

# **Towards caregiving as decent work**

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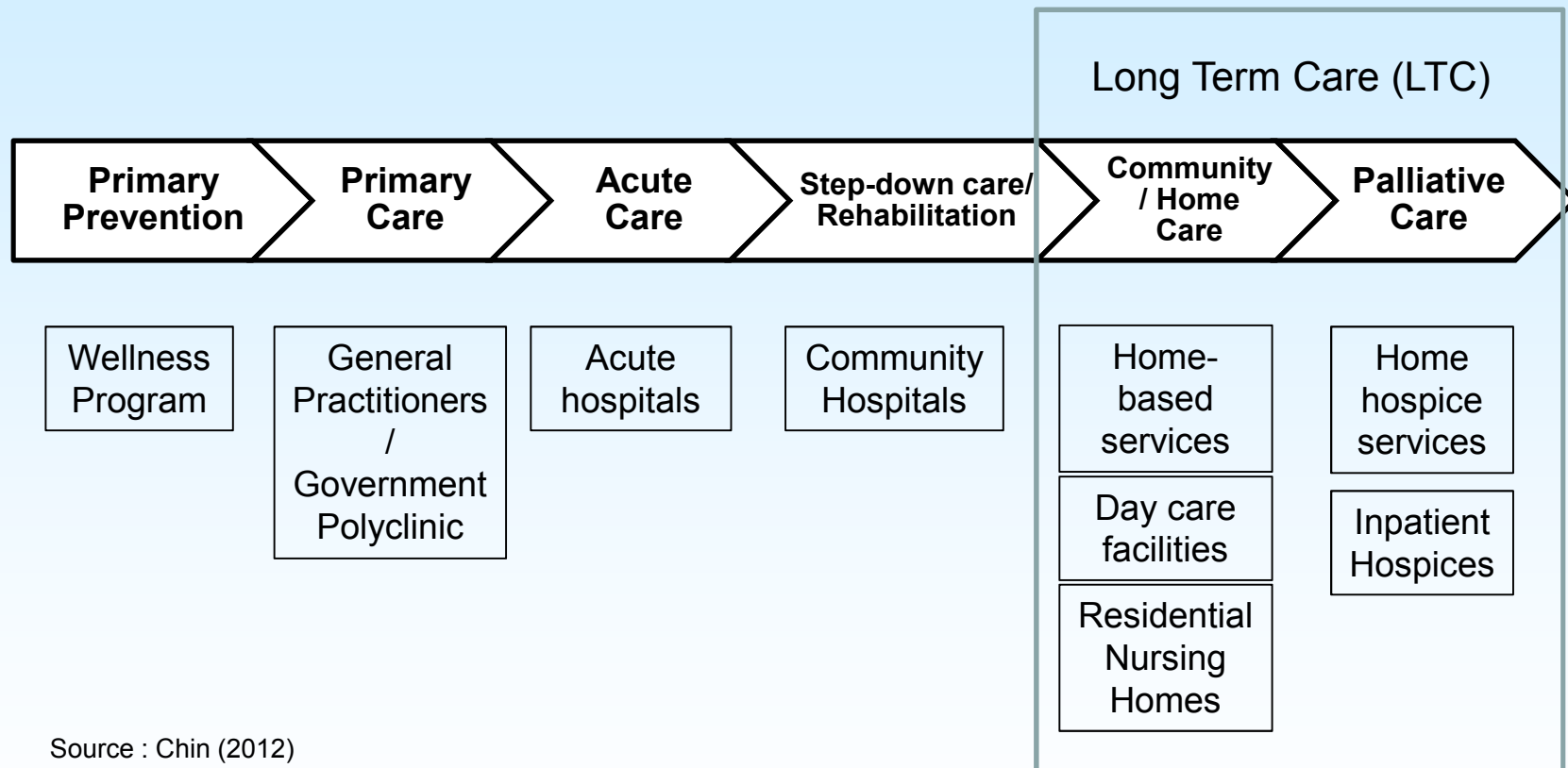
**Expert Group Meeting on “Care and Older Persons : Links to  
Decent Work, Migration and Gender”**

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# Changing Demographics and Disease Burden – A Perfect Storm

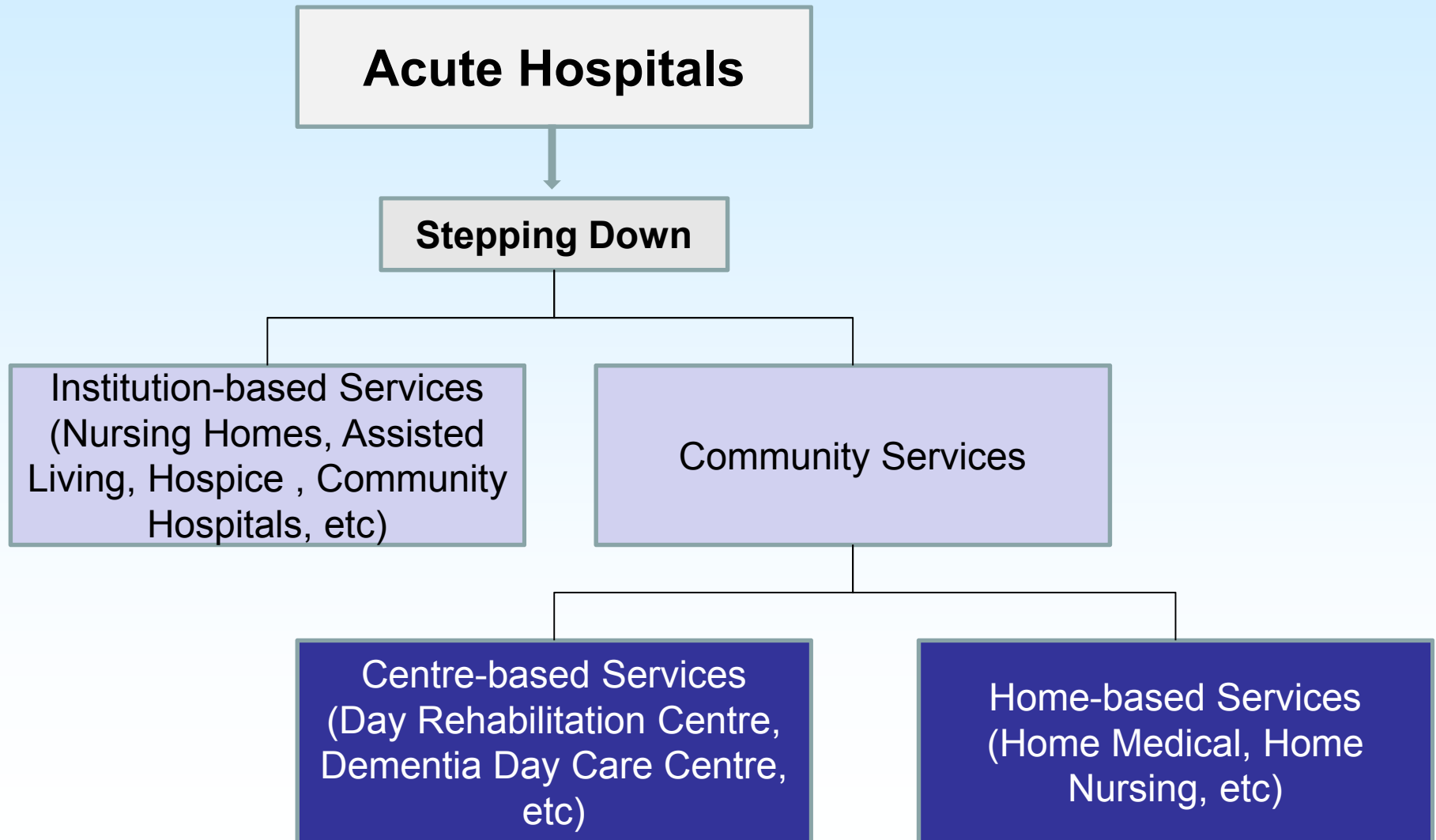
- **Asia ageing in waves:**
  - aged ( Japan, Republic of Korea, Singapore, Hongkong)
  - rapidly ageing
  - still in demographic transition but ageing
- Decreasing fertility/ Increasing life expectancy
- Speed of ageing – less time to prepare, getting old before getting rich
- Increasing number older old – frail, vulnerable
- Smaller household size ( family traditional care provider, esp.women)
- Scattered families ( internal , international migration)
- Increased female labour force participation
- Increasing number elderly living alone/single elderly
- Increase in chronic diseases, need more care

# “Continuum of Care”



Source : Chin (2012)

# Spectrum of care settings



# Health workforce

- Spectrum:

- Formal – medical practitioners, allied health professions, nursing staff, social workers, paid caregivers

- Informal - unpaid caregivers, family caregivers (usually female) , social workers

- Multitasking untrained or undertrained domestic workers (some foreign)

- Volunteers (old people's associations, self-help groups)

# What is decent work?

- ILO - promote opportunities for women and men to obtain **decent** and productive work in conditions of freedom, equity, security and human dignity
- Four strategic pillars of decent work
  - Employment
  - Standards and fundamental principles and rights at work
  - Social Protection
  - Social Dialogue

# Framework on measurement of decent work

- Employment opportunities
- Adequate earnings and productive work
- Decent working time
- Combining work, family and personal life
- Stability and security of work
- Equal opportunity and treatment in employment
- Safe work environment
- Social security
- Social dialogue, employers' & employees' representation
- Work that should be abolished
- Economic and social context

# Current situation of health workers

- Shortage of nurses (supply)
  - ageing nursing workforce
  - expanded career options for women
  - problems of recruitment, attrition, retention
  - inadequate resources for nursing research and education



## Current situation of health workers (cont'd)

- Working conditions
  - poor working conditions ( long hours, shift work, “overtime”, unsafe working conditions e.g.”sharps”, heavy duties causing injury)
  - low wages and remuneration
  - low recognition and respect
  - replaced by lower skilled assistive personnel

# LTC Human Resource Development

## LTC Human Resource Initiatives

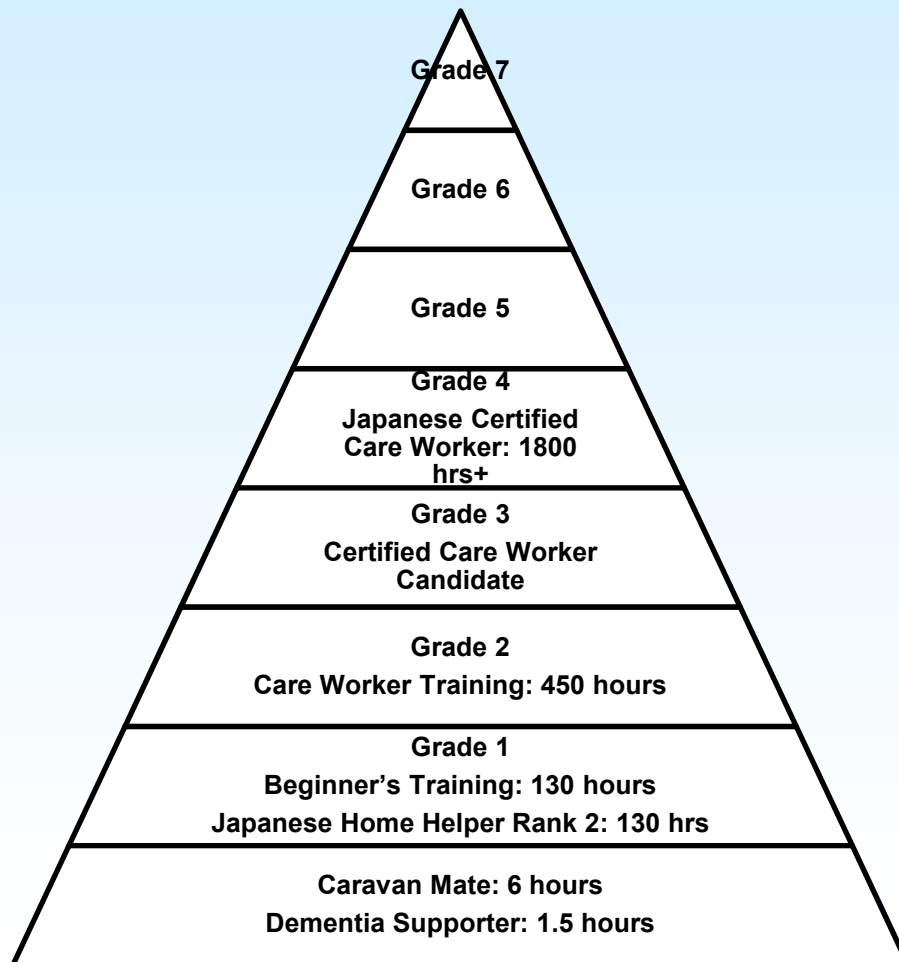
Ensuring Adequate Staffing	Ensure Competitive Pay	Raise Capability and Skills	Increase Efficiency and Effectiveness
<ul style="list-style-type: none"> <li>• <b>Aged care manpower projections</b> (factor into pipeline planning)</li> <li>• <b>Funding</b> to enable Nursing Homes to improve staff</li> <li>• <b>Secondment Framework</b> for AHPs and Nurses</li> <li>• <b>Alternative work arrangements</b> (e.g. part-time, flexi-work)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Job Evaluation Exercise</b> to determine relative job size vix. acute sector</li> <li>• <b>Funding to address salary gap</b></li> </ul>	<ul style="list-style-type: none"> <li>• Allow ILTC staff to pursue training in <b>advanced ILTC skills</b></li> <li>• <b>Facilitate training courses</b> for ILTC institutions</li> <li>• <b>Funding</b> for locals to do degree-upgrading and basic ILTC training for all</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Process Redesign / IT enablement</b></li> <li>• <b>Job Redesign</b> to enhance job value of nursing/therapy aides</li> <li>• <b>Support technology</b> adoption and innovation to improve productivity</li> <li>• <b>Demand Aggregation</b> to achieve economies of scale (bulk procurement)</li> </ul>

# Staffing shortage

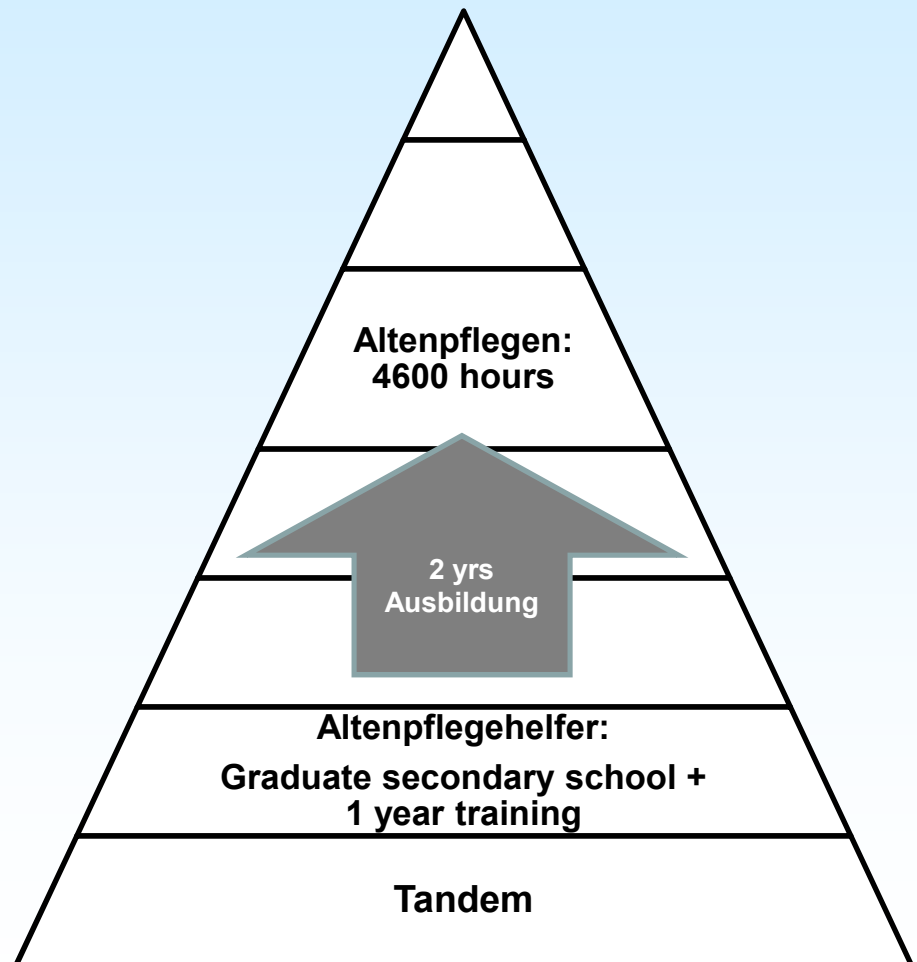
- Increase intake of students ( but need adequate training facilities, staff )
- Professional conversion programmes
- Return to nursing
- Skills upgrading ( e.g. further studies), local core
- Recruit basic care assistants to free up nurses for clinical duties
- Secondment from acute hospitals to community settings

# Long Term Care (LTC) training

## Japanese Classification of LTC

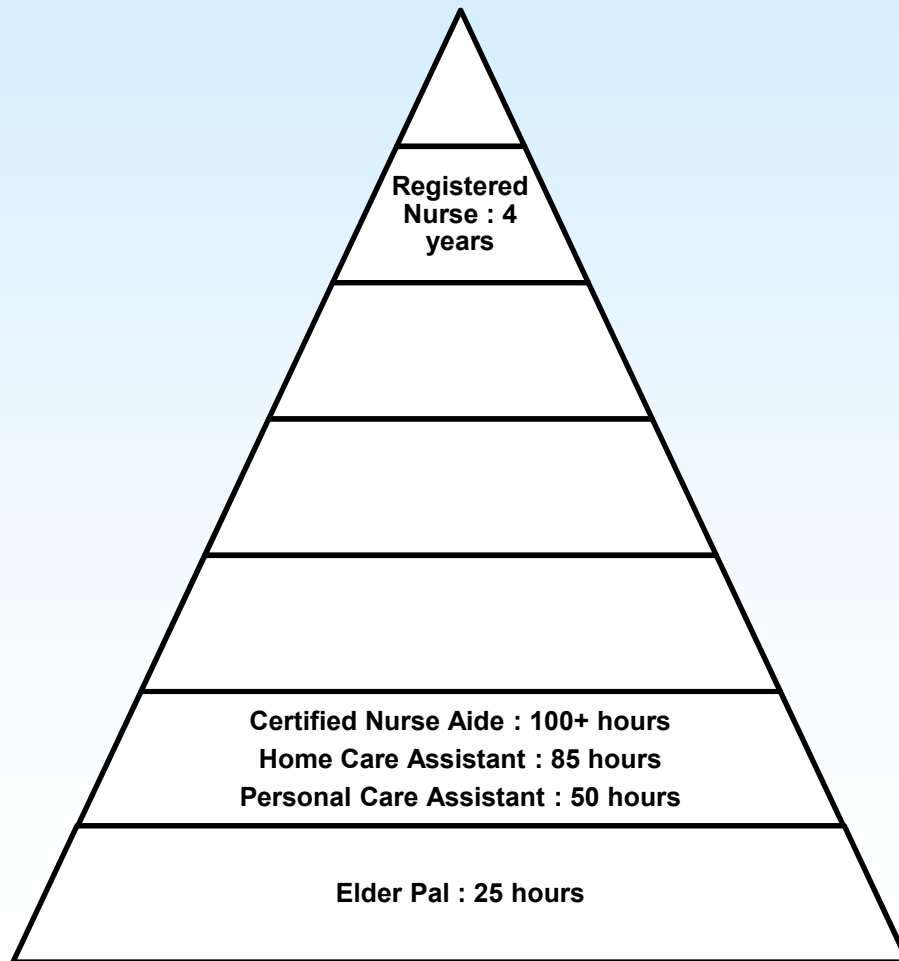


## German Classification of LTC

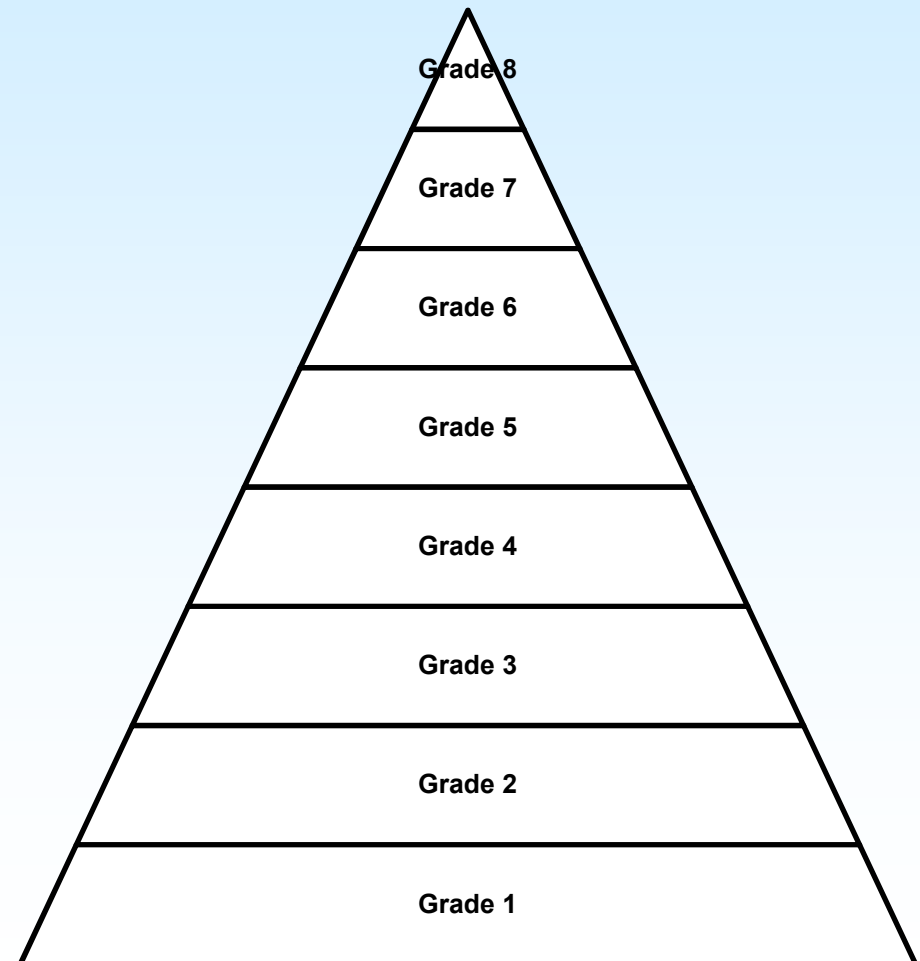


# Long Term Care (LTC) training

## USA (Hawaii) Classification of LTC



## European Care Certificate Classification of LTC



# LTC training( cont'd)

- Republic of Korea
  - ✓ Yo-yang-bo-ho-sa ( 240 hours – 80 hours theory, 80 hours practical exercise, 80 hours actual practice in nursing homes)
- Singapore
  - ✓ WSQ certificates ( training by designated training providers)
- Philippines
  - ✓ TESDA elder care certificate

# Towards improved caregiving skills

- Diversity in caregiver training among countries
- Address fundamental caregiving skills through development of national training standards eg. TESDA (Philippines). WSQ ( Singapore) based on core competencies and skills
- Tiered approach to training ( certification, career path/ladder – not dead end)
- Involve occupational certification bodies for buy-in ( such as Nurses association )
- Regulation/registration of training providers – vocational institutes, NGOs, hospital

# Working conditions

- International labour standards: ILO Conventions -106, 132, 149 (nurses), 156(family responsibilities), 171,175
- National labour laws
- Change in working conditions eg. trend to shift from 3 eight hours shift to 2 twelve hours shift
- Flexiwork(eg.flexitime,part time, job share)



# Low wages

- Large wage variations reflecting skill levels/ qualifications/education
- Job evaluation
- Expand job scope
- Skills upgrade
- Career progression
- Leverage global competition for health workers
- Address gender aspect as labour market undervalues “female work”

# New technology

- Process redesign
- Job redesign ( easephysical tasks)
- Overcome geographical barriers - extend care to remote areas
- Telehealth, telerehabilitation, telemonitoring/surveillance
- Inter-professional collaboration
- Medical record keeping and analytics
- E-learning
- Communications
- Digital healthcare market place eg. match a nurse
- Requires training of medical personnel and incorporation into curriculum

# Social protection

- Asia still very low percentage of workers in formal sector have social security (30%)
- Health workers often in formal sector and government service, which are covered under social security system
- Informal workers usually not covered under social security systems although schemes for informal sector exist in some countries eg. Singapore, Malaysia
- Measures which can be taken – rights based anchor, alternative financing (sovereign wealth fund, sin tax), nudge (opt out) etc.

# Social Dialogue

- Workers' Representation
  - (i) Organization of doctors , nurses nationally and international ( International Council of Nurses)
  - (ii) Serve as accreditation body, involved with substantive work content, and conditions of work
  - (iii) Organization of other healthcare service personnel  
e.g. Healthcare service employees union
  - (iv) Organization of domestic workers
  - (v) Organization of migrant workers (e.g collective, network) - serves to provide platform for social connections, protection , advocacy and working conditions)
- Context very important for collective action and social dialogue. In some countries, engagement guarded, discouraged or regulated

# Conclusion

- Caregiving covers a spectrum of care workers.
- The higher skilled ends of the spectrum can meet the 4 pillars of the Decent Work agenda.
- However, for the majority of caregivers, policy changes and multistakeholder support needed for caregiving to be considered **DECENT WORK**