CARE PRINCIPLES

Guidelines for promoting care-responsive institutional strategies

Care work, both unpaid and underpaid, is mostly carried out by women, and still remains largely invisible in policies and projects across many organizations. The principles outlined in this guide aim to influence institutional policies towards recognizing, planning, adopting and monitoring strategies that reduce and redistribute care work.
I recently came across a fascinating article on the first signs of civilization. Margaret Mead, the cultural anthropologist known for her commentaries on women’s rights, race, the environment and world hunger, was quoted to have said that a 15,000-year old fractured femur that healed is the earliest evidence of civilization, not hunting tools or religious relics or carved stones. She said that the femur, which would have taken about six weeks to heal, is proof that a human tended to an injured human. Someone cared for another, and that was how human civilization survived and thrived.

As it was then, so it is now.

It is care work that anchors societies and keeps these running. Without someone investing time, effort and resources in essential caring tasks – cooking, cleaning, child and elderly care, nursing the sick at home or in communities as well as in hospitals and hospices – our lives would be upended or come to a halt. The pandemic provided countless proof of this.

Care work never ceases, whether in times of turbulence and crisis or in so called normal times. Care work, whether unpaid or underpaid, is done mostly by women and largely because of this, it is also work that is unacknowledged, unappreciated and undervalued. It is largely invisible in public policies and investment priorities. This lack of recognition of care work is one of the key drivers of gender and economic inequality, as worldwide care work is disproportionately carried out by women especially those from poorer and marginalized backgrounds.

Recognizing and investing in care work is one of the most critical requirements for achieving a gender-just and equitable society. This includes creating spaces for representation, voice and agency and promoting decent work conditions for care workers. However, even more important is the need for redistributing care work between genders, between the state and the private sector, and advocating to reduce the gap and imbalance in the distribution of care responsibilities.

The COVID-19 pandemic has massively exacerbated women’s care workload. The upside, though, is that the pandemic brought care work to the forefront and center of gender and development deliberations. Governments and development institutions the world over are beginning to realize the need to incorporate a care perspective in policies, programmes and investments. The limiting factor in this regard is the absence of a knowledge base, resulting in policies and investments falling short of care responsive design features.

Against this backdrop, Oxfam, in collaboration with care workers’ associations and feminist organisations, has co-created a set of Care Principles and a Care-Responsiveness Barometer that could serve as an important advocacy tool for promoting the care agenda across all sectors. The Care Principles are intended to serve as a guideline for developing care responsive strategies. These are guided by the ILO 5R Framework and emanate from care-related provisions endorsed through various human rights mandates, conventions, and international labor standards. The Care-Responsiveness Barometer has been developed as a tool for organizations to measure and improve the care-responsiveness of their operational systems and investments. It would help realign institutional strategies towards correcting labor market disparities through improved work conditions, and create enabling conditions for redefining gender norms and household inequalities.

Mead’s observation that human civilization is marked by someone giving and receiving care is an observation that applies to the past as well as to our present and our future. It is time that care work is valued for all that it is worth, and that requires making it explicit, embedding it in policies and programmes, and ensuring that it receives not just applause but also adequate investments.

Lilian Mercado
Asia Regional Director and Director, Strategy and Feminist Futures, Oxfam
ENDORSEMENTS

Millions of women are forced to take up low paid, poor quality jobs which deny even basic safety, security, health care, access to clean water and decent sanitation. Women perform two-thirds of unpaid care work globally. Due to the disproportionate share of unpaid care that they are responsible for, women tend to enter and exit the labor market at different times of their lives.

South Asia Alliance for Poverty Eradication (SAAPE) as a regional platform of CSOs, social movements, academia, demands all the governments to recognize, reduce and redistribute women’s unpaid work, especially care work, through valuation and equal distribution of household responsibilities between men and women.

We express our solidarity with the initiative that Oxfam has taken on care principles which are useful for us in our advocacy and campaigns. The care principles the document has discussed are a useful toolkit to strengthen our campaigns to recognize the unpaid care works by women.

Dr Netra Prasad Timsina
Regional Coordinator, South Asia Alliance for Poverty Eradication (SAAPE)

Over the last few decades, women have witnessed major changes worldwide in terms of increasing their visibility and participation in the economy. The discourses around gender equality and women’s empowerment centred a lot around women’s overall status in the labour force. Much progress is achieved in terms of ensuring women’s access to labour markets, decent work, occupational mobilities, rights at work and so on at the level of global policies. Nonetheless there continues to be disadvantages faced by women across the globe when it comes to acknowledging their contribution to the economy via the amount of unpaid work performed by them. This is true of developing countries, where often the discourse around women workers tend to miss out on the unpaid contributions of women that help to maintain a healthy and capable labour force – the most important component driving economic growth of nations. The contributions are manifested through performing daily household chores of cleaning, cooking and maintaining a household, caring for children, sick and elderly, and providing voluntary services to preserve the community. These activities are not counted or measured under any economic activity and therefore remain unacknowledged, unremunerated and invisible in statistics, and hence missed out in policies.

The Care Principles and the Care-Responsive Barometer capture these elements of the unrecognised and uncounted work and provide a tool for capturing such work performed by women across the world. The principles of the tool recognise ‘care-work’ as a critical social and economic good. It provides a framework to plan, measure and improve the care-responsiveness of policies, investments and institutions which are most necessary to improve the status of women workers and plug the gaps in gender equality for nations. The tool is constructed with utmost rigour and has developed a meticulous design to capture all aspects of care-work, foregrounding it in the broader context of all work done by women. It is an extremely helpful guiding instrument for nations attempting to take steps towards recognising, reducing, redistributing and rewarding women for their contributions as well as representing women’s needs in the national development goals.

Dr Sona Mitra
Principal Economist, Initiative for What Works to Advance Women and Girls in the Economy (IWWAGE)
CONTEXT

Women undertake more than three-quarters of unpaid care work and make up two-thirds of the underpaid/paid care workforce. This unequal gender-based distribution of care work, both unpaid and underpaid/paid, is the main causal pathway that adversely influences women’s meaningful, active and productive participation in the formal economy. It negatively impacts the type of paid job opportunities available to most women and the conditions and quality of their employment as well. Simply put, the causal chain leads to an over-representation of women in unregulated and informal sector jobs that are, more often than not, exploitative and lacking in social protection benefits. Women living in poverty are the most affected, as they cannot afford to ‘buy’ care and are forced to remain at the bottom rung of the informal sector, balancing paid work with their care responsibilities. In addition, unpaid care work remains largely invisible, unrecognized and unaccounted for in national accounting systems, leading to a devaluation of women’s contribution to society and the economy at large. This is a travesty, as not only do women support the market economy by providing labour at very low wages and often for free, including care work, but their unpaid care work also contributes an estimated $10.8 trillion annually to the global economy.

Box 1: The unpaid care work-paid work-unpaid care work cycle

<table>
<thead>
<tr>
<th>PAID WORK</th>
<th>UNPAID CARE WORK</th>
<th>PAID/UNDERPAID CARE WORK</th>
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</thead>
</table>

THE 5R FRAMEWORK
Recognize, Redistribute, Reduce, Reward and Represent
- Recognize, reduce and redistribute unpaid care work
- Reward by providing more and decent work for care workers
- Representation, social dialogue and collective bargaining for care workers


CARE WORK – A HUMAN RIGHTS ISSUE

Care work is a major human rights issue and the ‘failure of States to adequately provide, fund, support and regulate care contradicts their human rights obligations, by creating and exacerbating inequalities and threatening women’s rights enjoyment’. It demands urgent action on the organization of care work from governments, employers, trade unions.
and individual citizens. Transformative care work policies and proactive action are crucial factors in promoting equitable social justice principles that define the course of gender equality and achievements in women’s empowerment.

**Box 2: Technical terms related to care work**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Care-responsiveness</td>
<td>The ability of a system (service, infrastructure, institution or programme) to meet the needs and concerns of care-givers and care recipients.</td>
</tr>
<tr>
<td>Care work</td>
<td>This includes two overlapping activities – (1) direct personal and relational care activities such as childcare, or caring for an ill person; and (2) indirect care activities such as cooking and cleaning.</td>
</tr>
<tr>
<td>Unpaid care work</td>
<td>Caring for people, such as bathing a child or taking care of adults who are sick or frail, and undertaking domestic work such as cooking and doing laundry, without receiving any explicit financial compensation. It usually takes place within households but can also involve caring for friends, neighbours or other community members, including on a voluntary basis.</td>
</tr>
<tr>
<td>Paid care work</td>
<td>Caring for people or doing domestic work for pay. It takes place in public and private sectors such as education, health and social work, but also in private households. Domestic workers might care directly for other people and carry out tasks such as cleaning, cooking and washing clothes.</td>
</tr>
<tr>
<td>Underpaid care work</td>
<td>Paid care work, which is mostly informal, often without a contract and/or any form of social security. The wages paid for such work, especially domestic work, are low and often less than legal minimum wage.</td>
</tr>
<tr>
<td>Care sectors</td>
<td>These include childcare, long-term care and care services for older persons, education services, health services, social work, personal care and domestic work such as cooking, cleaning, fetching water, etc.</td>
</tr>
<tr>
<td>Care-related businesses</td>
<td>Paid care services provided by individual entrepreneurs or the private sector that include day-care centres, crèches, care homes, nursing homes, hospitals and schools.</td>
</tr>
<tr>
<td>Care policies</td>
<td>Public policies that allocate resources to recognize, reduce and redistribute unpaid care work in terms of money, services and time or level of effort invested. They encompass the direct provision of childcare and care services for older persons, care-related social protection transfers and benefits given to workers with family or care responsibilities, unpaid care workers, or people who need care.</td>
</tr>
<tr>
<td>Transformative care policies</td>
<td>Care policies which guarantee human rights, agency and the well-being of both care-givers (whether paid or unpaid) and care recipients. Care policies are transformative when they contribute to the recognition of the value of unpaid care work, the reduction of the care workload and the redistribution of care responsibilities between women and men and between households and the state. The policies also need to reward care workers adequately and promote their representation, as well as that of care recipients and unpaid carers.</td>
</tr>
</tbody>
</table>

RATIONALE AND OBJECTIVE

The care principles were primarily envisioned\(^{11}\) to help guide institutions towards greater care-responsiveness in both their internal and external operations. As such, they serve as a reference point by which organizations can audit their internal policies and the way they operate externally from a care-responsive perspective. It is hoped that in turn, this will enable them to contribute more positively towards redefining gender norms on work and household inequalities, in addition to correcting gender-based labour market disparities and working conditions for women. The principles also aim to address intersectional inequalities such as gender, class and race within the social organization and provision of care work that influence and impact the gender equality in households and the workforce. Thus, it is imperative to understand the causal link explained above and reward care work fairly, equitably and create space for the greater representation, voice and agency of care workers.

The care principles are themselves guided by the 5R Framework (Box 3) and care-related provisions endorsed through human rights mandates, conventions and international labour standards (Box 4). The care principles are relevant across the board and can be used by government and non-government organizations, multi-lateral agencies including those related to the UN, international financial institutions (IFIs), donors and the private sector.

### Box 3: The 5R framework

The 5R Framework is a human rights-based and gender-responsive approach to mitigating care-related inequalities and addressing the barriers that prevent women from entering paid work.

It also helps improve the conditions of care workers and, by extension, the quality of care.

**Recognize, reduce and redistribute unpaid care work**

- Measure all forms of care work and take unpaid care work into account in decision making.
- Invest in quality care services, care policies and care-relevant infrastructure.
- Promote active labour market policies that support the attachment, reintegration and progress of unpaid carers into the labour force.
- Enact and implement family-friendly working arrangements for all workers.
- Promote information and education for more gender-equal households, workplaces and societies.
- Guarantee the right to universal access to quality care services.
- Ensure care-friendly and gender-responsive social protection systems, including floors.
- Implement gender-responsive and publicly funded leave policies for all women and men.

**Reward: more and decent work for care workers**

- Regulate and implement decent terms and conditions of employment and achieve equal pay for work of equal value for all workers, including care workers.
• Ensure a safe, attractive and stimulating work environment for both women and men care workers.
• Enact laws and implement measures to protect migrant care workers.

**Representation, social dialogue and collective bargaining for care workers**
• Ensure women’s full and effective participation and equal opportunities for leadership at all levels of decision making in political, economic and public life.
• Promote freedom of association for care workers and employers.
• Promote social dialogue and strengthen the right to collective bargaining in care sectors.
• Promote the building of alliances between trade unions representing care workers and civil society organizations representing care recipients and unpaid carers.


**Box 4: Paid work, unpaid and underpaid/paid care work — the normative framework**

**Institutional policies**
• Women’s Empowerment Principles and Guidelines (UN Global Compact and UN Women)

**Equitable and decent employment**
• UN Convention on the Elimination of all Forms of Discrimination Against Women, *Article 11*
• Sustainable Development Goal 2, target 2.3; Goal 5, target 5.1; Goal 8, target 8.3 & 8.5
• ILO, Equal Remuneration Convention, 1951 (No. 100)
• ILO, Discrimination (Employment and Occupation) Convention, 1958 (No. 111)
• United Nations Guiding Principles on Business and Human Rights (UNGPs)

**Social security provisions**
• The Convention on the Elimination of all Forms of Discrimination Against Women, *Article 11 (1b;2b;2c)*
• Sustainable Development Goal 1, target 1.3; Goal 3, targets 3.7 and 3.8
• ILO, Social Security (Minimum Standards) Convention, 1952 (No. 102)
• ILO, Conventions No. 102, No. 121 and No. 130
• ILO, Maternity Protection Convention, 2000 (No. 183)
• ILO, Social Protection Floors Recommendation, 2012 (No. 202)

**Care workers – unpaid and underpaid/paid**
• The Convention on the Elimination of all Forms of Discrimination Against Women Article 11 (2c) and article 14 (2b)
• Sustainable Development Goal 3, target 3.8; Goal 5, target 5.4
• ILO, Conventions No. 102, No. 121 and No. 130
• ILO, Convention No. 183 and Recommendation No. 191
• ILO, Social Protection Floors Recommendation, 2012 (No. 202)
• ILO, Workers with Family Responsibilities Convention, 1981 (No. 156)
• ILO, Reduction of Hours of Work Recommendation, 1962 (No. 116)

**Leadership and freedom to organize**
• Sustainable Development Goal 5, target 5.5; Goal 6, target 6.6
• ILO, Freedom of Association and Protection of the Right to Organize Convention, 1948 (No. 87)
• ILO, Collective Bargaining Convention, 1981 (No. 154)

**Safety and security**
• The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) Article 11(1f)
• Sustainable Development Goal 5, target 5.2; Goal 8, targets 8.7 and 8.8

**Skills and training**
• Sustainable Development Goal 4, target 4.4
• CEDAW Article 10 (a and e)

**Equitable access to infrastructure and services**
• Sustainable Development Goal 5, target 5.4; Goal 9, target 9.1
• Education: Sustainable Development Goal 4, target 4.7. CEDAW Article 10 (a)
• Health: Sustainable Development Goal 3, target 3.7 and 3.8 and Sustainable Goal 5, target 5.6 and CEDAW Article 12 (1 and 2) and article 14(b)
• Water and Sanitation: Sustainable Development Goal 6, target 6.1 and 6.2
• Energy: Sustainable Development Goal 7, target 7.1
• Information and communications technology: Goal 9, target 9.5

**Informal and non-standard employment**
• Sustainable Development Goal 8, target 8.7 and 8.8
• ILO, Migration for Employment Convention (Revised), 1949 (No. 97)
• ILO, Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143)
• ILO, Minimum Age Convention, 1973 (No. 138). The Convention and its accompanying Recommendation No. 146 are relevant to the protection of children from their intensive involvement in domestic and care work and/or in gainful activities at an early age, which are detrimental to their education opportunities.
• ILO, Part-Time Work Convention, 1994 (No. 175)

**Gender-responsive public finance management — revenue policies and expenditures**
• Sustainable Development Goal 5, target 5.6
• Addis Ababa Action Agenda of the Third International Conference on Financing for Development (Addis Ababa Action Agenda)

Source: compiled by the authors.
The care principles, which were finalized through an iterative and consultative process involving multiple stakeholders, advocate for favourable actions at two levels:

1. Level 1: focused on the internal working of organizations.

2. Level 2: aimed towards their external activities. Level 2 is further divided into policies and projects, depending on the mandate of an organization.

The care principles can also be used as an advocacy and accountability tool by women’s groups and workers’ unions to advocate for the rights of care workers.

**Box 5: Care principles**

**LEVEL 1: INTERNAL CARE PRINCIPLES FOR ORGANIZATIONS AND ENTERPRISES**

*Goals at a glance*

- Realign institutional policies to recognize, reduce and redistribute unpaid care work.
- Develop strategies that promote and reward decent work practices.
- Create opportunities for representation and social dialogue.

Gender-responsive workplace policies and practices are multi-dimensional and rooted in principles of women’s economic empowerment that promote transformative practices. These approaches pay attention to the qualitative aspects that encourage women’s workforce participation, promotion and retention in organizations. They aim to develop human resources, promote equitable career progression opportunities and provide an inclusive, diverse work environment that is free from

‘Narrowing the global gender gap in work would not only be equitable in the broadest sense but could double the contribution of women to global GDP growth between 2014 and 2025.’

*McKinsey Global Institute*
discrimination and violence. They promote women’s leadership capacities, voice and agency and endeavour to redefine and challenge gender norms through affirmative measures that will redistribute care roles. Policies based on such principles also empower the workforce to exercise their right to the freedom of association and collective bargaining. Given the context of care work and associated disadvantages that limit women’s workforce participation, it is important to reassess common workforce policies and explore dimensions that enable and reward care-responsive organizational practices, based on the progressive care principles outlined below.

**LEVEL 1 PRINCIPLES**

**1 DEVELOP A CARE-RESPONSIVE INSTITUTIONAL STRATEGY**

The workforce policies of organizations should be reviewed from a care perspective by their respective management teams and be guided by the goals and principles of women’s empowerment. Independent experts can be appointed to support and advise management. It is imperative that organizations adopt a care-focused institutional strategy that supports care-responsive internal workforce practices and external programmes. The strategy should be guided by the 5R framework developed by the International Labour Organization (ILO), in consultation with all relevant stakeholders. It should be approved by the organization’s executive board and made public. Ideally, all dimensions from 2–28 (see below) should be covered in the institutional strategy.

**2 APPOINT A COMMITTEE TO AN ADVISORY AND OVERSIGHT ROLE**

Ensure that there is an oversight committee at the top of the organization with well-defined terms of reference. The committee should include representation from workers’ unions. It is also crucial that it meets periodically to monitor how the institutional strategy is working and reports to the executive board on progress. Employees should be involved in satisfaction surveys on work-life balance and encouraged to provide qualitative inputs. Organizations should commission more such independently conducted surveys so they can arrive at a better understanding of the concerns of their employees.

**3 RECRUITMENT, HIRING AND PERFORMANCE APPRAISAL**

**Recognize.** Recruitment processes should follow the norms stipulated by ILO practices on diversity and inclusion. They should entirely refrain from asking discriminatory questions related to any disability candidates may have, or their marital or pregnancy status. Steps should be taken to mitigate disadvantages linked to care work. For example, this could mean not penalizing women employees for taking extended childcare or family leave, or while taking decisions on promotions from mid to senior executive positions. This should be complemented with capacity and awareness programs on diversity and inclusion, with a focus on care work-related disadvantages in recruitment and performance appraisals. Affirmative measures should be taken to enhance and ensure gender diversity in positions and trades that are traditionally male-dominated.

**4 PAY PARITY AND TRANSPARENCY**

Organizations should strictly adhere to the principle of ‘equal remuneration for men and women for work of equal value.’ There should be complete transparency regarding salary
and other benefits. This should be extended to all workers engaged in care work within the organization.

5 A FAMILY-FRIENDLY WORK ENVIRONMENT

Recognize. Family-friendly infrastructure facilities (creches, nursing/retiring rooms, workplace accommodation) and strategies (flexi-time, reduced working hours, part-time work with pro-rata benefits and entitlements, telework, child/elderly/sick family member care leave) should be made available to employees with family responsibilities or people with disabilities. Leave-related policies should include paid leave for maternity, paternity, parental and childcare responsibilities. This should also include leave to support persons with disabilities, and sick or older family members with care needs. Although women tend to utilize this type of leave more than men, given the link with existing socialization processes, organizations should provide care leave to both men and women and encourage male employees to avail themselves of the same.

6 PARENTAL BENEFITS AND MATERNITY PROTECTION

Recognize. All categories of employed men and women within the organization, including adoptive parents, should be covered under parental protection policies. The benefits should include parental leave, cash and medical benefits and a minimum income replacement rate. The policy must strive to enable the same rights for every employee who becomes a parent to provide care for themselves, their children and families, regardless of their sex, sexual orientation or the country in which they work. The aim should be to ensure adequate recovery, bonding and family development, and to create financial security for families. The policy should also include protection for the health of the mother and child during pregnancy, childbirth and breastfeeding. The benefits should be extended in case of medical termination of pregnancy. Organizations should also have a return-to-work policy for all employees as part of their human resource and gender policies. This should include a commitment to employment protection and non-discrimination guaranteeing parents, especially women, the right to return to the same or equivalent position paid at the same rate, the possibility of part-time work, flexi-time and the right to breastfeed at work. Employers should make the necessary arrangements to enable the exercise of these rights.

7 REDISTRIBUTE CARE WORK

Redistribute and reward. Organizations can plan, implement and reward efforts that redistribute care work. Initiatives such as paternity leave, adoption leave and flexi-time for childcare should be made available to male employees. Male employees should be incentivized to redistribute care responsibilities within households. Male employees can also be encouraged to bring children to crèches at work. Gender sensitization training modules can be developed for staff to engage men to support intra-generational and inter-generational distribution of care work.

8 MENTORSHIP AND TRAINING

Recognize and redistribute. Human resource development programmes in organizations should take affirmative measures by proactively offering skills and knowledge training to female workers. Women should be offered vocational guidance and employment counselling, including placements, and equal training opportunities. Men should also be
offered mentorship and training on the redistribution of care work, especially on taking an active role in childcare. Measures should be taken to enable parents’ greater participation in this training, such as covering travel expenses for employees and children, providing childcare and a safe place to stay, and making travel arrangements.

9 VOICE, AGENCY AND LEADERSHIP

Representation. Women employees should have a platform to freely exercise their rights as workers and to organize, promote and defend their interests (the right to collective bargaining). The right to freedom of association and collective bargaining should be respected for all employees. It should be free from retaliation, interference and opposition, as recognized in the core conventions of the International Labour Organization. Women workers should also be adequately represented in each decision-making body or committee of the organization. Quotas can be fixed to ensure equitable representation. Targeted training on leadership should take place for women in organizations. They should be proactively informed of opportunities for leadership roles and be encouraged to apply for them.

10 OCCUPATIONAL SAFETY

Recognize. Safety audits of infrastructure facilities should be undertaken to assess the potential security and safety risks. Occupational safety and health audits, committees and consultations in an organization should have adequate representation from women. Gender-based violence and all issues related to women’s safety should be integrated into such assessments. Organizations should develop and disseminate information, education and communication materials related to hazards and safety risks. Organizations should also protect workers from undue consequences if they fail to perform their responsibilities in hazardous situations.

11 DISADVANTAGED GROUPS – PART-TIME AND CONTRACTUAL WORKERS

Recognize. Due to their care-giving responsibilities, women represent the largest share of part-time workers in the work force. Remuneration for such workers should be determined in proportion to the hours of work put in. They should be entitled to all the benefits and protection extended to regular staff, including security of tenure (see care principles 3–10). The organization can encourage access to productive part-time work and ensure that the transfer from full-time to part-time work is voluntary.

12 EMPLOYMENT SECURITY AND PROTECTION FROM DISCRIMINATION AND EXPLOITATION

Recognize. Organizations should make provisions for social security benefits to protect workers from vulnerability in the workplace arising from accidents, illness and unemployment. A minimum standard of protection with a strong care focus should be provided to workers. This standard should be especially cognizant of women’s care responsibilities, which can make them more vulnerable to discrimination and exploitation. It should also include family benefits that cover children. Last but not least, organizations should develop and implement workplace policies that take a zero-tolerance stance towards discrimination, violence and sexual harassment.
13 PROTECTING THE RIGHTS OF CARE PROVIDERS

Recognize. Workplace policies should recognize the role of care providers engaged on an individual basis by an organization’s employees. Steps should be taken to ensure that all wage, regulatory and statutory requirements, including social protection obligations, are honoured and fulfilled by all employees who engage the services of a care provider.

14 RESOURCE ALLOCATION

A care-focused institutional strategy and action plan should be costed to ensure there is adequate resource allocation for its effective and credible implementation.

LEVEL 2: CARE PRINCIPLES FOR EXTERNAL PROGRAMMING

A care-responsive institutional strategy should guide an organization’s external operations. This will positively impact the supply chain at every level and create a cascading effect to influence care-responsive strategies across other organizations and institutions they work with. In practice, the efficacy of these principles, however, will depend on country-related variables such as the political economy, international commitments, accountability, transparent and gender-responsive public finance management systems, active care workers’ unions and vibrant civil society participation. These factors will determine the extent to which care responsive principles can be promoted within the macro- [policy] and micro- [programme] level investments.

It is well-established that care work contributes substantially to national economies. Research points towards the urgency of creating more paid jobs in the care economy. Doubling investment in care sectors could lead to a total of 475m jobs by 2030, including 117m more decent jobs than would exist if investment stays at the current level.25 It is crucial to influence policies in all sectors of the economy to enable a care-centric approach. Public investment should be increased to promote basic infrastructure development, equitable social protection polices, improved access to health and education services, and the sharing of domestic and care work between men and women.26

‘Encourage the provision of the necessary supporting social services to enable parents to combine family obligations with work responsibilities and participation in public life, in particular, through promoting the establishment and development of a network of childcare facilities.’

The Convention on the Elimination of all Forms of Discrimination Against Women, Article 11
Box 6: The purple economy – a call for a new economic order

‘Placing the economics of care at the heart of sustainable development’

The colour purple is symbolic to the feminist movement and the vision acknowledges access to care as a basic human right and hence the state’s obligation to safeguard and fulfil it.

The purple economy stands on four pillars:

Pillar 1. Universal public provisioning of care services for children, the elderly, people with disabilities, the sick and self-care.

Pillar 2. Regulation of the labour market to enable balancing of paid employment with care labour in the private sphere, based on equal conditions and incentives for women and men.

Pillar 3. Public policies to address the special needs of rural communities where unpaid care work entails a larger array of productive activities dependent on natural resources.

Pillar 4. The regulation of the macro-economic environment with nature and nurture as core objectives of macro-economic policy. This pillar enables the functioning of the first three.

These pillars encompass social infrastructure.


Policy level initiatives should be guided by the 5R framework and the pillars of the ‘purple economy,’ which envision a new economic order that places the care economy at the heart of sustainable development (Boxes 3, 4 and 6).

Box 7: Priority areas for the care sector

A gender analysis of the employment stimulus in seven OECD countries indicated that 1.5 million jobs could be created in the UK if 2% of GDP were invested in care industries, compared with 750,000 for an equivalent investment in construction.

Locating care in the heart of macro-economic policy-making

Macro-economic policies should ensure adequate investments in social protection for all workers, regardless of the nature of employment. It is important to recognize and value unpaid care work through the systems of national accounts. There is a need to address the issue of pension disparities between men and women. This can be achieved by reforming pensions systems and valuing the time spent on unpaid care work, which is mostly done by women. The time invested in unpaid care work should be recognized and reflected in pensions systems through a scheme of pension care credits for carers.
Increased investments in public health and education sectors

Gender-responsive macro-economic policies will create the fiscal space to attract a higher volume of investments in public health and education services. Access to healthcare and education should be strengthened through committed investments in physical infrastructure in these sectors. Investments should also be aligned towards the human development of service providers. Their contribution should be recognized, respected and promoted through decent work conditions and benefits, including opportunities for skills training and career progression.

Respect the right to freedom of association and representation

Every worker, regardless of their work status, has the freedom of association and representation. Strengthening their bargaining power will ensure decent wages and work conditions. Efforts have to be made to mitigate the barriers that limit care workers’ right to join unions and voice their concerns.

Occupational safety and health

The occupational health and safety system should provide appropriate measures to protect all categories of worker, especially those engaged in high-risk sectors. This should also be applicable to all vulnerable workers.

Source: Excerpts of an interview with Maria Tsirantonaki of the International Trade Union Confederation.

A care-focused institutional strategy should influence and impact the supply chain at every level. The care principles should guide how this strategy is designed, implemented and monitored, and how its impact is assessed. Sector investment goals and priorities should be set in corporate plans and a benchmarking criterion can be adopted to track progress. Oxfam has also co-created the Care-Responsiveness Barometer, a tool which can be used by organizations to prepare their care-responsive action plans and measure their progress on the inclusion of a care lens in all their work.

LEVEL 2 PRINCIPLES

15 CARE-CENTRIC PUBLIC POLICIES AND SECTOR REFORMS

Recognize and reward: Sector policies should be reviewed and assessed from a care economy perspective. They should ensure that the fiscal space for care services is maximized through progressive macro-economic policies that promote universal public provisioning of quality care services.

16 INFLUENCING PUBLIC FINANCE MANAGEMENT SYSTEMS

Increase investments in time-saving technologies and basic infrastructure facilities, which have an impact on care work. Budgetary provisions should prioritise the interests of frontline service providers in sectors with high women’s workforce participation, such as volunteers with temporary or contractual work and without security of tenure and social protection benefits. Promote and reform public finance management systems to track and report gender and care-responsive investment priorities. Ensure strong accountability measures with strict monitoring of expenditures to ensure that money is spent as planned and there is public access to expenditure audit reports and overall transparency.
17 RECOGNIZE AND ADDRESS INFORMAL AND NON-STANDARD EMPLOYMENT

*Recognize.* Promote labour policies that recognize all types of employment and worker categories, especially those engaged in informal and non-standard employment. These include domestic workers, migrant workers, women in the garment industry, and agricultural, transport and sanitation workers (particularly daily wage labourers).

18 STRENGTHEN CIVIL SOCIETY PARTICIPATION AND COLLECTIVE BARGAINING

*Representation and collective bargaining.* Strengthen initiatives that enhance civil society participation in public policy and budget discussions. Create platforms to extend collective bargaining rights to workers in non-standard employment and informal work. Promote freedom of association and collective bargaining for all workers in the care sector.

19 RESEARCH, ADVISORY SERVICES AND DATA

*Recognize.* Prioritize and invest in research, time-use surveys and advisory services to build a knowledge base and advocacy on care work. Encourage national statistical systems to collate, analyse and report time-use data. Include unpaid care work within the production boundary of the system of national accounts. Investments should prioritize care infrastructure, health and education services, water and sanitation, and the energy and transport sectors.

- These investments and projects should include measures to recognize, redistribute and reduce women’s care workload.
- The investments should promote labour and time-saving technology research and development.
- Recognize, advocate for and promote decent employment conditions for frontline workers, including care workers, in all sectors.
- Sensitize staff, contractors and community members regarding shared responsibility within households.

20 PROJECT SELECTION AND SITUATION ANALYSIS

*Recognize.* Care principles should guide and influence the sector priorities of the organization. Preparatory technical assistance should be informed by existing time-use patterns and the gendered division of labour. Adequate resources should be allocated so that priorities can be achieved. There should be strict due diligence to ensure there are no human rights violations during implementation of any projects.

21 STAKEHOLDER PARTICIPATION

*Representation and social dialogue.* Women’s groups and care worker unions should be included in the project prioritization and design phases. The users of infrastructure and services should be consulted when finalizing programme and project priorities, as well as in project design, and they should be involved in decision making about how the prioritization and design phases are managed. Their recommendations should be reflected
in the project design. Quantitative and qualitative consultation data should be maintained and made public.

22 PROJECT DESIGN

**Recognize, represent and reward.** Time-use surveys, the gendered division of labour and recommendations from care worker groups should all inform project design. It should also include components that represent and reward care work.

23 CARE-RESPONSIVE BUDGETS

**Recognize.** Adequate funds should be earmarked for care-focused activities planned in the design phase. Any concessional measures or subsidies, including childcare provisions (in cash or kind), for women/girls or vulnerable populations should be included. The budget information should be publicly available for all stakeholders, including communities who may be positively or negatively impacted by a project.

24 IMPACTING THE SUPPLY CHAIN – CONTRACTS AND IMPLEMENTING PARTNERS

**Recognize.** Female workforce targets should be specified in contract agreements. Contracts should stipulate all safety and labour law provisions to ensure compliance. Sensitization programmes on shared care responsibilities within households should be provided to all institutions an organization works with, including contractors. To the extent possible, bare minimum standards of care principles should be pursued with all contractors and partners across the supply chain.

25 IMPLEMENTATION

**Recognize, reduce and represent.** The project team should oversee and monitor labour payments, social security allowances, safety measures and other entitlements. Grievance redressal committees should be set up, with adequate representation from women and other care work-related stakeholders.

26 OPERATIONS AND MAINTENANCE (O&M)

**Recognize.** Particular efforts should be made to ensure women’s representation and participation as part of the skilled workforce in the O&M phase of a project. A vocational training and skills component can be planned (through project resources or other funding sources) for skilling of women at the project location as plumbers, electricians, meter readers and technicians, based on an analysis of skilling needs.

27 MONITORING AND IMPACT

Organizational project monitoring and information systems should track compliance on care principles and document good practices. Endline surveys and project impact studies should include data on women’s time-use, changes in labour force participation and in intra and inter-generational distribution of care responsibilities. Corporate results’ frameworks should include indicators and goals specific to the care economy and women’s care work.
28 INFORMAL AND NON-STANDARD EMPLOYMENT — MULTIDIMENSIONAL VULNERABILITIES

The multi-dimensional vulnerability of special categories of workers should be given attention and due diligence, right through the design, monitoring and impact phases of any project undertaken.

- There should be zero tolerance towards the use of child labour. Children, especially girls, should also be protected from involvement in domestic and care work that can be detrimental to their overall development and access to educational opportunities.

- Special attention should be provided to other non-standard workers, particularly national and transnational migrant workers, to ensure that basic human rights are extended to all categories of workers. Due diligence should be done to ensure that they are provided with the bare minimum of labour protection — advancement, employment security, remuneration for work of equal value, fair conditions of work, the right to organize and decent conditions of life such as housing, social services, education and access to health facilities. This also includes ensuring access to vocational guidance and training and employment of their choice. This safety net will help ensure security against exploitation and poor conditions of work.
NOTES


2 Ibid.

3 For the purposes of this document, any mention of care work includes both unpaid and underpaid/paid care 
work, unless otherwise specified. See Box 2 for technical terms related to care.

4 L. Addati, et al. [2018]. Care work and care jobs for the future of decent work. ILO. 

5 C. Coffey, et al. [2020]. Time to Care, op. cit.


Work and Women’s Human Rights. SSRN. http://dx.doi.org/10.2139/ssrn.2437791

8 We define a programme as a long-term, outcome-oriented action (group of related projects) which is 
generally strategic in nature and intended to deliver larger results/benefits.


10 C. Coffey, et al. [2020]. Time to Care, op. cit.

11 The principles were primarily envisioned by Oxfam, in consultation with Amnesty International, Initiative for 
What Works to Advance Women and Girls in the Economy (IWWAGE), International Women’s Rights Action 
Watch Asia Pacific and the Bretton Woods Project.


13 Established by the UN Global Compact and UN Women, the Women’s Empowerment Principles are a set of 
guidance to businesses and organizations on how to promote gender equality and women’s empowerment 
in the workplace, marketplace and community. These are informed by international labour and human 
rights standards. See https://www.weps.org/

14 Technical support and advisory teams were set up to guide the process of developing the care principles. 
Seven e-consultations and meetings were organized with the advisory group members and five care 
workers’ groups. See the acknowledgements section on page 21 for a list of technical support and advisory 
team members.

15 We define a project as a focused, well-defined, short-term, output-oriented action (group of tasks and 
components) which needs to be delivered within a definite time period and budget.

to Global Growth. 
w%20advancing%20womens%20equality%20can%20add%2012%20trillion%20to%20global%20growth/m 
gi%20power%20of%20parity%20report%20september%202015.pdf

17 Women’s economic empowerment principles, op. cit. and C. Coffey, et al. [2020]. Time to Care, op. cit.

18 Stakeholders should include gender and diversity officers, female workers, workers’ unions and 
representatives of women’s groups.

19 It is preferable that these surveys are anonymous to ensure honest and fearless feedback. The survey 
should be initiated and encouraged by the organization.


22 Intra-generational: this includes strategies to influence equity between individuals in one generation.
Inter-generational: this includes issues that involve and impact several generations. Strategies that will lead to sustainable changes in attitudes and behaviours, enabling transformative and progressive impacts on care work in subsequent generations.


Sustainable Development Goal 5, target 5.4 on the care economy and corresponding policy domains: ‘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’.


The European Union initiated pension reforms that include a provision of care credits for carers to recognize their unpaid care work. Care credits, in the form of time, are ‘credited’ to the carer’s working record, just as any worker in the market would be credited for their time worked.


Users of services should include a diverse and representative group: male, female, persons with disabilities and ethnic minority groups.
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