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"

Primary Prevention → Primary Care → Acute Care → Step-down care/Rehabilitation → Community/Home Care → Palliative Care → Long Term Care (LTC)

Wellness Program
General Practitioners / Government Polyclinic
Acute hospitals
Community Hospitals
Home-based services
Day care facilities
Residential Nursing Homes
Home hospice services
Inpatient Hospices

Source: Chin (2012)
Spectrum of care settings

Acute Hospitals

Stepping Down

Institution-based Services
(Nursing Homes, Assisted Living, Hospice, Community Hospitals, etc)

Community Services

Centre-based Services
(Day Rehabilitation Centre, Dementia Day Care Centre, etc)

Home-based Services
(Home Medical, Home Nursing, etc)
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

<table>
<thead>
<tr>
<th>Ensuring Adequate Staffing</th>
<th>Ensure Competitive Pay</th>
<th>Raise Capability and Skills</th>
<th>Increase Efficiency and Effectiveness</th>
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</thead>
<tbody>
<tr>
<td>• Aged care manpower projections (factor into pipeline planning)</td>
<td>• Job Evaluation Exercise to determine relative job size vix. acute sector</td>
<td>• Allow ILTC staff to pursue training in advanced ILTC skills</td>
<td>• Process Redesign / IT enablement</td>
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<tr>
<td>• Funding to enable Nursing Homes to improve staff</td>
<td>• Funding to address salary gap</td>
<td>• Facilitate training courses for ILTC institutions</td>
<td>• Job Redesign to enhance job value of nursing/therapy aides</td>
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<td>• Secondment Framework for AHPs and Nurses</td>
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<td>• Funding for locals to do degree-upgrading and basic ILTC training for all</td>
<td>• Support technology adoption and innovation to improve productivity</td>
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<td>• Alternative work arrangements (e.g. part-time, flexi-work)</td>
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<td>• Demand Aggregation to achieve economies of scale (bulk procurement)</td>
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</tbody>
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Source: MOH Singapore
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

- Grade 7
- Grade 6
- Grade 5
- Grade 4
  - Japanese Certified Care Worker: 1800 hrs+
- Grade 3
  - Certified Care Worker Candidate
- Grade 2
  - Care Worker Training: 450 hours
- Grade 1
  - Beginner’s Training: 130 hours
  - Japanese Home Helper Rank 2: 130 hrs
- Caravan Mate: 6 hours
- Dementia Supporter: 1.5 hours

German Classification of LTC

- Altenpflegen: 4600 hours
- Altenpflegehelfer: Graduate secondary school + 1 year training
- Tandem

Source: T. Ogawa
Long Term Care (LTC) training

USA (Hawaii)
Classification of LTC

- Registered Nurse: 4 years
- Certified Nurse Aide: 100+ hours
- Home Care Assistant: 85 hours
- Personal Care Assistant: 50 hours
- Elder Pal: 25 hours

European Care Certificate
Classification of LTC

- Grade 8
- Grade 7
- Grade 6
- Grade 5
- Grade 4
- Grade 3
- Grade 2
- Grade 1

Source: C. Hayashida, T. Ogawa
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 (ease physical 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