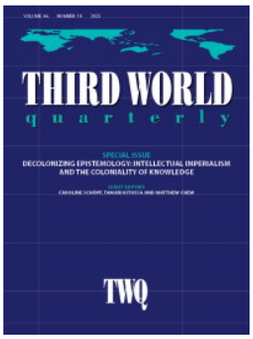

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Mobilising care: an analysis of care and mobility policies in Bogotá and Belo Horizonte

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ABSTRACT

In recent years, Bogotá, Colombia, and Belo Horizonte, Brazil, have introduced innovative care policies shaped by historical gender struggles. While innovative, these initiatives still privilege proximity to the home and overlook the interdependence between care and mobility. This article investigates how these policies address the multifaceted mobile dimensions of care related to the multiplicity of agents that participate in care practices, the understanding of roles and responsibilities of care, and the spaces and infrastructures involved. Framed by a social constructivist perspective, the study employs qualitative and quantitative content analysis to identify intersections between care and mobility across national and local policy documents. Findings reveal that policies in both cities emphasise the individualisation and feminisation of care within the family, assuming fixed geographies for carers and the cared-for. Significant differences emerge between national and local levels, with local policies more likely to incorporate territorial and mobility dimensions. These findings highlight the need to transform the power structures associated with the feminisation of care, rooted in patriarchal conceptions of family. For care policies to drive this change, they must challenge traditional understandings of care roles and integrate the multifaceted mobile dimensions of care.

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Introduction

In recent years, Bogotá and Belo Horizonte have introduced innovative policies of care. In 2023, Bogotá adopted a district care system and implemented its 'Care Blocks' policy, while Belo Horizonte adopted its care policy in 2024. These policies vindicate historical gender struggles and emphasise the role of the state in issues that were traditionally considered to be in the private sphere but have become recognised as a public problem. In both cities,

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these policies introduce care as an object of government action and investment in multiple sectors. Bogotá, in particular, has introduced the territorial dimension to the understanding of care and its relationship with the distribution of urban services. These innovations represent a shift from previous assistance policies and a potential example for other Latin American cities.

While innovative, these policy initiatives still privilege proximity to housing, urban services, and goods whilst overlooking the interdependence of care and mobility. Building on the concept of mobility of care, which recognises the interdependence of care and mobility (Ines Sanchez Madariaga 2013; Jirón, Carrasco, and Rebolledo 2020), we examined these links within laws and policies governing care, territory and mobility in Bogotá and Belo Horizonte. Both laws and policies address issues including gender and care, mobility and gender, access to care services, etc., but rarely incorporate mobility of care as an explicit category.

Laws and policies in Bogotá and Belo Horizonte underline the individualisation and feminisation of care within the family setting and privilege proximity to facilities, assuming fixed geographies for caregivers and the cared-for. They exhibit the following assumptions: First, care responsibilities are individual and exercised mainly by women. Second, the poorest need care the most. Third, caregiver and cared-for are distinct roles. Fourth, care is spatially located (e.g. home, facilities, neighbourhood). Fifth, care is related to provision of assistance. We argue that while improving conditions for many caregivers, these policies rarely address the relational, the situational and the productive dimensions of mobilities of care. Therefore, these novel frameworks still fail to disrupt embedded dynamics of care in traditional patriarchal systems.

Our analysis is framed by a social constructivist perspective which views policy instruments as not mere technical tools (Cefaï 2022; Gusfield 19; Lascoumes and Le Gales 2007) but attempts to shape specific rationales that legitimate both policies and regulations. Although interconnected, policies and regulations serve different roles within the legal system. Policies set goals and guide the actions of public bodies while laws are mechanisms that allows the government to enact and implement policies. Both policies and laws embody political rationales that reflect the state's organisation and priorities and function as social and technical instruments shaping the relationships between the government and the governed. By examining how notions of 'mobility' and 'care' are integrated and linked within these two types of legal instruments, we aim to reveal how policy narratives embed traditional gendered assumptions which limit progressive agendas. We examine how care activities, mobility, caregivers and the cared-for are characterised in these documents and how policies show understanding of the multifaceted mobile dimensions of care. Recognising the limitations and embedded bias of policy instruments can help expose the gender gap in the social construction of care policies and initiatives while offering insights to recalibrate their transformative and emancipatory potential.

To better understand the links between mobility and care within the broader legal and government system, we examine policy documents and laws in Bogotá and Belo Horizonte, our two case studies. We examine how these instruments exhibit understanding (or lack of it) of the multifaceted mobile dimensions of care in three aspects: (1) The multiplicity of agents that participate in care practices and their links to mobility. For this aspect, we identify how caregivers, care subjects and care workers are characterised. We argue that the focus on unpaid caregivers overlooks the needs of care subjects and care workers, particularly

domestic workers. (2) The understanding of relations, roles and responsibilities of care within family, community and larger networks. For this aspect, we identify how family negotiations about care and (im)mobility are understood. We argue that most instruments do not consider these interdependencies and tend to emphasise the feminisation of care. (3) The understanding of spaces, infrastructures and services related to care. For this aspect, we identify how access is understood and whether mobility plays a role. We observe that both policies and laws emphasise proximity to urban goods and services, with little attention to mobility.

Literature review

Traditional urban transportation studies have privileged a functionalist and homogenising vision of mobility practices, assuming that travel choices are made by abstract and rational agents based primarily on efficiency (Chorley and Haggett 2013). These assumptions overlook women's unique travel needs and the disproportionate burdens of their complex travel patterns. However, this vision has been challenged by works that recognise the role of individuals' characteristics and subjectivity in travel practices (Schönfelder and Axhausen 2016). By examining the links between socioeconomic condition, race, age, gender, and mobility practices, several studies have shown the impact which (im)mobility has on segregation, poverty and the often-unjust distribution of urban goods and services (Lucas 2012; Oviedo Hernandez and Titheridge 2016).

Mobility and gender studies have demonstrated that mobility practices for men and women differ in many ways including distance, time, modes, motivations, trip chaining, etc. (Jirón and Gómez 2018; Manderscheid 2014; Uteng and Cresswell 2008). These studies emphasise care as the driver of these differences. Two key topics emerge from these debates: the characteristics of care trips and their determinants such as gender, age, income, schooling and the presence of dependents; and the relational, situational and productive dimension of mobility of care, examining the influence of family structure, life cycle and family negotiations about household (im)mobility. While many of these studies aim to inform policy, there is little research on how far they have succeeded (Plyushteva and Schwanen 2018; Sil, Chowdhury, and Thoreau 2024; Viana Cerqueira et al. 2025).

To characterise different mobility practices among men and women, several studies consider daily trips and their implications on people's lives. These differences reflect the greater responsibility of women for reproductive and care work, which translates to inequality. By understanding mobility from a gender and intersectional perspective, these studies expand the notion of mobility of care, thus highlighting the impact that reproductive work – care for household and children – has on mobility patterns and urban living. The concept, coined by Madariaga (2013) in line with previous works (Best and Lanzendorf 2005; Jirón 2007, 2010), found that in Madrid, 29% of trips reported in the household survey relate to shopping for daily living, or escorting or visits to sick or older relatives, which indicates that women's daily trips are more care-oriented than those of men.

Various studies have reached similar conclusions in other contexts (for example, mobility of care constitutes 28% of daily trips in Montreal (Ravensbergen, Fournier, and El-Geneidy 2023) and 12% of daily trips in Bogotá (Murillo-Munar, Gómez-Varo, and Marquet 2023), while others show that women caregivers suffer unequal mobility burdens: additional trips, longer commutes, lack of accessibility, greater mobility costs, and more complex patterns of movement and accompaniment (Faria 2020; Hjorthol 2008; Lyra 2017; Montoya Robledo

2024; Rosa 2018). However, these gender dimensions are not properly considered in urban mobility policies (De Madariaga and Zucchini 2019); transport planning and systems overlook the realities and demands of care and reproductive work (Montoya Robledo 2024), demonstrating the embedded gender bias of these policies and systems.

Women's mobility choices are shaped by their productive and reproductive labour, which impacts their mobility patterns. For example, women generally make more trips closer to home with more stops during one trip (Hanson and Pratt 1995; Ines Sanchez Madariaga 2013; Kwan 2000). Women tend to use public transportation and walk more (Minton and Clark 2018; Tanzarn 2016), while in car-owning families, men are the primary drivers (Best and Lanzendorf 2005; Scheiner and Holz-Rau 2012). These 'choices' significantly shape women's travel patterns and impact their responsibilities, costs and access to education, healthcare and employment (Borker 2022). Women also tend to travel less at night and less often to places distant from urban areas (Valentine 1989). Again, this 'choice' influences women's decisions about their proximity to work (Hjorthol 2008). Women carry out household and family care activities more frequently, while men's mobility is more associated with home–work trips. Studies have shown how these inequalities are exacerbated for low-income women (Ravensbergen, Fournier, and El-Geneidy 2023; Soukhov, Mooney, and Ravensbergen 2025), while other research has examined how the distribution of mobility of care varies across different axes of identity, such as race, age and ability (Martens 2018; McLafferty and Preston 1991; Musselwhite and Attard 2021; Plyushteva and Schwanen 2018).

Some studies have examined the links between mobilities of care and race, age, socioeconomic conditions, citizenship, gender identity, etc. Women without children generally travel more for work and study than women with children (Manderscheid 2014, Faria 2020), and older women travel more, and more autonomously, than older men (Szeto et al. 2017). Race is another marker of travel diversity. In Britain, for example, white women were less likely to look for distant jobs compared to ethnic minority women (McLafferty and Preston 1991). These studies show that mobility practices are not homogeneous and are influenced by gender and the associated power relations (Massey 1994; Uteng and Cresswell 2008). Moreover, by examining the intersections between care, mobility and urban inequalities, they reveal the city as a crucial scale at which structural exclusions are produced and reproduced (Castañeda, Soliz, and Sheller 2024).

Manderscheid (2014) demonstrates how mobility decisions are negotiated between individuals and those in their networks, e.g. household negotiations around who uses the family car (Best and Lanzendorf 2005; Cass, Shove, and Urry 2005; Scheiner and Holz-Rau 2012), or who escorts young children (Faria 2020; Jirón 2007; Plyushteva and Schwanen 2018). Intergenerational dynamics, within and beyond the household, shape mobility decisions (characterised as local care loops by Souralová (2019) and gendered interdependencies by Jirón, Carrasco, and Rebolledo (2020). These synchronisational demands offer a perspective contrary to liberal and hegemonic understandings of mobility which assume individual agency, independent of others. Another dimension is *mobility for care*, referring to those engaged in paid care work – predominantly women. According to the International Labour Organization (ILO), 'the global care workforce numbers 381 million workers (249 million women and 132 million men)' (International Labour Office et al. 2018). In Latin America, domestic workers are a key group affected by mobility issues. These studies reveal a diversity of mobile identities that move in increasingly complex patterns – often beyond what cities are planning for. They also indicate the need to use evidence to inform policy change.

In terms of policy, the United Nations' 5th Sustainable Development Goal on gender equality and empowerment recognised the unequal division of unpaid care and domestic work and called for a reduction of such inequalities through local interventions. In Latin America, several countries have followed these guidelines when developing care policy initiatives and programmes, some of which have been translated into laws. Examples include the National Integrated Care System in Uruguay (2015), the National Care Strategy in Mexico (2018), the District Care System in Bogotá, Colombia (2020), the Attention and Care System in Costa Rica (2021), and the Social Registry for caregivers in Chile (2022).

These studies, policies and legal developments represent an important step towards recognising care as a central issue of contemporary urban life. However, we still need to incorporate the multifaceted mobile dimensions of care – the diverse ways in which (im) mobility shapes practices of care in urban contexts – which implies recognising mobility of care as the combination of experienced realities involving multiple trips and networked individuals (Orjuela and Schwanen 2023), with important implications for household dynamics and ideologies of parenting and care (Rubin and Parker 2023) as well as well-being (Fong and Atiyya Shaw 2024). Without such understanding, the care work – both paid and unpaid – performed by thousands of individuals – particularly women – to sustain our productive systems will remain a persistent determinant of inequality in our societies.

Scholarship from the Global South demonstrates that questions of care cannot be separated from broader urban inequalities, informality and mobility. In the Latin American context, feminist approaches to mobility justice highlight how women's everyday movements are shaped by intersecting histories of colonialism, patriarchy, racial capitalism and extractivism (Castañeda, Soliz, and Sheller 2024). Domestic workers, often racialised migrants living in urban peripheries, face long, costly and unsafe commutes that expose them to pollution, harassment and systemic exclusions, while also enduring severe immobility due to restrictive labour and migration regimes (Fleischer and Sanabria 2020; Montoya Robledo 2024). Similarly, a comparative study of domestic work in Guayaquil and Johannesburg demonstrates how the daily practices of care are shaped by transport inequalities, spatial segregation, and the stigma attached to domestic labour (Du Toit and de Casanova 2025). This reinforces that mobility infrastructures are central to the conditions under which care is provided and accessed in highly unequal cities of the Global South. These studies situate care as a political and spatial question, emerging at the intersection of labour rights, feminist mobilisation and mobility systems.

Focusing on the experience of Bogotá, Acevedo-Estrada (2023), Alvarez Rivadulla, Fleischer, and Hurtado-Tarazona (2024) and Ortiz and Duque Franco (2026) have documented how the operationalisation of the local care system is highly dependent on political will and brokerage between feminist movements, local officials and international agendas. These studies show how the mobilisation of diverse stakeholders was essential to advance the policy agenda, secure resources, and shape normative frameworks, underscoring how the implementation of care systems is deeply embedded in contested power relations. They also situate Bogotá as a laboratory where global feminist agendas and local political dynamics intersect around the issues of care. In contrast, the experience of Belo Horizonte has traditionally been shaped by a sectoral approach, and only recently has the notion of an integrated care system begun to emerge. However, similarly to Bogotá, the process has emerged through feminist mobilisation by women's organisations and networks that have

long advocated for the recognition of unpaid care work and the shared social responsibility for its provision.

Materials and methods

Despite geographical, cultural and historical differences in their urban and demographic characteristics, Bogotá and Belo Horizonte have comparable urban, mobility (Ardila Pinto and Villamizar-Duarte 2018) and care policy trajectories. Bogotá has a population of 7.78 million inhabitants in the municipality and close to 10.3 million in the metropolitan region (DANE 2018). The figures for Belo Horizonte are 2.5 million and 5.76 million, respectively (IBGE 2023). However, the municipal areas of the two cities are similar: about 384 km^2 for Bogotá and 331 km^2 for Belo Horizonte, making Bogotá almost three times denser than Belo Horizonte. Despite these differences, their Human Development Indices were similar in 2022: 0.79 for Bogotá (UNDP 2022) and 0.80 for Belo Horizonte (UNDP 2023). Both cities feature well-defined central areas that concentrate urban opportunities, expansive peripheries inhabited largely by low-income residents, and public transport systems centred around bus rapid transit (BRT), with Belo Horizonte also incorporating a metro system. Building on recent literature on global urban studies (Le Galès and Robinson 2023), we offer a nuanced examination of the understanding of mobilities of care as a public problem in each context and how both cities respond to common urban challenges within specific systems of government and through specific policy trajectories.

Systems of government

Brazil and Colombia have similar systems of government, with three branches – executive, legislative and judicial – and bicameral legislatures. However, Brazil is a federal republic, while Colombia is a unitary state, a key structural difference. Despite this, since the late 1980s, both countries have moved towards political, administrative and fiscal decentralisation, strengthening municipal public authorities by assigning them responsibility for urban development policy and equipping them with planning and financial instruments (Carvalho 2001; Falleti 2005; Whittingham 2021). Whilst municipal autonomy in terms of care services and mobility has increased as a result, both national governments have continued to issue laws and policy documents regulating care and mobility (see Table 1). In both Brazil and Colombia, national governments set broad guidelines for transport and mobility, while more concrete developments and operation (i.e. laws, regulations, projects) take place at the local level. This decentralised structure allows local experiences and innovations to feed back into national frameworks.

Care policy trajectories

In Brazil, the needs of caregivers were first considered in 1993 by the National Organic Law of Social Assistance, which establishes the guidelines for social assistance and social services to vulnerable groups. At this time and until 2017, the concept of the caregiver was associated with a family caregiver, and paid care work was not contemplated. In 2013, the programme for caregivers of people with disabilities first considered the links between mobility and

Table 1. Sample of legal and policy documents. Authors' elaboration.

CONTEXT	NAME	INSTRUMENT / YEAR
Brazil	City Statute	Law 10257/2001
	National Policy Plan for Women	Policy Document 2004
	National Urban Mobility Policy	Law 12587/2012
	National Care Policy	Law 15069/2024
Belo Horizonte	Urban Mobility Masterplan	Decree 15317/2013
	Masterplan	Law 11181/2019
	Municipal Gender Equality Plan	Resolution CMDM/03/2019
	Government Plan 2025–2028	GP 2024
	Municipal Care Policy	Law 11751/2024
	Care Policy Guidelines	Policy Document 2024
Colombia	Policy to Improve Urban Public Transport Service	CONPES 3167/2002
	National Urban and Regional Mobility Policy	CONPES 3991/2020
	Public Policy on Gender Equality	Decree 1106/2022
	National Care Policy	CONPES/4143/2025
Bogotá	Mobility Master Plan	Decree 394/2019
	Gender Equity Policy	CONPES DC/2020
	Care for Caregivers Strategy	Policy Document 2021
	Territorial Plan	Decree 555/2021
	System of Care	Agreement 893/2023
	Local Development Plan 2024-2027	Agreement 927/2024

Items shaded in grey are policy documents, items without shaded are laws.

caregiver assistance, informing subsequent policies. In 2023, the federal government began work on guiding principles of a National Care Policy to guarantee the right to care and decent working conditions for those working in the sector, especially women. The policy, adopted in 2024 (Law 15069/2024), shifted the perception of care as an object of policy, in addition to two previously identified trends: the perception of caregivers and subjects of care as independent, and the invisibility of care work. In Belo Horizonte, care has been traditionally associated with social security policies which integrate social assistance, health and safety. Paralleling the National Care Policy, Belo Horizonte City Hall created the Intersectoral Working Group on Care Policy in the city, promoting thematic meetings on the topic in 2023 and creating the Care Policy Local Guidelines in 2024 which were later translated into Law 11751/2024 'Municipal Care Policy'. In line with the national level, this law discussed reduction, recognition, redistribution and fair remuneration for care work, including care for the caregiver.

Colombia's 1991 constitution recognises equal gender rights, as well as the right of ethnic groups to exercise traditional forms of organisation and care. Other antecedents include protections for children and adolescents (Law 1098/2006; Law 1804/2016; Law 2328/2023), people with disabilities (Law 1346/2009; Law 1618/2013; Law 1996/2019), older persons (Law 1251/2008; Law 1276/2009; Law 2055/2020), and people with orphan diseases and their caregivers (Law 1392/2010). Specifically related predecessors are the recent gender equity policies (CONPES 4080/2022; Law 2297/2023) which consider the relationship between care work and economic autonomy. Statistical information has become available which allows economic measurement of gender gaps. Since 2014, the national development plans have worked towards a National Care System, culminating in the formulation of the national care policy in 2025 (CONPES 4143). In 2021, local government in Bogotá established the guiding principles of the Gender Equity Policy (CONPES, DC/2020), which adopted a Local System of Care (SIDICU). This system introduces urban transformation as

a strategy to recognise and help reduce and redistribute care work. While there are several examples of care systems in Latin America, this is the first to be implemented at a local level (Acevedo Estrada 2023). Currently, there are 23 functioning 'Care Blocks'; the goal is to complete 45 by 2035. The system includes three other strategies: (1) 'Care Buses', mobile versions of the 'Care Blocks' that bring services to remote urban and rural areas; (2) support for caregivers whose care responsibilities keep them at home; and (3) Care Networks, where public and private agencies collaborate to provide care and social services (Agreement 893/2023).

Methods

This study employs qualitative content analysis to examine policy documents and laws related to urban mobility and care. We identify intersections between thematic categories – defined through word families – across national- and local-level policies and laws. By systematically detecting the proximity of words within documents, this analysis provides insights into the integration of urban mobility and care within policy and legal frameworks. The methodology comprised four stages: document selection, pre-processing, codification and analysis.

We used governmental and institutional archives to select policy documents and laws in Colombia and Brazil. We omitted documents from Brazil's state government because care is not a subject of policy or regulation at this scale. We focused on policy documents (in grey) and laws addressing social and territorial issues prepared and adopted between 2000 and 2024 (Table 1). We chose this period due to the increased inclusion of care within policy agendas and public debates around this time.

The sample is not exhaustive as each instrument builds on previous ones in a longer-term process of policy production and regulation. However, the sample included here is representative of the current debates in the sector. Once all documents were selected, we pre-processed and codified them. We identified a set of codes based on theoretical frameworks in urban mobility and care studies. We grouped these codes into two thematic families, referring to mobility and urban facilities and care (Table 2).

Lexical and semantic density analysis was employed. Lexical density was measured by calculating the incidence of each thematic word family within a given document, relative to the total number of selected excerpts. This allowed for the quantification of term frequency

Table 2. Codes and categories. Authors' elaboration.

Thematic families	Keywords
Mobility and urban facilities	Mobility, displacement, transport, circulation Accessibility Mobility of care Public transport → bus, train, metro, integrated transport Active transport → bicycle, cycle path, cycle lane, pavement, pedestrian, cycling user, cyclist Urban facilities → hospitals, kindergarten, assistance centres (CRAS), cultural centres
Care	Care, assistance, attention, support, social service Carers → carers, cared for Gender – man → men, male, masculine, man Gender – woman → women, female, feminine, woman Gender – other → LGBTQ Childhood → children, boys, girls Ageing → ageing, elderly, old age People with disabilities → blind, deaf, mute, wheelchair users, cognitive impairment Family → relatives, family

to reflect each document's thematic emphasis. Passages where two or more word families co-occurred – such as 'mobility' and 'care' – were prioritised to identify meaningful integrations. All excerpts were manually reviewed to ensure contextual and semantic alignment with the policy and legal text.

Results

The social construction of care policies presents continuities and discontinuities in the two cases, particularly in relation to the understanding of agents, relations, and spaces of care. We examined these three aspects in social and territorial policies in Brazil, Belo Horizonte, Colombia, and Bogotá to understand how policies characterise and understand care as a structuring dimension in urban mobility. We organised the results into three sections: care in sectoral and territorial policies, agents and networks of care, and spaces and mobility of care.

Care in sectoral and territorial policies

In Brazil (Figure 1), we found little integration between territorial policies and care policies. Instruments such as the City Statute or the National Urban Mobility Plan make few mentions of concepts such as care, assistance or the responsibilities of individuals who provide care. On the other hand, care policies rarely consider the spatial dimensions of care, mobility or urban accessibility. When spatial themes are mentioned, they mostly refer to locations such as schools, nurseries and health centres (PNPM, 2024). The National Care Policy briefly mentions the need to integrate care into diverse policy areas – including mobility and accessibility – but does not explore mechanisms to achieve this (Law 15069/2024, Art 7). The sectoral perspective of this law also manifests in the core topics of the policy, which focus on the expansion of public and private care services, structuring training and qualifications, cultural

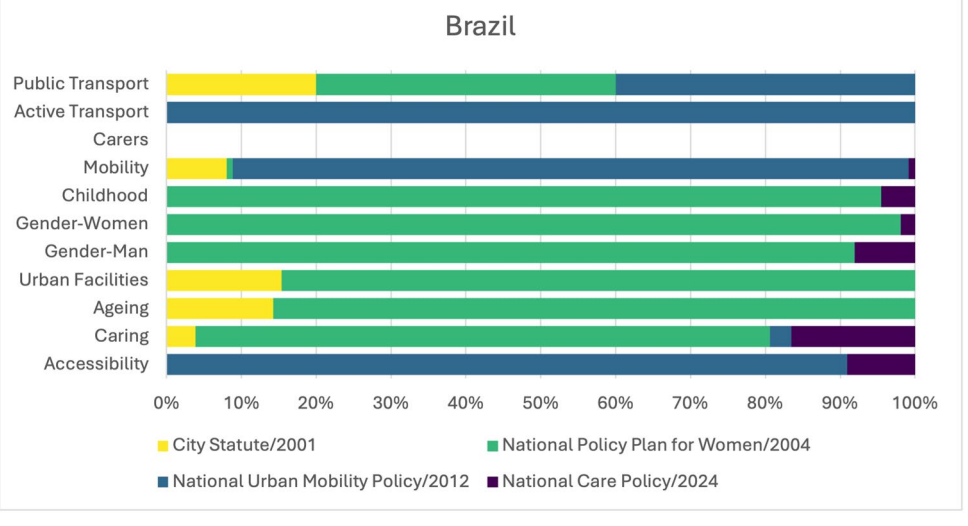

Figure 1. Lexical density in Brazil.
Source: Authors' elaboration based on policy sample.
Note: N = 786 excerpts.

transformation of care, compatibility of paid and unpaid care work, labour rights for care workers, and reduction of the care burden for women. Territorial aspects are inserted in a general way, in the idea of 'benefits and services' (Law 15069/2024). Similarly, in territorial policies, issues of care are minimally considered, and agents or networks of care are not identified.

In Belo Horizonte (Figure 2), we found the same lack of integration between policies. However, in the more recent Master Plan, care seems more prominent (20 mentions). The local care policy focuses on the feminisation of reproductive work – women are mentioned as responsible for care 85 times – with a territorial perspective expressed in the idea of optimising the spatial distribution of care services and the configuration of assistance networks to serve vulnerable groups.

In Colombia (Figure 3), care appears in sectoral and territorial policies at the national level, although more concentrated in gender equity and care policies. In contrast, gender issues do not appear explicitly in territorial policies – similar to what we found in Brazilian federal policies. However, when discussing public transport, facilities and urban accessibility issues, care is more prominent in Colombian than in Brazilian policies.

In contrast to Brazil and Belo Horizonte, care policies in Bogotá (Figure 4) are highly integrated with territorial policies. In the 2021 Territorial Plan, care policies appear as part of the territorial network of urban facilities and services. This instrument also mentions the role of families and gender differences in access to goods and services. While not central, children, people with disabilities, and caregivers are mentioned as agents related to care and target populations within mobility and territorial planning policies. In recent Local Development Plans, care has been more prominent. For example, the 2020–2024 plan defined care as a structural dimension of the urban agenda, and the current plan promotes care as a central dimension of active mobility and public space initiatives.

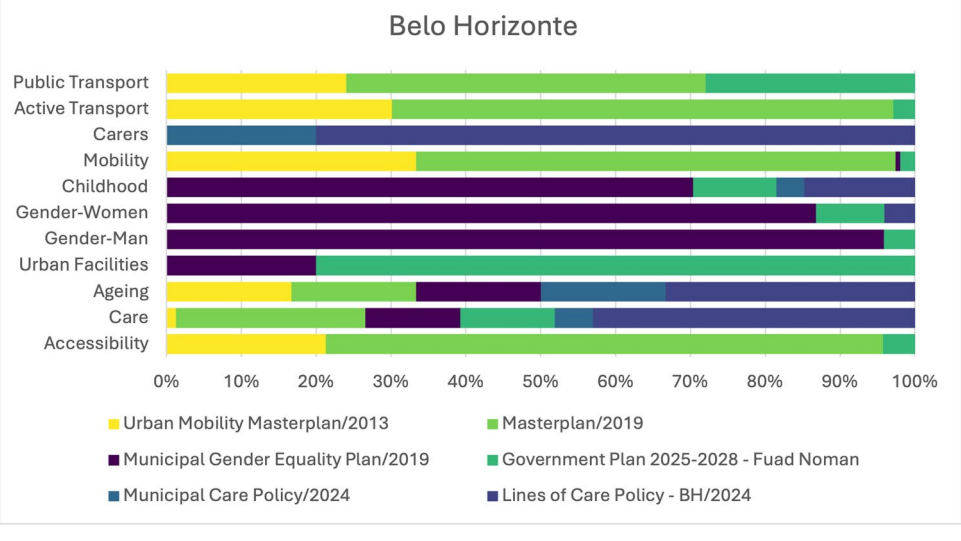

Figure 2. Lexical density in Belo Horizonte.
Source: Authors' elaboration based on policy sample.
Note: N = 923 excerpts.

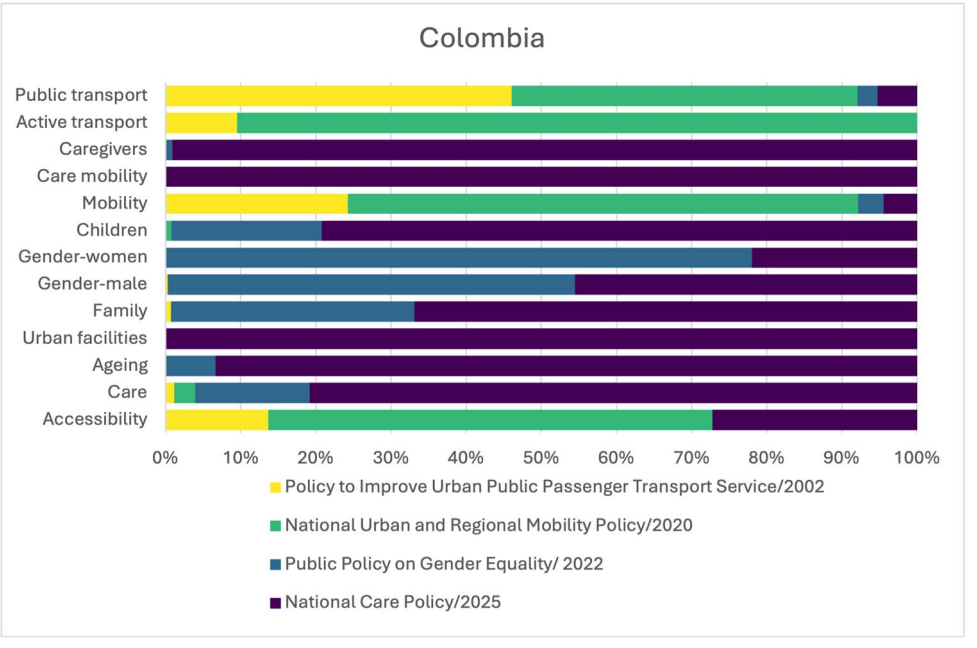

Figure 3. Lexical density in Colombia.
Source: Authors' elaboration based on policy sample.
Note: N = 3428 excerpts.

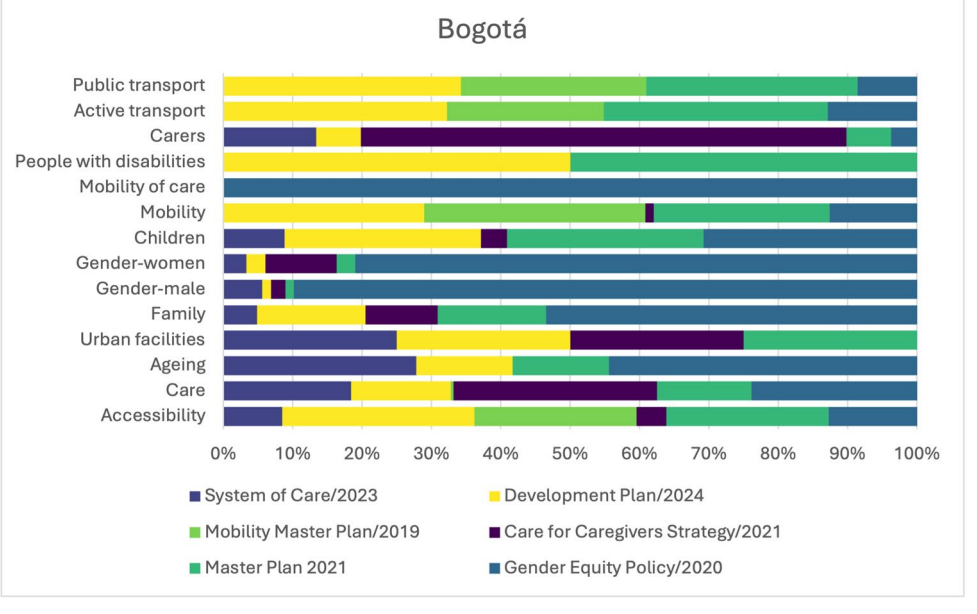

Figure 4. Lexical density in Bogotá.
Source: Authors' elaboration based on policy sample.
Note: N = 5304 excerpts.

Agents and networks of care

In this section, we identify similarities regarding the agents participating in care networks, the centrality of these agents, and the type of attributions considered. The results show that in both technical and legal documents, women are considered responsible for reproductive work, emphasising the feminisation of care. However, the definition of this role varies in the two cases studied.

In Brazil, the National Care Policy formally establishes shared responsibility among state, families, private sector, and civil society for provision of care. This co-responsibility is linked to personal autonomy and independence and the interdependence between caregivers and those cared for (Art 6. Law 5069/2024). It identifies priority groups such as children, older adults, people with disabilities, and paid and unpaid caregivers. While adopting a relational understanding of care, the policy remains rooted in traditional structures and gendered expectations – particularly placing the burden of care on women.

In Belo Horizonte, local care policy acknowledges the disproportionate care responsibilities carried by black women with low income and education and recognises that care responsibility lies with the government and the community (Art 3. Law 11751/2024). It incorporates principles of intersectionality and comprehensiveness; however, care provision continues to be primarily domestic and informal. While identifying specific target populations – caregivers (paid and unpaid); homeless older people; people with disabilities; people suffering mental health problems; young children (Article 6) – it does not consider networks of relations that shape care practices. There is limited integration with urban mobility or spatial planning, and family arrangements are still treated as static. As a result, the daily mobility practices involved in care work remain largely invisible across both sectoral and territorial policy frameworks.

In relation to care as productive (paid) work, Brazil's National Care Policy recognises care as a form of productive labour. It includes provisions for the professionalisation, training and formalisation of the care workforce, and acknowledges unpaid caregivers as legitimate policy subjects. Nonetheless, it falls short of addressing relevant urban conditions: commuting time, transportation costs, service accessibility. Lack of coordination with mobility and transportation policies undermines access to care-related jobs, particularly affecting women living in peripheral areas. In Belo Horizonte, local policy similarly includes efforts to recognise and train professional caregivers (paid care work), while also acknowledging the role of informal caregivers (unpaid care work). However, it does not directly address spatial and mobility barriers, leaving care work largely disconnected from the urban dynamics that condition it.

In Colombia, gender equity and care policies mention agents more explicitly, while territorial policies do not mention them, with the exception of people with disabilities when referring to urban accessibility. Women once again play a central role. Men are mentioned to a lesser extent, as are families and children, but older people are mentioned less frequently. Colombian national policy, particularly the guiding principles, defines care as a relational activity, which recognises the plurality of agents; the role of collective and community forms of care stands out, alongside the role of different ethnic groups and their traditional practices. It also acknowledges the feminisation of care, understood as the unequal distribution of care responsibilities (CONPES 4143/2025). It identifies children and adolescents, older adults, people with disabilities, the sick, victims of armed conflict, and LGBTIQ+ groups as people

who require care. Non-human agents – the environment and pets – are also considered in the understanding of care networks.

Colombian legislation acknowledges unpaid care work and traditional institutions, such as doulas, as care activities and proposes the creation of a National Care System (NCS). The NCS also seeks legal recognition of traditional practices through training processes as a strategy for qualified labour insertion. The NCS recognises and builds on existing initiatives, such as 'Community Mothers' and 'Care Routes'. The 'Community Mothers' initiative emerged in 1986 as an alternative for early childhood community care; it currently attends around 77,000 children (ICBF n.d.). While the service was initially regulated by Law 89/1988, it was only in 2012 that Law 1607 recognised these agents as care professionals with a right to a salary. 'Care Routes' is a more recent pilot programme seeking to guarantee access to care services for caregivers and those under their care, particularly in remote areas (CONPES 4143/2025).

In Bogotá's gender equity and care policies, women are seen as the main agents. For example, the 2020–2024 Development Plan, seeking to transform relationships of co-responsibility between the state, the private sector, civil society, social organisations and communities, proposed the creation of a District Care System (Agreement 761/2020). This proposal builds on previous regulations concerning aspects of care for people with disabilities (Agreement 624/2015) and older people (Agreement 710/2018). Bogotá's care policy unifies diverse aspects of care under a single instrument and develops a territorial model to guarantee care for families. The policy defines objects of care: children, older people, people with disabilities, and people suffering from chronic diseases. It also includes care for the environment, animals, home maintenance, and reproductive care. Caregivers are identified according to demographic characteristics such as age, gender, ethnicity, employment, involvement in social/community organisations, and degree of urbanisation (Art 20). It recognises care as a necessity for a dignified life and seeks to redistribute responsibilities based on a strategy of cultural transformation. The policy seeks to increase the autonomy of the groups who require care, and the recognition of the economic value of care.

In relation to care as productive (paid) work, in Colombia, national policy positions care as a key component of the national economy and promotes the recognition of traditional, community-based and unpaid care work as a socially essential and economically vital activity. In Bogotá, the District Care System similarly implements measures aimed at professional development and reducing the care burden. However, these efforts are structured through a territorial logic that focuses on service proximity. While the policy more explicitly recognises the diversity among caregivers, urban mobility remains underdeveloped. The commuting demands of care work – along with concerns about transport quality, cost and duration – are not fully addressed in policy instruments intended to promote labour inclusion and protection.

Spaces and mobility of care

The National Care Policy in Brazil emphasises the availability and spatial distribution of care services, highlighting principles such as comprehensiveness, intersectionality and decentralisation. The policy recognises the importance of integrating care with other public policies, including health, social assistance, education, and mobility, and aims to bring care infrastructure closer to those who need it. However, while the policy acknowledges mobility as a relevant factor, it does not develop it as a fundamental aspect of care access. This reflects

a common assumption in urban policies that simply placing services closer to people will guarantee accessibility, without addressing transportation challenges. On the other hand, the National Urban Mobility Policy establishes broad objectives for reducing inequalities and improving accessibility in urban areas. It defines mobility as a right and specifies the federal government's role in supporting local governments through financial and technical assistance. The policy also mandates the development of Urban Mobility Plans, intended to integrate accessibility considerations into municipal planning. However, despite its commitment to reducing inequalities, the policy does not explicitly address transportation needs associated with care services. It does not consider the additional burdens on women and low-income caregivers, or the mobility needs of the elderly and people with disabilities.

The municipal care policy in Belo Horizonte acknowledges the importance of infrastructure and the spatial distribution of care facilities but does not delve into how mobility conditions can impact their use, particularly for vulnerable populations. The policy mentions public transportation as a key element but lacks a detailed analysis of mobility barriers, such as costs, travel times or transportation quality. This omission is especially significant given that those responsible for caregiving – predominantly low-income women – often face greater challenges in moving around the city due to the fragmentation of the transport system and the unequal distribution of care facilities. The policy does not present concrete strategies to reduce spatial inequalities in access to care from a mobility perspective, but rather adopts a static conception of access, based on the mere presence of services.

The situation in Colombia is similar. National policies that address care subjects emphasise the availability and spatial distribution of urban services but pay little attention to mobility, reflecting a static understanding of access. The guiding principles of the National Policy on Urban and Regional Mobility (CONPES 3991/2020) primarily focus on transportation efficiency, sustainability and urban planning, lacking a strong emphasis on care infrastructure and mobility for care work.

Guiding principles in Bogotá emphasise availability and spatial distribution of urban services and infrastructure, but pay little attention to the mobility required to access them. Access is framed in terms of proximity and presence. While key facilities related to care – healthcare centres, educational facilities and social assistance services – are acknowledged, there is little discussion of how different social groups, particularly those with greater care needs, navigate to them. The absence of discussions about public transportation, pedestrian infrastructure or flexible mobility solutions indicates that mobility is treated as a secondary concern. This oversight risks deepening spatial and social inequalities.

The city's care policy establishes a system with a territorial vision based on proximity and simultaneity of services (Art 10), called 'Care Blocks'. These spaces include early childhood care units, schools, parks, libraries, community development centres, health centres, hospitals, equal opportunities homes for women, centres for the elderly and people with disabilities, happiness centres, etc., that, although dispersed, operate in an articulated manner. This system includes services for people who require care, but above all, services for the people who provide care, especially promoting rest, training spaces, professional qualification and organisation. The system also introduced Care Buses (Buses del Cuidado) as a mobile extension of the city's broader care policy. This initiative brings essential services to underserved urban and rural communities, aiming to reduce the need for long and costly commutes. Fully equipped as mobile service centres, the buses offer a wide range of free programmes, including adult education, digital literacy and professional

training, entrepreneurship support, preventive healthcare, psychological and legal counselling, and recreational activities. They also aim to create safe and supportive spaces for caregivers while simultaneously offering services to those under their care. By travelling to different localities, the system seeks to minimise the need for residents to travel long distances to access education, health or social services. While the Care Buses represent a valuable and innovative strategy for expanding the outreach of public services, they are not conceived as a structural or permanent solution. Rather than improving accessibility to the facilities and infrastructures already present in the territory, the initiative tends to replace these efforts with a mobile and temporary response. In this sense, it mitigates immediate gaps in service provision but does not address the underlying spatial inequalities that limit everyday access to care.

Discussion

Drawing on the 'mobility of care' concept (Jirón 2010; Madariaga 2013), we examined to what extent recent care policies and urban planning frameworks integrate mobility as a dimension of caregiving practices. Our findings highlight persistent policy gaps and conceptual disjunctions that weaken the transformative potential of care policies, and the urgent need to incorporate gendered, relational, and intersectional dimensions of mobility of care (Fong and Atiyya Shaw 2024; Orjuela and Schwanen 2023; Parker and Rubin 2023; Plyushteva and Schwanen 2018; Rubin and Parker 2023) into policy. Both cities have introduced policy instruments that reflect growing concern with the public dimensions of care. Bogotá's 'Care Blocks' and Belo Horizonte's Municipal Care Policy aim to reduce the burden of care activities for women by providing services close to their homes and increasing the autonomy of people who require care. While recognising care as a public responsibility, these policies treat mobility in a static way – focusing on proximity rather than accessibility.

In Belo Horizonte, the focus is on connecting the existing network of care-supporting facilities, especially for lower-income populations. However, the spatial model of the networks of urban services and goods is not clear. This could be due to a focus on presenting general principles rather than implementation guidelines. In contrast, Bogotá offers an emblematic example of linkage between sectoral and territorial policies which includes a broader set of documents defining a territorial strategy of care. This model integrates local facilities – existing and new – to bring services closer to women who play caregiver roles, as well as to recipients of care. This contrast may be associated with the varying trajectories of implementation and experimentation in care policies. In both countries, the national care system proposed the creation of a specific institution to help guarantee the protection of women's rights. In Brazil, the Ministry of Women, Family and Human Rights was officially established in 2019 after the merging of separate secretariats created in 2003; Colombia created a similar body in 2022. At the local level, Bogotá created, in 2012, the Women's Secretariat (Agreement 490/2012), while in Belo Horizonte, the Municipal Council for Women's Rights has existed since 1995 (Law 6948/1995) and the Committee for Equality between Men and Women was created in 2020 (Decree 17485/2020). The Women's Secretariat in Bogotá demonstrates significant implementation capacity through the Manzanas del Cuidado (Care Blocks) programme and the efforts for interinstitutional collaboration to expand service provision and advance the implementation of the District Care System with

the participation of multiple sectors. In contrast, institutions in Belo Horizonte have a more advisory role with limited room for regulation and implementation.

In relation to agents, we found important differences regarding responsibility, characterisation of agents, networks of relations and the regulation of care as productive work. Regarding responsibilities, in Brazil the federal government is seen as mainly responsible for the provision of care services, while Colombia exhibits a greater plurality in the responsibilities of service provision at both national and local levels. Policies recognise the role of community care, traditional practices and the strategies of different groups. This more plural character may be linked to the long-standing armed conflict that resulted in the victimisation of various groups, as well as to a tradition of delegating this type of service via initiatives such as the 'Community Mothers'.

Regarding characteristics of agents, Brazilian policy instruments – both federal and local – identify women as the main caregivers, and race and poverty as further markers of care work-related inequalities. The intersectional character of the policy is more prominent when discussing the role of professional caregivers, who are listed as agents demanding greater qualification and formalisation. In Colombia, at both levels, socioeconomic conditions and gender play central roles as drivers of inequality. In both Colombia and Brazil, gender policies strongly focus on the idea of care and empowerment of women, understanding their vulnerabilities in a more individualised way. Likewise, there is an important similarity in the theme of the life cycle: both contexts consider ageing as a stage that demands care services. The role of older people, especially grandparents, in carrying out reproductive work is not clearly recognised. This resonates with analysis identifying embedded barriers to gender-inclusive approaches in public transport policies and practice (Hayhurst et al. 2022; Sil, Chowdhury, and Thoreau 2024).

Regarding networks of relations, Brazil and Colombia differ significantly in how caregiving responsibilities are structured and recognised. In Brazil, care is still largely framed within the nuclear family, with limited institutional mechanisms for collective provision. Colombia, by contrast, adopts a more pluralistic approach, institutionalising community-based and collective forms of care. Despite this distinction, both countries have yet to meaningfully address the everyday mobility of caregivers and care recipients. However, the comparison between Belo Horizonte and Bogotá reveals that, while both cities acknowledge the feminisation of care and aim to expand the definition of caregiving roles, Bogotá presents a more structured and territorially grounded model, with tangible links between care provision and urban planning. In contrast, Belo Horizonte's approach remains more confined to familial and informal domains, with few broader connections. Nevertheless, in both cases, mobility is not yet treated as a core component in the design of care policies. This echoes a knowledge gap highlighted in previous studies (De Madariaga and Zucchini 2019; Orjuela and Schwanen 2023; Plyushteva and Schwanen 2018; Rubin and Parker 2023).

In relation to care as productive (paid) work, both Brazil and Colombia have begun to institutionalise and value care work at the national level. Nevertheless, mobility remains a peripheral concern, especially in relation to informal and unpaid caregivers. While Brazil has focused on formal training and professionalisation, Colombia has emphasised the institutionalisation of community and traditional care practices. In both countries, the lack of integration between care and mobility policies constrains their ability to advance social justice, ensure equitable access to employment, and promote the right to the city. Both Belo Horizonte and Bogotá recognise care as labour and advance professionalisation efforts. However, Bogotá demonstrates stronger coordination between care and territorial

planning, notably through the implementation of 'Care Blocks'. Even so, the mobility needs of caregivers are not comprehensively considered. In Belo Horizonte, the care policy remains more sectoral and less territorially grounded, with limited attention to commuting conditions and spatial constraints. While conceptually grounded in spatial justice, the policies fail to capture the temporal and commuting burdens faced by paid caregivers, such as domestic workers, whose mobility patterns are longer, costlier and shaped by urban inequality (Montoya Robledo 2024).

Regarding spaces and mobility of care, territorial policies in Brazil and Colombia share an emphasis on the availability and spatial distribution of care services, highlighting proximity, decentralisation and territorial integration; yet they all assume that placing services near users ensures accessibility. At the national level, both countries recognise the integration of care with other social policies but do not fully address the mobility challenges agents face. Their respective national mobility policies establish broader goals for accessibility and sustainability but lack specific focus on care activities. At the municipal level, Bogotá's 'Care Blocks' system stands out by articulating a more integrated care environment, including support for caregivers, yet it too is grounded in proximity rather than a dynamic understanding of mobility needs. The programme also offers 'Care Buses' that attend more remote areas to improve access, thus mobilising services rather than service users (Faria 2020; Manderscheid 2014; Szeto et al. 2017). While grounded in data depicting care trips in Bogotá as mostly local, with a preference for walking, and typically lasting around 15 to 30 min (Murillo-Munar, Gómez-Varo, and Marquet 2023), the focus on proximity overlooks the differential mobility patterns of paid care work that for low-income groups, particularly domestic workers, translate into long and extenuating commutes at higher cost and risk (Montoya Robledo 2024). The lack of consideration for public transport, pedestrian infrastructure, fare exemptions or flexible mobility solutions indicates that mobility remains a secondary concern. This omission risks reinforcing spatial and social inequalities, as individuals who cannot easily travel may remain effectively excluded from essential services.

Conclusion

This analysis focused on the written text of laws and policies because they constitute distinct yet complementary instruments within the government system. While policies establish general principles and political commitments, laws define specific responsibilities, mechanisms and institutional arrangements for implementation. However, regarding mobilities of care, both instruments face limitations in practice. In sectoral as well as some territorial instruments, care is recognised as a key priority, yet their translation into legal frameworks often results in a loss of centrality and transformative potential. This gap reflects the broader difficulty of operationalising complex realities involving diverse agents, relations and spaces within instruments that are typically designed around sectoral logics. Analysing the written text allowed us to reveal how the meanings and priorities embedded in policies and laws are configured, diluted or displaced and to understand why formal recognition does not necessarily lead to effective implementation or structural change.

We found that in both cases, and besides the great advances in policy adoption and implementation in Bogotá and Colombia, care is mostly understood from a sectoral perspective with little relation to territorial planning and urban mobility policies. We also

observed significant differences regarding care agents and the understanding of care and its transformative role in society. The differences between the national and local scales are also relevant, with local policies being more likely to incorporate territorial and mobility dimensions. These findings highlight an urgent need to transform the power structures associated with the feminisation of care – both in practice and in policy – which is a product of the patriarchal logic that still shapes our conception of family structures. To become drivers of structural change in the long term, policies and laws must challenge traditional understandings of care roles. This begins with recognising care as a spatial and relational system – one in which urban mobility plays a crucial role. By embedding this recognition into policy, governments can actively promote change that links gender equality with spatial and temporal justice, fostering a fairer distribution of care responsibilities and greater autonomy for individuals within families and urban life.

Beyond their differences, both cases show commitment to policy transformation that recognises and incorporates the central role of care in our societies. However, there is still room for improvement, particularly the integration of sectoral and territorial perspectives and the operationalisation of novel policy principles. We propose that one way forward is to integrate the multifaceted interdependences of care and mobility practices. They are evident in the multiplicity of agents involved in care, the relations and arrangements they establish to fulfil care responsibilities, the spaces, infrastructures and services they require, and the critical role mobility plays in enabling access to these resources. An examination of these aspects can offer a framework for understanding changing patterns of mobility of care, disparities in time allocation, and inequalities in access to urban services emerging from the complexity of care arrangements and care networks.

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Data availability statement

The data that support the findings of this study are available from the official websites of Bogota and Belo Horizonte local governments as well as Brazil and Colombia national legal archives.

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