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POLICY PAPERS

Caring
Systems

#CitiesAreListening
Town Hall Track

POLICY PAPERS

**A Policy Paper Prepared for the
UCLG World Congress and Summit of World Leaders**

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Submitted by

Cities Alliance

Public Services International

**International Federation of Library Associations
and Institutions**

Civil Society Action Committee

Universal Health Coverage 20

#CitiesAreListening

The 2022 World Summit of Local and Regional Leaders and UCLG Congress will define the priorities for the international municipal movement through the adoption of the Pact for the Future, a pluriennial strategy that will constitute our contribution to the United Nations Common Agenda and the Summit of the Future. The Congress will be a platform for all stakeholders, connecting the local and global agendas, to come and co-create the communities of the future, with the central notion of care permeating all processes.

Special attention will be paid to creating a space of structural dialogue with other constituencies and stakeholders and in particular civil society. The outcome of this dialogue will be a corpus of integrated policy recommendations offering both bottom-up continental and region-specific priorities. The Summit will provide a space to connect the agenda of the global municipal movement and that of sister constituencies.

The Town Hall Track has been set up to this end, with discussions at the highest levels led by organized civil society. The UCLG Town Hall is the space for dialogue and interaction between internationally organized civil society and the political leadership of the local and regional governments constituency to jointly define our global policies building on the Live Learning and #CitiesAreListening Experiences, which informed UCLG's political agenda. Driven by civil society, it allows different international stakeholders to collaborate in the definition of policy priorities and the localization of the global agendas. As we face an unprecedented scenario of interconnected challenges, we need to build upon, strengthen and enhance partnerships to break through as one. The goal is not only to invite partners to join, but to collaborate in the world that we are building. No actor or sphere of government can achieve the transformation that we need on their own.

The 2022 UCLG Town Hall renewed the structured dialogue between the local and regional governments constituency and internationally organized civil society and is strengthened by the presence of international partners and 3 cross-cutting caucuses (youth, feminism and accessibility) and the contribution of UCLG UBUNTU Advisors. The subjects of the Town Hall are directly linked to UCLG's Pact for the Future and its three axes: People, Planet and Government and reflect the priorities and targets included in the UN Secretary General's Common Agenda.

The 2022 UCLG Town Halls focus on: the Global Commons and redefining public services and the notion of what is public and what should be considered as part of the commons; Trust and Government and defining how we will regain trust in the public sector and redefine our institutions; Caring Systems and understanding what we need to renew our social contract to put care at the center of our cities and territories; and Climate and Culture to guarantee that our planet and future generations are protected through culture as the backbone of our societies and as our motor for sustainable development.

Executive Summary

Caring is a human activity, and at its best is a means of caring for each other and for the planet. However, traditional practices of care focus on providing health, social, or welfare assistance, seeing people as passive recipients, service users or beneficiaries, and patients. Current systems also fail to acknowledge the contributions – as well as the human and labour rights and entitlements – of those who provide care and to promote their well-being and protection. These practices replicate, rather than repair, existing patterns of inequality and exclusion, further limiting people's ability to care for themselves, for others, and for the planet.

This paper advocates for a renewed understanding of 'care,' one that drives social and structural transformation and helps repair historical wrongs. It views care as holistic and rights-based, contributing to human empowerment, addressing the needs of all, and supported by public systems and infrastructure that are adequately funded and responsibly regulated. Effectively adopting this approach implies considering all people as rights-holders and active decision-makers who should be enabled to make their own choices in terms of receiving assistance and support or caring for others, regardless of their age, gender or gender identity, race, ethnic or religious group, migration or economic status, disability, or health condition.

Care is a need and a service, but it is also a social value that helps qualify how services, assistance, and support are provided. For instance, when services are conceived following the value of care, they aim to preserve security and dignity. They are also tailored to the needs of the people for whom the services are being designed and actively involve them throughout the process; delivered for equitable access; and monitored and evaluated for both efficiency and effectiveness. A holistic approach to care, therefore, implies a system of interlinked services based on the value of care and on a spirit of solidarity and humanity which guides the way the system operates.

Inclusive caring systems should thus incorporate increased universal access to a wider range of public services, infrastructure, and policies that need to be supported and protected by public institutions. These systems should also enable people to live autonomous, independent lives to the greatest extent possible and help them fulfil their potential when they would otherwise be held back.

Under this framework, cities and local communities are seen as ecosystems – expressions of human values and spaces for care and inclusion that should be available, acceptable, accessible, affordable, and of good quality for everyone. A city that cares fulfil its obligations to human rights and addresses the needs and aspirations of all those who live in it, including (but not limited to) minorities, young people, older people, migrants and diaspora, women, and persons with disabilities.

For caring systems to be effective, a new social contract is required that involves both public-public and people-public collaboration and is based on respect for human and workers' rights, solidarity, and the environment.

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Acknowledgments and Background

Traditional understanding and practices of care tend to focus on the provision of health, social, or welfare assistance, seeing people who require assistance and support as passive recipients, service users/beneficiaries, and patients. As the Covid-19 pandemic made clear, current systems are failing to properly provide support and assistance to those who need it most, especially older persons and persons with disabilities.[1] They are also failing to acknowledge the contributions and the human and labour rights and entitlements of those who provide care – workers and carers alike, whether under paid or unpaid arrangements – or promote the well-being and protection of all.

The current practices replicate, rather than repair, existing patterns of inequality and exclusion, further limiting people's ability to properly care for themselves or to deliver quality care for others and the planet. A new, broader understanding of 'care' is thus required, one that **drives social and structural transformation** focused on equitable and inclusive provision and access to public services and infrastructure, defined to the extent possible by those impacted. Such an understanding requires a new social contract with renewed public trust and community ties.

This paper aims to offer local and regional governments key elements to consider when designing social, political, economic, or environmental urban interventions that **support the creation or improvement of caring systems, societies, and communities based on equality, inclusion, and human and workers' rights**. It also provides information on existing practices implemented in diverse contexts and at various levels that advance the understanding of all persons as human rights-holders.

The paper is an outcome of the United Cities and Local Governments (UCLG) Town Hall process and was collectively developed by stakeholders who work, advocate for, and represent marginalized and vulnerable people, care users, and workers – people who are often left behind by public policies and services designed in a top-down manner without their involvement.[2] The principles articulated in this paper are in line with global agendas and international agreements including the UN Convention on the Rights of Persons with Disabilities, the New Urban Agenda, the Paris Agreement, the 2030 Agenda for Sustainable Development, the Madrid International Plan of Action on Ageing, the Inter-American Convention on the Rights of Older Persons, the UN Declaration on Universal Health Coverage, and the Decent Work Agenda.

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[1] See "End-Discrimination Campaign – COVID-19", available at
https://www.internationaldisabilityalliance.org/discrimination-covid19.

[2] The Caring Systems Town Hall working group was facilitated by Cities Alliance and comprised Public Services International (PSI), International Federation of Library Associations and Institutions (IFLA), the Civil Society Action Committee (AC), and UNHC2030, as well as representatives from three (cross-cutting) caucuses: youth (United Nations Major Group for Children and Youth, or MGCY), feminism (the Huairou Commission) and accessibility (co-led by GAP Older Persons and Persons With Disabilities Partner Constituent Groups, World Blind Union, World Enabled). The paper has also been reviewed by Cities Alliance members operating at the international, national, and local levels.

These commitments urge us to leave no one behind, ensuring social, political, and cultural inclusion with emphasis on society's most marginalized and vulnerable, while promoting gender equality and environmental sustainability. Furthermore, they acknowledge local and regional governments' role in promoting sustainable development and set the pattern for multi-level and multi-stakeholder collaboration.

A new perspective on care[3]: The intersection between values, services, and systems

● *In this paper we advocate for a new understanding of care, in which **care is seen as holistic and rights-based, contributing to human empowerment, addressing the needs of all, and supported by adequately funded, equitable, accessible[4] and responsibly regulated public systems and infrastructure***.

More precisely, care is understood from a human-rights based approach in which everyone – regardless of age, gender or gender identity, race, ethnic or religious group, migration or economic status, disability, or health condition – is seen as a central actor in their own life, an **active decision-maker and rights-holder** who is able to decide if and how they want to provide care and/or receive assistance and support.

This means acknowledging and empowering people as rights-holders, with **access to the resources they need to make their own decisions, live independently, and be included in the community**. Quality health care and other services and support must be delivered professionally, equitably, and in adequate supply to all. This also calls for the **recognition of the various existing arrangements of 'caring for,' and the protection of and respect for caregivers' work and rights**.

The act of caring is a strong link that connects all of us, everything we do, and the planet we inhabit. A holistic approach towards care thus integrates issues around the environment, gender, poverty, well-being, security, informality, participation (democratic, economic, social, and cultural), and equitable access to housing and public services. **It supports cities and local and regional governments to fulfil their social function**. (See Case 1 in Annex A, for an illustration of how a holistic approach has been adopted by Iztapalapa, in Mexico City.)

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[3] "Care is a right, in so far as it is a basic need that structures communal life, coexistence and solidarity between generations, and guarantees a decent life and participation in our communities, labour market, (civic and political spheres), and every sphere of social (and cultural) life. To ensure that everyone can receive (adequate, quality) care and that care is provided under fair conditions for the whole of society, we need to work to make the way we care for each other and the way we are cared for fairer and more democratic". https://www.barcelona.cat/ciutatcuidadora/en/caring-city/strategy/goals (Phrases in parentheses added by authors of this paper).

[4] The NUA para 36 in line with the Convention on the Rights of Persons with Disabilities (CRPD) Article 9 defines accessibility as "…appropriate measures in cities and human settlements that facilitate access for persons with disabilities, on an equal basis with others, to the physical environment of cities, in particular to public spaces, public transport, housing, education and health facilities, public information and communication (including information and communications technologies and systems) and other facilities and services open or provided to the public, in both urban and rural areas" (UN, 2017).

- *In this understanding, **care is both a social value and a service.**[5] As a social value, it qualifies the way services are conceived (to preserve security and dignity), designed (customized to need and through a participatory mechanism), delivered (for equitable access), and monitored and evaluated (for efficiency and effectiveness). **A holistic approach to care implies a system of interlinked services and infrastructures based on a spirit of solidarity and humanity that is applied to all living things in scales that extend from individuals to the entire planet.***

Strong caring systems[6] **need to be in place** to support human agency and to provide an inclusive legal framework that enables individuals and communities to act on their own behalf. Such systems need to be **rights-based, intersectional, intergenerational, gender-transformative, inclusive, and equitable.** Given that care work (paid or unpaid) falls disproportionately on women (and increasingly on migrants), caring systems must contribute to redress gender, racial, intersectional, and territorial inequalities by building a new social organization of care. This should be shaped around equitably sharing caring responsibilities between genders, households and the state, local and central governments, and within societies.

- ***Societies that care** incorporate increased universal access to a wider range of public services, infrastructure, and policies that follow universal design principles[7] and enable people to live autonomous, independent lives[8] to the greatest extent possible and help people fulfil their potential when they would otherwise be held back. They also safeguard the well-being and rights of caregivers and workers, regardless of their migration status.*

Under this framework, cities and local communities are seen as ecosystems, as expressions of human values and spaces for caring and inclusion that should be available, acceptable, accessible, affordable, and of good quality for everyone. Although care is herein seen as a **shared responsibility** that involves everybody, long-term for

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[5] "*Care services* provide vital support to individuals, households and local communities ensuring the health, education, well-being, dignity, and socio-economic inclusion of the most vulnerable in our societies". These range from care for children, older persons, or disability care, to domiciliary assistance, and from live-in 24-hour homecare to long-term residential homes, from income support to public or social housing services. Care services are among the most complex and diversified forms of public services, and their form of delivery varies across countries, communities, cultures and social norms" (PSI, 2022, "The Territorial Dimension of Social Care Services").

[6] "*Caring systems*" typically refers to social and physical infrastructures underpinned by public funding, regulation and policies aimed at delivering equitable, quality care services for everyone everywhere regardless of status and ability to pay, along the whole human life cycle, and in the common interest, without extracting profit from such services so that all can live a meaningful and dignified life. (PSI)

[7] Universal design is herein defined as "the design of products, environments, services and programmes to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design" (CRPD Article 2, UN 2016).

[8] The right to independent living and to be included in the community is recognized in the CRPD and is the core foundation and reference when it comes to inclusion of persons with disabilities and older persons in their communities. See Article 19 of the CRPD for more information.

the care of the planet, and all forms of lives, **public institutions and governments have a major role to play.** They need to support, protect, adequately fund, and regulate the various services and infrastructures that make up a caring system to ensure equitable access and safe working conditions for all individuals. Most importantly, they need to include residents and organized civil society in the design, implementation, and monitoring.

- *Translated into urban policy and practice, this implies a more participatory approach to caring, **a 'caring with' approach, rather than a 'caring for' approach.**[9] Such a change in values helps qualify "how" caring systems are viewed, conceptualized and delivered.*

For caring systems to be effective, we need a new social contract that involves public-public and people-public collaboration, underpinned by respect for human and workers' rights, solidarity, and the environment. Additionally, there needs to be immediate institutional and regulatory change as well as adequate public long-term investment to set up sustainable and inclusive social, physical, and institutional infrastructure while securing decent work and quality employment conditions to ensure that all urban dwellers can fully enjoy their rights and take advantage of urban facilities.

Assessment and Challenges

Importance of local governance in promoting a caring city

Caring is a human activity, and at its best is a means of caring for each other. Local and regional governments are often the primary providers of basic and essential public services and infrastructure and the governance level closest to residents, and thus typically best placed to promote caring communities. Local and regional governments should therefore be responsible for standards of assistance and support delivered to residents, monitoring their implementation, and opening channels of communication with residents, caregivers, and organized civil society to ensure accountability.

Local and regional governments also facilitate access to employment and security and design the systems that can enable or obstruct social mobility. However, rapid urbanization and cross-border migration, along with exclusionary and neoliberal policies and discrimination, are undermining cities' potential as hubs of opportunity and guarantors of rights for all. Increased inequality within and across territories, and lack of adequate investment and staffing in the provision of public services, primarily affect the most marginalized (who too often are the underpaid or unpaid workers in these fields) and their capacity to make decisions around their care and that of others. This situation locks individuals and households in a cycle of poverty, exclusion, discrimination, and marginalization. For instance, the WHO notes that half of the world's population does not have proper access to healthcare, and "100 million people are driven into poverty each year through out-of-pocket health spending".[10]

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[9] See https://caringwith.city/About.

[10] WHO, https://www.who.int/health-topics/universal-health-coverage#tab=tab_1.

Promoting a caring city requires a sense of mutual caring and shared responsibility across levels of governance. It requires the involvement of all stakeholders, in addition to comprehensive national legal and policy frameworks that enable appropriate action at the local level and ensure that any misuse or abuse can be denounced by civil society with serious legal consequences for the wrongdoer, given the major long-term consequences for vulnerable people.

The subsidiarity of responsibilities[11] between levels of governments (also known as devolution or decentralization) has largely shifted responsibility for care onto families, and sometimes onto local and regional authorities, without providing adequate funding or investment in appropriate infrastructure. This results in poor services, increased burdens on family members (too often women and girls), mass privatization of care services, high out-of-pocket costs for users and families of care services, poor working conditions, increased exploitation of caregivers with precarious status, reduction of access according to migration status, and lack of professionalization (as well as a massive, ongoing post-Covid resignation of care services workers). It also jeopardizes the right of people to access quality support and assistance and reduces their ability to be included and participate in the community.

The holistic nature of caring systems requires local and regional governments to take into account how to finance and sustainably invest in the built environment, public spaces, transport and mobility, housing, security, and other public services and urban infrastructure that respond to the actual concerns, needs, and experiences of residents, and how they enable or hinder caring and assistance practices. Housing, for instance, has been increasingly acknowledged as a primary need and space of care. Special attention and public investments and regulation are therefore needed to guarantee the right to adequate housing. Public transport is also integral to the city as part of a caring system. Access to mobility is important as a fundamental and universal right, and one which cannot be met exclusively or even predominantly by access to private transport. Any caring system must include the ability for people to move around in a safe, accessible, affordable, and sustainable way – to work, see family and friends, and undertake caring responsibilities of their own or seek assistance. Security and justice should also be seen as a universal right and public good contributing to a caring society that local and regional governments can take steps to promote.

Including those often excluded

There is a tendency to neglect the needs and rights related to care of marginalized groups such as migrants, displaced people or refugees, the urban poor, older persons, women and children, persons with disabilities, and care workers in both the formal and informal economy as well as their trade unions. Even though these groups compose most of the urban population, they are often excluded from decision-making processes and not recognized as valuable contributors.

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[11] "Subsidiarity is a general principle that says that governance should take place as close as possible to the citizens. It translates into the protection of lower levels of government against undue interference by national government. It also translates into a preference for placing functions and powers at lower levels of government where possible." (https://dullahomarinstitute.org.za/multilevel-govt/local-government-bulletin/archives/volume-10-issue-1-february-march-2008/vol-10-no-1-subsidiarity-in-the-constitution.pdf).

"People with disabilities face significant discrimination and have been disproportionately impacted by the Covid-19 pandemic. Negative attitudes mean persons with disabilities are often considered less of a priority to receive critical health care, or their lives seen as worth less than the lives of persons without disabilities. Information is not being made available in accessible formats, so persons with disabilities are denied their right to make informed decisions. Social distancing may be particularly challenging for persons with disabilities who require support with personal care. Persons with disabilities are also more likely to live in institutional settings, which have been shown to be an environment where the Covid-19 virus is exacerbated. Physical buildings (including health facilities, and testing and quarantine centers) are often inaccessible, and reasonable accommodations like interpreters are often not available. In many situations, Covid-19 health responses have hindered access to other health services for persons with disabilities. Often, these health services are important and lifesaving, such as rehabilitation services and medicine for people with epilepsy. Women and girls with disabilities face additional barriers to accessing sexual and reproductive health and rights."[12]

Additionally, many countries are experiencing rapidly aging populations. This means more people experience loneliness, isolation, and anxiety, unable to access municipal services due to mobility limitations or access to technology to overcome them. This has been particularly evident during the Covid-19 pandemic, which curtailed older people's ability to stay connected to family and friends and increased their need to access government services such as health care, yet at the same time limited their ability to do so. They need practical and emotional support, and their "voices, opinions and concerns must be heard."[13]

Equitable caring systems also need to include people who are regarded as stateless or undocumented, either by birth or circumstance, as they are often unable to access basic human rights such as services, education, healthcare, employment, or freedom of movement.

Women and the challenge of care

Women and girls make up 70% of the global health workforce[14] and remain the primary carers in households and the informal sector. When considering the provision of care services, two intertwined groups carry the burden without proper recognition or compensation: care workers (most of them women) and women and girls, including women with disabilities.

The Covid-19 pandemic exposed the precarious conditions that care workers around the world face, including a lack of protection or voice at work, little control over their time and responsibilities, exposure to hazardous environments, insecure contracts, and poverty

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[12] Extracted from: End Discrimination Covid-19 Campaign. Available at: https://www.internationaldisabilityalliance.org/discrimination-covid19.
[13] UNFPA Global Aging Network. 2020. *Implications of Covid-19 for Older Persons: Responding to the Pandemic.* https://www.unfpa.org/sites/default/files/resource-pdf/Older_Persons_and_COVID19_final.pdf.
[14] ILO. 2020. "Covid-19: Protecting workers in the workplace: Women Health Workers: Working Relentlessly in Hospitals and at Home." https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_741060/lang--en/index.htm.

wages. In some countries, care services are provided by overexploited migrant workers, mostly women, who have little access to their full legal rights due to language, cultural, legal, and other barriers. In many families, older women must take on care responsibilities for grandchildren and anyone who is sick. For instance, in the context of HIV and AIDS, older persons (mostly older women) were left to care for orphans, vulnerable children, and ailing relatives. Some of the caregivers were infected with HIV in the process of care. Similarly, during Covid, retired trained medical professionals returned to work under difficult conditions and circumstances, and some were infected with the virus. In many countries, girls are often pressured by their communities or family members to leave school early to care for younger siblings or less able family members. The recognition of the workers' rights entitlements of care workers – including their right to freedom of association and collective bargaining – is fundamental to ensure the care delivered is of adequate quality and that carers enjoy decent working conditions.

Poor people – particularly those living in informal settlements and working in the informal sector, especially women – disproportionately bear the brunt of climate change due to their exposure and physical, social, and economic vulnerability.[15] Inequality in access to resources, including finances, means that women are often less able to cope in the event of disasters or climate-induced stresses or disasters, a situation that is especially critical for women with disabilities. Women working in the informal sector also often have their livelihoods negatively impacted. And **it is women who usually have the greatest responsibility for the care and recovery process after climate shocks**.

Migrant women in precarious situations are increasingly recruited as care providers in an attempt by employers to reduce costs and minimize carers' compensation. This doubles the pressure and load on migrant women, who already bear the unbalanced brunt of care for their own families and then must also carry the bulk of responsibility of providing care to other more privileged families.

The current social organization of care – how care needs are met, the interrelationship between unpaid and paid care work, public and private provisioning, and community-based care arrangements – is fundamentally unbalanced and unequal. It places the overwhelming share of the burden of care on women, work that is often invisible, unrecognized, and unpaid. However, with a better understanding of the issue, care has the potential to generate productive, decent work and quality employment conditions for many. The current overwhelming overreliance on low-paid or unpaid care work by women makes action on the progressive reform of caring systems at a global level an urgent matter of equality, fairness, and non-discrimination.

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

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[15] Cities Alliance. (2021). *Building Climate Resilient and Sustainable Cities for All*. https://www.citiesalliance.org/sites/default/files/2021-10/CitiesAlliance_Building%20Climate%20Resilient%20and%20Sustainable%20Cities%20for%20All_spreads_Oct2021.pdf

Recommendations to Local and Regional Governments

A city that cares is one that addresses the needs and aspirations of all those who live in it, including, but not limited to, the urban poor, minorities, young people, older people, migrants and diaspora, women, and persons with disabilities. It adheres to human rights agreements,[16] ensuring that all residents are included and participate in the community, and can fully enjoy the right to the city. Working with residents, migrant and diaspora communities, trade unions and organized civil society, governments – particularly at local and regional level – have a major role to play in identifying people's needs, highlighting the importance of care work, ensuring decent working conditions for all care workers and those providing care services, improving the quality of the services, and empowering people who receive assistance and support.

As cities and towns meet intertwined collective needs and provide socio-economic value to households, communities, societies, and economies, public institutions must support and protect the various services and infrastructure composing a caring system. They need to be adequately funded and properly regulated to ensure equitable access and safe working conditions.

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

1. **Prioritize the informal and most marginalized.** Any attempt to create coherent, functional, and inclusive caring systems needs to start with those groups often excluded from social, economic, cultural, and political opportunities. Strong caring systems value the contributions, needs, and rights of individuals and households made invisible by current practices and help repair historical wrongs. To accomplish this, it is recommended that local and regional governments do the following:

   - *Provide universal access to essential services and infrastructure for all using a life course perspective and universal design principles* including, but not limited to: childcare, healthcare, water and sanitation, housing, lifelong learning, and transportation for all regardless of migration status, race, ethnic or religious group, gender, gender identity, age, economic or social status, disability, or health condition. This includes tangible resource-intensive items, such as housing, as well as less tangible labour and time-intensive assistive services, with the goal of achieving equity and well-being. For instance, ensuring integrated systems of care services along the full life cycle of care users; urban designs that are accessible and meet the needs of older persons, persons with disabilities, and women and girls; and recognizing as active residents those living in informal areas, workers in the informal economy, migrants and the undocumented (as in sanctuary cities, see Case 4 in the Annex, and in childcare provision in the informal sector, see Case 7 in the Annex).

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[16] Several human rights treaties and frameworks, such as the CRPD, mandate governments at all levels to adhere to human rights agreements.

- *Engender public initiatives* that ensure gender considerations are integrated into public policy, goods, and services. For instance, public lighting and mobility services need to account for women's specific needs and uses. Such initiatives need to include adequate and appropriate measures to ensure safety. It is essential to include women, girls, the LGBTQIA+ community, residents of all ages and backgrounds, and their associations in the discussion and decision-making process.

- *Promote feminist leadership across institutional spaces* from executives, legislatures and state bureaucracies to civil society and the private sector. Support women's rights organizations and their contributions to democratic accountability and public service delivery.

- *Recognize housing as an essential component of care infrastructure,* as without adequate housing there cannot be equitable access to effective care services. Therefore, promote affordable and adequate housing and tenure security.

- *Care for the carers by protecting the human, labour, and union rights and well-being of care workers and caregivers* by improving labour conditions (including respecting fundamental trade union rights), ensuring fair pay, and providing a safer environment to shield them from gender-based violence, deportations, employers' exploitation and abuse, and under an occupational health and safety perspective (OHS), among others. In addition, tailoring public services to meet the schedule, mobility, and access needs of paid and unpaid carers contributes to redressing inequalities and better alignment between care and other duties. For instance, create additional day care services for children and older persons in need for short periods, allowing caregivers to meet other occasional commitments (see the example of Bogotá, Case 2 in the Annex).

- *Ensure that people with disabilities and older persons are provided accessible services which protect their autonomy* and guarantee their right to make decisions about the care and services they receive. It is also critical to ensure that government officials and care workers are familiar with the history of abuse and disenfranchisement faced by individuals with disabilities and by older persons in institutional homes within some 'caring systems' to help repair historical wrongdoing.

- *Invest in training and skill building to ensure the professionalization and long-term employability of government officials, community members, and care workers.* This supports the deconstruction of the sexual division of labour and more equal access to opportunities and sharing of caring responsibilities within households as well as between households and the State and helps deal with pervasive ageism and ableism.

2. **Foster development from the bottom up and support collaborative approaches.** Participatory governance, collaboration, and partnerships are cornerstones of inclusive caring systems and make it easier to understand the challenges, needs and contributions of urban dwellers. Care workers, trade unions, and residents (especially those from marginalized and excluded groups) need an equal say in decision making. To enhance the effectiveness and

efficiency of social, economic, and urban interventions, it is recommended that local and regional governments:

- *Support collaborative work that brings together all stakeholders to reduce fragmented action.* For instance, local and regional governments should establish solid social dialogue and collective bargaining with care workers and their trade unions, who have extensive knowledge of the needs and expectations of patients and care users. Similarly, migrant and diaspora communities, civil society organizations, Organizations of Persons with Disabilities (OPDs), and Older Persons Associations are important partners in establishing caring systems.

- *Institutionalize participatory mechanisms* to include civil society in policy design, decision-making and review processes. Young people, for instance, have a key role to play in shaping the future of cities and should have a meaningful seat at the table in policy-making processes. A multitude of tools and methodologies to support co-creation, such as design thinking, exist and can support local and regional governments in their endeavours. Work proactively to build the confidence and skills to participate, rather than letting only the loudest voices be heard, and promote media and information literacy as a basis for meaningful engagement in policy discussions. Capacity building and financial compensation programmes to ensure self-representative, self-organized, and equal access participation of stakeholder groups are crucial,

- *Consider how existing facilities, services, and infrastructure can be mobilized in support of caring systems and follow universal design principles to be accessible to all.* Integrated urban and social planning that considers the intersections between public spaces, services, and infrastructure requires strong coordinated efforts from governments and can offer a comprehensive view of potential solutions. For example, public libraries offer services that are focused primarily on individual information needs; these could be further leveraged or repurposed to help meet individualized or community-care needs (see Case 6 in the Annex). This requires encouraging and supporting local partnerships with institutions such as food banks, community gardens, and social phone check-up networks, which are local and private or non-profit.

3. **Invest in accessible technology advances to allow people to receive essential services.** Modern technology can benefit public administrations and people in the establishment and promotion of caring systems, provided that the technology is available, affordable, appropriate, and accessible (and considers those without access to it). For instance, collecting disaggregated data can help focus services on the marginalized and vulnerable by making it easier to understand their needs, existing gaps, and how best to provide online services. Meaningful communication and trustworthy knowledge sources are essential to developing caring systems and can be facilitated by low or high technology that is locally available. To better integrate technological developments into caring systems, local and regional governments can:

- *Foster a digitalization process that increases access to services.* This includes offering skills training and comprehensive user journey testing, particularly for older persons who did not grow up with communications technology, as in Nepal (see Case 8 in the Annex). Digitalization should not replace or undermine the benefits of in-person interactions.

- *Promote the collection and use of adequate disaggregated data by gender, disability and age for accountability and more efficient planning* based on needs and lived experiences, while offering a high level of protection of privacy and safety and ensuring ethical use of data (notably where there are gaps in data, for example around undocumented migrants, people with disabilities, older persons, and others).

- *Promote residents' access to reliable information and affordable, accessible technology, as well as the skills and confidence to use it.* Investing in technology and digital skills literacy, including through community institutions such as libraries and schools, can help remove barriers in care systems, including language barriers. Interventions should focus on providing access to information and services in a fully accessible manner, but also on the capabilities for them to be used and capitalized on in the right way.

When considering technology, it is important that local and regional government ensure the following key points:

- Data privacy protection and public ownership and control of the technology and the generated data so that caring systems data cannot be used for commercial purposes, and local authorities can always access it (e.g., the Barcelona Digital Charter[17]).

- Digital technology is led from the bottom up, addressing the real needs of care users, workers, and residents, and not introduced in a top-down manner based only on cost-cutting considerations.

- Digital environments are safe and people are protected against fraud, abuse, and exploitation, especially residents with a lower level of digital literacy requiring assistance to use new technologies.

- Digitalization should not be used to reduce or compete with the care workforce. Care services are labour intensive because quality care necessarily entails personalized, face-to-face interactions that cannot be replaced by mechanized and digitalized services.[18]

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[17] https://digitalrightsbarcelona.org/la-carta/?lang=en.
[18] PSI. 2021. *The Digitalisation of Local Public Services and Workplaces.* PSI Local & Regional Government Workers' Network Series Next2021, Brief no. 4. https://pop-umbrella.s3.amazonaws.com/uploads/b730516a-3c46-4a85-807d-f130fc74c008_2021_EN_LRG_Conf_Brief_4.pdf.

4. **Care for people and the environment promoting a just transition.** Caring systems encompass not only the services and structures created by humans, but also the environment and elements of nature. Recent disasters and the increasing impacts of climate change have highlighted the deep connections between human activities, nature, and global health and well-being. Amplifying environmental integration is an important consideration for local and regional governments, and so are promoting climate resilience and mitigating the negative impacts of climate change. This paper recommends that local and regional governments:

- *Recognize that having a healthy environment is a human right* and invest in appropriate infrastructure to reduce the exposure of poor and marginalized communities to disease outbreaks and negative impacts of climate change.

- *Develop and implement inclusive programmes that improve the climate resilience of their most vulnerable residents*, particularly people (and women) living and working in the informal sector, older persons, persons with disabilities, and children.

- *Promote actions to support caring for all forms of life*, including natural habitats and local flora and fauna.

- *Invest in integrated and sustainable urban planning, paying special attention to the relationship between human activities and the environment, and adopt intersectional feminist approaches.* For instance, nature-based solutions designed in collaboration with local and Indigenous people can help advance caring practices that benefit humans and non-humans alike. Meanwhile, investment in and a modal shift to public transport can reduce greenhouse gas emissions and air pollution, provide greater access to mobility for marginalized groups, and liberate urban space for other uses.

- *Provide safe, secure public and green spaces* that are accessible to all social groups, especially those facing barriers and exclusion from participating in the community on an equal basis. These include racialized minorities, migrant and undocumented communities, women, older persons, people with disabilities and LGBTQIA+ communities. It is important to recognize the diverse representations and uses of space as residents commute across urban areas to meet their work and care responsibilities or seek assistance.[19]

- *Integrate environmental considerations in all public initiatives,* thus helping to secure a viable and equitable future. Consciously considering a given urban intervention's opportunities and risks to the environment allows mitigation measures to be adopted early on, preventing further environmental damages while enhancing positive and healthy outcomes for people and the planet alike.

- *Acknowledge and support existing actions led by both formal and informal workers and community-based networks that contribute to a healthy*

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[19] Shokry, Galia and Isabelle Anguelovski. 2020. *Bringing Nature Back to the Metropolis for All*. Metropolis Observatory. Available at: https://www.metropolis.org/sites/default/files/resources/Observatory_Bringing-nature-back-metropolis-all_Anguelovski-Shokry.pdf.

environment. For instance, local policies and frameworks that value and respect human and workers' rights can enable decent working conditions, including adequate remuneration and social protection for all waste workers regardless of their status as they strengthen the circular economy, protect public health and the environment, and promote sustainable consumption and behavioural patterns.

5. **Ensure that public services are publicly funded, delivered, and regulated by public institutions that work on a public good approach.** This involves moving away from privatizing welfare and acknowledging that care and lifelong assistance are vital services and human rights, rather than operating from a profit-generation perspective as in a market economy (as highlighted in the cases of Denmark vs Canada, Case 9 in the Annex).

   - *Strengthen municipal fiscal systems to adequately fund equitable access to quality care services* for all users and communities in their territories and enable wider redistribution to support the needs of those localities and regions with the greatest need. For example, establishing intermunicipal care consortiums as Belgium did can be an effective way to pull resources together and enhance the capacity of care and other basic services (see Case 10 in the Annex).

   - *Recognize the interdependence of the formal and informal economy and the delivery of non-monetized services* as effective contributors to caring systems, while protecting the rights and well-being of those involved. For instance, caring done on a volunteer basis can be given a monetary value to indicate its real economic value.

   - *Prioritize public investment in and modal shift to public transport*, which can deliver major economic, social, and environmental benefits to all residents. All public transport systems should be founded on decent work, including compliance with the core labour standards of the UN International Labour Organization.

   - *Adopt gender-responsive municipal and regional budgeting* that captures and addresses the needs and experiences of all women and girls. For accountability purposes, this should be monitored on an ongoing basis through data disaggregated by gender, disability, and age.

Enabling Environments for Local Action

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

a. *Enact adequate, inclusive regulatory and policy frameworks* establishing the basis for green, sustainable, and accessible public services and infrastructure that are gender and age transformative and supportive of the urban poor, older persons, young people, migrants, and persons with disabilities.

b. *Sustain adequate transfer and allocation of financial resources* to strengthen local-level technical capacity and enable efficient implementation.

c. *Establish the legal foundations to institutionalize meaningful participatory and multi-level governance* that considers the whole of society, moving past political alliances and promoting government accountability at all levels.

Joint way forward

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

− The recognition of care as a human right and a public good, the promotion of universal access to it, and the determination that those receiving care have the right to define it to the extent possible.

− Participatory governance through collaborative platforms, solid social dialogue, democratic governance and representation, and proactive efforts to ensure that all have a real opportunity to engage meaningfully, regardless of status.

− Caring systems as a means of promoting redistributive policies, sustainably reducing inequalities, and exercising human rights.

− Challenging the gendered division of labour of paid and unpaid care work, promoting 'everyday life' caring tasks as everyone's responsibility and redistributing care from households to public services.

− Respect and appreciation for local and Indigenous knowledge.

− Adequate public financing based on progressive tax systems.

− Adequate, accessible, and ethical information management that supports contextual analysis, informed decision-making, and accountability, with the state as the main responsible party.

- Improved monitoring by ensuring that specific indicators to assess the caring economy are included in the planning, design, and implementation of both macro and microeconomic policies.[20]

- Increased protection of care providers – both formal and informal, paid and unpaid –through access to healthcare and social protection programmes such as financial transfers and paid sick leave, which are transferrable and accessible regardless of their status.

[20]

https://lac.unwomen.org/sites/default/files/Field%20Office%20Americas/Documentos/Publicaciones/2020/08/Final%20Brief/cuidados%20covid%20INGLES.pdf.

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Annex A

Inspiring Practices on Caring Systems

The cases highlighted below illustrate how different governments around the world have been adopting new practices around care and provision of assistance and support for those in need. They are:

1. Integrated care and GBV safe spaces: Mexico City
2. Sistema Distrital de Cuidado (SIDICU), or District Care System: Bogotá, Colombia
3. The fight for the recognition of Community Health Workers (CHWs) as public employees: Pakistan
4. Sanctuary cities model: United States of America
5. Provision of childcare for informal workers: Durban, South Africa
6. Public libraries: Canada, Norway, Colombia, and Nigeria
7. Home-based Care Alliance (HBCA) of grassroots women providing care: Africa
8. Literacy classes for older people: Ageing Nepal
9. Municipal investment in care homes for older people: Denmark and Canada
10. Intermunicipal cooperation in welfare care provision: Belgium
11. Community response, particularly by older residents, to building back better after a natural disaster: Japan, Nepal, and the Philippines

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Case 1
Integrated care and GBV safe spaces: Mexico City

Iztapalapa, Mexico City's largest borough, has introduced the Utopias programme (Unidades de Transformación y Organización para la Inclusión y la Armonía Social) to improve people's quality of life and enhance their enjoyment of rights. Twelve utopias have been created to enhance public space, strengthen coexistence, reduce territorial inequalities, and create new spaces for learning, recreation, culture, and the exercise of rights. They promote development of the surrounding community, dialogue, and interaction of all residents and allow older adults to access various activities.[21] The Utopias programme is multi-faceted and adopts an integrated, holistic approach to care. Key components are caminos de mujeres libres y seguras (safe and free paths for women), Iztapalapa Mural, Mercomuna, siemprevivas home visits, mujeres estudiando (women studying), the public care system, and Hummingbird Centres.

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

This urban and social intervention in public space aims to transform the most important streets and neighbourhood nodes by improving safety, illuminating public areas,

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[21] Alcaldía Iztapalapa, Un Sueño Hecho Realidad Para Iztapalapa.

ensuring universal accessibility, transforming the urban image, recovering the history and identity of the neighbourhood, generating new centralities, and enhancing local economic development. Plans are developed and implemented in a participatory manner, involving all those affected.

In just three years, 188 safe paths were established in 211 areas, covering over 216 km of roads, and directly benefiting 1,344,625 inhabitants. Theft dropped by 57%, crimes against women by 44%, and drug dealing by 26%.

Practical steps followed by the local government included:

- Repairing roads and potholes, pruning trees and bushes, and removing garbage.
- Clearly demarcating pedestrian areas and pedestrian crossings on streets.
- Implementing signage and bollards to guarantee universal accessibility and protect pedestrians.
- Improving the image of the city through murals on facades and tactical urbanism.
- Recovering parks and spaces located on the roads.
- Installing 70,377 new streetlights to increase visibility and security.
- Placing panic buttons, security cameras, neighbourhood alarms, and connectivity to the C5 (a patrol of the mayor's office) to monitor roads.
- Removing sites of illegal sale of alcoholic beverages, junk vehicles, and objects that obstruct mobility.

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

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

Mercomuna

The Mercomuna programme developed out of Covid-19 social isolation measures. It aimed to support people affected by the pandemic with cash transfers and reactivate the local economy by delivering vouchers that could be exchanged for food products in neighbourhood shops. In the two years it has been operational, the programme has benefited 200,000 people each year, representing an expenditure of 870.5 million pesos (around $43 million) retained in small businesses of the local economy. This example of public intervention to support the most affected population was replicated in most boroughs in Mexico City.

Siemprevivas

With Covid-19 restrictions, there was a 25% increase in calls to the 911 line for cases of gender violence, while the Network National Shelters (RNR) received over 60% more requests for support. Launched in October 2020, Siemprevivas is an inter-institutional

strategy to prevent family violence and violence against women, especially sexual violence, which is usually committed by relatives in victims' homes. The intervention consists of a multidisciplinary team of professional women (psychologists, lawyers, social workers, among others) who visit families in their homes and discuss preventing family violence, sensitive parenting, and harmonious family relationships. If a domestic violence is suspected during the visit, it is channeled to the appropriate specialist authorities. These community counsellors are seen as agents of social change who encourage women to access their rights.

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

Mujeres estudiando (Women studying)

The *mujeres estudiando (women studying)* programme aims to give uneducated women over the age of 30 the opportunity to continue or complete their education, improve their quality of life, and reduce their exclusion and inequality by exercising their right to education. Since 2019, 7,575 women have benefited and 4,675 workshops for life have been taught.

Public care system

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

Hummingbird Centres

Hummingbird Centres are a unique public intervention model based on human rights under the model of risk and harm reduction, social reconnection, and personal development. They provide professional care to users of psychoactive substances and their families in the areas of prevention, psychoeducation, health promotion and primary care. There are 11 Hummingbird Centres in the borough; two are strategically located in areas with high consumption of psychoactive substances, and nine in the Utopias.

Case 2
Sistema Distrital de Cuidado (SIDICU), or District Care System: Bogotá[22]

Municipalities can play a key role in ensuring the well-being of vulnerable residents and the right of caregivers to greater public coverage, as is evident in Bogotá. Through its District **Care System, urban renewal initiatives, and the implementation of multimodal and sustainable transport systems** (such as the First Metro Line and the Regiotram), the city is **promoting inclusive and sustainable economic, social, and environmental development and improving residents' quality of life.**[23] For Bogotá, care is a vision that is taking shape in growth opportunities for caregivers, their families, and children, and generating economies around these issues.[24]

Introduced in 2020, the District Care System is an approach to urban design and care implemented by Mayor Claudia López and her cabinet. It aims to overcome the feminization of poverty and inequalities and ensure that caregivers have better services and support by making sure the services they need are close by, freeing their time so they can return to work or further their education.[25] **It stems from the** District Development Plan titled A New Social and Environmental Contract for the XXI Century that puts women at the centre by identifying, analyzing, and eliminating the vulnerability, discrimination, and violence affecting women[26] and giving them more control over their own outcomes. The approach is based on co-responsibility between the district, the national government, the private sector, communities, and households. It "articulates services, existing and new, to meet the demands and care needs of people who require high levels of support" such as children, people with disabilities, older people, and caregivers.[27]

The District Care System consists of a network of Care Blocks across the city that form the cornerstone of its economic reactivation strategy. The system promotes women's access to employment and entrepreneurship and invites them to play a more active political role.[28] The first Care Block, the Ciudad Bolívar Care Block, covers 800 sqm around the new SuperCADE Manitas, an area that houses about 100,000 unpaid caregivers. This citizen service space was built with an investment of almost 25,000 million pesos (about $1,236) and hosts 16 District or National entities, all in one place. It has a large space for sports and recreation and is accessible to all, with direct access from the TransMiCable Manitas station to the access ramp and elevator and facilities designed for children, people with disabilities, and older adults.

Over 30 services that form part of the District Care System are provided in this area, with the aim of recognizing the care work of the people who carry it out, redistributing care work between men and women, and reducing unpaid care work times for carers.

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[22] City of Bogotá website: https://bogota.gov.co/.
[23] https://bogota.gov.co/en/international/thanks-its-care-system-bogota-will-host-international-summit.
[24] https://bogota.gov.co/en/international/un-praises-bogota-mayors-offices-work-care-economy.
[25] https://bogota.gov.co/en/international/latin-americas-first-care-block-starts-ciudad-bolivar.
[26] Ibid.
[27] Ibid.
[28] https://bogota.gov.co/en/international/mayor-lopez-unveils-district-care-system-international-community.

Services include flexible education, training for employment and labour inclusion, life skills courses, entrepreneurship workshops, and money management, along with basic health care services, comprehensive health care for people with disabilities, public recreational spaces, advice to access collective financing mechanisms and balanced nutrition, and programmes to guarantee childcare and family time, along with recreational, games, and child development. Since 2021, and despite Covid restrictions, further new care blocks have been established in the towns of San Cristóbal, Usme, Kennedy, Los Mártires and Usaquén.[29]

The approach has been largely successful. In 2021 in the Manzanas del Cuidado, 1,875 women were trained in office tools, 2,255 women completed courses that provided them with tools for work, 88 caregivers completed their bachelor's degree, 420 caregivers are learning how to create and run their own business, and over 2,000 women took part in the exercise activities offered.

The government of Bogotá hopes to build 45 Care Blocks so that anyone can find care, culture, and recreation services within a 20 to 30-minute walk from their homes.[30] By adopting this approach, Bogotá has reportedly become the first Latin American city to meet the needs associated with care that, if paid, would equal 13% of the city's GDP.

Case 3
The fight for the recognition of Community Health Workers as public employees: Pakistan

Community Health Workers play a critical role in providing primary health care and information, raising awareness, and facilitating access to public health care for hundreds of millions of rural people. In South Asia – where they are also known as Accredited Social Health Activists, or ASHAs in India; Lady Health Workers in Pakistan; and Female Community Health Volunteers in Nepal – CHWs are almost all women who are expected to deliver this vital work without being recognized as public health workers. They often work without a written employment contract, social protection, or personal protective equipment (PPE) and earn low wages. Many CHWs provide health and care services under the direct responsibility of municipal or state authorities. In Nepal, CHWs represent up to 75% of the health workforce.[31]

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[29] https://bogota.gov.co/mi-ciudad/mujer/sistema-distrital-de-cuidado-beneficiados-con-manzanas-del-cuidado

[30] https://bogota.gov.co/en/international/mayor-claudia-lopez-helps-launch-council-urban-initiatives.

[31] PSI. 2020. Community Health Work is Work! Global Campaign and *Fighting Covid on the Frontlines: Stories of South Asia's Community Workers* https://pop-umbrella.s3.amazonaws.com/uploads/5bebafc9-603d-4281-b472-8adeac6761f7_PSI_Storybook_Final_Hi-res.pdf.

These workers are generally denied the right to receive a minimum wage, except in Pakistan. This exception is the result of years of struggles by Pakistani women CHW workers in Sindh Province, who organized themselves into the All Sindh Lady Health Workers Association (ASLHWA) trade union in 2013. Uniting 25,000 women workers, ASLHWA has since collectively fought for the rights of CHWs in Sindh. In 2016 it launched the Stolen Wages campaign, organized district-level meetings, and engaged with local and state government officials, parliamentarians, and politicians. ASLHWA held public meetings and conducted research related to the unsustainable working conditions endured by CHWs. In 2017 ASLHWA won employment regularization for CHWs, the inclusion of their wage costs in the Sindh state budget proposal, the payment of arrears, as well as access to biometric identity for district employees to ensure social security coverage.[32]

Case 4

Sanctuary cities model: United States of America

Sanctuary cities allow undocumented migrants to access public services without fear of repressive enforcement against them and their families. Such cities discourage local law enforcement from reporting the immigration status of people unless it involves investigating a serious crime.[33] Sanctuary city policies have a strong basis in empathy, often supported by churches and local aid organizations, and aim to assist people in extremely vulnerable positions in navigating their way to a life that is as safe and healthy as possible.[34] There are many examples of such cities globally, with those in the US often triggered by the actions of Immigration and Customs Enforcement (ICE) officials.

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

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[32] Ali, Mir Zulfiqar. "Community Health Workers in Pakistan – a Struggle for Union Registration." PSI website, https://www.world-psi.org/en/community-health-workers-pakistan-struggle-union-registration; and PSI, *Decent Work for Community Health Workers in South Asia" A Path to Gender Equality and Sustainable Development* http://www.world-psi.org/sites/default/files/documents/research/decent_work_for_chw_in_south_asia_ilo_jan2018.pdf.

[33] https://www.lirs.org/what-are-sanctuary-cities-why-do-they-exist/.

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

services (schooling, medical care, etc.) and reduces the number of immigrants who are unable to access public services.[35]

Case 5

Provision of childcare for informal workers: Durban, South Africa[36]

Many informal workers are women and mothers. They receive no maternity leave or benefits, and so are often forced to choose between losing income to care for their children, leaving their children behind with family or caretakers, or bringing them to work and thereby exposing them to far from ideal conditions. This was exacerbated during Covid-19 lockdowns, which limited child-care options and exposed children to infection, increasing women's care responsibilities in the family and reducing their incomes.[37] Asiye eTafuleni (AeT) in Durban, South Africa working with Women in Informal Employment Globalizing and Organizing (WIEGO), has worked closely with mothers and caregivers who are informal workers to develop and pilot a solution. Of the approximately 8,000 informal workers who operate in Warwick Junction, a major transport interchange and informal trading hub in the centre of Durban, over half are women. They have the right to work and to physical and mental health, and their children have the right to care, optimal health, and development.

AeT has co-designed with mothers and piloted micro-scale pop-up childcare facilities for children aged 6 months to 3 years, each one with 6-8 children. The 'Silindokuhle' (We hope for the best) consists of a tent structure and storage boxes which can be assembled every morning and disassembled every afternoon. These have been placed into underutilized portions of the market, transforming them into 'safer spaces' where children can engage in age-appropriate activities under the supervision of a trained caregiver in close proximity to their mothers. Most mothers have completed a caregiver training course, and two of them take care of the children full-time, at an affordable daily fee paid by the other mothers.

This has led to discussions with local governments about developing guidelines for providing workable childcare arrangements for informal workers. Such guidelines for the provision of childcare centres in and around markets have been developed in Accra, Ghana[38] and are expected to be adopted by national and local authorities. The 2020 evaluation of Ghana's 2004 Early Childhood Care Development (ECCD) policy showed that the policy paid little attention to the needs of informal workers. It also failed to appreciate the complex service environment faced by local governments. In Ghana, Metropolitan, Municipal and District Assemblies (MMDA) are required to allocate

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[35] Manfredi-Sánchez, Juan Luis. 2020. "Sanctuary Cities: What Global Migration Means for Local Governments." *Social Sciences*, August 2020.

[36] Childcare Interventions – Asiye eTafuleni (aet.org.za); Silindokuhle Micro-Childcare Facility: Reviving hope for children of informally working mothers – Asiye eTafuleni (aet.org.za); Umzanyana: a case study for technological innovation among informal workers – Asiye eTafuleni (aet.org.za); AeT has broadened their scope of work to respond to evolving urban needs; childcare – Asiye eTafuleni

[37] Boatang-Pobee et al., 2021, and Ogando et al., 2021.

[38] *Guidelines and Standards for Day care Centres in and Around Markets in Ghana,* draft November 2021.

resources to support ECCD interventions within their jurisdictions and are responsible for paying the salaries of caregivers under their jurisdiction.

While this could be an enabler for the delivery of childcare services in market spaces, the evaluation noted an urgent need for a workable guide and clear conceptualization of the role of local government in contributing to delivery and the realization of ECCD outcomes. The guidelines have now been developed through a multi-stakeholder forum facilitated by WIEGO including the Ministry of Gender, Children and Social Protection, relevant municipal authorities, market associations, market traders, street vendors and headload porters' representatives, and childcare providers. The guidelines provide practical tools, standards, and best practice guidance for early childhood development facilities specifically in and around markets. They note that childcare service providers in and around markets should recognize that their services will be accessed mainly by low-income, vulnerable, women informal workers. This poses a financing challenge as quality childcare services are costly and cannot rely on user fees alone. They require cross-subsidisation by government and other partners.

Case 6

Public libraries: Canada, Colombia, Nigeria and Norway

Several libraries across the world have extended their traditional function to promote broader education and knowledge. In Canada, Toronto's public library has embraced its potential as a centre for inclusive democracy through its On Civil Society programme. It brings a range of speakers on key policy issues to the library, enabling people from all backgrounds to hear different views and understand the facts on key issues.[39]

In Oslo, libraries set up language cafés for immigrants focused on supporting their political integration.[40] In addition to building skills in Norwegian, they offer opportunities to build links with locals and open a door to understanding and participating in wider democratic processes and policy decisions, in particular around issues of caring.[41]

In Colombia, libraries acted as points to collect data about air pollution, explain this data to locals, and give them the tools to interpret and manipulate it.[42] In this way, it has been possible to engage locals more effectively in discussions around policy approaches to environmental issues, promoting a cleaner, healthier, and more caring city.

Research in Nigeria has indicated that a key driver of political disaffection and disengagement is a lack of understanding of policymaking and government. This is closely linked to the possibility for people to access and engage with relevant information, leading to calls for greater investment in libraries.[43]

Case 7

Home-based Care Alliance (HBCA) of grassroots women providing care: Africa

The HBCA was initially created in response to the HIV crisis in Africa, and it continued its work during the Covid-19 pandemic. It represents over 30,000 caregivers organized into multi-district Home-Based Care Alliances in 11 African countries who care for about 200,000 people in their communities. Caregivers are grassroots women whose work expands beyond mere service provision to holistically reducing the impacts of HIV/AIDS

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

[40] https://www.tradeunionandlibraries.no/language-cafe/.

[41] https://www.uio.no/english/student-life/events/special-events/may/Language-cafe-may.html.

[42] https://blog.techsoup.org/posts/how-nonprofits-and-libraries-can-use-open-data-to-lead-to-cleaner-air.

[43] Nwofor, Florence Amaka and Hope C. Ilorah. 2015. "Sustaining Nigeria's Democracy: Public Libraries as an Indispensable Instrument in Anambra State." *Library Philosophy and Practice* (e-journal of the University of Nebraska - Lincoln). 1222. https://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=3207&context=libphilprac.

and its effects, such as land and asset stripping, social stigma, food insecurity, and gender-based violence.

These carers seek recognition for the work they are doing, direct support for organizing and leadership development, and inclusion in all levels of AIDS decision-making, programming, and implementation. They prioritize mutual self-help and are pioneering innovative, collective income-generating activities. They function as agents of community development and service delivery and should be awarded public grants in proportion to NGOs. Evidence shows that grassroots women's groups such as the HBCA have the capacity to foster relationships and collect data and information that enhances accountability and transparency with their governments.[44]

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

The HBCA calls for their contributions to be formally recognized through:

- Priority access to governmental health services, medical, protective and food supplies, and national directories listing the location, work scope and contacts of women's home-based caregiver alliance groups.
- Earmarked budget targeting a proportion of municipal, AIDS Council, and poverty reduction monies (1-5%) for registered community-based women's organizations in the HBCA.
- Women's empowerment and poverty reduction activities locally; and
- Seats in planning and decision-making bodies that design and fund community development and social service programmes for poor affected/infected women and families.

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

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[44] https://huairou.org/old-file/wp-content/uploads/2016/06/HBCA-MYTHS-ONE-PAGER.pdf.

Case 8

Literacy classes for older people: Ageing Nepal[45]

In Nepal, 36% of the adult population aged 15 and up do not have basic literacy skills, and the number is far higher for people over 60. Without basic literacy skills, older people may find it difficult to live independently, and they are at increased risk of falling victim to elder abuse and harassment. Ageing Nepal works with local NGOs to implement a programme titled Basic Literacy Class for Older Persons that aims to empower them with the basic skills of reading, writing and numeracy; enhance their capacity for independent living in the local community; and promote social change and lifelong learning through literacy education. Literacy training is offered in the official language (Nepali) with English as a second language, and it provides numeracy classes and training in life skills such as how to use electronic home appliances, operate mobile phones, and navigate independently in the city. The curriculum was continually modified based on learners' needs and feedback.

The programme has impacted both the individual learners and their communities, improving literacy levels, boosting self-confidence, and building a supportive community. Both the government and the local community recognized the success of Basic Literacy Class for Older Persons. At the end of the pilot programme in early 2017, the project was handed over to the local government, which allocated annual funds for its continuation. The programme has been replicated in four other areas of Kathmandu. All basic literacy classes now run with financial support from local government.

Case 9

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

There is a need for state investment in, and careful oversight of, homes for older people, as exemplified in cases from Denmark and Canada. In Denmark there has been a wide debate about the role of private for-profit companies as providers of social services (e.g., providing housing for children and adults with physical or mental challenges). The FOA trade union for public employees has exposed several examples of private social care companies delivering poor quality services while the owners reap large cash rewards.

One example involves a very large profit from the 2017 sale of a private institution, Søbækskolerne, for EUR 18 million (approximately $17.4 million), including a special bonus, to the multinational corporation Olivia A/S. The institution delivers services to young people with special needs, both educational training and housing. However, the sale did not transfer the physical assets, only the obligations to provide the service. This

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

allows the previous owner to continue to earn a large income by renting buildings to the new supplier.[46]

Canada recorded the worst number of Covid-19 deaths in care services for older people worldwide. Four out of five deaths were either residents or staff of a long-term care home, 29 largely run by private companies, some of which actively engage in tax avoidance, such as Revera. In 2020, the Canadian Union of Public Employees (CUPE) launched the nationwide FixLongTermCare campaign to take profit out of long-term care of older people, demanding that the Canadian Government take over and invest in long-term elder care homes and set a national service quality standard and safe, decent working conditions for staff across all provinces. The campaign contributed to the 2021 decision of the Government of Saskatchewan to invest CAD 80 million (about $58.6 million) in long-term care, starting with municipalizing two facilities through substantial public investment and planning 82 renewal projects and 13 new public elder care homes in rural and remote areas of the province.[47]

These two examples only focus on medical issues related to older persons and not on their extensive contributions as both volunteers and paid staff during and after Covid-19.

Case 10

Intermunicipal cooperation in welfare care provision: Belgium[48]

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

WCK also connects residents to a wide variety of related and complementary services, such as mental health and youth welfare services, and acts as a local care public service hub for the territory. Most WCK users are older people, people with disabilities, and families in social or financial distress. Its 270 workers – mostly women, many with a

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[46] Enghausen, T. 2019. "Problems Without Benefits? The Danish Experience with Outsourcing and Remunicipalisation" in *The Future is Public*, TNI, p. 71.

[47] Extract from Cibrario, D. 2021. "Challenging Decades of Privatization and De-funding of Public Services." *Spotlight on Sustainable Development Report*, pp. 30-33.

[48] PSI. 2022. *Local Public Services and Trade Unions Through the Covid Pandemic, The Case Of Welfare Care Kempen* (Belgium), https://pop-umbrella.s3.amazonaws.com/uploads/45e14b83-f454-44bf-98d5-46a0e05eafce_PSIPB-LRGTU-WelfareCareKempen-EN.pdf; and *Local Public Services In Crisis Mode: Adapting Governance Models To Exceptional Times Emergency Governance for Cities and Regions*. UCLG, Metropolis, LSE Cities Policy Brief no. 5, March 2022. https://gold.uclg.org/sites/default/files/egi_policy_brief_5.pdf.

migrant worker background – cover a population of 500,000 inhabitants. WCK is a pool of decent employment for the Kempen region, as it ensures quality welfare care services and provides stable jobs with vocational training and qualifications for the local community.

During Covid-19 pandemic, WCK had direct public control and management of services, constructive dialogue with workers and trade unions, and a focus on the public good rather than the bottom line – allowing it to swiftly redeploy services to the neediest users and protect workers without clear directions from authorities. This would not have been possible had the service been fragmented among different private operators with contracts mandating cost-effectiveness imperatives. In addition, a strong practice of trust-based social dialogue and collective bargaining between WCK management and trade unions was crucial in ensuring service continuation and resilience.

Case 11

Community response, particularly by older residents to building back better after a natural disaster: Japan, Nepal, and Philippines[49]

Ibasho means "a place where you can feel like yourself" in Japanese. The first Ibasho community was founded in Japan in 2012 after the tsunami caused by the Great East Japan Earthquake of 2011. It includes an elder-created and managed community hub, a café, a vegetable garden, a farmer's market, a ramen noodle shop, a day care, an evacuation centre, and a community resource centre where elders teach cultural traditions to younger people. The Ibasho project was replicated in Nepal after the 2015 Gorkha earthquake and in the Philippines after Typhoon Yoland in 2014.

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[49] https://ibasho.org.

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