure to autonomous funding and guaranteeing that this can be maintained. (OECD, 2022).

In relation to the funding mechanisms, open discussions as part of the Care Assessment Board have identified the desirability of creating a specific Fund for Care,

“designed to pay for operation of the system governance and fund or co-fund extension of the cover of the existing services and benefits. It would also be used to set up initiatives to enable progress to be made in greater coordination with the autonomous communities and local corporations, in the different pillars of the system, in line with the quinquennial plans of action and the annual operational plans. It would be a funding mechanism that would have to have its

\textsuperscript{28} For example, in 2021 the public expenditure on dependency was 0.82%, far from the 1% planned for 2015 (Rodríguez y Marbán, 2022).
own budgetary programme, included in the General State Budgets, and must not, in any case, detract from the funding of other public policies, such as budgetary programmes for dependency, social service or equality. This fund could benefit from tax income, money from European funding sources and social security.

(Institute of Women, 2023, p. 208)

Reflecting international recommendations on gender-focused public budgets, it is also necessary to create an instrument of this nature that will allow identification of the resources currently allocated to the already existing care benefits and services. For this, the Assessment Board proposes developing a care budget scoreboard “that will allow each body to label and mark the expenditures and investments allocated to the interventions that form part of the System catalogue”. Together with the identification and definition of sources of funding, the Board also proposes that the funding strategy of the State Care Strategy establishes a critical path to financially measure the investment to be made through costing methodologies and calculation of the impact and return of the investment.

(Institute of Women, 2023, p. 209)
9. MONITORING, EVALUATION AND ACCOUNTABILITY

According to the OECD (2022), the culture and evaluation bodies related to public policies in Spain continue to be less developed than in other OECD countries. With regards to social services, currently there is no national database that consolidates statistics on the social service system in Spain. Thus, for example

“the lack of a national information system for the social services (or at least data models and communication protocols of harmonised communication) means that the information on funding and expenditure is incomplete and cannot be compared between the regions.

(p.66)

There is greater statistical development in relation to dependency, through the information collected as part of the Concerted Plan and the dependency system (SAAD). However, these initiatives have not achieved the level of institutionalisation of the evaluation in relation to long-term care that is achieved in other neighbouring countries. Thus, for example, there are no quality indicators that allow us to know the quality of care in the different centres in terms of quality of life and in order for it to be possible to evaluate the system, it is necessary to generate and use comparable statistical data (Rodríguez and Marbán, 2022). Moreover, in the case of specialised services (except those that fall within the framework of the Dependency Law (Ley de Dependencia), being entirely financed by the Autonomous Communities, there is no obligation or instrument that facilitates obtaining consistent and comparable data (OECD, 2022).
The Assessment Board has identified the need to:

"improve the governance of public policies relating to the social organisation of care, reinforcing the state, autonomous and local coordination bodies, as well as the mechanisms for monitoring and evaluating the policies in order to be aware of their implementation and impact guaranteeing the design of evidence-based measures."

(Institute of Women, 2023, p.97)
1. EVOLUTION AND ACCELERATION FACTORS

The French Republic has been built in a centralist and interventionist manner, both in its economy and family life, subordinating individual rights to a premise of “the national common good” (Ambler, 1991). This construction is reflected in its social protection system, in the current circumstances faced by the country and in its projections and debates on care. French public debt reached 2,949,331 million euro in 2022, one of the highest in the world.

The French reality presents high rates of ageing and fertility in the population and an increase in female employment. Consequently, the country, throughout recent decades has promoted policies and measures that favour the work-life balance of women, the care of dependents - minors, sick people, older people, people with any type of disability-, and help the most vulnerable, while encouraging older people to continue to live in their homes. For this purpose a series of policies has been developed, aimed principally at ensuring the provisions of care and support for disabled and older people in a situation of functional dependency, and guaranteeing the rights and welfare of domestic carers, who are in their majority female (9 out of every 10). This has created an increase in domestic work in relation to which they have sought to develop personal services, formalise work which tended to be informal and ensure the social protection of female workers.

The State and local administrations encourage employment between individuals through measures adapted to each person, and incentives for everyone: tax measures, assistance for specific groups, retentions on the amount of the costs, pre-funding plans for services at home, connections between individual employers and domestic workers, social protection for domestic workers, etc.

The COVID-19 pandemic was above all a health crisis which turned into a hugely significant social crisis, that has accentuated all the inequalities between social classes, genders and generations. During the crisis women were more affected than men by the economic and material consequences of the pandemic, and the lock-down meant a backward step in terms of the distribution of unpaid care work and their labour participation, as the unpaid work they did affected their participation in the labour market and their performance and progress in their professional career (Lévy, Potéreau, and Prunier, 2020).
## 2. RATIFICATION OF REGIONAL AND INTERNATIONAL AGREEMENTS

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<th>International conventions</th>
<th>Signature</th>
<th>Ratification</th>
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<td>Optional Protocol.</td>
<td></td>
<td>2000</td>
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<tr>
<td>Convention on the Rights of Persons with Disabilities.</td>
<td>2007</td>
<td>2010</td>
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<tr>
<td>International Convention on the Protection of the Rights of all migrant workers and members of their families.</td>
<td>Not ratified</td>
<td></td>
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<tr>
<td>ILO Convention No. 97 on migrant workers.</td>
<td>1954</td>
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<td>ILO Convention No. 100 on equal remuneration.</td>
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<td>ILO Convention No. 102 on social security (minimum standards)</td>
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<td>ILO Convention No. 107 on indigenous and tribal populations.</td>
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<td>Not ratified</td>
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<td>ILO Convention No. 111 on discrimination (employment and occupation).</td>
<td></td>
<td>1981</td>
</tr>
<tr>
<td>ILO Convention No. 128 on invalidity, old-age and survivors’ benefits.</td>
<td></td>
<td>Not ratified</td>
</tr>
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<td>ILO Convention No. 130 on medical care and sickness benefits.</td>
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<td>ILO Convention No. 155 on occupational safety and health.</td>
<td></td>
<td>Not ratified</td>
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<tr>
<td>ILO Convention No. 156 on workers with family responsibilities.</td>
<td></td>
<td>1989</td>
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<tr>
<td>ILO Convention No. 157 on the maintenance of social security rights.</td>
<td></td>
<td>Not ratified</td>
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<td>ILO Convention No. 169 on indigenous and tribal peoples.</td>
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<td>Not ratified</td>
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<td>ILO Convention No. 183 on maternity protection.</td>
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<td>ILO Convention No. 189 on domestic workers.</td>
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<td>ILO Convention No. 190 on the elimination of violence and harassment in the workplace.</td>
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<td>Regional Conventions in Latin America and the Caribbean</td>
<td>Signature</td>
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<tr>
<td>EU Directive 2019/1152, on transparent and predictable working conditions.</td>
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<td>EU Directive 2019/1158, on work-life balance for parents and carers.</td>
<td>2019</td>
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<td>Council Recommendation on vocational education and training to address gender segregation in employment.</td>
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<td>Council Recommendation of 8 December 2022 on access to affordable, high-quality long-term care.</td>
<td>2022</td>
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<td>Council Recommendation on the revision of the Barcelona targets on early childhood education and care.</td>
<td>2022</td>
<td></td>
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<tr>
<td>Opinion of the European committee of the Regions on Deinstitutionalisation in care systems at local and regional level.</td>
<td>2018</td>
<td></td>
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</tbody>
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3. CARE REGULATIONS

In accordance with data from the European Institute for Gender Equality (EIGE) of 2023, France has a Gender Equality Index of 75.7 points out of 100 compared to the regional average of 70.2 for the European Union (EIGE, 2023).

France does not have a comprehensive care law. The main laws related to the care regime are the following:

<table>
<thead>
<tr>
<th>Regulations</th>
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<tbody>
<tr>
<td><strong>Order founding the Social Security</strong> of 4 October 1945: «Social Security is the guarantee given to every person that, in any circumstance, they shall have the necessary resources to ensure their livelihood and that of their family in decent conditions». The Social Security is based on an insurance logic, but it includes universality among its founding principles (Urteaga, 2011).</td>
</tr>
<tr>
<td><strong>Law of 30 June 1975 on the provision of social assistance.</strong></td>
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<tr>
<td><strong>Law of 24 January 1997 on dependency benefits for older people.</strong> This assistance solved some of the defects of the compensatory aid for third persons, given that it was based on a customised instrument for the loss of independence (Urteaga, 2012).</td>
</tr>
<tr>
<td><strong>Law of 30 June 2004 on creation of the National Solidarity Fund for Autonomy (CNSA).</strong> This is a public body that was set up in May 2005. The law on equality of rights and opportunities for persons with disabilities of 11 February 2005 has specified and reinforced its mission.</td>
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<tr>
<td><strong>Law 2008-1249 of 1 December 2008.</strong> This generalises the active solidarity income and reforms the policies relating to minimum subsistence income.</td>
</tr>
<tr>
<td><strong>Law of 21 July 2009</strong>, known as HPST, on the reform of hospital services and patient care, health and territories, modified the territorial relations of the national solidarity fund for autonomy, to cease being decentralised State services and become regional healthcare agencies (Urteaga, 2012).</td>
</tr>
</tbody>
</table>
Law No. 2015-1776 of 28 December 2015 on Adapting Society to an Ageing Population. This came into force on 1 January 2016 and aims to promote collective mobilisation of society to tackle the challenge of ageing on two fronts: improving the quality of life of older persons and granting greater protection to more vulnerable people (“a new look at ageing”) (Martin and Molero, 2017).

Law of 16 April 2008 regulating the day of solidarity and specifying its modalities. This right consists of an additional working day (that can be divided into hours) intended to fund solidarity actions to promote the independence of older people or people with disabilities (Urteaga, 2012).

Labour Code. This also regulates certain leaves to attend to family needs, within the policies for a work-life balance: leave for planned family events (Art. L.22-1); parental leave (Art. L-122-28-9 of the Labour Code and Art. L 544-1 to 9 and D.544-6 of the Social Security Code); family support leave (Art. L-225-20); parental leave (Art. L.225).

Law 2005-841 of 26 July 2005 on the development of personal services. This created the Universal Services Employment Cheque (CESU) which can be used to pay and declare a person who is caring for children. This measure simplifies the relation between the employer and their salaried staff and contributes towards achievement of a work-life balance. It also allows for payment of a supplier of services or childcare in the family’s or carer’s home (assistantes maternelles). As well as simplification of the arrangement for declaring salaried staff, the use of the CESU allows the employer to benefit from tax deductions of up to 50% of the expenses for this concept (Ministry of Work and Social Economy of Spain, 2007).

Code on the Entry and Residence of Foreigners and the Right of Asylum (CESEDA). The Code has been reformed on various occasions, with the most recent reform being that introduced by Law 2006-911 of 24 July on Immigration and Integration.

Social Action and Family Code (CASF). The Social Action and Family Code (CASF), also known as the Family Code, regulates everything related to the spheres of social action and the family in France. Title IV of Book II refers to persons with disabilities (Martin and Molero, 2017).
4. INSTITUTIONAL STRUCTURE OF CARE

Currently, France is divided administratively into 101 departments grouped into 13 regions. Of the 101 departments, 96 are metropolitan departments, covering continental France and Corsica, and 4 are overseas departments\(^30\). It also has 343 districts. However, this is not the only organisational scheme, as it also has ‘cantons’ (divisions for electoral purposes) and ‘communes’, which are the smallest administrative divisions (36,682).

The main institutions of the French State have responsibilities and competences over the different components of care are the following:

- National Solidarity Fund for Independence
- Ministry of Labour, Full Employment and Economic Inclusion
- Ministry of National Education and Youth
- Ministry of Health and Prevention
- Ministry of Economy, Finance and Industrial and Digital Sovereignty
- Ministry of Gender Equality, Diversity and Equal Opportunities
- Ministry for Europe and Foreign Affairs

\(^30\) https://dialogo.es/departamentos-en-francia/
The High Council for Gender Equality

Its mandate is to guarantee consultation with civil society and to lead the public debate on the guiding principles for policies relating to the rights and equality of women. It was created on 3 January 2013 and since 2017 has issued an annual report on the situation of sexism in France. It has commissions on: i) Combating stereotypes and the division of social roles; ii) Violence against women; iii) Rights of women, European and international matters; iv) Parity in political, administrative affairs and in economic and social life; v) Health, sexual and reproductive rights and vi) Social stereotypes and roles.

Regions and Departments

National Solidarity Fund for Independence (CNSA)

This is responsible for: i) financing assistance for dependent older adults and persons with disabilities; ii) guaranteeing equal treatment throughout the territory and for all persons with disabilities; and iii) ensuring a mission of assessment, information and animation to ensure monitoring of the services provided to persons. Therefore, the CNSA is at the same time a fund responsible for distributing financial resources and a technical assessment agency (Urteaga, 2012).

National Family Allowance Fund (CNAF)

This administers the 123 Family Allowance Funds (CAF) responsible for paying the benefits of the Social Security Family Branch, and funding all the social benefit regimes. Specifically, payment of the active solidarity income (RSA), management of the health and social action fund, and management control of the property holdings of the Family Allowance Funds.
General Inspectorate for Social Affairs (IGAS)

Inter-ministerial control, auditing and evaluation service of social policies to help the public administrations in their decision-making (Urteaga, 2012). It brings together 130 experts on social cohesion (family, child protection, combating social exclusion, social work), social protection (social security, social benefits, etc.) in the labour market, vocational training and health. Each year it prepares over two hundred reports based on criteria of quality and rigour.

Old age solidarity fund (FSV)

This is a public administrative body created in 1993 whose mission consists of assuming the funding for the retirement benefits that depend on the national solidarity fund (Urteaga, 2011).

National Union of Care and Home-Care Association (UNASSAD)

(Martin, and Molero, 2017). It drafted and defended the “fifth risk” hypothesis.
5. FEATURES OF THE CARE POLICIES

Maternity leave

Their duration varies depending on whether the birth is single or multiple. In the first case the total length is 16 weeks (6 before the birth and 10 after). For births after the third child, the duration is 26 weeks (8 before and 18 after). In the case of multiple births the total duration is 34 weeks for the birth of twins and 46 weeks in the case of triplets or more.

Paternity leave

From 1 January 2002, on the birth of a child, fathers benefit from paternity leave that suspends their work contract and gives place to payment of family allowance by the Social Security. In 2021 this leave was extended from 14 to 28 days. Of the 28 days, three are paid for by the employer and the rest is paid by the social security.

Early childhood benefit programme (PAJE)

This is a benefit created for births after 1 January 2004 and brings together the five family allowances, that were provided for early childhood before this, into one sole benefit. The PAJE includes: a benefit for adoption or birth; a basic allowance; a complementary allowance for free choice of working time; a complementary allowance for free choice of childcare (Ministry of Work and Social Economy of Spain, 2007). In order to be eligible for these benefits, beneficiaries must not exceed an established income level.

Complementary allowance for free choice of working time (CLCA)

This is given to people who are looking after a child of under three years of age and who have left work or work part time in order to care for the child. It consists of an economic benefit that is determined according to the personal situation and receipt or otherwise of the PAJE.
**Optional complementary allowance for free choice of working time**

This has a higher amount and shorter duration (maximum 12 months), and in order to be entitled to it, recipients need to have at least three dependent children and to have completely stopped working.

**Nursery services**

In France, the main nursery options are: i) group establishments called *crèches*, facilities that care for children in groups. There are different types of *crèches*: community, family, parental or corporate. In the *crèches*, care is provided by qualified professionals who have undertaken specialist training. The large majority of these are women: ii) accredited childcare professionals called *assistantes maternelles*. An accredited childcare professional approved by the administrative authority in their department (*conseil départemental*) who has undertaken specialist training and meets the conditions for looking after up to four children in their house or in a space shared with other accredited childcare professionals, called *maison d’assistantes maternelles* (MAM); iii) private childcare services at home. A person who cares for children in their home can be used, or an agreement can be made with another family living nearby to employ a *nounou* (nanny) together and organise a shared childcare system. In this case, the person will look after the children alternatively in the house of both families. An employment contract must be signed. The cost of home-based care is usually more than that of a *crèche* or an *assistante maternelle*, but the cost can be deducted from income tax³¹.

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**Universal medical cover (CMU)**

This is a social benefit that allows access to medical care, reimbursement of the cost of this care and any medicines for any person living in France who is not covered by the mandatory health insurance scheme. This system has replaced the charte santé, that was dependent on the department and ensured up until then similar benefits. Approved in 1999 by the National Assembly and launched in 2000, this decentralised system is managed by the Institutions for the Collection of Social Security and Family Benefit Contributions (URSAFF), a network of organisations that are responsible for managing the collection of social security contributions in France.

**Active solidarity income (RSA)**

This is a minimum income that came into effect on 1 June 2009 and that is given to people who work, but whose financial resources are limited. Its amount depends on the family situation and the income from wages. The State and the department have worked together to launch this new benefit. The RSA is granted by the Family Allowance Fund (CAF) or the Agricultural social cover fund and affects three million homes. It replaces the minimum subsistence income (RMI), single parent allowance (API) and certain allowances, such as the back-to-work allowance.

**Assistance for adults with disabilities (AAD)**

This is a benefit whose aim is to guarantee a minimum income for people with disabilities so that they can meet their current living costs. Its payment is subsidiary, given that the right to receive assistance is effective only when the person with disabilities is not eligible for a benefit based on age, disability or income due to an occupational accident for an amount at

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32 This is a benefit that was in force between 1 December 1988 and 31 May 2009. Funded by the State and managed by the departments, it was granted by the Family Allowance Fund (CAF) or the Agricultural social mutual organisation (MSA) to people without resources or with income lower than the threshold set by decree.
least equal to that of the AAD. It is granted from a certain level of disability, provided that certain conditions of residence and nationality, age and resources are met.

**Solidary Allowance for the Elderly (SAE)**

This is a benefit that replaces the minimum vieillesse, and ensures a minimum retirement income to people from the age of 65 or 60 in the case of incapacity for work. The SAE, managed by the Caisse des dépôts, must not be confused with the personalised independence allowances managed by the departments.

**Family Support Allowance (Allocation de soutien familial) (ASF)**

Benefit granted to single-parent families and paid by the Family Allowance Fund. The award of ASF does not take into account the applicant’s resources. Allowances paid to single-parent families are granted to compensate for a shortfall in child support. Therefore, people can receive this if they do not receive any alimony (their ex-spouse does not have custody and refuses or cannot pay alimony, for example), or if they receive a pension below the amount of the ASF. In this case, the amount they receive is the difference.

**Personal Independence allowance (APA)**

is intended for older adults who live at home, in a family home or in another house, or for people being looked after in a residential home and who have difficulties in doing the most basic and simple activities of everyday life: getting up and moving around, getting dressed and leaving the hou-
se, preparing meals and cleaning their home. The main aim of the APA is to facilitate the daily life of these people, both in their own homes and in residential care. In their own homes, the APA pays for various services: domestic help, day care, temporary care, technical assistance, alterations to the property, transport, etc. In residential care, the APA helps to finance the costs linked to dependency care. The residential care may also devote human resources and material to this person, in order to help them in their daily life (Urteaga, 2011).

Parental education allowance (APE)

This is intended for parents who wish to interrupt or reduce their professional activity to care for their children. As part of the allowance for the care of small children (PANP), parents may benefit from the «complementary allowance for free choice of working time». To receive the APE, it is essential to have at least two children, with at least one of them being under the age of three. They must also have interrupted or reduced their professional activity and have worked for at least two years within the last five years. It is worth pointing out that this allowance is not compatible with the following: disability allowance, disability or retirement pension, sick leave, maternity leave or leave due to an occupational accident and unemployment benefit. This allowance can be received in its entirety if the father/mother has completely interrupted their activity, or partially, if they have continued with part of their job. Both members of a couple can receive APE in its entirety, although they cannot do so at the same time. On the contrary, they can accumulate two partial allowances, on the condition that together, the amount does not exceed the full benefit. The allowance is granted up to the third birthday of the child for whom the benefit was requested. Finally, if the father/mother receiving the APE wishes to return to work full time, they can add this allowance to their income, on the condition that the child is between eighteen and thirty months old and for a maximum period of two months. They may then benefit from family allowance for hiring a qualified nanny (Urteaga, 2011).
General Social Contribution (CSG)

This is a tax introduced on 16 November 1990 that helps to fund the Social Security. Essentially, it is collected by URSAFF and its nature has been the subject of debate. Thus, the Constitutional Court considers that it is a tax and not a social contribution. In reality, the CSG covers a series of contributions on the following income: activity income and replacement income, as well as property income and income from capital. The CSG differs from social contributions in that its payment does not confer any right of enrolment to the social regimes nor to obtain social benefits.

Disability compensation benefit (DCB)

This is a personal allowance intended to pay for the needs linked to a disabled person’s loss of independence. These needs must be shown in a personalised plan defined by the multidisciplinary team of the Maison Départementale pour les Personnes Handicapées (MDPH), based on the life plan indicated by the person concerned. It is possible to benefit from this allowance at home or in a centre. This benefit covers human and material assistance (Urteaga, 2011).

Day of solidarity

This is an additional working day (that may be broken down into hours) intended to fund solidarity activity in favour of the independence of older adults or persons with disabilities. In principle, this day does not result in additional remuneration, although a mechanism is provided so that workers who change employers during the year do not have to do complete several solidarity days in the same year. For working people, this day does not mean a change to their employment contract, while, for the employers, it results in a new contribution they must assume. The solidarity day concerns all workers who have an employment contract. For workers under the age of 18, some specific provisions should be taken into account that govern the work of minors. Thus, if the solidarity day is set for a public holiday, it does not apply to them, as except on rare occasions, workers under 18 are not allowed to work on public holidays. If a collective
bargaining agreement sets the solidarity day for a day that is not a public holiday, the social actors must take a stance on the conditions in which this day is going to be implemented (Urteaga, 2012).

**Personal nursing care at home**

These services are a fundamental element of the healthcare at home for people who are older, sick or dependent, to carry out the basic activities of daily life. These services aim to keep the older adult or dependent person in their home environment in the best conditions possible, prevent and delay hospitalisation, reduce the length of stays in hospital centres, and favour and promote their return home. To benefit from these services, you need to be an adult over the age of 60 and to be covered by the Sickness Insurance Fund or to be a person under the age of 60 suffering from an incurable illness or one that causes disability, based on the medical report of the *Caisse Primaire d'Assurance Maladie* (Urteaga, 2012).

**Universal Services Employment Cheque (Chèque emploi service universel, CESU)**

This was introduced in France in 2006 as an official programme for the employment of domestic staff. It is aimed at both people who are directly employed by individual homes and for people contracted through service companies. The people employed receive payment through the services cheque obtained by the employer in banks that are registered in the system or in the National Agency for Personal Care Services (ANSP). The system offers tax deductions for individual employers and tax allowances for the services cheque companies. Individual employers must also provide a written pay slip to workers, giving details of the hours worked, the wage, and any bonus or complement (Mater, 2015).
6. GOVERNANCE

The various care-related provisions - maternity, childhood, work-life balance, dependency, long term care etc.- are focused on obtaining leave and benefits in order to attend to family needs and are addressed within the framework of the two pillars of the French social protection system - social security and social aid and action. This characteristic, together with political-administrative decentralisation is going to define the governance and competences in the French care system.

The subject of care in France is not addressed in a systematic way, nor by the government, nor the citizens. It is addressed in a sectoral way, understood as guarantees and risks within the social protection system[^34], managed within the framework of national social insurances that comprise the social security system, composed of a series of regimes (Martin and Molero, 2017) and a multiplicity of actors at different levels. From a decentralisation logic, the State directs the two pillars from legislative and regulatory acts, and the local administrations organise and put into operation mechanisms and resources (Urteaga, 2012). But the coordination, transfer of competences/resources and coordination between the State -Departments - Municipalities is complex.

The general Social Security regime, in relation to which the care policies are coordinated, shows a hierarchical organisation that includes national, regional and local entities, managed jointly under the supervision of the Ministry of Health and Prevention and the Ministry of Economy, Finance and Recovery (responsible for the Social Security).

In order to implement social action, a large number of actors are involved in the care-related social policies: social services, associations that manage the centres or social services, nurseries (crèches), disability assistants, childminders, private childcare services at home, etc. These actors are coordinated by the departments and municipalities around two pillars, on the one hand, activity with persons, families or social groups, and on the other, local services and facilities; their legitimacy is sometimes compromised by being considered suppliers under a logic of commercialisation (Urteaga, 2009).

We highlight the development of organisations that promote formalising domestic work so that workers, in their majority women and migrants, are recognised, valued and have access to their fundamental rights and protections. In France there are 3.6 million domestic employers, which means that 17% of all jobs created, and 1.7 million domestic workers (10.4 thousand million in annual gross wages and six thousand million euro of social contributions paid) (FEPEM, French Federation of Domestic Employees).

[^34]: The social protection system is divided into three large areas: a) sickness-maternity insurance, that also covers the risk of disability and occupational accidents and illnesses, b) old-age insurance, and c) family, universal or means-tested benefits.
Feminist organisations have played a fundamental role in tackling gender equality and the rights of women and children in France, but as is seen in other countries, there is no correlation and coordination between these and the female migrant organisations and feminist groups who are fighting for the rights of foreign women, female immigrants, asylum seekers and refugees. These actors should be included in the participation and governance mechanisms, just as the feminist analysis should be reviewed to include racist discrimination, migration, decolonial theories and so establish new frameworks for emancipatory action (Moujoud, 2017).

The understanding of care in France, its decentralisation and sectorisation, results in a lack of inter-agency cooperation, deficiencies in coordination and in the integration of a systematic, intersectoral and multisectoral approach as an essential element of the management of social protection policies and the existing debates on care.
7. POLICY COHERENCE

Firstly, we look at the analysis of policy coherence for sustainable development through application of the Coherence Index, and secondly, we run through different policies in relation to their contribution to care.

Application of the Coherence Index

![Diagram showing policy coherence indices and their performance ranges]

- **Transitions**: 72
- **Planetary pressures**: 69
- **Democratic**: 55
- **Feminist**: 87
- **Socio-economic**: 85
- **Ecological**: 68

Legend:
- **D**: Democratic transition
- **F**: Feminist transition
- **S**: Socio-economic transition
- **ECO**: Ecological transition
- **TRAN**: Transitions
- **ECO IMP**: Planetary pressures

Performance ranges:
- **0-20** (worse performance)
- **60-80**
- **20-40**
- **80-90**
- **40-60** (better performance)
- **>90**
In the case of France, with an Indico score of 50.79 out of 100, the following elements stand out in relation to its various transitions and dimensions:

» Without a doubt, one of the things that is noticeable is its low score (22) in the militarisation dimension, which penalises the value that the country obtains in democratic transition overall. In this sense, it is worth pointing out that France has the seventh worst score worldwide of the 153 countries assessed by Indico. We also find room for improvement in its participation in international weapons treaties and conventions, and in the Civicus Monitor, an indicator that evaluates the state of civil society and civil liberties by analysing freedom of association, peaceful assembly and expression, among others. According to this indicator, France has a “narrowed” civic space.

» At the level of feminist transition, a better performance is seen as a whole (87), positively highlighting the political participation of women and the effort to reduce gender gaps in different areas (financial inclusion, education and participation in the labour market). The Coherence Index finds a weaker situation in its legislative approach to gender violence and the percentage of women who have been subject to physical or sexual violence from their (ex) partner. In the dimension legal and regulatory framework, as we saw above, France has still not ratified the ILO Convention No. 189 on domestic workers, a matter that is closely related to the living conditions which can be accessed by female migrants in this country.

» Very disparate scores can be seen in the socio-economic transition (85). On the one hand, matters such as access to basic services, the fight against inequality, public expenditure on social protection as a percentage of GDP, life expectancy at birth or the level of public revenues also as percentage of GDP get positive scores (all values equal to or above 90). On the other hand, we find lower scores in relation to the number of health personnel for every 10,000 inhabitants or the level of exposure of the population to air pollution (PM 2.5 given by the World Health Organisation). France’s financial secrecy index deserves special mention, as it tells us of a lack of transparency and of favouring environments for practices such as tax evasion and money laundering. It is fundamental to have solid, transparent and progressive tax systems to strengthen public policies that will ensure rights and reduce inequalities.

» Finally, ecological transition points to the need to generate electricity from renewable sources (with a score of 14 out of 100) and even greater protection for its terrestrial and marine areas.
In relation to planetary pressures, with a score of 70 out of 100, progress must be made both in the reduction of its material footprint and in carbon dioxide emissions, both in terms of consumption and per capita.

Similarly to the case of Spain, analysed above, although, of course, with specificities that could be studied in more depth, we highlight a model that, although it has significant frameworks at the regulatory level or in its social policy track record, faces very significant challenges in reducing its militarisation, increasing its financial transparency and implementing more efficient measures against tax evasion, or in a greater commitment to its environmental policies and impacts. Moreover, these good results in certain dimensions must not be sustained at the cost of the other gaps identified.

Policy coherence towards a care society

France has been developing mechanisms to move towards policy coherence, both internal and external, and between policies, from its political leadership and harmonisation with international frameworks, legal frameworks and inter-ministerial responsibility. However, in the context of deteriorating finances and public expenditure, greater efforts must be made to address the challenges posed by care policies.

As with other policies, as can be seen in the Circular Economy and Energy Transition or the multilateral cooperation policy, no road map, designed under parameters with a comprehensive and intersectoral approach has been identified, although there is coherence with the educational and labour policies. This lack has a direct effect on the existing vision and projection relating to the care system.

No mechanisms or levers have been found to improve coherence in the care system, that have as their objectives improvement of the performance of public expenditure on measures and allowances based on an evaluation of fiscal expenditure, reorientation of public funding towards the most vulnerable groups and better coordination of the activities of the numerous public actors (Cour des Comptes, 2021). Nor are there mechanisms to rebalance the responsibilities of state and local government to improve coordination and services (as, for example, there is with housing policy). Nor is there a clear link with the social cohesion policies, such as public solidarity, social development and the promotion of equality policies, as well as those on prevention, the fight against exclusion, social inclusion and the integration of people in vulnerable situations, even though it is women and migrant women who carry out a large part of the care work. These policies that try to promote equality between women and men, inter-generational

35 Further information is available at www.indicedecoherencia.org and France fact sheet.
solidarity and a social and solidarity-based economy and that have a clear relationship to care, are disconnected.

On the other hand, since 2019\textsuperscript{36}, note should be taken of France’s effort and commitment to move forward in order to reduce social inequalities, support universal access to social protection adapted to a changing labour market, prepare people for digital transformation and guarantee occupational equality between men and women. These commitments were in line at the time with the ILO Centenary Declaration, a human-centred approach, and they stand out for their internal and external dimensions and their connection with the scenarios and debates on guidelines and transitions towards care societies. It is in its exterior dimension and through the Feminist Foreign Policy where there is a coherence with the internal equality policies, with equality between men and women being a priority for the French government. The Ministry for Europe and Foreign Affairs (MEAE) promotes this commitment internationally and ensures the incorporation of this objective in all problem areas; reduction of inequality and sustainable development, peace and security, defence and promotion of fundamental rights, climate and economic challenges. Currently, for 2025, 75\% of the projects funded with ODA (Official Development Assistance) must promote gender equality. In this vein, France has participated in the EU-LAC bi-regional debates on care systems, based on its experience and within the framework of the EU Care Strategy, to move forward in integrating care as a cross-cutting pillar in the policies on health, education, social protection, labour, among others, and move from sectoral policies towards the conceptualisation and design of comprehensive care systems.

\textsuperscript{36} As part of the French presidency of the G7 (2019).
8. BUDGET AND FUNDING MODELS

According to OECD data for 2022 (OECD, 2024), France continues to be the EU country that spends most on social benefits, this year representing 31.6% of its GDP. The general Social Security system is funded 80% by contributions and taxes deducted from earnings - transfers 2%, taxes and other social security contributions 18%, social security contributions 49%, General Social Contribution (CSG), earmarked taxes (ITAF) 20%, contributions covered by the State 1%, employer’s balancing contributions 8%, other income 2%.

The contributions are calculated based on certain nationally-established rates and are borne by the individual employer or companies and the salaried persons. The earmarked taxes (ITAF) are obligatory retentions explicitly earmarked for the funding of social protection. They include the General Social Contribution (CSG) which on its own represents over half of the ITAF. The General Social Contribution (CSG) and the Social Debt Repayment Contribution (CRDS) are deducted from earned income and replacement income, property income, income from financial products and games of chance. People who have their tax domicile in France and who are included, under any concept, in an obligatory French Sickness Insurance, are obliged to pay CRDS (0.5%) and CSG with rates of 9.2% for work income and 6.2% for replacement income (daily sickness benefit, unemployment benefit).

Family benefits, such as basic benefits for maintenance, benefits for maintenance and foster care for young children, grouped into the early childhood benefit programme (PAJE), and special benefits, represent a percentage of the monthly family benefit base (BMAF), set at €445.93 from 1 April 2023. The Funds are responsible for paying the family allowances (Family Allowance Fund). The set of benefits is a subjective right that depends on the individual situation, unlike a universal right that is automatic. They come from the State or department, are funded by taxes, unlike the Social Security which is funded by contributions (Urteaga, 2012).

State social assistance constitute an obligatory expenditure set by the law and maintained in relation to the adult population in social difficulties and persons with disabilities. They are granted by the Regional Health Agencies (ARS) and consist principally of i) financial support assistance, ii) assistance and care at home, iii) funding of centres and services, and iv) actions on prevention, education and inclusion (Laboureix, 2023). In 2023, the total amount of social contributions funded by the National Family Allowance Fund (CNAF) reached 47,600 million euro, an increase of 9.9%, due to the permanent transfer to the CNAF of the cost of allowances linked to postnatal maternity leave (2,000 million euro, excluding legally-mandated benefits).

The local administrations, that is the department councils and the municipalities, can intervene in the social assistance benefits and increase them, never placing them below the minimum amount set by law. This measure allows restriction of any disparities observed between the departments.

Finally, the funding of the assessment and personal guidance for domestic employees by the unions usually comes from general union funds.
9. MONITORING, EVALUATION AND ACCOUNTABILITY

The Directorate of Research, Studies, Evaluation and Statistics\(^37\) (DREES) is the public statistics services of the Ministry of Solidarity and Health. It forms part of the public statistics service managed by INSEE (The National Institute of Statistics and Economic Studies). One of the main functions of DREES is to evaluate health and social policies, participating in various evaluation bodies within its area of specialisation. Since 1998 DREES’ work has contributed towards the development of a culture of evaluation of public policies. As well as producing data, it carries out analyses and studies to inform the economic and social debate on short- and medium-term perspectives of the social protection system, both nationally and internationally. DREES identifies and describes the effects of policies that have been implemented and, through the creation of microsimulation models, it can make projections for different reform scenarios and evaluate their effects. The subjects on which it carries out its work are the social protection system; health and the care system; retirement, old age and dependence, social minimums and poverty; disability and disability; childhood, family and youth.

DREES analyses the expenditure and funding of social protection, evaluating the levels and evolution of social benefits and the resources that support them for different social protection functions called social risks, such as old age, survival, health, family, employment, poverty, social exclusion and housing. These comparative analyses are presented annually in the Panorama of the Social Protection Accounts (CPS). The majority of the CPS go back to 1959 and describe the benefits paid and their funding operations, both public and private.

Moreover, the satellite accounts to the national accounts make it possible to evaluate the social protection contribution to the principal aggregates of the public finances, measure their importance in the national wealth and see their role in household incomes. (Datadrees\(^38\)).

The CPS also participate in the European system of integrated social protection statistics (ESSPROS), overseen by Eurostat. These comparative international analyses place French social protection in the European context and highlight the priorities given by the member States to different social risks. These accounts are also used as a basis for more comprehensive evaluations of the social and tax expenditure on certain groups of people, such as the accounts for childhood, poverty, autonomy and disability (Datadrees\(^39\)).

\(^37\) https://drees.solidarites-sante.gouv.fr/
\(^38\) https://drees.solidarites-sante.gouv.fr/suivi-et-evaluation-des-politiques-sociales
\(^39\) Ibid.
1. EVOLUTION AND ACCELERATION FACTORS

The debate on care in the country has been evolving in the recent history of Mexico. It started with affirmative actions, made way for reconciliation measures, then moved towards shared responsibility measures, to arrive now at a situation where state policies are being proposed like the National Care System, which has a transformative direction with a social justice purpose and is seen as an instrument to reduce gender violence in the country. In this evolution, the National Institute of Women (INMUJERES) has played a key role, particularly with the current female leadership race for its presidency.

For its part, the feminist movement and organisations of women have had an essential role in moving forward the care debates and policies in Mexico. The discussion on care has been included in the movement’s agenda since the nineties, and this has promoted its inclusion in policies, the implementation of statistical measuring instruments and the creation of public mechanisms and new services.

Two very necessary elements to advance the debate on care in Mexico in recent decades have been, on the one hand, the measurement of unpaid work, with the national time use surveys and, on the other, the measurement of the economic contribution of unpaid work to the GDP through a satellite account, both statistical instruments of the National Institute of Statistics and Geography (INEGI) that have provided important evidence and political and economic arguments. Moreover, since 2022, the INEGI has also been carrying out the National Survey for the Care System (ENASIC) that makes it possible to know not only statistical information on the demand for care at home, but also the characteristics of carers and the perceptions of different types of care.

The COVID-19 pandemic meant a before and an after in the country, as in the rest of the world, by making clear the work carried out by women to sustain life. The impact was so great, with schools closed for two years, that the measures taken were not sufficient, but have been key in strengthening gender mainstreaming in the Secretariats; they have understood that to improve the achievement of political sectoral goals it requires involving women in its policies.
## 2. RATIFICATION OF REGIONAL AND INTERNATIONAL AGREEMENTS

<table>
<thead>
<tr>
<th>International conventions</th>
<th>Signature</th>
<th>Ratification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optional Protocol.</td>
<td>1999</td>
<td>2002</td>
</tr>
<tr>
<td>International Convention on the Protection of the Rights of all migrant workers and members of their families.</td>
<td>1991</td>
<td>1999</td>
</tr>
<tr>
<td>ILO Convention No. 97 on migrant workers.</td>
<td>Not ratified</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 100 on equal remuneration.</td>
<td>1952</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 102 on social security (minimum standards)</td>
<td>1961</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 107 on indigenous and tribal populations.</td>
<td>1959</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 111 on discrimination (employment and occupation).</td>
<td>1961</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 128 on invalidity, old-age and survivors’ benefits.</td>
<td>Not ratified</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 130 on medical care and sickness benefits.</td>
<td>Not ratified</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 155 on occupational safety and health.</td>
<td>1984</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 156 on workers with family responsibilities.</td>
<td>Not ratified</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 157 on the maintenance of social security rights.</td>
<td>Not ratified</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 169 on indigenous and tribal peoples.</td>
<td>1990</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 183 on maternity protection.</td>
<td>Not ratified</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 189 on domestic workers.</td>
<td>2020</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 190 on the elimination of violence and harassment in the workplace.</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>Regional Conventions in Latin America and the Caribbean</td>
<td>Signature</td>
<td>Ratification</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
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</tr>
<tr>
<td>Inter-American Convention for the Elimination of all Forms of Discrimination Against Persons with Disabilities (A-65).</td>
<td>2001</td>
<td>Has not come into force</td>
</tr>
<tr>
<td>Santiago Commitment</td>
<td>2020</td>
<td></td>
</tr>
<tr>
<td>Buenos Aires Commitment</td>
<td>2022</td>
<td></td>
</tr>
</tbody>
</table>
3. CARE REGULATIONS

There are various laws and regulations on the different components of care, including the General Law on the Rights of Children and Adolescents (Ley General de los Derechos de Niñas, Niños y Adolescentes) (LGDNNA), of 2014 and the Law for the Rights of Older Adults (Ley de los Derechos de las Personas Adultas Mayores), of 2002, as well as the laws and provisions listed in the tables below.

With a more comprehensive vision, in 2020 a legislative initiative for creation of a National Care System was submitted, that is still pending parliamentary processing. The law aims to coordinate the programmes and actions that already exist, redesign the services and design new services and actions to address the needs of persons in a situation of dependency.

Also, in November 2020, the Chamber of Deputies unanimously approved giving constitutional status to the right to care, through an opinion reforming Articles 4 and 73 of the Political Constitution of the United States of Mexico. However, the initiative is still waiting to be reviewed and approved by the Senate.
Gender equality and non-discrimination

La Convención sobre la Eliminación de todas las Formas de Discriminación contra la Mujer, proclama el principio de igualdad de mujeres y hombres y compromete a sus miembros a “adoptar todas las medidas apropiadas para eliminar la discriminación contra la mujer en la esfera del empleo”. Por tanto, el principio de igualdad de mujeres y hombres, así como la expresa prohibición de cualquier tipo de discriminación por razón de sexo en el ámbito laboral, deben estar recogidos en diferentes normas jurídicas, incluyendo en legislación específica para promover la igualdad entre hombres y mujeres.

<table>
<thead>
<tr>
<th>Regulations</th>
<th>Provisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Political Constitution of the United Mexican States (of 5 February 1917)</td>
<td>Regulated in the Constitution, the Federal Labour Law (Ley Federal del Trabajo) and the Federal Law to prevent and eliminate discrimination (Ley Federal para prevenir y eliminar la discriminación) and the General Law for equality between women and men (Ley General para la igualdad entre mujeres y hombres)</td>
</tr>
<tr>
<td>Art. 1 and 4.</td>
<td></td>
</tr>
<tr>
<td>Federal Labour Law (of 1 April 1970) Art. 2, 56, 133, 164, 541 and 995</td>
<td></td>
</tr>
<tr>
<td>Federal Law to prevent and eliminate discrimination (of 11 June 2003) Arts 9 and 15</td>
<td></td>
</tr>
<tr>
<td>General Law for Equality between Women and Men (of 2 August 2006) Arts 33 and 34</td>
<td></td>
</tr>
</tbody>
</table>

The following information has been extracted from the Virtual platform on legislation affecting women’s economic independence and empowerment in Ibero-America, developed by the SEGIB (Ibero-American General Secretariat) with the support of UN Women.
Equal pay

Ensuring that the work carried out by men and women is properly valued and ending pay discrimination are essential to achieve gender equality, and they also constitute essential elements for decent work. The principle of equal pay for men and women for a job of equal value, as established by the Convention on equal pay, 1951 (No. 100) is therefore essential, especially considering that men and women often perform different jobs.

<table>
<thead>
<tr>
<th>Regulations</th>
<th>Provisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Political Constitution of the United Mexican States (of 5 February 1917) Art. 123</td>
<td>Equal pay</td>
</tr>
<tr>
<td>Federal Labour Law (of 1 April 1970) Art. 5 and 86</td>
<td>The Constitution, the Federal Labour Law, the Federal Law to prevent and eliminate discrimination and the Federal Law on the Remuneration of Public Servants (Ley Federal de Remuneraciones de los Servidores Públicos) apply a more restrictive criteria than the ILO Convention No. 100 on equal remuneration for work of equal value, associating equality of salaries with equality of work (in functions, responsibility, working day, efficiency, etc.).</td>
</tr>
<tr>
<td>Federal Law to prevent and eliminate discrimination (of 11 June 2003) Art. 9</td>
<td></td>
</tr>
<tr>
<td>Federal Law on the Remuneration of Public Servants (of 19 May 2021) Art. 3 and 4</td>
<td></td>
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</tbody>
</table>

Maternity protection

Maternity protection is a fundamental labour right and a crucial element to ensure decent work and the productivity of women, as well as to achieve gender equality in work. This right, that has been enshrined in universal fundamental human rights treaties, includes among its principal elements, maternity leave of not less than 14 weeks, protection from dismissal in the event of pregnancy or maternity, reduction or interruption of paid working time for breastfeeding and payment of maternity leave by social security to avoid indirect sources of discrimination.
Paternity leave

Together with maternity protection, one of the main measures to overcome economic discrimination against women is implementing regulations that ensure the involvement of men in family responsibilities. The legislation relating to maternity protection has to be accompanied by laws that regulate paternity leave, ensuring the principle of co-parenting in the care-related legislation and avoiding the weight of care falling unilaterally on women, through the extension of paternity leaves.

### Regulations

<table>
<thead>
<tr>
<th>Regulations</th>
<th>Provisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Law (of 21 December 1995) Art. 11, 85, 94 and from 101 to 103</td>
<td>Maternity leave of 12 weeks (6 before the birth and 6 after). Protection against dismissal During pregnancy and one year after the birth.</td>
</tr>
<tr>
<td>Law on the Institute for Social Security and Services for State Workers (Ley del Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado) (of 31 March 2007) Art. 31 bis and 39</td>
<td></td>
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</table>

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<th>Provisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Labour Law (of 1 April 1970) Art. 132.</td>
<td>Social security funding (paternity) 100% paid by the company. 5 days of paternity leave.</td>
</tr>
<tr>
<td>Federal Law to prevent and eliminate discrimination (of 11 June 2003) Art. 15</td>
<td></td>
</tr>
</tbody>
</table>
Care

Discrimination against women in terms of their financial independence is subject to the historic sexual division of work that places them predominantly in the reproductive sphere and makes them primarily, and almost exclusively, responsible for the unpaid care work and domestic work. From this point of view, the legislation also presents standards and laws aimed at balancing out this type of work between the State, the market, the community and the families, focusing on shared responsibility in relation to the right to care and be cared for (among the four actors mentioned), universality (ensuring access and cover to all people) and gender equality (promoting care systems that equalise the opportunities and responsibilities of women and men).

<table>
<thead>
<tr>
<th>Regulations</th>
<th>Provisions</th>
</tr>
</thead>
</table>
| Social Security Law (of 21 December 1995) Art. 11 and from 201 to 207 | Recognition of care work  
Childcare rights are recognised for working women who cannot care for their children in early childhood during the working day (and only failing this to a widowed or divorced worker or to any person who has been legally awarded custody of their children). |
| General Law for Equality between Women and Men (of 2 August 2006) Art. 17 | Redistribution and/or reduction of care work  
It is established that the national policy must consider putting in place measures to ensure the shared responsibility in work and in their personal and family life of women and men. |

Social security

One fundamental aspect linked to women’s economic empowerment relates to the social protection systems that include access to pensions. In the case of contributory pension schemes, the main source of discrimination is linked to their contribution density that can be affected by retirement ages differentiated by sex and by the interruptions in women’s working life as a result of the reproductive role and care work they assume.
Paid domestic work

Another essential sphere linked to women’s economic empowerment is that of domestic workers, a sector that is highly feminised and that, at the same time, provides an important proportion of women’s employment. This is a sector where, due to the nature of the activity and the space in which it is carried out, up until relatively recently was not regulated in national legislation and, consequently, has been subject to deep discrimination on matters such as access to social protection, minimum wage, working days and holidays, or the benefits available to these workers.

<table>
<thead>
<tr>
<th>Regulations</th>
<th>Provisions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The same retirement age for men and women (at 65), with 1000 weekly</td>
</tr>
<tr>
<td></td>
<td>contributions.</td>
</tr>
<tr>
<td>Law on the Institute for Social Security and Services for State Workers</td>
<td></td>
</tr>
<tr>
<td>(of 31 March 2007) Art. 41</td>
<td></td>
</tr>
<tr>
<td>Federal Labour Law (of 1 April 1970) Art. 127; from 331 to 337 and; from</td>
<td>Social security enrolment</td>
</tr>
<tr>
<td>341 to 343</td>
<td>Enrolment in the general Social Security system (same rights and benefits</td>
</tr>
<tr>
<td></td>
<td>as other workers).</td>
</tr>
<tr>
<td></td>
<td>Regulation of working hours, time off and paid holidays regulated.</td>
</tr>
<tr>
<td></td>
<td>Working hours, time off and paid holidays regulated.</td>
</tr>
<tr>
<td></td>
<td>Regulated minimum wage</td>
</tr>
<tr>
<td></td>
<td>Payment in kind (board and lodging) estimated at 50% of salary in cash.</td>
</tr>
</tbody>
</table>
4. INSTITUTIONAL STRUCTURE OF CARE

Currently the institutional structure of care at the federal (national) level is composed of:

**Mexican Social Security Institute (IMSS)**

Created on 19 January 1943, this is a decentralised body of the Mexican federal government attached to the Secretariat of Health. It is responsible for providing social security services to workers in the private sector who are affiliated with the institute (called rights-holders). In 2022 it moved its head office to the state of Morelia.

**Institute for Social Security and Services for State Workers (ISSSTE)**

Founded on 30 December 1959, this is a government institution that administers part of the healthcare and social security, it offers assistance in cases of disability, old age, occupational risks and death, to workers of the federal government and the state governments that have an agreement with it.

**National System for Integral Family Development (SNDIF)**

This was created on 10 January 1977 and is a decentralised organisation attached to the Secretariat of Health with functions of family planning, care and protection of the rights of children and adolescents, assistance to older adults and the fight against substance abuse, among others.

**Secretariat of Public Education (SEP)**

Created on 3 October 1921, it has ministry status and is responsible for designing, executing and coordinating public policies on education. It is also responsible for early childhood education, 0 to 3 years.
Secretariat of Welfare

This was established under this name on 1 December 2018. Previously it was the Secretariat of Social Development (Sedesol). It has ministry status and is responsible for designing, planning, executing and coordinating public policies on social welfare and quality of life. It is responsible for inclusion for vulnerable groups, in particular children, adolescents, older adults and people with disabilities, social programmes, promoting economic development from the social sector; promoting cooperatives and other forms of collective organisation that drive development.

National Institute for Older Persons (INAPAM)

This is a decentralised public organisation of the Federal Public Administration, with legal personality, its own budget and technical autonomy. It is the governing body of national policy for older people, and has to coordinate, promote, support, foster, monitor and evaluate the public actions, strategies and programmes that arise from it, in accordance with the principles, objectives and provisions contained in the Law for the Rights of Older Adults.

National Institute for Women (INMUJERES)

This was created on 12 January 2001, and is a decentralised body that reports to the Mexican Presidency. Its aim is to promote and foster gender equality, and to ensure respect for the rights of women and their equal participation in the political, cultural, economic and social life of the country.

National Council for the Evaluation of Social Development Policy (CONEVAL)

This is a decentralised public body of the Federal Public Administration, with autonomy and technical capacity to generate objective information on the social policy situation and the measurement of poverty in Mexico, which enables better decision making. Its main functions are i) to regulate and coordinate evaluation of the National Social Development Policy and the policies, programmes and actions carried out by public agencies; and ii) establish the guidelines and criteria for the definition, identification and measurement of poverty, guaranteeing transparency, objectivity and technical rigour.
5. FEATURES OF THE CARE POLICIES

The main care-related policies identified are the following:

Support Programme for the Protection of People in Need - National System for Integral Family Development (SNDIF)

This programme provides resources to fund State System projects for the SNDIF and Civil Society Organisations, in order to strengthen the care infrastructure for people in vulnerable situations (construction, renovation, rehabilitation, providing equipment and/or providing new equipment, or other strategies) and granting temporary economic support, in kind and for residential care, that help to mitigate the social vulnerability of these people.

Programme for the Care of Persons with Disabilities - National System for Integral Family Development (SNDIF)

This programme seeks to promote works and/or actions focused on ensuring that persons with disabilities have the means to support their social inclusion; through implementing projects that involve the acquisition of functional assistance and equipment related to rehabilitation and inclusion, or that cover renovation, construction, operation and maintenance.

Childcare services - Mexican Social Security Institute (IMSS)

This programme provides childcare services for the children of insured working mothers, widowed or divorced parents, or those who have been granted judicial custody of their children. The childcare service covers children between the ages of 43 days and 4 years.
Programme for Services for Groups with Special Needs - National Institute for Older Persons (INAPAM)

The programme offers specific services such as legal advice, Comprehensive Care Centres, hostels, day care centres, INAPAM card, productive engagement alliances, cultural centres and clubs.

Support Course for Informal Carers of Older Adults - Institute for Social Security and Services for State Workers (ISSSTE)

This action (not a programme) is an on-line course intended for people carrying out informal care work for older adults with some degree of dependency. It aims to ensure that they have the knowledge and skills to enable them to carry out care and self-care tasks from a gerontological perspective and with an approach of healthy ageing.

Support Course for Informal Carers of Fragile Older Adults with Dementia - Institute for Social Security and Services for State Workers (ISSSTE)

This action (not a programme) is an on-line course for informal carers to ensure that they know and understand what dementia is, as well as providing them with strategies and tools to carry out their care activities more efficiently.

XXI Century Medical Insurance - Secretariat of Health

The programme is intended for the care of children under the age of five who are not rights-holders in any social security institution and do not have any other mechanism of social welfare health provision through a public scheme of universal medical insurance.
Programme of Child Day Centres to Support Working Mothers - Secretariat of Welfare

This supports, through subsidies to childcare services for children between the age of 1 and 4 (5 in the case of disability), mothers, single fathers, guardians or main carers who are working, looking for employment or studying and whose per capita income per household falls below the Well-being Line (LB) and who state that they do not have access to childcare services through public institutions of social security or other means.

Pension Programme for Older Adults - Secretariat of Welfare

The programme caters for all adults above the age of 68 throughout the country, and those above the age of 65 who live in the municipalities comprising indigenous peoples, through a pension that consists of financial support of $2,550 pesos every two months.

Life Insurance for Female Heads of Households - Secretariat of Welfare

The programme provides life insurance (in two-monthly instalments) to female heads of households between the ages of 12 and 68 who are in a state of poverty and do not have social security services so that should they die, their children (children, adolescents and young people up to the age of 23) can start and continue their studies.

Pension for the Welfare of Persons with Permanent Disabilities - Secretariat of Welfare

This seeks to improve the financial income of persons with permanent disabilities, it provides economic support so that mothers, fathers or guardians with dependent children with disabilities can choose the care model that most suits their needs, and it also offers rehabilitation services and in-kind support.
Full Time Schools - Secretariat of Public Education (SEP)

The basic education schools included in the programme increase their school hours to between 6 and 8 hours daily to improve the academic, sport and cultural performance of the pupils.

Support Grants for Basic Education of Young Mothers and Young Pregnant Women - Secretariat of Public Education (SEP)

The programme offers monthly grants, financial and in-kind, to young women in a situation of vulnerability (indigenous persons, persons of African descent, persons with a disability, mothers and fathers heads of households and young mothers and young pregnant women) to prevent learning lag and school drop-outs at the secondary school and/or higher education level.

Community Education for Well-being - Secretariat of Public Education (SEP)

This is a pedagogical model with a community perspective offering an educational alternative for anyone in the community, based on the principles of a tutoring relationship. It seeks to promote collaborative work between students with differing knowledge and ages who are integrated into learning communities and increase the cover of early, pre-school, primary and secondary education in rural localities of high and very high marginalisation.
6. GOVERNANCE

Currently in Mexico there is a range of institutional policies and actors who handle aspects of care in a sectoral way and at different levels of government: federal, state and municipal. The National Institute of Women, the Secretariats of Welfare, Finance and Public Credit, Health, Public Education, the Mexican Social Security Institute and the federative entities and municipalities interact with each other within the framework of their competences to implement care-related policies. However, the sectorisation makes inter-institutional cooperation and a systematic approach difficult.

As part of the actions of the National Programme for Equality between Women and Men (Proigualdad) 2020-2024 (INMUJERES, 2022) the National Care System Coordination Group has been set up, comprised of INMUJERES, the Secretariat of Welfare, the Secretariat of Finance and Public Credit, the IMSS and the SNDIF. It takes the form of an inter-institutional board to coordinate the measures of these institutions on care in the sphere of their respective competences, where proposals have been made on construction of the care industry, the design of tax and financial incentives, and review of the Contribution Fund for Social Infrastructure to support the offer of services.

In relation to this, the legislative initiative for creation of a National Care System establishes “the participation of the Federation, the Federative Entities, the Municipalities and territorial demarcations of Mexico City, in the scope of their respective competences”41. The System would be formed by the National Institute of Women, as Technical Secretariat, and by the Secretariats of Welfare, Finance and Public Credit, Labour and Social Welfare, Public Education, Health and Culture, by the Mexican Social Security Institute, the Institute for Social Security and Services for State Workers, the National Council to Prevent Discrimination, the National System for Integral Family Development, and the Secretariats of Welfare or their counterparts in the federative entities. The federal structure of Mexico makes it difficult for a Federal Care System to be able to provide a system in each state, therefore each state has to develop its own system.

In turn, the proposal of the National Care System attempts to coordinate already existing programmes and actions and seeks “shared responsibility for the distribution of care between the State, the business sector, civil society, communities, families and between women and men”, ensuring “universal access and quality provided equally throughout the territory”, and offering “appropriate conditions to achieve a work-life balance, shared responsibility and access to care services to all the population”. The National System will redesign the already existing services and will design new services and actions to meet the needs of people in situations of dependency.

The National Care System offers a comprehensive perspective, a systematic vision, intersectoral implementation and participative governance, through the proposed National Care Board, a collegial body to organise and coordinate the System, presided over by the Secretariat of Welfare, and whose Technical Secretariat would be the National Institute of Women. The Board would comprise representatives from all the institutions that are part of the system: the Secretariats of Finance, Labour, Education, Culture and Health; the Mexican Social Security Institute, the National System for Integral Family Development; the National Council to Prevent Discrimination and the Persons responsible for the Secretariats of Welfare or their counterparts in the federative entities. Moreover, in the National System it is proposed to set up the Consultative Assembly, a permanent body to advise and follow up on the planned actions, comprising civil society organisations, academia, private service providers, and workers from the care sector.

The components of both the National System and the state systems would be:

- Cover of care services.
- Development of time policies to reduce the family load, principally of women.
- Professionalisation and training of persons involved in the care sector.
- Regulation of the quality of care services and labour regulation of professional carers.
- Management of funding and distribution of resources.
- Creating information and constructing and launching an agenda of knowledge.
- Cultural change on social-shared responsibility, involving the private sector, and prioritising shared responsibility for care between women and men.
7. POLICY COHERENCE

Firstly, we look at the analysis of policy coherence for sustainable development through application of the Coherence Index, and secondly, we run through different policies in relation to their contribution to care.

Application of the Coherence Index

Transitions 64
Planetary pressures 82
Democratic 68
Feminist 76
Socio-economic 63
Ecological 52

53.53

Democratic transition
F Feminist transition
S Socio-economic transition
ECO Ecological transition
TRAN Transitions
ECO IMP Planetary pressures

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0-20 (worse performance) | 60 - 80 | 20 - 40 | 80 - 90 | 40 - 60 (better performance) | >90 |
This Mexican traffic light, in summary, shows us areas with relatively good results (such as its commitment to international agreements and treaties on law or the political representation of women), and other dimensions, coloured orange, that indicate worse performance. Below we look in more detail at the components of Indico’s aggregate value of 53.53 points:

» In **democratic transition**, the main challenges fall under the dimension Civil Society and transparency (40 out of 100), with a civic space described as repressed according to the **Civicus classification**. On the other hand, a high level of political commitment is seen to international treaties and agreements on human rights, although with the possibility of improving the access of women to justice. We also highlight its relatively good performance in terms of its limited contribution to militarisation of the planet (due to its low nuclear and heavy weapons capabilities, its relatively low public military expenditure and level of participation in the international trade of conventional weapons).

» In **feminist transition** (with a score of 76 out of 100) we also find indicators with very disparate scores. Although there is a regulatory framework with the ratification of important measures such as CEDAW, ILO Convention No. 189, or the equality of rights between women and men in the workplace -or the recent decriminalisation of abortion in 2023, that is not yet reflected in the Indico figures-, as well as the political participation of women in Parliament and ministerial offices-, key matters still need to be addressed to make progress in this transition. Among these stand out, for example: legislation on violence against women, educational levels achieved by women or the birth rate among adolescents, and improved participation of women in the formal labour market.

» There are many spheres within **socio-economic transition** where Mexico could make notable progress, with an aggregated value of 63. On the one hand, increasing its governmental income (around 23% of GDP in 2021) which would make it possible to invest more in the healthcare system, social protection and education, aspects where deficiencies are seen. On the other, tackling the fight against inequality through its fiscal action.

» Now, looking at **ecological transition**, necessary improvements are also seen in the protection of its terrestrial and marine areas and in electricity generation from renewable sources (excluding hydroelectric). It gets better scores in its participation in international environmental agreements and its water stress level.
Now, looking at ecological transition, necessary improvements are also seen in the protection of its terrestrial and marine areas and in electricity generation from renewable sources (excluding hydroelectric). It gets better scores in its participation in international environmental agreements and its water stress level.

For the pillar that evaluates planetary pressures, the country gets a relatively high score (82 out of 100).

Thus, the Mexican case shows specific room for improvement in creating a favourable environment for its civil society, ensuring access to social and economic rights, in general, and addressing internal inequalities, and all of this, looking to actively contribute, through environmental policies, to sustainability, inside and outside of its borders.

Policy coherence towards a care society

Mexico has made progress in policy coherence in terms of care in recent years. However, to implement a National Care System like that put forward in the legislative initiative submitted would mean a qualitative leap forward in this aspect. Although it is true that it would continue to have components waiting to be addressed, such as migratory policy, that has not been considered in the System, and the FFP that is still in its early stages of incorporating a care-focused feminist perspective.

In the case of educational policy in relation to care, the General Law on Education has been modified to progressively ensure early education. The Secretariat of Public Education continued the Initial Education Expansion Programme (PEEI), its objective being for children from the age of 0 to 2 years and 11 months to access the public services of early education by increasing the cover through formal and informal early education programmes (INMUJERES, 2022).

In the area of responsibility of the health policies, care and learning services for children have been increased through: i) Day Centres for Child Welfare and Development; ii) Centres for childcare and integral development for children of workers, iii) Educational Playgroups located in the Health Centres they Attend with Inclusive Schemes; and iv) Child Development Centres. In relation to the income of carers, through the Pension Programme for the Welfare of Older Persons, the Pension Programme for the Welfare of Persons with Permanent Disabilities and the Support Programme for the Welfare of Children of Working Mothers, economic support was provided to contribute towards the childcare undertaken by mothers, fathers, guardians, carers and/or those who require care (INMUJERES, 2022).

In the sphere of labour policy, measures have been taken in line with ILO Convention 189 on Domestic Workers, and the indicators show that the average salary of domestic workers grew by 4.9% and the number of domestic workers enrolled in social security grew by 18.4% annually (35,562 women and 18,022 men at the end of 2022) (INMUJERES, 2022).
Generally, in terms of awareness-raising and training with an effective impact on equality in the field of care, many Federal Public Administration institutions have undertaken actions on: i) contributing to the strategy to improve access to care services to ensure that they are suitable, opportune, good quality and designed with a gender perspective; ii) preparing dissemination or awareness-raising materials on the use of playgroups and nurseries; iii) actions to ensure there is a physical area of sufficient size, materials, and conditions of safety and accessibility to provide early childhood care; iv) establishing regulations for playgroups and safe operating timetables; v) communications activity to promote sharing of childcare within families, encouraging the participation of men in childcare from a principle of non-hegemonic masculinity (INMUJERES, 2022).

In relation to the FFP, the Global Care Alliance has been set up as an international instrument that has contributed towards mobilising the care agenda in the sphere of the competences of the Secretariat of Foreign Affairs. Although no significant progress has yet been made, Mexico has its first international commitment as it will host the XVI Regional Conference on Women in Latin America and the Caribbean, organised by ECLAC in 2025. This conference will examine transformations in the political, economic, social, cultural and environmental spheres to promote the care society (INMUJERES, 2022).
8. BUDGET AND FUNDING MODELS

To highlight the relevance and impact of investing in a National Care System, INMUJERES has prepared a prospective model of the annual costs of universal, free, high quality childcare system, for children under the age of 6. The calculations show that implementing a childcare system for 5 years would have an annual average cost of 1.16% of the GDP of 2019, and would result in a total increase in the gross value of annual average production of 1.77% and a total increase of annual average employment of 3.9% with respect to the working population of 2019. Moreover, it would achieve a potential additional annual average tax collection of 0.29% of GDP of 2019 (UN Women and ECLAC, 2021).

The National Care System Coordination Group, comprised of INMUJERES, the Secretariat of Welfare, the Secretariat of Finance and Public Credit, the IMSS and the SNDIF, has already developed proposals on the construction of a care industry, and the design of fiscal and financial incentives, and has managed to include a sub-chapter of care in the funding rules for the Contribution Fund for Social Infrastructure, funds allocated by the federal government to the municipalities for infrastructure, to support the offers of services like nurseries, centres for older adults, etc.

To fund the services required by creation and implementation of the System, the Secretariat of Finance and Public Credit together with INMUJERES have identified a funding model that would be based on a tripartite source of funds, that is, a combination of State public funds, together with funds from the private sector, and a third component that would come from the workers themselves, and in which a fourth source has been identified, that would comprise the budget of the Property Fund of the Institute for Social Security and Services for State Workers (FOVISSSTE).
9. MONITORING, EVALUATION AND ACCOUNTABILITY

In working towards a National Care System, and with the aim of generating specific statistics on the demand for home care and the people who provide care, which will support decision-making and the design of public policies for the creation of a National Care System, INEGI carried out the National Survey for the Care System (ENASIC) 2022, and its application is planned by INEGI for successive years.

Within the framework of the National System of Statistical and Geographic Information (SNIIEG), the governing board of INEGI approved the National Time Use Survey (NTUS) as Information of National Interest, which is reflected in INEGI’s budgetary commitment, which will make the measure sustainable. Moreover, it has also approved the inclusion in the National Catalogue of Indicators of three indicators with a gender-perspective on time use that allow for the characterisation of care and domestic work, unpaid, of women and men. And the National Council for the Evaluation of Social Development Policy (CONEVAL) has joined SNIIEG’s Specialised Technical Committee of Information with a Gender Perspective of SNIIEG (INMUJERES, 2022).

The legislative initiative for the creation of a National Care System includes a chapter on transparency of information, accountability and citizen participation. The proposal includes social participation in the design, execution, monitoring and evaluation of the policies, and the System includes various mechanisms to ensure the participation of all people and social actors involved in the care policies.

Specifically, the National System includes setting up a Consultative Assembly, a permanent advisory body that would be responsible for following up the planned actions, and would be comprised of organisations from civil society, academia, private companies providing care services, and workers from the care sector. The responsibilities of the Assembly would include preparing an annual report.

The legislative initiative also proposes creating a National Care Registry, which would include identification of the existing services and demand for them. The objective would be to have systematised information and statistics for the design of the care policies and services, integrating and bringing together information on users and providers of services, and entities that provide training for carers, as well as facilitate supervision of the care centres, whether public, private or mixed.


44 Idem.
Country fact sheet

Dominican Republic (DR)
1. EVOLUTION AND ACCELERATION FACTORS

The social reality and the population pyramid that reflects an increase in the rate of ageing and dependent persons, confirm the demand for care. In the Dominican Republic, as in the rest of the world, care has principally been undertaken by women, who perform 82% of the time spent on household tasks and care tasks, unpaid, nationally. This work has had little social recognition, little economic valuation, and with precarious or non-existent pay. These characteristics together with the overload and poor division of care tasks have an impact on the life of Dominican women, affecting their economic independence and their access to educational and labour opportunities and social security contributions.

The COVID-19 pandemic made the inequalities even clearer, the existing overload in relation to care and the need to design public policies that place care at their centre, recognise its value and place it as an innovative element of the economic recovery, the strategy to fight poverty and the creation of decent jobs. In this context a new public policy agenda is proposed that includes care as a fourth pillar of well-being together with education, health and social protection. An agenda that promotes the care economy and that recognises, redistributes and remunerates care appropriately, reducing the uneven load on women from a perspective rights and shared responsibility between families, the State, the market and society (Cañete et al. 2021).

In this way, the Dominican Republic proposes to move towards construction of a care system with a double transformative intent: i) to boost the care economy as a vector of the economic recovery, job creation and reintegration of women into the workforce; ii) to promote the care society as a guarantor of rights both for persons requiring care as for those who carry out the care work, from a position of shared responsibility between the State, the private sector, the community, the families and the men and women.
## 2. RATIFICATION OF REGIONAL AND INTERNATIONAL AGREEMENTS

<table>
<thead>
<tr>
<th>International conventions</th>
<th>Signature</th>
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<tbody>
<tr>
<td>Optional Protocol.</td>
<td>2000</td>
<td>2001</td>
</tr>
<tr>
<td>Convention on the Rights of Persons with Disabilities.</td>
<td>2007</td>
<td>2009</td>
</tr>
<tr>
<td>International Convention on the Protection of the Rights of all migrant workers and members of their families.</td>
<td>No firmada</td>
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<tr>
<td>ILO Convention No. 100 on equal remuneration.</td>
<td>1953</td>
<td></td>
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<tr>
<td>ILO Convention No. 102 on social security (minimum standards)</td>
<td>2016</td>
<td></td>
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<tr>
<td>ILO Convention No. 111 on discrimination (employment and occupation).</td>
<td>1964</td>
<td></td>
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<tr>
<td>ILO Convention No. 156 on workers with family responsibilities.</td>
<td>Not ratified</td>
<td></td>
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<tr>
<td>ILO Convention No. 183 on maternity protection.</td>
<td>2016</td>
<td></td>
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<tr>
<td>ILO Convention No. 189 on domestic workers.</td>
<td>2015</td>
<td></td>
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<tr>
<td>ILO Convention No. 190 on the elimination of violence and harassment in the workplace.</td>
<td>Not ratified</td>
<td></td>
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<tr>
<td>ILO Convention No. 107 on indigenous and tribal populations.</td>
<td>1958</td>
<td></td>
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<tr>
<td>ILO Convention No. 169 on indigenous and tribal peoples.</td>
<td>No ratificado</td>
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<td>Regional Conventions in Latin America and the Caribbean</td>
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<td>Ratification</td>
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<tr>
<td>Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Belém do Pará)</td>
<td>1994</td>
<td>1996</td>
</tr>
<tr>
<td>Santiago Commitment</td>
<td>2020</td>
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<tr>
<td>Buenos Aires Commitment</td>
<td>2022</td>
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3. CARE REGULATIONS

Although there is no specific law on care, progress is being made to promote a proposal for a draft bill on the recognition of care as a right, a job and a priority need. The legal framework within which the pilot programme and the future care system operate is coordinated around:

» The Dominican Constitution, of 13 June 2015.

» The National Development Strategy (END).

» Government Programme 2020-2024.

» National Pluriannual Plan of the Public Sector (PNPSP).

» National Plan of Equality and Gender Equity (PLANEG III).

» Law No. 41-08 of Public Function (Ley Núm. 41-08 de Función Pública) and Regulation No. 523-09 on Labour Relations (Reglamento Núm. 523-09 de Relaciones Laborales).

» Law 8-95 of 19 September 1995 declaring the Promotion and Encouragement of Breastfeeding a National Priority (Ley 8-95, de 19 septiembre de 1995, que declara como Prioridad Nacional la Promoción y Fomento de la Lactancia Materna.).

» Law No. 589-16 creating the National System for Food and Nutritional Sovereignty and Security (Ley No. 589-16 que crea el Sistema Nacional para la Soberanía y Seguridad Alimentaria y Nutricional).

» Regulation on Health and Safety at Work (Reglamento de Seguridad y Salud en el Trabajo) Decree No. 522-06 of 16 October 2006.

» Decree 21 of July 2009, modifying Decree No. 523-09, approving the Regulation of Labour Relations in the Public Administration, of 21 July 2009 (Decreto Núm. 523-09, que aprueba el Reglamento de Relaciones Laborales en la Administración Pública, del 21 de julio de 2009).

» Decree 312-22 modifying Art. 78 i) of Decree No. 523-09 approving the Regulation of Labour Relations in the Public Administration.

» Guidelines from the Ministry of Public Health for the installation of breastfeeding rooms.
Gender equality and non-discrimination

The Convention on the Elimination of All Forms of Discrimination against Women lays down the principle of the equality of women and men and commits its members to “adopt all appropriate measures to eliminate discrimination against women in the field of employment”. Therefore, the principle of the equality of women and men, as well as the express prohibition on any type of discrimination based on sex within the work sphere, must be covered by different legislative provisions, including in specific legislation to promote equality between women and men.

<table>
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<tr>
<th>Regulations</th>
<th>Provisions</th>
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<td>Constitution of the Dominican Republic (of 13 June 2015)</td>
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</table>

Equal pay

Ensuring that the work carried out by men and women is properly valued and ending pay discrimination are essential to achieve gender equality, and they also constitute essential elements for decent work. The principle of equal pay for men and women for a job of equal value, as established by the Convention on equal pay, 1951 (No. 100) is therefore essential, especially considering that men and women often perform different jobs.

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<th>Regulations</th>
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<tr>
<td></td>
<td>Although the Constitution contains the principle of equal pay for work of equal value, the Labour Code (Código de Trabajo) establishes the application of a more restrictive criteria than that of ILO Convention No. 100 on equal remuneration for work of equal value, establishing the principle of equal pay in identical conditions of ability, efficiency or service.</td>
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<td>Constitution of the Dominican Republic (of 13 June 2015)</td>
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The following information has been extracted from the Virtual platform on legislation affecting women’s economic independence and empowerment in Ibero-America, developed by the SEGIB with the support of UN Women.
Maternity protection

Maternity protection is a fundamental labour right and a crucial element to ensure decent work and the productivity of women, as well as to achieve gender equality in work. This right, that has been enshrined in universal fundamental human rights treaties, includes among its principal elements, maternity leave of not less than 14 weeks, protection from dismissal in the event of pregnancy or maternity, reduction or interruption of paid working time for breastfeeding and payment of maternity leave by social security to avoid indirect sources of discrimination.

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<tr>
<th>Regulations</th>
<th>Provisions</th>
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<tbody>
<tr>
<td>Constitution of the Dominican Republic (of 13 June 2015)</td>
<td>100% paid by the Social Security.</td>
</tr>
<tr>
<td>Law No. 87-01 creating the Dominican Social Security System (Ley No. 87-01 que crea el Sistema Dominicano de Seguridad Social) (of 9 May 2001).</td>
<td>Minimum of 14 weeks’ leave.</td>
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<td>During pregnancy and up to 6 months after the birth.</td>
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Paternity leave

Together with maternity protection, one of the main measures to overcome economic discrimination against women is implementing regulations that ensure the involvement of men in family responsibilities. The legislation relating to maternity protection has to be accompanied by laws that regulate paternity leave, ensuring the principle of co-parenting in the care-related legislation and avoiding the weight of care falling unilaterally on women, through the extension of paternity leaves.

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<th>Regulations</th>
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<td>100% paid by the company.</td>
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<td>Minimum of 10 days’ leave.</td>
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<tr>
<td>Constitution of the Dominican Republic (of 13 June 2015)</td>
<td>2 days of paternity leave.</td>
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</table>
Care

Discrimination against women in terms of their financial independence is subject to the historic sexual division of work that places them predominantly in the reproductive sphere and makes them primarily, and almost exclusively, responsible for the unpaid care work and domestic work. From this point of view, the legislation also presents standards and laws aimed at balancing out this type of work between the State, the market, the community and the families, focusing on shared responsibility in relation to the right to care and be cared for (among the four actors mentioned), universality (ensuring access and cover to all people) and gender equality (promoting care systems that equalise the opportunities and responsibilities of women and men).

<table>
<thead>
<tr>
<th>Regulations</th>
<th>Provisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labour Code of the Dominican Republic, Law No. 16-92 (of 29 May 1992).</td>
<td>Recognition of care work. The State recognises housework as an economic activity that creates added value and produces wealth and social well-being, therefore it will be incorporated into the drafting and implementation of public and social policies.</td>
</tr>
<tr>
<td>Constitution of the Dominican Republic (of 13 June 2015)</td>
<td>Redistribution and/or reduction of care work. It is established that the public nursery service paid for by the Social Security and Dominican Social Security System (SDSS) will develop childcare services to care for the children of workers, from forty-five (45) days up until 5 years of age. Shared responsibility for the household tasks is established between both spouses or partners.</td>
</tr>
<tr>
<td>Law No. 136-03, Code for the protection of the rights of children and adolescents (Ley No. 136-03, Código para la protección de los derechos de los niños, niñas y adolescentes) (of 22 July 2003).</td>
<td>Discriminatory provisions around care work. The right is recognised, exclusively for female workers, to have half a day a month for paediatric care of her child.</td>
</tr>
<tr>
<td>Law No. 87-01 creating the Dominican Social Security System (of 9 May 2001).</td>
<td></td>
</tr>
</tbody>
</table>
Social security

One fundamental aspect linked to women’s economic empowerment relates to the social protection systems that include access to pensions. In the case of contributory pension schemes, the main source of discrimination is linked to their contribution density that can be affected by retirement ages differentiated by sex and by the interruptions in women’s working life as a result of the reproductive role and care work they assume.

<table>
<thead>
<tr>
<th>Regulations</th>
<th>Provisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constitution of the Dominican Republic (of 13 June 2015)</td>
<td>Contribution density. The same retirement age for men and women (at 60), with 360 monthly contributions (this can be moved forward to 55 if workers have accumulated a pension greater than 50% of the minimum pension.</td>
</tr>
<tr>
<td>Law No. 87-01 creating the Dominican Social Security System (of 9 May 2001).</td>
<td></td>
</tr>
</tbody>
</table>

Paid domestic work

Another essential sphere linked to women’s economic empowerment is that of domestic workers, a sector that is highly feminised and that, at the same time, provides an important proportion of women’s employment. This is a sector where, due to the nature of the activity and the space in which it is carried out, up until relatively recently was not regulated in national legislation and, consequently, has been subject to deep discrimination on matters such as access to social protection, minimum wage, working days and holidays, or the benefits available to these workers.

<table>
<thead>
<tr>
<th>Regulations</th>
<th>Provisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constitution of the Dominican Republic (of 13 June 2015)</td>
<td>Regulation of working hours, time off and paid holidays. Working hours, time off and paid holidays not equivalent to other workers.</td>
</tr>
</tbody>
</table>
4. INSTITUTIONAL STRUCTURE OF CARE

The institutional model of the Care Communities consists of intersectoral coordination at two levels: at the first level, political governance and coordination of the intersectoral management carried out centrally, and at the second level, governance and management that coordinates and includes the territory, with the participation of non-governmental actors and other stakeholders.

The Ministry of Economy, Planning and Development and Ministry of Women’s Affairs are fundamentally responsible for the institutional structure of the care policy and the future system. Both institutions together coordinate the Intersectoral Care Board, to coordinate the member institutions according to each of their roles, competences and areas of specialisation, with the aim of generating, on the one hand, a common vision favouring the participative construction of the pillars of a National Care System and, on the other, boosting the potential of care as a dynamising socio-economic sector for the country.

On 14 June 2022, the agreement was signed that gave rise to the Intersectoral Care Board of the Dominican Republic with the participation of ten signatory governmental organisations of the country.

This was signed between the national Ministry of Economy, Planning and development, the Ministry of Women’s Affairs and the Labour Ministry, as well as the “Supérate” Programme (created in 2021 by decree for the “protection and social care of persons in a situation of poverty and vulnerability”), the Single System of Beneficiaries (SIUBEN), the National Institute for Comprehensive Early Childhood Care (INAIPI), the National Council for Children and Adolescents (CONANI), the National Council for Older Adults (CONAPE), the National Council on Disability (CONADIS) and the National Institute of Technical Vocational Training (INFOTEP).

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46 Antecedents in the Advisory Meeting for the Construction of the National Care System in the Dominican Republic: guidelines and scenarios for a more equal social protection (Bango and Piñeiro, 2022).

47 https://mepyd.gob.do/

48 https://mujer.gob.do/

49 https://mt.gob.do/

50 https://www.superate.gob.do/

51 https://siuben.gob.do/

52 https://inaipi.gob.do/index.php/servicios/centro-de-atencion-integral-a-la-primera-infancia-caipi
Single System of Beneficiaries\(^53\) (SIUBEN)

Institution created by disposition of the Executive Branch through Decree Number 1073-04 of 31 August 2004, declaring its establishment at high national level, with the objective of identifying the families eligible to receive the benefits of the social programmes and subsidies that are provided with public resources.

National Institute for Comprehensive Early Childhood Care\(^54\) (INAIPIC)

Institution that manages provision of the essential services of comprehensive, quality childcare during Early Childhood, i.e., from 0 to 5 years, and their families. Law No. 342-22 creating the National System for Comprehensive Protection and Care for Early Childhood (La Ley núm. 342-22 crea el Sistema Nacional de Protección y Atención Integral a la Primera Infancia) and the National Institute for Comprehensive Early Childhood Services. Currently it manages 689 centres, covers 203,133 children and 161,426 families.

National Council for Children and Adolescents\(^55\) (CONANI)

This is the governing body of the National System for the Protection of the Rights of Children and Adolescents. Decentralised institution of the Dominican State with legal personality and its own budget. Its primary objective is to guarantee the fundamental rights of children and adolescents in the Dominican Republic through effective stewardship of the policies on children and adolescents. Created by Law 136-03 as an administrative body of the National System for the Protection and Fundamental Rights of Children and Adolescents (SNP) (Law 136-03).


\(^54\) https://inaipi.gob.do/index.php

\(^55\) https://conani.gob.do
National Council for Older Adults (CONAPE)

Created by law 352-98 of 1998, this is the entity responsible for designing the national policies for older adults. The objective of this law and its regulation is to lay down the institutional bases and establish comprehensive protection procedures for older adults, their rights to an active, productive and participatory life, with respect for their dignity, freedom, family and community life, their rights to recreation, culture and equality. It is responsible for guiding the entities authorised to minister to the older adult in the application of the policies of the sector. As well as its obligation to enforce the law that manages it, CONAPE makes efforts to contribute to compliance with the Madrid International Plan of Action on Ageing.

National Council on Disability (CONADIS)

Autonomous, decentralised institution with legal personality, administrative, financial and technical autonomy, lead entity responsible for establishing and coordinating policies on disability. Attached to the Presidency of the Republic, under oversight of the Ministry of the Presidency. Its mission is to guarantee equality of rights and the elimination of all forms of discrimination towards people with disabilities, through the exercise of its stewardship.

National Institute of Technical and Vocational Training (INFOTEP)

Governing body of the national system for technical and vocational training of the Dominican Republic, created by Law 116 of 16 January 1980 and regulated by regulation 1894, of 11 August of the same year. It is an autonomous, non-profit-making, State organisation, with legal personality and its own budget, directed by a board of directors with a tripartite structure, comprising the official, business and labour sectors and administered by a directorate-general.

56 [https://conape.gob.do/index.cfm](https://conape.gob.do/index.cfm)
57 [https://conadis.gob.do](https://conadis.gob.do)
58 [https://www.infotep.gob.do](https://www.infotep.gob.do)
5. FEATURES OF THE CARE POLICIES

The main care-related policies, following the recognition of care as a right and inserting it into a systematic logic, arose from 2020 onwards.

**Government Programme 2020-2024**

Objective: to start designing a National Care System. Constitution of the Intersectoral Board (ten bodies), and three Care Communities.

**National Development Strategy (END) 2030**

establishes specific policy guidelines for care. Specifically in its General Objective 2.3 Equality of rights and opportunities.

**National Plan for Equality and Gender Equity 2020-2030 (PLANEG III)**

Places in its National Issue 2: Comprehensive Healthcare for Women, section 2.4. Guarantee of rights and effective response for the reduction of priority problems of women’s health. 2.4.3. To implement programmes aimed at promoting the empowerment of women and shared responsibility of the partner, family and community in relation to their rights and care during the preconception, prenatal and postnatal period and of newborns. And in its National Issue 3: Economic independence. Component 3.3. Visibility and redistribution of unpaid care work. Line of Action 3.3.3. To design and implement a Care System based on a comprehensive, universal approach, observing gender-equality rights, that coordinates and brings together the public mechanisms that provide these services, expanding the existing services and involving the private sector.
Supérate Programme

Is the main line of action for social protection of the Dominican Government (Decree No. 377-21) and the strategy of a comprehensive fight against poverty.

Its objective is focused social intervention through the integration of means-tested cash transfers, socio-educational support and links to State programmes and services, divided into actions that are based on eight components: Educational Inclusion, Health, Food Safety and Support in Emergencies, Economic Inclusion, Housing, Identity, Care, Supérate Women, and Socio-family Support. The Supérate Programme also involves families in situations of vulnerability in the process of comprehensive development through shared responsibility linked to subsidies, which contributes to food and nutritional security, encouraging income generation from these, with investment in education and health of its members. The care component is structured around solutions to the needs of eligible households, promoting economic independence of the participating women and care as a right, with special emphasis being placed on children, people in situations of dependency, older adults and/or people with disabilities. The following are developed under this component:

» Communities of Care in prioritised territories to offer a structured package of care-related services to eligible households.

» System of reference and counter-reference for access of the eligible households to care-related packages of services.

» Training, certification and access to employment services in the Community Carers Network.

» Dissemination campaigns on care.

National Health Insurance (SENASA)

Has the Subsidised Regime that protects self-employed workers with unstable incomes below the minimum national wage, as well as the unemployed, disabled and homeless, funded primarily by the Dominican State.
**Familias de Cariño (Caring Families) (CONAPE)**

Programme implemented nationally that consists of identifying trusted families in each district, giving priority to those formed of single women and retired older adults or unemployed, and turning their houses into ‘Hogares de Cariño (Caring Households), which the government supports with comprehensive programmes for the care of older adults and payment of RD$15,000.00 pesos a month.

**Comprehensive Early Childhood Care Centres (CAIPI)**

Specialist centres offering comprehensive childcare for children in conditions of vulnerability in an extended day, providing various experiences that allow them to develop, through an opportune, purposeful, pertinent and significant intervention during their early years of life. Implementing the 6 components of the care model.

**Comprehensive Child and Family Care Centres (CAFI)**

They are part of the Family and Community Based Programme (PBFC), that seeks to promote good child-rearing practices, aimed at fathers, mothers and/or guardians. The services offered through the Family and Community Based Programme organise their operations through different care modalities: CAFI Direct Management, whose operation is managed directly from INAIPI, CAFI Co-Management, which operates through alliances between INAIPI and Civil Society Organisation for management of the centres, and Strengthening of Existing Experience, whose modality also provides for strategic, long-term alliances with Non-Profit Organisations (NPO) and community-based organisations, with the aim of strengthening and impacting a greater number of children, through the practices or actions carried out by them.
National Plan for Accessibility and the “Coming out of Hiding” Programme (CONADIS)

This programme carries out visits, supervision and gives workshops throughout the national territory with the aim of disseminating knowledge on accessibility, so that the community becomes overseer of the correct application of the criteria in the works that are being built in their communities.

Training Programme: Personal Assistance to Persons with Disabilities with Support Needs⁹⁹ (INFOTEP)

Programme financed through the Sustainable Development Goals Fund, also called SDG, that has four guide modules that will act as support material focusing on the Social and Human Rights Module, Dominican Sign Language Personal Assistance to Persons with Disabilities and Instrumental Activities of Personal Assistance.
6. GOVERNANCE

The Dominican Republic relies on various policies covering key aspects and populations in its treatment of care, with a sectoral approach at the different levels of government. Currently it is developing a two-year Communities of Care Pilot Programme in three municipalities: Azua de Compostela, in the province of Azua, Bánica, in the province Elías Piña, and Santo Domingo Este, in the province of Santo Domingo. The Programme includes, as has been seen, various actors and levels of participation and has a multisectoral and systematic approach. It is based on the “principles of social-shared responsibility, person-centred comprehensive care, territorialisisation and evidence-based policy development.

The model is based on inter-sector coordination at two levels, and has the participation of non-governmental actors and stakeholders with the aim of collectively building the care policy: at the first level, political governance and coordination of the intersectoral management carried out centrally, and at the second level, governance and management that coordinates and includes the territory.

The Programme, i) implements a participative and intersectoral working model between the different care-related bodies in each territory, both public and private reflecting a “participative governance” model; ii) it collectively constructs boards and local care plans that aim to respond to the needs of the recipient population, using the resources and capacities of each place; iii) it tries to strengthen public services to that people can be cared for with the State bearing a greater share of the responsibility.

There are two institutions coordinating the pilot scheme and facilitating construction of the National Care System: the Ministry of Finance, Planning and Development (MEPyD) and the Ministry of Women. It also has an Intersectoral Management Technical Unit, under the coordination of the Supérate Programme, to implement agreements entered into and ensure application of the guidelines relating to development of the Local Care Plans, the Intersectoral Care Board (formed of ten institutions: the Supérate Programme, SIUBEN, INAIP, CONAPE, CONADIS, CONANI, INFOTEP, Ministry of Labour, Ministry of Women and MEPyD) and its Local Boards.

The women’s and/or feminist organisations, as well as associations of female domestic workers, play a key role in the promotion and protection of the women’s rights and in encouraging shared responsibility for care. At the policy level, their integration in the Intersectoral Care Board is proposed through a Non-governmental Alliances space. The objective of this space is to enrich the pilot implementation process, facilitate exchange, socialisation, consultation, decision-making and validation of conceptual and strategic guidelines, technical bases and priority content for the construction of the National Care Policy.

60 When selecting the selection (Ministry of Finance, Planning and Development) differential characteristics were considered in terms of their local context, in order to then be able to adapt the Programme to suit different territories.
Governance model and intersectoral management

1. Development of the institutional capacities for the effective governance and intersectoral management of the pilot incorporating participation as a strategic pillar, including training processes, the provision of resources at a central and territorial level and strengthening operational protocols.

2. Development of three local Communities of Care plans.

3. Establishment of the Intersectoral Board as a principal space for concertation of the policy agenda in relation to the care economy at a central level, including its Advisory Council of associated non-governmental bodies (domestic workers, civil society organisations, private sector, beneficiaries, international partners and academia), and development of its annual work plan.

4. Establishment of three Local Care Boards to lead the policy concertation at a local level, including an Advisory Committee of associated non-governmental bodies (domestic workers, civil society organisations, private sector, beneficiaries, international partners and academia), and development of its annual work plan.

5. Establishment of the Intersectoral Management Technical Unit with focal points in each of the entities involved and represented both centrally and in the prioritised territories to coordinate the daily tasks linked to development of the Local Communities of Care Plans.

6. Consolidation of Institutional Strategic Planning, coordinated to ensure the allocation of pluriannual resources for funding the Communities of Care.

7. Promotion of the Public-Private Alliances for Development in order to integrate shared responsibility, effort and resources of the private sector to support implementation of the Communities of Care in the prioritised territories.

8. Consolidated intersectoral proposals for the road map for development of new Communities of Care and the collective construction of the National Care Policy in the medium term.
7. POLICY COHERENCE

In this section, first, we offer a comprehensive snapshot of the country according to the approach of policy coherence for sustainable development that underpins the Coherence Index. Below, we analyse certain policies that play a key role in contributing towards a care society.

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Democratic transition
Feminist transition
Socio-economic transition
Ecological transition
Transitions
Planetary pressures

0-20 (worse performance) 60-80
20-40 80-90
40-60 >90 (better performance)
The Dominican Republic gets a final score in Indico of 52.49 out of 100. The country’s disaggregated score is 59 in Transitions and 87 in Planetary Pressures. Exploration of the scores in the different transitions, dimensions and indicators available at the country fact sheet, makes it possible to look in more detail at the principal challenges facing the country in terms of policy coherence for sustainable development:

» In **democratic transition**, the country faces some important challenges in the civil society dimension, particularly in relation to transparency, i.e., in citizens’ access to information on basic laws and legal rights, although it also shows significant room for improvement in its protection of civic space. The country also shows failings in its political commitment to human rights. But it performs well in the dimension that evaluates countries’ contribution to militarisation of the planet, which is principally explained by its good scores for nuclear and heavy weapons capabilities and the international trade of conventional weapons.

» In **feminist transition**, the country scores 59 points out of 100. Of particular note is its poor performance in the dimensions that evaluate its legal and regulatory framework and the political participation of women. In this regard, the country gets the minimum score for legislation on the right to abortion and the legal recognition of LGTBI families. It also gets a very low score for legislation on sexual orientation and legislation that ensures equal legal rights and opportunities for men and women in the workplace. In political participation, in 2021, only 27% of parliamentary posts were held by women; and in 2020 only 17% of ministerial positions were held by women. On the other hand, the dimension “Social situation of women”, shows the greatest challenges in the adolescent birth rate and the average number of years in education of women, while gender gaps has the lowest scores for participation in the labour force.

» In **socio-economic transition**, the country scores 56 points out of 100, showing significant challenges in all the dimensions evaluated. Thus, the country gets only 31 points for social situation of the population, with important failings in availability of medical staff, social protection and a healthy life expectancy of 64. In terms of employment, of particular note is the low score under the indicator that evaluates vulnerable employment. The taxation challenges are also particularly significant, both in relation to obtaining government revenue and in the redistributive potential of this policy. The basic services dimension shows the greatest deficits in relation to access of the population to water and the internet. It is also worth pointing out the high levels of income inequality as measured by the Palma Index.

» Finally, in **ecological transition**, the country scores 49 out of 100, due, particularly, to its low score for protected natural areas and its limited electricity production from renewable sources.
On the other hand, the country gets a relatively good score (87) in planetary pressures, due to its low ecological impact on the planet compared to the other countries evaluated.

In short, the Dominican Republic is a country with significant challenges in policy coherence for sustainable development, especially under the Indico pillar “Transitions”. In particular, the country needs to make significant efforts to progress towards having more feminist public policies that protect the rights of women and combat and do not reproduce gender inequality, policies aimed at ensuring social justice and policies to further protect the environment.

**Policy coherence towards a care society**

The Dominican Republic has integrated the care economy as part of its strategy to fight poverty and inequality, to create employment and economic recovery, and it is a key component of Súperate, its principal, non-contributory, social protection programme. This effort is in line with its constitutional mandate to incorporate domestic work and care work into public policies on gender equality and the empowerment of women, with special emphasis on poor households and those in conditions of vulnerability, young children and persons in a situation of dependency, older adults and people with disabilities.

The care economy is recognised as a dynamising sector that is vital for a fair, and transformative recovery and an accelerator for the post-pandemic development. Therefore it is trying to use the potential of care as a key vector for social investment, the creation of new jobs, the inclusion of women in the workforce and economic recovery. According to data from the National Ministry of Finance, Planning and Development, paid care work, considered as part of domestic work, is a feminised sector that does not have sufficient professionalisation, is highly precarious, has a lack of social protection and insufficient regulation, but is one of the sectors that has created most employment, 5% of the total number of jobs in the country.

The systemic and intersectoral vision put forward by the model of Communities of Care points towards the recognition of care as a right, and the case should be made for moving it from its management should be moved from the logic of services to the logic of persons. In this regard, the Communities of Care Pilot Program includes other sectoral policies like educational, health, dependency, etc. However, given its incipient state, and not having specific data, results, or lessons learned arising from this first phase, no reflection can be made on the existence of true coherence beyond that of the programme itself. Although there is political commitment and a desire for change, we will have to wait to see the transformative potential of the system, its sustainability and its evolution from having a sectoral nature to a comprehensive nature on a national scale.

Although the Dominican Republic does not have a feminist foreign policy, it has participated actively, through the Ministry of Women, in the XV Regional Conference on Women, it is a signatory to the Buenos Aires Commitment and is also a member country of the Global Care Alliance.
Aunque República Dominicana no tiene una política exterior feminista, ha participado de forma activa, a través del Ministerio de la Mujer, en la XV Conferencia Regional de la Mujer, es signataria del Compromiso de Buenos Aires y también país miembro de la Alianza Global de Cuidados.

8. BUDGET AND FUNDING MODELS

The funding model for the care policies are a mixed model comprising domestic resources (national budget) and repayable cooperation funds and non-repayable cooperation funds (lower amount).

» The Draft Bill for the General State Budget 2022 presents 25 priority programmes which include the care policy with a protected budget of RD$1,710,990,683 to start implementation of the commitment established for care. As well as the budget specially earmarked for the pilot project in the Supérate Programme and the INAIPI, there will be resources allocated to prioritised municipalities in the pilot project in the budgets of CONAPE, CONADIS, INFOTEP, SIUBEN, PROPEEP, the Ministry of Women, the Ministry of Labour and MEPyD.

» From the United Nations System⁶¹, in the Dominican Republic, this subject is given priority through the Joint Sustainable Development Goals Fund. Despite the country having had sustained economic growth in the last decade, this has not sidelined the need to address social subjects like this policy, needing stronger links with the Official Development Assistance in these countries, considered to be Upper Middle Income Countries or called UMICs. On the other hand, private sector plays a key role, as it is the second largest employer in the country and linking it to the territories to make local and strategic funding greater and more efficient with the same persons employed and the guarantee of care service in the country, including companies.

Moreover, the Dominican Republic states the importance of the funding models being designed with a universal purpose and gender perspective, designed to change the sexual division of work, ensuring care as a right and the care system as part of the social welfare model.

⁶¹ Information obtained from Noemi Gómez Alonso (Coordinator of the Communities of Care project), Mildred Samboy (Development Coordination Officer – Alliances and Funding for Development, Resident Coordinator’s Office) and María Jesús Barrera Morales, Member of gender projects UNPD.
9. MONITORING, EVALUATION AND ACCOUNTABILITY

The design of the pilot took into account one component for production and management of the information, in order to document, assess and regularly evaluate the actions linked to its implementation, including a regular accountability process for the associated stakeholders. External assessment of the pilot is also planned in order to identify good practices and lesson learned.

Currently it is in its initial phase and the phase where good practices and lessons learned are being evaluated and the inclusion of new groups/persons, such as, for example, migrants is being considered.
1. EVOLUTION AND ACCELERATION FACTORS

Public care, funded at the municipal level and obligatory, is a feature of Swedish society with a long history. After the Reformation, the union of the church and the State took place, and the parishes, administrative units that were both religious and geographic, had to look after sick people or those in a situation of poverty who did not have any family, for which they collected taxes and kept a register. Since 1842, all Swiss children have had the legal right to go to school. In the XVIII and XIX centuries the farmers set up fire insurance funds, producer cooperatives and road maintenance associations, and the workers created unions, modern political parties developed, the population funded consumer cooperatives and housing cooperatives, the religious dissidents organised their own churches, libraries and educational associations appeared as did charitable, gardening and owners’ associations, etc. (Carlson and Neelambar, 2016).

The Swedish population has had a national pension system of universal coverage since 1913 and occupational accident insurance since 1916. In 1938 a labour market model was established in which the unions and employers managed agreements and conflicts without too much government intervention, to which is added a solidaristic wage policy, in 1948 child allowance was introduced for all families, and in 1955 reform of the public health insurance was approved. The sixties are considered to be the golden years for the Swedish welfare state and in the seventies they were now viewed internationally as the “Swedish model”. The rate of female participation in the labour market increased exponentially between the years 1960 and 1980 and its acceptance of labour migration also grew (Carlson and Neelambar, 2016).

Since the nineties, the Swedish model has experienced a commodification process in its social, educational and health services. As a consequence, the difference in the provision of services between municipalities, that are responsible for these services, is significant and has created a certain degree of inequality. This has created debate on privatisation, the so-called “choice revolution”, which has translated into public funding measures for private services (Carlson and Neelambar, 2016).

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62 Saltsjöbaden agreement signed in 1938 between the Swedish Trade Union Confederation and the Swedish Employers Association.
## 2. RATIFICATION OF REGIONAL AND INTERNATIONAL AGREEMENTS

<table>
<thead>
<tr>
<th>International conventions</th>
<th>Signature</th>
<th>Ratification</th>
</tr>
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<tbody>
<tr>
<td>Optional Protocol.</td>
<td>1999</td>
<td>2003</td>
</tr>
<tr>
<td>Convention on the Rights of Persons with Disabilities.</td>
<td>2007</td>
<td>2008</td>
</tr>
<tr>
<td>International Convention on the Protection of the Rights of all migrant workers and members of their families.</td>
<td>No firmado</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 97 on migrant workers.</td>
<td>Not ratified</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 100 on equal remuneration.</td>
<td>1962</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 102 on social security (minimum standards)</td>
<td>1953</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 107 on indigenous and tribal populations.</td>
<td>Not ratified</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 111 on discrimination (employment and occupation).</td>
<td>1962</td>
<td></td>
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<tr>
<td>ILO Convention No. 128 on invalidity, old-age and survivors’ benefits.</td>
<td>1968</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 130 on medical care and sickness benefits.</td>
<td>1970</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 155 on occupational safety and health.</td>
<td>1982</td>
<td></td>
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<tr>
<td>ILO Convention No. 156 on workers with family responsibilities.</td>
<td>1982</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 157 on the maintenance of social security rights.</td>
<td>1984</td>
<td></td>
</tr>
<tr>
<td>ILO Convention No. 169 on indigenous and tribal peoples.</td>
<td>Not ratified</td>
<td></td>
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<tr>
<td>ILO Convention No. 183 on maternity protection.</td>
<td>Not ratified</td>
<td></td>
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<tr>
<td>ILO Convention No. 189 on domestic workers.</td>
<td>2019</td>
<td></td>
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<tr>
<td>ILO Convention No. 190 on the elimination of violence and harassment in the workplace.</td>
<td>Not ratified</td>
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<tr>
<td>Regional Conventions in Latin America and the Caribbean</td>
<td>Signature</td>
<td>Ratification</td>
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<tr>
<td>EU Directive 2019/1152, on transparent and predictable working conditions.</td>
<td>2019</td>
<td></td>
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<tr>
<td>EU Directive 2019/1158, on work-life balance for parents and carers.</td>
<td>2019</td>
<td></td>
</tr>
<tr>
<td>Council Recommendation on education and vocational training to address gender segregation in employment.</td>
<td>2020</td>
<td></td>
</tr>
<tr>
<td>Council Recommendation of 8 December 2022 on access to affordable, high-quality long-term care.</td>
<td>2022</td>
<td></td>
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<td>Council Recommendation on the revision of the Barcelona targets on early childhood education and care.</td>
<td>2022</td>
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<td>Opinion of the European committee of the Regions on Deinstitutionalisation in care systems at local and regional level.</td>
<td>2018</td>
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3. CARE REGULATIONS

In accordance with data from the European Institute on Gender Equality (EIGE) of 2023, Sweden has a Gender Equality Index of 82.2 points out of 100 compared to the average regional score of 70.2 for the European Union (EIGE, 2023).

Sweden does not have a comprehensive care law and, from the approach of its policies and Swedish society, care refers exclusively to the care of older adults and persons with disabilities. Therefore, in this section we cite the laws that regulate aspects of care included in the analysis of this study. The principal laws are the following:

» **Swedish Gender Equality Law (1979).** This pursues the objective of an equal labour market free of discrimination.

» **Parental Leave Law (1995).** This protects the rights of pregnant women and fathers, it forms part of the administrative and labour legislation.

» **Education Law (2010).** Since 1996 the Ministry of Education has been responsible for public childcare. Swedish childcare has two objectives: i) to allow parents to combine paternity with work or studies and, ii) to support and encourage the development and learning of children and help them to grow in conditions that favour their well-being. This two-purpose approach was officially established at the beginning of the 1970s with the launch of a large-scale childcare development programme. Together with the parental insurance systems and allowances per dependent child, childcare has been a cornerstone of Swedish policy of family welfare, at the same time as having an explicitly educational focus.

» **Social Services Law (1982).** This regulates care for persons in a situation of vulnerability, which is principally the responsibility of the municipalities. Its services include economic assistance for people who cannot sustain the cost of living and who are not entitled to receive unemployment benefit, or support for persons with some type of disability who are not entitled to personal assistance. The principle of ageing at home, introduced in the public policies in 1957, was also drafted as a fundamental objective in the Social Services Law of 1982.

» **Law concerning Support and Service for Persons with certain Functional Impairments (Law on Disability Support (LSS).** This regulates the right to personal assistance for people with severe disabilities, with the purpose of making them as

independent as possible. This might be assistance in the form of advice and accom-
paniment, or the possibility of having a house adapted to suit their needs. It also
offers the option of having a personal assistant to cook, or for personal care. The
municipalities are responsible for this, and they provide assessment and then offer
the support that is needed.

» **Law of Tax Deductions on Household Services (RUT) (2007)**. This is not part of
the formal care policies for older adults, but they may use the RUT services as an
alternative to home care. They may also use the tax deduction to “complete” the
care they need. Only private care providers at home can offer users additional, tax
deductible services (Peterson and Brodin, 2021).

» **Law on System of Choice (LOV) (2009)**. Regulates the conditions that apply when
a municipality decides to allow older adults to elect their provider of assistance
services (i.e., the organisation, not the carer) from a list of authorised providers. All
legally recognised organisations can request approval and there is no limit on the
number of providers. It also regulates free choice in other sectors, such as health.

» **Social Insurance Code (2011)**. This regulates the insurances managed by the So-
cial Insurance Agency, which comprise a residence-based insurance, that offers
guaranteed benefits and minimum allowances, and a work-based insurance that
provides cover against loss of income.
4. INSTITUTIONAL STRUCTURE OF CARE

The principal Swedish state institutions that have responsibilities and competences for the different components of care are the following:

**Ministry of Health and Social Affairs (Socialdepartementet)**

This is responsible for the Social Insurance Agency, except in relation to employment insurance and financial study grants. The Social Insurance Agency is funded through taxation and other social contributions. The Social Insurances include health insurance and parental insurance (sjuk- och föräldraförsäkring), old-age pension (ålderspension), survivor pensions (efterlevandepension), sickness benefits (sjukersättning) and activity compensation (aktivitetsersättning), and insurance against accidents at work (arbetsskadeförsäkring). The regional governments or regions (and, in one case, the municipality) are responsible for healthcare, and they have the authority to establish the tax revenue levels. Social care, that in Sweden is not considered part of the Social Insurance Agency, also falls under the remit of the Ministry of Health and Social Affairs. This area is supervised by a National Board of Health and Welfare (Socialstyrelsen).

**National Social Insurance Agency (Försäkringskassan)**

Es un organismo público que administra el sistema de seguridad social. Determina quién tiene derecho y la cuantía para emitir los pagos de la seguridad social de acuerdo con las normas y reglamentos estatales. Es la encargada de gestionar los seguros sociales, con la excepción de las pensiones de vejez y de supervivientes, que son responsabilidad de la Agencia de Pensiones.


65 [https://www.forsakringskassan.se/english](https://www.forsakringskassan.se/english)
National Board of Health and Welfare (Socialstyrelsen⁶⁶)

This is a government agency under the Ministry of Health and Social Affairs. It is responsible for ensuring the good health, social welfare and the provision of high-quality health and social care equally to the whole Swedish population. Its work consists of preparing and developing statistics, regulations and knowledge for the government and for those who work in medical and healthcare and social services. They work with the municipalities and regions. The Board directs various consultative and decision-making bodies, such as the Legal Advisory Board, the Ethics Council and the Board for National Specialised Medical Care. It is governed by a group of organisers with representative from the municipalities and regions. The group is tasked with keeping the Committee for knowledge-based guidance informed of the needs in the field of health and social care, so that the authorities provide the right knowledge.

National Pensions Office (Pensionsmyndighetens⁶⁷)

This is responsible for administering pensions. The Swedish pension consists of various parts: a general State pension, a company retirement pension and personal savings. People who have lived and worked in Sweden receive a national public pension⁶⁸.

Work Environment Authority (Arbetsmiljöverket⁶⁹)

This an authority with a mandate from the government and Swedish parliament to ensure that companies and organisations comply with the laws on the work environment, through the inspection of workplaces throughout Sweden.

⁶⁶ https://www.socialstyrelsen.se/en/about-us/
⁶⁷ https://www.pensionsmyndighetens.se/other-languages/english-engelska.category.engelska#pm-category-filter-last-card
⁶⁸ https://www.pensionsmyndighetens.se/other-languages/english-engelska/english-engelska/pension-system-in-sweden
⁶⁹ https://www.av.se/es/oficina-de-entorno-laboral-de-suecia/
National Agency for Education (Skolverket⁷⁰)

This is the central administrative authority for the public school system, publicly organised preschool education, school-age childcare and adult education. Its mission is to ensure that all children and learners have access to the same level of high-quality education and activities in a safe environment. Its competences include care for children from 0 to 3, which is considered to be an educational service.

Gender Equality Agency (Jämställdhetsmyndigheten⁷¹)

This is a government agency under the Ministry of Employment, created on 1 January 2018 to contribute to effective implementation of the Swedish gender equality policy. It works on policy-analysis and follow-up of progress against the gender equality goals, coordination and support to government agencies and universities on gender mainstreaming, as well as international exchange and cooperation. It supports international commitments of the Swedish Government on gender equality within multilateral institutions, such as the European Union (EU), the European Council and the United Nations (UN). The work of the Agency requires close cooperation with other government agencies, municipalities, county councils, regions and civil society.

Health and social Care Inspectorate (IVO)

This is a government agency responsible for supervising health care, social services and activities under the Law on Support and Service for Persons with Certain Functional Impairments (LSS).

Municipalities

The municipalities are responsible for care and services for children and families, care for older people and persons with disabilities.

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⁷⁰ https://www.skolverket.se/andra-sprak-other-languages/english-engelska
⁷¹ https://swedishgenderequalityagency.se/about-us/
5. FEATURES OF THE CARE POLICIES

Sweden has a social insurance system that includes benefits for families with children, persons with disabilities or illnesses and older people. And the municipalities are responsible for providing their care services.

Home-based care has been a key benefit in Sweden as it helped to achieve the primordial objective of facilitating the individual autonomy of older people. The cover of this type of services has been reduced due to the need to prioritise resources, and for this reason, the dependency services are increasingly provided to people in situations of greater vulnerability. That is, fewer people receive help at home. Previously cleaning was considered to form part of the assistance at home services, but now care is focused increasingly on medical and personal assistance needs (Rostgaard, Teppo Kröger and Peterson, 2022).

Some of the main care policies are the following:

**Compulsory education**

The ten years of compulsory education are divided into four stages: preschool or year 0 (förskoleklass), years 1-3 (lägstadiet), years 4-6 (mellanstadiet) and years 7-9 (högstadiet). After this, the majority of children attend the optional gymnasium, which is upper secondary school from years 10-12, and graduate at the age of 18 or 19. The school is totally subsidised by taxes, except for nurseries, that are partially funded by the government. Children between the ages of 6 and 13 receive extra-curricular care before and after the school day. Compulsory education also includes the samekolor (Sami schools) for children of the indigenous Sami people. There is also a home-based offer known as pedagogical care (pedagogisk omsorg), run by registered carers and which may be organised in various ways (i.e., in the carer’s house or in another place). Many municipalities also offer services in preschool centres (öppen förskola), where parents (or carers) can go with their children if they wish to do so. The Ministry of Education and Research is responsible for all these services. From the age of 1, children are entitled to an offer subsidised by the State and, from the age of 3, a free offer of at least 15 hours a week. Children whose parents work or study are entitled to after-school care subsidised by the State (fritidshem).
Care services for older people

Care of older people consists of a diversity of services, including: homes, day centres, home help, transport, alarm systems, and meals-on-wheels. Privatisation of the services has grown, although it remains within the public funding, and the total cover of the services has reduced, as the number of places available in homes is less and the home-based help services cannot meet the demand. In Sweden, services for older people are not means tested, so that the assessment only considers the needs and services. However, the rates for these services are progressive according to income and level of use (Sundström, 2015). Tax deductions on household services (RUT) introduced in 2007 make obtaining household services in the market relatively accessible (regardless of age) especially for persons with average or average-high incomes. Each municipality sets its own rates for assistance for older people. The cost depends on factors such as the level or type of help provided and the person’s income. The maximum cost of help at home, daily activities and other types of assistance is 2,350 Swedish krone a month (Carlson and Hatti, 2016).

Housing for older people

The Swedish Social Services Law establishes that older people who have lived together for a long period of time can continue to do so even when one of them needs to move into sheltered housing. The Swedish municipalities who plan housing and residential areas are obliged to ensure that they cater for the needs of older people and people with disabilities. These accessibility requirements have been becoming more relevant in the legislation over the years. Housing for older people is for people who are 55 or over and sometimes for people over the age of 70. In these houses, accessibility is a priority. Some are newly-built, while others are houses that have been renovated or converted to make them more accessible. Older people who continue to live at home can obtain various types of assistance to make their life easier. For example, almost all Swedish councils offer a meals-on-wheels service. Everyone can choose whether they want their home help or special accommodation to be organised by public or private operators. But for aspects such as funding and the allocation of home help or a place in special accommodation, the municipality always has overall responsibility.
Work-life balance policy

Parental allowance is money received when the mother or father cares for their child instead of working, looking for work or studying. The state allows 480 days of parental allowance for each couple, and 90 of these days are reserved for the father. Parental allowance can be paid before the child is born to prepare for their arrival. And it can be received during pregnancy 60 days before the due date. Both parents can take leave with parental allowance to go to prenatal classes before the birth. This also applies to antenatal visits during the period 60 days before the due date. Pregnant women are entitled to pregnancy allowance if they have a physically demanding job or work in a risky environment and their employer cannot move them to other tasks. The non-pregnant parent can receive compensation for 10 days of leave in connection with the birth of the child. These days provide the opportunity to be present at the delivery and to take care of other children in the family. (Carlson, and Hatti, 2016) Housing allowance is support for families with children who need help to pay rent or monthly fees for their housing. Maintenance support is money you can apply for if you have adopted a child from another country as a single parent. It is intended to financially compensate for the child support the child would otherwise have received from another parent. Child allowance is financial support that is automatically paid out to parents, on a monthly basis, who live and have children in Sweden. This is paid until the child reaches the age of 16. If either parent has to stay home from work or stop receiving unemployment benefit, they can receive compensation for caring for a sick child (vab). This can be received for a maximum of 120 days a year.

72 https://www.forsakringskassan.se/english/parents/if-you-intend-to-adopt
73 https://www.forsakringskassan.se/english/parents/care-of-a-sick-child-vab
74 https://www.forsakringskassan.se/english/parents/care-of-a-sick-child-vab
Care for people with disabilities

People with disabilities can receive compensation for additional expenses, to cover the amounts involved in assistance services (as the services are provided by the municipalities). People with disabilities can receive 24-hour assistance, allowing them to stay at home for their whole life. Seriously ill people can also receive health and social assistance in their own home (Carlson, and Hatti, 2016). There is an allowance for the care of children with special needs, based on the care and supervision needs of the child. Two parents can receive an allowance for the same child, each one receiving half of the allowance. It is subject to monitoring every two years, apart from any exceptions. And compensation can be requested for additional expenses to cover any additional costs due to the disability.

75 https://www.forsakringskassan.se/english/disability/disability-allowance
76 https://www.forsakringskassan.se/english/parents/if-your-child-has-a-disability/childcare-allowance
6. GOVERNANCE

Care in Sweden does not have a systemic approach or vision, instead, the perspective of both society and the policies is sector-based. This means that care policies refer almost exclusively to care required by older people, long-term care and care for people with disabilities. Childcare is considered either as an educational policy or a work-life balance policy. And the rights of professional carers are considered to be matters of labour policy, as is everything relating to parental insurance and child allowance. And maternity care would be included as part of labour or health policy. Therefore, by not considering them as care but social services for older people and people with disabilities, there is no need for inter-institutional cooperation nor for a specific coordination mechanism for care policies, beyond the ordinary spaces for multisectoral exchange or coordination of the policies. Therefore, a multisectoral approach is also not relevant, although in practice people receive all the services guaranteed by the legislation.

The actors are principally state and municipal, although the regions also have a role to play. The ministries are responsible for policy direction and the state offices are institutions that fulfil a role more related to implementation of the policies and liaison between the ministries, the regions and the municipalities. When we look at the care policies in Sweden, it is the municipalities that play a main role, in a vision oriented to the provision of services. It is the municipalities who are responsible for providing the care services for older people and people with disabilities, as well as the educational childcare services and home care services.

The participation of civil society, feminist organisations, migrant women or domestic workers is not seen as relevant. Feminism has been inserted into the government and public administration structures throughout the decades of social democrat governments and in this way gender equality policies are already well-established. In the case of migrant workers who in recent years have found it difficult to enter the formal labour market, the method of advocacy will be the unions. Due to the labour market model existing in Sweden, the unions play an important role in the defence of labour rights. The bipartite and tripartite negotiation system has been developed over many decades and the difficulty of migrants in the field of care, particularly in domestic services, relates to their difficulty in accessing the corresponding unions, sometimes even due to the language barrier issue. The union Kommunal has been very active in defence of the rights of home care workers, but not as active for those in domestic services, where many workers are in the informal economy.
7. POLICY COHERENCE

In this section, first, we offer a comprehensive snapshot of the country according to the approach of policy coherence for sustainable development that underpins the Coherence Index. Below, we analyse certain policies that play a key role in contributing towards a care society.

Application of the Coherence Index
Sweden gets an aggregated Indico score of 50.11 out of 100. The country’s disaggregated score is 82 points in Transitions and 61 in Planetary pressures. Below we explore the main policy coherence challenges based on an analysis of the points scored by this country in each of the transitions, dimensions and indicators that comprise Indico.

With regard to the score of 82 given to the country in Transitions, we observe the following:

» In **democratic transition**, the country gets a score of 89 out of 100, performing well in the dimensions that evaluate the protection of civic space and transparency, and political commitment to human rights and international justice. However, they get a lower score in the dimension that evaluates their contribution to militarisation of the planet, in particular due their level of military expenditure and their participation in the international trade of conventional weapons.

» The country gets a high score, 94 out of 100, in **feminist transition**, with a very positive performance in all the dimensions and indicators, except in those related to violence against women, both in legislation and in the percentage of women, sometimes within a couple, who have been subject to physical or sexual violence from their partner and in its recognition of LGTBI families.

» It also gets a good score for **socio-economic transition**, with 90 out of 100. In this transition, of special note is its good performance in population covered by social protection benefits, in the redistributive potential of its tax policy, and in access to basic services. It also gets a relatively high score with regard to income inequality.

» In **ecological transition**, however, the country shows significant room for improvement, especially in the protection of terrestrial and maritime areas and in electricity generation from renewable sources.

In line with the weaknesses shown by the country in ecological transition, it also scores poorly in **planetary pressures**, with 61 out of 100, due to the heavy ecological impacts it has on the planet.

Thus, we can conclude that Sweden’s main challenges in terms of policy coherence for sustainable development are found in the ecological sphere. Thus, we can also confirm that the high levels of welfare offered by the country to a large part of its population are based on a development model that is environmentally unsustainable and is not, therefore, universalisable.

More information is available at www.indicedecoherencia.org and in the Sweden fact sheet.
Policy coherence towards a care society

The policies that manage the different care-related components are governed by common principles: universality, progressivity, guaranteed access to quality services. Although they have a sectoral-based approach, the objective of equality governs all the care policies and therefore becomes the central element in the coherence of these policies. We do not see discussion of care in relation to its educational, migratory, labour and foreign policies, but the principle of equality of the Swedish policies seeks to ensure that everyone has full access to their rights. This can be seen in any of its policies. There is, therefore, an intrinsic coherence to the welfare state model.

8. BUDGET AND FUNDING MODELS

In Sweden, care is mainly publicly funded, with a budget coming principally from personal income taxation. The municipalities collect the majority of the income tax, 30% of salary, and are responsible for implementing the care services at all levels, from childcare and education up to care for older people and people with disabilities.

Care-related allowances of any type are publicly funded, and the care services are mainly funded from public funds, whether these are public services or services provided by private service providers.

Care for older people in Sweden is funded largely from municipal taxes and government grants. Healthcare costs paid by older persons themselves are subsidised. The activities of Swedish social services are principally governed by the Social Services Act, which is based on the principle of voluntariness.
Statistics Sweden (Statistiska centralbyrån, SCB) is the administrative authority responsible for preparing official statistics in Sweden, with the objective of helping in decision-making, research and debate. Statistics Sweden collects administrative information on nursery programmes, every year, which includes the number of children, demographic data of the families, languages spoken, number of staff and training of staff and the timetable of each centre. This information is analysed and the policies are adjusted\(^78\).

The Child Welfare Intervention Register is a national register that collects individual data on child welfare interventions using the unique personal identification number (PIN: personnummer) that all Swedish residents have. Data collected include the type of alternative care provision, whether the intervention is voluntary or coercive, and its duration\(^79\).

There is also a Health and Social Care Inspectorate that monitors compliance with the standards of quality and guarantee of rights in matters relating to care services at a municipal level, and it can impose sanctions and process complaints.

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\(^78\) [https://equalityandcaregiving.org/swedens-universal-childcare-plan/](https://equalityandcaregiving.org/swedens-universal-childcare-plan/)
