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Key ILO recommendations

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Key Messages

Social protection systems, public services and sustainable infrastructure in tandem can advance gender equality and decent work when they are transformative, namely they guarantee the human rights, agency and well-being of both women and men and their family members.

Generating an adequate number of good-quality care jobs in care sectors (education and health and social work) should be a priority in order to address coverage gaps and ensure good-quality service provision in the three areas.

A high road to care work is central to the implementation of social protection systems, public services and sustainable infrastructure that together can help achieve gender equality with decent work. A high road to care work would pursue five key policy objectives: recognize, reduce and redistribute unpaid care work; generate more and better-quality care work; and promote the representation of unpaid carers, care workers and care recipients in social dialogue.

Transformative social protection systems, public services and sustainable infrastructure are key in achieving gender equality and decent work

Achieving gender equality and decent work requires greater attention to access, coverage and provision of social protection systems, public services and sustainable infrastructure. Lack of consideration of women's disproportionate share of unpaid care work in the design, implementation and funding of these policies, services and infrastructure, remains a key determinant of the persisting gender inequalities at work.

SDG 5.4 sets an ambitious objective that can only be achieved by well-designed and coordinated policies: "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."

This background note focuses in particular on care policies, and their links to social protection policies, public services and sustainable infrastructure. Based on recent ILO reports, it calls for a high road to care work with social justice, which is central to the implementation of social protection systems, public services and sustainable infrastructure that together can simultaneously help achieve gender equality with decent work.

Care policies are public policies that allocate resources to recognize, reduce and redistribute unpaid care in the form of money, services and time. They encompass the direct provision of *childcare and eldercare services and care-related social protection transfers and other benefits* given to workers with family or care responsibilities, unpaid carers¹ or people who need care. They also include care-relevant infrastructure which reduces women's drudgery work, such as obtaining water, providing sanitation and procuring energy. They also include labour regulations, such as *leave policies and other family-friendly working arrangements*, which enable a better balance between paid employment and unpaid care work.

¹ *Unpaid carers* are persons who provide care, support and household work within households or in the community, with no monetary reward. Individuals perform unpaid care work irrespective of whether they participate in the labour force. *Care workers* perform care work for profit or pay and deliver health, social and education services. Domestic workers provide care services in households.

These policies are transformative when they are combined in an integrated and context-specific manner to guarantee the human rights, agency and well-being of both unpaid carers (whether in employment or not) and care recipients. Based on international labour standards and good practices in implementation at the national level, four core principles supporting transformative care policies can be identified. First, *care policies should be gender-responsive and human-rights based*: namely, they need to actively and systematically encourage the achievement of non-discrimination and gender equality at home, at work and in society. An integrated and context-specific provision of care policies can expand the rights, capabilities and choices of women and men, and can mitigate other dimensions of inequalities related to ethnicity, origin and disability. Policy design and effective implementation are central to ensuring that care policies contribute to the achievement of substantive gender equality and women's economic empowerment.

Second, *care policies should be universal and should provide adequate and equitable benefits*. Care policies can benefit all women and men, especially those most likely to be left behind, in the spirit of the 2030 Agenda for Sustainable Development. This requires that they reach the entire population with similar, high-quality services and adequate transfers. This means a massive outreach – women and men, poor and non-poor, urban and rural, citizen and non-citizen – of a combination of adequate benefits and high-quality public services, which are funded in a sustainable and equitable way based on the principles of risk-sharing and solidarity, including from general revenues and social insurance. In addition, the principle of social solidarity excludes funding of care policies, such as maternity or paternity leave or childcare services, through direct employer liability. This funding mechanism is likely to put women and other specific groups at risk of discrimination.

Third, *care policies should ensure that the State has the overall and primary responsibility*. This dimension is grounded on the principle of care as a social good. The leading role of the State includes setting benefits and defining the quality of services (eligibility, level, entitlements, funding, delivery, monitoring and evaluation); effectively regulating the market; and acting as a statutory and core funding entity, as well as a direct provider and an employer of care workers in the public sector. The overall responsibility of the State can prevent care policies from being poorly designed, funded or implemented, which would perpetuate inequalities.

Fourth, *care policies should be founded on social dialogue and representation*. This is a core governance principle. Care policies have the potential to be empowering and guarantee the rights, agency, autonomy and well-being of care recipients, unpaid caregivers and care workers. But the voice of those most concerned needs to be heard in shaping the policies; there needs to be support for dialogue among representatives of care recipients, unpaid caregivers and care workers, and the State. As set out in ILO international labour standards, workers' and employers' organizations and, among them, representatives of care workers and their employers, have a key role to play in designing, implementing, monitoring and evaluating care policies and ensuring that they are adequately and sustainably funded. Care recipients and unpaid carers, including women, parents, older persons and persons with disabilities, people living with HIV, and other representatives of civil society, should, as much as possible, also be included in policy-making decisions and in policy evaluations in order to ensure that they meet their needs and expectations. In so doing, transformative care policies can have overall positive effects on governance, citizenship and social accountability.

Transformative care policies, can yield positive health, economic and gender equality outcomes, leading to better outcomes for children, their mothers' employment and their fathers' caregiving roles, and older persons and people with disabilities. For instance, data on public expenditure on selected care policies show that in countries that tend to invest more in a combination of care policies,

including social protection benefits and public care services, to offset the care contingencies of the working-age population the employment rates for women unpaid carers aged 18–54 years tend to be higher than those in countries investing comparatively less.² In particular, regions affording comprehensive maternity protection and paid leave for fathers, in conjunction with a relatively generous provision of early childhood care and education services, generally have higher average maternal employment rates.

Critical issues from a world of work perspective

Deficits in policy design and coverage remain significant and impact the most disadvantaged groups

Despite the strong case for transformative social protection policies, public services and infrastructure, large coverage deficits exist across the world. In Africa, Asia and the Pacific, and the Arab States, coverage gaps are the widest, with detrimental health and economic consequences for people with care needs and care responsibilities (especially women), older persons, people living with disabilities, those living with HIV, indigenous peoples, those living in rural areas and those working in non-standard forms of employment or in the informal economy.

Overall, there remains a paucity of gender-responsive and human rights-based policy approaches; universality is a long way from being attained, as are adequacy and equity. The role of the State varies according to the type of policy involved; but, primary responsibility is still lacking in many instances.

Only 29 per cent of the global population are covered by comprehensive social protection systems, including floors that include the full range of benefits, from maternity and child benefits to old age benefits. Only 45 per cent of the global population are covered by at least one social protection benefit, but 55 per cent are not covered at all (according to SDG target 1.3).³ Universal access to maternity protection and leave schemes that are more egalitarian in nature are not yet a reality. In 2016, only 42 per cent of countries (77 countries out of 184 with available data) met the minimum standards set out in the ILO Maternity Protection Convention, 2000 (No. 183), and 39 per cent of countries (68 countries out of 174 with available data) did not have any statutory leave provision for fathers (either paid or unpaid).

Universal access to quality childcare services is far from being realized, especially in low- and middle-income countries. Globally, gross enrolment rates in early childhood education services for children under 3 years was only 18.3 per cent in 2015 and reached barely 57.0 per cent for the enrolment of children aged 3–6 in pre-primary education. Free and compulsory pre-primary education for the duration of at least a year exists only in 38 out of 207 countries.

Long-term care services are close to non-existent in most African, Latin American and Asian countries, and in only a few high-income countries does the State take a leading role in funding long-term care services, which results in higher coverage. The effective coverage of persons with severe disabilities

² See ILO (2018) *Care work and care jobs for the future of decent work*: (Geneva), p. 125.

³ See ILO (2017) *World Social Protection Report 2017-19: Universal social protection policies to achieve the Sustainable Development Goals* (Geneva).

receiving benefits was only about 27.8 per cent in 2015, ranging from just 9 per cent in Asia and the Pacific to above 90 per cent in Europe. A large number of countries (103 out of 186 with available data) do, however, provide disability benefits, but only through contributory schemes, implying that only employed adults, mostly men, are able to benefit from these schemes.

Access to water, sanitation facilities and an improved quality of electricity services can lead to welfare gains, especially for girls and women living in poor households and rural areas. However, there are striking regional differences in access to these care-related infrastructures.

One important factor limiting a large majority of countries in their pursuit of transformative care policies is resource-constrained settings. That said, countries with similar GDP and socio-economic structures display different care policies and related care outcomes. This underlines the importance of clearly defined policy priorities and a political willingness to expand fiscal space in order to generate the adequate levels of resources needed to support an expansion of care policies and reap the resultant benefits.

A low road to care work is the prevalent care employment model around the world

Care workers are the faces and hands of paid care service provision. The global care workforce includes care workers in care sectors (education and health and social work), care workers in other sectors, domestic workers and non-care workers in care sectors, who support care service provision. Care employment is a significant source of employment throughout the world, particularly for women.

Levels and composition of care employment vary according to countries' size and level of development, as well as to their labour markets, their migration policies and the extent of their health, education and care services. The current numbers of care workers and the quality of their jobs are insufficient to meet the expanding and evolving care demands. Most care workers are women, frequently migrants and working in the informal economy under poor conditions and for low pay.

Poor job quality for care workers leads to poor quality care work, which affects the quality provision of social protection, public services and infrastructure. This is detrimental to the well-being of those who receive care, those who provide care, and also for unpaid carers who have fewer options available.

Paid care work will remain an important future source of employment, especially for women. The relational nature of care work limits the potential substitution of robots and other technologies for human labour. If the SDGs are to be met, care employment should expand still further and decent jobs should be created for care workers.

The ILO normative framework for transformative policies, services and infrastructure

A framework for transformative social protection systems, public services and infrastructure can be drawn from a number of ILO instruments. This includes those that are considered to be key equality Conventions, namely the Equal Remuneration Convention, 1951 (No. 100), the Discrimination (Employment and Occupation) Convention, 1958 (No. 111), the Workers with Family Responsibilities Convention, 1981 (No. 156), and the Maternity Protection Convention, 2000 (No. 183). The Workers with Family Responsibilities Convention, 1981 (No. 156), and its accompanying Recommendation (No.

165) are key standards which focus most explicitly on recognizing, reducing and redistributing care work, with a view to allowing workers, both women and men, to harmonize work and family responsibilities without being subject to discrimination.

Social protection systems are essential in order to guarantee the universal right to care and be cared for and achieve gender equality in line with SDG 5. Among the ILO social security instruments, the ILO Social Protection Floors Recommendation, 2012 (No. 202) recognizes social security as an important tool to promote equal opportunity and gender equality. It also lists “non-discrimination and gender equality” among the principles that ILO member States should apply in giving effect to this instrument. It stipulates that member States should establish and maintain nationally-defined social protection floors as part of their social protection systems, as to guarantee at least a basic level of social security for all, with a view to preventing or alleviating poverty, vulnerability and social exclusion. These social protection floor guarantees should ensure, as a minimum, that over the life cycle all in need have access to at least essential health care, including maternity care, and basic income security for children and older persons, as well as for persons in active age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity and disability. Such nationally defined social protection floors can play a key role in enabling and empowering women and reducing gender inequalities. Recommendation No. 202 complements the Social Security (Minimum Standards) Convention, 1952 (No. 102) that systematizes all nine core contingencies into a comprehensive system and sets the minimum benchmarks for protection.⁴

More recently, the ILO Recommendation on Transition from the Informal to the Formal Economy, 2015 (No. 204) explicitly states that Members should progressively extend, in law and practice, to all workers in the informal economy, social security, maternity protection and decent working conditions (para. 18). It also emphasizes the important role of social protection systems, including floors, as well as affordable child care and other care services for the promotion of gender equality, and to enable the transition to the formal economy. Complementing other ILO standards, Recommendations No. 202 and 204 provide a powerful tool to strengthen women’s social protection in a coherent and coordinated way. Both reflect strong commitments to the progressive narrowing of gender gaps in social protection coverage and adequacy, which will not only enhance access to social protection but also enable women to participate more fully in decent employment. Other international labour standards contributing to a framework for transformative care policies include those on domestic workers and nursing personnel, among others.⁵

Key recommendations

The Decent Work Agenda plays a key role in achieving the 2030 Agenda for Sustainable Development, especially SDGs 1, 5 and 8. Together with the Triple R Framework, it calls for a high road to care work with social justice, which is central to the implementation of social protection systems, public services and sustainable infrastructure that together can simultaneously help achieve gender equality with decent work. A high road to care work calls for the provision of good-quality care, benefiting both unpaid carers and recipients, and providing decent work for care workers. The high road to care work

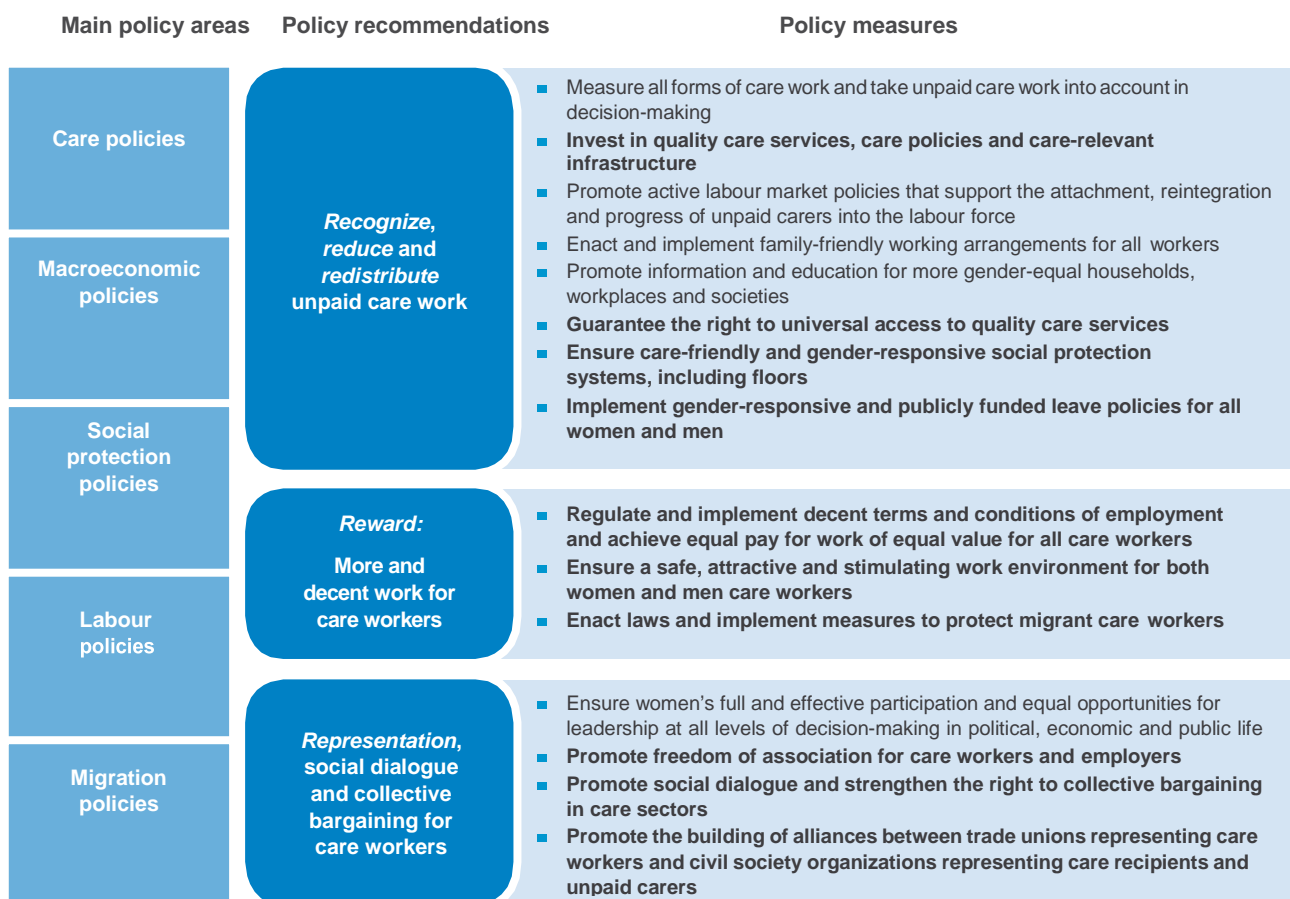
⁴ See ILO (2017) *Building social protection systems: international standards and human rights instruments* (Geneva).

⁵ See also Chapters 1 and 6 and Table 1.1 in Appendix A.1, ILO (2018) *Care work and care jobs for the future of decent work* (Geneva).

needs to be grounded in transformative measures in five main policy areas: care, macroeconomics, social protection, labour and migration. These policies are transformative when they contribute to the recognition of the value of unpaid care work, the reduction of the drudgery of certain forms of care work and the redistribution of care responsibilities between women and men and between households and the State. The policies need also to reward care workers adequately and promote their representation, as well as that of care recipients and unpaid carers.

Figure 1 summarizes the policy recommendations and measures needed to achieve the high road to care work in the 5R Framework for Decent Care Work: recognize, reduce and redistribute unpaid care work; reward paid care work, by promoting more and decent work for care workers; and guarantee care workers’ representation, social dialogue and collective bargaining. Each group of policy recommendations is matched by a set of policy measures intended to help advance the high road to care work, and these measures are guided by the ILO international labour standards.

Figure 1. The 5R Framework for Decent Care Work: Achieving a high road to care work with gender equality



The 5R Framework is a human rights-based and gender-responsive approach to public policy. The Framework creates a virtuous circle that mitigates care-related inequalities, addresses the barriers preventing women from entering paid work, and improves the conditions of all care workers and, by extension, the quality of care.

The following section lays out the policy recommendations and related measures that are particularly relevant to the three topics under review: social protection systems, public services and sustainable infrastructure (in bold in figure 1). These measures draw on the findings of recent ILO reports and the lessons learned from country experiences, and are guided by the provisions of relevant ILO

international labour standards.⁶ For more information, please consult the list of key ILO publications below.

Recognize, reduce and redistribute unpaid care work

1. Invest in quality care services, care policies and care-relevant infrastructure

Create fiscal space to invest in care policies

Job losses and public spending cuts in the care sectors are typically offset by additional time and effort devoted by women to unpaid work. Funding for care policies can be obtained by creating fiscal space. This requires the establishment of more transparent, progressive and redistributive tax structures to provide increased tax revenue. This approach is more sustainable than fiscal consolidation and is also less likely to increase inequalities. Expanding fiscal space means taxing wealth more highly than consumption or work. Other ways could include, for instance, setting up an environmental tax, or other taxation on negative externalities (such as greenhouse gas emissions), which could also provide new sources of tax revenue.

In addition, consideration could be given to facilitating the formalization of care jobs by providing tax breaks or other forms of subsidization of social insurance contributions for workers in care occupations, especially domestic work. Similar tax incentives could be made available to support the provision of unpaid care work during parental or other care-related leave (e.g. by exempting cash-for-care or other cash benefits) or care services provided by employers, such as workplace childcare. In addition, tax systems could allow individuals with care-related expenses to deduct them from their declarations, as is the case in a small number of countries (32 out of 177), among which are Argentina, France, Mexico, the Republic of Korea and the United States. Tax systems should privilege separate taxation in dual-earner families or should ensure that the lower income earner – which is usually the woman – is not taxed at a higher marginal rate.

Creating fiscal space is feasible even in low-income countries. A United Nations Millennium Project estimated that the five developing countries studied (Bangladesh, Cambodia, Ghana, United Republic of Tanzania and Uganda) could be able to generate an additional 4 per cent of GDP in tax revenue within a decade. Fiscal space can be achieved by improving the efficiency of tax collection by addressing institutional and capacity constraints. Many countries in sub-Saharan Africa have generated public revenues in this way; for instance, Rwanda, where a 60 per cent increase was recorded between 1998 and 2005. New taxes can also be introduced on financial transactions and most of the resulting revenue used to fund social policies and services, such as access to health care and social protection, as Brazil did from 1997 to 2008. Finally, public borrowing and debt restructuring are two further ways in which care-related policies can be financed.

⁶ For a full set of Recommendations, as well as full references, see ILO (2018) *Care work and care jobs for the future of decent work* (Geneva), as well as ILO (2017) *World Social Protection Report 2017–19: Universal social protection to achieve the sustainable development goals* (Geneva).

Invest in quality care services, including job generation in education and in health and social work

Investing in the provision of quality care services in education (including early childhood care and education (ECCE)) and health and social work (including long-term care and care for persons with disabilities) is necessary to address care needs, to redistribute and reduce unpaid care work, and to contribute to women's and men's access to decent work. Macroeconomic policies that promote a high road to care work have the potential to increase the well-being of care recipients and unpaid carers, *and* create decent care jobs, as well as jobs in other sectors, supporting economic growth. States should reinforce the link between fiscal policy reforms to create fiscal space for direct care provision and investment in care services and infrastructure.

If countries were to keep up with the demographic expansion of care needs at the current levels of coverage and low-quality care employment, an additional investment of approximately 6 percentage points of global GDP would be needed by 2030. Meeting the SDG commitments associated with education and health and social work, including creating decent work for care workers, would require an additional increase of 3.5 percentage points of GDP. This means doubling the current levels of investment in education and health and social work by 2030. Realizing the high road scenario would result in total public and private expenditures on care service provision of US\$18.4 trillion, corresponding to about 18.3 per cent of total projected GDP (45 countries) in 2030.

Meeting the SDGs holds the promise of expanding the total employment figure in these sectors, from the current 206 million workers (in 45 selected countries) to a total of 475 million workers by 2030. That is 117 million additional new jobs over and above the status quo scenario, or 269 million new jobs compared with the number of jobs in 2015. The investment in the care economy also generates 149 million indirect jobs (i.e. jobs in other sectors).

The positive externalities of care provision, and the trade-offs between the number of care recipients and the quality of care offered, mean that public provision is key – a fact recognized in the SDGs – and that private providers should play a subsidiary and well-regulated role in care service provision.

Invest in care-related infrastructure that reduces drudgery and helps to mitigate the effects of climate change

Improving the access of care recipients, unpaid carers and care workers to quality infrastructure has an enormous impact on gender equality and overall well-being, thus contributing to realizing several SDGs. Yet, access to ECCE services, to schools, universities, hospitals and long-term care facilities remains limited. This is also the case for care-related infrastructure, especially in low- and middle-income countries and in rural areas, in which women and members of disadvantaged groups are the most deprived. Care-related infrastructure, when it does exist, is often not accessible to children and adults living with disabilities. By adopting an inclusive approach, governments and organizations can ensure that existing or newly built infrastructure is accessible to all. This could mean providing a seating platform and ramped access to help wheelchair users access a communal hand pump for water, installing a bench fitted over a pit latrine to make latrine use easier or providing school infrastructure and personnel to address the special educational needs of children with disabilities. With regard to education, investing in the construction of new schools, especially in remote areas, is an efficient way to increase school enrolment and indicators related to quality education (e.g. teacher-to-pupil ratios and retention rates). The availability of a school building is the first step in ensuring that children are able to attend school, as experiences in Mozambique, Morocco and Afghanistan show.

Improving households' access to basic infrastructure, such as water, sanitation and electricity, can substantially reduce the drudgery of domestic work and gender inequalities, while also mitigating and adapting to the effects of climate change. Sustainable development and improved access to basic infrastructure can go hand in hand with improved livelihoods and decent working conditions through the creation of "green jobs". This can be addressed through projects and policies that facilitate households' access to and use of watersheds or fuel for household cooking, and also ensure that such infrastructure produces green and renewable energy, as is the case in Bangladesh and Kenya. Green enterprises, waste management and recycling and renewable energies, as prioritized in the ILO's Green Jobs Programme, are vital to realizing rural and indigenous women's and men's potential as key agents of change for better sustainability. Gender-equal opportunity and treatment strategies and decision-making should be established from the outset.

2. Guarantee the right to universal access to quality care services

Universal health care and primary and secondary education

As set out in SDGs 3 and 4, countries should ensure that all their citizens have the right to lead healthy lives and have inclusive and equitable quality education. This would go a long way towards reducing the unpaid care work provided by women, enabling their labour force participation and increasing the well-being and opportunities available to children, frail older persons and people living with severe disability, HIV (especially in sub-Saharan Africa) and short- and long-term illnesses. Yet the global situation in terms of access to and quality of care services is a matter of concern, especially in low- and middle-income countries, which face very large deficits and a serious shortage of workers in the health sector.

Recently, many countries have worked towards universalizing health care through the development of health protection strategies, legislation and investment of significant amounts of funds aimed at providing better access to quality health and long-term care services. This also applies to low-income countries, such as Chad and Togo, which have invested in extending health coverage of their populations, as well as China, Colombia, Rwanda and Thailand, which have made significant progress. Good practices were also recorded in several other countries or regions, including Australia, Brazil, Québec (Canada), Thailand and the United Kingdom, with projects aiming to provide better coordination and integration of health and long-term care services for older people, which enhanced the access to and delivery of services and improved satisfaction and health of recipients, as well as staff motivation.

Despite significant gains in education enrolment over the past 15 years, around 263 million children and youth are estimated to have been out of school, including 61 million children of primary school age. In order to achieve inclusive and equitable quality education for all, more effective efforts and investments are needed, especially in sub-Saharan Africa and Southern Asia, with a focus on low-income populations, persons with disabilities, indigenous people and children living in rural areas. Measures to increase the number of trained schoolteachers and improve school infrastructure (including access to electricity and potable water) in pre-primary, primary and secondary education are the essential complement to the expansion of the demand for education workers that is needed to achieve SDG 4, in terms of both coverage and quality of education.

Long-term care services

The large majority of the global population either has no social long-term care protection (48 per cent) or is effectively excluded from coverage (46.3 per cent). Long-term care services should be promoted and their public funding increased in most regions of the world. Only a few countries provide universal coverage, and these are mainly in Europe (e.g. Belgium, Denmark, Germany, Iceland and Sweden), as well as Japan in Asia. Nordic countries have a shared history of high-quality, tax-funded older person care services, which are mainly implemented and funded by local authorities. In Sweden, for example, municipal taxes finance about 85 per cent of long-term care services, government grants to the municipalities cover 11–12 per cent of the long-term care costs and the remainder is financed through user fees (3–4 per cent). The level of user co-payment is capped and based on income, but access to services is needs-based, not means-tested. Municipalities also have to offer assisted living facilities and home care at an income-adjusted price rate, with a regulated maximum price.

Early childhood development and care services and pre-primary education for all

According to the ILO's Workers with Family Responsibilities Convention, 1981 (No. 156) and Recommendation No. 165, authorities should, in co-operation with public and private organizations, encourage and facilitate the establishment of childcare and family services, as well as home-help and home-care services. These should be free of charge or at a reasonable charge in accordance with the workers' ability to pay, and should comply with quality standards. In addition, ILO's Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204), also encourages the provision of and access to affordable quality childcare and other care services in order to promote gender equality in entrepreneurship and employment opportunities and to enable the transition to the formal economy. A universal right to quality childcare as one element of adequate, comprehensive, inclusive and sustainable social protection systems is essential to efforts to reduce poverty and eliminate inequalities. There is also a link to the Social Protection Floors Recommendation, 2012 (No. 202), which sets out that social protection floors should also comprise basic income security for children, at least at a nationally defined minimum level, providing access to nutrition, education, care and any other necessary goods and services.

Improvements have been noted in several low-income countries, where public pre-primary services were developed, offered free of charge and/or made compulsory. These reforms proved to be effective strategies in increasing enrolment rates. This was the case, for instance, in Ghana, where school fees were abolished; in South Africa, which provided one year of pre-primary education at primary schools; in Nepal, which expanded pre-primary education in successive national development plans; and in Mongolia, which established culturally and context-appropriate mobile kindergartens housed in yurts.

ILO Recommendation No. 204 states that "Members should encourage the provision of and access to affordable quality childcare and other care services in order to promote gender equality in entrepreneurship and employment opportunities and to enable the transition to the formal economy" (Paragraph 21). In order to coordinate care obligations with work for pay or profit, unpaid carers often opt for self-employment, frequently in the informal economy. The share of female waged and salaried workers is lower among carers (62.2 per cent) than among women without care responsibilities (67.8 per cent). Workers in the informal economy – especially women – face significant challenges in balancing their family responsibilities and gainful activity. Their low earnings mean they have to work long hours to meet their households' most basic needs and cannot afford to pay a third party to

undertake any of their unpaid care work. This results in women experiencing time and income poverty as well as having to resort to sub-optimal care strategies.

Good practices can be found, for example, in Mexico where the national ECCE programme (*Estancias*) was extended to women in the informal economy in 2007, providing government subsidies for home and community-based ECCE services. The programme stimulated the creation of over 9,000 registered ECCE centres and created employment for 46,000 women, although some questions remain concerning the quality of services and the working conditions of paid childcarers. In Chile, since 2006, there has been free access to public ECCE services delivered by professional educators for all children under six years of age from the poorest households, as well as temporary childcare for women working in seasonal agriculture (*Chile Crece Contigo*). In India, two types of initiatives exist. In addition, the Self Employed Women's Association (SEWA) developed its own ECCE services through childcare cooperatives designed to meet the needs of women who are employed informally. The centres run all day, with start and finish times dependent on women's working hours. ECCE workers are from the local community, trained by SEWA, and are shareholders in the cooperative.

3. Ensure care-friendly and gender-responsive social protection systems, including floors

Promote social protection systems based on a "universal carer model"

Social protection systems, including floors, are essential in order to guarantee the human right to social security.⁷ Social protection systems, including floors, have also the transformative potential to promote a "universal carer model", in which both women and men perform unpaid care and paid work. This implies including rights-based, gender-responsive care policies and services as core elements of social protection systems. Currently, many social protection programmes are limited to poverty-targeted cash transfers that are insufficient to meet women's and men's care needs. Also, they tend to overlook the potential of public care services to both equalize opportunities and outcomes and to generate employment. Social protection systems have the enabling role of promoting women's quality employment, as a means of bringing about change in gender relations, guaranteeing women's rights and achieving their economic empowerment.

Social protection should recognize care provision and care responsibilities as a social risk for all individuals across the life cycle. The universal human right to social security should be recognized as individual-based. Where social protection entitlements are based on a male breadwinner model of social policy, i.e. married women's benefit are derived from the contributory status of their husbands, particular care should be taken to ensure that social protection systems recognize the unequal sharing of unpaid care work, and proactively enhance women's individual rights and promote a change in social norms. This is also essential in order for social protection systems to respond to evolving family

⁷ The human right to social security is set out in Art. 22 and 25 of the Universal Declaration on Human Rights, Art. 9 and 11 of the International Covenant on Economic, Social and Cultural Rights, Art. 11 of the Convention on the Elimination of All Forms of Discrimination against Women, and other human rights instruments. ILO international social security standards provide concrete guidance with regard to the realization of the human right to social security, including the Social Security (Minimum Standards) Convention, 1952 (No. 102) and the Social Protection Floors Recommendation, 2012 (No. 202). See ILO (2017): *Building social protection systems: international standards and human rights instruments* (Geneva).

structures and address the needs of 276 million persons in the working-age population who are single heads of households with dependants, 77.6 per cent of whom are women.

Social security entitlements should also be based on parenthood and caring responsibilities, and not only built around full-time labour market participation. The State therefore needs to play a prominent role in providing financial support for unpaid care work through care-related social security benefits, public services and social infrastructure (SDG target 5.4). An example of such policy can be found in Ecuador, where, since 2015, full-time unpaid carers (mainly women) have been entitled to register for social security. With monthly contributions ranging from US\$2 to \$46, depending on household income, contributors can benefit from pension and disability benefits. As of December 2015, over 80,000 persons had registered. In several countries, including Canada, France and Germany, care work is recognized and rewarded in the public pension system.

Ensure that social benefits recognize and compensate the cost of care and avoid reproducing gender inequalities

As a result of the social protection requirements detailed above, the level of social protection in cash and in-kind benefits should be set up with a view to addressing the total “cost of care”. This cost comprises not only subsistence expenditures linked to maternity, raising children and taking care of family dependants. It also requires the income loss resulting from a reduction or suspension of paid work due to care provision by parents or other unpaid carers to be taken into account. It should also include the cost of accessing quality childcare and other care services, when those are not publicly available either free of charge or on a means-tested basis. This can be achieved, for instance, through tax deductions for childcare costs.

It is also essential that cash-for-care benefits reach adequate levels of income replacement and do not reinforce gender-traditional roles and women’s confinement to the home. Yet, cash-for-care benefits only rarely compensate for carers’ loss of income, which has adverse consequences on recipients’ labour force participation and income (recipients mainly being women with a low level of education in low-income jobs). For long-term care, one exception can be found in Nova Scotia (Canada), where long-term care benefits were estimated to correspond to the median average wage, thereby ensuring that long-term care workers can sustain themselves without falling into poverty. Regarding cash-for-care benefits targeting parents following maternity and parental leaves, in Finland parents may receive a home-care allowance until the child reaches the age of three, provided that the child does not attend public childcare services. These benefits are also generally low and do not reach the minimum wage level.

The risk of reinforcing gender-typical roles is also found in developing countries, where certain conditional cash-transfer programmes targeting poor families may result in extra-time burdens and costs for women in particular. Therefore, programmes aimed at improving children’s health and nutritional status, for example, should include implementation modalities as well as services and awareness-raising that challenge the traditional division of paid work and unpaid care work and encourage the overall recognition, reduction and redistribution of unpaid care work between women and men. Transport costs or time spent waiting in medical facilities represent an income loss for self-employed workers, which should be offset by the transfer.

Additionally, it is essential that such cash-for-care benefits and cash-transfer programmes, with adequate benefit levels, quality childcare and long-term care services, are accessible to all. This should

avoid unpaid carers – usually women – opting out of employment because the opportunity costs are simply too high.

Ensure that social protection is extended to workers in the informal economy

Unpaid carers – both men and women – are more likely to be employed in the informal economy than their non-carer counterparts. In addition, women with care responsibilities are also more likely to be in non-standard forms of employment and are also over-represented among “marginal” part-time workers. Following the Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204), and the Social Protection Floors Recommendation, 2012 (No. 202), strategies to extend social security coverage should aim to guarantee a basic level of social security for all, and gradually extend higher levels of social security to as many people as possible, including workers in the informal economy. The objective is to ensure, as a minimum, a basic level of income and access to essential health care and other social services for all persons.

Implement care credits in social protection systems

Implementing a policy of care credits is an effective way for social protection systems to recognize the value of care. Such care credits, when sufficiently generous, acknowledge and compensate for contributions that were lost due to time spent out of the labour force caring for dependent children, older, disabled or sick people. They are provided, for example, in the Plurinational State of Bolivia and in Uruguay within the pension system; but only to women, who are credited with one year of contributions per child, up to a maximum of three and five children, respectively. In order to challenge gender stereotypes, care credits should be provided to both mothers and fathers. This is, for instance, the case for parental leave uptake in many European countries, such as Finland and Sweden. Fathers and mothers are credited with social contributions, for pension and other social insurances, covering the period during which they are on leave. With ageing societies, it is crucial that pension credits are granted to all unpaid carers over the life cycle. This is especially relevant to women, who have longer life expectancy.

Guarantee universal pensions

In addition to contributory pensions, further good practices to ensure social protection for all include the provision of universal pensions, as is the case in countries such as Botswana, Mauritius and Namibia. These pension schemes particularly benefit people with care responsibilities (mainly women) who have been outside the formal economy (working in the informal economy or not in employment) and who are therefore often excluded from contributory pension schemes. The adequacy of benefits is crucial in order to reduce the poverty risks faced by unpaid carers. Mauritius stands out as a good example, since the amount of the basic retirement pension is approximately five times higher than the poverty line.

Address long-term care as a new social risk in social insurance

Financing long-term care is an increasingly important concern for many high-income countries, and increasingly middle-income countries, experiencing rapid population ageing. The establishment of insurance mechanisms with a view to covering long-term care is key to addressing inequalities in unpaid care work and encouraging the social recognition of care. A major policy choice to be made in establishing such mechanisms concerns the funding system. Long-term care insurance can be

mandated by the national legal framework and provided by way of a public service as a new social risk covered by the national social protection system. Alternatively, it can be provided on a voluntary basis by private insurance companies. Another important element, which has an effect on women's labour force participation, is whether the insurance mechanism provides cash benefits or favours the direct provision of services, such as home-based services. Germany, Japan, Republic of Korea and Luxembourg are among the countries which have developed long-term care insurance systems. Although financing systems often differ in terms of revenue generation, benefits design and eligibility requirements, starting the development of collectively financed schemes before ageing becomes a significant revenue issue appears to be an important factor. In the face of considerable demographic challenges, China is planning to introduce compulsory long-term care insurance to cope with the country's ever-increasing care needs, particularly those relating to older persons.

Implement disability benefits

Universal social protection for people with long-term care needs and people with severe disabilities should be implemented, ensuring that people with disabilities do not fall into poverty. Universal social protection for people with long-term care needs is currently accessible only to a minority, mainly in high-income countries, while the rest of the world experiences very high levels of coverage deficits. Yet several developing countries have adopted universal schemes for persons with disabilities, including Brazil, Chile, Mongolia, Nepal, South Africa and Uruguay. And other countries have made notable progress in providing non-contributory disability cash benefits, either mainstreaming disability within broader schemes (Ethiopia and Ghana) or creating specific schemes for persons with disabilities (Argentina, Indonesia, Kyrgyzstan and South Africa).

4. Implement gender-responsive and publicly funded leave policies for all women and men

Guarantee maternity protection to all women

Maternity protection and other care-related leaves, such as paternity and parental leave and leaves to care for sick or disabled children, adult or older family members, are crucial instruments for ensuring the health, well-being and economic sustainability of childbearing women and people with care responsibilities. According to the Maternity Protection Convention, 2000 (No. 183), maternity leave should be at least 14 weeks long – and up to 18 weeks according to its accompanying Recommendation No. 191. Prenatal, childbirth and postnatal health care is essential. Cash benefits should be paid covering absence for maternity, with a minimum income replacement rate of two-thirds of the women's previous earnings. Cash benefits should be paid by compulsory social insurance or from public funds. The health of the mother and child should be protected during pregnancy, childbirth and breastfeeding and every mother should have the right to breastfeed her child after her return to work. Employment protection and non-discrimination policies guaranteeing women the right to return to the same or an equivalent position, at the same rate of pay, are also mentioned.

In recent years, however, an increasing number of developing countries have reformed their maternity leave schemes and now meet the ILO standards, such as El Salvador (from 12 to 16 weeks), India (from 12 to 26 weeks), Lao People's Democratic Republic (from 13 to 15 weeks), Paraguay (from 12 to 18 weeks) and Peru (from 13 to 14 weeks). In addition, India, the Lao People's Democratic Republic, Mongolia and the Occupied Palestinian Territory are extending maternity protection to reach women previously not covered.

Importantly, in line with Recommendations No. 202 on social protection floors and No. 204 on the transition from the informal to the formal economy, strategies to extend maternity protection to workers in the informal economy should be adopted, as in the case of Lao People's Democratic Republic. Maternity protection can otherwise be granted through cash transfer schemes targeting pregnant women in low-income households, as is the case in Northern Togo. More examples of good practice can be found in Mongolia, which has achieved universal maternity protection – covering, notably, the self-employed, herders, nomad and rural workers in the informal economy – thanks to the combination of a contributory social insurance scheme and a welfare scheme.

Expand paid paternity, parental and other care leave benefits and protections and promote their uptake by men

Other leaves, such as paternity and parental leaves, as well as leaves to care for a sick or disabled child, adult or older family member, are equally important for unpaid carers. However, significant deficits exist in terms of access, especially in developing countries. Only a little over half of countries worldwide provide paid statutory leave entitlements for fathers (in the form of paternity and/or parental leave). Several developing countries, such as Afghanistan, Equatorial Guinea, Hong Kong (China) and Turkey have recently recognized the importance of fathers' rights and adopted a policy of paternity leave. Best practices regarding leave schemes that provide incentives for men to use leave, thereby supporting their involvement in childcare in the medium term, include, for instance, Nordic countries such as Iceland and Sweden, but also Portugal and Spain, which grant fathers between one and three months of paid leave, which is exclusively reserved for them.

When leave policies are designed in a care-sensitive and gender-transformative way, including their financing through social security mechanisms, they enable workers to balance work and family life and contribute to redistributing unpaid care work within households and between women and men. Thus, the design of leave schemes, in particular whether they are individual and non-transferable rights, offer adequate compensation and are financed through social security, is central for encouraging men's use of these entitlements, as the European Union's new initiative to reform leave policies illustrates. Another crucial element for achieving gender equality is that leave policies and ECCE policies are well coordinated. This means that there should be no gap period between the end of paid (maternity, paternity and parental) leave entitlements and the moment when children have a statutory entitlement to a place in a childcare facility, as is the case in Nordic countries, for instance, as well as in Malta and Slovenia.

More and decent work for care workers

5. Regulate and implement decent terms and conditions of employment and achieve equal pay for work of equal value

Many care workers do not enjoy the same degree of labour protection as workers in other sectors. Moreover, certain groups of care workers, such as domestic and migrant workers, in which women and minorities tend to be over-represented, suffer some of the worst decent work deficits. ILO analysis shows that policy really does matter in determining the level of employment, working conditions, pay and status of care workers. Achieving decent work for care workers entails many measures and

actions, but a first step is to ensure that all care workers, including migrant care workers, are protected by labour legislation to the same extent as other workers.

Public provision of care services tends to improve the working conditions and pay of care workers, whereas unregulated private provision tends to worsen them, irrespective of the income level of the country. The existence and representativeness of workers' organizations covering care workers, as well as the coverage of social dialogue mechanisms, including collective bargaining, also play an important role in determining the pay and working conditions of care workers, as well as the voice they have in other decisions that affect them.

A high road to care work means achieving decent work for care workers, including domestic and migrant workers. Caring for care workers requires reversing these trends by extending labour and social protection to all care workers, promoting professionalization while avoiding de-skilling, ensuring workers' representation and collective bargaining and avoiding cost-saving strategies in both the private and the public care sectors that depress wages or shorten direct care time. Legislation should guarantee decent working conditions, including the policy measures outlined below.

Ensure proper regulation of non-standard forms of employment

Countries may prohibit the use of fixed-term work for the permanent needs of an enterprise, limit the use of temporary agency work, set a limit on renewals or overall duration of fixed-term work or casual work, or restrict or prohibit the use of on-call employment contracts. For example, following a major campaign by the union Unite in New Zealand, since 2016 employment contracts must specify the number of guaranteed hours of work (if any) and, if a number of guaranteed hours has not been set, workers are not required to remain at the employer's disposal.

In 2013, domestic workers were granted a weekly rest day in Singapore, and a Ministerial Order was adopted in Thailand, in 2012, providing for paid annual leave, paid holidays and weekly rest for domestic workers. Progress is also notable in Arab countries, which until recently lacked national legal frameworks covering domestic workers. Part-time work in care occupations should be of good quality, following the principles set out in the Part-Time Work Convention, 1994 (No. 175), and its accompanying Recommendation No. 182, as well as in the Workers with Family Responsibilities Convention, 1981 (No. 156).

Include care workers under national minimum wages and afford them social protection

The enforcement of adequate minimum wages can contribute to reducing the wage penalties for care workers. Inclusion in minimum wage protection should cover domestic workers, even when hired by subcontractors. For instance, in Peru, principal firms are jointly liable with contractors for the statutory wage and social security rights of contractors' employees, and in Germany subcontracted workers have direct recourse against the principal firm if the subcontractors fail to pay the minimum wage. Many countries have included domestic work within their minimum wage protections, taking different approaches. In Brazil, Costa Rica, Mexico and Turkey, for example, the minimum wage applies to domestic workers. In the United States, the scope of coverage of the federal minimum wage and working time protections were extended to home-care workers in 2013, and in Switzerland, in 2011, a national standard employment contract was adopted that set a minimum wage for domestic workers. Research shows that having legislation on minimum wages for domestic workers does not necessarily translate into compliance and stringent efforts should be made to implement legislation more effectively.

Ensuring universal social protection for all care workers, in line with Part VI of the Social Security (Minimum Standards) Convention, 1952 (No. 102), and with the Employment Injury Benefits Convention, 1964 (No. 121), will prevent victims of work-related injuries and diseases and their families from falling into poverty and will therefore contribute towards achieving SDG 1, “End poverty in all its forms everywhere”.

Achieve equal pay for work of equal value in care occupations

In line with the terms of the Equal Remuneration Convention, 1951 (No. 100), equal pay for work of equal value should be achieved in care occupations. Equal pay can be secured by improving wage transparency and implementing job-evaluation methods that are gender neutral and that correct for the biases that typically attribute lower value and lower wages to care jobs. Effective avenues for recourse should also be made available to care workers. Good practices for human resource management include fair and gender-equitable pay review processes, ensuring specifically that men and women performing different work of equal value (e.g. with equivalent experience and levels of qualification) are paid the same amount, as advocated, for instance, by the Fair Work Ombudsman in Australia. The case of the care and support workers’ pay rise in New Zealand in 2017 illustrates one way in which the systemic undervaluation of care jobs can be offset.

Support the transition of care workers from the informal to the formal economy

Following the objectives set out in Recommendation No. 204 concerning the Transition from the Informal to the Formal Economy, several countries in Europe (namely, Belgium, Denmark, Finland, France, Germany, Italy and Sweden) have made formal employment of domestic workers more attractive to households, through income tax deductions or tax credits. In France, the combination of these measures with a strong regulatory framework and several collective bargaining agreements has led to some of the highest levels of formal employment in domestic work worldwide. The simplification of registration procedures can also increase the level of registration among households employing domestic workers, as is the case in Argentina.

Cash-for-care transfers that support the employment of home-based personal care workers (including personal assistants in the case of persons with disabilities) need to be regulated in ways that guarantee the creation of formal employment. In Nordic countries, for example, this can be achieved by mandating the purchase of these services from registered companies or registered self-employed workers. A coherent national strategy to facilitate transitions into formality needs to recognize that the costs of working informally are high for all parties – businesses, workers and the community.

Support non-profit institutions devoted to care

Within the context of an almost complete absence of viable public or other private options, cooperatives are emerging as an innovative type of care provider. In sub-Saharan Africa, including Rwanda and Zimbabwe, cooperatives have emerged to meet the housing and health needs of persons living with HIV. Across Northern America, cooperatives targeting youth with developmental needs are common. Older person care cooperatives, which provide housing and/or home-based care, are prevalent across Asia (e.g. in Japan and the Republic of Korea), Western Europe (e.g. France and the United Kingdom), Northern America (Canada and the United States) and parts of the Southern Cone (e.g. Uruguay). In Italy, social cooperatives and enterprises provide social, health and educational

services through community centres for children and older persons, health-care facilities and home-based care for older persons.

The ILO Promotion of Cooperatives Recommendation, 2002 (No. 193), stipulates that States should promote cooperatives and provide a supportive policy framework, consistent with the nature and function of cooperatives and guided by the cooperative values; namely, social responsibility, democracy, equality and solidarity. Cooperatives make various contributions as care providers and employers. Worker-owned cooperatives can improve wages and benefits, have lower staff turnover rates, regulate and formalize informal home-based carers and provide professionalization and training to care workers. Importantly, they serve as vehicles to promote workers' rights, allowing workers to negotiate jointly for better wages, working conditions and employment protection in the care sector – and are especially effective in the case of female employees. Cooperatives have been involved in organizing domestic workers. Successful examples of economically sustainable cooperatives include the Self Employed Women's Association (SEWA) in India and the National Home Managers Cooperative in the Republic of Korea.

6. Ensure a safe, healthy and stimulating work environment for care workers

Enact and enforce laws and policies to eliminate all forms of violence and harassment against care workers

Workers in care-related sectors and occupations, including health care, education and domestic work, are at particular risk of workplace violence and harassment. A number of ILO standards highlight the importance of non-discrimination and set out measures guaranteeing access to occupational safety and health, including for nursing personnel. ILO constituents have also embarked on a standard-setting process to end violence and harassment in the world of work. ILO guidelines to address and reduce violence in the workplace entail implementing prevention strategies and adopting a participatory approach, including the involvement of trade unions, governments, employers and workers, and workplace violence specialists.

A recent United Nations General Assembly resolution strongly condemns all attacks on medical and health personnel and urges States to develop effective measures in promoting the safety and protection of such personnel. These exist in a number of countries. In India (Tamil Nadu), Israel, Turkey and the United States (New Jersey), for example, specific laws have been adopted to address violence against health-care workers. These laws require the employer to take preventive measures, including by establishing a violence prevention committee with the power to remove unruly parties from the premises. Hospitals implement different strategies to tackle violence, among which hiring security staff, installing alarm buttons and systematically reporting violent incidents are common practices.

Collect data to inform occupational safety and health at work policies in care sectors

Safety and health at work can benefit from policy synergies integrated into the framework of employment injury benefits for all workers. These benefits compensate workers who are injured on the job or who develop occupational diseases, as well as survivors' benefits for families of victims of occupational fatalities. Employment injury social security (EISS) provides data on occupational accident and disease, and collection and analysis of these data are crucial in setting occupational safety and health (OSH) policies that contribute to the financial sustainability of workers' compensation

schemes. Where EISS and OSH are implemented in a single organization, coordination of activities and data sharing on a real time basis through a common information technology network would be facilitated. Alternatively, in many countries, part of the EISS fund can be allocated for implementing OSH-related policies. OSH activities are expected to enhance safety in the workplace and the prevention of occupational accident and disease, which would contribute to the EISS fund's stability and its sound management by reducing expenditure on compensation.

Promote workforce development, skills upgrade, qualification certification and recognition, and career advancement for all care workers

Public policies are essential in facilitating care workers' appropriate education and training, employment and working conditions, including career prospects and remuneration. As a result, the basic requirements regarding training and practice of care workers, including teachers, nursing and childcare personnel, should be established. Comprehensive and career-long continual professional development is also important in order to ensure the quality of ECCE services.

A competent, enabled and optimally organized and distributed health and social workforce, especially in rural and underserved areas, is of fundamental importance for the strengthening of health systems. This requires effective matching of the supply and skills of health workers to population needs, addressing shortages through labour market dynamics and education policies.

Practitioner training policies and programmes need to increase professional development, especially in remote and disadvantaged areas and for those working with disadvantaged, marginalized and vulnerable populations, where initial preparation may be weakest and the need for support greatest. Where resources are limited, the gap can be partly filled by using experienced national or regional trainers to provide training of trainers, sharing professional development knowledge and skills with local level organizations. States can legislate on the recognition of occupational qualifications of migrant workers in order to promote effective equality of opportunity and treatment in vocational guidance and training.

The Domestic Workers Convention, 2011 (No. 189), also promotes the continuing development of skills and qualifications of domestic workers. Better state regulation of agencies that employ domestic workers can support decent work and ensure access to training. In China, for example, those domestic workers employed by agencies enjoy labour protections and training opportunities equal to other workers. In Beijing, the Government subsidizes these enterprises in order to assist them in covering the domestic workers' social security insurance, resulting in decent protections for this segment of the domestic workforce. France and Belgium have adopted a package of measures, including support of skills training and promotion of service providers with the aim of developing the domestic work sector beyond the formalization of undeclared jobs.

Promote equal participation of women and men in care jobs and promote women's promotion to management or senior positions in care occupations

Globally, women care workers outnumber men two to one, and women make up 65 per cent of the total care workforce. Gender-based occupational segregation in care work limits women's employment opportunities in other sectors and men's employment opportunities in care sectors. Vertical segregation – the fact that women are proportionally under-represented in managerial and senior positions – is one of the causes of gender wage gaps, which are also apparent in care occupations. States can play a key role in promoting equality of opportunity and treatment through

sensitizing campaigns and, for example, by modifying work organization and task distribution to avoid negative effects on the treatment and advancement of women.

Examples of good practices to counter vertical segregation in care occupations include programmes that offer mentoring and career counselling for the career advancement of women and that aim to change masculine organizational culture and climate, as is the case, for instance, in the United States with the Executive Leadership Program in Academic Medicine. Sensitizing programmes that introduce girls and boys to a wide range of jobs early on, including to typically male- and female-dominated occupations, and mentoring programmes, can contribute to reducing horizontal segregation. For instance, the *Futurs en tous genres* initiative in Switzerland runs an annual scheme which involves parents, companies and schools attending workshops and visiting the workplaces of the children's parents. Further strategies can be adopted at all levels, including policy, media campaigns, actions involving employers, employment organizations, training institutions and parents. For example, a wide variety of strategies was adopted to address men's under-representation in early childhood education programmes, such as recruitment campaigns with set targets in Norway and the United Kingdom, an increase in salaries for employees in day-care centres and men-friendly training courses implemented by the Flemish Government.

7. Enact laws and implement measures to protect migrant care workers

Ensure that migrant care workers enjoy full labour rights and equality of treatment

In line with the Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143), States should combat migration in abusive conditions and promote equality of opportunity and treatment for migrant workers with respect to employment and occupation, social security, trade union and cultural rights, and individual and collective freedoms. The accompanying Recommendation No. 151 specifically mentions that migrant workers should enjoy effective equality of opportunity and treatment in terms of vocational guidance and training, advancement, security of employment, remuneration and conditions of work. The Private Employment Agencies Convention, 1997 (No. 181), and its accompanying Recommendation No. 188 are particularly important for migrant care workers, since they are often recruited through private employment agencies. These instruments stipulate that States should provide adequate protection for, and prevent abuses of, migrant workers recruited by private employment agencies and that agencies should inform migrant workers of the nature of the position offered and the applicable terms and conditions of employment. As an example of good practice, certain jurisdictions in Canada impose onerous licensing requirements on recruitment and employment agencies, including the posting of bonds when migrant workers are recruited. In Ghana, where there exists a registration and licensing regime for recruitment and employment agencies that place (national) domestic workers, private employment agencies have been found to verify formal employment arrangements and ensure that social security contribution obligations are being met.

In all destination countries migrant care workers face a series of obstacles which limit their labour rights, especially workers in low-skilled jobs in long-term care and domestic work. In some countries, migrant workers are tied to one employer and frequently have precarious statuses, in either irregular or temporary employment. As a result of their vulnerable position, they are generally offered lower rates of pay, work longer hours, endure poorer working conditions, face limitations on applying for promotional positions and career development and experience insecurity at work. In addition, migrant care workers, as well as domestic workers, are often excluded from labour legislation and

social protection. Some examples of good practice can be found in the European Union, where migrant workers, including irregular workers, are entitled to fair remuneration and have access to remedies against exploitation. The EU Employer Sanctions Directive (article 6), states that irregular migrants may either introduce a claim against an employer for any remuneration due or may call on a competent authority of the EU Member State concerned to start recovery procedures. Yet more efforts should be made to support migrant workers claiming their rights in court. Migrants in irregular situations often fear detection, have little or no security of residence and generally have limited awareness of their rights.

Ensure social protection for migrant domestic and care workers

Compared to nationals working their entire lives in one country, migrant care workers face huge challenges in exercising their rights to social security. They can be denied access, or have limited access, to social security in their host country because of their status, nationality or the insufficient duration of their periods of employment and residence. Their access may be further curtailed due to a lack of knowledge and awareness of their rights and obligations. At the same time, they can lose their entitlements to social security benefits in their country of origin because of their temporary absence. The principles of territoriality and nationality are inherent and problematic features of the national legislation of many countries, and the lack of coordination mechanisms between countries can prevent migrants from obtaining social security coverage.

The ILO's approach to overcoming these issues is to promote ratification and application of: the Migrant Workers Convention, 1975 (No. 143); the Social Security (Minimum Standards) Convention, 1952 (No. 102); the Equality of Treatment (Social Security) Convention, 1962 (No. 118); the Maintenance of Social Security Rights Convention, 1982 (No. 157); the Domestic Workers Convention, 2011 (No. 189); and the Social Protection Floors Recommendation, 2012 (No. 202). This approach aims to ensure that migrant workers are covered by social insurance and social assistance schemes, including maternity protection and employment injury protection, and that they and their families enjoy the same opportunities and treatment in respect of social security as nationals. The ILO Multilateral Framework on Labour Migration, 2006 also calls for the conclusion of social security agreements to ensure the portability of social security entitlements. Examples of good practice include the extension of labour protections to migrant workers, including migrant domestic workers, such as in Hong Kong (China) and South Africa, and ensuring coherence of labour protection with immigration law, as in Belgium. Other positive measures include the conclusion of social security agreements, i.e. treaties which coordinate the social security schemes of two or more countries to provide equality of treatment in respect of social security, as well as access to and preservation and/or portability of social security entitlements. For example, Spain and the Philippines have signed a bilateral agreement ensuring equality of treatment for nurses and enabling other highly skilled Filipino workers to work in Spain with the same protections and rights as Spanish workers. Memoranda of agreement can also complement labour legislation. For example, the memorandum signed between the Philippines and Bahrain states that "human resources for health recruited from the Philippines shall enjoy the same rights and responsibilities as provided for by relevant ILO conventions".

In 2011, the European Union reformed its directive on labour migration (2011/98/EU), which provides for equal treatment between lawfully resident migrant workers from non-EU countries and nationals of the EU Member State where they reside in respect of a number of matters, including social security. When such migrant workers (or their survivors) return home or move to another country outside the EU, they can receive the old-age, invalidity and death pensions to which they have previously

contributed under the same conditions and at the same rates as the nationals of the EU Member States concerned. The portability of social security rights of EU nationals and third country nationals was also improved in 2010 with the adoption of new regulations on coordination (Regulations 883/2004 and 987/2009).

Good practices to ensure that women migrant workers have the same access as other workers to maternity protection can be found, for example, in South Africa, where the dismissal of an employee on account of her pregnancy, intended pregnancy or for any reason related to her pregnancy, is automatically deemed unfair. The prohibition of pregnancy tests is not widespread in labour legislation around the world, except in Europe and Latin America; for example, El Salvador, Nicaragua and Panama have provisions banning pregnancy tests, which also cover migrant and domestic workers.

Finally, policies should ensure that migrant workers with family responsibilities are protected by adopting family reunification regulations that address the needs of care workers and their family members. Uruguay, with its 2008 Family Reunification Law, has adopted a rights-based migration legislation which recognizes the right of all migrants to family reunification, due process of law and access to justice, regardless of status. Other examples of good practice include, for instance, memoranda of understanding between countries, as is the case between South Africa and Zimbabwe, which notably aims to adopt standard procedures for the tracing, reunification or alternative care placements of unaccompanied and separated children in South Africa and Zimbabwe.

Ensure fair recruitment of migrant care workers

The quality of care services is closely linked to the skills, qualifications and experience of care workers. Consequently, efforts should be made to recognize the experience and qualifications of all care workers, particularly migrant care workers. Bilateral or multilateral agreements signed between countries may be used as a basis for the recognition of qualifications or training and to facilitate research cooperation. This is the case between the United Kingdom and Spain, for example, which have signed an agreement on nurses' skills, and for South African doctors in Cuba, the Islamic Republic of Iran and Tunisia. Another example concerns the memorandum of agreement between the Philippines and Bahrain, which provides an ethical framework for the recruitment of health workers and covers scholarships, academic and technology cooperation, and makes provision for the reintegration of health workers who return to their home country.

Fair recruitment procedures are also particularly important, as supported by the ILO's 2014 Fair Recruitment Initiative and following principles set out in the Private Employment Agencies Convention, 1997 (No. 181). These instruments are crucial in order to avoid situations where workers' skills are eroded and abusive practices emerge; for instance, charging migrant care workers excessively high recruitment fees. Good practices include the adoption of codes of practice in recruiting, such as the Commonwealth Teacher Recruitment Protocol (2004).

Care workers' representation, social dialogue and collective bargaining

8. Promote freedom of association for care workers and employers

Care workers, especially workers in low-skilled jobs, such as long-term care workers and domestic workers, face poor terms and conditions of work and employment. In line with the Freedom of

Association and Protection of the Right to Organize Convention, 1948 (No. 87), as well as Conventions No. 143 on migrant workers and No. 89 on domestic workers, it is essential that all care workers can join unions and organizations that represent their interests. However, union membership rates are generally low in care sectors, in particular when public provision is limited. It is therefore crucial that capacity building of unions is encouraged and cooperation is promoted. A number of examples of good practice can be found in the care sector. In South Africa, community health workers mobilized to campaign for decent work and subsequently formed the National Union of Care Workers of South Africa in 2016. Some unions use new technologies to build capacity, by creating web platforms which enable the dissemination of advice, information and advocacy. This is the case of the Finnish trade union JHL, which represents personal assistants providing care services to people living with disabilities.

Domestic workers face legal and practical obstacles to organizing and collective bargaining. There are, however, many examples of successful organization of domestic care workers; for instance, in Argentina, Belgium, France, Hong Kong (China), Lebanon, the Netherlands and South Africa. Together, they have formed the International Domestic Workers Federation, which, at the time of writing, represents some 500,000 domestic workers in 54 countries. In Hong Kong (China), the Federation of Asian Domestic Workers Unions (FADWU) was established in 2010, with the support of the Hong Kong Confederation of Trade Unions (HKCTU), after many years of struggle. It unites six nationality-based unions of domestic workers (local Chinese domestic workers together with the unions of Bangladeshi, Indonesian, Filipino, Nepalese and Thai domestic workers), represents their collective interests in relation to the Hong Kong Administration and carries out sustained awareness-raising campaigns among migrant and native domestic workers.

9. Promote social dialogue and strengthen the right to collective bargaining in care sectors

According to the terms of the Right to Organise and Collective Bargaining Convention, 1949 (No. 98), measures should be taken to encourage and promote voluntary negotiation between employers' and workers' organizations to regulate terms and conditions of employment through collective agreements. Another important standard related to wage setting is the Equal Remuneration Convention, 1951 (No. 100), which stipulates that States should ensure the application of the principle of equal remuneration for men and women workers for work of equal value; specifically through an objective appraisal of a job on the basis of the work to be performed. These instruments are important, considering that care workers generally receive low wages and experience poor working conditions.

Social dialogue and collective bargaining represent efficient pathways to achieving decent work and ensuring that employment standards serve the interests of both care workers and care recipients. When collective agreements are inclusive, for example, covering all home-based care workers, this means that they can become instruments for extending protection to migrant and domestic workers. In Italy, for example, which relies heavily on live-in migrant care workers, many domestic and care workers are covered by collective agreements which regulate wage rates, periods of rest, paid holidays, sick pay and severance pay. In Argentina, ECCE teachers are covered (together with primary school teachers) by the Teacher Statute collective agreement. They were able to benefit from the 2005 Educational Financing Law, which set a minimum wage for all teachers nationwide that is relatively high by national standards. Importantly, private teachers are also covered by this law and the minimum wage has to be renegotiated each year, which strengthens the role of the union. In the United States, home-care workers in Illinois and California won the right to bargain directly with these states, which is considered to be the "employer for the purpose of bargaining", and have achieved wage increases.

In Argentina and Uruguay, wage-bargaining mechanisms exist to set domestic workers' wages. Finally, the case of support and care workers in New Zealand shows that legal action can be instrumental in the recognition of the systemic undervaluation of care workers' wages. However, the final wage increase agreement resulted from tripartite negotiations involving the major unions representing care workers and employers, as well as the Government.

10. Promote the building of alliances between trade unions representing care workers and civil society organizations representing care recipients and unpaid carers

Developing integrated, coordinated and transformative care policies requires strong alliances built and sustained among all relevant actors. Care workers in different sectors face similar constraints regarding their terms and conditions of work and can benefit from building alliances across different care occupations to see their interests represented. A high road to care means that both care workers and care recipients have an interest in care work being decent, as the quality of the care delivered would also improve as a result. The engagement of different government agencies in these broad alliances also results in policies being better coordinated across sectors and more responsive to the needs and circumstances of unpaid carers, care workers and care recipients. Relevant examples can be found in Latin America.

Key resources

- ILO. 2016. *Women at work trends 2016* (Geneva). Available at: http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_457317.pdf
- ILO. 2016. *Maternity cash benefits for workers in the informal economy*, Social Protection for All Issue Brief (Geneva). Available at: <http://www.social-protection.org/gimi/gess/RessourcePDF.action?ressource.ressourceId=54094>
- ILO. 2016. *Non-Standard Forms of Employment: Understanding Challenges, Shaping Prospects* (Geneva). Available at: http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_534326.pdf.
- ILO. 2016. *Providing care through cooperatives 1: Survey and interview findings* (Geneva). Available at: https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---emp_ent/---coop/documents/publication/wcms_457286.pdf
- ILO. 2017. *Providing care through cooperatives 2: Literature review and case studies* f https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---emp_ent/---coop/documents/publication/wcms_546178.pdf
- ILO. 2017. *World Social Protection Report 2017–19: Universal social protection to achieve the sustainable development goals* (Geneva). Available at: <http://www.social-protection.org/gimi/gess/ShowWiki.action?id=594>
- ILO. 2017. *Building social protection systems: international standards and human rights instruments* (Geneva). Available at: <http://www.social-protection.org/gimi/gess/RessourcePDF.action?ressource.ressourceId=54434>
- ILO. 2018. World Social Protection Database, based on the Social Security Inquiry (SSI). Available at: www.socialsecurityextension.org/gimi/gess/Wspr.action [1 Feb. 2018].
- ILO. 2018. *The impact of HIV and AIDS on the world of work: Global estimates* (Geneva). Available at: https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_630166.pdf
- ILO. 2018. *Care work and care jobs for the future of decent work* (Geneva). Available at: https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633135.pdf
- Joint UN web platform on social protection and human rights: www.socialprotection-humanrights.org, especially <http://socialprotection-humanrights.org/key-issues/gender/>