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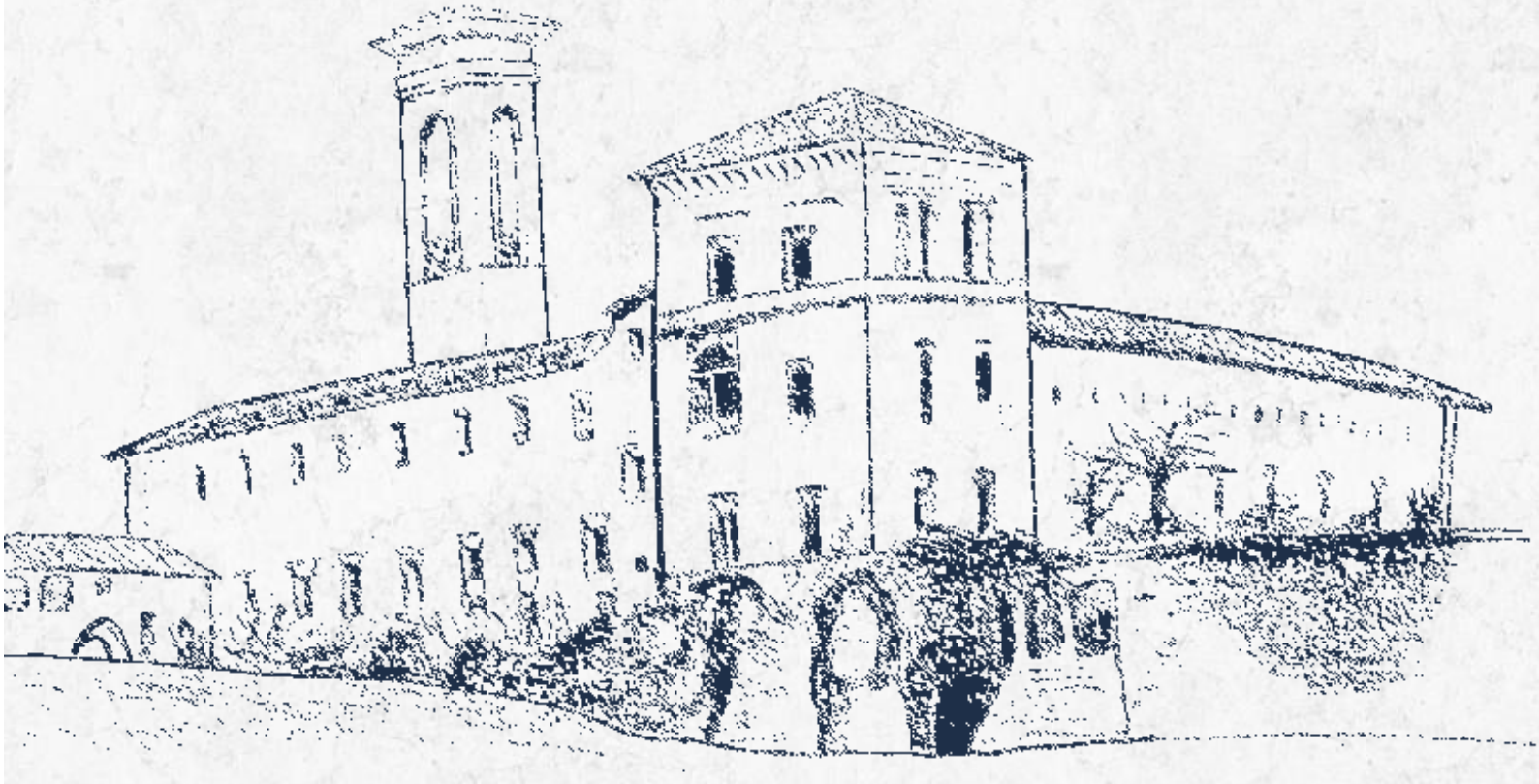

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Care Work, Time Poverty, and Collective Responsibility: Transforming Urban Care Systems in Bogotà

Camilla Cavarape [*]

Abstract: This article examines the evolution of care work within the urban context of Bogotá, interpreting the *Sistema Distrital de Cuidado* (SIDICU) as a paradigmatic innovation in social security policy. By repositioning caregiving as an essential component of public welfare rather than a private domestic burden, the model renders invisible labour explicit. Through an analysis of the *Manzanas del Cuidado* (*Care Blocks*), this study investigates how the municipality has transitioned care work from an isolated household responsibility into a foundational pillar of the Social State, effectively bridging the divide between the private and public spheres. This contribution explores the mitigation of women's "time poverty" not merely as a social objective, but as a commitment to the principles of substantive equality and non-discrimination mandated by the 1991 Constitution and international human rights standards. Ultimately, the study advocates for a framework of shared responsibility among the State, families, and civil society, emphasising the necessity of a collaborative paradigm to ensure that the burden of care is equitably distributed.

Keywords: *Colombia; Care Work; Time Poverty; Public Policy; Gender Perspective*

[*] The author holds a Master's degree in International Relations from the Università Cattolica del Sacro Cuore in Milan and is currently a PhD candidate in Development Studies at the University of Lisbon. Her research focuses on social, legal, and political transformations in Latin America, with a specific interest in the dynamics of care work in Colombia and Brazil, the primary focus areas of her doctoral dissertation. Email address: camillacavarape@edu.ulisboa.pt.

Introduction

As a general structural feature of contemporary welfare systems, the invisible foundations of social security rest upon a disproportionate volume of unpaid care work[1] that falls, with overwhelming structural weight, on the female population, rendering prevailing welfare paradigms profoundly familistic and feminised. Faced with the delays and inadequacies of public systems in meeting the substantial demand arising from dependent individuals it is families, and women in particular, who must bear responsibility for satisfying the needs of their relatives. This occurs through what may be described as a self-reliant welfare practice[2]: households either turn to the professional care market and absorb the associated costs if they can afford to do so, or resort to informal and family-based care arrangements if they cannot — a situation that characterises the vast majority of Colombian families. Beyond the sphere of formal salaried employment, women continue to bear primary responsibility for childcare, assistance for the elderly, domestic maintenance, and the emotional sustenance of the family nucleus, frequently forfeiting their personal temporal autonomy — a resource that could otherwise be channelled into professional trajectories or self-actualisation. This deeply inequitable distribution of care work engenders a persistent condition of time poverty that directly compromises the effective exercise of civil and political rights, creating a systemic barrier to substantive citizenship.

According to global metrics provided by the International Labour Organisation, the vast majority of those dedicated to full-time caregiving (caregivers[3]) are women, a reality corroborated by UN Women's findings,

[1] Care work encompasses activities aimed at ensuring the daily well-being of individuals across multiple dimensions: material, economic, moral, and emotional. https://www.cepal.org/es/cuidado-politicas-cuidado

[2] M. Russo, *Caregiver familiari e anziani. Profili giuslavoristici delle relazioni di cura*, Istituto di Ricerche sulla Popolazione e le Politiche Sociali (IRPPS Monografie), 2025, p.36.

[3] The term "caregiver" generally refers to a family member who provides unpaid care for a relative, either by living with them or by assisting them daily with everyday tasks. The term "care provider" by contrast, refers to a paid professional who offers assistance with daily activities. In the Colombian institutional context, the Ministry of Health defines a *cuidador* as an individual who assists a person with functional dependency, distinguishing between three specific roles: the *cuidador familiar*, a family member who provides unpaid care within the household; the *cuidador informal*, a person from the social network of the dependent individual who offers support without formal remuneration or professional training; and the *cuidador formal*, a trained professional who delivers care services within an institutional or contractual framework. This tripartite classification serves to structure

which indicate that the female population invests a significantly higher portion of their daily existence into domestic and care activities compared to their male counterparts[4]. On average, women dedicate 2.5 times more hours daily to unpaid care work than their male counterparts, a systemic imbalance that translates into an aggregate of 160 million additional hours provided by the female population every single day[5]. This temporal disparity is rooted in early childhood, as girls are socialised into these roles far earlier than boys, creating a gendered labour gap from the outset of life. Such an asymmetry reaches a dramatic zenith within the Latin American context, where the care-related workload for women frequently triples that of men, thereby functioning as a definitive structural impediment to substantive equality and the realisation of female autonomy.

In this context, Bogotá, the Colombian capital and the focal point of the present analysis, serves as an emblematic illustration of how female care responsibilities structure the very fabric of urban life, where approximately 1.2 million women in the capital provide full-time assistance for an average of ten hours daily. This contribution, if monetised, would represent roughly 13% of the city's Gross Domestic Product, illuminating the extent to which the national economy relies upon the informal and unremunerated labour of women, without whose contribution daily social and economic continuity would inevitably collapse[6]. As recent Colombian scholarship emphasises, the productive system extracts value from a reservoir of domestic labour that the State has historically failed to integrate into its formal circuits of social security and protection[7]. Nevertheless, significant signals of institutional and

administrative interventions and social protection policies. The present article focuses, however, on women caregivers in their familial and informal roles, as they represent the majority of care providers in the Colombian context.

[4] T. Hanna, C. Meisel, J. Moyer, G. Azcona, A. Bhatt, S. Duerto Valero, *Forecasting time spent in unpaid care and domestic work,* UN Women and Frederick S. Pardee Center for International Futures, 2022, p.2.

[5] International Bank for Reconstruction and Development / World Bank, *Prosperity and poverty reduction in the Colombian territory*, World Bank, 2024, p.64.

[6] DANE, *Cuidado no remunerado en Colombia: brechas de género*, in *Dane.Gov.Co*, 2022, p.2.

[7] In Colombia, the analysis of the relationship between gender and care work has found solid theoretical development through the contributions of key figures in the national scholarly landscape. In particular, the research of Luz Gabriela Arango Gaviria has explored the dimension of emotional care work. In parallel, the work of Javier Pineda has focused on the informality associated with care activities and their complex gender dimension, extending the analysis to urban infrastructures. See M. Acevedo-Estrada, J. Pineda, *Planificación urbana y redes de servicios en las manzanas de cuidado de Bogotá*, in *EURE -*

normative transformation are emerging through a care-centred approach that pursues the recognition and redistribution of these tasks, distinguishing Bogotá through its *Sistema Distrital de Cuidado* and, specifically, the *Manzanas del Cuidado,* which, since 2020, have enabled over 600,000 caregivers to access vocational training, enhance their mobility, and reclaim spaces of autonomy. The urgency of these reforms is further intensified by demographic projections indicating that by 2030, the elderly population in Colombia will increase significantly, constituting nearly one-fifth of the total population, which necessitates an escalating demand for qualified labour and a shift from informal care to professionalised and protected systems[8]. In response to this looming challenge, Colombia established a National Care Policy in 2025, aimed at institutionalizing the right to care as a fundamental pillar of the new Welfare State asserting that while the social security of most Latin American nations currently rests upon the unpaid labour of women, such a reliance is no longer legally defensible; consequently, institutions must reciprocate this contribution through coordinated policies, addressing the persistent exclusion of men from care work and facilitating the dismantling of obsolete gender hierarchies.

1. The Juridical Recognition of Unpaid Care Work

Unpaid care work constitutes the ontological, albeit historically obscured, pillar of contemporary urban economies, representing the material prerequisite without which social reproduction and the stability of labour markets would be fundamentally compromised.

In global metropolises such as Bogotá, where structural inequalities and asymmetrical access to welfare services intersect, the burden of assistance — the *trabajo de cuidado* — disproportionately shapes the lived experience of women, upon whom almost the entirety of assistive functions falls. This labour, characterised by a profound feminisation, encompasses a broad spectrum of activities essential for daily subsistence, ranging from the supervision of minors and the elderly to the management of domestic environments and the relational support that serves as the cohesion for family units and urban communities. Despite the centrality of these tasks to the sustainability of life, care work persists in a state of social

Revista Latinoamericana de Estudios Urbano Regionales, 2026, 156(1), pp. 45-62; L.G. Arango, *Beauty care: Emotional work and customer service*, Association Multitudes, 2013.

[8] G. García, V. Haldane, J. Veillard, A. Vega, *Invertir en una longevidad saludable: Una prioridad para Colombia*, Grupo Banco Mundial, 2024, p.5.

devaluation and political marginalization, creating a palpable tension with the principles of recognition and redistribution enshrined in the United Nations' 2030 Agenda, specifically Sustainable Development Goal 5, which compels States to implement adequate public policies and social security systems designed to reduce and redistribute the care burden, transforming it from an isolated individual grievance into a collective and state-driven responsibility.

Within this landscape of policy implementation, Colombia achieved a decisive milestone toward the institutionalisation of care with the enactment of *Ley 2297*, widely recognised as the *Ley del Cuidador*, which represents a significant advancement in the juridical recognition of care by defining it as an essential activity for the stability of the social order and formalising protections for those who perform it. The law envisions multidimensional accompaniment for families, promoting professional formation, facilitated access to employment, and support for entrepreneurship to mitigate the loss of income and opportunity that structurally plagues caregivers. It is imperative to underscore that these provisions apply equally to both professional and informal caregivers, thereby narrowing the normative gap between salaried labour and domestic activities performed gratuitously within the household: a transition that is fundamental for achieving a genuine distribution among all social actors[9]. The necessity for such incisive legislative intervention is rooted in a reality of profound gender segregation, supported by recent demographic data from the National Administrative Department of Statistics (DANE) in 2024, which indicates that 90% of the Colombian female population is engaged in unpaid care work, compared to a male involvement rate that does not exceed 65%[10]. From a strictly legal perspective, this inequitable distribution of time and energy collides directly with the principle of substantive equality enshrined in Article 13 of the 1991 Colombian Constitution, which imposes a positive obligation upon the State to adopt measures in favour of discriminated or marginalised groups[11]. Nonetheless, the historical absence of structured assistance and the lack of commitment to a universal and integrated care

[9] Congreso de la República de Colombia, *Ley 2297 de 2023***,** Régimen Legal de Bogotá D.C, 2023.

[10] UNDP Strategic Innovation Unit, *How a citywide social system relieves women from unpaid care work*, Unstuck by UNDP, https://unstuck.systems/how-a-citywide-social-system-relieves-women-from-unpaid- care-work/

[11] Republic of Colombia, *Political Constitution of Colombia*: Article 13, 1991, https://www.constitucioncolombia.com/titulo-2/capitulo-1/articulo-13

system have forced the family unit to function as an improper social buffer, a dynamic wherein individual action is summoned to compensate for systemic state deficiencies, standing in open contradiction to non-discrimination mandates and the positive obligations of protection established by international human rights law.

2. The Impact of Covid-19 and the Structural Fragilities of the Informal Labour Market

The analysis of the efficacy of care-related norms cannot bypass an evaluation of the economic contingencies that have defined the last five years, most notably the profound impact of the Covid-19 pandemic. Although Colombia had demonstrated appreciable economic growth in previous decades, this expansion remained geographically polarised and structurally fragile, leaving vast segments of the population in a state of labour informality that exceeds 50% at the national level[12]. The health crisis triggered what economic and sociological doctrine defines as a *she-recession*[13], a downturn with a predominantly female impact characterised by massive job losses and a simultaneous exponential increase in domestic responsibilities. In the absence of adequate social security protections and paid leave, many women were forcibly drawn back into the sphere of the domestic economy, seeing years of progress toward financial autonomy effectively neutralised. This phenomenon exacerbated pre-existing vulnerabilities, hitting indigenous populations, migrants, and victims of forced displacement with particular severity, for whom the right to a dignified life and access to essential services remains, in many instances, a distant objective.

The pandemic laid bare the reality that the Colombian Welfare State functioned as a fragmented entity, where the lack of a universal safety net meant that the domestic sphere became the ultimate insurer of last resort. For women in Bogotá's informal sectors, the closure of schools and community centres did not merely represent a logistical hurdle but a total collapse of their ability to participate in the productive economy. This

[12] OECD, *OECD Economic Surveys: Colombia 2024*, in *OECD Publishing*, 2024, https://doi.org/10.1787/a1a22cd6-en

[13] Since the onset of the COVID-19 pandemic, women have experienced disproportionate repercussions due to the global recession. This phenomenon was coined by economist and researcher C. Nicole Mason as a *"she-cession",* a neologism derived from the fusion of the terms "she" and "recession". M. Thoreau, *The she-cession: How the pandemic forced women from the workplace and how employers can respond*, Ohio State University Extension, 2022, https://ohioline.osu.edu/factsheet/cdfs- 4110

retrenchment into the private space signifies more than a temporary setback; it represents a structural violation of the right to social security, as the State's reliance on unpaid female labour became the primary mechanism for managing the public health emergency. Consequently, the pandemic acted as a catalyst for a renewed legal and political discourse regarding the necessity of a systemic intervention that would decouple social protection from formal employment status, recognising care as a public good rather than a private obligation[14].

3. The *Sistema Distrital de Cuidado* of Bogotá: A Laboratory for Urban Social Security Innovation

In order to provide a structural response to these critical issues, the municipality of Bogotá introduced the *Sistema Distrital de Cuidado* (SIDICU) in 2020, an institutional innovation of international significance originally founded on Decree 237 of 2020.

This model has assumed a paradigmatic scope at the national level, serving as the logical-juridical premise for the drafting of the *Documento CONPES 4143*, approved on February 14, 2025, which formally established the National Care Policy with the ambitious goal of reconfiguring the social organisation of care across the entire Colombian territory and currently serves as the bedrock for Colombian social security[15]. Within this framework, the SIDICU operates through urban planning that elevates care to the centre of public policy, explicitly aiming for the reduction and redistribution of the unpaid workload through a territorial management of welfare services. The hallmark of this model resides in the *Manzanas del Cuidado*, territorialised infrastructures that concentrate educational, health, legal, and psychological support services within a single urban perimeter. By centralising these provisions, the Bogotá district administration actively intervenes in the phenomenon of temporal poverty. This structural framework permits caregivers to reallocate their time toward professional training or restorative rest, while dependents are integrated into public care support systems.

In practice, this infrastructure facilitates a crucial decoupling of the caregiver from constant domestic obligations. Within these *Care Blocks*, a caregiver may attend a medical consultation, enrol in a yoga session, or

[14] M. E. Dávalos et al, *Prosperity and poverty reduction in the Colombian territory*, World Bank Group, 2024, p.25.

[15] Consejo Nacional de Política Económica y Social (CONPES), *Política nacional de cuidado*, *Documento CONPES 4143*, República de Colombia, 2025, p.3.

pursue entrepreneurial training, all while children are accommodated in specialised childcare facilities. Furthermore, the provision of communal laundry services exemplifies a systemic reduction of manual labour; by offloading these tasks to public facilities, women gain the time necessary for civic engagement or simple leisure. Beyond merely alleviating the "double burden", this model fosters the conditions for economic and social autonomy. This practical manifestation of social security rights represents a significant shift from a passive welfare model to an enabling state. It reconfigures the caregiver as an autonomous subject of rights, rather than an instrument solely defined by her service to others[16].

The *Sistema Distrital de Cuidado* operates as an integrated ecosystem composed of several complementary, legally coordinated elements designed to maximise accessibility and effectiveness.

Beyond the stable *Manzanas del Cuidado*, there exist mobile care units, the *Buses del Cuidado*, which extend services to peripheral and rural areas lacking permanent infrastructure, while home-based interventions reach women who, due to particularly intensive care responsibilities, cannot leave their homes. These actions are constructed based on individualised assessments that identify the specific needs of both the caregivers and the care recipients, allowing for a more efficient allocation of resources and greater adherence to the principles of proportionality and reasonableness in the delivery of public services[17]. Beyond the direct provision of services, Bogotá's care system operates as a tool for promoting social citizenship through the formal recognition of skills acquired within the assistive sphere. The activation of professional certification pathways allows women to transform informal experience into a credential marketable in the formal labour market, thereby favouring the transition toward regulated economic sectors and guaranteeing access to social security protection. This approach is consistent with the International Labour Organisation recommendations on domestic work and aims to break the cycle of intergenerational poverty that afflicts women engaged in care[18].

Empirical evidence indicates that the mitigation of barriers to service access is positively correlated with a reduction in multidimensional poverty. This suggests that institutionalised care policies do not represent

[16] E. Morales, A. M. Vargas, *Manzanas de cuidado de Bogotá,* Secretaría de la Mujer de Bogotá and ICLD, 2024, p.7

[17] UNDP SDG Local Action, *Lessons learnt from Bogota Caring City project*, SDG Local Action, 2025, https://sdglocalaction.org/bogota-guidelines-presentation/

[18] UNDP, *Guía práctica para convertirte en una ciudad cuidadora. La experiencia de la ciudad de Bogotá, Colombia*, UNDP, 2025, p.11.

a mere fiscal expenditure, but rather a strategic investment in urban resilience and long-term, inclusive growth. Consequently, care provision must be understood as the foundational pillar of social security. Despite the centrality of this labour to societal reproduction, its economic value remains largely invisible within conventional national accounting, as these contributions are frequently excluded from Gross Domestic Product (GDP) metrics. Unlike traditional welfare paradigms that prioritise the recipient, the Bogotá model adopts a holistic framework that centres the subjectivity and well-being of the caregiver. By publicly acknowledging the caregiver's role as the primary engine of both social reproduction and economic sustenance, this model challenges the historical marginalisation of care labour and advocates for its formal integration into the economic agenda[19].

Considered as a whole, Bogotá's experience shows that unpaid care work cannot be conceived as a private matter but must be interpreted as a structural dimension of gender inequalities and economic organisation, regarding which the State has intervention obligations. The transition of care from a dimension confined to the private sphere to an object of public relevance requires a strategic coordination of state investments, together with incisive institutional innovation and a radical reconfiguration of gender responsibilities. Treating care as a public good, rather than a burdensome individual task for women, the *Sistema Distrital de Cuidado* offers a concrete example of how cities, through the implementation of social security policies, can counteract time poverty and promote more just forms of urban development.

4. Critical Profiles and Innovation in the Bogotá Model

Part of the legal doctrine and several international observers have raised the suspicion that the centrality of the female figure in these interventions could, in the final analysis, crystallise rather than dismantle the traditional role of women within the social fabric. Specifically, the concern emerges that establishing infrastructures dedicated exclusively to the female universe might paradoxically fuel the very problem it seeks to resolve, since the necessary redistribution of care work must involve a plurality of social and institutional actors. At the heart of this critique lies the persistent social presumption that female gender identity inherently

[19] I. Sánchez De Madariaga, C. Arvizu Machado, *Putting care on the map: Gender mainstreaming, a policy approach to reduce inequalities in Latin American cities*, in *Frontiers in Sustainable Cities*, , 2025, Vol.7, p.14, https://doi.org/10.3389/frsc.2025.1556795

coincides with the function of a caregiver; an assumption derived from centuries-old cultural customs that have modelled a deeply asymmetrical social architecture. This premise constitutes one of the most limiting and pervasive gender norms, whose discriminatory effects are easily framed within the legal categories of indirect discrimination and gender stereotyping — concepts that the CEDAW Committee has repeatedly urged States to eradicate through positive actions and structural reforms[20].
Even within the design of public policies, care is often and erroneously traced back to an ontological dimension of the feminine, being interpreted as an intrinsic attribute of gender identity rather than a learned social practice of a potentially universal nature, which would necessitate an active deconstruction of this logic since care is not biologically predetermined nor specific to one gender.
Every individual possesses the capacity to assist, and the male gender not only has the faculty to learn these skills but holds the ethical and civic duty to do so, so that gender equality may translate from a mere formal statement into a legally and socially viable horizon. The redistribution of unpaid care work must therefore originate within the family unit, through the definition of equitable arrangements among members that find a punctual reflection in welfare policies, parental leave regulations, and measures for reconciling professional and private life. Only through this paradigm shift can care be effectively redistributed between families and the public sector, realising that a multi-level system of co-responsibility between the State, the market, and civil society that reflects the most advanced standards of human rights protection is fundamental to ensuring true social security. In this direction moves the aforementioned Colombian National Care Policy, approved in February 2025[21], which aims to protect the right to provide and receive care under dignified conditions, valuing the collective and community forms typical of rural and ethnic realities as a fundamental pillar for the sustenance of life.
While a robust national legal framework is a prerequisite for establishing such security, it remains insufficient in isolation; consequently, a fundamental cultural shift is required. Acknowledging the urgency of

[20] The Committee on the Elimination of Discrimination against Women (CEDAW) is a body of independent experts responsible for monitoring the implementation of the Convention on the Elimination of All Forms of Discrimination against Women. The Committee consists of 23 experts in women's rights from across the globe. https://www.ohchr.org/en/treaty-bodies/cedaw
[21] Consejo Nacional de Política Económica y Social (CONPES), *Política nacional de cuidado*, *Documento CONPES 4143*, cit., p.3.

redistributing care responsibilities, the Municipality of Bogotá launched the complementary initiative *A Cuidar se Aprende* (*Learning to Care*) in 2021[22]. This program is specifically designed to engage the male population, aiming to critically deconstruct entrenched gender stereotypes while fostering technical proficiency in domestic support and emotional regulation. This intervention carries primary political and symbolic significance, as it redefines care as a shared social responsibility in perfect adherence to the deconstructed gender models promoted by international legal orders. Nevertheless, significant challenges remain regarding the cultural resistance of many men who perceive care as a dimension incompatible with dominant models of masculinity, ignoring the ongoing normative evolutions and thus continuing to perpetuate models of "toxic" and "machista" masculinity.

The municipal institutions of Bogotá have fulfilled their mandate by developing comprehensive legal and administrative frameworks, facilitating accessible training programs, and providing targeted incentives. These efforts have been characterised by a participatory approach — integrating grassroots perspectives into the establishment of *Manzanas del Cuidado* — as extensively documented by researchers examining the Bogotá model. However, the burden of sustained progress now shifts to civil society and the male population, who must transition from the role of sporadic, auxiliary contributors to that of fully co-responsible agents within the care ecosystem. Parallelly, a mutation of collective representations is indispensable so that male involvement in the domestic sphere is socially valued, leading to a redefinition of male respectability that distances itself from ideals of authority founded on separation from the private sphere and aligns with modern public policies of equity. Beyond purely cultural resistances, the implementation of care policies in the district of Bogotá has had to contend with a series of structural and institutional constraints that have tested its substantive effectiveness. Specifically, a problematic misalignment has emerged in the coordination between the various entities involved, whose non-coinciding opening hours and logistical and bureaucratic difficulties have generated delays in service delivery, highlighting the complexities inherent in translating social rights into effective benefits within an articulated bureaucratic machine.

This dynamic fits into the broader debate on the judicialization of social rights in Colombia, where the distance between the normative statement

[22] Secretaría de Cultura Ciudadana**,** *Escuela "A Cuidar Se Aprende",* Cultura Ciudadana, GOV.CO https://culturaciudadana.gov.co/acciones/genero-y-diversidad/escuela-a-cuidar-se-aprende

and its material execution often requires supplementary intervention to guarantee the effectiveness of protection. Simultaneously, the scarcity of financial and human resources has led to certain gaps in service coverage, especially regarding the home-based component of the system, which is essential for women unable to move due to particularly heavy care loads. Added to this are territorial inequalities, which complicate implementation in peripheral and rural areas where the infrastructure deficit and the lack of transport links risk configuring a violation of the principle of equality in access to essential public services. Furthermore, despite the activation of competency certification pathways, labour informality remains a widespread phenomenon in the assistance sector, with wage levels that continue to undermine the full economic and legal recognition of this activity, placing it in a state of evident tension with the international standards on decent work promoted by the ILO[23].

Despite the obstacles outlined above, the results derived from the application of the care system are tangible and manifest through a plurality of dimensions that go far beyond mere material assistance. Many caregivers have reported a significant decrease in the phenomenon of burnout, a direct effect of sharing responsibilities and the institutional recognition of their work, which favourably impacts the constitutionally protected right to psycho-physical health. The integrated provision of legal and psychological support has further facilitated the inclusion of women in therapeutic pathways and social protection frameworks, illustrating how the care infrastructure functions as a critical mechanism for the realisation of fundamental rights[24]. Empirical research has underscored the positive impact of this initiative on women's well-being, noting significant improvements in self-esteem, motivation, and self-care capacity. Furthermore, participants have demonstrated enhanced emotional regulation and technical skill acquisition, both of which are instrumental in strengthening their long-term life projects. From the perspective of individual autonomy, the certification of skills has allowed numerous operators to transition toward forms of formal employment, while the public recognition of the social value of their work has reinforced their perception of self and their own worth within the community. Unexpected but highly significant outcomes for the stability of the social fabric have also emerged, such as the improvement of family

[23] UNDP, *Guía práctica para convertirte en una ciudad cuidadora. La experiencia de la ciudad de Bogotá, Colombia*, cit., pp.19-22.

[24] Y.C. Galvis Ramírez, *Aportes de la Manzana del Cuidado Bosa Porvenir a la Salud Mental de las Mujeres,* Universidad Nacional Abierta y a Distancia- UNAD, 2022, p.18.

relationships, an increase in empathy among household members, and a more balanced distribution of gender roles, factors that collectively reduce social isolation and promote the acquisition of new skills. These transformations suggest that, albeit with difficulty, care policies, when rooted in a solid normative framework, possess the capacity to produce deep relational and cultural changes, contributing to the construction of a truly inclusive and egalitarian social citizenship[25].

5. Toward an Urban Agenda of Shared Responsibility

The experience of Bogotá demonstrates unequivocally how cities can ascend to the role of central protagonists in the construction of care infrastructures capable of mitigating gender inequalities and urban poverty, in full coherence with the obligations of substantive equality and the commitments undertaken within the framework of the 2030 Agenda, specifically regarding Goals 5 and 11.

In this perspective, the SIDICU does not configure itself exclusively as an innovative social policy but represents an advanced laboratory for the implementation of the right to care, while simultaneously becoming a point of reference for other metropolises. Looking at the Latin American regional scenario, cities such as Monterrey and Montevideo have already begun to integrate models inspired by the Bogotá experience, confirming that municipal action can institutionalise care as a matter of preeminent public interest in the realm of social security, rather than a mere private responsibility of families. This evolution is situated within the conceptual trajectory of the so-called "city of care", a paradigm developed by feminist urbanism aimed at overcoming the dichotomy between the productive and reproductive spheres, interpreting care as a right that the urban space must enable both materially and symbolically[26].

These developments highlight that local governments, while operating within the limits of the constitutional distribution of competences, possess significant margins to give territorial effect to international obligations regarding gender parity and non-discrimination. The recognition of care as a public good and as a social right implicitly connected to human dignity allows for a re-reading of municipal powers

[25] UNDP SDG Local Action, *Lessons learnt from Bogota Caring City project*, SDG Local Action, 2025, https://sdglocalaction.org/bogota-guidelines-presentation/

[26] I. Sánchez De Madariaga, C. Arvizu Machado, *Putting care on the map: Gender mainstreaming, a policy approach to reduce inequalities in Latin American cities*, cit., p.14, https://doi.org/10.3389/frsc.2025.1556795

regarding planning, mobility, and health as necessary instruments for the removal of indirect discrimination. Concurrently, it is necessary to address the economic argument that often tends to devalue the scope of such interventions, because although cities are engines of development, comparative research shows that in contexts like the Colombian one, urbanisation has predominantly impacted the poverty of services without proportionally reducing monetary poverty. It follows that there is a juridical and political necessity to distinguish between poverty defined in terms of income and that understood as a deprivation of access to services and opportunities, in line with United Nations approaches.

The *Manzanas del Cuidado* represent a paradigmatic example of wealth in services, since, although they do not provide direct monetary transfers, they produce well-being through temporal relief and psychosocial support, creating the structural conditions for access to education and formal employment. Nonetheless, it is important to emphasise that Colombian cities today find themselves managing complex phenomena that can be defined as sterile agglomerations, where urban growth is not always accompanied by inclusive productive transformations, but by high costs of living and persistent discrimination in the labour market. This combination ensures that urban centres offer proximity to opportunities but simultaneously multiply vulnerability, contradicting the assumption that simple demographic density is sufficient to produce equality[27].

Feminist urbanism has shown that the governance of the city is never neutral; rather, it incorporates social hierarchies that modulate access to security and time; however, the urban context remains the privileged space for the experimentation of scalable social policies. The experience of Bogotá confirms that integrated care services can liberate time for training and work, tracing realistic paths toward substantive equality and giving body to an urban welfare that constitutional frameworks often evoke but rarely detail with precision. Within the broader reformist framework of Colombia, the fight against inequalities remains an inescapable priority that requires the closing of gender gaps and the expansion of social protections. Therefore, it is fundamental to combine the expansion of care services with normative interventions aimed at occupational de-segregation and the economic valorisation of assistive work, ensuring that the strengthening of this sector does not translate care into a new form of gendered sectoral segregation, but becomes the springboard for an authentic and lasting social equity, guaranteeing a

[27] M. E. Dávalos et al, *Prosperity and poverty reduction in the Colombian territory*, cit., p.25.

fundamental protection network especially toward the most vulnerable persons.

Conclusion

The reflections delineated thus far converge toward an inescapable synthesis under the profile of social security theory: care work can no longer be degraded to a private burden or a gendered obligation, but must be recognised as a shared social responsibility, necessary for the stability of economic systems and the democratic cohesion of contemporary orders. Because political and economic agendas have historically placed male needs and perspectives at the centre, the implementation of policies that explicitly prioritise the requirements of women does not configure itself as a form of favouritism, but as a necessary and legitimate intervention for the purposes of respecting the principle of substantive equality and the prohibition of indirect discrimination. Placing the female population at the centre of care policies means, in fact, challenging the androcentric norms deeply embedded in the language of law and institutional practices, opening normative spaces for alternative models of social organisation and for forms of citizenship that finally recognise the plurality and complexity of gender experiences.

In this perspective, contributions from non-Western contexts, which value collective responsibility and intergenerational care, offer precious conceptual tools to rethink care as a global "common good", fundamental to social stability. However, for such a paradigm to be effective, it is indispensable that any prospective framework remains inclusive, recognises the diversity of family forms, and fully incorporates people of all genders into visions of care and social support, avoiding a relapse into biological essentialism. On the level of public policies, the implications of such an approach are clear: guaranteeing emotional and economic security to people dedicated to care is the prerequisite of any credible project of equality, all the more in an era in which such activity remains largely unpaid and heavily feminised.

Facilitating the combination of care work and salaried labour through accessible public services, robust social protections, and a widespread offer of educational services for childhood is equally vital in societies where participation in the labour market has intensified without a corresponding redistribution of domestic responsibilities. To this is added the urgency of preparing income redistribution instruments that correct the systemic devaluation of care work and other feminised and racialised employments, in accordance with the principles of redistributive justice

sanctioned by constitutional sources and international labour conventions. By recognising care as a socially indispensable and politically central activity, vanguard initiatives like the *Sistema Distrital de Cuidado* of Bogotá show how cities can evolve toward more just, relational, and inclusive futures. As physical and symbolic spaces where rights, services, and infrastructures intertwine, metropolises today have the possibility to take charge of care not as a residual or emergency intervention, but as the keystone of a new social citizenship founded on interdependence.

Ultimately, the Colombian experience offers a fundamental interpretative paradigm for the stability of social security systems, demonstrating that care work can no longer be relegated to individual negotiation within the family. On the contrary, it must be understood as a structural dimension of economic organisation regarding which the State holds precise positive obligations of intervention. Through the creation of a solid normative framework and dedicated infrastructures, the legal system can operate a real transformation of power relations, translating constitutional principles into concrete practices of care. Treating care as an essential public good means, in the final analysis, recognising the dignity of millions of caregivers and giving full effect to the mandate of progressive effectiveness of social rights, ensuring that urban development is authentically sustainable and oriented toward the protection of human life in all its phases of vulnerability.

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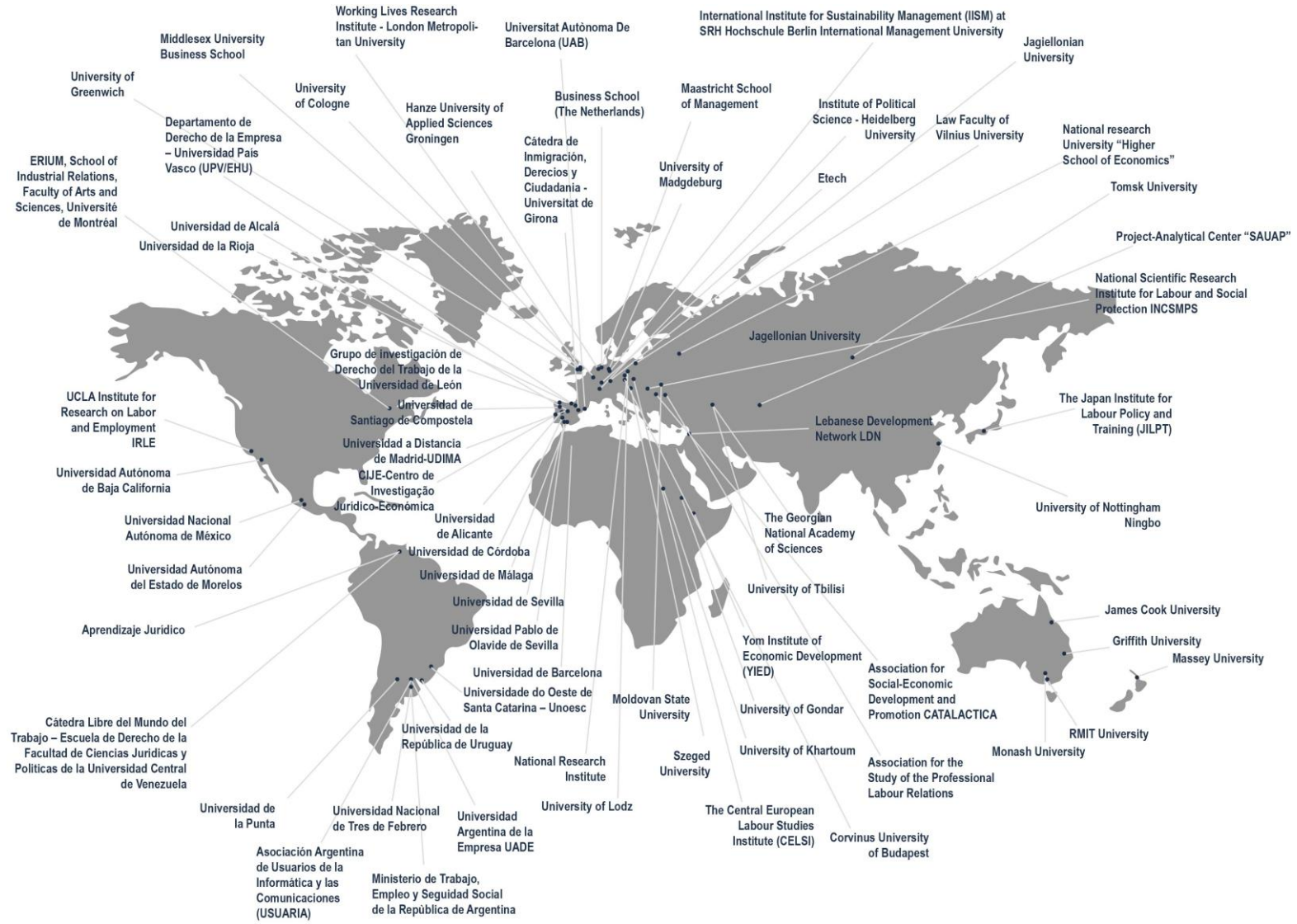

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