

US CARE POLICY SCORECARD

A TOOL FOR ASSESSING COUNTRY PROGRESS TOWARDS AN ENABLING POLICY ENVIRONMENT ON CARE

Updated: 7.16.23

Scorecard policy areas and indicators

SECTION 1: UNPAID CARE WORK

Policy areas	Policy Indicators
1.1 Care-supporting physical infrastructure	1.1.1 Piped water 1.1.2 Household electricity 1.1.3 Sanitation services and facilities 1.1.4 Public transport 1.1.5 Time- and energy-saving equipment and technology
1.2 Care services	1.2.1 Public healthcare services 1.2.2 Early childhood care and education (ECCE) services 1.2.3 Care services for older people 1.2.4 Care services for people with additional care needs
1.3 Social protection benefits related to Care	1.3.1 Public pension 1.3.2 Cash transfer policies related to care 1.3.3 School-based meals or food vouchers 1.3.4 Care-sensitive public works programmes
1.4 Care-supporting workplaces	1.4.1 Paid sick leave 1.4.2 Paid medical leave* 1.4.3 Equal paid parental leave 1.4.4 Flexible working 1.4.5 Onsite childcare 1.4.6 Breastfeeding at work 1.4.7 Pregnancy accommodations*

SECTION 2: PAID CARE WORK

Policy areas	Policy Indicators
2.1 Labor conditions and wage policies	2.1.1 Minimum wage 2.1.2 Gender wage gap and equal pay for equal work 2.1.3 Working hours 2.1.4 Right to social security 2.1.5 Child rights and labor protection

2.2 Workplace environment regulations	2.2.1 Occupational health and safety in the workplace 2.2.2 Protection against gender-based discrimination, harassment, and violence in the workplace 2.2.3 Workplace inspections and grievance mechanisms
2.3 Migrant care workers' protections	2.3.1 Equal rights and protections for migrant care workers
2.4 Right to organize	2.4.1 Right to representation and negotiation, freedom of association, and right to strike

Summary of Findings

Section 1: Unpaid care work

Policy Indicator 1.1: Care-supporting physical infrastructure

1.1.1 Piped water

1.1.2 Household electricity

1.1.3 Sanitation services and facilities

1.1.4 Public transport

1.1.5 Time- and energy-saving equipment and technology

Policy Indicator 1.2: Care services

1.2.1 Public healthcare services

1.2.2 Early childhood care and education (ECCE) services

1.2.3 Care services for older people

1.2.4 Care services for people with additional care needs

Policy Indicator 1.3: social protection benefits related to care

1.3.1 Public pension

1.3.2 Cash transfer policies related to care

1.3.3 School-based meals or food vouchers

1.3.4 Care-sensitive public works programs

Policy Indicator 1.4: Care-supporting workplaces

1.4.1 Paid sick leave

1.4.2 Paid medical leave*

1.4.3 Equal paid parental leave

1.4.4 Flexible working

1.4.5 Onsite child care

1.4.6 Breastfeeding at work

1.4.7 Pregnancy accommodations*

Section 1 Total Score

Section 2: Paid care work

Indicator 2.1: Labor conditions and wage policies

2.1.1 Minimum wage

2.1.2 Gender wage gap and equal pay for equal work

2.1.3 Working hours

2.1.4 Right to Social Security

2.1.5 Child rights and labor protection

Indicator 2.2: Workplace environment regulations

2.2.1 Occupational health and safety in the workplace

2.2.2 Protection against gender-based discrimination, harassment and violence in the workplace

2.2.3 Workplace inspections and grievance mechanisms

Indicator 2.3: Migrant care workers' protections

2.3.1 Equal rights and protections for migrant domestic workers
2.4: Right to organize
2.4.1 Right to representation and negotiation, freedom of association, and right to strike
Section 2 Total Score

Section Scored	Percentage Score
Section 1	45%
Section 2	41%
Total Country Score	43%

Numeric Score	Percentage Score
	61%
13/19	68%
12.5/19	66%
13.5/19	71%
8.5 / 19	45%
10.5 /19	55%
	59%
11.5 / 19	61%
12.5 /22	57%
13.5/20	68%
10/20	50%
	52%
16/21	76%
10/20	50%
16.5 /20	83%
0 /22	0%
	7%
0 /21	0%
0 /21	0%
0 /23	0%
0/16	0%
0/20	0%
6.5 / 14	46%
0 / 16	0%
	45%

	51%
9 / 18	50%
7 / 15	47%
8.5 / 16	53%
10 / 20	50%
9/16	56%
	47%
8 / 18	44%
10 / 19	53%
6.5 /15	43%
	24%

4 / 17	24%
	43%
6.5 / 15	43%
	41%

Asterisk

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Footnote

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Definition

New policy indicator for the US Scorecard

Includes new assessment criteria.

New language or wording for the assessment criteria for the US Care Policy Scorecard

Definition/Scoring Decision

The budget allocated for this policy covers or exceeds both indirect and direct costs for implementation

Will look at the 2021 budget

Enough number of people to carry out the policy

Note that there could be staff positions in key government bodies that have been budgeted for but haven't been filled for a variety of reasons

Interest group is dependent on the policy. For example, pregnancy accommodations, the interest group would be pregnant people. For care services for

Immigrant, women of color, orgs that represent low-wage women

If even one organization representing any of these groups were consulted, we'll score it as "1"

Or mention of similar terms: "unpaid care work" "unpaid labor" "underpaid care work" "underpaid care labor" "domestic work" "work in the home"

Information will be found in studies/evaluations of the policy and/or interviews with stakeholders

Example: paid parental leave for men - evidence of men doing more in the household

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The policy explicitly mentions addressing unpaid or underpaid care work ⁶ in the policy objectives or purpose (either to reduce or redistribute the time, cost and labor for caregivers, and/or to improve the quality of care received; consider other terms such as domestic workers, parents, care workers for the elderly).***	1	0.5	0	No related information was found in the policies mentioned.	
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy ⁶	1	0.5	0	There is no mention of transportation policy with respect to unpaid care.	
Women are equally (> 50%) represented in management of the specific office responsible for the monitoring and implementation of the policy***	1	0.5	0	Women comprise 25.8% of dept of transportation (agency wide) and 37% in senior executive positions.	https://ourpublicservice.org/performance-measures/agency-performance-dashboard/profile/DO7/
Score for Indicator 1.1.4: 8.5/19		45%			
Indicator 1.1.5: TIME- AND ENERGY-SAVING EQUIPMENT AND TECHNOLOGY					
ASSESSMENT CRITERIA		SCORE		SCORE EXPLANATION	
	YES	PARTIA	NO		SOURCE
There is a national policy or policies for the provision of time and energy-saving equipment and technologies (TESET)	1	0.5	0	The Weatherization Assistance program (WAP) provides some free TESET (energy-efficient refrigerators and freezers), but they do not provide all TESET. The WAP was created through the Energy Conservation Policy Act of 1976. More recently, the BIL increased spending by 3.2 billion on	https://www.energy.gov/eere/wap/weatherization-assistance-program ; https://www.benefits.gov/benefits/623 ; https://www.
Accessibility and reach					
The policy prioritises underserved and marginalised populations	1	0.5	0	To access WAP, applicant household incomes must be at or below 200% of the poverty income	https://www.energy.gov/eere/wap/how-apply-weatherization-assistance ; https://www.americanprogress.org/article/how-
The policy ensures TESET are universally available and accessible to everyone	1	0.5	0	The program is available for all states and territories. The program is available for all states and territories.	https://www.energy.gov/eere/wap/how-apply-weatherization-assistance
The policy ensures TESET are free/affordable for low-income groups	1	0.5	0	The access WAP provides is not available to low-income households. The program is available to low-income households.	https://www.energy.gov/eere/wap/how-apply-weatherization-assistance ; https://www.americanprogress.org/article/the-l
TESET programs under this policy are reaching the most underserved areas and populations, including those likely to be marginalised	1	0.5	0	To access WAP, applicant household incomes must be at or below 200% of the poverty income	https://www.energy.gov/eere/wap/how-apply-weatherization-assistance ; https://www.everycrsreport.com/reports/R424
Budgeting and administration					
There is a federal budget allocated for this policy and/or a federal mandate for states to allocate resources towards the implementation of this policy**	1	0.5	0	The EPA allocates a budget to the WAP, and the IRA budget extends 10 years.	https://www.energy.gov/sites/default/files/2021-06/doe-fy2022-budget-in-brief-v4.pdf
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0	The budget for the WAP increased from \$310 million in 2021 to \$390 million in 2022. The IRA	https://www.energy.gov/sites/default/files/2021-06/doe-fy2022-budget-in-brief-v4.pdf
The budget allocated is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)	1	0.5	0	Increased funding of hundreds of millions of dollars is needed to receive weatherization services. And according to DOE, prior to new BIL investment in WAP, its annual budget was \$300	https://www.ncl.org/issues/low-income-weatherization.html ; https://mostpolicyinitiative.org/wp-content/uploads/2021/1
>80% of the allocated budget for TESET is being spent (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)***	1	0.5	0	In 2021, out of a \$315 million budget, \$310 million was distributed as WAP funds to states, territories and agencies, and \$5 million (1.6%) was spent on administration.	See FY2021 Allocation section, https://crsreports.congress.gov/product/pdf/R/R46418
There is adequate human resources/staff for the implementation of the policy***	1	0.5	0	The WAP operates by allocating federal funds to states, which then use the money to run their WAP programs at the state level. Little documentation was found about a lack of government human	https://www.ncl.org/issues/low-income-weatherization.html ; https://mostpolicyinitiative.org/wp-content/uploads/2021/1
TESET programs are primarily (> 80%) government funded or administered	1	0.5	0	The WAP is entirely funded by the DOE and are entirely government administered. The IRA is	https://www.energy.gov/sites/default/files/2021-06/doe-fy2022-budget-in-brief-v4.pdf ; https://www.energy.gov/eere/wap
Regulation and monitoring					
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0	The Department of Energy (DOE) is responsible for the WAP program. The IRA will be implemented	https://www.energy.gov/eere/wap/weatherization-assistance-program ; https://www.americanprogress.org/article/how-st
The policy includes provisions for the oversight and regulation of the quality, accessibility, reliability and affordability of TESET programs	1	0.5	0	The WAP uses a state-by-state weatherization approach which includes brand-new energy-efficient appliances. IRA funding is also specifically for new appliances, and quality relies on existing standards.	https://www.energy.gov/eere/wap/whole-house-weatherization ; https://www.americanprogress.org/article/how-states-at
The government collects and publishes disaggregated data on implementation of the policy, with indicators and targets	1	0.5	0	The DOE has a reporting system that tracks the quality and quantity of WAP projects, especially regarding home and energy types, savings, and income, but not by demographics. IRA funding is yet	https://nascsp.org/wap/vapac/wap-resources/reports-and-fact-sheets/
The government's monitoring and evaluation system includes the impact of the policy on unpaid care work	1	0.5	0	No information was found on this topic in public monitoring and evaluation of this policy.	
Design and impact					
The policy was developed through consultation with representatives from underserved groups/communities (or interest groups) ⁶ (i.e., women or women's rights organizations from diverse backgrounds, ⁶ workers' associations, etc.).***	1	0.5	0	No information on whether women were consulted during the policymaking process for the 1976 Energy Conservation Policy Act. A document detailing the hearings on the policy was found, but according to this document no women were consulted during this particular consultation process. It is unclear if other consultation processes may have occurred.	https://www.govinfo.gov/content/pkg/CHRG-94hrq78504O/pdf/CHRG-94hrq78504O.pdf
The policy explicitly mentions addressing unpaid or underpaid care work ⁶ in the policy objectives or purpose (either to reduce or redistribute the time, cost and labor for caregivers, and/or to improve the quality of care received; consider other terms such as domestic workers, parents, care workers for the elderly).***	1	0.5	0	The WAP is an energy-saving program. Benefits toward unpaid carework were not considered.	https://www.energy.gov/eere/wap/weatherization-assistance-program
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy ⁶	1	0.5	0	No evidence is collected on this topic by the DOE in their evaluation of WAP as it is not the intended effect of WAP.	
Women are equally (> 50%) represented in management of the specific office responsible for the monitoring and implementation of the policy***	1	0.5	0	In the Department of Energy, women make up 39.2% of management.	https://www.energy.gov/sites/default/files/2021-11/EEO%20in%20Review%20Newsletter_final%20for%20transmittal.pdf
Score for Indicator 1.1.5: 10.5 /19		55%			
Total Score for Policy Area 1.1: Care-supporting physical infrastructure					
Percentage Score:		61%			

INDICATOR 1.2.1: PUBLIC HEALTHCARE SERVICES

ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy or policies for the provision of public healthcare services	1	0.5	0
Accessibility & reach			
The policy prioritises underserved and marginalised populations, including informally employed workers	1	0.5	0
The policy ensures public health services are universally available and accessible to everyone	1	0.5	0
The policy ensures public health services are free/affordable for low-income groups	1	0.5	0
Public health services under this policy are reaching the most underserved areas and populations, including those likely to be marginalised	1	0.5	0
The policy includes the provision of sexual and reproductive health care services	1	0.5	0
Budgeting and administration			
There is a federal budget allocated for this policy and/or a federal mandate for states to allocate resources towards the implementation of this policy**	1	0.5	0
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocated is sufficient to implement ¹ the policy (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)	1	0.5	0
>80% of the allocated budget ² for public healthcare is being spent (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs) ^{***}	1	0.5	0
There is adequate human resources/staff ³ for the implementation of the policy ^{4***}	1	0.5	0
Public health services are primarily (≥ 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the quality, accessibility and affordability of public health services	1	0.5	0
The government collects and publishes disaggregated data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care recipients	1	0.5	0
Design and impact			
The policy was developed through consultation with representatives from underserved groups/communities [or interest groups] ⁵ (i.e., women or women's rights organizations from diverse backgrounds, ⁶ workers' associations, etc.). ^{7 ***}	1	0.5	0
The policy explicitly mentions addressing unpaid or underpaid care work ⁸ in the policy objectives or purpose (either to reduce or redistribute the time, cost and labor for caregivers, and/or to improve the quality of care received; consider other terms such as domestic workers, parents, care workers for the elderly). ^{***}	1	0.5	0
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy ⁹	1	0.5	0
Women are equally (> 50%) represented in management of the specific office responsible for the monitoring and implementation of the policy ^{***}	1	0.5	0
Score for Indicator 1.2.1: 11.5/19		61%	

INDICATOR 1.2.2: EARLY CHILDHOOD CARE AND EDUCATION (ECCE) SERVICES

ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy or policies for the provision of early childhood care and education (ECCE) services	1	0.5	0
Accessibility & coverage			
The policy prioritises underserved and marginalised populations, including informally employed workers	1	0.5	0
The policy ensures ECCE services are universally available and accessible to everyone	1	0.5	0
The policy ensures ECCE services are free/affordable for low-income groups	1	0.5	0
The policy provides for ECCE services for all ages between birth and 5 years of age	1	0.5	0
The policy recognises the importance of ECCE services having operational hours that are practical for the paid working hours of parents and/or at least 8 hours a day	1	0.5	0
ECCE services under this policy are reaching the most underserved areas and populations, including those likely to be marginalised	1	0.5	0
Budgeting and administration			
There is a federal budget allocated for this policy and/or a federal mandate for states to allocate resources towards the implementation of this policy**	1	0.5	0
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocated is sufficient to implement ¹ the policy (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)	1	0.5	0
>80% of the allocated budget ² for public ECCE services is being spent (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)***	1	0.5	0
There is adequate human resources/staff ³ for the implementation of the policy ⁴ ***	1	0.5	0
ECCE services are primarily (≥ 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the quality, accessibility and affordability of ECCE services	1	0.5	0
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of non-compliance or lack of quality provision	1	0.5	0
The government collects and publishes disaggregated data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care recipients	1	0.5	0
Design and impact			
The policy was developed through consultation with representatives from underserved groups/communities [or interest groups] ⁵ (i.e., women or women's rights organizations from diverse backgrounds, ⁶ workers' associations, etc.). ⁷ ***	1	0.5	0
The policy explicitly mentions addressing unpaid or underpaid care work ⁸ in the policy objectives or purpose (either to reduce or redistribute the time, cost and labor for caregivers, and/or to improve the quality of care received; consider other terms such as domestic workers, parents, care workers for the elderly).***	1	0.5	0
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy ⁹ ***	1	0.5	0

Women are equally (> 50%) represented in management of the specific office responsible for the monitoring and implementation of the policy***	1	0.5	0
Score for Indicator 1.2.2: 12.5/22		57%	

INDICATOR 1.2.3: CARE SERVICES FOR OLDER PEOPLE

ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy or policies for the provision of care services for older persons	1	0.5	0
Accessibility and reach			
The policy prioritises underserved and marginalised populations	1	0.5	0
The policy ensures care services for older persons are universally available and accessible to all older persons	1	0.5	0
The policy ensures care services for older persons are free/affordable for low-income groups	1	0.5	0
Care services for older persons under this policy are reaching the most underserved areas and populations, including those likely to be marginalised	1	0.5	0
Budgeting and administration			
There is a federal budget allocated for this policy and/or a federal mandate for states to allocate resources towards the implementation of this policy**	1		
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocated is sufficient to implement ¹ the policy (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)	1	0.5	0
>80% of the allocated budget ² for care services for older persons is being spent (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)***	1	0.5	0
There is adequate human resources/staff ³ for the implementation of the policy ⁴ **	1	0.5	0
Care services for older persons are primarily (≥ 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the regulation of the of the quality, accessibility affordability of care services for older persons	1	0.5	0
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of non-compliance or lack of quality provision	1	0.5	0
The government collects and publishes disaggregated data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care recipients	1	0.5	0
Design and impact			
The policy was developed through consultation with representatives from underserved groups/communities [or interest groups] ⁵ (i.e., women or women's rights organizations from diverse backgrounds, ⁶ workers' associations, etc.). ⁷ ***	1	0.5	0
The policy explicitly mentions addressing unpaid or underpaid care work ⁸ in the policy objectives or purpose (either to reduce or redistribute the time, cost and labor for caregivers, and/or to improve the quality of care received; consider other terms such as domestic workers, parents, care workers for the elderly).***	1	0.5	0

There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy****	1	0.5	0
Women are equally (> 50%) represented in management of the specific office responsible for the monitoring and implementation of the policy***	1	0.5	0
Score for Indicator 1.2.3: 13.5/20		68%	

INDICATOR 1.2.4: CARE SERVICES FOR PEOPLE WITH ADDITIONAL CARE NEEDS

ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy or policies for the provision of care services for people with additional care needs (such as a disability or mental health problem)	1	0.5	0
Accessibility and reach			
The policy prioritises underserved areas and marginalised populations	1	0.5	0
The policy ensures care services for people with additional care needs are available and accessible to all those with additional needs (such as a disability or mental health problem)	1	0.5	0
The policy ensures care services for people with additional care needs are proportional to their ability to pay and free/affordable for low-income groups	1	0.5	0
Care services for people with additional care needs under this policy are reaching the most underserved areas and populations, including those likely to be marginalised	1	0.5	0
Budgeting and administration			
There is a federal budget allocated for this policy and/or a federal mandate for states to allocate resources towards the implementation of this policy**	1	0.5	0
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocated is sufficient to implement ¹ the policy (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)	1	0.5	0
>80% of the allocated budget ² for care services for people with additional needs is being spent (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)***	1	0.5	0
There is adequate human resources/staff ³ for the implementation of the policy ⁴ ***	1	0.5	0
Care services for people with additional needs are primarily (≥ 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the regulation of the quality, accessibility affordability of care services for people with additional needs	1	0.5	0
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of non-compliance or lack of quality provision	1	0.5	0
The government collects and publishes disaggregated data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers (especially women) and care recipients	1	0.5	0

Design and impact

The policy was developed through consultation with representatives from underserved groups/communities [or interest groups] ⁵ (i.e., women or women's rights organizations from diverse backgrounds, ⁶ workers' associations, etc.). ⁷ ***	1	0.5	0
The policy explicitly mentions addressing unpaid or underpaid care work ⁸ in the policy objectives or purpose (either to reduce or redistribute the time, cost and labor for caregivers, and/or to improve the quality of care received; consider other terms such as domestic workers, parents, care workers for the elderly).***	1	0.5	0
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy***	1	0.5	0
Women are equally (> 50%) represented in management of the specific office responsible for the monitoring and implementation of the policy***	1	0.5	0
Score for Indicator 1.2.4: 10/20		50%	
Total Score for Policy Area 1.2: Care Services			
Percentage Score:		59%	

SCORE EXPLANATION	
The Affordable Care Act (ACA) or Obamacare, was passed on March 21, 2010, and signed into law by President Barack Obama on March 23, 2010. The law required most individuals to obtain health insurance and	https://ballotpedia
According to HealthCare.gov, the official website for the Affordable Care Act, the law had three primary goals, including 1) Make affordable health insurance available to more people through subsidies (PTCs) that lower	https://ballotpedia
According to HealthCare.gov, an original goal of the Affordable Care Act was to make health insurance affordable through subsidies, tax credits, Medicaid expansion, and innovative support for medical care. Recent studies show that the ACA is significantly increasing the number of insured people across the country. A recent analysis by the RAND Corporation found that nearly 17 million more Americans have become insured since the health insurance exchanges opened, and according to Gallup data, the uninsured rate among U.S. adults 18	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6048544/ https://www.healthaffairs.org/content/34/12/e1244
One of the most immediate changes for reproductive health was the ACA's birth control benefit, which ensured that nearly 63 million women now have birth control without a copay, and helped women save an estimated \$1.4	https://www.planetizen.com/stories/120113-aca-birth-control-benefit
HHS Centers for Medicare & Medicaid Services operates Medicare, Medicaid, and CHIP budgets, which operate by a mandatory funding formula, and HHS is broadly in charge of mandatory and discretionary funding for the	https://www.hhs.gov/medicaid
ACA CMS Medicaid & Medicare Services budget overall grew by \$42.5 billion or more (see source PDF pg. 82), and increased ACA marketplace subsidies are expected to cost \$163 billion over 10 years (PDF pg. 101). The CMS budget for program management increased by \$309 million in 2021 over 2020, funding these	https://www.hhs.gov/medicaid https://www.hhs.gov/medicaid
funds were necessary to expand coverage and implement new funding streams. Rural and consumer outreach about health programs increased in 2021 as well. However, ongoing gaps between eligibility and enrollment CBO projects that administrative costs accounted for 8% of Medicaid spending, 7% of all Medicare spending, and 12% of 'private plan' spending (eg. ACA) (2020).	https://www.cbo.gov/publications/46259
Staffing across institutions that carry out services funded by Medicaid and Medicare policies, such as nursing homes and long term care facilities, is a major constraint in adequately implementing the policy. The issue has prompted government funding and action to investigate resolve these issues. However no issues have been	https://www.cms.gov/medicaid-coverage-innovations
In 2020, private health insurance coverage continued to be more prevalent than public coverage at 66.5 percent and 34.8 percent, respectively.	https://www.census.gov/hhes/health/private-coverage
U.S. Department of Health & Human Services as well as states and various state agencies and regulators are responsible for administering the ACA marketplaces and various Medicare and Medicaid related policies	https://www.hhs.gov/medicaid
Various policies related to Medicaid, Medicare and the ACA include oversight and regulation related to quality, accessibility, and affordability, and sets rules for other administrators (states, agencies, companies) to follow.	https://www.cms.gov/medicaid-coverage-innovations
It is reported by the Census and others that data retrieved by CMS does not require demographic information, and thus disaggregating such data by demographic groups can be fraught with difficulty to fully dissect	https://www.census.gov/hhes/health/private-coverage https://data.medicare.gov/
INS - No specific information was found, but it is possible that womens and other interest groups were consulted in the processes of developing these policies.	
No explicit mention was found in the documentation of the policy.	
In a Kaiser Family Foundation (KFF) survey, unpaid caregivers "describe Medicaid as helpful in covering doctor visits, prescriptions, medical tests, supplies, transportation, and home health aide services." Further, Medicaid	https://www.kff.org/health-policy/report/kaiser-family-foundation-2021-coverage-for-people-with-long-term-care-needs/
The HHS full-time staff comprises of 65% women, including more than 50% of manager-level staff. 66.8% of employees at Centers for Medicaid and Medicare Services are women, however breakdowns by management level for CMS are not reported.	https://www.eeoc.gov/

SCORE EXPLANATION	
The Improving Head Start for School Readiness Act of 2007 authorises the Department of Health and Human Services to run a federally funded program, the Head Start Program, that offers free support for pregnant	https://eclkc.ohs.acf.hhs.gov/hsp/0/act/
Head Start programs are available to families whose income levels are at or below the federal poverty level.	https://eclkc.ohs.acf.hhs.gov/hsp/0/eligibility/
CCDBG funds are available to families whose income levels are higher than 85% of the respective state's	https://eclkc.ohs.acf.hhs.gov/hsp/0/eligibility/
Head Start policy requires programs to offer services or public assistance programs) CCDBG funding in	https://childcare.gov/
income levels below the federal poverty line. The CCDBG also offers funds for free reduced child care only to	https://childcare.gov/
the Head Start program that Head Start for children from birth to five years of age is supported by the CCDBG	https://eclkc.ohs.acf.hhs.gov/hsp/0/act/
planned class operations if they operate for five days per week, or at least 128 days per year if they operate four	
days per week. Classes must operate for a minimum of 3.5 hours per day.	https://childcare.gov/
Head Start programs are required to serve children with special needs, such as those with mental/physical	
disabilities or homelessness. Head Start programs are available to families whose income levels are at or below	
the federal poverty levels. Families who receive public assistance, those with children in foster care, or those	
There is a federal budget allocated for both the Head Start and CCDBG policies. Head Start funding gets	https://eclkc.ohs.acf.hhs.gov/hsp/0/act/
authorized through the annual Congressional appropriations process, so funding is not guaranteed. CCDBG	02#:~:text=Presid
funds are partially discretionary, authorized under the CCDBG Act which Congress must approve in the budget	https://eclkc.ohs.acf.hhs.gov/hsp/0/act/
The budget for Head Start programs increased by 289 million in FY 2022 from FY 2021, with 234 million of that	https://www.wash
being an increase for inflation. CCDBG funding increased by more than \$250 million in FY 2022 from the prior	
and their families, is not adequately funded and is administered so differently from state to state that children do	
not benefit equally. Programs still need more funding to be able to meet the new needs of families, pay staff	https://www.acf.hhs.gov/programs/head-start/about-head-start
Page 89 of the DHS annual budget report reported 100% of the 2021 budget for CCDBG was used for	
personnel and actual implementation of the program. Pages 125 of the same document state that over 10.369	
billion (97%) of the 2021 budget was used as grant funding (program implementation) for Head Start programs.	https://nwlc.org/w
Head Start and CCDBG are funded on the federal level, but are implemented on the state and local level. The	
interview with CLASP highlighted the lack of human resource at the federal level, specifically citing the many	
vacancies in the Office of Child Care, and several reports and articles detail the lack of personnel and technical	
Head Start programs are federally funded, and are administered by state and local-level organizations and	https://eclkc.ohs.acf.hhs.gov/hsp/0/act/
community nonprofits. CCDBG funds are federally provided, and are dispersed at the state-level. However, the	
The Department of Health and Human Services' Administration for Children and Families oversees the Head	https://eclkc.ohs.acf.hhs.gov/hsp/0/act/
Start and CCDBG programs. Head Start funds are provided to local grantees and administered by a network of	https://eclkc.ohs.acf.hhs.gov/hsp/0/act/
Section 18 of the policy includes stringent guidelines and regulations regarding quality, accessibility, and	
affordability, that Head Start programs must follow. Section 658A of the CCDBG outlines guidelines for the	https://eclkc.ohs.acf.hhs.gov/hsp/0/act/
health, safety, licensing, training, and oversight standards, including State regulations. However, states are able	
Mechanisms to conduct an investigation into programs who are found to be noncompliant quality standards,	
rules, and regulations exist. As outlined in section 18 of the policy, in these cases corrective action must be	
taken and a corrective action plan must be created. If the program continuously fails to meet standards and	
The Department of Health and Human Services collects and publishes data on the Head Start program	https://eclkc.ohs.acf.hhs.gov/hsp/0/act/
annually. This includes how the program is doing in regards to the targets set in the policy. States are required	https://eclkc.ohs.acf.hhs.gov/hsp/0/act/
the Head Start policy includes monitoring and evaluation of the impact of the program on children (care	
recipients) and their families (caregivers). The policy includes provisions for a monitoring and evaluation system	
which includes periodic external, independent evaluations of the impact of the program described by this	
For the CCDBG, perspectives from stakeholders were taken during hearings in 2014. These stakeholders were	https://www.help.us/
almost exclusively women, many representing family and parent advocacy organizations. Several publications	
reference a panel of experts that were consulted in the creation of Head Start, but it is unclear as to whether or	
not this panel included any women or WROs from diverse backgrounds. Interviews with NWLC revealed that the	https://eclkc.ohs.acf.hhs.gov/hsp/0/act/
No information on this could be found for the Head Start program as it is primarily meant to, from birth, prepare	
children to enter the education system. Page 1979 of the CCDBG does explicitly state intention to allow each	
state to develop childcare systems that are the most helpful to caregivers, with special emphasis on enabling	
caregivers who work to stay in the workforce (i.e. redistributing the time and responsibility for unpaid carers).	https://eclkc.ohs.acf.hhs.gov/hsp/0/act/
The Head Start program provides meals, health services, and child care for all the children it serves. As such, it	
can be assumed that this has a positive impact on the redistribution of care as caregivers do not have to care for	

Department of Health and Human Services, which oversees the Head Start program and CCDBG, employs 65% women as FTE and more than 55% of management level employees are women. <https://www.eeoc.gov>

SCORE EXPLANATION

The score is a .5 due to the existence of policies such as Medicaid and Medicare that offer health and care benefits to older persons, in addition to the OAA Title III that offers states funding for additional services. <https://acl.gov/ab>

Medicaid prioritizes those with low incomes, and Medicare intends to serve all of those age 65+. Title III of OAA prioritizes services to older adults with the greatest economic and social needs, eg low income, rural, disabled. <https://www.govi>
<https://acl.gov/site>

Medicare is available to those in the extent to which Medicaid covers long-term care. Medicaid funding can be below 150% of the federal poverty line. Medicare (specifically general health insurance coverage, or "Part B") is available to each of the over 80 million beneficiaries including young low income adults, children, pregnant women, elderly adults and people with disabilities. However access to long-term services are not available to all, as stated above, and not all states (no federal mandate) require that Medicaid funds can be used for home based <See sections on i>
<https://acl.gov/sites>

There is a budget allocated Medicaid (through a state match formula) and Medicare (through a combination of payroll taxes, premiums, and state funding). Both budgets run through the CMS at HHS. <https://www.kff.or>
<how-does-it-work>

Medicare outlays increased by \$47 billion in 2022 from 2021 (see HHS source PDF pg 84). Medicaid funding for long-term care increased due to an infusion of ARPA funds between 2021 and 2024, the exact allocations are more is not appropriate funding for certain services including acute care, hearing, vision, and long-term support services. There are also waiting lists for home and community support that vary depending on the state. Further, the federal budget and incentives offered to states are not sufficient to ensure the policy goals are met, since not CBO projects that administrative costs accounted for 8% of Medicaid spending, 7% of all Medicare spending. <https://www.hhs.g>
<Interview with Exp>
<https://www.cbo.g>

Other funds are spent based automatically based on the formula to states and individuals. There is a problem in both funding and staffing according to experts. There is not enough staff to oversee Medicaid and Medicare. <Interview with Exp>

While the majority of services are funded by the government, the expert who was interviewed for this project estimated the government's contribution to be around 60% rather than 80%. KFF estimates that in 2020, <https://crsreports>.

Medicaid and Medicare are administered by the Centers for Medicare & Medicaid Services (CMS) fall under the Department of Health and Human Services (HHS) and related state agencies are responsible for implementing policies are related to quality, accessibility, and affordability. However due to states' abilities to curtail the Medicaid centers are required to establish a reporting system and meet quality assurance and improvement standards. Meanwhile, attempts to ensure standards and reporting processes for HCBS quality are on-going. <https://acl.gov/ab>
<https://www.medi>
<https://www.govin>

The HHS website has a section on "aging" that includes resources and data on existing programs and services, benefits and grants. The Secretary for Aging is required to monitor projects within the state plan for which grants are made to determine whether the grantees are complying with rules and regulations issued. CMS conducts federal reviews to monitor implementation progress and conducts evaluations on a selection of these demonstrations to <https://www.hhs.g>
<https://www.medi>

There is a fairly good amount of participation from relevant stakeholders, advocacy groups and NGOs, but mainly in the amendments and improvements to the original legislation. The degree of consultation in the preparatory phases of the legislation is unclear. <Interview with Exp>

In a KFF survey, unpaid caregivers "describe Medicaid as helpful in covering doctor visits, prescriptions, medical tests, supplies, transportation, and home health aide services." Further, Medicaid offers a variety of schemes to support family caregivers, depending on the state (see details in the NASHP brief), but not in every state (eg. not a national policy). <https://www.kff.or>

Despite apparent progress made as a result of the pandemic and renewed attention to these issues, there are still major deficiencies in services and funding, and in the absence of sufficient services and the cost of 66.8% of employees at Centers for Medicaid and Medicare are women. Manager level demographic breakdowns were not found for CMS specifically, but HHS overall employs more than 50% women in mid- and senior- level manager roles.	Expert interview with Exp See pg. 4, https://report.pdf ;
SCORE EXPLANATION	
Medicaid is the nation's primary health insurance program for people with disabilities. Medicare is also available for certain people with disabilities under age 65 who have received Social Security Disability Insurance (SSDI), or who have End Stage Renal Disease (ESRD) or ALS ("Lou Gehrig's disease). Roughly 2/3 of disabled	https://www.ssa.gov
According to KFF: "More than six in 10 nonelderly Medicaid adults with disabilities do not receive SSI, meaning that they qualify for Medicaid on another basis. Nonelderly adults with disabilities who do not receive SSI can't add to the coverage gap described in this section, as mentioned in the sections above, states determine certain the scope of services (eg. whether Medicaid can be used for home care services, the gaps in access to long-term care (see indicator 1.2.3)) and funding levels, and in effect do not serve all who are in need. States determine the scope of services covered and provider payment amounts, but federal guidelines determine that the maximum allowable copayments for individuals and families is as follows: <100% FPL individuals and families pay a very small fixed cost per service; those between 100-150% FPL pay 10% of the See details above regarding lack of policy that specifically ensures that all people with disabilities have both health insurance and access to affordable care (including long-term care). Further, millions are eligible but uninsured, and more than 600,000 disabled people (2020) were on waiting lists for home care support through	https://www.kff.org https://www.medicare.gov https://www.cdss.gov https://www.kff.org
Medicaid is a federal-state match.	https://www.kff.org
Medicare and Medicaid budgets have increased from 2021 to 2022, however the budget is not itemized by disability vs non-disability beneficiaries, and therefore the score is an estimate based on general spending based on presence of Medicaid variants, and therefore state spending, disabled private insurance, and the sharing disabled people in the Medicaid coverage gap, in addition to HR comments below,	https://www.hhs.gov https://www.kff.org/
CBO projects that administrative costs accounted for 8% of medicaid spending and 7% of all Medicare spending; the rest is spent through state and individual benefit forums.	https://www.cbo.gov
Based on the interview and on the review of op-eds, there is no adequate capacity to implement the policy. And from a congressional hearing; "Under the President's FY 2009 proposed budget, the agency would be able to make modest progress toward addressing the disability claims backlog, but service in the field would continue. According to an HHS study based on data from 2010-2018, anywhere from 30-37% of disabled individuals are covered by private insurance. That private insurance may be subsidized through the ACA but is not government	Expert interviewh See Figure 2.
HHS CMS.	https://www.cms.gov
See Section 1.2.3	https://www.ada.gov
See Section 1.2.3	https://beta.ada.gov
CMS publishes various data related to disability, Medicare, and Medicaid, by demographic characteristics, for example in the 2019 report linked. No data related to impact on wellbeing was found in government monitoring and evaluation.	https://www.cms.gov

CMS hosts a quarterly Caregiver Workgroup meeting with relevant stakeholders.	https://www.cms.gov
States may provide caregiver benefits through Medicaid, although not required.	https://www.nash.org
Evidence was only found based on state-specific decisions about Medicaid dollars, but not because of the federal policy itself.	
68.8% of SSA employees are women, 59% of mid-level officials and 47% of senior-level officials are women (averaging more than 50%)	https://www.eeoc.gov

SOURCE

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INDICATOR 1.3.1: PUBLIC PENSION

ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy for the provision of a public pension	1	0.5	0
Accessibility and reach			
The policy prioritises underserved and marginalised populations, including informally employed women	1	0.5	0
The policy ensures the pension scheme is universally accessible and available to all (not targeted by citizenship, contract type, employment status); and is non-contributory	1	0.5	0
The policy provides for disease, invalidity, advanced age, unemployment and death	1	0.5	0
The majority (at least 75%) of all women eligible for pensions (above 65 or age of retirement; disabled, unemployed) are receiving a public pension	1	0.5	0
The policy provides pension amounts that are “sufficient to maintain the family of the beneficiary in health and decency” (ILO convention 102)	1	0.5	0
Budget and administration			
There is a federal budget allocated for this policy and/or a federal mandate for states to allocate resources towards the implementation of this policy**	1	0.5	0
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocated is sufficient to implement ¹ the policy (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)	1	0.5	0
>80% of the allocated budget ² for pension schemes is being spent (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)***	1	0.5	0
There is adequate human resources/staff ³ for the implementation of the policy ⁴ ***	1	0.5	0
Pension schemes are primarily (≥ 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of pension schemes	1	0.5	0
The government collects and publishes disaggregated data on implementation of the policy, with indicators and targets for women and informally employed workers	1	0.5	0
The government’s monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers (especially women) and care recipients	1	0.5	0
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of lack of provision	1	0.5	0
Design and impact			
The policy was developed through consultation with representatives from underserved groups/communities [or interest groups] ⁵ (i.e., women or women’s rights organizations from diverse backgrounds, ⁶ workers’ associations, etc.). ⁷ ***	1	0.5	0
The policy explicitly mentions addressing unpaid or underpaid care work ⁸ in the policy objectives or purpose (either to reduce or redistribute the time, cost and labor for caregivers, and/or to improve the quality of care received; consider other terms such as domestic workers, parents, care workers for the elderly).***	1	0.5	0

There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy ^{9***}	1	0.5	0
Women are equally (> 50%) represented in management of the specific office responsible for the monitoring and implementation of the policy***	1	0.5	0
Score for Indicator 1.3.1: 16/21		76%	

INDICATOR 1.3.2: CASH TRANSFER POLICIES RELATED TO CARE

ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy for the provision of cash transfer policies related to care	1	0.5	0
Accessibility & reach			
The policy prioritises underserved and marginalised populations, including informally employed women	1	0.5	0
The policy ensures cash transfers are available and accessible to all those within the selected recipient categories of the policy (e.g. childcare-related cash transfers available to all who have children)	1	0.5	0
The policy stipulates that cash and in-kind transfers related to care do not have conditionalities	1	0.5	0
The policy ensures cash transfers meet the real level of costs for caring for children/elderly/people with additional needs/disability etc	1	0.5	0
Cash transfers for care responsibilities under this policy are reaching the most underserved areas and populations, including those likely to be marginalised	1	0.5	0
Budgeting and administration			
There is a federal budget allocated for this policy and/or a federal mandate for states to allocate resources towards the implementation of this policy**	1	0.5	0
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocated is sufficient to implement ¹ the policy (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)	1	0.5	0
>80% of the allocated budget ² for cash transfer programs is being spent (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)***	1	0.5	0
There is adequate human resources/staff ³ for the implementation of the policy ^{4***}	1	0.5	0
Cash transfer programmes are primarily (≥ 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of cash transfer schemes	1	0.5	0
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of lack of provision	1	0.5	0
The government collects and publishes disaggregated data on implementation of the policy, with indicators and targets for women and informally employed workers	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the social and economic wellbeing of caregivers (especially women) and care recipients	1	0.5	0

Design and impact

The policy was developed through consultation with representatives from underserved groups/communities [or interest groups] ⁵ (i.e., women or women's rights organizations from diverse backgrounds, ⁶ workers' associations, etc.). ⁷ ***	1	0.5	0
The policy explicitly mentions addressing unpaid or underpaid care work ⁸ in the policy objectives or purpose (either to reduce or redistribute the time, cost and labor for caregivers, and/or to improve the quality of care received; consider other terms such as domestic workers, parents, care workers for the elderly). ***	1	0.5	0
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy ⁹ ***	1	0.5	0
Women are equally (> 50%) represented in management of the specific office responsible for the monitoring and implementation of the policy***	1	0.5	0
Score for Indicator 1.3.2: 10/20	50%		

INDICATOR 1.3.3: SCHOOL-BASED MEALS OR FOOD VOUCHERS

ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy for the provision of school-based meals and/or food vouchers generally	1	0.5	0
Accessibility & reach			
The policy prioritises underserved and marginalised populations, especially low-income and single parent households	1	0.5	0
The policy ensures that school feeding programmes and food voucher programs generally are available and accessible to all those within the recipient categories of the policy (e.g. school-based meals to all children going to public schools)	1	0.5	0
The policy ensures school-based meals and/or food vouchers are free/affordable for low-income groups	1	0.5	0
The policy provides for flexibility (e.g. food vouchers are able to be used flexibly at a large number of stores and supermarkets) and autonomy (e.g. food vouchers can be used to buy a range of products without restrictions)	1	0.5	0
School-based meals and/or food vouchers under this policy are reaching the most underserved areas and populations, including those likely to be marginalised, especially low-income and single parent households	1	0.5	0
Budgeting and administration			
There is a federal budget allocated for this policy and/or a federal mandate for states to allocate resources towards the implementation of this policy**	1	0.5	0
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocated is sufficient to implement ¹ the policy (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)	1	0.5	0
>80% of the allocated budget ² for school meals and/or food voucher programs being spent (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)***	1	0.5	0
There is adequate human resources/staff ³ for the implementation of the policy ⁴ ***	1	0.5	0
School-based meals and/or food voucher programs are primarily (≥ 80%) government funded or administered	1	0.5	0

Regulation and monitoring

There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the quality, accessibility and reach of school meals and/or food voucher programmes	1	0.5	0
The government collects and publishes disaggregated data on implementation of the policy, with indicators and targets especially for low-income and single parent households	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the social and economic wellbeing of caregivers (especially women) and care recipients	1	0.5	0

Design and impact

The policy was developed through consultation with representatives from underserved groups/communities [or interest groups] ⁵ (i.e., women or women's rights organizations from diverse backgrounds, ⁶ workers' associations, etc.). ⁷ ***	1	0.5	0
The policy explicitly mentions addressing unpaid or underpaid care work ⁸ in the policy objectives or purpose (either to reduce or redistribute the time, cost and labor for caregivers, and/or to improve the quality of care received; consider other terms such as domestic workers, parents, care workers for the elderly). ***	1	0.5	0
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy ⁹ ***	1	0.5	0
Women are equally (> 50%) represented in management of the specific office responsible for the monitoring and implementation of the policy***	1	0.5	0
Score for Indicator 1.3.3: 16.5/20		83%	

INDICATOR 1.3.4: CARE-SENSITIVE PUBLIC WORKS PROGRAMMES

ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy for the provision of care-sensitive public works programmes (PWPs)	1	0.5	0

Accessibility and reach

The policy prioritises underserved and marginalised populations	1	0.5	0
The Policy ensures that the care-sensitive provisions of the PWPs are universally available and accessible to everyone.	1	0.5	0
The policy ensures that the income from PWPs meet the real level of costs for caring for children/elderly/people with additional needs/disability etc.	1	0.5	0
The policy stipulates that PWPs have provisions of onsite child care irrespective of number of 'women' workers or a minimum number of children.	1	0.5	0
The policy stipulates that PWPs are available closer to women's homes (and at least no more than 5 kms from women's home; and if longer, provisions for transportation are offered)	1	0.5	0
There are flexible working times available at PWPs	1	0.5	0
There is the provision of regular breaks and/or lighter work for older women and pregnant and lactating women.	1	0.5	0

Budgeting and administration

There is a federal budget allocated for this policy and/or a federal mandate for states to allocate resources towards the implementation of this policy**	1	0.5	0
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The budget allocated is sufficient to implement ¹ the policy (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)	1	0.5	0
The budget allocations for these care-sensitive provisions in PWP's have risen (in real terms) since the previous budget cycle	1	0.5	0
>80% of the allocated budget ² for PWPs being spent (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs) ^{***}	1	0.5	0
There is adequate human resources/staff ³ for the implementation of the policy ⁴ ^{***}	1	0.5	0
PWPs, including care-sensitive provisions, are primarily (≥ 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the accessibility and reach of PWPs	1	0.5	0
Implementation of the care-sensitive provisions of the policy is monitored through the collection of publicly available data disaggregated by age, sex, and physical ability, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the social and economic wellbeing of caregivers (especially women) and care recipients	1	0.5	0
Design and impact			
The policy was developed through consultation with representatives from underserved groups/communities [or interest groups] ⁵ (i.e., women or women's rights organizations from diverse backgrounds, ⁶ workers' associations, etc.). ⁷ ^{***}	1	0.5	0
The policy explicitly mentions addressing unpaid or underpaid care work ⁸ in the policy objectives or purpose (either to reduce or redistribute the time, cost and labor for caregivers, and/or to improve the quality of care received; consider other terms such as domestic workers, parents, care workers for the elderly). ^{***}	1	0.5	0
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy ⁹ ^{***}	1	0.5	0
Women are equally (> 50%) represented in management of the specific office responsible for the monitoring and implementation of the policy ^{***}	1	0.5	0
Score for Indicator 1.3.4:		0 /22	0%
Total Score for Policy Area 1.3: Social protection benefits related to care			
Percentage Score:			52%

SCORE EXPLANATION

The 1935 Social Security Act established general welfare for old age benefits, disabled, survivors, and dependents. Various laws over time have amended the SSA, changing eligibility and benefit formulas, adding appropriations for	https://www.ss
The policy prioritizes the elderly and disabled, however it is based on how much you pay to the program through formal employment. Those who work informally throughout their life may not be eligible unless they meet the "minimum wage" criteria. Those workers who are able to report their wages, which may exclude informal workers whose employers do not report their wages, and informal domestic or farm workers who earn less than an annual threshold amount. Further, work performed by noncitizens under certain nonimmigrant (temporary) visas is not covered. The policy provides low-income disabled people of any age (through Supplemental Security Income SSI), Social Security are eligible automatically receive the benefit. Since women tend to earn less throughout their careers, take more time out of the workforce, and save less, and live longer, social security is especially important for women in retirement.	https://www.ss https://www.ss https://www.ss https://www.ck
Social Security was not designed to be the only source of income for individuals in retirement. SSA was meant to be one of 3 pillars of which individuals should live off of in their retirement years, the other two being occupational and personal savings/investments.	https://www.ss
The Social Security Administration (SSA) manages the SS Trust Funds that pool accumulated assets (contributions through taxes), and automatically dispense benefits to recipients on a monthly basis. In addition, Congress allocates funding to the administration of SSA.	https://www.ss
The 2022 SSA FY 2022 budget increased by 411 million dollars in FY 2022 from FY 2021.	https://www.ss
The 2022 SSA budget overview details that the SSA asked for approximately 14 billion in increased funding for FY 2022, but they received only 411 million in funding increases. The FY 2022 budget overview details how operations are curtailed due to insufficiency of funds and lack of budgetary increases over the past number of years. However, since in FY 2021, 984,682 million out of the entire program budget of 993,816 million was spent on benefit payments. This means 99% of the program budget is spent on program implementation (in the form of direct payments to beneficiaries).	https://www.ss Pages 3 and 4
The 2022 SSA budget overview states that the SSA is severely under-resourced and understaffed.	https://www.ss
Social security is funded and administered by the government.	https://www.ss
The Social Security Administration (SSA) is in charge of the social security program.	https://www.ss
The Subcommittee on Social Security handles all legislation and oversight related to the nation's Social Security system.	https://waysar
The SSA collects and publishes data on the implementation of the policy for women but not for informally employed workers, and they do not publish targets.	https://www.ss
The government's monitoring and evaluation system does include the impact on parents, women, and children (care recipients).	https://www.ss
The SSA has policies in place to address complaints, appeals, or discrimination.	https://www.ss
The policy was created in 1935. No information regarding who was consulted in the making of the SSA could be found. However in the more recent policy context, the SSA hosts regular forums with various stakeholders, especially aimed at increasing equity (including gender equity) for various underserved groups and communities, which could impact future amendments to the policy.	https://www.ss
There are provisions for caregivers of disabled adults who are eligible to receive SSA wherein the caregiver is eligible to receive and manage the care receiver's social security allotment, which can improve the social and economic wellbeing of the caregiver. Additionally, there are benefits available to family members and caregivers of disabled individuals who receive SSA depending on the individual's occupation.	https://blog.ss

Unpaid care work that results in time spent out of the formal labor market can reduce one's social security benefit. However, the financial benefits can be critical for recipients and their families who cannot afford paid caregivers. See in particular the discussion on the importance of social security for women and Black women and families in the source	https://iwpr.org
Women make up 68% of the SSA, 59% and 47% of mid- and senior- level positions, respectively.	https://www.ee

SCORE EXPLANATION	
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The 2021 American Rescue Plan increased the Child Tax Credit (CTC) from \$2,000 to \$3,000 per child for children over the age of six and from \$2,000 to \$3,600 for children under age 6, and raised the age maximum from 16 to 17.	https://crsrepc
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The CTC is technically available to anyone eligible who files taxes in the U.S. However since the credit is not "refundable" (pre- and post- ARPA) and do not have enough tax liability to apply the credit for most of the lowest income families, the CTC and CDCTC are available and accessible only to those who can claim a credit for income, since the credits are non refundable. Beyond that, the CTC covers all with children under age 16 and the CDCTC covers only those working or looking for work who were able to pay for care upfront (until the credit comes through as a tax credit). See details above.	Regarding CD https://crsrepc
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CDCTC transfers account for 20-50% of eligible expenses, depending on income (see graph on pdf pg 3 in linked CRS report), and eligible expenses are limited below what many pay for care. For example, median yearly cost of in-home care with a home health aide in 2020 was \$54,912, and the median cost for a private room in a nursing home was \$12,000. It's estimated that only 12-14% of families with children benefit from the CDCTC (see Tax Policy Center report). And due to nonrefundability, CBPP estimates that 19 million children under age 17 receive less than the full benefit amount because their families' earnings were too low - these families are disproportionately Black, Latino, or AIAN.	https://crsrepc
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Since cash transfers are a crosscutting item that falls under the Treasury Department as well as tax credits issued by the IRS, there is no specific budget figure for its administration, however there are outlays via mandatory spending based on policy details. Some advocates suggest the policy should live with the SSA to administer and refine the outlays for these policies will have declined from benefit year 2021 to 2022 since ARPA expanded benefits in 2021 only - spending is based on the families receiving an estimate of how much costs to implement.	https://www.us
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The funding is mandatory and spent based on the eligibility requirements of the policy.	CTC: https://www.irs.gov/efile/child-tax-credit CDCTC: https://www.irs.gov/efile/child-tax-credit
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Additional staffing was deployed to support CTC-related efforts during the ARPA expansion, but without additional efforts, there are notable issues regarding staffing at the IRS (below). The 2022 Inflation Reduction Act invests money to resolve some of these issues, but the only mention of hiring is regarding tax enforcement (see CRS report). The cash payments are fully funded by the federal government.	https://www.ta
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The Department of the Treasury in collaboration with the IRS handles the disbursement of assistance to individuals and families, including the CTC and CDCTC. A combination of credits from the Treasury (inspector general for tax administration) and the IRS provide ongoing oversight of credit claims.	https://www.irs.gov/efile/child-tax-credit
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There are various reports about the impact of the expanded CTC (eg. the Census paper linked), but no main data portal was found with ongoing data and tracking. The Government Accountability Office claims there is more that can be done to link payments to household demographic characteristics. There is no explicit mention of the impact of the policy on caregivers.	https://www.irs.gov/efile/child-tax-credit
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There are some outreach and advocacy being done over time by women's rights organizations and other interested groups, especially regarding the implementation of tax benefits and tax credits. However, consultation by Congress with such groups and the extent of them having an impact on lawmaking has not reached its potential according to an expert.	Interview with
There is an implicit intent to support single working mothers with children and others with care responsibilities for a child or dependent.	Interview with
The 2021 CRS report on the CDCTC showed that middle- and upper-middle-income caregivers claim the majority of tax credit dollars. At most income levels the average credit amount is between \$500 and \$600, which is a positive impact on the economic wellbeing of caregivers (including those who are unpaid), albeit not all caregivers and	Interview with E covid-19-virus-t
According to the Office of Minority and Women Inclusion's annual report for FY2020, the representation of people of color and women in permanent GS-15 and SES level positions are below their representation within the Treasury Departmental Offices permanent workforce; which is at 44% for women. 47.57% of management positions in the IRS	home.treasury

SCORE EXPLANATION

The National School Lunch Act of 1946 and the Child Nutrition Act of 1966 are key foundational federal policies that aim to support meals in schools and for children more broadly. Amendments to those Acts established various	https://www.bce
WIC, SNAP, and NSLP are all targeted toward low income women, children, and families. Exact eligibility is determined by states for WIC and SNAP, which are less than 185% FPL and less than 130% FPL, respectively. For the NSLP, children from families with income under 130% FPL are eligible for free school meals, and those between 130-185% FPL are eligible for reduced price meals. In FY 2021, the first full year of the pandemic, the program provided 2.2 billion meals, 98.9 percent of which were served free or at a reduced price. In terms of participation in the program, according to the Food Research & Action Center (FRAC), more than 95% of schools participate in NSLP, and once a school is eligible, the school gets reimbursed for providing free or cheap meals to all eligible students.	https://www.ck12.org/quick-guide-to-wic/ https://www.frac.org
All programs are geared toward low-income individuals and families revised annually to account for changes in the Consumer Price Index and programs make meals, or groceries either free or substantially more accessible to low-income households. SNAP purchases food at many local grocery stores, convenience stores, farmers markets, and even some online delivery services like Walmart and Amazon. WIC is administered by USDA's Food and Nutrition Service and is administered at the local level by state WIC agencies that provide free authorization to participating stores. Eligible participants receive monthly vouchers or food packages designed to supply the nutrients needed in the target population. Based on participation rates mentioned above, WIC and SNAP fall short, contributing to persistent food insecurity that is more prevalent in Black and Latino households (see CBPP).	https://www.bce https://www.fda.gov https://www.usda.gov

These programs fall under the USDA's mandatory budget (SNAP, NSLP) and discretionary budget (WIC)	https://www.usda.gov
According to a USDA annual report, "Spending on USDA's domestic food and nutrition assistance programs in FY 2021 reached a historic high of \$182.5 billion, a 43 percent increase from the previous inflation-adjusted high of \$127.5 billion. The budget also includes a 47 percent increase in mandatory spending programs (eg. SNAP), and increased ambitions to expand reach of discretionary programs (eg. WIC).	USDA Annual Report https://www.usda.gov
94% of SNAP budget was spent on direct benefits (CBPP); only 11% of WIC costs go to administration; and state matching funds for NSLP are not allowed to go toward administration of the program, rather funding is explicitly for schools reimbursements (see USDA DNS guidelines).	https://www.usda.gov
Actions by the USDA and the Biden Administration were made to ensure school meal programs are strong and have the assistance they need to navigate current challenges. This year's upward adjustment added a range of flexibilities, resources and hands-on support USDA has provided to school meals (see source for more details).	https://www.usda.gov
All programs mentioned are government funded and administered, with the exception of private and nonprofit schools eligible to administer funds through reduced lunch costs.	https://www.ers.usda.gov

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INDICATOR 1.4.1: PAID SICK LEAVE		ASSESSMENT CRITERIA			SCORE		
		YES	PARTIA	NO			
There is a national policy that legally guarantees the right to paid sick leave		1	0.5	0	There is no national policy g		
Accessibility & reach							
The policy ensures paid sick leave is available and accessible to the entire labour force, including informally employed workers and those likely to be marginalised		1	0.5	0			
The policy includes paid leave to care for sick family members or dependents		1	0.5	0			
The policy includes anti-discrimination provisions ensuring there are no income or employment losses incurred by employees requesting sick leave		1	0.5	0			
The policy is inclusive of an expansive definition of family (i.e. aunts/uncles, grandparents), non-marital partners and LGBTQIA+ relationships		1	0.5	0			
The policy provides for an adequate duration of paid sick leave		1	0.5	0			
Budgeting and administration							
There is a federal budget allocated for this policy and/or a federal mandate for states to allocate resources towards the implementation of this policy**		1	0.5	0			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle		1	0.5	0			
The budget allocated is sufficient to implement ¹ the policy (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)		1	0.5	0			
>80% of the allocated budget ² for paid sick leave is being spent (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)***		1	0.5	0			
There is adequate human resources/staff ³ for the implementation of the policy ⁴ ***		1	0.5	0			
Paid sick leave provisions are primarily (≥ 80%) government funded or administered		1	0.5	0			
Regulation and monitoring							
There is a government department/unit/agency responsible for implementing the policy		1	0.5	0			
The policy includes provisions for the oversight and regulation of the accessibility and availability of paid sick leave		1	0.5	0			
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of non-compliance		1	0.5	0			
The government collects and publishes disaggregated data on implementation of the policy, with indicators and targets		1	0.5	0			
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care recipients and/or on the transformation of gender norms around care		1	0.5	0			
Design and impact							
The policy was developed through consultation with representatives from underserved groups/communities [or interest groups] ⁵ (i.e., women or women's rights organizations from diverse backgrounds, ⁶ workers' associations, etc.). ⁷ ***		1	0.5	0			
The policy explicitly mentions addressing unpaid or underpaid care work ⁸ in the policy objectives or purpose (either to reduce or redistribute the time, cost and labor for caregivers, and/or to improve the quality of care received; consider other terms such as domestic workers, parents, care workers for the elderly).***		1	0.5	0			

There is evidence of positive impact on the wellbeing of caregivers (especially women) and/or a transformation of gender norms ¹⁰ as a result of the policy/a program that comes from the policy ^{***}	1	0.5	0	
Women are equally (> 50%) represented in management of the specific office responsible for the monitoring and implementation of the policy ^{***}	1	0.5	0	
Score for Indicator 1.4.1: 0 /21		0%		

INDICATOR 1.4.2: PAID MEDICAL LEAVE*

ASSESSMENT CRITERIA	SCORE			
	YES	PARTIA	NO	
There is a national policy that legally guarantees the right to paid medical leave	1	0.5	0	There is no paid medical lea
Accessibility & reach				
The policy ensures paid medical leave is available and accessible to the entire labour force, including informally employed workers and those likely to be marginalised*	1	0.5	0	
The policy includes paid leave to care for family members or dependents with a serious health condition	1	0.5	0	
The policy includes anti-discrimination provisions ensuring there are no income or employment losses incurred by employees requesting medical leave	1	0.5	0	
The policy is inclusive of an expansive definition of family (i.e. aunts/uncles, grandparents), non-marital partners and LGBTQI relationships	1	0.5	0	
The policy provides for an adequate duration of paid medical leave	1	0.5	0	
Budgeting and administration				
There is a federal budget allocated for this policy and/or a federal mandate for states to allocate resources towards the implementation of this policy	1	0.5	0	New/added
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0	
The budget allocated is sufficient to implement ¹ the policy (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)	1	0.5	0	
>80% of the allocated budget ² for paid medical leave is being spent (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)	1	0.5	0	
There is adequate human resources/staff ³ for the implementation of the policy ^{4***}	1	0.5	0	
Paid medical leave provisions are primarily (≥ 80%) government funded or administered	1	0.5	0	
Regulation and monitoring				
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0	
The policy includes provisions for the oversight and regulation of the accessibility and availability of paid medical leave	1	0.5	0	
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of non-compliance	1	0.5	0	
The government collects and publishes disaggregated data on implementation of the policy, with indicators and targets	1	0.5	0	
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care recipients and/or on the transformation of gender norms around care	1	0.5	0	

Design and impact

The policy was developed through consultation with representatives from underserved groups/communities [or interest groups] ⁵ (i.e., women or women's rights organizations from diverse backgrounds, ⁶ workers' associations, etc.). ⁷	1	0.5	0	
The policy explicitly mentions addressing unpaid or underpaid care work ⁸ in the policy objectives or purpose (either to reduce or redistribute the time, cost and labor for caregivers, and/or to improve the quality of care received; consider other terms such as domestic workers, parents, care workers for the elderly).	1	0.5	0	
There is evidence of positive impact on the wellbeing of caregivers (especially women) and/or a transformation of gender norms ¹⁰ as a result of the policy/a program that comes from the policy	1	0.5	0	
Women are equally (> 50%) represented in management of the specific office responsible for the monitoring and implementation of the policy	1	0.5	0	
Score for Indicator 1.4.2:		0	/21	0%

INDICATOR 1.4.3: EQUAL PAID PARENTAL LEAVE

ASSESSMENT CRITERIA	SCORE			
	YES	PARTIA	NO	
There is a national policy that legally guarantees paid parental leave	1	0.5	0	There is no national paid lea
Accessibility & reach				
The policy ensures parental leave is available and accessible to all parents in the paid labour force, including informally employed workers, and those likely to be marginalised*	1	0.5	0	
The policy guarantees parental leave is of equal pay (> 80% of salary) for all genders, sexual orientation and family structure	1	0.5	0	
The policy guarantees parental leave is of equal duration (at least 12 weeks), for all genders, sexual orientation and family structure***	1	0.5	0	
The policy includes anti-discrimination provisions ensuring there are no income or employment losses incurred by employees requesting parental leave	1	0.5	0	
The policy is inclusive of parents who are adopting or having children through surrogacy or IVF	1	0.5	0	
The policy ensures that leave provisions are non-transferrable between parents	1	0.5	0	
The policy includes leave provisions for pregnancy complications such as miscarriage, still births etc.	1	0.5	0	
Budgeting and administration				
There is a federal budget allocated for this policy and/or a federal mandate for states to allocate resources towards the implementation of this policy**	1	0.5	0	
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0	
The budget allocated is sufficient to implement ¹ the policy (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)	1	0.5	0	
>80% of the allocated budget ² for this policy is being spent (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)***	1	0.5	0	
There is adequate human resources/staff ³ for the implementation of the policy ⁴ ***	1	0.5	0	
The provisions under the policy are primarily (≥ 80%) government funded or administered	1	0.5	0	
Regulation and monitoring				
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0	

The policy includes provisions for the oversight and regulation of the availability and accessibility of parental leave***	1	0.5	0	
The policy includes complaints and grievance redressal mechanisms in the case of non-compliance	1	0.5	0	
The government collects and publishes disaggregated data on implementation of the policy, with indicators and targets	1	0.5	0	
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care recipients and/or on the transformation of gender norms around care	1	0.5	0	
Design and impact				
The policy was developed through consultation with representatives from underserved groups/communities [or interest groups] ⁵ (i.e., women or women's rights organizations from diverse backgrounds, ⁶ workers' associations, etc.). ⁷ ***	1	0.5	0	
The policy explicitly mentions addressing unpaid or underpaid care work ⁸ in the policy objectives or purpose (either to reduce or redistribute the time, cost and labor for caregivers, and/or to improve the quality of care received; consider other terms such as domestic workers, parents, care workers for the elderly).***	1	0.5	0	
There is evidence of positive impact on the wellbeing of caregivers (especially women) and/or a transformation of gender norms ¹⁰ as a result of the policy/a program that comes from the policy***	1	0.5	0	
Women are equally (> 50%) represented in management of the specific office responsible for the monitoring and implementation of the policy***	1	0.5	0	
Score for Indicator 1.4.3: 0/23		0%		

INDICATOR 1.4.4: FLEXIBLE WORKING

ASSESSMENT CRITERIA	SCORE			
	YES	PARTIA	NO	
There is a national policy for flexible working arrangements	1	0.5	0	The Telework Enhancement
Accessibility & reach				
The policy covers underserved and marginalised groups, including informally employed workers	1	0.5	0	
The policy recognises the home as a workplace	1	0.5	0	
The policy provides for home-based work arrangements, in combination with the other options (e.g. reduced daily working hours, reduced work- days in a week, etc.) as possible modes for flexible work arrangements for care givers	1	0.5	0	
The policy ensures that all employees have the right to make requests for flexible working and no income or employment losses are incurred by employees requesting flexible working	1	0.5	0	
Administration				
There is a federal budget allocated for this policy and/or a federal mandate for states to allocate resources towards the implementation of this policy**	1	0.5	0	
There is adequate human resources/staff ³ for the implementation of the policy ⁴	1	0.5	0	
Regulation and monitoring				
There is a government department/unit/agency responsible for the policy	1	0.5	0	
The policy includes provisions for the oversight of flexible working arrangements	1	0.5	0	
The policy includes complaints and grievance redressal mechanisms in case of non-compliance.	1	0.5	0	

The government collects and publishes disaggregated data on implementation of the policy, with indicators and targets	1	0.5	0	
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care recipients and/or on the transformation of gender norms and behaviours around care	1	0.5	0	
Design and impact				
The policy was developed through consultation with representatives from underserved groups/communities [or interest groups] ⁵ (i.e., women or women's rights organizations from diverse backgrounds, ⁶ workers' associations, etc.). ^{7***}	1	0.5	0	
The policy explicitly mentions addressing unpaid or underpaid care work ⁸ in the policy objectives or purpose (either to reduce or redistribute the time, cost and labor for caregivers, and/or to improve the quality of care received; consider other terms such as domestic workers, parents, care workers for the elderly). ^{***}	1	0.5	0	
There is evidence of positive impact on the wellbeing of caregivers (especially women) and/or a transformation of gender norms ¹⁰ as a result of the policy/a program that comes from the policy ^{***}	1	0.5	0	
Women are equally (> 50%) represented in management of the specific office responsible for the monitoring and implementation of the policy ^{***}	1	0.5	0	
Score for Indicator 1.4.4: 0/16		0%		

INDICATOR 1.4.5: ONSITE CHILD CARE

ASSESSMENT CRITERIA	SCORE			
	YES	PARTIA	NO	
There is a national policy for the provision of on-site or close to place of work child care	1	0.5	0	The Child Care and Develop
Accessibility & coverage				
The policy covers underserved and marginalised groups, including informally employed workers	1	0.5	0	
The policy ensures onsite child care facilities are free/affordable to low-income groups	1	0.5	0	
The policy ensures that the threshold for mandatory provision of onsite childcare facilities is determined by the total number of workers (both employees and sub-contracted or outsourced workers), not only the number of women	1	0.5	0	
Onsite childcare facilities under this policy are being accessed by the most underserved and marginalised groups	1	0.5	0	
Budgeting and administration				
There is a federal budget allocated for this policy and/or a federal mandate for states to allocate resources towards the implementation of this policy ^{**}	1	0.5	0	
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0	
The budget allocated is sufficient to implement ¹ the policy (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)	1	0.5	0	
>80% of the allocated budget ² for this policy is being spent (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs) ^{***}	1	0.5	0	
There is adequate human resources/staff ³ for the implementation of the policy ^{4***}	1	0.5	0	
The provisions under the policy are primarily (≥ 80%) government funded or administered	1	0.5	0	
Regulation and monitoring				
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0	

The policy includes provisions for the oversight and regulation of the quality, affordability, reliability and accessibility of onsite childcare facilities	1	0.5	0	
The policy include complaints and grievance redressal mechanisms in case of non-compliance	1	0.5	0	
The government collects and publishes disaggregated data on implementation of the policy, with indicators and targets	1	0.5	0	
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care recipients and/or on the transformation of gender norms and behaviours around care	1	0.5	0	
Design and impact				
The policy was developed through consultation with representatives from underserved groups/communities [or interest groups] ⁵ (i.e., women or women's rights organizations from diverse backgrounds, ⁶ workers' associations, etc.). ^{7***}	1	0.5	0	
The policy explicitly mentions addressing unpaid or underpaid care work ⁸ in the policy objectives or purpose (either to reduce or redistribute the time, cost and labor for caregivers, and/or to improve the quality of care received; consider other terms such as domestic workers, parents, care workers for the elderly). ^{***}	1	0.5	0	
There is evidence of positive impact on the wellbeing of caregivers (especially women) and/or a transformation of gender norms ¹⁰ as a result of the policy/a program that comes from the policy ^{***}	1	0.5	0	
Women are equally (> 50%) represented in management of the specific office responsible for the monitoring and implementation of the policy ^{***}	1	0.5	0	
Score for Indicator 1.4.5: 0/20		0%		

INDICATOR 1.4.6: BREASTFEEDING AT WORK

ASSESSMENT CRITERIA	SCORE			
	YES	PARTIA	NO	
There is a national policy for breastfeeding legislation	1	0.5	0	Congress passed the Fairne
Legislation				
There is legislation prohibiting discrimination against breastfeeding people	1	0.5	0	Title VII of the Civil Rights A
Accessibility and reach				
The policy covers underserved and marginalised groups, including informally employed workers	1	0.5	0	FBMA only applies to public
The policy guarantees time for breastfeeding or expressing breast milk during working hours, without penalty to their pay or hours worked	1	0.5	0	Regarding BTNM - employer reasonable break time for ar
The policy guarantees free, private and safe spaces for breastfeeding or expressing breast milk at places of work	1	0.5	0	Both policies are geared tow
The policy guarantees spaces for storing breastmilk at places of work, which are free, private and healthy	1	0.5	0	There is no mention for plac
The provisions under this policy are being accessed by the most underserved and marginalised groups, including informally employed workers	1	0.5	0	There is no breastfeeding le
Administration				
There is a federal budget allocated for this policy and/or a federal mandate for states to allocate resources towards the implementation of this policy**	1	0.5	0	There is no mandate to alloc Consolidated Appropriations
There is adequate human resources/staff ³ for the implementation of the policy ⁴	1	0.5	0	N/A - it is up to each agency would be for the policy's imp
Regulation and monitoring				
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0	Department of Labor Wage :

The policy includes provisions for the oversight and regulation of the availability and accessibility of breastfeeding at work provisions	1	0.5	0	The Wage and Hour Division
The policy includes complaints and grievance redressal mechanisms in case of non-compliance	1	0.5	0	The policy does not include
The government collects and publishes disaggregated data on implementation of the policy, with indicators and targets	1	0.5	0	N/A - no official data was pu
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care recipients	1	0.5	0	N/A - no official data was pu
Design and impact				
The policy was developed through consultation with representatives from underserved groups/communities [or interest groups] ⁵ (i.e., women or women's rights organizations from diverse backgrounds, ⁶ workers' associations, etc.). ⁷ ***	1	0.5	0	As per expert's interview, the
The policy explicitly mentions addressing unpaid or underpaid care work ⁸ in the policy objectives or purpose (either to reduce or redistribute the time, cost and labor for caregivers, and/or to improve the quality of care received; consider other terms such as domestic workers, parents, care workers for the elderly).***	1	0.5	0	These policies are designed care.
There is evidence of positive impact on the wellbeing of caregivers as a result of the policy	1	0.5	0	N/A - no official data was pu
Women are equally (> 50%) represented in management of the specific office responsible for the monitoring and implementation of the policy***	1	0.5	0	No information available on i comprise 49% of employees
Score for Indicator 1.4.6: 6.5/14		46%		

INDICATOR 1.4.7: PREGNANCY ACCOMMODATIONS*

ASSESSMENT CRITERIA	SCORE			
	YES	PARTIA	NO	
There is a national policy for pregnancy accomodations	1	0.5	0	The Pregnancy Discriminatic
Accessibility and reach				
The policy covers underserved and marginalised groups, including informally employed workers	1	0.5	0	
The policy guarantees reasonable accommodations such as adequate bathroom breaks and/or lighter work during working hours, without penalty to their pay or hours worked	1	0.5	0	
This policy includes accommodations for people who are pregnant, have recently given birth, or have a medical condition related to pregnancy or child birth	1	0.5	0	
The provisions under this policy are being accessed by the most underserved and marginalised groups, including informally employed workers	1	0.5	0	
Administration				
There is a federal budget allocated for this policy and/or a federal mandate for states to allocate resources towards the implementation of this policy	1	0.5	0	
There is adequate human resources/staff ³ for the implementation of the policy ⁴	1	0.5	0	
Regulation and monitoring				
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0	
The policy includes provisions for the oversight and regulation of the availability and accessibility of pregnancy at work provisions	1	0.5	0	
The policy includes complaints and grievance redressal mechanisms in case of non-compliance	1	0.5	0	

The government collects and publishes disaggregated data on implementation of the policy, with indicators and targets	1	0.5	0	
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care recipients	1	0.5	0	
Design and impact				
The policy was developed through consultation with representatives from underserved groups/communities [or interest groups] ⁵ (i.e., women or women's rights organizations from diverse backgrounds, ⁶ workers' associations, etc.). ⁷	1	0.5	0	
The policy explicitly mentions addressing unpaid or underpaid care work ⁸ in the policy objectives or purpose (either to reduce or redistribute the time, cost and labor for caregivers, and/or to improve the quality of care received; consider other terms such as domestic workers, parents, care workers for the elderly).	1	0.5	0	
There is evidence of positive impact on the wellbeing of caregivers as a result of the policy	1	0.5	0	
Women are equally (> 50%) represented in management of the specific office responsible for the monitoring and implementation of the policy	1	0.5	0	
Score for Indicator 1.4.7		0 / 16	0.00%	
Total Score for Policy Area 1.4: Care-supporting workplaces				
Percentage Score:		7%		

SCORE EXPLANATION	SOURCE
guaranteeing paid sick leave in the US.	https://www.dol.gov/general/topic/wc

SCORE EXPLANATION	SOURCE
ss for Breastfeeding Mothers Act (FBMA) of 2019 in July 2019.	https://www.congress.gov/bill/116th-
ct now prohibits employers from firing, harassing, or retaliating	https://pregnantatwork.org/breastfee
buildings, not all buildings or workplaces, and BTNM essentially	https://www.dol.gov/agencies/whd/n
rs are not be required to compensate an employee receiving ny work time spent for such purpose, unless other types of	https://www.dol.gov/agencies/whd/n
ard ensuring safe private space in public buildings and	https://www.congress.gov/bill/
e of storage of milk. However, in the American Pediatric	https://www.congress.gov/bill/116th-
gislation for informally employed workers.	https://www.congress.gov/bill/116th-
ate funding, and no appropriation was found in the 2022 Act.	https://www.congress.gov/bill/117th-con
to decide how much resources or technical capacity there lementation.	https://www.congress.gov/bill/116th-
and Hour Devision is responsible for implementing the FLSA.	https://www.dol.gov/agencies/whd

SECTION 2: PAID CARE WORK

Policy areas	Indicators
2.1 Labor conditions and wage policies	2.1.1 Minimum wage 2.1.2 Gender wage gap and equal pay for equal work 2.1.3 Working hours 2.1.4 Right to Social Security 2.1.5 Child rights and labor protection
2.2 Workplace environment regulations	2.2.1 Occupational health and safety in the workplace 2.2.2 Protection against gender-based discrimination, harrassment, and violence in the workplace 2.2.3 Workplace inspections and grievance mechanisms
2.3 Migrant care workers' protections	2.3.1 Equal rights and protections for migrant care workers
2.4 Right to organise	2.4.1 Right to representation and negotiation, freedom of association and right to strike

INDICATOR 2.1.1: MINIMUM WAGE

ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national minimum wage policy	1	0.5	0
Legislation and ratification			
Remunerated paid care workers are included in the general labour legislation as workers	1	0.5	0
Relevant convention/s (C189) has been ratified	1	0.5	0
There is a national legislation outlining wage deduction and/or in-kind contributions for live-in care	1	0.5	0
Accessibility and inclusivity			
The policy extends to all workers, occupations, and population groups, and those most likely to be marginalized	1	0.5	0
The majority (>80%) of paid care workers, including informally employed workers, are receiving the minimum wage	1	0.5	0
The national minimum wage is sufficient to the cost of living	1	0.5	0
Budgeting and administration			
There is a federal budget allocated for this policy and/or a federal mandate for states to allocate resources towards the implementation of this policy**	1	0.5	0
The budget allocated is sufficient to implement ¹ the policy (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)***	1	0.5	0
There is adequate human resources/staff ³ for the implementation of the policy ⁴ ***	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes complaints and grievance redressal mechanisms in case of nonpayment of minimum wages.	1	0.5	0
The government collects and publishes disaggregated data on the minimum wage, including for paid care workers	1	0.5	0
Design and Impact			
The policy was developed through consultation with paid care workers and/or representative organizations from diverse backgrounds	1	0.5	0
The policy explicitly mentions addressing discrimination (based on any of the following: gender, race, migration, and documentation status, occupation) for paid care workers in the policy objectives or purpose***	1	0.5	0
There is evidence of positive impact on paid care workers including informally employed workers as a result of this policy	1	0.5	0
The policy was designed to transform social norms that see care work as less skilled/valuable than other forms of paid work, and which result in it being less regulated	1	0.5	0
Women are equally (> 50%) represented in management of the specific office responsible for the monitoring and implementation of this policy***	1	0.5	0
SCORE FOR INDICATOR 2.1.1: 9 / 18		50%	

INDICATOR 2.1.2: GENDER WAGE GAP AND EQUAL PAY FOR EQUAL WORK

ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy on equal pay for equal work for men, women and LGBTQIA+ people	1	0.5	0
Legislation and ratification			
There is legislation that requires employers to publish data on the gender pay gap	1	0.5	0
Relevant convention/s (C100) have been ratified	1	0.5	0
Accessibility and Inclusivity			
The policy extends to all workers, occupations and population groups and those most likely to be marginalised, including informally employed[i] paid care workers	1	0.5	0
The majority (>80%) of paid care workers, including informally employed workers, are receiving equal pay for equal work	1	0.5	0
Budgeting and Allocation			
There is a federal budget allocated for this policy and/or a federal mandate for states to allocate resources towards the implementation of this policy**	1	0.5	0
The budget allocated is sufficient to implement ¹ the policy (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)***	1	0.5	0
There is adequate human resources/staff ³ for the implementation of the policy ⁴ ***	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes complaint and grievance redressal mechanisms in case of non-implementation/violation of its provisions	1	0.5	0
The government collects and publishes disaggregated data on the gender wage gap, including for paid care workers, with indicators and targets	1	0.5	0
Design and Impact			
The policy was developed through consultation with paid care workers and/or representative organizations from diverse backgrounds***	1	0.5	0
The policy explicitly mentions addressing discrimination (based on any of the following: gender, race, migration, and documentation status, occupation) for paid care workers in the policy objectives or purpose***	1	0.5	0
There is evidence of positive impact on paid care workers including informally employed workers as a result of this policy	1	0.5	0
Women are equally (> 50%) represented in management of the specific office responsible for the monitoring and implementation of this policy***	1	0.5	0
SCORE FOR INDICATOR 2.1.2: 7 /15		47%	

INDICATOR 2.1.3: WORKING HOURS

ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO

There is a national policy that guarantees working hours regulation for all workers	1	0.5	0
Legislation and ratification			
The relevant convention/s (C189 & 190) have been ratified	1	0.5	0
The legislation is in line with ILO conventions outlining a standard 8-hour workday	1	0.5	0
Accessibility and inclusivity			
The policy extends to all workers, occupations and population groups and those most likely to be marginalised, including informally employed paid care workers	1	0.5	0
The majority (>80%) of paid care workers, including informally employed workers, have standard working hours	1	0.5	0
Budgeting and administration			
There is a federal budget allocated for this policy and/or a federal mandate for states to allocate resources towards the implementation of this policy**	1	0.5	0
The budget allocated is sufficient to implement ¹ the policy (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)***	1	0.5	0
There is adequate human resources/staff for the implementation of the policy***	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes complaints and grievance redressal mechanisms in case of non-standard working hours	1	0.5	0
The government collects and publishes disaggregated* data on working hours, including for paid care workers, with indicators and targets	1	0.5	0
Design and impact			
The policy was developed through consultation with paid care workers and/or representative organisations from diverse backgrounds	1	0.5	0
The policy explicitly mentions addressing discrimination (based on any of the following: gender, race, migration, and documentation status, occupation) around working hours for paid care workers in the policy objectives or purpose***	1	0.5	0
There is evidence of positive impact on paid care workers, including informally employed workers, as a result of this policy	1	0.5	0
The policy was designed to transform social norms that see care work as not less skilled/valuable than other forms of paid work, and which result in it being less regulated	1	0.5	0
Women are equally (> 50%) represented in management of the specific office responsible for the monitoring and implementation of this policy***	1	0.5	0
SCORE FOR INDICATOR 2.1.3: 8.5 / 16		53%	

INDICATOR 2.1.4 RIGHT TO SOCIAL SECURITY

ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy that guarantees access to social security benefits for all workers	1	0.5	0
Legislation and ratification			

There is legislation related to social security benefits for paid care workers, regardless of contract type	1	0.5	0
The relevant convention/s (C102, & 189) have been ratified	1	0.5	0
Accessibility & inclusivity			
The policy extends to all workers, occupations and population groups and those most likely to be marginalised, including informally employed paid care workers	1	0.5	0
The majority (>80%) of paid care workers, including informally employed workers, have equal access to social security benefits	1	0.5	0
Unpaid caregivers can receive social security benefits when having to leave the workforce or reduce working hours due care related responsibilities**	1	0.5	0
Budgeting and administration			
There is a federal budget allocated for this policy and/or a federal mandate for states to allocate resources towards the implementation of this policy**	1	0.5	0
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocated is sufficient to implement ¹ the policy (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)	1	0.5	0
>80% of the allocated budget ² for this policy is being spent (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)***	1	0.5	0
There is adequate human resources/staff ³ for the implementation of the policy ⁴ ***	1	0.5	0
The programs/services are primarily (≥ 80%) government funded or administered	1	0.5	0
Regulation and Monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes complaint and grievance redressal mechanisms in case of noncompliance	1	0.5	0
The government publishes and collects data* on what percentage of paid care workers, including informally employed workers, have equal access to social security benefits	1	0.5	0
Design and Impact			
The policy was developed through consultation with paid care and/or representative organisations from diverse backgrounds***	1	0.5	0
The policy explicitly mentions addressing discrimination (based on any of the following: gender, race, migration, and documentation status, occupation) for paid care workers in the policy objectives or purpose***	1	0.5	0
There is evidence of positive impact on paid care workers, including informally employed workers, as a result of this policy	1	0.5	0
The policy was designed to transform social norms that see care work as less skilled/valuable than forms of paid work, and which result in it being less regulated	1	0.5	0
Women are equally (> 50%) represented in management of the specific office responsible for the monitoring and implementation of this policy***	1	0.5	0
SCORE FOR INDICATOR 2.1.4: 10 /20	50%		

INDICATOR 2.1.5: CHILD RIGHTS AND LABOR PROTECTION

ASSESSMENT CRITERIA	SCORE
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	YES	PARTIAL	NO
There is a national policy prohibiting child labour	1	0.5	0
Legislation and ratification			
There is legislation related to child labour and protection	1	0.5	0
The relevant convention/s (C 182) have been ratified	1	0.5	0
The legislation defines the age of a child as under the age of 18 in line with ILO Conventions 182 and 138	1	0.5	0
The legislation provides specific sanctions for violators	1	0.5	0
Accessibility and inclusivity			
The policy extends to all forms of child labour, including in informal paid care work	1	0.5	0
Budgeting and administration			
There is a federal budget allocated for this policy and/or a federal mandate for states to allocate resources towards the implementation of this policy**	1	0.5	0
The budget allocated is sufficient to implement ¹ the policy (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)***	1	0.5	0
There is adequate human resources/staff ³ for the implementation of the policy ⁴ ***	1	0.5	0
Regulation and Monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes complaints and grievance redressal mechanisms in case of non-implementation/violation of its provisions	1	0.5	0
The government collects and publishes data* on the prevalence of child labour, including among informally employed workers	1	0.5	0
Design and Impact			
The policy was developed through consultation with paid care workers and/or representative organizations from diverse backgrounds***	1	0.5	0
The policy explicitly mentions addressing the prevalence and acceptability of child labor in the paid care work sector ***	1	0.5	0
There is evidence of a reduction in child labour in the paid care sector as a result of this policy	1	0.5	0
Women are equally (> 50%) represented in management of the specific office responsible for the monitoring and implementation of this policy ***	1	0.5	0
SCORE FOR INDICATOR 2.1.5: 9 /16		56%	

Total Score for Policy Area 2.1: Labour Conditions and Wage policies	
Percentage Score:	51%

SCORE EXPLANATION	
The federal minimum wage provisions are contained in the Fair Labor Standards Act (FLSA). The FLSA does not provide wage payment or collection procedures for an employee's usual or promised wages or commissions in excess	https://www.dol.gov
The Home Care Final Rule makes sure that home care workers have the same basic wage protections as most U.S. workers, including those who perform the same jobs in nursing homes and group homes.	https://www.dol.gov https://www.wageandhour.gov
The Home Care Final Rule, an extension of the FLSA.	https://www.dol.gov
Minimum wage laws do not apply to gig workers, tipped workers, youth workers or students, or those with disabilities.	https://www.dol.gov
It is unclear the accuracy with which informally employed workers' wages are documented, but according to national statistics, 90% of home health and care aides earn more than \$10/hr; but according to the Domestic Workers Alliance, throughout 2020, anywhere from 23-35% of domestic workers were earning \$9 or less per hour. Since prior to that, the federal minimum wage has not been raised in over a decade, it has remained stuck at \$7.25 per hour since 2009, and the federal inflation-adjusted value of the minimum wage has stagnated or declined since the 1970s.	See 10th perc https://www.equitab.com
There is a federal budget allocated for enforcing and administering the FLSA, managed by the DOL Wage and Hour Division.	https://www.dol.gov
The Division got a \$5 million increase in funding in 2022, rather than the >\$30 million it sought. From a Law 360 article: "According to the WHD's congressional budget justification for fiscal year 2022, the agency sought a \$30.5 million bump in funding from the prior year to 'restore enforcement staff' in order to strengthen 'enforcement strategies serving covered workers." See details in the related criteria above. In addition, another source points to reduced staffing levels over time relative to covered workers: "The division, though, has its own resources crunch. As of May 1, 2020, for example, it employed 779 investigators to protect more than 143 million workers, which is significantly fewer than the 1,000 investigators	https://www.dol.gov https://equitab.com
The Department of Labor's Wage and Hour Division administers and enforces the federal minimum wage law. The mission is to ensure that all workers are paid at least the federal minimum wage.	https://www.dol.gov
One may file a complaint with the DOL WHD process.	https://www.dol.gov
This report presents highlights and statistical tables describing workers who earned at or below the federal minimum wage in 2020. The data are obtained from the Current Population Survey (CPS), a national monthly survey of approximately 60,000 households conducted by the U.S. Census Bureau for the U.S. Bureau of Labor Statistics (BLS).	https://www.bls.gov
As per expert interview, there are no mandatory consultation happening on a federal level as a usual best practice, but there are consultations happening depending on the administrations, and at the state level due to the federal policy.	Expert Interview https://www.npr.org
There is no explicit intention to address discrimination in the FLSA, but other legislations complement this law, such as Title VII and the Equal Pay Act.	Expert Interview
By law, implementation by states and employers translates to increased pay and overtime for some paid care workers. However, GAO research shows there was no significant increase in pay for home care workers after the law was passed. Positive outcomes came at the state level in the form of increased coordination across different groups to ensure that all workers are paid at least the federal minimum wage. The Home Care Final Rule was an explicit attempt to correct for the historical omission of domestic workers in the FLSA. However without evidence of full enforcement, or more robust efforts to ensure all care work as valuable and worthy of labor protection, the score for this criteria cannot earn a score of 1.	Expert Interview https://www.npr.org
The DOL employs 49% women, but only 37-39% mid- and senior-level managers. Unfortunately no information can be found on the WHD specifically.	https://www.equitab.com

SCORE EXPLANATION	
The Equal Pay Act requires that men and women in the same workplace be given equal pay for equal work. The jobs need not be identical, but they must be substantially equal. Job content (not job titles) determines whether jobs are	https://www.eeoc.gov/equal-pay-act
Up until 2018, the Equal Employment Opportunity Commission (EEOC) required all employers with more than 100 employees to report data on the gender pay gap. Currently, the EEOC does not require employers to submit this data as the policy is under review. Therefore the Federal government is the only entity required to publish wage information.	https://www.eeoc.gov/equal-pay-act https://www.ilc.gov
According to the EEOC, the EPA applies to virtually all employers. However, it does not include informally employed workers	https://www.eeoc.gov/equal-pay-act
Interviews with experts on the Equal Pay Act and gender pay gaps highlighted that there is a disparity between the pay of females and males in paid carework, with males earning disproportionately more, but the exact number was unknown. Several interviewees highlighted that because women make up a disproportionate percentage of the paid	Expert Interview See Table 6,
There is a federal budget allocated for the EEOC, which oversees the implementation of the EPA.	https://www.eeoc.gov/equal-pay-act
Under the Trump administration, funding and hiring for the EEOC was severely restricted. In 2020, the EEOC suffered a staffing shortage due to the pandemic. In addition, the during this time the EEOC faced an increase in demand for its services with the rise of the Me Too movement and other notable events. Even before these events, the EEOC was understaffed. The EEOC has reportedly been historically understaffed. In recent years, with the Me Too movement and others, as well as the Trump administration's budgetary restrictions and the COVID-19 pandemic's impacts on staffing, the EEOC has struggled to meet the demand for its services. According to existing reports, this has more to do with budget and	https://frankel.com https://frankel.com
As per the policy, authority given to the Secretary of Labor is exercised by the Equal Employment Opportunity Commission for purposes of enforcing the Equal Pay Act of 1963.	https://www.eeoc.gov/equal-pay-act
A commission for enforcing a violation of the EPA may go directly to court and is not required to file an EEOC charge. The time limit for filing an EPA charge with the EEOC and the time limit for going to court are the same: within two years of the alleged unlawful compensation practice or, in the case of a willful violation, within three years.	https://www.eeoc.gov/equal-pay-act
Up until 2018, the Equal Employment Opportunity Commission (EEOC) required all employers with more than 100 employees to report data on the gender pay gap. Currently, the EEOC does not require employers to submit this data as the policy is under review. Therefore the Federal government is the only entity required to publish wage information.	https://www.eeoc.gov/equal-pay-act
There is some evidence that womens groups impacted policy development regarding equal pay (see 1980s BLS report). Further, interviews with experts revealed only that it was likely the policy had been developed through consultation with women's rights organizations, but that they were likely not diverse. Given there is some evidence of explicit intention to address gender-based discrimination for all workers, regardless of occupation. The policy does not explicitly mention any one occupation, it just includes "all employers".	https://www.bls.gov https://www.eeoc.gov/equal-pay-act
According to interviews with experts in the gender pay gap, there is evidence that the Equal Pay Act has had a positive impact on paid careworkers, but due to limitations in the monitoring and enforcement of the policy, and due to the near impossible nature of enforcing the policy in the informal work force, there is no known evidence of the impact of the Women make up 49% of the EEOC's management at the GS14-15 and SES levels, and 3 out of 4 of the EEOC's Commissioners are women (the 5th position is currently empty)	Interview with https://www.eeoc.gov/equal-pay-act
SCORE EXPLANATION	

The Fair Labor Standards Act is responsible for working hours regulation. The Act requires that non-exempt employees must receive at least the minimum wage and may not be employed for more than 40 hours in a week without receiving	https://www.dol.gov
According to the International Labor Organization, USA has not ratified international conventions 189 and 190.	https://www.ilo.org
The act lays out that one must not work more than 40 hours a week without overtime but no specific mention of the 8 hour work day. The department of labor's official website defines a workday as the period between the time on any	https://www.dol.gov
Due to higher-wage employment exemptions, farmworkers, domestic workers, and a list of other specific professions, not all workers are covered, hence a score of 0.	https://webapp.dol.gov
According to a PHI survey, 10 percent of home care workers report working more than 40 hours per week (a bit older data), and according to NDWA, less than 6% of domestic workers worked more than 40 hours per week prior to the pandemic (and even fewer in 2020).	https://www.phisurvey.com
There is a budget under the DOL's Wage and Hour Division (WHD), but specific budget for the FLSA was not found.	https://www.dol.gov
See budget requests relative to what it receives in appropriations. From reporting based on interviews with government workers in the Division, there is not sufficient funding to implement the policy.	Budget requests
Details in the 2022 and 2023 DOL WHD budget requests state the need for 175 full time employees and 289 full time employees, respectively (2022 and 2023), to restore levels of enforcement across WHD functions. In 2022, the year of assessment, additional funding was not granted and funding levels for WHD remained flat. These details, along with	Budget requests
DOL's WHD.	https://www.dol.gov
The DOL oversees the implementation of FLSA and has systems in place for individuals to file a complaint if they feel the employer is not compliant to FLSA standards.	https://www.dol.gov
The Bureau of Labor Statistics publishes regular data on working hours and overtime. Some disaggregated data is available accessibly and all data is available through manipulation of the BLS's Current Population Survey.	https://www.bls.gov
Amendments to the FLSA, especially those expanding it to cover domestic workers, were driven by womens' rights advocacy and activism and their systemization within the Department of Labor over time.	https://www.bls.gov
The Wage and Hour division has demonstrated intention to addressing systemic discrimination pertaining to labor violations by acknowledging the laws they enforce play a critical role in addressing economic equity especially for workers of color, immigrants, and women who are often overrepresented in occupations most vulnerable to violations.	https://www.dol.gov
As stated in section 2.3.1, the informal and unregulated at home setting makes care workers more prone to exploitation, and it's unclear the extent to which this is mitigated by the FLSA expansion in terms of hours worked. The score is 5 based on some measurable impacts on formal paid care work, specifically due to state implementation of the	https://www.glassdoor.com
The Home Care Final Rule implicitly works to ensure home care workers time is valued (through overtime pay) and that they are not exploited (through wage and hour rules). However more intensive companionship care is excluded, so these environments are still not given the dignity that the regulation could provide for all workers hence a score of 5	https://webapps.dol.gov
The DOL employs 49% women, but only 37-39% mid- and senior- level managers. Unfortunately no information can be found on the WHD specifically.	https://www.eeoc.gov

SCORE EXPLANATION

The 1935 Social Security Act established general welfare for old age benefits, disabled, survivors, and dependents.	https://www.ssa.gov
Various laws over time have amended the SSA, changing eligibility and benefit formulas, adding appropriations for	

The policy prioritizes the elderly and disabled, however it is based on how much you pay to the program through formal employment. Those who work informally throughout their life may not be eligible unless they meet the "minimum years worked" criteria. This has not been raised.	https://www.ssa.gov/budget
The policy extends to most workers who are able to report their wages, which may exclude informal workers whose employers do not report their wages, and informal domestic or farm workers who earn less than an annual threshold amount. Further, work performed by noncitizens under certain nonimmigrant (temporary) visas is not covered. The policy does not ensure equal access since benefits depend on reported earnings, years worked, etc.	https://crsreports.congress.gov/publications/41101
Given that SS benefits are determined by time worked, any gaps in working will reduce benefits accrued and there is no specific provision to account for those having to leave the workforce for care services.	Interview with SSA
The Social Security Administration (SSA) manages the SS Trust Funds that pool accumulated assets (contributions through taxes), and automatically disperses benefits to recipients on a monthly basis. In addition, Congress allocates funding to the administration of SSA.	www.ssa.gov/budget
The 2022 SSA FY 2022 budget increased by 411 million dollars in FY 2022 from FY 2021.	www.ssa.gov/budget
The 2022 SSA budget overview details that the SSA asked for approximately 14 billion in increased funding for FY 2022, but they received only 411 million in funding increases. The FY 2022 budget overview details how operations are curtailed due to insufficiency of funds and lack of budgetary increases over the past number of years. However, since in FY 2021, 984,682 million out of the entire program budget of 993,816 million was spent on benefit payments. This means 99% of the program budget is spent on program implementation (in the form of direct payments to beneficiaries).	Pages 3 and 4
The 2022 SSA budget overview states that the SSA is severely under-resourced and understaffed.	https://www.ssa.gov/budget
Social security is funded and administered by the government.	https://www.ssa.gov
The Social Security Administration (SSA). One has the right to appeal a SS claim.	https://www.ssa.gov
The SSA publishes data on who receives benefits based on demographics and other categories (eg. disabled worker beneficiaries/ new awardees) but specific mention of caregivers or informally employed workers was not found.	https://www.ssa.gov
The policy was created in 1935. No information regarding who was consulted in the making of the SSA could be found. However in the more recent policy context, the SSA hosts regular forums with various stakeholders, especially aimed at increasing equity (including gender equity) for various underserved groups and communities, which could impact future policy. No explicit mention was found.	https://www.ssa.gov
Amendments to SSA over time have paved the way for more informally employed workers to gain access to social security. Evidence points to the vast majority (97%) of older adults gaining the benefit, although women are more likely to not receive it than men.	Regarding am
The policy was designed to make more adequate provisions for aged, blind, dependent, disabled workers, and more. In this way, it implies that these groups should be cared for in the way of SS benefits, whilst originally excluding domestic workers at the same time. There are provisions for caregivers of disabled adults who are eligible to receive SSA benefits. Women make up 68% of the SSA, 59% and 47% of mid- and senior-level positions, respectively.	https://www.ssa.gov https://www.economicpolicy.org

SCORE EXPLANATION

The Fair Labor Standards Act (FLSA) sets wage, hours worked, and safety requirements for minors (individuals under age 18) working in jobs covered by the statute. The rules vary depending upon the particular age of the minor and the	https://www.d
The federal child labor provisions, authorized by the Fair Labor Standards Act (FLSA) of 1938, also known as the child labor laws, were enacted to ensure that when young people work, their work is safe and does not impair their health, and to protect children from the worst forms of child labor, including slavery, prostitution and trafficking.	https://www.d https://news.u
Violators of the child labor provisions are subject to a civil money penalty of up to \$10,000 for each employee who was the subject of a violation. Employers who willfully or repeatedly violate the minimum wage or overtime pay requirements	https://www.d
The Fair Labor Standards Act provides for certain exemptions. Youth younger than 16 years of age working in nonagricultural employment in a business solely owned by their parents or by persons standing in place of their	https://webap
The DOL Wage and Hour Division (WHD) enforces the FLSA, so a portion of its FLSA would go to this policy. Occupational Health and Safety Administration (OSHA) conducts worksspace inspections and follows up on complaints pertaining to child labor law violations, so the OSHA budget applies here as well	https://www.d
See indicator assessments above in section 2.1 regarding funding for the DOL WHD, and OSHA budget details in section 2.2.3. Both cases score 0 for this assessment criteria.	
See indicator assessments above in section 2.1 regarding funding for the DOL WHD, and OSHA budget details in section 2.2.3. Both cases score 0 for this assessment criteria.	
The DOL WHD is largely responsible for enforcing the FLSA. OSHA also enforces child labor laws, especially those related to hazardous work environments	https://www.o https://www.w
The Bureau of Labor Statistics (BLS) regularly conducts research and provides reports on trends in youth labor. WHD and OSHA violation data will also explain the reason for violation and age of any injury.	Eg. https://www.bl
According to a university Labor Center: "Child labor began to decline as the labor and reform movements grew and labor standards in general began improving, increasing the political power of working people and other social reformers to demand legislation regulating child labor. Union organizing and child labor reform were often intertwined, and the FLSA and the youth employment regulations issued at 29 CFR, Part 570, establish both hours and occupational standards for youth. It also shows how The Department of Labor is committed to helping young workers find those positive and early employment experiences that can be so important to their development, but the work must be safe. Historical accounts claim that numbers of child laborers in the U.S. peaked in the early 1900s, so the score is 1,	https://laborce https://www.d https://laborce
The DOL empirical evidence is lacking with survey data, often beginning in the 2000s or later, rather than what can be found on the WHD specifically.	https://www.ee

SOURCE
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SOURCE

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[bl.gov/sites/dolgov/files/WHD/](#)
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INDICATOR 2.2.1: OCCUPATIONAL HEALTH AND SAFETY IN THE WORKPLACE

ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy for occupational health and safety in the workplace	1	0.5	0

Legislation and ratification

There is legislation regulating health and safety trainings and labour inspections to detect potential risk in the workplace	1	0.5	0
The relevant convention/s (C149, 190, 187) have been ratified***	1	0.5	0

Accessibility and inclusivity

The policy extends to all workers, occupations and population groups and those most likely to be marginalised, including informally employed paid care workers	1	0.5	0
The majority (>80%) of paid care workers, including informally employed workers have access to preventive measures against infectious diseases such as COVID-19 and other risks associated with the health hazards in the workplace.	1	0.5	0
There are government funded/administered public awareness campaigns to prevent occupational health and safety risks for paid care workers	1	0.5	0

Budgeting and administration

There is a federal budget allocated for this policy and/or a federal mandate for states to allocate	1	0.5	0
The budget allocated is sufficient to implement1 the policy (consider both direct implementation	1	0.5	0
There is adequate human resources/staff3 for the implementation of the policy***	1	0.5	0

Regulation and Monitoring

There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
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The policy includes complaints and redressal mechanisms in case of non-implementation/ violation of its provisions	1	0.5	0
There are staff occupational health and safety working groups to prevent accidents and training regulations	1	0.5	0
The government collects and publishes disaggregated data on occupational health and safety	1	0.5	0

Design and Impact

The policy was developed through consultation with paid care workers and/or representative	1	0.5	0
There is an explicit intention to address occupational health and safety for paid care workers in the policy objectives or purpose	1	0.5	0
There is evidence of a decrease in workplace health and safety incidents among paid care	1	0.5	0
There is evidence of increasing workplace provision of preventative measures including personal protective equipment for workers, government awareness campaigns, trainings, etc.	1	0.5	0
The policy was designed to transform gender and social norms ¹⁵ that see care work as less	1	0.5	0
Women are equally (> 50%) represented in management of the specific office responsible for	1	0.5	0
SCORE FOR INDICATOR 2.2.1: 8 / 18	44%		

INDICATOR 2.2.2: PROTECTION AGAINST GENDER-BASED DISCRIMINATION, HARASSMENT, AND VIOLENCE IN THE WOR

ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy to prevent gender-based discrimination, harassment, and violence in the	1	0.5	0
Legislation and ratification			
There is legislation to prevent gender-based discrimination, harassment and violence in the workpl	1	0.5	0
The relevant convention/s (C190) have been ratified	1	0.5	0
National laws are in compliance with the Convention on the Elimination of all Forms of	1	0.5	0
The legislation prohibits discrimination on the basis of pregnancy	1	0.5	0
Accessibility and inclusivity			
The policy extends to all workers, occupations and population groups and those most likely to be	1	0.5	0
There are government funded/led public awareness campaigns to prevent GBV and discrimination	1	0.5	0
The policy guarantees the protection of the worker from retaliation by the employer or other	1	0.5	0
Budgeting and administration			
There is a federal budget allocated for this policy and/or a federal mandate for states to allocate	1	0.5	0
The budget allocated is sufficient to implement ¹ the policy (consider both direct implementation	1	0.5	0
There is adequate human resources/staff ³ for the implementation of the policy ⁴ ***	1	0.5	0
Regulation and Monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0

The policy includes complaints and grievance redressal mechanisms in case of non-	1	0.5	0
The government collects and publishes disaggregated data* on incidences of GBV and	1	0.5	0
There are mechanisms in place to measure the impact of the policy on paid care workers, e.g. a	1	0.5	0
Design and Impact			
The policy was developed through consultation with paid care workers and/or representative	1	0.5	0
The policy explicitly mentions addressing discrimination (based on any of the following: gender,	1	0.5	0
The policy was designed to transform gender norms around discrimination, harassment and violence in the workplace	1	0.5	0
There is evidence of decreasing incidence of workplace GBV (including sexual harassment, abuse	1	0.5	0
Women are equally (> 50%) represented in management of the specific office responsible for	1	0.5	0
SCORE FOR INDICATOR 2.2.2: 10/19		53%	

INDICATOR 2.2.3: WORKPLACE INSPECTION AND GRIEVANCE MECHANISMS

ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy for the provision of workplace inspections and grievance mechanisms to	1	0.5	0
Legislation and ratification			
There is legislation to ensure paid care workers have access to justice, courts, tribunals and other conflict resolution mechanisms	1	0.5	0
The legislation provides for workplace inspections, including if the the workplace is a private home	1	0.5	0
The relevant convention/s (C189, R201) have been ratified	1	0.5	0
Accessibility and inclusivity			
The policy extends to all workers, occupations and population groups and those most likely to be	1	0.5	0
The policy specifies access to temporary safe housing arrangements for the complainant during	1	0.5	0
The policy specifies that for migrant workers, a translator is guaranteed to support with grievance	1	0.5	0
Budgeting and administration			
There is a federal budget allocated for this policy and/or a federal mandate for states to allocate	1	0.5	
The budget allocated is sufficient to implement ¹ the policy (consider both direct implementation	1	0.5	0
There is adequate human resources/staff ³ for the implementation of the policy ^{4***}	1	0.5	0
Regulation and Monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes complaints and grievance redressal mechanisms in case of non-	1	0.5	0
The government collects and publishes disaggregated data on how many people have been able	1	0.5	0
Design and Impact			

The policy was developed through consultation with paid care workers and/or representative organisations from diverse backgrounds	1	0.5	0
There is evidence of more workplace complaints and reporting of abuses as a result of this policy.***	1	0.5	0
The policy was designed to transform social norms that see care work as less skilled/valuable	1	0.5	0
Women are equally (> 50%) represented in management of the specific office responsible for	1	0.5	0
SCORE FOR INDICATOR 2.2.3: 6.5/15	43%		

Total Score for Policy Area 2.2: Workplace environment regulations	
Percentage Score:	47%

SCORE EXPLANATION	SOURCE
<p>The Occupational Safety and Health Act of 1970 (OSH Act) was signed into law in 1970, establishing OSHA, with the purpose of ensuring healthy and safe work environments for working people, assisting states in their efforts, providing research, education and training, and more. However there is no law covering home-based work or independent contract workers, and there are many other gaps in OSHA policy, such as keeping workers safe during the Covid-19 pandemic, hence a score of .5.</p>	<p>https://www.congress.gov/col</p>
<p>The OSH Act includes various clauses regarding training and employee education. Section 21 of the bill establishes that leadership of OSHA consults with HHS and other agencies to ensure training and education, directly or by grants or other contracts, to carry out the purpose of the bill. As such, the following have been established since:</p> <p>OSHA has more than 70 full-service field offices (called Area Offices) that offer a variety of informational services, such as publications, technical advice, audio-visual aids on workplace hazards, and lecturers for speaking engagements. The OSHA Training Institute in Arlington Heights, Illinois, provides basic and advanced training and education in safety and health for federal and state compliance safety and health officers; state consultants; other federal agency personnel; and private sector employers, employees, and their representatives. The OSHA Training Institute has partnered with other training and education institutes to conduct Training Institute courses. These Education Centers</p> <p>C149 on nursing personnel convention -> not ratified C190 on violence and harrassment convention -> not ratified C187 on Promotional Framework for Occupational Safety and Health Convention -> not ratified C155 on Occupational Safety and Health Convention -> not ratified</p>	<p>https://www.osha.gov/laws</p> <p>https://www.ilo.org/dyn/nor</p>
<p>Self-employed workers and independent contractors are not covered by OSHA, which means informally employed workers - including care workers - are not covered by OSHA. Further, overall self-employed and contract workers are more likely to be Black and Hispanic/Latinx than White, and slightly more likely to be women than men (BLS). Further, lack of full funding and enforcement of the law disproportionately impacts low-income and workers of color who</p>	<p>https://webapps.dol.gov/dc</p>
<p>It is unclear the exact number of workers who have access to preventative measures, however there is no law regarding ensuring preventative measures related to COVID-19, rather simply guidances released by OSHA. Further, in terms of the paid care workforce, one KFF survey found that more than one third of health care workers in hospitals ran out of PPE at some point during the pandemic.</p>	<p>https://www.osha.gov/coro https://www.kff.org/report-s</p>
<p>One example of this includes a recent round of DOL funding - more than \$21 million - for Occupational Safety and Health Administration training grants for workplace safety and health training on infectious diseases, including the Coronavirus. To be eligible for these grants, applicants must develop training that focuses on three program emphasis areas: Identifying and preventing workplace-related infectious diseases, including the coronavirus, in industries with high illness rates, those employing frontline workers or those serving susceptible populations; OSHA standards that</p>	<p>https://www.dol.gov/newsr</p>
<p>Department of Labor, Occupational Safety and Health Administration has a federal budget allocated for its</p>	<p>https://www.dol.gov/sites/d</p>
<p>The budget is not sufficient to implement and enforce the policy, as per expert interview.</p>	<p>Expert interview</p>
<p>The human resources are not at adequate capacity. There are fewer than 2,000 inspectors for thousands of workplace</p>	<p>Expert interview,</p>
<p>Department of Labor, Occupational Safety and Health Administration</p>	<p>https://www.osha.gov/</p>

The policy includes that employees have the right to file a safety and health complaint or a whistleblower complaint, and there are various, and clear, ways to do so through OSHA.	https://www.osha.gov/work
OSHA offers a number of opportunities for employers, employees, and organizations to work cooperatively with the Agency. OSHA's major cooperative programs are the Voluntary Protections Program (VPP), the Safety and Health Achievement Recognition Program (SHARP), OSHA Challenge, the Alliance Program, and the OSHA Strategic Partnership Program (OSPP). See the source link for more information about each program. Further, education and training programs (see details in the training criteria above, as well as state-level OSHA plans offer further collaboration	https://webapps.dol.gov/el
Data is disaggregated per injury type and industry/sector only. There is disaggregated data published by the Bureau of	https://stats.bls.gov/iif/oshc
The OSH Act was written with consultation from health safety professionals, employers, workers, safety and health	https://www.osha.gov/sites
There is only a general intention to address health and safety for all workers, as well as guidances released in the instance of extreme events like COVID-19.	https://www.osha.gov/laws
There is no specific mention of care workers but, likely, based on reductions overall (see stats below), we can assume	https://www.osha.gov/data
There is no evidence that this is the case. The impact of a slight increase in annual appropriations (approximately \$500,000 more in FY 2022 than 2021), including additional funding mentioned above for a new grant program to combat infection disease through OSHA collaborations, is yet to be determined.	https://www.dol.gov/newsr
As per expert interview, there has been no particular emphasis on gender norms transformation.	Expert Interview
N/A - Demographic breakdowns not available in federal data for OSHA.	

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SCORE EXPLANATION	SOURCE
Title VII of the Civil Rights Act of 1964	https://www.eeoc.gov/statu
Title VII of the Civil Rights Act of 1964	https://www.eeoc.gov/statu
The US did not ratify C190	https://www.ilo.org/dyn/nor
The principles espoused in the Treaty for the Rights of Women are consistent with those in US law and with our	https://www.amnestyusa.org/
The Pregnancy Discrimination Act of 1978 amended Title VII to include discrimination on the basis of pregnancy,	https://www.dol.gov/agenci
Title VII only protects job applicants and employees of employers with 15 or more employees. Employers with fewer	https://www.eeoc.gov/laws
Some of the following actions have been taken:	https://www.eeoc.gov/wysl
Title 42 > CHAPTER 21 > SUBCHAPTER VI > 42 U.S. Code § 2000e-3 - Other unlawful employment practices	https://www.law.cornell.edu
Yes, managed by the EEOC.	https://www.eeoc.gov/sele
The budget is not enough - as per expert interview. The funding is short of being adequate.	Expert Interview
The EEOC strategic plan and advocates' responses to it (eg. from NWLC) indicate that not all lawsuits and claims can	https://www.regulations.go
The U.S. Equal Employment Opportunity Commission (EEOC) is responsible for enforcing Title VII.	https://www.eeoc.gov/yout

Aggrieved persons who believe they have been discriminated against must contact an agency EEO counselor prior to	https://www.eeoc.gov/publi
There are different sources of data disaggregated differently, including those listed below. The links are found in the	https://www.eeoc.gov/sites
As per Expert Interview: " I don't know of any agency at all level that is monitoring that. And it could be that at the state	https://www.eeoc.gov/sele
As per Expert Interview, "Advocacy groups have played a critical role in developing the law from a litigation standpoint,	https://www.senate.gov/art
There is no explicit mention of careworkers nor of informally employed care workers. Plus Title VII does not apply for	Expert Interview
With trainings and outreach programs, the policy and the EEOC aim to raise gender related awareness. The EEO to add non Binary and other gender options as reported by March 2022 --> "The U.S. Equal Employment Opportunity Commission (EEOC) announced today that it will promote greater equity and inclusion for members of the LGBTQI+ community by giving individuals the option to select a nonbinary "X" gender marker during the voluntary self-identification questions that are part of the intake process for filing a charge of discrimination."	https://www.eeoc.gov/new
INS - lack of evidence for workers specifically in paid care and informally employed care work.	https://www.eeoc.gov/stati
Women comprise 58-61% of higher level employees (General Schedule levels 12-15) at the EEOC.	https://www.eeoc.gov/fede

SCORE EXPLANATION	SOURCE
The Occupational Safety and Health (OSH) Act of 1970 Section 11(c) gives workers the right to file a complaint with	https://www.osha.gov/laws
There are procedures for filing complaints with OSHA and whistleblower protection programs, to report issues relating to employee safety, consumer product and food safety, environmental protection, fraud, and financial issues, health insurance, and transportation services. Institutional care workers can file OSHA complaints. However, as described in section 2.2.1: Self-employed workers and independent contractors are not covered by OSHA, which means informally employed workers - including care workers - are not covered by these laws. Since a subset of paid care workers are	https://www.dol.gov/gener
The OSH Act provides for workplace inspections, but not for inspections in private homes.	https://www.osha.gov/laws
The US did not ratify C189 and R201.	https://www.ilo.org/dyn/nor
OSHA covers most private sector employers and workers in all 50 states, the District of Columbia, and other U.S.	https://webapps.dol.gov/dolfa
No information on this could be found in the policy - grievance procedure does not mention housing.	
OSHA law is enforced regardless of immigration status, and OSHA has "diverse workforce/limited english proficiency	https://www.osha.gov/com
Department of Labor, Occupational Safety and Health Administration has a federal budget allocated for its	https://www.dol.gov/sites/d
Despite an increase in funding in 2022 over 2021, as per expert interviews, the budget for OSHA is not sufficient to	chrome-extension://
The human resources and technical capacity of OSHA to conduct proper and widescale workplace inspection does not	Interview with Expert
The Occupational Safety and Health Administration (OSHA) under the Department of Labor works "to assure	https://www.osha.gov/laws
According to Section 9, in the case a violation is identified, OSHA must issue a citation in which the violation is	https://www.osha.gov/laws
OSHA publishes data on its inspection activity which is available by year of inspections, complaints, whistleblowers,	https://www.osha.gov/data

INS - It is unclear whether consultation occurred before the law came into effect. While it is evident that there are some groups like domestic workers who have been excluded from the legislation, OSHA laws applicable to health and care services may have been developed with diverse input, however no specific information was found.	Interview with Expert
Several reports and articles have been written on the positive impacts the OSH Act has had on creating more successful litigative and administrative action and processes concerning workplace grievance and inspection mechanisms, namely in creating legislation to protect workers from harmful substances and hazardous work	https://www.osha.gov/data https://www.osha.gov/work www.ncbi.nlm.nih.gov/pmc
No mention of transforming norms surrounding care work was mentioned in the OSH Act. Informal paid care work is still	
INS - Information not available in EEOC tables.	https://www.eeoc.gov/fede

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; <https://enforcedata.c>

; <https://pubmed.ncbi.nlm.nih.gov/articles/PMC714445>

[ral-sector/reports](#)

INDICATOR 2.3.1: EQUAL RIGHTS AND PROTECTIONS FOR MIGRANT CARE WORKERS

ASSESSMENT CRITERIA	SCORE			
	YES	PARTIA	NO	
There is a national policy to ensure equal rights and protections for different migrant workers (e.g. internal migrants, migrants returning to country of origin, international migrants)	1	0.5	0	The Immigration and Nationality Act (INA) does not discriminate because of national origin or citizenship status against permanent residents, temporary lawful permanent residents, and asylees. There has been no policy. In terms of workplace safety (other related laws) are enforced. Agricultural Worker Protection Act (AWPA) standards related to wages, contract workers.
Legislation and ratification				
There is legislation to ensure access to equal rights and protections for migrant care workers	1	0.5	0	Migrant care workers are not specifically protected through the Immigration and Fair Labor Standards Act, but are covered by FLSA or OSHA I.
The relevant convention/s (C189) have been ratified	1	0.5	0	It has not been ratified.
Accessibility and inclusivity				
The policy extends to all workers, occupations and population groups and those most likely to be marginalised, including informally employed migrant workers	1	0.5	0	The Immigration and Nationality Act (INA) does not apply. FLSA and OSHA do not apply.
The policy ensures working permits for migrant care workers are not tied to the individual employer	1	0.5	0	To get a work permit in the United States as a nonimmigrant, you must show proof of H-2B Temporary Non-Agricultural worker.
The policy ensures the provision of specialized services to support migrant care workers (i.e. legal, health, and occupational counsel in their first language)	1	0.5	0	The only mention of specialized services is for the agricultural workforce/limited english proficiency workers.
The policy includes international bilateral cooperation agreements with sending countries to guarantee protections and prevent human trafficking	1	0.5	0	Specific bilateral agreements exist to prevent human trafficking. For example, the U.S. has agreements with countries to prevent human trafficking and related offenses which is required to publish a list of countries.
The policy ensures migrant care workers have access to family rights	1	0.5	0	A foreign citizen seeking to immigrate to the U.S. as a Lawful Permanent Resident (LPR) must be an Immediate Relative – these include: 1) Spouse and 2) Family Preference.
Budgeting and administration				
There is a federal budget allocated for this policy and/or a federal mandate for states to allocate resources towards the implementation of this policy**	1	0.5	0	A portion of the Department of Homeland Security is responsible for the implementation of this policy.

The budget allocated is sufficient to implement ¹ the policy (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs) ^{***}	1	0.5	0	U.S. Citizenship and Immigration Services (USCIS) has a high spending level, at \$904 million, to address the historic backlog of cases and to address the historic benefits. Thus, the government has protracted wait times for people to receive their benefits. This indicates that funding has been insufficient.
There is adequate human resources/staff ³ for the implementation of the policy ^{4***}	1	0.5	0	At USCIS, the case load backlog in 2022 (this includes work performed by contractors) was primarily due to changes in the number of cases and the insufficiency of staff to implement the policy.

Regulation and monitoring

There is a government department/unit/agency responsible for implementing the policy	1	0.5	0	USCIS (under DHS) is responsible for implementing the policy.
The policy includes complaint and grievance redressal mechanisms in case of non-compliance	1	0.5	0	DHS and DOL have many avenues for complaint and grievance redressal.
The government collects and publishes disaggregated data on how many migrant care workers are employed	1	0.5	0	Since the passage of the Home Care Worker Protection Act, the government has collected and published data on the number of migrant care workers employed.

Design and Impact

The policy was developed through consultation with migrant paid care workers and/or representative organisations from diverse backgrounds	1	0.5	0	No explicit intention was found in the policy objectives or purpose.
There is an explicit intention to address discrimination against migrant care workers in the policy objectives or purpose	1	0.5	0	No explicit intention was found in the policy objectives or purpose barring discrimination of migrant care workers.
There is evidence of a positive impact on migrant care workers including informally	1	0.5	0	INS has a positive impact on migrant care workers.
Women are equally (> 50%) represented in management of the specific office	1	0.5	0	USCIS higher-band employees are equally represented in management.
SCORE FOR INDICATOR 2.3.1: 4 /17		24%		

Total Score for Policy Area 2.3: Migrant Care Worker's Protection

Percentage Score:	24%
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SCORE EXPLANATION	SOURCE
<p>Nationality Act prohibits employers (when hiring, discharging, or recruiting or referring for a fee) from discriminating on the basis of national origin against U.S. citizens, U.S. nationals, and authorized aliens or discriminating because of the national origin of U.S. citizens, U.S. nationals, and the following classes of aliens with work authorization: temporary lawful permanent residents (that is, individuals who have gone through the legalization program), refugees, and lawful permanent residents. No antidiscrimination law found related to undocumented workers with no work authorization. OSHA workplace protections, by law, OSHA workplace protections and FLSA (minimum wage, overtime, and other labor law protections) apply regardless of immigration or migration status. Finally, the DOL Migrant and Seasonal Agricultural Workers Protection Act (MSPA) protects migrant and seasonal agricultural workers by establishing employment protections for housing, transportation, disclosures and recordkeeping, but does not apply to independent contractors.</p>	<p>https://www.dol.gov/general/topic/discrimination/immdisc</p>
<p>Workers are protected to the extent that the laws listed above cover workers generally, but there was no law specifically protecting migrant care workers. For example, migrant care workers are protected from discrimination under the Nationality Act only if they have work authorization; and covered by wage and hour laws of the Nationality Act if they are self-employed, an independent contractor, or a domestic worker, they will not be covered by those laws for workplace safety. Also, access to those protections and what those protections mean for workers.</p>	<p>https://www.dol.gov/general/topic/discrimination/immdisc</p>
	<p>https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:</p>
<p>Nationality Act applies only to temporary residents, refugees and asylees who have work authorization. It does not apply to independent contract workers.</p>	<p>https://www.dol.gov/general/topic/discrimination/immdisc</p>
<p>In the United States, you need to have a proof of employment and a common way to work temporarily in the United States as a migrant is for a prospective employer to file a petition with USCIS on your behalf (see details on the USCIS website for Agricultural Workers). Permits are tied to proof of employment and are not available to those who do not have a job offer.</p>	<p>https://www.uscis.gov/working-in-the-united-states ; http://www.dhs.gov</p>
<p>Language assistance services found is related to OSHA. From Indicator 2.2.3: OSHA has "diverse language assistance coordinators" meant to assist with language needs, and OSHA laws are available in 29 states.</p>	<p>https://travel.state.gov/content/travel/en/us-visas/visa-information</p>
<p>Legislations weren't found related to the aforementioned policies, but there are legislations to prevent human trafficking, the Trafficking Victims Protection Act (TVPA) of 2000 established methods of prosecuting human trafficking, and protecting victims and survivors of trafficking. The act establishes human trafficking as federal crimes. It established the Office to Monitor and Combat Trafficking in Persons, which issues a Trafficking In Persons (TIP) report each year. The TIP report describes and ranks the efforts of countries to combat trafficking.</p>	<p>https://www.govinfo.gov/content/pkg/PLAW-106publ386</p>
<p>Temporary lawful permanent residents in the United States requires an immigrant visa (IV). To be eligible to apply for an immigrant visa sponsored by an immediate relative who is at least 21 years of age and is either a U.S. citizen or lawful permanent resident (that is, a green-card holder). There are two types of family-based immigrant visas: 1) immediate relative visas are based on a close family relationship with a U.S. citizen, such as a spouse, child or parent; 2) family preference visas are for specific, more distant, family relationships with a U.S. citizen and are subject to annual numerical limits.</p>	<p>https://travel.state.gov/content/travel/en/us-visas/immigrant-visas</p>
<p>The Department of Homeland Security (DHS) budget is for U.S. Citizenship and Immigration Services (USCIS), Immigration and Customs Enforcement (ICE), and Customs and Border Protection (CBP). OSHA and FLSA have been found in the DHS budget.</p>	<p>https://www.dhs.gov/dhs-budget</p>

<p>ation Services, or USCIS, a component of DHS, received a 700% increase over the 2021 on. Of that request, the administration has requested \$765 million specifically for caseload and cretionary funding is intended to decrease rising asylum backlogs, improve refugee processing, acklog of applications for work authorization, naturalization, green cards, and other immigration ent seems responsive to the challenges of immigration in the US (especially the backlogs and ple seeking residency). Further, caseload backlogs described in the next assessment criteria sufficient to fully implement this policy. And in terms of enforcement of labor laws through OSHA</p>	https://www.boundless.com/blog/biden-requests-56-7-bi
<p>cklog has surged from fewer than 6 million applications in 2019 to about 9.5 million as of February mit applications). According to the Migration Policy Institute, funding constraints and policy or part of the increased caseload at USCIS. See indicators 2.1.5, 2.2.1, 2.2.3 regarding ment OSHA and EL SA policies</p>	https://www.migrationpolicy.org/article/us-immigration-ba
<p>onsible for implementing the Immigration and Nationality Act. the Department of Labor</p>	https://www.uscis.gov/working-in-the-united-states
<p>venues for the public to provide feedback and make complaints. However based on expert</p>	https://www.dhs.gov/provide-feedback-or-make-complai
<p>meland Security Act of 2002, the Office of Immigration Statistics has responsibility to carry out</p>	https://www.dhs.gov/immigration-statistics
<p>nd to be mentioned in USCIS or Department of Labor documents.</p>	
<p>nd to be mentioned in USCIS documents. The Department of Labor laws include language grant workers in accordance with the specifics of the laws described above, but are not specific to</p>	https://www.uscis.gov/laws-and-policy ; https://www.dol
<p>ees (GS 12-15) are comprised of more than 50% women. The DOL employs 49% women, but</p>	Table A-2a Sex Grade Agency Rates Table, https://www

Indicator 2.4.1: RIGHT TO REPRESENTATION AND NEGOTIATION, FREEDOM OF ASSOCIATION, AND RIGHT TO STRIKE

ASSESSMENT CRITERIA	SCORE			
	YES	L	NO	
There is a national policy on the right of all workers to join cooperatives, trade unions, and workers associations	1	0.5	0	Some, but not enough, aspects of collective bargaining or other covered by the NLRA.
Legislation and ratification				
There is legislation on the right of all workers, including informally employed workers and migrant workers, to representation and negotiation, freedom of association and right to strike	1	0.5	0	Most employees in the private sector (interstate railroads and airlines) have rights including that of unionized workers.
Relevant convention/s (C87, C98, C154, C189) have been ratified	1	0.5	0	Has not been ratified.
Accessibility and inclusivity				
The policy extends to all workers, occupations and population groups and those most likely to be marginalised, including informally employed paid care workers	1	0.5	0	A large share of people who are contract workers) are minor of the rights associated with
Budgeting and administration				
There is a federal budget allocated for this policy and/or a federal mandate for states to allocate	1	0.5	0	discretionary.
The budget allocated is sufficient to implement ¹ the policy (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs) ^{***}	1	0.5	0	According to the Center for Budget and Programs Prioritization and that level was below fun resources, including the number more workers now than in 2010 systemically support worker
There is adequate human resources/staff ³ for the implementation of the policy ^{4***}	1	0.5	0	Staff levels have fallen while the NLRB has continued to demonstrate that, while implementing the policy.
Regulation and Monitoring				
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0	National Labor Relations Board
The policy includes complaint and grievance redressal mechanisms for paid care workers, including informally employed and migrant workers, who are penalised for their activity in unions	1	0.5	0	If you believe your NLRA rights organization. Each charge is parties and witnesses. Their cases reviewed by NLRB at
The government collects and publishes disaggregated* data on the participation of paid care workers in collective bargaining and trade unions	1	0.5	0	The NLRB publishes data of and more. The Bureau of Labor survey.
There are mechanisms in place to measure the impact of the policy on paid care workers (e.g. ease of registration, efficiency of bargaining, etc.)	1	0.5	0	Interview with expert analyses state-level policies regarding workers' organizing.
Design and Impact				
The policy was developed through consultation with paid care workers and/or representative organisations from diverse backgrounds	1	0.5	0	There is some evidence of a amendment process that led

There is an explicit intention to address discrimination around the right to representation and negotiation, freedom of association and right to strike for paid care workers, including informally employed and migrant workers, in the policy objectives or purpose	1	0.5	0	Nothing from the NLRB was
There is evidence of increased participation of paid care workers, including informally employed and migrant workers, in collective bargaining and organising in trade unions, as a result of the policy	1	0.5	0	According to Bureau of Labor of healthcare support occup
Women are equally (> 50%) represented in management of the specific office responsible for monitoring policies on the right of all workers to join cooperatives, trade unions and workers associations***	1	0.5	0	63.4% of existing NLRB staf levels 12-15) at the NLRB.
SCORE FOR INDICATOR 2.4.1: 6.5 /15		43%		
Total Score for Policy Area 2.4: Right to organize				
Percentage score:		43%		

SCORE EXPLANATION	SOURCE
<p>...of their own choosing, and to engage in concerted activities for the purpose of their mutual aid and protection." However, as noted below, not all workers are</p>	<p>https://www.archives.gov/milestone-documents</p>
<p>...te sector are covered under the NLRA. The law does not cover government employees, independent contractors, employers/ees subject to the Railway Labor Act (R.L.A.), or those in the domestic service of a person or family in a home (unless they are employed by or agency); but protects workers regardless of immigration status. Those covered have the right to freedom of association, self-organization, to negotiate with employers, to strike, and more, but</p>	<p>https://www.nlr.gov/about-nlr/rights-we-protect https://www.ilo.org/dyn/normlex/en/f?p=NOF</p>
<p>...have also been excluded from the NLRA (farm, domestic workers, independent contractors, and other activities who are workers relegated to low paying jobs and are at the same time left out of the NLRA</p>	<p>https://www.nlr.gov/sites/default/files/attachment</p>
	<p>https://www.nlr.gov/sites/default/files/attachment</p>
<p>...American Progress, Congress has not increased funding for the NLRB since 2014, and has reduced funding in 2010. Due to inflation, funding is said to be flat, and has reduced agency budget by 30% since 2010, all which being responsible for the decline in EPI. Despite that, it seems, the agency is doing more than it has in the past to support organizing and rights, hence a score of .5.</p>	<p>https://www.americanprogress.org/article/the-nlr</p>
<p>...the number of covered workers has risen. However, despite insufficient resources, the agency has managed to reduce pending case times each year since at least 2018 (see NLRB source), and has been able to hire sufficient, a score of .5 is warranted given the extent to which existing staff levels are</p>	<p>https://www.epi.org/blog/congress-should-be</p>
<p>...Board implements the policy.</p>	<p>https://www.nlr.gov/sites/default/files/attachment</p>
<p>...rights have been violated, you may file a charge against an employer or a labor union. Charges are investigated by Board agents who gather evidence and may take affidavits from witnesses. Findings are evaluated by the Regional Director, and in certain novel or significant cases, they are referred to the Division of Advice in Washington DC. Typically, a decision is made on charges and complaints, petitions and elections, decisions, recent election results, and labor Statistics tracks data by industry/sector and demographic in its Union Members</p>	<p>https://www.nlr.gov/about-nlr/what-we-do</p>
<p>...to some evidence of increased participation, however this sentiment may be due to the growth of domestic and care worker organizing, rather than any federal support for care workers.</p>	<p>https://www.nlr.gov/reports/agency-performance Expert Interview</p>
<p>...consultation with various groups overtime, eg. through extensive hearings during an election, and extended coverage for non-profit hospitals. However there is no other evidence</p>	<p>https://www.nlr.gov/about-nlr/who-we-are</p>

found regarding these items.	
or Statistics data in 2021, 13.5% of healthcare practitioners were unionized, 9.4% ations, but only 4.5% of personal care and services workers. All union activity is	https://www.epi.org/blog/congress-should-b/
f are women, 58-68% of higher level employees are women (General Schedule	https://www.eeoc.gov/federal-sector/nationa