

Third, the debate on the social reorganization of care needs to be separated from the employment issue. The prevailing approach is still to consider how care arrangements can be facilitated for workers; but these strategies only cover formal paid workers. This can be clearly seen in regulatory frameworks (e.g., care-related leave systems). Finding a way to provide access to these benefits to the high number of workers in the informal sector represents a key issue, particularly for developing countries where informality and precarious labour are still the most common type of employment for most of the population (particularly women) and where young people increasingly have no paid work opportunities, thus suffering high unemployment and work inactivity rates.

Fourth, the maternalistic approaches to care provision must be revisited, as it is not a matter of designing policies to assist mothers and protect children but about thinking how we socially reorganize care provision for people in need of help due to age or physical conditions. It is also a matter of opening up possibilities so that people can choose how to receive and provide care, not only through care policies,

but also by strengthening new approaches and policies to promote sexual and reproductive rights, including, for example, the right to voluntarily terminate pregnancies. Furthermore, it is not only a matter of thinking about providing care for dependent people, but of envisioning a social organization that guarantees the sustainability of human and non-human life.

Fifth, there is an urgent need to adopt an integrated approach to public policy strategies. Such an approach is not only relevant to account for the multiple dimensions of this issue but also to: i) avoid the solution of a problem through the generation of new ones, ii) avoid deeper social fragmentation, and iii) achieve a more efficient use of resources. It requires public institutions that can simultaneously address the different dimensions of care, but, at the same time, it means ensuring that the transformation sought through specific policies (such as extended parental leave, provision of care services for early childhood, etc.) are not undermined by macroeconomic policies.

## Box 4.1

### The National Care System in Uruguay<sup>1</sup>

Uruguay's National Care System, first put on the policy agenda by civil society organizations (mostly women and feminist organizations), turned out to be a priority on every political party platform in the last national election. The combination of a social demand for the transformation of the social organization of care, together with political will, produced a set of integrated policies in 2015 that aim to build a consistent care system. Its design includes three core dimensions: i)

care provision for children under three years old, which includes: day care provision (in public institutions, as universities, workplaces, community spaces), easy access to credit to improve care infrastructure, extension of paternal leave and implementation of parental leave; ii) care services for elderly people and people with disabilities, which includes: personal assistance, day care and long-term residential institutions, tele-assistance; iii) professionalization of paid care

work, through training activities as well as certification of labour competencies and validation of previous training.

<sup>1</sup> For details see: [www.sistemadecuidados.gub.uy](http://www.sistemadecuidados.gub.uy).