



Inclusion in Care

A Strategy for a rights-based Care Agenda



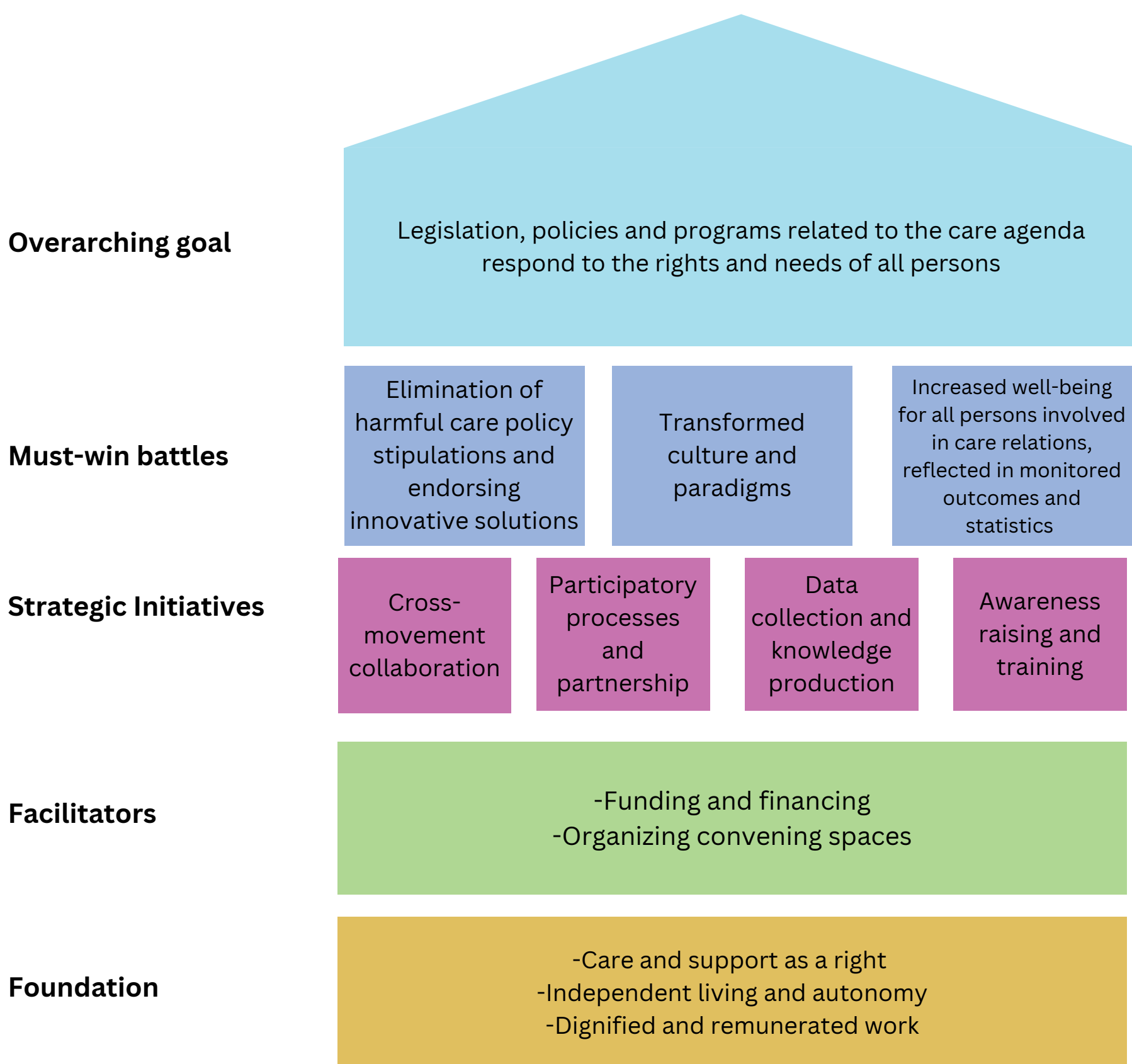
Women and girls undertake more than three-quarters of unpaid care work worldwide, which limits their well-being and personal development. As a result of this disproportionate responsibility for care work, oftentimes, they must stop working or studying, and lack time for self-care and recreation. This also impacts their human capital accumulation and future earnings potential. Women and girls, also make up two-thirds of the paid care workforce, yet, they often don't have the same protections and rights as other workers. Domestic workers (75.6 million) account for 25% of the global care workforce yet it is the sector with the highest deficits in decent working conditions, with the highest rates of informality, child labor, and forced labor (Valenzuela 2024). For instance, 80 percent of the world's domestic workers are women, 90 percent of them don't have access to social security, and more than half have no limits on their weekly working hours (Oxfam International 2022).

As a result of these disparities, women's rights and feminist organizations have been guided by the "5Rs": recognize, reduce, redistribute, and reward care work while making sure that care workers are organized and represented in law and policy (Addati et al. 2018). This has led to the consolidation of a care agenda, primarily focused on the needs and rights of women caregivers. Countries have begun responding by developing legislation, policies, and programs such as paid leave, subsidized daycare, comprehensive care systems, respite care programs, among others. While there is still a long way to go, these types of initiatives represent important advancements in promoting the economic and social participation of women and girls.

Nonetheless, many aspects, in addition to gender inequality, are important to consider when analyzing care relations. For instance, children, older persons and persons with disabilities also give and receive care. Yet, they still face large unmet needs. For instance, based on an analysis of disability surveys from 12 LMICs, on average, over 45% of people with disabilities receive human support; in 10 of these countries, more than 46% of these people report that the support they receive is insufficient (Pereira, M. Forthcoming). Despite the evident impact of care policy on these communities, they are often left out of critical conversations, resulting in policies and programs that ignore their needs or outright hurt them. For instance, many persons with disabilities still face institutionalization under the argument that this reduces unpaid care work within the family, yet, exposes people with disabilities to neglect, abuse, and the vulneration of their rights.

For this reason, it is critical to advance toward a care agenda that responds to the rights and needs of all persons. On December 3, 2024, the Disability Rights Fund, the Center for Inclusive Policy, Oxfam, and the International Domestic Workers Federation, with the support of the Global Alliance for Care, hosted a session at the 15th AWID Forum to strategize on how to move towards this goal. The present document is the result of the conversations during such a session. Below we present and discuss the foundation, enablers, strategic initiatives, and must-win battles that can lead to achieving the overarching goal, as identified in the session (Figure 1).

Figure 1. Strategy for Achieving a rights-based Care Agenda



Source: Author's elaboration based on input from participants during the session.

Foundation

At the foundation of this strategy is a series of beliefs and values that sustain the work toward the ultimate objective, such as gender equality, disability inclusion, and human rights, among others. Rights-based care and support must be rooted in dignity for all persons involved in care relations, including caregivers, both paid and unpaid, and recipients of care and support. This involves recognizing the evolving and dynamic care needs and roles people face during their lives; one can be both a care recipient and provider. **Care must be viewed as a fundamental right**, not a privilege, as a public good and a shared responsibility. Receiving needed care and support must be considered a basic necessity around which society and economy must be organized. Further, providing care should be recognized as **valuable work** that must be performed under **dignified working conditions**. Further, the narrative around disability must shift from one that views people with disabilities as dependent; **people with disabilities have autonomy and can live independently** in their communities with appropriate supports.

Some important foundational documents include:

- The United Nations Convention on the Rights of Persons with Disabilities ([Link](#))
- Domestic Workers Convention of the International Labour Organization ([Link](#))
- The Convention on the Elimination of All Forms of Discrimination Against Women ([Link](#))
- The Beijing Declaration and Platform for Action ([Link](#))
- The Resolution on Decent Work and the Care Economy at the 112th International Labour Conference ([Link](#))
- Human Rights Council resolution 54/6 on the centrality of care and support from a human rights perspective ([Link](#))
- Economic and Social Council resolution E/CN.5/2024/L.5 on promoting care and support systems for social development ([Link](#))

Facilitators

To ensure systems fully consider the rights and needs of both providers and receivers of care and support, it is crucial to establish a common agenda between caregivers and care recipients. Many of the tensions between the disability and women's rights and feminist movements have stemmed from a lack of consensus on the goals of care and support policies. There is also a lack of conversation on the roles, responsibilities, and obligations of those giving and receiving care, such that the rights of all persons involved in care relations are guaranteed.

For instance, when caregivers make decisions for adults with disabilities about their daily lives without their input (such as related to what they eat, how to dress, their medical needs, or how and who they socialize with), this infringes on the rights to autonomy and independent living. Similarly, if persons receiving care expect domestic workers to work 24/7, this infringes on the labor rights of care workers, even if their employers may require continuous care and support. It is hence important to set clear expectations and boundaries regarding both giving and receiving care and support, such that the rights of all are taken into account.

By discussing and coming to agreements about what care should look like, it is more likely to reduce tensions between movements. These agreements should also extend to family members and loved ones, ensuring everyone involved understands their roles and responsibilities. For this reason, it is important to organize **convening spaces** where both caregivers and recipients can voice their perspectives and come to mutual understanding. This includes creating opportunities for cross-movement collaboration as well as shared advocacy in public policy spaces. This requires increased and continuous private and public **funding & financing** directed towards supporting these convening spaces, as well as advancing the key strategic initiatives described below.

Strategic Initiatives

1

Fostering **cross-movement collaboration** for inclusive care and support systems is essential to initiate conversations on joint programming and resource mobilization that highlight the interconnectedness of diverse groups. Engaging organizations of people with disabilities, domestic and care workers' unions, care activists, and women's rights, feminist, and caregivers' organizations in dialogue can help identify shared goals and mutual needs. By recognizing the fluidity of these movements and their intersecting issues, stakeholders can work together to define inclusive care frameworks and advocate for sustainable policies that address the specific challenges faced by each group, while building a stronger, unified support system for all.

2

Embedding **participatory processes and partnerships** with a diverse range of civil society in the design of policies and programs is key. To ensure that OPDs (Organizations of Persons with Disabilities) and other civil society groups are involved in the policy design of care systems, it is essential to prioritize consultation and collaboration at every stage of the policy design process. The information on how to participate in these processes should be accessible, empowering organizations to contribute meaningfully. Equally important is to ensure forums of participation - whether online or physical spaces - are accessible to people with diverse types of disabilities.

3

Supporting **data collection and knowledge production** that reflects the lived experiences of people with disabilities, indigenous people, domestic workers, children, older adults, and of course women, is critical for informing policies. To generate more disability-inclusive data and evidence for monitoring the impact of care systems on women with disabilities, it is crucial to incorporate disability-related questions into time-use and care surveys and care-related questions into disability surveys, while also considering other intersecting identities like gender, race, and ethnicity.

Administrative records, for instance of disability certification systems, can also be strengthened to collect information on care and support needs. Research should specifically address how care and support for women with disabilities differs, both as caregivers and care recipients, highlighting the unique challenges they face.

Qualitative research involving both caregivers and recipients can help identify tensions and gaps in the system. Educating other movements on how to collect disability data is also key. Results of evaluations of care and support policies should be disaggregated by gender and disability (including by type of disability) and focus on both process and outcome indicators. Key questions include assessing whether care systems align with individuals' preferences, how disability extra costs impact access to care, impact on gender roles and attitudes towards caregiving, time spent on both paid and unpaid care, unmet care needs, labor conditions and well-being of paid and unpaid care workers, and the ability to choose and exercise legal capacity. It's also essential to measure how access to services in other areas can reduce or increase the need for care and support.

4

Investing in **awareness raising and training** has the potential to transform cultural attitudes and change the narrative around care, disability, and gender roles. This has the potential to positively impact social norms and individual care relations, as well as shift the mindsets of policymakers and legislators. Rights-based and inclusive language should be used.

Must-win Battles

Together, the aforementioned strategic initiatives should result in three overarching outcomes that indicate that we are moving towards the ultimate goal of inclusion in the care agenda. These outcomes, and some examples of how they may manifest, are:

1

Elimination of harmful care policy stipulations and endorsing innovative solutions

Example: Community-based care and support policies and programs, such as personal assistance and respite care programs, replace institutionalization.

Example: Cash-for-care and other care programs allow people with disabilities to manage their benefits and the care they receive, and do not reinforce women's role as caregivers by requiring that women be the ones to provide care and support.

Example: Outdated guardianship laws are replaced with legislation on legal capacity and mechanisms for supported decision-making, allowing adults with disabilities to manage the care and support they receive.

Example: Care policies and programs implement accessibility guidelines and reasonable accommodation, recognizing that a large proportion of participants may have disabilities, including because many caregivers are women with disabilities.

2

Transformed culture and paradigms

Example: Governments design and implement care and support policies and programs, recognizing that the responsibility of providing care and support is an obligation of the state, and shouldn't fall only under the shoulders of unpaid family members and the private sector.

Example: Policies and programs adopt rights-based language and move away from concepts of “dependency” and “burden” to qualify people with disabilities with care and support needs.

Example: Paid care and domestic work are recognized in law, policy, and culture as formal work, and hence, subject to the same rights as other workers such as social security, paid leave, vacation days, and limits to working hours, among others.

Example: Families recognize that men should be equally involved in caregiving responsibilities as women, and this is reflected in increasing gender parity related to care work.



Increased well-being for all persons involved in care relations, reflected in monitored outcomes and statistics

Example: Decrease in the proportion of unmet care and support needs among people with disabilities.

Example: Reduction in the proportion of care and domestic work done by women, accompanied by an increase in the proportion of work done by men as well as an increase in care work provided through public care services.

Example: Improved education, labor, and well-being outcomes for people with disabilities and women and girls, resulting from care and support policies and programs that allow for increased economic and social participation.

Example: Satisfaction of organizations of people with disabilities, domestic and care workers’ unions, care activists, women's rights, feminist, caregivers’ organizations, and other civil society groups with care policies and programs.

References

Addati, Laura, Umberto Cattaneo, Valeria Esquivel, and Isabel Valarino. “Care Work and Care Jobs for the Future of Decent Work.” International Labour Organization, June 28, 2018. <https://www.ilo.org/publications/major-publications/care-work-and-care-jobs-future-decent-work>.

Oxfam International. “Not All Gaps Are Created Equal: The True Value of Care Work.” Oxfam International, May 25, 2022. <https://www.oxfam.org/en/not-all-gaps-are-created-equal-true-value-care-work>.

Pereira, Maria Antonella. “Disability Policy Insights: Disability Inclusion in the Care Agenda.” Center for Inclusive Policy. 2025. https://inclusive-policy.org/wp-content/uploads/2025/05/Policy-Brief-2_FINAL.pdf.

Valenzuela, Maria Elena. “The Centrality of Care and Support From a Human Rights Perspective.” International Domestic Workers Federation, April 2024. <https://idwfed.org/wp-content/uploads/2024/04/HCHR-draft-5-APR-ENG.pdf>.