



► Record of Proceedings

8A

International Labour Conference – 112th Session, Geneva, 2024

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Outcome of the General Discussion Committee on the care economy: Resolution and Conclusions submitted to the Conference for adoption

Proposed resolution and conclusions submitted to the Conference for adoption

This Record of Proceedings contains the text of the proposed resolution and conclusions submitted by the Committee to the Conference for adoption.

The Report of the Committee on its proceedings will be published in Record of Proceedings No. 8B after the closure of the session.

► Resolution concerning decent work and the care economy

The General Conference of the International Labour Organization, meeting in Geneva at its 112th Session, 2024,

Having undertaken a general discussion on decent work and the care economy, and duly taking into account the ILO Declaration of Philadelphia (1944) and the ILO Centenary Declaration for the Future of Work (2019), to pursue decent work in the care economy,

1. Adopts the following conclusions;
2. Invites the Governing Body of the International Labour Office to give due consideration to the conclusions and to guide the International Labour Office in giving effect to them;
3. Requests the Director-General to:
 - (a) prepare a plan of action on decent work and the care economy to give effect to the conclusions, for consideration of the Governing Body at its 352nd Session (October-November 2024);
 - (b) communicate the conclusions to relevant international and regional organizations;
 - (c) take into account the conclusions when preparing future programme and budget proposals and mobilizing extra-budgetary resources;
 - (d) keep the Governing Body informed of their implementation.

► Conclusions concerning decent work and the care economy

I. Context - decent work and the care economy: an urgent need for action

1. Care is central to human, social, economic and environmental well-being, and sustainable development. Care work, paid and unpaid, is essential to all other work. A well-functioning and robust care economy contributes to a healthier present and future workforce, creates jobs, supports businesses and enhances productivity. Transformative change in the world of work, driven by technological innovations, demographic shifts and environmental and climate change, affect the demand for and supply of, as well as access to, care.
2. A well-functioning and robust care economy is critical for building resilience to crises, including pandemics, and brain drain, and for achieving gender equality and inclusion, and addressing other inequalities, promoting economic and social development, a human-centred approach to the future of work, just transition and social justice. The care economy is fast-growing and creates and enables employment opportunities.
3. Women make up the majority of paid and unpaid care work throughout the world.
4. The COVID-19 pandemic emphasized the importance of the care economy and shed light on gaps in public policies. The pandemic exacerbated the disproportionate share of unpaid care work provided by women and girls, and the pre-existing decent work deficits of care workers, including long working hours and occupational health and safety risks – such as exposure to

violence and harassment, including gender-based violence and harassment – and severe staff and skill shortages.

5. The care workforce is heterogeneous. While care work is highly demanding and often requires high levels of skills and specialized knowledge, skills are not always fully recognized and valued accordingly. While some care workers are highly skilled and well-paid, many, including migrant and domestic workers, remain in the informal economy, low-paid and excluded, by law or in practice, from protections, including social and labour protection. Community health and care workers, often not recognized as workers, are also without such protection. Migrant workers, many of whom are women, often are not able to exercise fully the same rights as other workers. Further challenges to decent work and the care economy include strong ethnic, racial and gender-based occupational segregation, and undervaluation of care work. Women, especially those in vulnerable situations, provide an unequal share of unpaid care, which creates structural barriers to their participation, retention and progression in the labour force.
6. The fast pace of society ageing in some parts of the world brings more care burden, which intensifies the gaps in the demand for, supply of and access to care, and at the same time high quality services are more needed than ever before.
7. The International Labour Organization (ILO) plays a leadership role in promoting decent work in the care economy, based on a life-course approach to care, embracing the 5R Framework for Decent Care Work (recognition, reduction and redistribution of unpaid care and reward and representation of care workers). Some governments have made progress on the ratification of care-related and other relevant international labour conventions and have implemented integrated approaches to care policies. Employers and workers, through social dialogue, as well as employer-led initiatives, have led to the introduction of some family-friendly workplace policies and working arrangements to help improve the work-life balance of individuals while balancing care responsibilities. Care workers are increasingly organized. These efforts represent progress towards transforming the unequal division of care work between men and women into a more equal organization of care, promoting social co-responsibility among the State, the private sector, families, the social and solidarity economy (SSE) and the community.
8. However, significant gaps remain in public awareness, legislation, policies, funding and implementation. Urgent action is needed to ensure decent work in the care economy and promote decent work by ensuring access to care for all.

II. A common understanding of the care economy

9. The care economy comprises care work, both paid and unpaid, and direct and indirect care, its provision within and outside the household, as well as the people who provide and receive care and the employers and institutions that offer care. Care work consists of, among others, activities and relations that pursue sustainability and quality of life; nurture human capabilities; foster agency, autonomy and dignity; develop the opportunities and resilience of those who provide and receive care; address the diverse needs of individuals across different life stages; and meet the physical, psychological, cognitive, mental health and developmental needs for care and support of people including children, adolescents, youth, adults, older persons, persons with disabilities and all caregivers.
10. Care work is provided through the public sector and the private sector, including Micro, Small and Medium Enterprises (MSMEs). It is also provided by the non-profit sector, the SSE and households. Paid care work spans diverse occupations and sectors. The care economy, spanning formality and informality, includes, but may not be limited to, the activities of workers in education, early childhood care and education, and the health and social sectors, of

domestic workers and of individuals who perform unpaid care work. There is currently no internationally agreed statistical definition of care work and such a definition should be developed to promote harmonization and consistency of data on care, including in all applicable sub-sectors.

11. Direct care work refers to personal care activities that are relational, while indirect care work comprises activities that enable well-being in the absence of direct personal contact, such as cleaning and cooking.
12. Unpaid care work, often provided by the family and social network of care recipients, is of great value for care recipients, care providers and society. This care, which should be more equally shared between men and women, complements and supplements, but cannot replace paid care work.
13. The current social organization of care, that is who provides care and who accesses care, places a disproportionate share of unpaid care work on women, which hinders women's economic inclusion and effective labour market participation, widening gender gaps in the world of work, and leaves many without adequate access to social protection. The burden of paid and unpaid care work on women can be largely dependent on race, ethnicity, socio-economic conditions and place of origin.
14. The care economy comprises policies and regulatory frameworks, services, infrastructure, institutions, financing mechanisms, and social norms that influence and govern the provision and receipt of care and support throughout the life-course.

III. Guiding principles

15. In pursuing integrated, comprehensive and holistic policies and approaches for decent work and the care economy, Members should take into account the following principles.
16. Just as labour is not a commodity, labour in the care economy is not a commodity. All people should be able to provide and receive care, including self-care.
17. All care workers should enjoy decent work. Decent work for care workers contributes to quality care, recruitment and retention of workers, and promotion of gender equality, counteracts the shortage of workers and builds resilient societies and economies.
18. All Members have an obligation to respect, promote and realize the fundamental principles and rights at work in respect of care workers, namely: freedom of association and the effective recognition of the right to collective bargaining; the elimination of all forms of forced or compulsory labour; the effective abolition of child labour; the elimination of discrimination in respect of employment and occupation; and a safe and healthy working environment.
19. Ratification and implementation of the international labour standards relevant to the care economy are central to a rights-based approach to care.
20. Provision of, access to and receipt of care should be based on the principles of non-discrimination, solidarity, sustainability, equity, universality, and social co-responsibility.
21. Investing in the care economy promotes quality care and decent job creation, and can lead to enhanced human capabilities, productivity growth, quality education, improved health and well-being and gender equality, as well as decent work and stronger female participation in the labour market, and enables the transition to the formal economy.
22. The 5R Framework for Decent Care Work guides integrated and coherent strategies to achieve decent work in the care economy. Unpaid care work should be recognized, reduced and

redistributed. Paid care work should be rewarded through adequate remuneration including in accordance with the principle of equal pay for work of equal value, and effective labour and social protection.

23. Achieving decent work includes the adoption and effective implementation of well-designed care leave policies and services. This enables:
 - (a) workers with family responsibilities to enter, remain in and progress in the labour force, without discrimination;
 - (b) better work-life balance, and a more equal sharing of care responsibilities between men and women;
 - (c) productivity growth through maintaining the health and well-being of the workforce;
 - (d) addressing disadvantages faced by people with high care or support needs, as well as those faced by people providing unpaid care or support;
 - (e) addressing inequitable access to care and support services, including for workers in the informal economy.
24. The State has a primary responsibility for care provision, funding, regulation and ensuring high standards of quality, safety and health for care workers and care recipients. This includes the allocation of the necessary resources and the adoption and maintenance of a robust policy and regulatory framework.
25. Public-private partnerships that leverage the strengths of both public and private sectors can help scale quality care services without overburdening either side, fostering a more sustainable care ecosystem.
26. Public and private enterprises, cooperatives and other SSE entities, play a role in the provision of quality care, investment in sustainable and modern care infrastructure, and provision of training and employment opportunities.
27. Community-based care provision, including through partnership with indigenous and tribal peoples where applicable, can assist in meeting local needs.
28. Collecting data disaggregated by all forms of care work and measuring the scope and value of unpaid care are critical to understanding the care economy and informing policy design. These data should be disaggregated by income, sex, age, race, ethnic origin, migration status, disability, geographical location and other relevant characteristics, in line with national context.
29. Coordination across levels and sectors of government, taking a whole-of-government approach, fosters coherent, effective and integrated approaches to care.

IV. Advancing decent work in the care economy

30. Taking into account the above principles, governments, employers' and workers' Organizations, as appropriate to their spheres of responsibility, with support from the ILO, should:
 - (a) design and implement integrated and coherent care policies and systems for decent work and gender equality. These policies should contribute to a rights-based approach for care and be grounded in international labour standards and social dialogue. The 5R Framework for Decent Care Work provides valuable guidance in this regard;

- (b) mainstream care into relevant public policies, including employment, skills, macroeconomic, social and labour protection, migration and environmental policies, while ensuring adequate public financing and coordination taking into account national circumstances;
- (c) promote employment and macroeconomic policies that create decent jobs in the care economy, including through the formalization of informal care jobs and enterprises, and the prevention of informalization of formal ones, and ensure sufficient fiscal space;
- (d) promote active labour market policies, education and training, upskilling and re-skilling, skills recognition and skills certification within and, where appropriate, across national borders, openness to learning and access to lifelong learning opportunities, in line with technological developments, to promote career development and attract and retain a skilled care workforce;
- (e) address the undervaluation of care work, including by raising public awareness about the social and economic value of care work;
- (f) address the unequal gender distribution of paid and unpaid work, and promote women's economic inclusion and autonomy beyond caregiving, including by changing social norms and gender stereotypes around caregiving roles;
- (g) ensure appropriate responses to the needs of all workers with care responsibilities by ensuring comprehensive maternity protection and care leave and protection policies, including paternity, parental leave and long-term care leave;
- (h) strengthen policies and measures facilitating work-life balance, paid work and care responsibilities. This includes measures related to the organization, time and location of work, and other terms and conditions of employment;
- (i) build and maintain universal social protection systems that provide adequate protection to care workers in all types of employment and recognize unpaid care work, including through care credits in social insurance;
- (j) create an enabling environment for sustainable enterprises and develop a conducive environment for SSE entities, including gender-responsive policies that promote productivity, investment in education and skills development, and enhanced access to business opportunities, formalization and finance;
- (k) invest in and make available high-quality, affordable, adequate and accessible care services, including childcare, health care and long-term care for all workers, including for workers in the informal economy, enabling their transition to the formal economy;
- (l) ensure measures consider culturally appropriate services and workforce considerations for indigenous and tribal peoples, including the development of community-based approaches;
- (m) enhance the availability of assistance and support services for persons with disabilities to promote individual autonomy and independence, including by taking a disability-inclusive approach to increase access to employment opportunities;
- (n) prevent and address all forms of discrimination against care workers, with particular attention to women, migrant workers, racialized groups and persons in situations of vulnerability;
- (o) ensure effective access to labour protection and social security, including through labour inspection, for all care workers, in all types of employment, especially to those most at risk

- of insufficient or inadequate protection such as domestic workers, migrant workers or community health and care workers;
- (p) design and implement policies and strategies to achieve: maximum limits on working time, occupational safety and health, including preventing and addressing violence and harassment, including gender-based violence and harassment, and adequate minimum wages whether statutory or negotiated. Public sector care providers should lead by example in this regard;
 - (q) monitor the impacts of climate change and technological change on care, including unpaid care work, and consider care issues in relation to emerging labour market governance issues and climate change adaptation and mitigation policies and actions;
 - (r) support MSMEs and SSE entities, including cooperatives and other community-led initiatives, that deliver quality care services, including through capacity-building, skills development and access to finance;
 - (s) collect and disseminate data on unpaid and paid care work, in line with existing international statistical standards and with international statistical standards that will be developed to provide an evidence base for policy-making;
 - (t) promote the voice and representation of, and consult with, care worker organizations, including those of domestic workers, community health and care workers, and migrant workers, organizations of employers of care workers and unpaid family carers, where these exist;
 - (u) Support multilateral initiatives such as the Equal Pay International Coalition (EPIC).

V. The Role of the International Labour Organization

- 31.** In line with the principles and priorities set out in these conclusions, the Organization, in consultation with constituents should further develop its comprehensive work on the care economy across its strategic objectives and direct its efforts to:
- (a) promote the ratification and implementation of international labour standards relevant to the care economy, including all fundamental Conventions;
 - (b) prepare research to be discussed by a tripartite meeting, to be determined by the Governing Body at the earliest date possible, so as to enable the Organization to assess whether there are gaps in the ILO's body of international labour standards related to paternity and parental protection, and other care leave (for sick or critically-ill family members, older persons or persons with disabilities) and, if so, what normative and/or non-normative actions could be appropriate;
 - (c) support the development of internationally-agreed statistical standards as the basis for the collection of detailed, comparable and harmonized data on the care economy, taking into account all relevant unpaid and paid care work, for discussion at the 22nd International Conference of Labour Statisticians in 2028;
 - (d) provide technical support and policy guidance, including through Decent Work Country Programmes, for the development of national care policies and systems that ensure universal access to care, promote professionalization and formalization of care jobs, and the highest attainable standards of quality, safety and health for care workers and care recipients, guided by the 5R Framework for Decent Care Work;

- (e) provide technical assistance to promote the effective protection of migrant care workers; domestic workers; community health and care workers; workers in cooperatives and other SSE entities; care workers in the informal economy; and workers with family responsibilities;
- (f) promote policies and legislation for care and support services for those with physical and mental illnesses, persons living with HIV and persons with disabilities, with the participation of persons from the groups concerned;
- (g) enhance further its expertise on the care economy through strengthened research and improved dissemination and communication on decent work and the care economy in economies at different levels of development, including by providing regular trends and analyses, coverage gaps and public investments in care and their impacts on gender equality, employment, pay, working conditions and social protection of care workers, including migrant workers, and the quality of care service provision;
- (h) research and publish information on challenges and opportunities in the introduction and use of technology in the care economy, including digital technologies and artificial intelligence, and its impact on working conditions;
- (i) provide ongoing support to countries for the measurement of both paid and unpaid care work, applying the latest international statistical standards and good measurement practices;
- (j) collect and share best practices, and conduct research on skills development that promotes career development and attracts and retains a skilled care workforce;
- (k) support constituents in ensuring sustainable and adequate financing for care, including through conducting socio-economic feasibility and costing studies, measuring financing gaps and exploring options to expand fiscal space, as well as the development of adequate pro-employment macroeconomic policies, both fiscal and monetary, in line with ILO instruments on employment policy and social protection;
- (l) provide, with the International Training Centre of the ILO in Turin, and in collaboration with other relevant training centres, as appropriate, technical capacity-building for the design, adequate financing, implementation and monitoring of inclusive policies for the care economy, including mainstreaming care into all other relevant policies;
- (m) reinforce the capacities of tripartite constituents to engage in the formulation, implementation and monitoring of national care policies, and strengthen all forms of social dialogue, including collective bargaining and tripartite cooperation. Encourage effective workplace cooperation as a tool to help ensure safe and productive workplaces, in such a way that it respects collective bargaining and its outcomes and does not undermine the role of trade unions;
- (n) reinforce its global leadership role in advancing the care agenda at the global, regional and national levels by promoting, supporting and setting legal and statistical standards, ensuring policy coherence and inter-institutional cooperation on decent work and the care economy in the multilateral system;
- (o) continue to promote the Guidelines for a just transition towards environmentally sustainable economies and societies for all (2015), including in relation to the care economy;
- (p) leverage the Global Coalition for Social Justice and the UN Global Accelerator on Jobs and Social Protection for Just Transitions to strengthen partnerships with UN entities,

international financial institutions, international networks and research centres, and to create a South-South platform to promote decent care work;

- (q) ensure adequate resources towards its work on the care economy and integrate decent work and gender equality in the care economy into all relevant ILO development cooperation projects and activities to harness fully the care economy's potential to contribute to the Decent Work Agenda, the achievement of the Sustainable Development Goals and a just transition;
- (r) provide support to, particularly, small island developing States and least developed countries, in mitigating the risk of brain drain.