Recognizing equitable care provision as a key component of gender justice, the City Hub and Network for Gender Equity (CHANGE) launched the Caring Cities program to place caregivers at the heart of the network’s mission to transform cities to the benefit of all. With support from the Robert Wood Johnson Foundation, three CHANGE cities – Bogotá, Buenos Aires, and Los Angeles – implemented community-based research efforts that recognize caregivers as experts and partners in shaping city policies.

The culmination of a year-long research process with participating cities, this report features insights from caregivers in their own words as they share experiences, motivations, challenges, and recommendations for what government support would be most impactful in their lives.

CHANGE recognizes care is gendered, with the labor of care disproportionately provided by women – at home, in communities, and in paid professional contexts. Systemic inequalities like sexism, racism, migration status, and poverty impact not only who has access to care for themselves and their loved ones, but also how caregivers are valued, compensated, and empowered in society. The network also believes that care is delivered at a local scale and city governments have a unique role to play in understanding and addressing the challenges facing caregivers.

As part of the Caring Cities program, participating cities led a targeted community-based research effort to explore one aspect of their local care system. The caregivers featured in this report include leaders of community care initiatives in Bogotá, low-income mothers utilizing government-funded child care services in Buenos Aires, and early child care providers running private care programs in Los Angeles.

Each city has a dedicated chapter in the report exploring the findings from their Caring Cities research. These chapters also provide background on each city’s local care system and an exploration of policy implications from the research. The report also includes a section on cross-city insights that weaves together research findings from across the different cities to highlight a few key themes that are relevant for those working to support a more just and sustainable care system.

Moving forward, CHANGE plans to grow the Caring Cities program and support more local leaders as they invest in caregiving as a tool for gender justice. CHANGE believes that investing in care is a feminist action that has innumerable dividends for cities, communities, and societies. The Network will continue to uncover and elevate the complex and gendered nature of caregiving in distinct global contexts – focusing on learning from caregivers and uplifting tangible ways city leaders can respond.
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Introduction
Why CHANGE Cares: A Letter from the Secretariat

Care as a pathway to gender justice

The question of caregiving – paid or unpaid, but always undervalued – is inextricable from questions of gender justice.

According to the International Labor Organization (ILO), nearly one in five professional working women are employed in the care economy, 76% of domestic workers worldwide are women, and women spend three times more time than men on unpaid care work. The implications of these statistics reverberate across the lives of women and girls in every part of the world, multiplying and reinforcing injustices that affect us all.

Care work is demanding and often renders women time-poor, in turn making it difficult for them to remain and excel in education, tend to their own wellbeing, participate in social and political life, or simply rest. For women who work in formal employment, care responsibilities pull them out of the labor force and entrench the gender pay gap. The COVID-19 pandemic shined a light on this phenomenon, as we witnessed the vast majority of employment and economic losses fall on women. Meanwhile, professional care work is consistently underpaid, leaving caregivers to struggle with the burden of their responsibilities.

And yet, caregiving shouldn’t be a burden. Quite the contrary! As illustrated in this report, it is the backbone of our society, rooted in love, and can be deeply enriching to those who give and receive it. The question is: How can we better recognize the work caregivers are doing both formally and informally and redistribute resources to support this work, to make our communities more equitable?

Why cities?

Mayors and municipalities may be best positioned to answer this complex question we have failed to resolve over centuries. Local leaders are close to the challenges their constituents face and are tasked with responding to their needs – including those of the nearly 50 million women who live in CHANGE cities around the world. Through their roles as innovators, who pilot and scale good programs and policies; employers who implement good hiring practices; service providers; and connectors between key stakeholders, mayors and municipalities have a range of levers at their disposal to touch and improve the lives of the women, girls, and residents with gender diverse identities. At CHANGE we work with policy teams in City Halls across the world, to sharpen and improve those tools, in order to dismantle gender inequalities.

For care specifically, municipal decision-makers have the power to remove major barriers in the lives of caregivers. To cite data from the United Nations again, UN Women report “Where [government] services and basic infrastructure are lacking, women experience heightened levels of time poverty and depletion of their capabilities.” This report will spotlight different approaches our city members have taken to improve government services for caregivers, but most importantly, this report seeks to recognize caregivers as experts in their own field, by placing their voices and lived experiences at the heart of policymaking.
Our commitment to learning from communities

By asking caregivers about their lived experiences, we hope to position them at the heart of a policy debate in a time of major reform in the care economy. Caregivers have been so undervalued they’ve been rendered invisible in decision-making. CHANGE believes that they should have a say in shaping and improving the communities they raise and sustain. We want to help them reclaim their “Right to the City,” a concept put forward by Henri Lefebvre, which seeks to include residents in the production of their urban environments, or as City University of New York Professor David Harvey puts it, “The right to the city is far more than the individual liberty to access urban resources: it is a right to change ourselves by changing the city.” Caregivers deserve this right to access and shape the world around them, a world buttressed by their largely invisible labor.

We hope you will be as inspired as we were by the individuals we spoke to in Bogotá, Buenos Aires, and Los Angeles. Moving forward, we hope to shift from discussion to action, working with our network members and partners to improve care services and infrastructure, lifting the voices of caregivers in municipal decision-making along the way.
Acknowledgements

Thank you to all the caregivers who participated in this research, and to the caregivers who raised, support, and sustain our team.

SPECIAL THANKS TO:

Lulu Mickelson / Mickelson Facilitation, whose expert leadership and coaching drove this project from concept development to implementation

City Hub and Network for Gender Equity (CHANGE) co-Executive Directors, Holly Milburn-Smith and Leslie Crosdale

CHANGE member cities – including Barcelona, Bogotá, Buenos Aires, Freetown, London, Los Angeles, Louisville, Melbourne, Mexico City, Stockholm, and Tokyo

The Mayor’s Fund for Los Angeles

Jessy V. Castillo / Rara Matter, who designed the report

Community Language Partners and our dedicated interpreters, Andrea Steadman Syko and Valentina Sarmiento Cruz

CHANGE fellows Ellia Kitterman, Isabella Absi, and Kelsey Carido

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- Juegoteca Conviven
- Juegoteca “El Alfarero”

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City of Bogotá Secretariat for Women’s Affairs

- Vanessa Giraldo – Researcher
- Camilo Jáuregui – Researcher and Advisor
- Laura Gutiérrez – International and Inter-institutional Affairs
- Oriana Larrota – Knowledge Management Director
- Angie Mesa – Undersecretary of Care and Equality Policies

Contributing Organizations

- Fundación Barco

IN THE DISTRICT OF USME

- Asociación Social Comunitaria Vida
- Cultivando Saberes y Sabores
- Hermanas Adoratrices
- Organización Comabaquita

IN THE DISTRICT OF USAQUÉN

- Colectivo Reciclando Paz
- Fundación para la Promoción Humana Alfonso Casa Morales
- Grupo Cultural Huellas

Support for this research was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.
Introducing Caring Cities

Care is universal. At this moment, in every city around the world, care is being given and received.

At some point in our lives, each of us has benefited from someone’s care. Many of us have played the role of caregiver. Most of us will require some sort of care in the future.

Caregiving is a deeply human exchange rooted in love, responsibility, connection, and trust. This has been true everywhere, since time immemorial. Care is also incredibly hard work.

From raising children to supporting elders, caregiving sustains our societies. The labor of care bolsters our economies and provides stability in our communities. Yet, caregivers have largely been unacknowledged by governments, overlooked by traditional research, and severely undervalued in current economic systems. Care is also gendered, with the labor of care disproportionately provided by women – at home, in communities, and in paid professional contexts.

Care is inextricably interwoven with privilege, autonomy, and self-determination. Systemic inequalities like sexism, racism, migration status, and poverty impact not only who has access to care for themselves and their loved ones, but also how caregivers are valued, compensated, and empowered in society. The COVID-19 pandemic accelerated public consciousness of the importance of caregiving, increasing the visibility of unpaid care activities in the home and the integral role of professional caregivers in our communities. From the family to the city-wide scale, caregiving is integral to our ability to survive and thrive.

The City Hub and Network for Gender Equity (CHANGE) recognizes that caregiving is labor disproportionately borne by women and girls in every region of the world.

Confronting this inequity is core to CHANGE’s mission of empowering women in all their diversity and transforming city government services and systems to the benefit of all.

CHANGE understands that care is delivered at a local scale and believes that city governments have a unique role to play in understanding and addressing the challenges facing caregivers. In cities, the provision of care is complex – family units can become smaller and more isolated, and essential services are not evenly distributed between communities. Increased attention and investment are needed to create urban care systems that are just and sustainable.

With support from the Robert Wood Johnson Foundation, CHANGE launched the Caring Cities program to learn directly from caregivers in cities across the globe. CHANGE provided access to expert coaching, financial compensation, and a community of practice to support three cities from within the network – Bogotá, Buenos Aires, and Los Angeles – to implement local community-based research efforts that recognize caregivers as experts and partners in shaping city policies.

Through the Caring Cities program, CHANGE is committed to collaborating individually with each city to honor local priorities and cultural norms, while also sharing cross-city insights to galvanize support for caregiving as a tool for gender justice. This report is the culmination of a year-long research process with participating cities to learn from, celebrate, and invest in local caregivers. The report features insights from caregivers in their own words as they share experiences, motivations, challenges, and recommendations for what government support would be most impactful in their lives.

What does CHANGE mean by care?

CHANGE recognizes that care is delivered in cities through a complex system that includes paid and unpaid caregivers, the vast majority of whom identify as women.
For the Caring Cities program, CHANGE is exploring the concept of care as co-responsibility shared between the government, private sector, communities, and families. This approach is informed by the City of Bogotá, a CHANGE member city and international leader on urban care policy. The City of Bogotá has utilized the “care diamond” framework to discuss co-responsibility and the gender equity imperative to redistribute caregiving tasks – between men and women in the home, and between sectors in society.6

Through CHANGE’s Caring Cities program, each participating city developed a short-term research effort to explore one aspect of the local care system. In order to focus the research, a specific type of caregiver was selected by each city based on gaps in existing local research and emerging policy goals. The caregivers featured in this report include:

- Leaders of community care initiatives in Bogotá
- Low-income mothers utilizing government-funded child care services provided by Juegotecos in Buenos Aires
- Early child care providers running private care programs in Los Angeles

The concept of caregiving is most often focused on the care of people. The Caring Cities research featured in this report is no exception, with two cities opting to focus specifically on the care of children. However, as the Caring Cities research conducted with community leaders in Bogotá explores, caregiving can also be viewed through a more expansive lens to include the care of animals, the environment, common spaces, and even collective identity.

Because CHANGE encouraged participating cities to focus on one subset of caregivers, important aspects of caregiving are not directly addressed in this report, like care for the elderly and people with disabilities. CHANGE also acknowledges that individuals giving and receiving care have intersectional identities that impact their experiences and access to support. The research included in this report explores the intersection of class, migration status, race, and care. Other intersectionalities – like care in the LGBTQIA+ community – are not directly discussed and provide potential areas for future research.

Valuing Caregivers as Experts & Partners

As part of Caring Cities, CHANGE supported participating member cities in learning directly from local caregivers. This community-based research approach is rooted in the belief that individuals most impacted must be at the center of solving complex challenges in order to spark equitable and transformative change.

CHANGE views community-based research as an opportunity for city leaders to listen to and partner with impacted residents, especially those who have been historically excluded from decision-making processes. Community-based research intentionally diverges from traditional academic research models, drawing instead on participatory action research, human-centered design, and community organizing.

With its collaborative approach, community-based research can support cities in developing more responsive and inclusive policies by:

- Engaging impacted community members as experts.

The “care diamond” was first introduced by Shahra Razavi with the United Nations Research Institute for Social Development to identify the key actors involved in care.7 The City of Bogotá has used this framework to explain the co-responsibility of care.
• Filling the gaps left by quantitative data collection.
• Challenging assumptions, hierarchies, and outdated processes.
• Building ongoing relationships and momentum for transforming local systems.

Community-based research is particularly impactful for a topic like care, because caregiving has been historically underrecognized in research and government contexts across the globe. The Caring Cities program provides an opportunity for cities to make care visible and honor the contributions, perspectives, and expertise of caregivers. With support from CHANGE, government leaders in Bogotá, Buenos Aires, and Los Angeles are using community-based research – in concert with other quantitative and qualitative evaluation tools – to inform the development of local care policies and services.

Through this report, CHANGE seeks to amplify the voices of caregivers in diverse urban contexts and add a human dimension to the growing international discourse on care. Like all of CHANGE’s work, Caring Cities applies a gender lens to identify opportunities for cities to take action and serve as global policy innovators.

**SPOTLIGHT**

**Guiding Beliefs and Values**

CHANGE and its member cities aligned on shared beliefs that have guided the Caring Cities program:

• Care is fundamental to supporting communities, cities, and societies.
• Because paid and unpaid caregiving is performed predominantly by women, supporting care is critical for gender equity.
• Care happens at the local level and city governments are uniquely positioned to support the development of equitable and sustainable care systems. As outlined in the [CHANGE Gender Equality Toolkit](#), cities can utilize different roles – acting as an innovator, employer, provider, and connector – in order to advance the goal of gender equity.

Understanding care will require investments in both quantitative and qualitative data collection. As outlined in the [CHANGE Voluntary Gender Review](#), both quantitative and qualitative data are needed to paint a full picture of gender inequity across cities. While quantitative data tells us what problems exist, qualitative data articulates why those problems might be happening.

CHANGE offered all member cities the opportunity to participate in the Caring Cities program. Three cities – Bogotá, Buenos Aires, and Los Angeles – opted to participate in the first phase of the program and conducted a community-based research effort. CHANGE used the following values to guide interactions with participating cities:

• Each participating would have the agency to design a unique research process aligned with local priorities and cultural norms.
• The caregivers engaged by cities are experts and, when possible, would be compensated for sharing their insights.
• There would be a commitment to language justice, providing materials in English and Spanish (the two languages used by participating cities) along with live interpretation at meetings.
Cross-City Insights

As part of the Caring Cities program, the CHANGE member cities of Bogotá, Buenos Aires, and Los Angeles each led a targeted community-based research effort to learn directly from local caregivers.

In this report, each city has a dedicated chapter exploring the findings from their Caring Cities research efforts. These chapters also provide background on each city’s local care system and an exploration of policy implications from the research. The experiences and expertise shared by caregivers are informing how leaders in each city develop more responsive and inclusive care policy interventions that uplift women.

Before looking at each city individually, this section aims to weave together research themes from across the different cities to highlight a few key insights that are relevant for those working to support a more just and sustainable care system:

1. Care occurs in a context of love, belonging, and trust.

2. When societies undervalue care, they undervalue women.

3. For governments investing in care, building local trust and partnerships is crucial.

4. Investments in care have a transformative impact on individuals, families, and communities.
Participants in the Caring Cities research emphasized the importance of love, belonging, and trust in how they conceptualized their motivations, relationships, identities, and impact as caregivers. While institutions and governments often focus on the economics of caregiving, caregivers who participated in the research emphasized the importance of personal passion, familial devotion, and community solidarity.

Mothers in Buenos Aires reported that trust is a major factor in asking for and accessing child care support. Many were protective of their children, relying on peer and neighborhood networks for care. These low-income mothers choose to use the government-funded Juegoteclas for child care because they view these centers as extensions of trusted local networks with staff "that everybody knows" in the neighborhood. One mother explained that "something special happens" at her local Juegoteca that makes it feel safe and caring, describing being there as an extension of "home" and "a place where there is no us and them."

In Los Angeles, private early child care providers discussed their caregiving as a personal and professional calling, rather than a business. They identified passion as the fuel for the emotional and physical demands of caregiving, sharing how much they love their jobs and feel connected to the mission of care. One provider explained that she entered the profession to inspire more children of color to become engineers, another shared that she aims to serve the children of migrant families as if she were “serving the child of the President of the United States.”

“I’m proud of the results that I see in families. The satisfaction and the trust they place in me. There’s so many children that have left the daycare and remember us, even as adults. I know that in that little heart we left a mark. That’s why we’re still fighting to become better every day – for our community and for a brighter future for our children.”
– CHILD CARE PROVIDER IN LOS ANGELES

The City of Bogotá found that leaders of community care initiatives are more likely to identify non-monetary motivations related to religious or civic service, the desire to address community needs, or frameworks of solidarity and mutual aid. In a 2022 diagnostic, the City of Bogotá asked more than 100 community care initiatives to characterize their community caregiving relationships. The most common characterization was “love or affection” followed by “non-monetary transfer or exchange,” which speaks to the way in which caregiving is a personal, communal, and political act that can transcend traditional economic frameworks.

“Community care is not only provided as a gift, or as a communal extension of gender roles, but also as a political, spiritual, economic, and even self-care act.”
– CITY OF BOGOTÁ, “WHAT ABOUT COMMUNITY CARE? DIAGNOSTIC OF UNPAID CARE WORK AT THE COMMUNITY LEVEL IN BOGOTÁ”

The Caring Cities research makes clear that love is central to how caregivers make decisions and make sense of their roles in society. But it is important to acknowledge that passion is not a substitute for fair compensation. Gendered associations between care, love, responsibility, and motherhood have contributed to the undervaluation of caregiving and expectations that care be provided without monetary compensation.

Cities must acknowledge the emotional and spiritual dimensions of caregiving in order to foster just and sustainable care systems. As American theorist and social critic bell hooks explains, efforts aimed at social transformation – including the work of cities to achieve gender justice in the care system – require understanding the full humanity of communities, including non-material concerns.

“The absence of a sustained focus on love ... arises from a collective failure to acknowledge the needs of the spirit and an overdetermined emphasis on material concerns. Without love, our efforts to liberate ourselves and our world community from oppression and exploitation are doomed.”
– BELL HOOKS, “LOVE AS THE PRACTICE OF FREEDOM”
FINDING 2
When societies undervalue care, they undervalue women.

The harmful monetary undervaluation of care work was a recurring theme in the Caring Cities research. From unpaid domestic work in the home to low wages for paid caregiving in the private sector, caregivers highlighted the lack of meaningful recognition and just financial compensation. Participants shared numerous and detailed examples of how the economic exploitation of caregivers has serious negative consequences for those receiving and giving care, especially women.

Caregivers add significant economic and social value to cities. The City of Bogotá estimates that if women were paid for their care labor in the home, it would represent 13% of Bogotá’s gross domestic product and 20% of Colombia’s gross domestic product. In the United States, investing in early child care has been linked to poverty reduction and government cost savings, yet child care providers are among the lowest paid professionals in America.

Because caregiving is gendered, the lack of compensation for care must be understood as a symptom of larger systemic inequalities. As Argentinian sociologist Dr. Eleanor Faur explains, it is important to recognize the “political and social organization of care” in our cities, including how forces like sexism and classism result in unfair expectations and unequal divisions of work, which can be reinforced by government policies.

In most cities, low-income women play an outsized role in the provision of care. In Buenos Aires, research shows that women who provide child care outside the home in low-income communities – like those working in Juegojotas – confront biases that their care work should be offered based on “altruism” rather than financial compensation. These exploitative expectations deny the economic necessities faced by caregivers and fail to acknowledge the value and tradeoffs of caregiving. Acutely aware of these dynamics, caregivers engaged through the research discussed the urgency of increased recognition and monetary compensation.

“The [women] who do community care work are not recognized as leaders. There are no miracles, but I know we need to support these leaders economically. Many do not have a house, they are hungry. But they are really good leaders out there fighting for the whole community.”

– LEADER OF A COMMUNITY CARE INITIATIVE IN BOGOTÁ

The Caring Cities research demonstrates that providing unpaid or underpaid care often comes at a personal cost for caregivers. For example, a mother in Buenos Aires shared how unpaid caregiving was an obstacle to achieving autonomy over her body, finances, and future as she navigated an abusive relationship with her husband. Unpaid caregiving can make women financially dependent on others in the family group and increase their vulnerability to different forms of violence.

Unpaid care reinforces gender inequity, leading women caregivers to face both financial poverty and “time poverty” – a term that describes how unpaid caregiving inhibits women’s ability to pursue professional development, education, political participation, and self-care. Economist Dr. Nancy Folbre argues, when our cities fail to recognize that children are a “public good” whose costs should be addressed collectively, we inevitably exploit the time and labor of mothers, which pushes families into poverty and harms children.

Similar dynamics exist for other forms of caregiving.

“Since last year, I wanted to do hairdressing for people and animals. But if I pay a babysitter, I won't have enough left over to pay for the course. I can't study, because I have no one to leave my baby with. I don't have enough time. That's what stops me.”

– MOTHER IN BUENOS AIRES
In Los Angeles, paid child care providers clarified that lack of compensation not only impacts their own wellbeing but also their ability to provide high-quality care and keep their businesses open. Many recounted forgoing paychecks, retirement savings, and even healthcare in order to keep providing care. The lack of compensation – both from the private market and government programs – prevents them from hiring trained staff, investing in high-quality supplies, and growing their businesses in ways that can help address the acute child care shortage in Los Angeles.

“Every single day we have to open that door and be our best self, put our soul into the work to provide the care these children deserve... Getting paid what we deserve would be a big help. We'll be able to give more jobs to other people. It's like a chain. But we're not gonna be able to take care of ourselves or hire if we have to work long hours and still not get paid enough. I have struggled just to meet the end-of-the-month bills.”

– CHILD CARE PROVIDER IN LOS ANGELES

The Caring Cities research illuminates the feminist imperative of valuing the work of caregivers. Investing in non-exploitative models for care has the potential to reduce gender-based violence and advance economic autonomy and self-determination for women, which in turn benefits communities and cities.
For governments investing in care, building local trust and partnerships is crucial.

Caregivers have been long overlooked and undervalued by governments. Many caregivers engaged through the Caring Cities research expressed a lack of trust in the government when it comes to the co-responsibility of care. Some feel misunderstood or excluded, while others expressed frustration with government processes or identified a misalignment of values.

In the rural district of Usme in Bogotá, leaders of community care initiatives explained that they could not rely on the government for basic services, let alone the co-responsibility of care. One community caregiver described the lack of government services as “a debt that the State has with the community,” especially with women who face limited economic prospects and violence in their homes. These caregivers resented the “vacuum” of government support, which has left them struggling to address basic community needs.

“We are doing a job that belongs to the State, because the State is in charge of ensuring that rights are guaranteed. [State leaders] should realize that even though they are not in the community, there are other people who are doing many things for the good of all, because we want the children, the youth, and the adults to live in harmony, to be well and nourished.”

– LEADER OF A COMMUNITY CARE INITIATIVE IN BOGOTÁ

In Los Angeles, private child care providers shared their perception of being excluded by the government. They discussed how the introduction of Universal Transitional Kindergarten (UTK), which provides free preschool for all California 4-year-olds, is leading to a loss of student enrollment and staff for existing child care programs. While recognizing the need for UTK, one provider expressed feeling “frustrated and discriminated against” in regard to how the government designed the program. She worried that this new policy may force her to close her business, which is the only care option for most families with children aged three and under. The concerns raised illuminate the complexity faced by governments when investing in multi-stakeholder care systems.

“I would challenge any policymaker to spend one day at a Family Child Care Center and see how much it takes. During the pandemic, I was able to have parents come and volunteer. They told me, ‘I don’t know how you do it. There’s no way that I could stand more than a day in your shoes.’ You don’t realize how much goes into [being a provider].’

– CHILD CARE PROVIDER IN LOS ANGELES

Some caregivers expressed preferences for community-based care solutions, like mothers in Buenos Aires who valued how Juegotécas were run by local organizations with staff from the neighborhood. In Bogotá, leaders of community care initiatives resisted government involvement based on political ideologies and a desire for community autonomy. One community care leader discussed the government’s approach to care as “palliative” rather than transformative, and discussed working with government actors only as a “means to end” for accessing resources. Other caregivers requested more proactive engagement from the government in building relationships and tackling problems collaboratively with local actors.

“We have not made a partnership [with the State] because we are so focused on serving people every day... We need an open door from the State in order to start that channel of communication. Then, we can say, ‘Let’s look at this problem. What can we do together?’”

– LEADER OF A COMMUNITY CARE INITIATIVE IN BOGOTÁ

The Caring Cities research underscores the importance of building connections and trust between governments and caregivers. Pursuing a care system based on co-responsibility requires government actors to thoughtfully engage with caregivers across sectors – including those providing care in communities, the private sector, and households.

There is not a one-size fits all model for the sharing of care responsibilities, and some caregivers may refuse to engage with the government. Regardless, respecting and learning from caregivers will be critical for cities who want to build thoughtful partnerships, avoid unintended harm to care systems, and support communities and populations with the most acute care needs.
**FINDING 4**

Investments in care have a transformative impact on individuals, families, and communities.

The experiences shared by participants in the Caring Cities research highlight the centrality of care in our lives and our cities. When honored as a shared need and properly resourced, care can be a catalyst for positive change with a transformative impact for individual caregivers – and the families and communities they serve.

The Caring Cities research demonstrates that when caregivers have access to support, resources, and compensation, they can improve their lives and contribute in new ways. In Buenos Aires, a grandmother shared her experience of waiting decades to realize her dream of owning her own small business because of the “time poverty” that came with raising children and gendered societal expectations related to care. Support from the Juegotecas has allowed her to start her business while ensuring that her grandson still gets the care he needs.

“When I was a little girl, I liked washing clothes. My dream was to have a laundry business... My parents did not accept that women should study. All my brothers completed high school. They wouldn't let me because they said, 'Why is she going to study if she is going to have children?' ... My dream is just now coming true. Before, I never thought it would happen because there was never time.”

– MOTHER IN BUENOS AIRES

In Los Angeles, early child care providers discussed the impact of their work on children and families, especially those in low-income communities. These caregivers work to foster a love of learning in children, sharing examples of how their care was instrumental in improving educational outcomes. They also recognized their unique role in supporting families – reducing the burden and stress of child care on households, and allowing parents to pursue education and employment. Many have stayed in touch with children and families over time, getting the opportunity to observe the intergenerational impact of their caregiving.

“My proudest moment is seeing kids later in life. Their parents tell me that the time they spent here gave them that love for education and it made them who they are today. Like, I was part of their family... It is a great reminder of how much time and effort that you put into the individual children. They will never forget it.”

– CHILD CARE PROVIDER IN LOS ANGELES

Caregivers are also on the frontlines of building resilience in communities. For example, the leader of a community care initiative in Bogotá discussed how even though her job is to provide child care, she seeks to support mothers and the larger community. During the COVID-19 pandemic, she went door-to-door to identify those in need and distribute food support. Again and again, caregivers shared examples of how their efforts connect and strengthen whole communities.

“Caregivers are also on the frontlines of building resilience in communities. For example, the leader of a community care initiative in Bogotá discussed how even though her job is to provide child care, she seeks to support mothers and the larger community. During the COVID-19 pandemic, she went door-to-door to identify those in need and distribute food support. Again and again, caregivers shared examples of how their efforts connect and strengthen whole communities.”

– LEADER OF A COMMUNITY CARE INITIATIVE IN BOGOTÁ

The Caring Cities research underscores that when caregivers are compensated and supported, they can uplift households and, as one caregiver in Los Angeles explained, serve as the “backbone” of communities. The centrality of caregiving means that cities can leverage investments in care to increase prosperity, promote gender equity, strengthen urban resilience, and address a host of other critical issues.
Learning from Early Child Care Providers in Bogotá
The research featured in this report is part of the City Hub and Network for Gender Equity (CHANGE) Caring Cities program. CHANGE has partnered with three cities in its global network – Bogotá, Buenos Aires, and Los Angeles – to implement community-based research efforts that invite caregivers to shape local services and policies.

CHANGE believes that care is critical to gender equity and is partnering with cities to celebrate, learn from, and invest in caregivers.

Learn more at [CitiesChange.org](http://CitiesChange.org)

Support for this research was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.
Introduction

“Things can be achieved for the community when we show up… We all learn together, share our knowledge, and take care of the environment.”

- LEADER OF A COMMUNITY CARE INITIATIVE IN BOGOTÁ

The City of Bogotá is currently a global leader on urban care policy, investing in a District Care System designed to support unpaid caregivers who are disproportionately women. In order to facilitate the co-responsibility of care between actors – including the government, private sector, families, and communities – the City is seeking to better understand the individuals and organizations that provide care at the community level.

Expanding on an extensive diagnostic completed in 2022, CHANGE and the City of Bogotá Secretariat for Women’s Affairs led a research effort to learn directly from the leaders of community care initiatives about what motivates their work in communities, their goals for the future, and what type of relationship they want to have with the government.

Investing in the Co-Responsibility of Care

The City of Bogotá is a global leader on urban care policy, designing and launching the first city-level comprehensive Care System in Latin America. The City of Bogotá approaches care as a co-responsibility shared between the government (also referred to as “the State” throughout this chapter), private sector, families, and communities. Under the leadership of Mayor Claudia Lopez, Bogotá has worked to more equitably redistribute caregiving tasks – between men and women in the home, and between sectors in society. The City of Bogotá believes that investments in care are critical to advancing gender equity, a thriving economy, robust civic engagement, and community wellbeing.

In Bogotá, unpaid care tasks disproportionately fall to women:

- Among the 4 million women living in the City of Bogotá, 3.6 million provide unpaid care work to others.
- 1.2 million women in Bogotá are full-time caregivers, devoting an average of 10 hours per day to care-related tasks.
- If women were paid for this care labor, it would represent 13% of Bogotá’s Gross Domestic Product and 20% of Colombia’s Gross Domestic Product.¹

Most of the full-time caregivers in Bogotá are low-income women whose unpaid care work results in monetary and “time poverty,” meaning that the time and energy required to do care work inhibits their ability to pursue professional development, political participation, and self-care. The situation is even more challenging for caregivers in rural areas, who devote more time to care and often lack basic utilities, and migrants, who lack social networks to redistribute care or access to stable government services.

To address this inequality, Mayor Lopez launched the District Care System in 2020 with the goal of recognizing, redistributing, and reducing the provision of unpaid care in the city. With extensive State investments, Bogotá is making the co-responsibility of care a reality and moving away from a system relying predominantly on individual caregivers within families.

Under the slogan "we care for those who care for us;" the District Care System of the city of Bogotá introduces a new urban planning framework known as the "Care Blocks." The Care Blocks concentrate essential care services within a 15-20 minute walking radius of their

¹ Source: Censo 2018, DANE.
“It is not only about recognizing and redistributing care but institutionalizing it to free up time and opportunities for caregivers. That is why the [Care Blocks] are so important, so that caregivers find all the services they need in their neighborhood, in a nearby perimeter.”

- CITY OF BOGOTÁ MAYOR CLAUDIA LOPEZ, 2020 PRESS RELEASE³
homes, with the purpose of supporting both those who provide care and those who need it. These services include educational, recreational, psychological, and income-generation support for caregivers along with child care, elder care, and care for people with disabilities in order to provide a break for primary caregivers.²

Women caregivers are invited to use services provided by the Care Blocks to invest time in their own education, pursue income generating opportunities, and participate in wellness activities. Through a pedagogical and cultural change strategy provided by the District Care System, men and boys are also able to participate in classes known as the “Care School for Men” that teach them how to cook, clean, and care for their children with the goal of having them contribute to household demands.

As of September 2023, twenty Care Blocks facilities have been opened across the city, which have provided more than 2 million services and benefited more than 400,000 women and families.⁴ According to Bogotá’s Urban Master Plan (Plan de Ordenamiento Territorial or POT) 2022–2035, there should be 45 Care Blocks by the end of 2035.⁵

Through unprecedented investments in the District Care System, the City of Bogotá is recognizing the unpaid labor of women caregivers as central to the City’s policies and strengthening the State’s role in the co-responsibility of care. The Care Blocks reorganize the urban landscape to connect unpaid caregivers with municipal services and remake cultural norms by promoting the development of new masculinities. These efforts advance the goal of gender equity – reducing the time poverty and financial hardship faced by women caregivers in Bogotá.

**Researching Community Care Initiatives in Bogotá**

As part of its investments in the co-responsibility of care, the City of Bogotá has committed to better understanding the gender dynamics of each responsible actor within the “care diamond” – including the details of caregiving with households, the private sector, and communities.

At the scale of households, the National Time Use Survey has provided important information on how gender impacts participation and time spent in domestic work and unpaid care. The survey shows that 9 out of 10 women in Bogotá perform care work, while only 6 out of 10 men do so. In addition, women spend 5 hours and 30 minutes per day on these jobs, while men only spend 2 hours and 19 minutes.⁷ Data also exists regarding gender in the private care sector. In Colombia, 3 out of 4 workers in the paid care sector are women.⁸

However, information has been less available regarding the provision of care within communities, which is defined as individuals and groups that provide caregiving outside of the household without a profit motive, either through grassroots networks or civic and nonprofit organizations.

To address this gap in data, different divisions within the City of Bogotá Secretariat for Women’s Affairs – including the Knowledge Management Directorate, the Undersecretariat for Care and Equality Policies, and the Observatory of Women, Equity and Gender (OMEG) – conducted an extensive qualitative research effort to explore how communities and civic groups have organized themselves to provide care services in diverse districts. In 2022, they published the diagnostic

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The “care diamond” was first introduced by Shahrarazavi with the United Nations Research Institute for Social Development to identify the key actors involved in care.³ The City of Bogotá has used this framework to explain the co-responsibility of care.
of community care entitled, “What about Community Care? Diagnostic of unpaid care work at the community level in Bogotá.”

The community care diagnostic mapped 240 community care initiatives and analyzed 115 initiatives located in eight areas of the city being served by Care Blocks. The report provides extensive findings on the different characteristics, motivations, challenges, and social relationships of community care initiatives. The research focused on community care initiatives that are unpaid or underpaid for their services. Many are volunteers or receive in-kind or symbolic payments for their services at less than market-value. Included here are some findings from the diagnostic:

- The research identified three main types of community care initiatives: individual caregivers who provide care outside of their household, informal collectives/groupings, and formal civic or religious nonprofit organizations. Each of these initiative types has unique needs and ways of working.

- While some community caregivers are motivated by the modest pay, most are driven by non-monetary motivations rooted in religious or humanitarian service, the desire to address community needs, or frameworks of solidarity and mutual aid within the community. Of the initiatives engaged, 25% characterized their caregiving relationship as based primarily on love or affection, and 17% based on non-monetary transfer or exchange.

- Women make up the majority of caregivers across the three types of community care initiatives studied. There were more men community caregivers (38%) in formal organizations than in groups/collectives (23%) and individuals (23%), which may show that women work more in precarious spaces or in initiatives that receive less remuneration.

- Community care initiatives have the potential to reproduce, question, or transform gender beliefs and stereotypes regarding the role of women as caregivers. Some community care initiatives, especially those based in a religious framework, promote the concept of care as part of a duty to help others, which can reproduce traditional gender beliefs and stereotypes. Other community care initiatives reframe care as a formal job and important role in the community, questioning the often unpaid nature of care in the home. Others advocate for changing the situations faced by caregivers and those who require care. These political commitments involve understanding care as a collective and resistance exercise that can facilitate social transformation.

- When mapping the networks that support community care work, the State was the actor with the greatest positive recognition and also the one with the greatest negative recognition. This duality likely reflects the diversity of institutions that compose the State. Responding to different community contexts, in some localities there is a lack of State presence, which led to the creation of community initiatives aimed at providing basic goods and services.

Reconnecting with Community Care Initiatives in Usme and Usaquén

Through the Caring Cities program, CHANGE and the City of Bogotá Secretariat for Women’s Affairs designed a short-term research effort to reconnect with a small sample of community care initiatives. Building on the 2022 community care diagnostic, the goal of this research was to collect additional qualitative data with a targeted focus on how community care initiatives perceived the State and the potential for collaboration.
The qualitative research conducted is intended to complement the extensive data already collected through the community care diagnostic. Following the release of the community care diagnostic, participating community care initiatives requested more targeted action from the City of Bogotá regarding the potential for future collaboration. The research conducted through Caring Cities can support the City of Bogotá in determining how to best engage community care initiatives as it develops care policies and continues to invest in the District Care System.

A narrower sample was selected to focus this follow-up research. Only community care initiatives who fell into the categories of informal collectives/groupings and formal organizations were engaged. The research also focused on only two districts: Usaqún and Usme.

These districts were selected because of their different geographic and demographic characteristics. Usme is located in the south of the City of Bogotá, which historically has fewer resources. It is a lower income district with a mix of urban and rural neighborhoods and a history of less State intervention. Located in the north, Usaquén is more urban and mixed-income. While there are wealthier areas, Usaquen is also home to lower-income neighborhoods and areas that have been developed with less State involvement through more community-based efforts.

In total, leaders of seven community care initiatives were engaged – three individual interviews were conducted with leaders of community care initiatives in Usaquén, and in Usme a focus group was conducted with four initiatives. Each engagement covered the following topics:

- Background on the community caregiver and the history of the initiative
- Services, impact, and goals of the initiative
- Existing collaborations and partnerships, including any existing work with the State or Care Blocks
- Perceptions of the State
- Desired relationship with the State

SPOTLIGHT

An Expansive Definition of Community Care

In the City of Bogotá, researchers utilized an expansive definition of community care when developing the framework for the 2020 community care diagnostic report. For this research, caregiving was defined as “the set of activities necessary to sustain the life (or lifespan) of people, animals and/or tangible or intangible common goods that occur in a specific territory and context.”

Often, the definition of care in governmental and research settings is limited to contexts of caring for people – especially populations that require high levels of support like children, people with illnesses or disabilities, or the elderly. For community care initiatives, the City of Bogotá has expanded the definition to include a wide range of non-human subjects that can be cared for:

Animals

This includes unprotected or abandoned, companion, domestic and domesticated, or wild animals.

Common Goods

This includes tangible common goods like parks, community halls, orchards, streets, bridges, garbage, debris, natural resources, and ecosystem services.

And intangible common goods like coexistence, peace, risk management, and collective, territorial, and spiritual identity.

With this more expansive definition of care, the research approach of the City of Bogotá helps to push the boundaries regarding who is considered a caregiver and what care policies should encompass. This definition frames care as a life-sustaining action that not only provides support to people but also to non-human beings and goods that are important in our communities – including animals, ecosystems, the environment, gathering spaces, and even communal experiences and identities. This more expansive definition was also utilized for the Caring Cities research led by CHANGE and the City of Bogotá.
SPOTLIGHT

More About the Districts Selected

The research focused on two districts within the City of Bogotá: Usaquén and Usme. In order to understand the history of the different community care initiatives, it is helpful to have more context on the history and present day conditions of each district.

Usaquén:

Usaquén is a district in the northern part of Bogotá that experienced a unique urbanization process. Property ownership remained concentrated until the 1960s when rural populations migrated to the outskirts of Bogotá due to forced displacement from armed conflict, leading to disputes over housing rights. At the same time, the northeastern hills were designated for rock and sand extraction, resulting in working-class neighborhoods forming nearby. By the 1970s and 1980s, Usaquén displayed diverse territorial dynamics. Some parts of the district experienced housing development for upper- and middle-class residents. Other areas experienced community-led land seizures, collective actions, and self-managed development projects related to the National Pro-Housing Central (Central Nacional Provivienda, CENAPROV) movement. Today, the district has one of the highest proportions of women in Bogotá, with caregiving and housework serving as the main activity for more than one-fifth of women aged 15 years and older.

Usme:

A district in the southern part of Bogotá, Usme is predominately (86%) rural. Usme has experienced constant spatial reorganization due to migrations, urban projects, displacement, and poverty. From the 1940s onwards, the district has faced challenges with poor working conditions, medical care, transportation, and access to public services. A severe shortage of housing has led to informal land use, the self-construction of housing, and haphazard neighborhood development. Usme faces high poverty rates, particularly among female-headed households, highlighting gender disparities in unpaid work. Usme has a dense network of social organizations addressing various community needs, including elder care, youth engagement, and conflict resolution due to the violence that occurs between criminal gangs in the territory. These efforts are vital for a community facing complex social issues.
A diversity of community care initiatives were engaged through the Caring Cities research. They served different populations – providing child care, engaging teenagers, and serving older adults. A number of initiatives cared for people along with other common goods – including running community gardens, leading environmental restoration projects, and developing projects focused on shared cultural identity. Many brought a holistic focus on health and wellbeing to their work, from providing nutritious meals to directly addressing the mental health challenges of those they cared for.

Around half of the initiatives operated under a more traditional charity or service-delivery model, while the other half had political and activist goals with a focus on community organizing, generating local power, and social change. All but one of the leaders of community care initiatives who were engaged in the research identified as women. Many were also caregivers in other capacities of their lives – caring for children, older relatives, and stray animals.
Research Findings

The Caring Cites program seeks to amplify the unique perspectives of caregivers. CHANGE and the City of Bogotá Secretariat for Women’s Affairs engaged the leaders of community care initiatives in Usaquén and Usme to better understand what motivates their work in communities, their goals for the future, and their existing and desired relationship with the State.

Using a system of qualitative data coding and analysis, CHANGE and the Secretariat for Women’s Affairs identified four main findings from across the interviews:

1. Community care initiatives are deeply embedded within local contexts, collaborating and building trust with residents over time.
2. Community care initiatives are adaptive and evolve over time to respond to complex, interconnected community needs.
3. There are differing opinions on the appropriate role of the State in addressing care and supporting community care initiatives.
4. Community care initiatives have feedback for the State on opportunities for improved collaboration.

This section features direct quotations from leaders of community care initiatives to allow them to speak in their own voices. The perspectives are intended to add more nuance to the extensive qualitative data already collected by the community care diagnostic published in 2022. In this report, quotes are not attributed to specific individuals to protect their privacy. The Caring Cities research is one of many sources of data informing how the City of Bogotá will continue to facilitate the co-responsibility of care with community actors in the future.
FINDING 1

Community care initiatives are deeply embedded within local contexts, collaborating and building trust with residents over time.

The leaders of community care initiatives engaged through the Caring Cities research discussed their commitment to building intentional relationships with local community members. Many also have strong familial, professional, and social ties to their neighborhoods.

A community caregiver discussed how she felt a sense of pride and belonging in her neighborhood because her parents were involved in its original formation. She understands her community care work as an extension of the participatory political legacy that originally brought her parents to Usaquén more than forty years ago as part of a larger political movement, which helped to build the area informally with limited government intervention.

“My dad and my mom arrived in the 1980s. They built the territory together with the other neighbors. They had to defend themselves, bring water, and build infrastructure. They told me how the neighborhood was built collectively, how the whole community was very active.”

Another leader in Usaquén shared how her community care work has been inspired by her family's economic hardships. Her organization is committed to supporting rural areas of the city, because she and other leaders have directly experienced the lack of services in these areas.

“I've always lived here in Usaquén. I come from a family of trash collectors. My family still works. I worked with them for a long time when I was broke. [I am motivated by] seeing these kinds of needs and seeing everything that's going on within this community. I was like, come on, let's do something. Let's change that reality… [Our organization] is passionate about working in rural areas that do not get support very often.”

Even community care leaders who did not have intergenerational ties to the areas where they work, shared a deep commitment to engaging with residents and building trusting relationships. A woman in Usme who came to the neighborhood ten years ago to work at a kindergarten started by Catholic nuns, discussed how even though her job is to provide child care, she seeks to support mothers and the larger community. During the COVID-19 pandemic, she went door-to-door to identify those in need and distribute food support.

“We listen to the whole population. Women come to tell us about their joys, their sadness, that they graduated, that their husband beat them, that their husband left them, that they have a problem with their children, or such and such a situation. We listen to them and we try to help when they have needs. For example, during the pandemic, we helped a lot with food… We knocked on doors looking for the elderly and the sick. We couldn't help everyone but we were able to identify those most in need.”

Another organization that provides services to students and older adults discussed how their staff intentionally only spend a majority of their time out in the community engaging with residents. In their opinion, this is what sets community care initiatives apart from the State. They perceive that the State is operating from their desks far away from people's everyday realities on the street, whereas community care initiatives are active in the neighborhood and intimately understand local needs.

“We are very hands-on. We are only in the office at certain times, but the rest of the time we are outside with the community to be able to identify needs and identify the problems and then work directly with residents to address them… Government officials need to go out in the street. It's very easy to lead from your desk. But when you go out on the street and encounter reality, well that changes everything.”
Community care initiatives are adaptive and evolve over time to respond to complex, interconnected community needs.

Many community care initiatives have developed through an emergent process of local leaders and community members coming together to address needs in their neighborhoods, often due to the absence of State presence in a district or the lack of State action on certain issues.

The research uncovered different examples of how community care initiatives have evolved over time to address interconnected local challenges. In Usme, leaders shared how many of the initiatives they support originated in the 1980s when the Catholic Church started to invest in the district with a focus on the struggles faced by women. Many expressed pride in how the Church and community worked together to develop the district and break the cycle of poverty through grassroots efforts.

“All [The Sisters Adorers or Adoratrices] worked to build a network of help and protection, to offer a new life for women who had nothing – these women were with children, they were alone, they were struggling to survive.

When they arrived [in Usme], there were only a few houses. This area was a very big farm… So, the first twenty women organized themselves, they took courses, and they started a cooperative. The women sold empanadas to collect money, so that the cooperative would gain strength. They created a whole system so that their children would not have to repeat history and struggle.”

Over the years, the community care work in Usme took many forms – free meals, child care, education for mothers, employment opportunities, construction and care of orchards, and housing development. Some of the community caregivers engaged through the research had directly benefited from these efforts. In recent years, even with less involvement from the Catholic Church, the community caregivers have continued to build solidarity and provide programming.

All of the community caregivers engaged through the research discussed how their initiatives seek to address multiple community challenges at once. Many viewed issues of care, gender equity, environmental justice, and health as interconnected. A leader of a community care initiative in Usaquén explained that they started providing arts education for youth fifteen years ago and had their focus expand “organically” as they worked in the community.

“We started with some artistic, dance, and theater workshops to show [young people] that there are other ways of doing things. Just because we are poor does not mean we are prostitutes, drunks, or thieves. Poverty is not an absolute determinant… Then, we started to see another need, which is environmental issues and the recovery of green areas. Now, we focus on promoting the arts, education, the environment, and the memory [of political activism] in our community. These issues are in dialogue… They are born from the needs in the territory.”

For many leaders, community challenges are also personal. Some reflected on their own multifaceted identities as caregivers both at home and in also the community. A few spoke about the challenges of balancing different care responsibilities.

“I am a woman caregiver. I am an environmental caregiver in the community. I care for animals. I’m also a caregiver at home. I have a child under 5… Social leaders like me who work on issues of mental and emotional health, we also have our crises.”
FINDING 3

There are differing opinions on the appropriate role of the State in addressing care and supporting community care initiatives.

Across the community care leaders engaged, there was no consensus on the appropriate role of the State as a partner and provider of care services. This reflects the 2022 community care diagnostic, which found that the State was the actor with both the greatest positive and greatest negative recognition when mapping the networks that support community care work.

During the research, the majority of initiatives expressed mistrust of the State. For one, this was expressed simply as a feeling that the State was disconnected from the everyday needs of the community. For another, the resistance to the State was based on political ideologies, a desire for community autonomy, and the belief that the State did not share their vision for social transformation.

“It's not that we hate [government institutions], it's just that it seems to us that they are palliative. For example, the grant proposals that the institutions offer are for three or six months. Don't they understand that the processes of social transformation are longer term? It's like, we make art for social transformation. They just make art.”

Others, especially those in rural areas, felt like their communities had been fully ignored by the State. They believed that this absence of the State had resulted in serious negative consequences for community members, especially women.

“There is a very big State vacuum in this district. There is a debt that the State has with the community and, in this case, with women. There are many needs here, there is violence in the homes that is so great that women do not believe that what is happening to them is violence.”

In Usme, a number of community care initiatives explained that they could not rely on the State for basic services, let alone the co-responsibility of care. They identified unmet local needs like healthcare and spaces for youth, recreation, and culture that required State investment. Some expressed resentment toward the State for inaction and were interested in further recognition for their work addressing basic community needs.

“We are doing a job that belongs to the State, because the State is in charge of ensuring that rights are guaranteed. [State leaders] should realize that even though they are not in the community, there are other people who are doing many things for the good of all, because we want the children, the youth, and the adults to live in harmony, to be well and nourished.”

Almost all of the community care initiatives engaged through the research reported operating on very limited budgets. When discussing potential partnerships, many viewed the State as a provider of financial resources. For some, funding was the extent of the desired partnership. Others wanted the State to provide improved basic services in their areas – from healthcare to youth recreation. Many were interested in having designated recreational and classroom spaces to support their work in communities.

“We do not have many resources. For us, it is not a goal to work with the government. Instead, it is a means to an end.”

Overall, the community care initiatives expressed a desire for continued autonomy and the desire to grow their work in communities, with none suggesting that the State replace their efforts.
As part of the City of Bogotá’s investment in building the District Care System, both Usme and Usaquén have a Care Block located in the territory. The community care initiatives that participated in the research had differing levels of engagement with the Care Block.

Overall, in Usaquén, initiatives had a higher level of awareness of and interaction with the Care Block. One leader of a community care initiative, who is a mother, discussed how she used services provided by the Care Block herself, including accessing the laundry facilities and attending a yoga class. Her community care initiative had also led a workshop at the Care Block.

Another initiative in Usaquén was aware that many of the older adults they work with are also using Care Block services. They are eager to find ways to collaborate more directly with the Care Block in the future:

“We are excited to see the Mayor’s office invest in programs for older adults. I was walking down the street and started to see many campaigns for the elderly at the bus stops... Now the question is, how can we link up our services with the Care Block? How can we understand the strengths of different organizations in serving populations and make connections?”

In Usme, there was less engagement with the Care Block, in part due to geographic separation in the territory. Yet, there was still an overall positive perception of the services being offered:

“I appreciate that they recognize and redistribute the burden of care on women... And they are very cordial, kind people, which is also what you need. We as caregivers sometimes feel sad, bored, or kind of depressed because of our situation and being at home all the time. So it is important that those spaces receive you nicely. Sometimes you get to public places where the official is more tense than you are, and that is horrible.”

Even with a Care Block in the district, initiatives in Usme requested that the State provide financial support for them to purchase a more hyper-local space for caregiving directly in their neighborhood. There were also criticisms from some initiatives that the services in Care Blocks were not tailored to local needs and did not support all caregivers, especially those with older children.
Community care initiatives have feedback for the State on opportunities for improved collaboration.

When discussing the co-responsibility of care in Bogotá, many leaders of community care initiatives had specific feedback on how collaboration with the State can be improved. Some requested more proactive engagement from the State in building relationships and tackling problems collaboratively with local leaders.

“We have not made a partnership [with the State] because we are so focused on serving people every day... We need an open door from the State in order to start that channel of communication. Then, we can say, ‘Let's look at this problem. What can we do together?’”

Other initiatives, especially those working at the intersection of caring for people and the environment, discussed the challenges of coordinating with numerous different government agencies. One leader requested that there be more alignment across city agencies about how caregiving and gender equity are defined in order to make it easier for community care initiatives to navigate the bureaucracy.

“One shortcoming is the lack of cohesion between one [State] project and the other... I am a woman caregiver because I have a caregiving philosophy in my community work, because I have a caregiving job, and because I am a mother. The Women’s Secretariat recognizes me as a caregiver. But if you go to any other entity, you have to demonstrate that you are a caregiver within the limits of a narrow definition in order to be recognized. Is it very tiring that you have to prove who you are, entity after entity.”

There were also calls for more continuity within State processes. Many community care initiatives shared that frequent staff turnover has led to incomplete projects, unfulfilled promises, and a lot of wasted time for community care initiatives.

“We go participate [in State processes]. We come to two, three meetings and on the fourth meeting there is already another staff. We start again with the diagnosis, the mapping. Sometimes, I'm very hard on them. I say to them, ‘Didn't you read what we have been working on?’ There is no connection. It does not allow the project to move forward, because we never get out of the first stage of planning.”

To respect the time of community care initiatives, one leader suggested providing travel stipends and food to support local leaders in attending public meetings. For many leaders who participated in the research, there was a desire to see the State better recognize and compensate the work of community caregivers.

“The [women] who do community care work are not recognized as leaders. There are no miracles, but I do know that we need to support these leaders economically. Many do not have a house, they are hungry. But they are really good leaders out there fighting for the whole community.”
“Co-Creating” Care Solutions

Introducing Bianca –

Bianca* is a mother and community care leader in USAQUÉN working as part of “a socio-environmental collective” focused on human and environmental rights, food sovereignty, proper waste management, and mental health solutions based on nature.

Bianca shared that the work of her collective has become more “pluralized” over time based on engagement with the community. Most recently they have expanded their mental health services responding to the community’s needs during the COVID-19 pandemic. Bianca believes in the importance of local partnerships with residents and community organizations:

“There is beauty in creating with community – from the man on the corner who gives you the potato to make the community soup pot, to the entities that have believed in us and have grown with us.”

At the start of her community care work, Bianca explained she has a deep mistrust of institutions and resistance in working with the State:

“I must admit that [our organization] used to be very apathetic with institutions, because within communities there is still a vision that institutionality is manipulation. Institutions come and do their project or do their mapping, attend to their needs, take a photo, and bye-bye.”

More recently, Bianca has shifted her perspective. She has found opportunities for improved collaboration with certain State institutions. Bianca attributes the shift to having opportunities for sustained relationship building with individual representatives of the State:

“I believe that what has changed our vision are those contractors, those human beings, that have worked hand in hand with the territory. They put their shirts on and said, ‘We have to fight. Let’s all fight. Let’s find a way to make this possible.’ So even if a contract is not renewed or it is difficult to follow a process, these people have continued with the struggle. I believe that a brotherhood has been created, a familiarity within all of us.”

Bianca refers to these generative State partnerships as opportunities for “co-creating.” These mutually beneficial relationships honor her expertise as a community caregiver and activate the resources of the State for the benefit of the community. While the work completed is still project-specific, the relationships have lasted for many years as Bianca and these State institutions find different opportunities to build trust and work together.

Looking into the future, Bianca has big dreams to reach more people with her collective’s community care strategies:

“Today, we change people’s attitude towards recycling, towards the environment, even towards themselves with our mental health programs. We are making an impact, but in the future we want this education to also reach the people that we cannot directly influence. We want to offer training to trainers in order to create eco-neighbohoods everywhere. We want to make Bogotá an eco-city and be a national model.”

* Name has been changed to respect the privacy of this community care initiative leader.
Conclusion

Building intentional relationships with community care initiatives is important as the City of Bogotá continues to grow the District Care System and promote the co-responsibility of care. Expanding on the community care diagnostic completed in 2022, the Caring Cities research allows the City of Bogotá to better understand the experiences of community caregivers and how they want to relate to the State.

The Caring City research highlights the ways in which community care initiatives are embedded in communities, evolving over time to respond to specific local needs. In districts like Usme and Usaquén, some of these community care initiatives were introduced because of the absence of State support in the formation and growth of neighborhoods. In part because of this historical context and continued lack of investment, many initiatives expressed a mistrust in government and a desire to remain autonomous in providing care for their communities.

Leaders of community care initiatives, who are majority women, expressed a range of perspectives on the appropriate role of the State in addressing care at the community level. Some wanted very limited interaction with the State because of political ideologies and a belief in community self-determination. Other leaders expressed a desire to develop more strategic and sustained relationships with government actors. This included interest in utilizing, coordinating with, or even offering services at the Care Blocks. Some leaders also believed that the co-responsibility of care should compel the State to provide better local services – including healthcare, spaces for youth recreation, and services to address violence against women and girls.

The research findings relate directly to the goals of the District Care System to recognize, redistribute, and reduce the unpaid care provided by women. In terms of recognition, many of the leaders of community care initiatives praised the increased attention on gender and caregiving through the District Care System. Most were grateful to be consulted through the research. They wanted to see the recognition translate to a sustained commitment from the State to listen to community leaders and act on the needs identified.

However, there remain opportunities for increased attention on redistributing and reducing the unpaid care work happening at the community scale, since the majority of community care work is performed by women who are volunteering or receiving only symbolic remuneration. Specifically, the community care diagnostic found that between 62% and 77% of community caregivers are women, depending on the initiative type, and that percent is higher for initiatives that receive less remuneration. While the Care Blocks are designed to address challenges around unpaid care in the household, many women in Bogotá are also playing the role of unpaid or underpaid caregiver in their neighborhoods – cultivating local gardens, caring for children and animals, offering cultural programming, distributing food, or facilitating access to healthcare and wellness services.

Moving forward, the City of Bogotá has the opportunity to strengthen its investment in community caregivers – providing increased remuneration, building more coordinated partnerships with initiatives who are interested, and addressing gaps in State services.

The Caring City research provides a template that can be replicated in other districts beyond Usme and Usaquén to better understand local contexts and develop meaningful approaches to partnership. By continuing to learn from and invest in community care initiatives, the City of Bogotá can pursue the co-responsibility of care not only at the household level, but also in communities.


Learning from Mothers Using Juegotecas in Buenos Aires
The research featured in this report is part of the City Hub and Network for Gender Equity (CHANGE) Caring Cities program. CHANGE has partnered with three cities in its global network – Bogotá, Buenos Aires, and Los Angeles – to implement community-based research efforts that invite caregivers to shape local services and policies.

CHANGE believes that care is critical to gender equity and is partnering with cities to celebrate, learn from, and invest in caregivers.

Learn more at [CitiesChange.org](http://CitiesChange.org)

Support for this research was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.
The City of Buenos Aires has identified care as critical to the promotion of women’s rights. Localized quantitative data illustrates that care is gendered, and women play a disproportionate role providing unpaid caregiving in the family context. To support the autonomy of women, increased government investment has been made in child care programs. This includes Juegotecas that offer community-focused, part-time educational enrichment for children between 2 and 13 years of age.

CHANGE and the Secretariat for Gender Equality within the Government of the Autonomous City of Buenos Aires (GCBA) led a research effort to learn directly from mothers about the daily realities of caregiving and the impact that the free child care offered by the Juegotecas has on their lives.

Using Data to Understand Care in Buenos Aires

Buenos Aires is a world leader in bringing a feminist lens to urban policy. For more than thirty years, the Government of the Autonomous City of Buenos Aires (GCBA) has been committed to advancing women’s rights. Buenos Aires was one of the first cities to adopt an egalitarian Constitution and create a dedicated agency to advance gender equity and women’s rights. In more recent years, GCBA has prioritized care policies as critical to helping women thrive, as the government recognizes that care is also interconnected with other policy priorities to achieve gender equity – including the eradication of violence against women and the promotion of women’s economic autonomy.

The decision to prioritize care is backed by extensive local data, which reveals that the performance of caregiving tasks falls disproportionately to women in family groups. The large amount of time women devote to caregiving has important consequences in other aspects of their lives. Unpaid caregiving is one of the main obstacles to achieving economic autonomy for women. In turn, economic dependence on others in the family group creates situations of vulnerability, including to different forms of violence.

As part of its commitment to gender equity, GCBA works to include a gender lens in all aspects of policy development. In 2017, a law was passed to ensure the incorporation of gender in data collection and indicator systems, building on decades of mainstreaming gender in data policy.¹ The General Directorate of Statistics and Census, under the Municipal Ministry of Finance and Treasury, is responsible for developing extensive quantitative tools to collect data and statistics that support the design of evidence-based policies. Among the tools developed, the Buenos Aires Gender Indicator System (SIGBA) and Care Indicators System are particularly relevant to understanding care locally.

“[The Care Indicators System] makes visible the way in which care is organized in the City of Buenos Aires; that is, the relationship (and its changes over time) between the institutions that provide care services and the ways in which households and people who need care – particularly children and adolescents, the elderly population and the population with disabilities – benefit from them.”

¹ THE GENERAL DIRECTORATE OF STATISTICS AND CENSUS, GCBA, 2021
The GCBA has collected a range of quantitative statistics that help quantify experiences of caregivers in Buenos Aires:

- More than a third of households in the City of Buenos Aires have children who depend on the care of adults for their survival and wellbeing. In 2020, it was estimated that 14.9% of Buenos Aires households had people under the age of 5 at home, and 17.3% had people between the ages of 6 and 12.

- The majority of households handle caregiving without external support. It estimated that 81.3% of households with children between 0 and 13 years of age do not receive external support for child care outside of school. In this measurement, external support is defined as hiring private care or participating in formal care programs. Unpaid support from family and neighbors is not considered external support in this research.

- Access to child care support varies depending on geographic zones and corresponding income levels. The northern part of the City of Buenos Aires is a high-income area with greater resources. In the north, around 28% of households have external help. In the center and south of the city, which are areas with lower-income families and less resources, only 15% to 17% households have access to this type of external support for child care.

- Every day, women spend more time providing unpaid care in the home, and this disparity is greater in low-income areas. The Care Indicators System has calculated the number of daily hours dedicated to child care tasks, distinguished by gender. In the City of Buenos Aires, the average time spent on unpaid care work at home for children from 0 and 13 years of age is 05:48 hours per day for women and only 03:29 hours per day for men. Again, there exist differences depending on the geographic area of the households. In the southern zone, where lower-income families tend to live, women spend an average of 07:36 hours a day caring for children compared to 04:08 hours for men.

- Unpaid care work has a significant economic impact, especially for women. It is estimated that while 3,000 men in the Autonomous City of Buenos Aires cannot enter the labor market because they must provide care for a family member, approximately 37,000 women are in the same situation. This lack of workforce participation impacts the local economy and results in a lack of economic autonomy for individuals with a negative, disproportionate impact on women.

Quantitative data serves as an important resource to understanding the landscape and importance of care in Buenos Aires. It also helps to demonstrate the relationship between care, gender, and economic opportunity. This data has helped to justify government investments and services to support caregivers, which are currently used by thousands of residents across the city.

Introducing the Juegotecas: Collaborations Between the City Government and Communities

To reduce the workload of caregivers, especially women, the Government of the Autonomous City of Buenos Aires (GCBA) is investing in child care services beyond schooling. Currently, GCBA funds a range of child care services that are usually delivered in
partnership with community and non-profit organizations. From early development centers to summer camp programs, government-funded care services operate independently of each other and are used by thousands of residents, but they are not yet universally available to families. In the future, GCBA aims to develop a more comprehensive and coordinated care system for children and families.

The Caring City research focuses on one government-funded service called Juegotecas, or educational play centers for children between 2 and 13 years of age. These centers provide free part-time support for children and their families by offering two-hour programmed sessions for different age groups two to four times a week. Led by an interdisciplinary staff, the Juegotecas focus on creative play and expression with the goal of contributing to the educational development of children. There are currently seventeen Juegotecas administered by local community-based partners.

At the Juegotecas, children have the opportunity to engage with a variety of toys and interactive games; participate in workshops on crafts, art, music, theater, and puppets; and organize special activities and outdoor learning opportunities with teachers and classmates. The Juegotecas also act as spaces for civic education, where children can learn about their rights.

Although they are not designed to replace the formal education offered in school, Juegotecas provide the opportunity for children to acquire basic knowledge and soft skills – including motor and language skills as well as cognitive, social, and emotional skills. In Juegotecas, children have the opportunity to participate in learning through play and the arts in an organic, non-pressured way.

The programming offered at each Juegoteca is different based on the interests and participation of local children and families, and the needs of the local neighborhood. Many of the community organizations administering the Juegotecas offer additional community services and were providing some sort of child care before the Juegoteca program launched. In many cases, the staff at each Juegoteca live in the neighborhood. This also helps to incorporate socio-community dynamics into the center programming to reflect local needs and relationships.

The Juegotecas in the City of Buenos Aires are mostly located in low-income areas within the center and south of the city. GCBA has prioritized these locations based on the considerable demand for free care facilities, given that most families in these areas lack sufficient resources to afford private care services.

Interviewing Mothers to Explore Caregiving and the Impact of the Juegotecas

Through the Caring Cities program, CHANGE and the Secretariat for Gender Equality within the Government of the Autonomous City of Buenos Aires (GCBA) designed a short-term research effort to hear directly from mothers who chose to use a Juegoteca to provide care for their child or children. The goal was to conduct a small number of interviews to collect qualitative data from mothers regarding the experiences of caregiving and the impact that utilizing the Juegotecas has on their lives.

The Juegotecas were selected as the focus of this research because they are a government-funded child care service that offers supplemental support and works with children across a range of ages, from 2 to 13 years. While the impact of the Juegotecas on children is documented, the Secretariat for Gender Equality was specifically interested in the experiences of mothers, who are the secondary users of the service.

Locations of Juegotecas in Buenos Aires.
The qualitative research conducted is intended to complement the extensive quantitative data on gender equity and care already collected by GCBA. The Secretariat for Gender Equality believes that women have important knowledge to share based on their experience as caregivers and users of government care services. This research is an opportunity to explore how care services provided by the government impact the lives of women in more human terms. These results can help GCBA consider how to make future investments in child care services.

In total, nine interviews were conducted at three different Juegotecas. Through the interviews, mothers were invited to share their experiences and opinions. Each interview with a mother covered the following topics:

- Demographic information of the mother (age, educational level, and family composition)
- The mother’s experience of being a caregiver for her child, including the social and economic implications
- The mother’s relationship to and perceptions of the Juegoteca
- How using the Juegoteca impacted different aspects of the mother’s life, including how she used the time freed up by the care service

## SPOTLIGHT

### More Information About the Selected Juegotecas

All three Juegotecas that were selected for the Caring Cities research are in the southern area of the city, which is the sector with lower incomes and fewer resources. The Juegotecas are located in the neighborhoods of Villa Lugano, Barracas, and Retiro, which are considered among the most disadvantaged.

During the research process, it became evident that the Juegotecas occupy an important place in the communities where they are located.

In addition to providing children with care and enrichment through play, the community organizations that administer the Juegotecas also offer other services for families and community. Many offered child care support before joining the government-supported Juegotecas program. As part of this search, a survey of additional services was conducted to better understand the ways in which the Juegotecas are interconnected within larger systems of neighborhood support.

### Aventurera Juegoteca

**LOCATION:** Villa Lugano, Commune 8  
**APPROXIMATE NUMBER OF CHILDREN IN CARE:** 70-75  
**OTHER SERVICES:**
- "CeSAC" (Centros de Salud y Acción Comunitaria), which are Communal Health Centers that tackle health issues and disparities through a perspective of health promotion and prevention
- Breakfast and snacks for children
- Information for children and their families about where to go in case they require any services

### El Alfarero Juegoteca

**LOCATION:** Barracas, Commune 4  
**APPROXIMATE NUMBER OF CHILDREN IN CARE:** 100  
**OTHER SERVICES:**
- Early Childhood Center for the care and development of children from 0 to 3 years of age
- School support
- Trade workshops
- Dining room for 400 people with free regular meals two-three times a day
- Sports equipment

### Juegoteca Conviven

**LOCATION:** Barrio Padre Carlos Mugica (Neighborhood 31), Commune 1  
**APPROXIMATE NUMBER OF CHILDREN IN CARE:** 100  
**OTHER SERVICES:**
- Picnic area
- School support
- Dance and photography courses for teenagers
- Community center activities (distribution of clothing donations, food boxes, etc.)
SPOTLIGHT

More About the Mothers Interviewed

The Caring Cities research focused on women who identified as mothers and chose to have their children attend Juegotecas funded by the Autonomous City of Buenos Aires (GCBA).

In order to be interviewed, a participant had to self-identify as a woman and mother, be over 18 years of age, and use the care services provided by one of the following Juegotecas: Juegoteca Aventurera (Villa Lugano, Commune 8), Juegoteca Alfarero (Barracas, Commune 4), Juegoteca Conviven (Barrio 31, Commune 1).

Informed consent was also required to participate. The interviews were voluntary and designed to be anonymous. Women who participated were honored for their time and experience with a certificate.

- **9 Women**
  - In total were interviewed: 8 mothers and 1 grandmother

- **4**
  - Average number of children

- **38 Years Old**
  - Median age

- **Primary School**
  - Median education level completed

- **3**
  - Were migrants from Paraguay

- **3**
  - Were single parent households

- **6**
  - Participated in part-time employment or did odd jobs
Research Findings

The Caring Cites program seeks to amplify the unique perspectives of caregivers. CHANGE and the Autonomous City of Buenos Aires (GCBA) conducted interviews with mothers who accessed child care through the Juegotecas funded by the government in low-income neighborhoods to better understand these mothers’ experiences as caregivers and the impact of the service on their lives.

Using a system of qualitative data coding and analysis, CHANGE and GCBA identified four main findings from across the interviews:

1. Mothers rely on peer and community networks to access child care support. Many see the Juegotecas as part of a trusted local network.
2. Mothers recognize the value of Juegotecas and the impact that professional caregiving can have on their children.
3. The care responsibilities of mothers leave them with limited time to pursue paid work and economic autonomy, a scenario particularly acute for low-income families.
4. The part-time care services offered by Juegotecas allow some mothers to pursue paid work. The majority of mothers use the support to perform other care responsibilities.

This section features direct quotations from mothers to recognize their expertise and allow them to speak in their own voices. The mothers’ perspectives are intended to add more nuance and humanity to the extensive quantitative data already collected by GCBA on the topics of gender equity and care. The Caring Cities research is one of many sources of data informing how GCBA will continue to invest in care in the future.
**FINDING 1**

Mothers rely on peer and community networks to access child care support. Many see the *Juegotecas* as part of a trusted local network.

The mothers interviewed discussed how care work is often distributed horizontally through community and peer networks, almost always with other women. These networks rely on relationships mothers have with *comadres* and neighbors. Many mothers discussed how they relied on and integrated peer support into their provision of care.

“With my neighbor we take turns bringing our kids [to the Juegoteca]... If one day someone can't make it, we organize together so the kids can still come because they love it.”

Mothers were more likely to discuss relying on and valuing peers for child care support, rather than male partners or husbands. These dynamics can be understood as part of the larger “political and social organization of care” within Argentina that perpetuates unequal expectations and divisions of care work. When asked about the place of male partners in the distribution of child care tasks, one mother used the analogy of a “crutch” to turn to for specific needs or when schedules overlap. Many interviewees shared similar sentiments.

“I share with my [male] partner only if I need help for something specific.”

“I ask him for help when shifts overlap.”

“If I get an odd job, I ask my husband for help. Sometimes he can't and my neighbor helps me [instead].”

For mothers, trust is a major factor in asking for and accessing child care support. The interviewees shared that they are more likely to engage local actors and those with deep community ties when it comes to care for their children. Mothers discussed how the Juegoteca and their staff helped to build trust and created a welcoming environment that made both children and parents feel at home.

“Something super special happens to me with ‘El Alfarero’ [Juegoteca]. It's like I feel like this is my home... Because here is a place where there is no us and them. I get along well with everyone, with the teachers. When I rest at home [while my child is at the Juegoteca], I look for a way to come back, even for a little while. I want to come and see what they are doing.”

Mothers had confidence in the Juegoteca staff, who are predominantly women and many are from the community. One mother shared that the staff at the centers are people "that everybody knows" in the neighborhood, which reflects that many of the Juegoteca coordinators have been leading local child care efforts for decades. One interviewee was both a local mother and staff member at the Juegoteca, which further speaks to how embedded the centers are in communities.

“I bring my children [to the Juegoteca], and I also work here. I tell my neighbors about it, so that more of them will have help. Here [at the Juegoteca], I do the same thing I do at home, but I help other women too.”

* “Comadre” typically refers to a godmother, a person trusted to support in child care tasks.
Mothers living away from larger familial and social networks, including interviewees who were migrants from Paraguay or those who moved to the City of Buenos Aires from other parts of Argentina, discussed facing unique difficulties because they did not have trusted local relationships.

A mother who moved to Buenos Aires alone with her nuclear family from an inland province, discussed how she felt isolated and exhausted with no one to turn to for child care support. The arrangement feels unsustainable to her:

“[I can count on] no one. I swear to God that sometimes I say, ‘How do I do it?!’ I don’t know where I get so much strength...”

From the logistics of child care and education to emotional loneliness, women who are newer to the City of Buenos Aires struggle to balance work and family responsibilities without the fundamental support offered by long-standing family and community networks. Many rely on the Juegotecas for relief from their child care duties and would like more support from community and government programs.
Mothers recognize the value of Juegotecas and the impact that professional caregiving can have on their children.

The mothers interviewed discussed the wide-ranging benefits that the Juegotecas have provided for the development of their children. Some highlighted the social skills that their children were able to develop and credited the Juegoteca programming with helping their children show up more prepared for formal schooling.

A 28-year-old mother recounted how her daughter’s teacher perceived a positive impact on the child’s behavior, which both the teacher and mother attribute to her participation in the Juegoteca.

“This year, when classes started, the teacher asked if [my child] did any other activities. And I said that I came here to the Juegoteca. The teacher told me that it’s great because it has helped [my child] become more sociable.”

Similarly, a mother of seven children shared that she chose the Juegoteca for her 4-year-old grandson with the goal of helping to prepare him for formal schooling because the center offered opportunities to socialize and learn in a fun and safe environment.

“My grandson started to come, to share, and to play here [at the Juegoteca]. He liked it. They are taught many things here. It’s the first step. He went from the Juegoteca to kindergarten without any problems. I was worried about him entering kindergarten. Now, I have peace of mind [thanks to my experience at the Juegoteca].”

The professionalization of caregiving tasks was recognized and appreciated by mothers. Some cited the importance of the specialized play and creative activities offered by the centers, discussing how the care provided by the Juegoteca was an important complement to formal education.

“There is more space [at the Juegoteca] for the children after school... It is important that they come, even if it’s just a little bit. At school, everything is about studying... It’s good for our children to relax a little bit too.”
In the interviews conducted, mothers recognized the impact of the Juegotecas on their children. However, the coordinators, teachers, and caretakers of the Juegotecas engaged through this research noted that their economic remunerations do not reflect their years of experience, hours of work per week, or commitment to supporting the greater community through additional services.

Many discussed suffering from a shortage of resources and lack of efficient communication channels with City representatives to obtain new supplies – including toys, educational materials, and food for breakfasts and snacks.

Paid caregivers working in community organizations like Juegotecas are predominantly women and face gender bias in their work. Sociological research highlights the tensions involved with paid caregiving in a community environment in Argentina, because there is a societal expectation that these services will be provided based on the “altruism” of workers. These expectations can deny the economic necessities faced by workers who have to support their families. It also fails to acknowledge the economic and societal value of the care being provided.\(^9\)
FINDING 3
The care responsibilities of mothers leave them with limited time to pursue paid work and economic autonomy.

Almost all of the mothers interviewed discussed how much time and energy they devoted to caring for their children. When reflecting on their schedules, mothers used terms like "lack" and "scarcity" along with the challenges of "juggling" care with other important tasks. Many mothers shared that, because of the time required for child care, they paused or delayed their own educational and professional development.

“I want to have more time to finish high school and study programming, but I can never get enough time.”

These findings are aligned with various studies at the regional level that demonstrate the tradeoffs that women make in relation to employment and child care. Under current workforce conditions, there is an incompatibility between caregiving responsibilities and the demands of paid work. Most jobs require full time investments that are not aligned with school schedules or other demands of child care. For lower-income families who are unable to pay for private care, these dynamics have resulted in lower levels of workforce participation, especially for women.

This means less economic autonomy for mothers. None of the mothers interviewed were able to participate in formal full-time employment. Many instead rely on part-time jobs with flexible schedules, roles that are often linked to precarious or informal occupations. Some do odd jobs sporadically or rely on their partners’ income or government programs to "survive." Others combine several part-time jobs, juggling them with care responsibilities.

"I'm always on the run. [My daughter] goes to work with me early in the morning. From work, I take her to school. I leave work and pick her up. It’s a long walk since there are no school openings near my work. We come home, we eat, and she has a little nap. Then, it’s playtime... Thankfully, she's happy to come to the Juegoteca.”

A mother from a single-parent household shared that the caring for her young daughter prevented her from studying hairdressing because she cannot hire a babysitter on the days where the Juegotecas does not offer programming.

“Since last year, I wanted to do hairdressing for people and animals. But if I pay a babysitter, I won't have enough left over to pay for the course. I can't study, because I have no one to leave my baby with. I don't have enough time. That's what stops me.”
FINDING 4

The part-time care services offered by Juegotecas allow some mothers to pursue paid work. The majority of mothers use the support to perform other care responsibilities.

Some mothers who were interviewed discussed how the services offered by the Juegoteca help facilitate paid work by allowing them to leave their children in a safe and reliable place.

“I was at my job and I was calm because I know [my son] is with people [at the Juegoteca]. He is close by and if there is any problem, they call me and I come. This way I make my own space to do my own things.”

For some, the Juegotecas help to address the time scarcity that comes with child care and play a small role in facilitating economic autonomy for mothers. However, given that the Juegotecas are spaces where children spend only two-to-four hours a few times a week, they do not provide the care coverage needed for many mothers to pursue paid work – especially, full time employment that tends to offer better salaries and working conditions. For young children using the Juegoteca who are not yet in school, the hours are not sufficient for mothers to pursue employment. For those in school, the offerings are not available every day, requiring mothers to find employment with flexible schedules.

The majority of mothers discussed how they use the time freed up by Juegoteca services to attend to other caregiving responsibilities. Some mothers discussed the challenges of caregiver burnout and the impact on their personal health and wellbeing. Yet few mothers use the time that their children are at the Juegotecas to pursue self-care or rest. They spend time on other work including domestic chores, care for other children, and care for other family members.

“It's my time to rest. Although it's not enough for me because I have to take care of my sister who has multiple sclerosis. She's in a wheelchair. I take care of my dad, who is also a big man.”

Many of the mothers using the Juegotecas have expressed the need for increased access to programming that alleviates the burden of care and allows for greater job stability, education, or professional development. The importance of having access to free care increased for mothers who do not have a local family support network to collaborate in the care of the children.

“More time [offered at the Juegotecas] would be so useful to me... That way, I can fit in doing my little things in the afternoon and look for a job... I have no family locally to watch my daughter.”

The need for care support was present for children of all ages – including young children who require the most intensive care from mothers, those attending school to help provide care during hours not covered by class time, and even teenagers who some mothers felt could benefit from programming. Many mothers advocated for more offerings at the Juegotecas not only to give themselves relief but also for the benefit of their children.

“[My daughter] is very entertained at the Juegotecas. She wants to come, she learns things, and sees her friends. Hopefully there will be more spaces and more days. She loves it.”
SPOTLIGHT

The Connection Between Care, Safety, and Autonomy

Introducing Patricia –

Patricia* is a 51-year-old mother of seven, with most of her children already out of the house. Having immigrated from Paraguay in 1991, Patricia now lives in the Villa Lugano neighborhood. She is also a cancer-survivor and a devoted grandmother.

Throughout her life, Patricia’s gender has directly impacted the educational and professional opportunities she has had access to:

“My parents did not accept that women should study. All my brothers completed high school. They wouldn’t let me because they said, ‘Why is she going to study if she is going to have children?’”

From an early age, Patricia was forced into the role of caregiver. Once married, Patricia faced violence in her relationship and was not empowered to make choices related to family planning. Her circumstances gave her limited autonomy over her future and her body:

“I started to take care of my sister [at the age of 14 after my mother’s death]. Then I got together with the children’s father… I didn’t want to have that many children, but he forced me. It was a very difficult relationship. I went through many hard things, but I never regretted having my beautiful children. I regretted having them with the wrong person.”

After a bad experience with a babysitter left one of her young children in the hospital for fifteen days, Patricia has been wary about engaging external child care support. However, she trusts the Juegoteca to provide care for her children and now her grandson. She wishes that there were similar enrichment options for teenagers in the neighborhood. Over the years, the Juegoteca has provided her with much-needed personal time and breaks from caregiving.

After many years and effort, Patricia is finally able to invest in herself. She shares her life with a supportive partner who respects her limits and desires. Patricia also recently achieved her goal of owning a laundry business:

“When I was a little girl, I liked washing clothes. My dream was to have a laundry business… My dream is just now coming true. Before, I never thought it would happen because there was never time. Now, I have three washers and two dryers to do home deliveries.”

* Name has been changed to respect the privacy of the mother.
Conclusion

Complementing the quantitative data from the Care Indicators System of the Government of the Autonomous City of Buenos Aires (GCBA), the Caring Cities research brings a human lens to the care provided by mothers living in some of the most disadvantaged areas in the City of Buenos Aires.

This qualitative analysis provides a deeper insight into the experiences and needs of women using the Juegotecas for child care support. The research highlights clear patterns regarding the challenges and demands mothers face when providing child care while balancing domestic chores, other care responsibilities, and employment. Many mothers put their educational and professional ambitions on hold in order to provide adequate care for their children. Their experiences illustrate the ways in which care responsibilities lead to time scarcity and limited economic autonomy for women.

The mothers interviewed praised the play and enrichment programming provided by the Juegotecas. Many specifically valued the way in which Juegotecas were integrated into trusted local networks. All interviewees emphasized the benefits for their children attending in terms of education and socialization. Mothers expressed a desire for more frequent programming at Juegotecas and offerings for extended age groups. The workers at Juegotecas also cited the need for improved pay and resources to support the centers.

Mothers discussed the role Juegotecas played in alleviating some of the burden of child care, enabling women to pursue other responsibilities or participate in the workforce. However, the research also emphasizes that, despite these benefits, women need more support. The Juegotecas were not intended to be a complete solution, as they do not offer the regularity of care that can allow mothers to pursue further education or full-time employment. They also do not adequately address the lack of a family support network faced by many mothers who have migrated to the City of Buenos Aires from other countries or regions. Even when mothers had kids in school or were using other government-funded care services, many requested more support.

The report underscores the need to address the issue of child care from a broader and more structural perspective, considering the quality, accessibility, and regularity of care services, as well as the recognition and compensation of care work in society.

The findings and reflections obtained in the Caring Cities research will be used by GCBA to explore future ways to improve child care services in the future. These insights will enrich the focus of policies and actions that can more comprehensively address the challenges related to child care and women’s economic autonomy. In addition, this study highlights the need to engage women’s voices and consider their perspectives when designing effective care and support strategies, thus ensuring a people-centered approach and building a more equitable society where caregiving is sustainable and women can thrive.


Learning from Early Child Care Providers in Los Angeles
The research featured in this report is part of the City Hub and Network for Gender Equity (CHANGE) Caring Cities program. CHANGE has partnered with three cities in its global network – Bogotá, Buenos Aires, and Los Angeles – to implement community-based research efforts that invite caregivers to shape local services and policies.

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Learn more at CitiesChange.org

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Introduction

“We are the backbone of communities. The kids we care for go on to become the future of Los Angeles – teachers, lawyers, basketball players, and doctors. It starts with us.”

- CHILD CARE PROVIDER IN SOUTH LOS ANGELES

Like most cities in the United States, Los Angeles has a decentralized child care system made up of public and private entities, nonprofits, and schools. In this system, private paid providers form the backbone of the early care and education landscape. These providers are educators leveraging deep experience, passion, and resilience to advance the development and safety of children, the financial security of families, and the future of communities.

CHANGE and the recently-created Child Care Policy and Equity unit in the City of Los Angeles’ Community Investment for Families Department (CIFD) led a research effort to learn directly from private early child care providers across Los Angeles to better understand the challenges they face and the support they need to thrive.

Recognizing the Impact and Challenges of Child Care in the United States

“Evidence shows that a dollar invested in high-quality early childhood programs for low-income children will result in up to $7.30 in [significant long-term economic] benefits, including increased wages, improved health, and reduced crime.”

2021 BIDEN WHITE HOUSE BRIEFING

At every level of government in the United States, there is a mounting recognition of the economic and societal importance of investing in child care. When a young child and their family have access to high-quality and affordable care, the impact can be transformational – enriching the lives of children, allowing parents to stay in the workforce, and boosting the economy.

Child care breaks the cycle of poverty. For low-income families in the United States, early child care is a proven policy intervention that can help break the cycle of intergenerational poverty.

• 90% of the brain is developed by age 5.²
• Children who receive high-quality child care during this critical period of early development experience stronger cognitive and social-emotional growth.³
• As adults, children who attended quality child care programs have lower rates of arrests and incarceration, have a reduced likelihood of needing government assistance, and are more likely to graduate from high school.⁴
• For families, access to child care can result in an economic boost by enabling parents to pursue stable employment or schooling.⁵ Parents with access to child care also perform better at their jobs, have fewer absences, and build the experience needed to advance in their careers.⁶ This is especially impactful for mothers, who are more likely to adjust professional responsibilities due to childcare.⁷

Families are struggling to find care. Despite widespread recognition of the immediate and long-term benefits of child care, the United States faces a caregiving crisis marked by a shortage of quality and affordable early child care options.

• More than one-third of parents across the United States with kids under 5 years of age report challenges finding child care options when adults need to work.⁸
• More than one-third of parents across the United States with kids under 5 years of age report challenges finding child care options when adults need to work.8

• Recent research demonstrates that over 50% of Americans are living in child care deserts, where young children outnumber licensed seats by three times or more. These deserts are more common in low-income areas, perpetuating the cycle of poverty by limiting a family’s ability to build wealth.9

• In the State of California where Los Angeles is located, 60% of all residents and 72% of low-income residents live in child care deserts.10

The caregiving workforce is shrinking, due largely to lack of sustainable compensation. A number of contributing factors have led to the current child care crisis, but the most notable is the severe underpayment of providers. Despite the high standards child care providers are expected to meet – including extensive licensing requirements, health and safety regulations, and educational attainment – the standard compensation provided to professionals is not enough to meet basic needs.

• When occupations are ranked by annual pay, child care workers sit consistently in the bottom percentiles across all states.11

• At an average salary of less than $30,000 annually, over 50% of providers nationwide are on some form of government assistance and very few are afforded benefits.12,13 In California, 17% of child care providers live in poverty.14

• These low rates of pay make it extremely difficult to attract qualified staff, resulting in a fast-disappearing child care workforce and a weak pipeline of new providers.15

From a gender equity lens, the underpayment of providers in the United States is partially attributed to systemic sexism and racism that has undervalued the impact of caregivers in its policies – the vast majority of whom are women, with a large percentage identifying as women of color.16

The lack of investment in child care has major consequences for both individual families and national economic growth. Forecasts cited by the Biden White House show that if the U.S. fails to address the lack of affordable child care, the country is expected to experience losses of $290 billion each year in gross domestic product starting in 2030.17

Understanding Child Care in Los Angeles

As part of the growing movement to support caregiving in the United States, the Mayor and Los Angeles City Council have funded dedicated staff within the Community Investment for Families Department (CIFD) to focus on policies and initiatives that increase families’ access to quality care. The Child Care Policy and Equity unit was launched in January 2023 and is guided by the mission of reducing poverty and stimulating the economy by strengthening the City of Los Angeles’ child care infrastructure and alleviating major barriers to access for low-income families.

SPOTLIGHT

Child Care is Fundamental to Advancing Gender Equity in the Workforce

Investing in early child care systems advances gender equity by addressing a key barrier to women’s participation in the workforce and economic autonomy and advancement. Of the many women who left their jobs during the COVID-19 pandemic and have not returned, 22% cite a lack of child care as the reason.18

As part of CHANGE’s 2022 Voluntary Gender Review, the City of Los Angeles examined data indicators related to gender equity on topics like economic opportunity. Los Angeles has made significant progress in reducing the labor force gender gap from 12.7% to 9.3% since 2015. To counter the impacts of COVID-19 and continue to close the gap, Los Angeles needs to make new and significant investments to address ongoing barriers that prevent women from entering the workforce, including the overburden of unpaid domestic work and insufficient access to child care.
There are about 230,000 children aged 5 and under in the City of Los Angeles, 45% of whom are eligible for subsidized care. 19 In contrast, based on Department of Social Services records, there are just over 2,000 licensed child care programs in the City for a maximum of about 51,000 licensed child care seats.*

**Families in Los Angeles are burdened by the high cost and limited availability of care.** In many cases, the cost of care is rising faster than wages. Between 2005 and 2013, wages in Los Angeles County increased by 13%, but the cost of child care skyrocketed by 33%. 20 Child care costs now constitute the highest household expense, surpassing housing, in nearly every part of California, including in Los Angeles County. 21 While low-income families can qualify for government subsidies to help pay for care, these assistance programs can be challenging to enroll in and use. Less than 27% of children eligible for subsidy in Los Angeles County are enrolled in the program. 22, 23 Finding care is especially challenging with the current shortage of child care options. In the City of Los Angeles, less than 22% of children under the age of 5 have access to a seat in a licensed child care facility. Opportunities for infants and toddlers are even scarcer, with only 4% having access to a seat. 24

It is challenging to make child care a sustainable business. Commonly motivated to open programs through a love of children or as a progression from caring for their own families’ children, many providers have not received formal training on business foundations. Even with business training, Los Angeles providers run their businesses on extremely slim margins. The rate at which providers are reimbursed by the State of California for children receiving subsidized care is significantly lower than the true cost to care for children, with the discrepancy being especially wide for infants and toddlers who require more resources and closer care. Often, providers take the unmet costs for operating their programs from their own paychecks. 25

The COVID-19 pandemic exacerbated child care challenges. In Los Angeles County, over 500 licensed child care centers and home-based facilities reported permanent shutdowns to the California Department of Social Services and thousands more temporarily closed due to under-enrollment and the high costs of pandemic safety measures. 26 Alongside these closures, California lost over 7,000 child care workers, constituting almost 10% of the workforce. 27

As the State of California expands its involvement in early care and education, Los Angeles’ already fragile child care delivery system is being further strained. California is currently implementing Universal Transitional Kindergarten (UTK) to provide free preschool for all 4-year-olds. While UTK is an important investment to expand care options for families, the program is leading to unintended negative consequences within the child care delivery system. 28 These include a loss of enrollment and staff for existing private child care programs, which are the only care options for many families with children aged 3 and under. Because of these dynamics, CIFD is focusing efforts on stabilizing the child care infrastructure serving infants and toddlers so that families continue to have options for care as UTK is implemented.

*The number of children a family child care provider can serve is based on the ages of the children and the ratios regulated by the California Department of Social Services. Depending on the number of children under 2 years of age in their care, providers may not be able to care for the maximum number of children allowed by their licenses due to the lower supervisory ratios required for very young children. It is challenging to identify the exact number of seats available for care in Los Angeles because it relies so heavily on the enrollment choices a family child care provider makes.
CALL OUT

Who are child care providers in Los Angeles?

Private child care providers are an integral part of the care ecosystem in Los Angeles and are one of the few options available for families with children aged three and under. There are three main types of child care providers:

- **Child Care Center**
  - Licensed by State
  - Multi-room building
  - Can be private businesses, nonprofits, organizations, or part of the public school districts

- **Family Child Care Home (FCC)**
  - Licensed by State
  - Family home setting
  - Small: 8 or fewer children
  - Large: 9-14 children

- **Family, Friends, and Neighbors (FFN)**
  - Licensed-exempt
  - Relative, friend, or nanny in the child’s or caregiver’s home
  - Can provide care to a relative plus one non-relative

This chapter largely reflects the experiences of Family Child Care Home (FCCs) providers, who made up the majority of participants in the Caring Cities research. In California, over 98% of FCC providers identify as women and 71% are people of color. More than half speak languages other than English and 42% are born outside the United States. Many bring extensive experience to their work, with a median tenure of 17 years in child care and more than 50% holding an associate’s or bachelor’s degree, or higher. Similar demographics exist for providers and workers at California’s child care centers, and for the providers engaged in the Caring Cities research.

In Los Angeles County, 60% of home-based providers do not have access to any benefits. These include health insurance, paid sick leave, paid vacation time, or a retirement savings plan. The average family child care provider in Los Angeles County has an annual salary of $36,000.

Home-based child care providers like FCCs are critical to supporting low-income families and those living in historically under-resourced communities. Home-based options are more likely to offer care during non-traditional hours and provide services that are culturally relevant and responsive, including dual-language environments. A recent study found that more than 75% of children receiving subsidized voucher-based care in Los Angeles County are in home-based child care.
Engaging Child Care Providers as Experts and Partners

“Historic and systemic racism, sexism and classism have resulted in policies and programs that, at best, are ineffective and, at worst, harmful to those they intend to serve. One recommendation is to actively involve providers in every phase of the design, implementation and evaluation of programs and policies that are intended to benefit them. By incorporating and honoring the lived experience of providers, programs and policies are more likely to be relevant, fiscally sound, and maximize impact for our communities.”

- "THE LANDSCAPE OF HOME-BASED CHILD CARE IN LOS ANGELES COUNTY: A FRAMEWORK FOR FUTURE PLANNING," A 2023 REPORT BY FIRST FIVE LOS ANGELES AND CHILD CARE ALLIANCE OF LOS ANGELES**

The CIFD Child Care Policy and Equity unit is committed to learning from families and providers who have direct experience navigating the care system in Los Angeles. Investing in the collaborative development of policies and services leads to more effective interventions and builds on the principles of equity and inclusion that drive all of CIFD’s work.

Through the Caring Cities program, CHANGE and CIFD designed a short-term research effort to hear directly from private child care providers, who offer important early care and education for low-income families in Los Angeles. Through qualitative and participatory research methods, providers were invited to share their experiences and opinions. The research was guided by the following questions:

- **What are the challenges and opportunities you have faced running a child care business in Los Angeles?**
- **What existing resources have been helpful?**
- **What are your goals for the future and what support do you need to reach them?**
- **What can the City government do to help you thrive?**

To reach providers, CHANGE and CIFD partnered with local Resource and Referral Agencies (R&Rs), whose services include enrollment support and professional development for child care providers. Participating R&Rs included:

<table>
<thead>
<tr>
<th>Resource &amp; Referral Agencies (R&amp;Rs)</th>
<th>Primary Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child Care Resource Center (CCRC)</strong></td>
<td>Antelope, San Fernando, and Santa Clarita Valleys</td>
</tr>
<tr>
<td><strong>Connections for Children</strong></td>
<td>West Los Angeles, Santa Monica, Culver City, Torrance, Lomita and the beach cities</td>
</tr>
<tr>
<td><strong>African American Provider Network (AAPN), an affiliate of Crystal Stairs</strong></td>
<td>South Los Angeles, Inglewood, Compton, Gardena, Lynwood, Lawndale &amp; Hawthorne</td>
</tr>
<tr>
<td><strong>Pathways LA</strong></td>
<td>Metro Los Angeles, West Hollywood, Mid-Wilshire, Koreatown, Northeast Los Angeles</td>
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The research engaged a diverse cross-section of providers serving different types of families in geographies across Los Angeles. A total of thirty-four providers were engaged through five facilitated focus groups and three interviews, including a focus group organized specifically for Spanish-speaking providers. For providers’ convenience, sessions were conducted online during weekday evenings. Each participating provider received a financial honorarium to recognize their time and expertise.

Around 75% of the providers who participated in the research indicated that they run family child care homes (FCCs). Also represented in the research were child care center providers and providers offering Family, Friend, and Neighbor (FFN) care. Roughly 60% of all participating providers served between nine and fourteen children. Around one-third employed part-time help, and half employed at least one full-time caregiver besides themself. More than three-quarters of all providers engaged in the research serve predominantly low-income families, with at least 50% of families at their child care center using government assistance to pay for care.

To complement provider outreach, CIFD also independently launched a multilingual survey to learn from families about their experiences seeking and paying for care. Building on their work with CHANGE, the CIFD Child Care Policy and Equity unit will continue to engage R&Rs and providers as ongoing collaborators to help inform the development of strategies, resources, and initiatives.
Research Findings

The Caring Cites program seeks to celebrate and amplify the unique perspectives of caregivers. CHANGE and CIFD invited a diverse cross-section of Los Angeles child care providers to share their experiences and expertise, with an emphasis on those serving low-income families and communities.

Using a system of qualitative data coding and analysis, CHANGE and CIFD identified five key findings from across the different research engagements conducted with providers:

1. Child care providers are devoted to the children and families they serve, and desire greater visibility and respect for their labor.
2. Providers identified the need for increased pay as the number one challenge facing their businesses.
3. Providers often feel like they are navigating business operations alone. They are excited by opportunities for guidance and mentorship.
4. Many providers want to grow their businesses and serve more families. There is a strong interest in efforts to clarify and streamline processes for starting and expanding child care programs.
5. When providers thrive, they leave a lasting impact on communities.

Structured around these five findings, this section features direct quotations from providers to honor their expertise and allow them to speak in their own voices. The provider perspectives shared here are intended to humanize and add more nuance to the statistics and challenges surrounding childcare in Los Angeles shared above. The Caring Cities research is one of many quantitative and qualitative sources of data informing the strategies, resources, and initiatives being developed by CIFD’s Child Care Policy and Equity unit.
Finding 1

Child care providers are devoted to the children and families they serve, and desire greater visibility and respect for their labor.

Los Angeles child care providers discussed the passion and dedication required to work in child care. Many view caregiving as a personal and professional calling, sharing how much they love their jobs and feel connected to the mission of care.

“I've been doing child care for twenty-three years. Growing up, I was the one always watching family and neighborhood kids. I wanted to read to them. I wanted to do arts and crafts. I just love teaching kids and especially kids with special needs. That's what I specialized in when I went to college. I wouldn't have any other job.”
- CHILD CARE PROVIDER IN SOUTH LOS ANGELES

“I became a provider because I didn't see a lot of brown or black engineers that looked like me. My hope is to inspire more children.”
- CHILD CARE PROVIDER IN SOUTH LOS ANGELES

Working long hours and wearing multiple hats, providers invest a large amount of time and energy into their work. They are committed to building deep relationships with children and their families.

“It doesn't stop at the children. We really put the emphasis on family when we say Family Child Care Home. I have parents coming in just getting off work and they seem a little frazzled. They're really hungry. I like inviting them to come and eat: 'Hey, have a seat on the couch. Take a load off. Talk to me about what is going on.'”
- CHILD CARE PROVIDER IN THE ANTELOPE VALLEY

Nearly two-thirds of providers engaged through the research have over twenty years of experience in the child care and education sector, and many shared their commitment to seeking out new curriculums and training to keep improving their services. Some bring formal credentials to the role, including degrees in social work, psychology, childhood development, and teaching. Yet, providers discussed how they struggle to be seen as valued educators and often face perceptions that they are unskilled.

“A lot of us providers are not appreciated. They look at us as babysitters. And I tell them, ‘No, I'm a professional. I've gotten my degree.’ We have children for ten or twelve hours a day. If we don't put our time into educating and teaching life skills, then who's gonna do it?”
- CHILD CARE PROVIDER IN THE ANTELOPE VALLEY

Many providers described feeling undervalued by system leaders and the public. There was disappointment that the recognition child care workers received during the COVID-19 pandemic was short-lived, even as the challenges of providing care in a post-pandemic context continue to persist.

“Because of the pandemic, I'm noticing that a lot of families are in breakdown. They're having a lot of challenges domestically and it's very apparent that the children are suffering as a result. And so that as providers, that makes our work even more challenging. I help bridge that gap, offering a calm, peaceful learning environment, even when they are not having that experience at home.”
- CHILD CARE PROVIDER IN SOUTH LOS ANGELES

Some discussed the larger systemic inequities at play when it comes to child care. They acknowledged that their status as women, especially women of color, contributes to the lack of recognition and support they receive.

“There are a lot of providers who are women of color, black women, that are not receiving referrals, they’re not receiving contracts, they’re not receiving the level of support that children who look like us need. We are minimized, we’re marginalized… I want people to know that we are still very committed to providing care to families. I have been an educator for a long time and it feels like helping us stay afloat in this industry is not a priority anymore.”
- CHILD CARE PROVIDER IN MID-CITY
“I'm proud of the results that I see in families. The satisfaction and the trust they place in me. There's so many children that have left the daycare and remember us, even as adults. I recently went to a wedding of one child, another comes back for my arroz con leche. I know that in that little heart we left a mark. That's why we're still fighting to become better every day – for our community and for a brighter future for our children.”

- PROVIDER IN NORTHEAST LOS ANGELES
(TRANSLATED FROM SPANISH)

“I would challenge any policymaker to spend one day at a Family Child Care Center and see how much it takes. During the pandemic, I was able to have parents come and volunteer. They told me, ‘I don’t know how you do it. There's no way that I could stand more than a day in your shoes.’ You don't realize how much goes into [being a provider]... Just like husbands don't always realize how much a mother does to raise her child and how much work it is throughout the day.”

- CHILD CARE PROVIDER IN SOUTH LOS ANGELES
When Motherhood Leads to Professional Caregiving

Over half of the providers who were engaged through this research explained that their own journey with motherhood inspired them to become professional caregivers. Some providers shared that they wanted to be present and take the lead with caring for their young children. Becoming a provider was a job that allowed them to care for their own children along with others:

“As a single mom, I was spending long days working traditional nine-to-five hours. I wanted to be home more with my child. I was missing a lot of firsts. So that inspired me to get started in child care and share my love with more children.”
- CHILD CARE PROVIDER IN SOUTH LOS ANGELES

Others discussed the challenging economic reality of working a job while paying someone else to care for their children. This was especially true for providers who were working as caregivers or educators. The pay in these roles was often not enough to cover the cost of their own child care:

“I was working in a preschool before I opened my daycare. I had a 2-year-old daughter that I put in another preschool. My salary at the time was just $640 every month and I was paying $375 for her child care. It’s not enough. Half of my paycheck was going to [child care]. So I found an opportunity to open my own daycare, so I could take care of my daughter and take care of other children too. I wanted to help parents go to work and find jobs.”
- CHILD CARE PROVIDER IN MID-CITY
Providers identified the need for increased pay as the number one challenge facing their businesses.

Almost all providers cited challenges related to the mismatch between what they get paid to provide child care and what it actually costs to provide quality care. The slim business margins lead to providers earning very low salaries and large numbers choosing to leave the profession. In Los Angeles County, the average family child care provider has an annual salary of only $36,000.34 Many discussed how such low rates of pay make it hard to stay in business.

“Every single day we have to open that door and be our best self, put our soul into the work to provide the care these children deserve. That’s the biggest payback. But getting paid what we deserve would be a big help. We’ll be able to give more jobs to other people. It’s like a chain. But we’re not gonna be able to take care of ourselves or hire if we have to work long hours and still not get paid enough. I have struggled just to meet the end-of-the-month bills.”
- CHILD CARE PROVIDER IN CENTRAL LOS ANGELES

Low pay is particularly challenging for providers serving communities with lower incomes and higher levels of poverty. This is because many of the families they serve are using subsidy programs funded by the State that offer very low reimbursement rates for care. Even the families who do not qualify for or enroll in subsidy programs struggle to pay for their care.

“The [State reimbursement] rates we get do not make sense. Milk costs more than what we're getting paid. Most of the families that I care for are living paycheck to paycheck, even the ones paying cash [and not using subsidies]. Somebody needs to wake up and say this model is not fair.”
- CHILD CARE PROVIDER IN SOUTH LOS ANGELES

For many, low pay has led to challenges recruiting and retaining high-quality employees. It has also limited their ability to provide benefits for their employees and themselves.

“My biggest challenge is retaining my employees because we do not make enough money to be providing all of the benefits people deserve.

And my employees, they deserve everything because they're really good at what they do. But obviously sometimes we cannot compete with McDonald's or with In-N-Out. They have better pay and better benefits than whatever we can offer.”
- CHILD CARE PROVIDER IN WEST LOS ANGELES

In Los Angeles County, over 60% of home-based providers do not have access to any benefits.35 Many of the providers engaged were worried about their ability to save for retirement because of their businesses’ low profit margins.

“We’re growing old and our retirement is not enough because we're underpaid. I've been working for twenty-six years... I'm not gonna stop working until I'm 70 or 75 [years old] because we don't have an employer to give us the retirement benefits. We're a business owner and if we don't have extra money to save, then we don't have a retirement.”
- CHILD CARE PROVIDER IN MID-CITY

Providers discussed how limited pay is a barrier to offering the quality environment they want for children and families. Many expressed challenges with covering the cost of repairs, facility maintenance, and supplies.

“The little ones wear and tear on your facility and you're constantly having to paint or buy new flooring. It can cost more than what you're making every month. Some of the children do not have nice toys at home. We want to offer that. We need to get paid more as providers so that we can have the best materials and environment, plus top-quality staff for the children.”
- CHILD CARE PROVIDER IN SOUTH LOS ANGELES

Many providers also discussed challenges serving families who rely on government subsidies to pay for care. Some providers were struggling to support families who were navigating the challenging enrollment process to access subsidized child care.
Many cited how repayment models based on attendance made serving the highest-needs children – those with disabilities, trauma, and family instability – more challenging. They called on the State to offer higher reimbursement rates and provide full payments regardless of attendance.

“I serve a lot of children that are coming from foster homes or who have had a lot of trauma. They have therapy and extra doctor's appointments. Especially for one of my children, he has sickle cell disease and misses quite a bit of care. I notice my pay is not what it should be because I'm only paid for the actual times he is [in my care].

If you're helping with children who need the most support, it feels unfair to then see that as a reduction in your pay.... You want to serve them, but they are also taking a spot where somebody could be there for more hours. We should be compensated for the time they are in outside appointments, since we are holding a space for them in our center.”

- CHILD CARE PROVIDER IN MID-CITY

**SPOTLIGHT**

**The Unintended Impact of Universal Transitional Kindergarten (UTK)**

California is currently implementing Universal Transitional Kindergarten (UTK) to provide free preschool for all 4-year-olds. While UTK is an important investment to expand care options for families, the new program is leading to a loss of enrollment and staff for existing child care programs. UTK is written into education code so that services must be provided for free by local education agencies like public school districts and charter schools, making it a desirable option for both families and child care workers who receive better benefits from working for schools.

Many providers expressed disappointment about being excluded in the rollout of California’s UTK program. Some felt like the program undervalued their services. As Jessica* who has been a provider for twenty-three years in Northeast Los Angeles explained:

“I feel very frustrated and discriminated against. They still see [providers] as babysitters. We've studied not just for one or two years, but five to ten years. We offer a comprehensive program with nutritional meals. We prepare students for kindergarten. Many of us are currently taking two classes with three units at a college to continue to be up-to-date. I think it's really sad that they just kick us to the side.”

Jessica also communicated her strong belief, which was shared by other providers, that the home-based education model of family child care programs offers unique benefits:

“We have children in a family environment. That's fundamental for supporting future generations, because … our children grow with an environment and culture of belonging.”

With the current rollout, Jessica is worried about not being able to keep her center open. Many longtime families who are struggling to pay for child care are moving over to UTK, even if they prefer her service, because it is free:

“Now children that we have had with us for years are leaving early. We won't have a future as providers if [UTK] takes those children away.”

Efforts are underway to address many of the stresses the rollout of UTK has placed on providers. The concerns raised during the engagement process illuminate the complexity of the current multi-stakeholder care system and can help direct government investments to support provider sustainability.

* Name has been changed to respect this provider’s privacy.
FINDING 3

Providers often feel like they are navigating business operations alone. They are excited by opportunities for guidance and mentorship.

Running a child care business is challenging and many providers, who come to the profession motivated by passion and necessity, possess limited business experience. Often, providers feel that they have no clear roadmap for navigating business challenges.

“Being a family child care provider, we're not taught the business aspect of child care, like how to deal with taxes and all that good stuff. I am in a workshop right now and, even though I've been doing child care for twenty-five years, all [the information] is brand new.”
- CHILD CARE PROVIDER IN SOUTH LOS ANGELES

Many providers value learning from each other. Peer mentorship and community-building were often cited as critical to their business success. Many wanted more opportunities for this form of support.

“Opportunities where I'm able to meet other providers have been very helpful to me. Because we're at home by ourselves, it's hard to stay abreast of the current trends. I like to build my network and hear what other providers are trying.”
- CHILD CARE PROVIDER IN SOUTH LOS ANGELES

Providers also shared examples of how they offer support to others wanting to start or grow a business in child care. Many were interested in playing more formal roles as mentors.

“I learned from other providers before I got started. Now, I find other providers are coming to me and asking me questions.

One particular parent was interested in how to become a child care provider herself. I told her from A through Z exactly how to do it. I gave her all the information that she would need that I didn't get [when I was starting out]. I always tell people that we're in this together, we have the same love for the children. It's not anything that we should try to keep to ourselves. If someone else needs help, we should try to help them.”
- CHILD CARE PROVIDER IN THE ANTELOPE VALLEY
“Everything that I have learned about child care and running my business has been through trial and error. I was a preschool teacher before opening my own child care. I didn't deal with anything beyond teaching. Now, I'm the teacher, I'm the nurse, I'm the chef, I'm doing the paperwork.”

- CHILD CARE PROVIDER IN THE ANTELOPE VALLEY
What support do providers want?

Providers discussed having limited time to seek out help and were eager for user-friendly resources, workshops, and coaching that would address business questions. Included here is a summary of some of the existing resources providers found helpful and suggested topics for future support.

Helpful organizations and resources:

- Child Care Providers United (CCPU) and SEIU Local 99
- Quality Start LA (QSLA)
- Early Head Start
- Resource & Referral Agencies (R&Rs)
- Support from Licensing Program Analysts
- Small business services – Some providers mentioned using small business services provided through the City, federal government, or chambers of commerce. Some found these helpful, while others wanted resources to be better tailored to the needs of providers.
- Mental health resources for both providers and the families they serve
- Informal mentoring and relationships with other providers

Suggested topics for future support:

- Administrative support
  - Tax prep
  - Compliance support – incident reports, paperwork for inspections
  - Human resources
  - Bookkeeping and payroll
  - Saving for retirement
  - Accessing healthcare
- Support to expand and open a new location
  - Navigating zoning, permitting, and licensing process
  - Marketing a new location
- How to pivot business model to address the impacts of Universal Transitional Kindergarten (UTK)
- Emergency preparedness
- Self-care for providers
FINDING 4

Many providers want to grow their businesses and serve more families. There is a strong interest in efforts to clarify and streamline processes for starting and expanding child care programs.

More than one-third of providers engaged through the research process had recently expanded or were passionate about the opportunity to expand their business to support more families and employ more people.

“I am planning to open a second location to grow the service because there’s a lot of families, migrant families and people without documents, that truly need the care. And we can offer that service tailored to their needs and with a high level of quality, as if we were serving the child of the President of the United States.”

- CHILD CARE PROVIDER IN NORTHEAST LOS ANGELES (TRANSLATED FROM SPANISH)

Despite a desire to grow, many identified challenges to growth, including the lack of clear information on expansion and frustration with zoning, permitting, and licensing roadblocks. There was a strong interest in efforts to provide clearer guidance and streamline bureaucratic hurdles.

“After working in child care for fifteen years and running a family care center for four [years], I was so ready to open my child care center last year. Because I was not aware of the process, it took way longer than expected. I called around before starting to get information on how to open a center, but no one told me, ‘Be aware of the zone and the occupancy. You might need these permits. You might need a fire alarm system that is over $25,000.’ I was not made aware of all of that, and then you’re stuck in a [rental] contract still waiting for your permits.”

- CHILD CARE PROVIDER IN WEST LOS ANGELES

“I have 56 children on my waitlist, but I can’t expand to accommodate those families. It shouldn’t be that way. I don’t have time to run to City Hall and go through all those departments or pay somebody to do so. If the City is on board with providing as many child care slots as they say they would like to, they need to help us. If there was a streamlined process, it would make it easier for us to open.”

- CHILD CARE PROVIDER IN SOUTHWEST LOS ANGELES

The need for support was especially acute for home-based providers wanting to expand to a larger home-based model, open a second home-based location, or start a child care center. Many were interested in growing while maintaining the strengths of a home-based model.

“There’s something so beautiful that [home-based providers] are able to offer compared to larger preschools – more attention, more one-on-one, more of a family-style environment that a lot of parents appreciate. It’s difficult when you have to turn away so many families because you only have so many spaces.

It would be amazing to figure out a pathway for [home-based providers] to open something larger. There could be classes on how to expand and guidelines that make it a bit easier.”

- CHILD CARE PROVIDER IN HOLLYWOOD
When providers thrive, they leave a lasting impact on communities.

Providers expressed pride in the impact of their work. Many shared examples of how running child care businesses allowed them to support the growth of their own families, their employees, and their communities.

“I am excited about the success I see with the children that leave my care. Many have gone to universities and graduated. A student recently got a master's degree, another bought a house. One is a successful producer in Hollywood. I have a long list. This fuels my joy and motivation to continue into year 28.”
- Child care provider in South Los Angeles

“I've helped about twenty-five people open child care businesses, small and large. I've gotten a lot of child care providers to join [community organizations] and be advocates. The pandemic took a lot from the children, from our community. Somebody's gotta stand up and be an advocate. I want to see more programs and funding for our children.”
- Child care provider in the Antelope Valley

Providers also celebrated the ways in which their caregiving gives rise to new providers that uplift future generations of children, families, and communities.

“I've been able to help former employees become daycare providers themselves. I train and teach them. And I hire former students back. One working for me now will be 21 years old soon, and she started when she was 2 years old... I’m proud to get people out there working and helping children.”
- Child care provider in South Los Angeles
The Intergenerational Impact of Care

Introducing Sofia –

When Sofia first arrived in Los Angeles from Guatemala with her children, she could not imagine leaving them in anyone else’s care. But she needed to work to bring in money for her family. She always loved working with children and decided to start a family child care center in her home. In business for fifteen years, Sofia now serves fourteen families in Northeast Los Angeles, caring for children from newborns to age 6. Almost all of the families she serves are Spanish-speaking and use government assistance to pay for care.

Sofia loves her work and has pursued extensive professional development as a child care provider, including taking college classes on childhood development. But her path has not been easy. During the pandemic, Sofia kept her daycare open and experienced a life-threatening case of COVID-19, spending five days in the hospital and a month with oxygen in her home. She has also experienced illegal discrimination** in the housing market when looking for a rental home for her business:

“Many of us don't have the privilege of owning our own home because maybe we don't have the money or because we don't have the [immigration] papers. The problem is that when we arrive to look at a property, the landlord asks, ‘Hey, what do you want it for? Are you gonna take care of children? I'm gonna ask you for $50 more each month for each child that you're going to take care of.’ We want to serve families in our community, but how are we gonna be able to afford this? It's unfair.”

Sofia has stayed energized by her love of children and the impact she sees on the students she cares for:

“It is very comforting and rewarding to see the way our work changes children… It helps us to keep going. Even if it's tiny, we plant a little seed with each child. The older ones who have gotten married come back. They remember their time here and they tell their children to call me grandma. It's very motivating.”

Sofia has also seen the impact that this caregiving has had in her own family, crediting the profession with helping her children succeed:

“I’ve reached both of my life goals. One goal was to help children and the other was to see my own kids graduate. My daughter went to Harvard and is now a doctor, another daughter is going into law school, and I have a son that is a chef. Due to the fact that we're devoted to children, we can also help our own kids and that is priceless.”
Introducing Betty –

Betty* grew up in public housing and was inspired to become an early child care provider by experiencing the impact her grandmother had as a caregiver and community leader:

“My grandmother was a preschool teacher for thirty-five-plus years. I attended her preschool and then my school was located near her house, so we were always over there helping out when we were older. I remember being there late at night preparing things for the next day or for the week. She always had all the neighborhood parties. Just being around my grandmother made me have a love of education and reading.”

But Betty was discouraged from entering the profession due to the low pay:

“I knew early on that I wanted to be a teacher. I remember telling my parents, and they discouraged it by telling me, ‘Well, teachers don’t make any money.’ I was in school to become a political science major, but then I switched to child development after I took one child development class and loved it. How sad to get discouraged at first because teachers don’t make money. We still don’t.”

Betty has now been in business for twenty-seven years in South LA and is inspiring the next generation of caregivers. Her daughter worked at her center for seven years along with a sister of one of her earliest clients, whom she considers like family. Betty tries hard to retain quality employees, even if the amount she can pay is limited, by showing her appreciation through lunches and setting up a modest 401k retirement matching program.

Betty is also devoted to the kids and families she serves, the majority of whom have low incomes. When a family was having a hard time advocating for an older child, she joined a meeting with the school principal. Betty hosts community events and dinners for parents, and she mentors other providers. She is particularly passionate that child care providers avoid burnout and take care of their heath:

“I was very surprised that a lot of women [providers] are not getting their physicals done. They are not getting mammograms and taking time out to make sure that they’re healthy. If they’re not healthy, they can’t care for these kids.”

Betty loves her work and takes pride in the impact she has had:

“My proudest moment is seeing kids later in life. Their parents tell me that the time they spent here gave them that love for education and it made them who they are today. Like, I was part of their family... it is a great reminder of how much time and effort that you put into the individual children. They will never forget it.”

* Names have been changed to respect the privacy of providers.

** Discrimination against family child care providers is illegal under California law based on The Keeping Kids Close to Home Act (SB 234).
Conclusion

In the face of significant external challenges, providers continue to care for children and families while investing in communities and inspiring new generations of caregivers. Yet, longstanding government disinvestment has led to an unsustainable child care system that cannot survive on the passion and generosity of providers alone. According to a recent study conducted by the Child Care Alliance of Los Angeles, almost one-third of family child care providers plan to cease caring for children in their current capacity within five years.\(^{36}\) One quarter of those planning to leave are doing so because of low compensation and challenging work conditions.

Cities across the United States rely almost exclusively on a private-pay market model for child care, while systems and policies prevent providers at the front lines from making livable wages. The current model has been widely considered a market failure, with communities sourcing child care at the expense of providers. With the introduction of Universal Transitional Kindergarten and the lasting impacts of COVID-19, the Los Angeles care system is closer than ever to a breaking point. Where government agencies have often played a supporting role in the child care landscape, the City of Los Angeles now faces a historic opportunity to actively steer the future of care toward a more sustainable and equitable model that supports providers and acknowledges their role as a critical engine powering the economy.

With the launch of the Child Care Policy and Equity unit within the City of LA's Community Investment for Families Department (CIFD), the Mayor and City Council have seized this opportunity to make new investments in child care. The Child Care Policy and Equity unit is working to leverage government resources, policies, and partnerships to strengthen the infrastructure of child care in the City of Los Angeles. Their mission is to break the cycle of poverty through increased access to high-quality child care options.

Because the care ecosystem is complex and interdependent, initiatives that improve opportunities for providers ultimately benefit families, as those for families also benefit providers. Thus, the Child Care Policy and Equity unit has developed policy goals and interventions that holistically aim to strengthen the child care landscape by addressing the needs of both populations.

The following strategic goals and initiatives are grounded in the feedback collected from providers through the Caring Cities engagement, along with other extensive research and engagement efforts with families.

**Cost**

Increase the affordability of care for families and reduce cost barriers for providers to open new child care programs. The unit will explore advocacy and funding opportunities to help raise pay for providers and reduce fees for families.

**Capacity**

Increase the number of child care programs in the areas of highest need by reducing the barriers for providers to open or expand programs. The unit is developing a multilingual Facilities Toolkit to organize the complex processes for opening and expanding child care programs and will work to optimize and streamline these processes. The unit is also seeking resources to reduce fees associated with the application and permitting process.

**Communication**

Increase access to and clarity of critical child care information for families and providers. The unit has created a dedicated online hub that collates important child care information for the City's providers and families. For providers, the website will include or link to information and tools to clarify and ease the process for opening new programs, as well as promote timely funding opportunities and opportunities for
professional learning and business development. The website supports families in understanding the types of care, the benefits of each care setting, and subsidy options and connects them with their local Resource and Referral agencies to locate and pay for child care. The unit will also engage with communities in the highest-need areas to ensure that this critical information reaches those who need it most.

**Sustainability**

Increase the sustainability of child care programs by supporting providers to strengthen business practices and advocating for long-term changes to the funding model for programs that receive state subsidies. The unit will work to develop a workshop series on the fundamentals of small business practices catered to current or aspiring child care providers and help develop learning communities for providers. They will also work with City stakeholders to advocate for legislation that increases the reimbursement rate through an alternative payment methodology.

Together, these efforts are a critical step to mobilizing City resources in support of providers and families. CIFD’s Child Care Policy and Equity unit is committed to continuing to uplift the impact providers have on children, families, and the economy and engage them as partners in the development of resources and initiatives.


Bibliography


Conclusion:

Impact, Solutions, & Next Steps
Exploring the Impact of Caring Cities

By participating in CHANGE’s Caring Cities program, leaders in Bogotá, Buenos Aires, and Los Angeles conducted targeted, community-based, research efforts on a single aspect of their local care system. As explored in earlier chapters, each city is using the data and findings generated to develop more responsive and inclusive interventions, to advocate for increased investment in caregivers, and to thoughtfully advance the role of city governments in sharing the co-responsibility of care.

Furthermore, the Caring Cities research helped to increase the visibility of caregivers and illuminate the disproportionate role women play in care, including how the gendered nature of care impacts the life choices and autonomy of women. Using community-based research, each city gave actors in the local care system an opportunity to share their motivations, challenges, hopes, and demands directly with city leaders. This approach not only elevated the hard work of caregivers, but also provided an avenue for caregivers to shape change locally.

CHANGE designed the Caring Cities program to build each city’s capacity to conduct qualitative research, engage constituents, and strengthen relationships with different actors in the care system to better understand local needs. CHANGE recognizes the city’s role as connector, and the importance of working with local cross-sector coalitions in the pursuit of gender equity. Caring Cities provided participants with an opportunity to invest in relationships related to care.

Finally, like all of CHANGE’s efforts, Caring Cities provides a cross-city community of practice for cities to learn together and share diverse approaches to promoting gender equity. The exchange of knowledge ranged from the practical to the conceptual:

- Buenos Aires was inspired by Bogotá to provide all caregivers who joined the research effort with a certificate of appreciation, which participants felt was meaningful.
- Bogotá is planning to study how family caregivers utilize the time freed up from participating in government care services, and is building on the local time use research conducted by Buenos Aires.
- After learning that Bogotá defines individuals and organizations looking after community spaces as caregivers, Los Angeles is exploring ways to bring the idea of care into a grantmaking program for neighborhood infrastructure projects.

CHANGE is creating space for diverse cities to work together as they develop local solutions that help spark new ideas, support local implementation, and build a shared global understanding and movement for gender equity.
Celebrating Existing Solutions

CHANGE encourages cities around the globe to view caregiving as key to achieving gender equity and supporting a thriving, equitable city. Building on the CHANGE Gender Equality Toolkit, below are solutions available today for city governments to begin utilizing their different roles as innovators, employers, providers, and connectors to support the development of more just and sustainable care systems.

Any city ready to invest in care should start in their role as connector and engage directly with local caregivers to better understand the right role for the government to play. Cities can also gain inspiration from best practices related to care from across the CHANGE network that can be tailored to their local context.

Freetown: Market Care Centers

In October 2020, the Freetown City Council opened its first Early Learning Adventure Day Care & Nursery Center for children in Congo Water Market, Wellington. Located within the market, the center provides no-cost, high-quality education for forty children ages 0-5 years. This child care allows women the freedom to work in the markets while providing peace of mind, as their children are learning nearby.

The center is part of a broader project by Freetown Mayor Yvonne Aki-Sawyerr to provide free child care to all women working in markets and increase economic opportunities for women.

**Bogotá: Care Blocks**

In 2020, Mayor Claudia Lopez made caregivers a priority with her commitment to tackling women’s time poverty through the district Care System, known as the Manzanas del Cuidado or “Care Blocks.” Care Blocks concentrate essential services into a fifteen-minute walking radius – including physical, psychological, and educational resources for caregivers, in addition to services that offer primary caregivers a break. Additionally, “Care Buses” bring services door-to-door.
for women lacking time or transportation to access the Care Blocks. By the end of 2023, twenty Care Blocks facilities will be open across the city, with the target of serving one million residents.

**Barcelona:**
**Feminist Right to Care and Be Cared For**

In 2015, Barcelona brought a feminist and intersectional perspective to its care policies with a focus on two fundamental strategies: guaranteeing the universality of care services and mainstreaming care throughout the municipal organization and its policies. Barcelona enforces the right to care and be cared for as stated in the City’s Gender Equity Regulation. The City is also enhancing traditional care services, launching innovative projects such as Barcelona Cuida, Concilia, VilaVeïna or the Care Card, and mainstreaming care within economic and urban policies like the Superblocks. These efforts promote gender equity and empower both caregivers and those who are cared for.

**Stockholm:**
**Caregivers’ Right to Full-Time Work**

The City of Stockholm is supporting the wellbeing of caregivers working in the welfare sector by ensuring a right to full-time work. Employed to provide care for the elderly or children, welfare sector employees are mostly women, and they rely on full-time work for a stable income. This is why the City of Stockholm is making full-time work the standard option for all its welfare employees, with the goal that 90% of the care workforce have full-time employment.

**CDMX:**
**PILARES Program**

The Constitution of Mexico City codifies a right to accessible and affordable care for all citizens. In 2019, Mexico City launched the PILARES program (Points of Innovation, Freedom, Art, Education, and Knowledge) to support the wellbeing of residents through public gathering spaces that provide educational, cultural, sports, employment training, and entrepreneurship activities. The services offered through PILARES are intended to support key populations that require care, including people with disabilities and the elderly, along with the caregivers who serve them.

**Los Angeles:**
**Cross-Departmental Collaborations**

The City of Los Angeles launched a cross-departmental Child Care Roundtable, inviting together twenty-three City departments to increase communication and coordination on strategies to improve the City’s child care delivery system. City departments are also collaboratively developing a facilities toolkit that clarifies the processes for opening and expanding child care programs with the goal of reducing bureaucratic hurdles for private providers and increasing child care options for families. These cross-departmental efforts are part of a larger commitment to leverage City resources, policies, and partnerships to increase equitable access to high-quality child care.
Continuing to Invest in Care

Moving forward, CHANGE will grow the Caring Cities program. We believe that investing in care is a feminist action that has innumerable dividends for cities, communities, and societies. Care is a catalyst for the economy, poverty reduction, and increasing women’s participation in the workforce. Just and sustainable care systems can also help reduce gender-based violence, allowing women to achieve the financial security and autonomy needed to leave unsafe situations.

Looking ahead, CHANGE will continue to uncover and elevate the complex and gendered nature of caregiving in distinct global contexts – focusing on the specific and tangible ways city leaders can respond. Our future work will include examining the intersection of care and climate change, asking: how can an investment in caregivers also be an investment in urban resilience? CHANGE recognizes that caregivers are often at the forefront of emergencies, acting as de facto first responders even when their care responsibilities create greater vulnerability. CHANGE will also work to further clarify the linkages between access to care and exposure to gender-based violence.

CHANGE is also committed to boosting the capacity of cities to enhance their care infrastructure and lending our voice to a larger global advocacy movement in support of caregivers. We are grateful to everyone who contributed to this first phase of research, and we look forward to continuing to work alongside cities and caregivers.
This bibliography includes material from the Letter from the Secretariat, Introduction, Cross City Insights, and Conclusion.


CHANGE
CITY HUB AND NETWORK FOR GENDER EQUITY