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Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development

Human rights dimension of care and support

Report of the United Nations High Commissioner for Human Rights*

Summary

In the present report, prepared pursuant to Human Rights Council resolution 54/6, the United Nations High Commissioner for Human Rights analyses international human rights standards relevant to care and support, promising practices and challenges, and suggests recommendations on promoting human rights in care and support systems.

* Agreement was reached to publish the present report after the standard publication date owing to circumstances beyond the submitter's control.



I. Introduction

1. The present report is prepared pursuant to resolution 54/6 of the Human Rights Council. In the resolution, the Council requested the United Nations High Commissioner for Human Rights to organize an expert workshop, and prepare a comprehensive thematic study, on the human rights dimension of care and support. The study was informed by written submissions¹ received by the Office of the United Nations High Commissioner for Human Rights (OHCHR), the outcome of the expert workshop and desk research and consultations conducted by OHCHR.²

2. Care and support are the basis for the well-being and prosperity of all individuals, societies, economies and ecosystems.³ Nevertheless, most existing care and support systems are not sustainable or resilient, as was revealed during the COVID-19 (coronavirus disease) pandemic, and are built on inequalities. The environment surrounding care and support is being affected by major demographic changes and global crises, including conflicts, disasters and pandemics. In order not to exacerbate inequality and human rights violations, current care and support systems must therefore be transformed.

3. In the present report, the High Commissioner analyses international human rights standards relevant to care and support, promising practice and challenges, and suggests recommendations on promoting human rights in care and support systems.

II. Terms and concepts

A. Terminology

4. The framing of Council resolution 54/6 was the centrality of care and support from a human rights perspective. In line with this, the present section contains suggestions for working definitions of relevant terms.

5. The concept of “care and support”, for the purposes of the present report, is understood as acts of caring for oneself and of assisting others to carry out daily activities, maintain well-being and participate in society with dignity and autonomy. This definition builds on and combines the definitions of “care” and “support” provided in the United Nations system policy paper on transforming care systems. In that policy paper, care is understood as “the act of caring for oneself, for others and for the planet, and which includes providing support and assistance to those who require it to enable their participation in society with dignity and autonomy”,⁴ and as central to the well-being of people and the planet, and support is understood as “the act of providing help or assistance to someone who requires it to carry out daily activities and participate in society”, in a way that such assistance does not simply meet recipients’ basic needs but also enables their participation in society with dignity and autonomy.⁵

6. While there is overlap between the concepts of “care” and “support”, each has distinct elements and cannot be subsumed into the other. The concept of “care” has been posited to

¹ All submissions can be found at <https://www.ohchr.org/en/calls-for-input/2024/call-input-human-rights-council-resolution-546-centrality-care-and-support>.

² The expert workshop was held in Geneva on 16 and 17 October 2024, with experts from United Nations human rights treaty bodies, United Nations entities, one national human rights institution, women’s rights organizations, organizations of persons with disabilities, child rights organizations, one organization working with older persons, employers’ and workers’ organizations and academics. In addition, OHCHR conducted consultations with representatives of women’s organizations, with representatives of organizations of persons with disabilities, with older persons and their representative organizations and with children.

³ United Nations, “Transforming care systems in the context of the Sustainable Development Goals and Our Common Agenda”, United Nations system policy paper (2024), p. 4.

⁴ *Ibid.*, p. 25.

⁵ *Ibid.*, p. 27.

include activities that extend beyond care for persons to also include care for the planet.⁶ The concept of “support” is distinct, focusing on how assistance is provided, with an emphasis on the autonomy of those requiring support and their agency over the assistance they seek and receive. Support can be provided both by human support and by assistive devices, technologies and infrastructure.⁷ The term “care and support” captures both concepts.

7. Care and support work can be paid or unpaid, and can be undertaken within or outside the household. It encompasses direct personal and relational care and support for other persons; and indirect care and support work, such as cooking, cleaning and washing.⁸

8. Care and support systems encompass a set of multisectoral laws, policies and programmes; social and physical infrastructure; provision of services, goods, devices, technologies and information; financing and governance for their implementation; and social norms that influence care and support.⁹ Care and support systems that respect human rights are aimed at achieving an organization of care and support that is gender-responsive, disability-inclusive and age-sensitive, and that comply with the full range of human rights standards.¹⁰ Reference to institutionalized settings of care and the process of the deinstitutionalization of care should be understood as described in paragraph 38 below.

9. The phrase “those providing and requiring care and support” is used in the present report, following feedback at the expert workshop. It was suggested that use of the word “providing”, instead of “giving”, indicates that care and support provision is not given for free or taken as granted. The term “requiring” encompasses not only those who are already accessing care and support but also those who need care and support but who do not yet have access to it.

10. The phrase “those providing care and support” comprises both those providing unpaid care and support and care and support workers. Those providing unpaid care and support include unpaid family carers, people who provide unpaid peer care and support,¹¹ and workers with unpaid care and support responsibilities.¹² Care and support workers include paid care and support workers in both the formal and informal economies.¹³

B. Conceptual framework

11. The report builds on a five-part conceptual framework. First, the human rights dimension of care and support is understood as consisting of three dimensions, namely: the rights of those providing care and support; the rights of those requiring care and support; and the rights relevant to self-care.¹⁴

12. Second, the rights of those providing and requiring care and support are inextricably linked,¹⁵ and thus care and support systems must respect, protect and fulfil the rights of both those providing care and support and those requiring care and support, simultaneously.

13. Third, the establishment of human rights-based care and support systems requires investments at scale to guarantee the rights of both those providing and those requiring care

⁶ Ibid., p. 25.

⁷ [A/HRC/34/58](#), para. 14; and Human Rights Council resolution 55/8.

⁸ See the International Labour Organization (ILO) resolution concerning decent work and the care economy, para. 9, on care work, and [A/HRC/55/34](#), para. 7 for support work.

⁹ Building on Alexandra Barrantes and Madeleine Cretney, *Age Sensitive, Disability Inclusive, and Gender Responsive Care and Support Systems* (United Kingdom of Great Britain and Northern Ireland, Social Protection Technical Assistance, Advice and Resources (STAAR) Facility, DAI Global UK Ltd., 2024), p. 9.

¹⁰ Ibid.

¹¹ Peer support and support provided by friends, neighbours and other trusted persons who provide support. [A/HRC/52/52](#), para. 25; and [A/HRC/55/34](#), para. 29. See also [A/77/239](#), para. 84.

¹² These include care and support workers with their own family care and support responsibilities.

¹³ For examples of care and support workers, see ILO, *Decent Work and the Care Economy* (International Labour Office, 2024), para. 46; and [A/HRC/55/34](#), para. 7.

¹⁴ In line with Human Rights Council resolution 54/6, para. 5 (a).

¹⁵ [A/HRC/52/52](#), para. 9.

and support, instead of mere reallocations of existing resources.¹⁶ Conventional care models typically frame care and support as a competition between those providing and those requiring care and support, predicated on the tension between the interests of both groups with regard to limited time, resources and energies.¹⁷ This false dichotomy creates a risk of system incoherence and fragmentation and undermines the care and support system's sustainability and effectiveness.

14. Fourth, restructuring of the current care and support systems is required in order to guarantee the rights of those providing and requiring care and support and to enhance the sustainability of the systems. In this regard, the 5R framework proposed by the United Nations system could provide a useful basis for such transformation. The framework outlines measures to achieve five policy outcomes: (a) recognizing the value of care and support work and the rights of those providing and requiring care and support; (b) reducing labour-intensive indirect unpaid care and support work, without compromising care and support for those requiring them; (c) redistributing unpaid care and support work between households and the State, business and community, and between genders; (d) rewarding paid care and support workers; and (e) ensuring the representation and participation of those providing and requiring care and support and their organizations.¹⁸

15. Fifth, the diversity and intersectionality of the identities of those providing and receiving care and support and their rights must be recognized. Currently, across the world, the majority of those providing care and support are women and girls.¹⁹ They include younger and older women and women and girls with disabilities. At the same time, women are not only caregivers but also require care and support from others throughout their life course. Women are facing inequality in both providing²⁰ and requiring²¹ care and support. Men and boys are increasingly taking up caregiving roles and may face gender stereotypes in accessing relevant services.²²

16. In addition to their gendered experiences, persons providing and requiring care and support face different stereotypes and restrictions of their rights, because of multiple and intersecting forms of discrimination. For example, persons living alone, in alternative care²³ or in care institutions,²⁴ care leavers,²⁵ adolescent girls,²⁶ single parents, widows,²⁷ older persons,²⁸ lesbian, gay, bisexual, transgender, intersex and queer persons,²⁹ migrants,³⁰ Indigenous Peoples,³¹ racial, ethnic and other minorities,³² including those facing caste-based

¹⁶ General Assembly resolution 79/1, para. 27 (d). See also United Nations, "Transforming care systems", p. 20.

¹⁷ A/HRC/52/52, para. 8.

¹⁸ United Nations, "Transforming care systems", pp. 13–19. The language of the framework outcomes has been revised to reflect the terms used in the present report.

¹⁹ United Nations, "Transforming care systems", p. 6; and A/HRC/55/34, para. 24.

²⁰ United Nations, "Transforming care systems", pp. 5 and 6.

²¹ See, for example, World Health Organization (WHO) and United Nations Children's Fund (UNICEF), *Global Report on Assistive Technology* (Geneva, 2022), pp. 49 and 50; and A/76/157, para. 48.

²² Caroline Finn and Pauline Boland, "Male family carers' experiences of formal support – a meta-ethnography", *Scandinavian Journal of Caring Sciences*, vol. 35, No. 4 (December 2021).

²³ See, for example, submission from Child Identity Protection.

²⁴ See, for example, A/HRC/40/54, paras. 17 and 19; and A/74/136, paras. 61–65.

²⁵ See, for example, Hope and Homes for Children, "More independence, more rights" (2020).

²⁶ Barrantes and Cretney, *Age Sensitive, Disability Inclusive and Gender Responsive Care and Support Systems*, p. 18.

²⁷ Committee on the Elimination of Discrimination against Women, general recommendation No. 27 (2010), para. 14.

²⁸ See A/76/157.

²⁹ A/75/258, para. 12.

³⁰ OHCHR, "*We Wanted Workers, but Human Beings Came*": *Human Rights and Temporary Labour Migration Programmes in and from Asia and the Pacific* (Bangkok, 2022), pp. 29–32.

³¹ For example, in some countries, Indigenous children were forcibly separated from their family in the name of child welfare (see A/HRC/EMRIP/2019/3/Rev.1, paras. 51 and 58).

³² A/HRC/53/39, para. 31.

discrimination, Roma and people of African descent, those working in the informal sector,³³ and those living in rural areas, living in poverty or affected by or living in conflicts and disasters³⁴ are all facing different types and layers of challenges in providing and accessing care and support. Thus, human rights-based care and support systems must thoroughly assess the diversity and intersectionality of the identities of those providing and requiring care and support, with the aim of reducing the various combinations of inequalities faced.

III. International human rights standards relevant to care and support

17. Many international and regional human rights instruments, including international labour standards,³⁵ contain provisions that protect the various rights of those providing and requiring care and support and clarify corresponding State obligations.³⁶ However, analyses of such standards tend to have been developed in silos for different rights holders.

18. The discourse on women's rights has been addressing "care", demanding gender equality and women's rights in care provision, primarily on the basis of the Convention on the Elimination of All Forms of Discrimination against Women. Feminist movements, trade unions and carers' organizations have revealed how carrying a disproportionate share of care responsibilities has undermined women's equal enjoyment of human rights and their equal participation in society and affected their well-being. This led to demands for the transformation of the social organization of care through the 5R framework, and the recognition of "a right to provide and receive care and to exercise self-care".³⁷

19. In parallel, disability rights movements have claimed the right to "support" in accordance with the Convention on the Rights of Persons with Disabilities, rejecting paternalistic and medicalized models of care. They have demanded rights-based support as a basis for living independently and in the community and for being free from institutionalized settings of care, segregation and isolation. They have also demanded that support be provided to family caregivers.³⁸ The concept of support and relevant standards complement the three dimensions of care articulated in women's rights discourse.

20. The Convention on the Rights of the Child sets out the rights of children to protection and care necessary for their well-being, while recognizing their autonomy and agency. The concept of "support" is also applicable to children with disabilities.³⁹ However, in the current discussion on care and support, key child rights issues related to, among others, alternative care, prohibition of child labour, children with caregiver responsibilities, the right to rest, leisure and play and the general principles of the Convention⁴⁰ have not been fully integrated.

21. The discourse on the rights of older persons has been a point of convergence in discussions on the rights of those providing and requiring care and support.⁴¹ However, due in part to the lack of an international legally binding instrument dedicated to the rights of

³³ ILO, *Decent Work and the Care Economy*, para. 58.

³⁴ Submissions from Democracy and Workers' Rights Center in Palestine and Refugee and Migrant Children's Consortium.

³⁵ In the present report, "international human rights standards" is to be understood as including international labour standards adopted by ILO.

³⁶ The relevant instruments include the Universal Declaration of Human Rights and those listed on page 31 of the United Nations policy paper on transforming care systems.

³⁷ Buenos Aires Commitment, para. 8.

³⁸ A/HRC/52/52, paras. 6–10.

³⁹ See Committee on the Rights of the Child and Committee on the Rights of Persons with Disabilities, "Joint statement on the rights of children with disabilities", 18 March 2022, available at https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.ohchr.org%2Fsites%2Fdefault%2Ffiles%2F2022-03%2FCRC-CRPD-joint-statement_18March2022.docx&wdOrigin=BROWSELINK.

⁴⁰ These principles relate to non-discrimination; the best interests of the child; the right to life, survival and development; and respect for the views of the child (Committee on the Rights of the Child, general comment No. 5 (2003), para. 12).

⁴¹ See A/76/157, A/77/239 and A/HRC/48/53.

older persons, there has been less clarity regarding those rights and corresponding human rights protection gaps.⁴²

22. In the following subsections, the relevant standards are applied to the three dimensions of care and support.

A. General principles

23. Several general principles cut across the three dimensions of care and support. The principle of the universality, indivisibility, interdependence and interrelatedness of all human rights and the principles of non-discrimination and equality are crucial for care and support systems, particularly considering the fundamental role of care and support in the functioning of societies, the linkages among the rights of those providing and of those requiring care and support, and the inequalities on which current systems are built. Respect for dignity⁴³ and autonomy⁴⁴ is also a common element. Particular attention must be paid to ensuring women's enjoyment of substantive equality in the three dimensions of care and support, considering the significant gender inequality women face in providing and requiring care and support.

24. The active and meaningful participation of those providing and requiring care and support is essential in order for care and support systems to be responsive and accountable to their rights and needs. The right to participate in political and public life and other rights relevant to participation in decision-making, including the right of the child to be heard, should be guaranteed for both those providing and those requiring care and support. For care and support workers, trade union rights, including freedom of association and collective bargaining, are crucial means for achieving decent work. Participation in decision-making is also an element of self-care.⁴⁵ Those who face higher levels of marginalization should be actively supported to ensure their participation,⁴⁶ and gender-equal representation in decision-making should be secured.⁴⁷

25. Care and support are fundamental to the well-being of people. However, depending on the power dynamics in care and support contexts, both those providing and those requiring care and support may become victims and perpetrators of violence, abuse, neglect and exploitation.⁴⁸ Care and support systems must integrate means to prevent and respond to such violence. The rights to life, liberty and security of person, and to freedom from violence, abuse, neglect and exploitation, including from torture or cruel, inhuman or degrading treatment or punishment, are relevant in this context.⁴⁹

26. Accountability mechanisms are essential to any system to ensure that human rights are respected, protected and fulfilled. They include mechanisms for monitoring progress and violations and abuses of human rights, and for providing access to justice and effective remedies in cases of rights violations. Persons who face rights violations in the household or in care institutions, whether in providing or requiring care and support, are particularly vulnerable; thus, accountability mechanisms should be accessible and responsive to them.

⁴² Decision 14/1 of the Open-ended Working Group on Ageing, para. 20 ([A/AC.278/2024/2](#), p. 8).

⁴³ Universal Declaration of Human Rights, art. 1; and Convention on the Rights of Persons with Disabilities, art. 3.

⁴⁴ Convention on the Rights of Persons with Disabilities, art. 3.

⁴⁵ WHO, *WHO Guideline on Self-Care Interventions for Health and Well-Being, 2022 Revision* (Geneva, 2022), p. 10.

⁴⁶ See, for example, [A/68/293](#), paras. 58–61 and 107. Committee on the Rights of Persons with Disabilities, general comment No. 7 (2018); Committee on the Rights of the Child, general comment No. 12 (2009); [A/74/149](#), para. 15; and [A/79/169](#), para. 41.

⁴⁷ Committee on the Elimination of Discrimination against Women, general recommendation No. 40 (2024).

⁴⁸ See, for example, submission by International Domestic Workers Federation; [A/77/239](#), para. 34; [A/HRC/54/26](#); and Committee on the Rights of Persons with Disabilities, general comment No. 3 (2016), para. 10.

⁴⁹ For example, in the consultations with children, children underlined that being able to feel safe and secure at home, on the streets and in schools and communities is an aspect of being cared for.

27. To scale up investments in care and support systems, States have obligations to mobilize and distribute resources guided by human rights standards.⁵⁰ The realization of the right to development requires appropriate economic reforms, the deployment of human rights safeguards, and the use of impact assessments to guide taxation and budgeting decisions to secure resources for the realization of human rights.⁵¹

28. Business enterprises – including publicly run and private enterprises and non-profit service providers – may be care and support service providers or employers of care and support workers and workers with care and support responsibilities. Business enterprises are expected to comply with human rights standards, such as the Guiding Principles on Business and Human Rights and the guidance on integrating a gender perspective in implementing the Guiding Principles,⁵² the OECD Guidelines for Multinational Enterprises on Responsible Business Conduct, the ILO Declaration on Fundamental Principles and Rights at Work and the Tripartite Declaration of Principles concerning Multinational Enterprises and Social Policy.

B. Rights of those providing care and support

29. For care and support systems to be responsive to the human rights of those providing care and support, they must guarantee a wide range of human rights.

30. The systems must guarantee the rights to just and favourable conditions of work and to social security for all care and support workers and workers with unpaid care and support responsibilities, with particular attention paid to those who are migrant workers, domestic workers and others working in informal and precarious conditions.⁵³

31. Generally, those providing unpaid care and support to their family and community members must be able to draw on their own enjoyment of rights to social security, adequate housing and food as a foundation in order to provide care and support. Among Indigenous Peoples and peasants, their rights to land and natural resources⁵⁴ form part of that foundation. Support for family members of persons with disabilities is considered as part of the rights of persons with disabilities.⁵⁵ Workloads for unpaid care and support and social norms around them should not undermine the enjoyment by those providing care and support of their own human rights, such as the rights to health, including sexual and reproductive health and rights, to education, and to work.

32. When children are providing care and support, the rights of the child, including freedom from child labour and the rights to education, health, and rest, leisure and play should be protected. Having access to support is often important for persons with disabilities and older persons who provide care and support to others. For example, human support, assistive devices and technologies can help parents with disabilities provide care for their children.⁵⁶

33. The right to education throughout the life course, including the right to human rights education⁵⁷ from an early age and vocational training on care and support is important to equip boys and girls and men and women with skills for providing rights-based care and support and to eliminate stereotypes, and thus to enable equal sharing of care and support responsibilities.

⁵⁰ International Covenant on Economic, Social and Cultural Rights, art. 2; and Committee on Economic, Social and Cultural Rights, general comment No. 3 (1990).

⁵¹ OHCHR, “Frequently asked questions on the right to development”, Fact Sheet No. 37 (New York and Geneva, 2016), pp. 12 and 13.

⁵² A/HRC/41/43, annex.

⁵³ OHCHR, “Behind closed doors: protecting and promoting the human rights of migrant domestic workers in an irregular situation” (New York and Geneva, 2015).

⁵⁴ United Nations Declaration on the Rights of Indigenous Peoples; and United Nations Declaration on the Rights of Peasants and Other People Working in Rural Areas. See also Committee on the Elimination of Discrimination against Women, general recommendation No. 39 (2022), para. 56.

⁵⁵ Committee on the Rights of Persons with Disabilities, general comment No. 5 (2017), para. 67.

⁵⁶ See, for example, Convention on the Rights of Persons with Disabilities, art. 23 (2).

⁵⁷ In line with Convention on the Rights of the Child, art. 29 (1).

34. The elimination of gender stereotypes⁵⁸ and the realization of equality in marriage, including the common responsibilities of both parents for child rearing⁵⁹ and the recognition of the economic value of unpaid care and support work in marital property,⁶⁰ are important to facilitating the redistribution of care and support responsibilities between women and men. To render all those providing care and support visible and to duly recognize the value of their contribution, other stereotypes also need to be eliminated⁶¹, including those based on disability, age, race or ethnicity, Indigenous or minority status, economic status, or sexual orientation, gender identity or sex characteristics.

C. Rights of those requiring care and support

35. Effective access to support is a key component for the enjoyment of a wide range of human rights⁶² for those requiring care and support, including the right to live independently and be included in the community. Individualized support for persons with disabilities must be considered as a right, and persons with disabilities have the right to choose services and service providers according to their individual requirements and personal preferences.⁶³ The Independent Expert on the enjoyment of all human rights by older persons has also referred to access to support services in the context of the rights of older persons.⁶⁴ The realization of the right to privacy and the recognition of legal capacity, including with support,⁶⁵ are necessary for those requiring care and support to exercise autonomy and choice with dignity.

36. Children, including children with disabilities, are entitled to protection and care⁶⁶ and the right to life, survival and development⁶⁷ without discrimination.⁶⁸ At the same time, they have the right to have their views respected in accordance with their age and maturity,⁶⁹ and their best interests taken as a primary consideration in all actions concerning them.⁷⁰ Children with disabilities may need “care” in early childhood, and as their capacity evolves, they transition to gain control over the “support” they receive.⁷¹

37. The right to live independently and be included in the community⁷² requires that persons with disabilities be provided with all the means necessary for them to exercise choice in and control over, and make decisions concerning, their lives, to be fully included and participate in all spheres of life, on an equal basis with others, and to have access to community services and facilities responsive to their needs.⁷³ Independent living and being included in the community refers to life settings outside residential institutions of all kinds.⁷⁴ To protect the right to family life of children and persons with disabilities⁷⁵, support should

⁵⁸ Convention on the Elimination of All Forms of Discrimination against Women, art. 5 (a).

⁵⁹ Convention on the Rights of the Child, art. 18 (1); Convention on the Elimination of All Forms of Discrimination against Women, art. 5 (b).

⁶⁰ Committee on the Elimination of Discrimination against Women, general recommendation No. 29 (2013), para. 47.

⁶¹ See, for example, Convention on the Rights of Persons with Disabilities, art. 8; and International Convention on the Elimination of All Forms of Racial Discrimination, art. 7.

⁶² Convention on the Rights of Persons with Disabilities, arts. 4 (1) (g) and (h), 9, 12, 13, 16, 19–21, 23, 24 and 26–30.

⁶³ Committee on the Rights of Persons with Disabilities, general comment No. 5 (2017), para. 28.

⁶⁴ [A/77/239](#), paras. 31, 32 and 93; and [A/76/157](#), para. 83.

⁶⁵ Convention on the Rights of Persons with Disabilities, art. 12 (3).

⁶⁶ Convention on the Rights of the Child, arts. 3 (2) and 23 (2).

⁶⁷ *Ibid.*, art. 6; and Committee on the Rights of the Child, general comment No. 14 (2013), para. 42.

⁶⁸ Convention on the Rights of the Child, art. 2.

⁶⁹ *Ibid.*, art. 12 (1).

⁷⁰ *Ibid.*, art. 3 (1); and Committee on the Rights of the Child, general comment No. 14 (2013), paras. 43–45.

⁷¹ Committee on the Rights of Persons with Disabilities, general comment No. 5 (2017), para. 75.

⁷² Convention on the Rights of Persons with Disabilities, art. 19.

⁷³ Committee on the Rights of Persons with Disabilities, general comment No. 5 (2017).

⁷⁴ *Ibid.*, para. 16 (c).

⁷⁵ Convention on the Rights of the Child, arts. 8–10 and 22; Convention on the Rights of Persons with Disabilities, art. 23; and International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, art. 44.

be provided to families to avoid family separation in the context of care and support.⁷⁶ It is also important to protect the right to family life of migrant workers and their families to enable them to meet their family care and support needs.⁷⁷

38. The Committee on the Rights of Persons with Disabilities has stated that the institutionalization of persons with disabilities, including children,⁷⁸ must be phased out,⁷⁹ and that States must adopt deinstitutionalization strategies and action plans.⁸⁰ The Committee has also indicated that the concept of institutionalization of persons with disabilities is about losing personal choice and autonomy as a result of the imposition of life and living arrangements characterized by certain defining elements.⁸¹ While children deprived of family environment may be placed under alternative care,⁸² the General Assembly and the Committee on the Rights of the Child have stated that any form of institutionalized care should be the last resort and large residential care institutions should be progressively eliminated.⁸³ The use of certain levels of institutional care for older persons is recognized in paragraph 13 of the United Nations Principles for Older Persons. While institutional care can be the result of an autonomous decision by a person, the Independent Expert on the enjoyment of all human rights by older persons observed that such care often takes the forms of forced institutionalization and compulsory placements, in particular when no other forms of care are available.⁸⁴

39. Healthcare and education systems are essential for the provision of care and support services. They should thus be respectful of and responsive to the rights to health and education of those requiring care and support in all their diversity. This includes ensuring the availability and accessibility of health services, including sexual and reproductive health services, mental health services and geriatric care and support, and the availability of education, including early childhood education,⁸⁵ inclusive education⁸⁶ and lifelong education.⁸⁷

40. Social security is often the main means for procuring and accessing care and support services and goods. The establishment of universal social protection floors as a part of the right to social security is essential. Social security schemes should be gender-responsive,⁸⁸ take into consideration disability-related extra costs and provide access to social security that is consistent throughout the life course.⁸⁹

41. The rights to work and to adequate housing, and the right of persons with disabilities to accessibility,⁹⁰ are also relevant to the rights of those requiring care and support. For example, access to employment opportunities, affordable and accessible housing and accessible transportation enhance the autonomy of persons with disabilities, older persons

⁷⁶ See, for example, Committee on the Rights of the Child, general comment No. 7 (2020), para. 18.

⁷⁷ OHCHR, *"We wanted workers, but human beings came"*, pp. 29–33.

⁷⁸ Committee on the Rights of the Child and Committee on the Rights of Persons with Disabilities, "Joint statement on the rights of children with disabilities", para. 10.

⁷⁹ Committee on the Rights of Persons with Disabilities, general comment No. 5 (2017), para. 49.

⁸⁰ Ibid., paras. 57, 58 and 97 (g); A/HRC/40/54, paras. 67–69, 85 and 86; and Committee on the Rights of the Child and Committee on the Rights of Persons with Disabilities, "Joint statement on the rights of children with disabilities", para. 10.

⁸¹ Committee on the Rights of Persons with Disabilities, general comment No. 5 (2017), para. 16 (c).

⁸² Convention on the Rights of the Child, art. 20; and Convention on the Rights of Persons with Disabilities, art. 23 (5).

⁸³ Guidelines for the Alternative Care of Children, paras. 14 and 23. See also Committee on the Rights of the Child, general comment No. 3 (2003), para. 35.

⁸⁴ A/HRC/30/43, para. 74.

⁸⁵ Committee on the Rights of the Child, general comment No. 7 (2020), para. 28; and the Tashkent Declaration and Commitments to Action for Transforming Early Childhood Care and Education.

⁸⁶ Committee on the Rights of Persons with Disabilities, general comment No. 4 (2016).

⁸⁷ Committee on the Elimination of Discrimination against Women, general recommendation No. 27 (2010), para. 40.

⁸⁸ See, for example, A/76/157, para. 84 (h).

⁸⁹ See A/70/297.

⁹⁰ Convention on the Rights of Persons with Disabilities, art. 9.

and others with support needs and are essential for them to live independently in the community.

42. The elimination of stereotypes and stigma is key for the realization of the rights of those requiring care and support. Children, older persons and persons with disabilities may be seen only as passive “dependents” without agency. “Welfare stigma”, which leads beneficiaries of social protection to be perceived as a social burden, may deter eligible recipients from claiming their entitlements.⁹¹ Women may be seen only as those providing care and support and their own care and support needs may be ignored.

43. Equality in marriage, including equality in marital property, enables women to have greater autonomy and resources in meeting their own care and support needs. Without such equality, widows and older women may be made vulnerable to land- and property-grabbing, abandonment or institutionalization.⁹²

D. Rights relevant to self-care

44. In the United Nations human rights treaties, there is no explicit reference to self-care; it has been mentioned occasionally in recommendations and analysis by United Nations human rights mechanisms.⁹³ While further research is required to clearly establish the content of this dimension of care and support and corresponding State obligations, the desk research and the analysis of the inputs to the present report indicate that the rights described below may be relevant to self-care.

45. In Mexico, the Supreme Court has recognized that the concept of self-care can be understood as the possibility of allocating economic resources and time to ensure individual well-being.⁹⁴ The Constitution of Mexico City recognizes the right of all persons to free time for coexistence, recreation, personal care, rest, enjoyment of leisure, and reasonable working hours.⁹⁵ In this regard, the rights to rest and leisure, to just and favourable condition of work and to social security may be relevant to self-care.

46. In the context of health, the World Health Organization (WHO) defines self-care as the ability of individuals, families and communities to promote health, prevent disease, maintain health and cope with illness and disability with or without the support of a health worker.⁹⁶ WHO suggests that the rights relevant to self-care include the rights to health, participation in decision-making, equality and non-discrimination, information, informed decision-making, privacy and confidentiality, and accountability.⁹⁷ The right to sexual and reproductive health is an integral part of the right to health and it is important for women, including adolescent girls, to have autonomy over their pregnancy and parenthood as a part of their self-care, as such autonomy has significant implications for their own health and their unpaid care and support responsibilities.⁹⁸

47. Assistive devices and accessible infrastructures can enable self-care, particularly for persons with disabilities and older persons. Access to mobility aids, devices and assistive technologies, including new technologies⁹⁹ and to accessible infrastructure,¹⁰⁰ including housing, enables persons with disabilities to maintain or improve autonomy in their daily life.

⁹¹ [A/HRC/53/39](#), para. 47.

⁹² Committee on the Elimination of Discrimination against Women, general recommendation No. 27 (2010), para. 26; and [A/76/157](#), paras. 33 and 35.

⁹³ See, for example, [A/HRC/30/43](#), paras. 40, 69 and 120; [A/HRC/42/43/Add.2](#), para. 110; and [A/HRC/53/30/Add.2](#), paras. 79 and 80.

⁹⁴ Direct *amparo* case No. 6/2023, para. 75. Available at https://www2.scjn.gob.mx/juridica/engroses/1/2023/1/2_312212_6671.docx.

⁹⁵ Art. 13 (F).

⁹⁶ WHO, *WHO Guideline on Self-Care Interventions*, p. 8.

⁹⁷ *Ibid.*, p. 10.

⁹⁸ *Ibid.*, pp. 10 and 11; and [A/HRC/44/51](#), paras. 13 and 65 (d).

⁹⁹ Convention on the Rights of Persons with Disabilities, arts. 4 (g) and (h), 9, 20, 26 (3) and 29 (a) (ii).

¹⁰⁰ *Ibid.*, art. 9 (1).

The right to adequate housing, with universal design and responsive to community-inclusion, can also enhance the autonomous life of older persons.¹⁰¹

48. The right of the child to rest, leisure, play, recreational activities, cultural life and the arts is fundamental to the quality of childhood and to children's optimum development.¹⁰² The principle of self-fulfilment set out in paragraphs 15 and 16 of the United Nations Principles for Older Persons recognizes that older persons should be able to pursue opportunities for the full development of their potential and should have access to the educational, cultural, spiritual and recreational resources of society.

49. In the consultations, representatives of persons with disabilities and older persons emphasized the importance of peer support groups and networks as platforms for the collective exercise of self-care. They suggested that States refrain from interfering with peer support groups to impose certain models of care, and, instead, consult with those groups and respect the ways the members wished to exercise self-care. The rights to freedom of association and of expression, particularly in relation to the freedom to seek, receive and impart information and ideas, may be relevant to exercising self-care through support groups. The Convention on the Rights of Persons with Disabilities explicitly recognizes the importance of peer support.¹⁰³

50. Similarly, in their consultations, children emphasized the importance of having safe spaces where they could share their concerns, consult with others and freely express their views on care and support they provide and require. Although not explicitly described as such by them, such spaces could be considered as a form of self-care. In this regard, the rights of the child to be heard, and to freedom of association¹⁰⁴ and expression,¹⁰⁵ may be relevant.

IV. Promising practices and challenges

51. For the purposes of the present report, promising practices were examined with regard to the extent to which they: (a) addressed the rights of both those providing and those requiring care and support and their rights to self-care; (b) contributed to full respect for human rights; and (c) were gender-responsive, disability-inclusive and age-sensitive. The information made available for the study was not sufficient for a thorough verification of the impact of each practice or a comprehensive mapping of promising practices across the world. The report therefore includes non-exhaustive examples of practices that appear to integrate most or some of the above-mentioned criteria.

52. The information available shows an increasing number of efforts at the national, regional and global levels to transform care and support systems through comprehensive and integrated approaches. Countries in Latin America have been leading such efforts, but other regions are also taking action.

53. Some countries have recognized a "human right to care" as a legal right.¹⁰⁶ Ecuador¹⁰⁷ and Uruguay¹⁰⁸ have adopted laws that establish national care systems. At the time of writing,

¹⁰¹ Committee on the Elimination of Discrimination against Women, general recommendation No. 27 (2010), para. 48; and [A/HRC/30/43](#), para. 38.

¹⁰² Committee on the Rights of the Child, general comment No. 17 (2013), para. 8.

¹⁰³ Arts. 24 (3) (a) and 26 (1).

¹⁰⁴ Convention on the Rights of the Child, art. 15.

¹⁰⁵ *Ibid.*, art. 13.

¹⁰⁶ See, for example, Law No. 19.353 of Uruguay; the organic law on the right to human care of Ecuador, adopted on 12 May 2023; and Supreme Court of Mexico, direct *amparo* case No. 6/2023. In its submission for the present report, Zambia acknowledged that legal recognition of care and/or support as a human right was essential.

¹⁰⁷ Submission from Ecuador.

¹⁰⁸ Ana Güezmes García and María-Noel Vaeza (coordinators), *Advances in Care Policies in Latin America and the Caribbean: Towards a Care Society with Gender Equality* (Santiago, Economic Commission for Latin America and the Caribbean and United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), 2023), p. 13.

Argentina,¹⁰⁹ Mexico,¹¹⁰ Paraguay¹¹¹ and Peru¹¹² were discussing draft laws on national care systems, and draft national care policies were being presented in Brazil¹¹³ and Kenya.¹¹⁴ These laws and policies are aimed at addressing the rights of those providing and requiring care and support and contain elements that are gender-responsive, disability-inclusive and age-sensitive.

54. Local governments are also leading on the creation of comprehensive care and support systems. For example, in Bogotá,¹¹⁵ the Manzanas del Cuidado programme initiated in 2020 provides community-based care and support services to reduce and redistribute unpaid care and support work and to promote community integration. In 2024, the State of Jalisco, Mexico,¹¹⁶ adopted a law for a comprehensive care system.

55. At the regional level, the Inter-American Commission of Women of the Organization of American States adopted the Inter-American Model Law on Care in 2022, and member States of the Economic Commission for Latin America and the Caribbean adopted the Buenos Aires Commitment in 2022, in which care was recognized as “a right to provide and receive care and to exercise self-care”. The Association of Southeast Asian Nations adopted a Comprehensive Framework on the Care Economy in 2021, and the European Commission adopted the European Care Strategy in 2022.

56. At the global level, the International Labour Organization (ILO) resolution on decent work and the care economy adopted in 2024 has advanced common understanding and guiding principles on care and support. The United Nations issued a system-wide policy paper in 2024¹¹⁷ to set a common approach for the United Nations’ work to support the transformation of care systems. The United Nations Children’s Fund (UNICEF) is developing guidance to operationalize age-sensitive, disability-inclusive and gender-responsive care and support systems.¹¹⁸

57. The analysis shows that many States are adopting a combination of legal, policy and programme initiatives focused on the rights of specific types of rights holders. However, such efforts tend to be fragmented or not aligned with the full range of applicable human rights standards. For example, efforts to increase services may be made without guaranteeing decent work for workers, or efforts may be made to improve services at care institutions without also engaging in deinstitutionalization processes. The adoption of comprehensive and integrated care and support legislation and policies may help avoid such fragmentation and inconsistencies.

58. Other challenges identified include the gap in legal protection;¹¹⁹ a lack of sufficient investment and sustainable financing;¹²⁰ gaps in supply and demand for care and support workforce;¹²¹ insufficient participation of rights holders in decision-making;¹²² the inadequate capacity of service providers and their workers to deliver human rights-based care and support services;¹²³ the absence of effective accountability mechanisms;¹²⁴ a lack of

¹⁰⁹ Submission from Argentina.

¹¹⁰ Submission from Mexico.

¹¹¹ Güezmes García and Vaeza (coordinators), *Advances in Care Policies in Latin America and the Caribbean*, p. 13.

¹¹² Submission from Peru.

¹¹³ Draft law No. 2.762 of 2024.

¹¹⁴ Submission from Habitat International Coalition.

¹¹⁵ See <https://manzanasdelcuidado.gov.co/> (in Spanish).

¹¹⁶ Submission from Mexico.

¹¹⁷ United Nations, “Transforming care systems”.

¹¹⁸ Barrantes and Cretney, *Age Sensitive, Disability Inclusive and Gender Responsive Care and Support Systems*.

¹¹⁹ See, for example, submission from the Southern Africa Litigation Centre.

¹²⁰ United Nations, “Transforming care systems”, p. 5.

¹²¹ ILO, *Decent Work and the Care Economy*, para. 59.

¹²² See, for example, submission from Human Rights Watch.

¹²³ Submission from HelpAge International and Friendly Barn Development Foundation.

¹²⁴ UNICEF, “White paper: the role of small-scale residential care for children in the transition from institutional to community-based care and in the continuum of care in the Europe and Central Asia Region”, 2020, p. 28.

disaggregated data¹²⁵ capturing the rights and needs of both those providing and those requiring care and support, and the multiple and intersectional forms of discrimination they face; and insufficient responses to the compounded impact of crises, arising from growing economic inequalities, armed conflicts and climate-related and health emergencies.¹²⁶ The research also identified challenges regarding global care chains in terms of the widening care and support deficiencies in the countries of origin of migrant care and support workers¹²⁷ and the privatization of care and support services without a corresponding implementation of safeguards for human rights.¹²⁸

V. Conclusions and recommendations

59. Care and support provide a basis for the enjoyment of a wide range of human rights. Everyone requires and provides care and support in their lifetime, sometimes simultaneously. However, the sustainability and resilience of current systems are being challenged in today's changing world. The transformation of care and support systems is essential for achieving sustainable development.

60. Current care systems often deny the dignity, autonomy and agency of both those providing and those requiring care and support and deplete their time, resources and energy for self-care, personal development and participation in society. Such systems are susceptible to risks of violence against those providing and requiring care and support. Rights relevant to providing care and support, requiring care and support and engaging in self-care are interlinked and thus the systems should consider those three dimensions simultaneously.

61. Existing systems tend to force competition over rights within limited resources between those providing and those requiring care and support. Investments should be significantly scaled up to realize the human rights of all rights holders in care and support contexts.

62. The current organization of care and support must be transformed to rectify a host of various inequalities.

63. First, current care systems are founded on and perpetuate gender inequality. Women and girls, including younger and older women and women and girls with disabilities, shoulder most care and support provision, often to the detriment of their own rights and well-being. They also face gender inequality when requiring care and support for themselves. Care and support systems must be built on the guarantee of women's equal enjoyment of human rights and their participation in decision-making.

64. Second, conventional care systems often reflect discrimination and stereotypes based on, inter alia, disability and age that ignore the agency and autonomy of persons with disabilities, children and younger and older persons and normalize institutional forms of care. Care and support systems must recognize the roles and rights of all persons both in providing and in requiring care and support, respect their agency and autonomy, respond to their gendered experiences and apply a life-course approach to ensure consistent enjoyment of human rights throughout one's life.

65. Third, current systems have been described as reflecting the impact of historical and structural injustices, colonization and discrimination against communities and persons based on race, colour, descent, national or ethnic origin, and Indigenous status. This has contributed to harmful policies and practices and paternalistic interventions under the name of care. The transformation of care and support systems should

¹²⁵ See, for example, submissions from Plan International and Carers Worldwide.

¹²⁶ See, for example, submission from Amnesty International.

¹²⁷ [A/HRC/53/39](#), para. 21

¹²⁸ See, for example, Christine Corlet Walker, Angela Druckman and Tim Jackson, "A critique of the marketisation of long-term residential and nursing home care", *The Lancet Healthy Longevity*, vol. 3, No. 4 (April 2022).

contribute to rectifying such discrimination, including by ensuring appropriate remedies and reparatory justice.¹²⁹

66. Existing international human rights and labour standards recognize the various human rights of those providing and requiring care and support. While advocacy for and analysis of care and support have been undertaken separately by different groups of rights holders, all discourses emphasize the importance of the dignity, autonomy and agency of rights holders and their equal participation in society, and the need to transform current systems in a comprehensive manner. Such transformed care and support systems should be aimed at realizing the human rights of those different groups of rights holders.

67. Countries across the world are making efforts to improve care and support systems. However, many of them do not address the rights of those providing and requiring care and support equally and do not take into consideration a comprehensive range of international human rights standards. Legal and policy frameworks for care and support systems should integrate all human rights standards relevant to the three dimensions of care and support.

68. Meaningful and equal participation of all rights holders in all their diversity must be ensured in every phase of the transformation of care and support systems, including needs and risk assessments, design, decision-making, implementation, monitoring, evaluation and remediation. Such participation should be ensured through inclusive and participatory policymaking processes, social dialogue, freedom of association and collective bargaining.

69. Further clarification is needed on States' human rights obligations in care and support systems, including in relation to service provision, resource mobilization and financing and responses to crisis situations. Likewise, further analysis may be required to identify relevant human rights standards and corresponding States' obligations on self-care, and on other concepts suggested as relevant to care, such as care for the planet. Further policy guidance is also needed on the human rights responsibilities of business enterprises in care and support systems.

70. On the basis of the analysis in the present report, it is recommended that all stakeholders, including national and local governments and across sectoral ministries, civil society organizations and representatives of rights holders, workers' and employers' organizations, the private sector, academia, intergovernmental organizations and development partners, collaborate and cooperate to transform care and support systems to fully respect human rights.

71. Through such collaboration, it is essential to further develop: (a) analysis and policy guidance on sustainable financing for human rights-based care and support systems, with a particular focus on low-and middle-income countries, including through international cooperation and the reform of global macroeconomic and financial systems; (b) methodologies for data collection on care and support, encompassing the rights of both those providing and those requiring care and support, and technical advice for States on integrating such data collection in national systems; and (c) policy advice on responding to care and support crises in the context of conflicts, insecurity, climate change, natural disasters, economic shocks, pandemics and any other major emergencies.

72. States should:

(a) Establish, finance and sustain comprehensive and human rights-based care and support systems that are gender-responsive, disability-inclusive and age-sensitive, including through the actions called for in Human Rights Council resolution 54/6, and in the ILO resolution concerning decent work and the care economy;

¹²⁹ See [A/HRC/EMRIP/2019/3/Rev.1](#); and Committee on the Elimination of Racial Discrimination, general comment No. 37 (2024).

(b) **Respect, protect and fulfil the rights of those providing and requiring care and support and fully recognize their dignity, autonomy and agency, and ensure substantive gender equality in care and support systems;**

(c) **Integrate responses to multiple and intersecting forms of discrimination into laws, policies, programmes and services relevant to care and support systems;**

(d) **Ensure the meaningful and inclusive participation of all relevant rights holders and their representative organizations, both as those providing and those requiring care and support, in decision-making and accountability mechanisms concerning care and support systems;**

(e) **Advance the deinstitutionalization of care (see para. 38 above) in line with relevant international human rights standards and in consultation with the rights holders concerned, and shift towards care and support services, infrastructure and devices that facilitate life in the community;**

(f) **Build the capacities of those providing care and support to deliver human rights-based care and support, and the capacity of those requiring care and support to navigate the care and support systems and claim their rights;**

(g) **Design and implement comprehensive pathways that protect the human rights of migrant care and support workers and their families; in the interim, reform existing temporary labour migration programmes to guarantee human rights within and outside the workplace;**

(h) **Establish and strengthen accountability mechanisms and access to remedies for human rights violations in the context of care and support; comprehensively address the impact of historical and structural inequalities and oppression against certain groups in care and support systems;**

73. **United Nations human rights mechanisms, such as the treaty bodies and the special procedures of the Human Rights Council, should:**

(a) **Examine the full scope of care and support in their approaches, addressing the rights of those providing and requiring care and support and their rights to self-care and the impact of intersecting forms of discrimination;**

(b) **Further articulate the human rights dimension of care and support and corresponding State obligations, including on self-care and on the concepts such as “care for the planet”.**

74. **United Nations entities and other intergovernmental organizations should:**

(a) **Fully integrate human rights standards in their technical cooperation on the establishment and implementation of care and support systems;**

(b) **In their work on care and support, ensure consultations with a wide range of rights holders, in particular those facing multiple and intersecting forms of discrimination, both as those providing and those requiring care and support;**

(c) **Continue to elaborate and provide guidance on care and support systems, building on the paper for the United Nations systems issued in 2024¹³⁰ with a view to expanding it to align with a full range of evolving international human rights standards and international frameworks¹³¹ relevant to care and support systems.**

75. **Business enterprises should:**

(a) **Comply with relevant human rights standards, both as employers of workers with care and support responsibilities and as care and support service providers;**

¹³⁰ United Nations, “Transforming care systems”.

¹³¹ Such as Human Rights Council resolution 54/6 and the ILO resolution concerning decent work and the care economy.

(b) **Prioritize investment in rights-based care and support services, infrastructure and devices that facilitate independent living;**

(c) **Build the capacity of service providers and care and support workers to deliver human rights-compliant services.**

76. Civil society organizations and representative organizations of rights holders should:

(a) **Advocate for the rights of both those providing and those requiring care and support and the establishment of gender-responsive, disability-inclusive and age-sensitive care and support systems;**

(b) **Strengthen dialogue and collaboration across movements of different rights holders to enhance synergies in advocacy on human rights-based care and support systems, and effectively address multiple and intersecting forms of discrimination.**

77. The Human Rights Council is invited:

(a) **To support further research and relevant technical cooperation in the area of the human rights dimensions of care and support;**

(b) **To facilitate cross-regional exchanges of policy guidance and good practices on human rights-based care and support systems.**
