

A growing need for decent works

Cross-cutting issues involved in long-term care for older persons

1 March 2019



Meeting the challenge of ensuring that paid care work is decent work will also improve the well-being of older persons who receive care since evidence shows that the wages and working conditions of care workers correlate with the quality of care. [1]

As noted above, the ageing of populations across regions suggests an ever-growing need for formal care workers. Care work in general, which has largely centred around child care, will increasingly be concentrated on older persons. In 2015, the ILO noted that the care economy, along with the green economy, are two commonly identified sources of future job growth across countries. [2] Long-term care is among the fastest growing sectors, with the potential to generate both employment and economic growth. Investments in the quality of care jobs are critical to realizing that potential.

As of 2015, the world was experiencing a shortage of about 13.6 million formal long-term care workers. [3] The shortages were largest in the Asia-Pacific region, at 8.2 million workers, and smallest in Africa and the Americas, at 1.5 and 1.6 million workers, respectively. In Europe, the shortage amounted to 2.3 million workers. Inadequate numbers of care workers point to the exclusion of older persons from formal care, increasing the burden of unpaid family caregivers or, in some cases, leaving care needs unmet.

The paid care labour force comprises a broad spectrum of workers, from domestic workers and nursing staff to allied health professionals, such as

The 2030 Agenda and the Sustainable Development Goals have the achievement of decent work for all as a central objective. Work that is safe, productive and fulfilling and that provides a fair income and opportunities for growth is aspired to for its own sake as well as to foster other aims, such as full participation in society, inclusive and sustained economic growth, economic empowerment and inclusion, in particular for vulnerable groups, shared prosperity and security. SDG 8 specifically commits Governments to promoting full and productive employment and decent work for all women and men and to protecting labour rights and promoting safe and secure working environments for all workers, including migrant workers, in particular women, and those in precarious employment. Efforts to realize the Agenda and attain the Goals will not succeed without addressing the considerable decent work deficits of millions of workers who provide care to the world's rapidly growing numbers of older persons.

Extracts from the Report of the UN Secretary-General to the Second World Assembly on Ageing (A/73/213). Available at: undocs.org/A/73/213.

physical and occupational therapists and geriatric specialists. They work in both home and institutional settings, including day-care centres, residential nursing homes, community and acute hospitals and inpatient hospices. Levels of skill, wages and benefits differ greatly. In OECD countries, about 70 per cent of formal care workers are personal care workers for whom no standard or minimum qualifications are mandated in many countries, [4] while the remaining 30 per cent are nurses with a minimum number of years of training.

As is the case for family care work, paid care work is largely undertaken by women, many of whom are migrants, and is widely perceived to be a female profession. Compared to other occupations, care work is generally undervalued and holds low status in society. Paid care work often provides workers with low wages, little job security, poor working conditions and few or no benefits. In addition to the low or absent qualifications required to enter into many care jobs, training opportunities while employed in care work are also limited or lacking, further preventing upward mobility in the field. In particular, workers are often inadequately trained regarding the rights and dignity of care recipients. In some cases, care workers are also subjected to verbal and physical abuse, sexual harassment and discrimination on the part of care recipients and their relatives. [1]

Caregivers tend to be underpaid even in comparison to other occupations whose workers have similar skills, education and experience, which has been referred to as the care penalty. [5] Wage penalties in care are associated with sex segregation in occupations, although they persist after controlling for segregation [6] and are higher where income inequality is high and union activity is low and where public sectors are small and public spending on care is low. [7]

These aspects of care work, along with schedules that involve long working hours and shift work and the lack of recognition, contribute to the undesirability of long-term care jobs and high turnover and low morale in those who hold them. Yet interventions can improve the terms and status of care work. In New Zealand, for example, care worker earnings were raised considerably by a pay equity settlement which led to care work becoming more valued, along with care workers. [8]

Paid care work tends to be unregulated, particularly in developing countries, many of which have seen patterns of growth in the provision of private and non-profit care services. Across countries, absent or inadequate regulations or their enforcement can put at risk decent work or prospects for decent work, as well as the quality of care, and can even increase the vulnerability of older persons to abuse. Effective regulation of care work has been shown to facilitate interaction between care workers and care recipients, lowering the likelihood of low worker morale and job turnover because of poor wages and working conditions. Regulation also improves the likelihood of training for care workers that is sensitive to the needs and preferences of older care recipients. [9]

WHO highlights three areas of action for effective, sustainable and equitable long-term care systems, two of which give significant attention to the role of decent work for caregivers. [10] They address

capacity-building of the care labour force through, for instance, training and opportunities for advancement and the improvement of care quality through, inter alia, the establishment of minimum standards and accreditation for care providers. [11] These areas also closely correspond with the concerns of many Member States regarding the fulfilment of older persons' rights to long-term care. Shortages of qualified caregivers and the need to secure better training for workers are government priorities, along with the need to facilitate ageing in place. The Russian Federation also identifies as a challenge the lack of a unified system for training and retraining long-term care specialists. [12]

At the global level, average public expenditure for long-term care is low, at less than 1 per cent of GDP. [13] Greater investment will be needed not only to keep up with the growing numbers and proportions of older persons but also to provide better training and support to caregivers. Conversely, cutbacks in public spending are likely to have a detrimental effect on the quality and availability of care jobs and hence on access to and the quality of care as well. Austerity measures, for example cuts in disability and long-term care benefits, can lead to expanded waiting lists for benefits and services, as well as staff reductions, wage cuts and reduced hours and more short-term contracts among affected care workers.

A range of steps can be taken to enhance the quality of care jobs and, in turn, the quality of care itself. As a starting point, it is crucial that Governments recognize domestic and care workers as workers protected under national labour law, which is still not the case in some countries. National training standards can lay out the core skills and competencies required of care work, which can be developed through the establishment and improvement of regulated training facilities that provide multiple levels of training and certification to promote career advancement. [14] Working conditions can be improved through adhering to international labour standards and national labour laws. In particular, the ILO Domestic Workers Convention, 2011 (No. 189), was the first international instrument to extend basic protections and rights to domestic workers, many of whom provide care to older persons. Nonetheless, as of June 2018, the Convention has been ratified by only 25 countries, [15] although in some countries progress in line with the Convention is occurring more rapidly at local levels. With regard to working hours, reducing the duration of shifts and adopting flexible work arrangements can serve to improve morale and retention. It should also be noted that new technology can contribute to decent work in caregiving, for example by easing physically challenging tasks; facilitating online learning and dissemination of information about worker rights and mobilization; and communication, including with family members.

In order to improve and standardize wages for care workers, pay scales can be established through systematic job evaluations. [16] Higher wage levels should be accessible based on an expanded job scope, upgraded skills or career progression. Where there are care workers shortages, which is particularly the case with nurses, workers should leverage global competition to demand higher wage levels. Moreover, the gender stereotyping of care jobs must be challenged so that care work becomes equally accessible and attractive to men and women and garners greater value by society.

Unpaid care work

While the 2030 Agenda and the Sustainable Development Goals give particular attention to the promotion of decent work, the issue of unpaid care is also specifically addressed. Target 5.4 highlights unpaid care and domestic work, with Governments affirming that they will: "Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate." With most unpaid care around the world carried out by women, it is necessary to explore the gender dynamics of caregiving and to reduce the burden of providing unpaid care, while providing recognition and support to those who choose to undertake it.

Globally, most care provided to older persons is carried out by family members. To varying degrees, caring for older relatives is a social norm across most societies, considered to be more a duty of families than of the public sector. Many older persons themselves prefer to be cared for by family members with whom they have close relationships. Overreliance on families for the provision of high-quality care to older persons who require it, however, is not without risk.

Numerous assumptions are inherent to the institution of family care. For example, it is assumed that women are naturally providers of care; that family members choose to engage in unpaid care work to the extent required by the care recipient; that they are equipped with the knowledge and resources to provide high-quality care; that all older persons have children or other relatives to provide care; and that family caregivers can afford to forego paid work and other responsibilities and aspirations to provide the level of care required. In fact, some Member States have legislation mandating that children or other close relatives provide care or support for their older family members. Often, these assumptions do not fully match the actual experiences of families.

Given demographic changes whereby the number and proportion of older persons in populations are on the rise and the current dearth in many countries of long-term care systems, the provision of care for older persons can be expected to pose ever greater strain on families. While Europe and northern America are currently the regions most affected by population ageing, its pace is advancing fastest in the developing regions. [17] Accordingly, even where populations currently have a large number of potential caregivers (youth and adults) for every individual older person who may or may not need care, this ratio will rise. Already, it is in low-income and middle-income countries that care needs are greatest owing to factors such as limited resources with which to establish and develop long-term care systems, competing policy priorities, weak public health systems and the disproportionate effects of non-communicable diseases in these countries; therefore, the development and strengthening of care systems and strategies, particularly in developing countries, will take on greater urgency over time.

Across countries, the allocation of caregiving responsibilities in families is not random. On average, the amount of time that women spend on caregiving exceeds the amount of time spent by men by a factor of about three. [18] In part, gender disparities in the

provision as well as the receipt of care can be explained by the tendency of women to have longer life expectancy and to marry men who are older than they are. Nonetheless, whether out of affection, duty or necessity, care tends to be shouldered by daughters, wives, daughters-in-law and granddaughters, with friends and neighbours sometimes contributing. It also happens that care responsibilities are passed on to some women, in particular younger female family members with lower status, by older relatives, often women, through manipulation or coercion. [19]

At the same time, older women across countries are more likely than older men to live alone — 17.6 per cent to 8.7 per cent — a living arrangement that reduces the likelihood of receiving care or financial assistance from others. [20] Residential patterns among older persons aged 80 and over suggest that women across age groups are more likely than men to provide care to older persons and less likely than men to receive it in their old age. [21]

Within countries, the distribution of care work and its intensity are especially influenced by family structure and composition, income, the availability of infrastructure to meet household needs (such as water and sanitation) and the accessibility of health and care services. [22] As such, among other challenges to family care is the evolving structure of families themselves, in particular the decline of traditional extended family households, which are increasingly giving way to nuclear ones, reducing the likelihood of having a resident family member available to provide unpaid care. Decreased fertility and increased mobility due to urbanization and outmigration have also led to smaller household sizes. Moreover, women's increasing participation in the labour market puts pressure on their often 'traditional' role as family care providers. In parallel to these trends, there is constant tension among the various sources of care, including family care and public, for-profit and non-profit care services. Where any one source is strained, such as owing to funding cuts or worker shortages, the others must compensate, with families often bearing the brunt of the burden. Many Governments and non-governmental organizations, in their inputs to the ninth session of the Open-ended Working Group on Ageing, cited changing household structures as a challenge to the access of older persons to care. [23] Nonetheless, both older persons and families should have choices about whether and how to receive and give care.

As family care work is unpaid and is not reflected in GDP or labour force surveys, it tends to be unrecognized and undervalued despite the fact unpaid care work enables all other work to be done. It should be noted that caregiving is a unique kind of labour for which there is no ideal way of assigning value. There are, however, efforts to measure and to assign monetary value to unpaid care work, in particular by utilizing time-use surveys, in order to make such work visible and understood as worthy of support and investment. In the United Kingdom, for example, it was estimated that time spent in 2014 on adult care by unpaid family caregivers — if valued at basic market rates — would equal more than US\$70 billion. [24]

In addition to this lack of recognition, caregivers often experience multiple burdens, such as caring for dependent children and older relatives, some of whom may require intense care, managing household chores and finances and engaging in income-generating activities.

Further, caregivers who are overworked are at risk of providing poor-quality care. At the same time, there are examples of family members undertaking care responsibilities out of self-interest in order to gain access to the pensions or assets of care recipients.

Lack of adequate training commensurate with the needs of care recipients and lack of support for caregivers are also significant barriers to the provision of high-quality family care for older persons. Family caregivers may lack the specific skills and knowledge to ensure the well-being of older persons under their care. There is often a dearth of care literacy or understanding of the ageing process and how it evolves, of frailty, of what caregiving entails, and of knowing where to turn for services and information that can be of assistance and how to monitor and improve the quality of care. [25] The Russian Federation, for example, reported that there is insufficient awareness among family caregivers of available sources of assistance. [26] Initiatives such as the Helping Carers to Care intervention of the 10/66 Dementia Research Group strive to improve dementia care in low-income and middle-income countries. [27]

Unpaid family caregivers sometimes experience declining physical and mental health themselves, especially in cases where their care recipients have significant and complex care needs. [28] Furthermore, unpaid family caregivers often confront economic strain, having taken on caregiving expenses and reduced their paid working hours or otherwise become further detached from the labour market to meet care demands, which makes reintegration more challenging over time. For these reasons, caregiving entails important opportunity costs in terms of foregone wages, time and achievements in paid employment that could lead to advancement and training, not to mention foregone leisure time, which is crucial for personal well-being and the quality of care provided to older persons. In the United States, it is estimated that family caregivers aged 50 and over who

leave the labour market to provide care for a parent give up an average of almost \$304,000 in wages and benefits over their lifetimes. [29]

Support to family caregivers is needed in order to improve care outcomes for older persons and enhance the well-being of care providers. Existing support programmes, which tend to be small in scale, have few resources and focus on women, must be invested in and expanded to be accessible to all, including men. The absence or inadequacy of support for family carers may in fact be more costly in the long term than the provision of such support when needed, taking into account the loss of the capacity older persons and the hospitalizations that could result from poor or inadequate care.

Interventions by Governments should aim to recognize, reduce and redistribute unpaid care and among other benefits they should include cash allowances to family caregivers to help offset lost wages; infrastructure developments that generate time savings and lower labour intensity; the provision of respite care, which is often the greatest need experienced by caregivers; the provision of training courses and information materials to increase the capacity of carers; the promotion of paid family leave for men and women by employers; the establishment and expansion of formal, integrated long-term care systems that provide a continuum of care at home and in day centres and residential institutions; and long-term care insurance programmes to enhance the accessibility and affordability of formal care services. Ideally, support for care should be comprehensive and should provide a range of services and support. The provision of in-kind care services to older persons, for example, may be preferred to cash services in order to reduce the risk of their financial exploitation. In the Republic of Korea, the long-term care insurance scheme has reduced the time burden of unpaid caregivers by improving access to home-based care services and has lowered out-of-pocket payments. [30]

[1] Nancy Folbre, 'Demanding quality: worker/consumer coalitions and 'high road' strategies in the care sector', *Politics and Society*, vol. 34, No. 1 (2006); and United Nations Educational, Scientific and Cultural Organization, *A Review of the Literature: Early Childhood Care and Education (ECCE) Personnel in Low- and Middle-Income Countries* (Paris, 2015). [2] ILO, *Report of the Director-General on the future of work centenary initiative*, International Labour Conference, 104th Session, 2015 (ILC.104/DG/1) (Geneva, 2015). [3] Scheil-Adlung, loc. cit. [4] European Commission and Social Protection Committee, *Adequate Social Protection for Long-term Care Needs in an Ageing Society* (Luxembourg, 2014). [5] Paula England, Michelle Budig and Nancy Folbre, 'Wages of virtue: the relative pay of care work', *Social Problems*, vol. 49, No. 4 (November 2002). [6] Michelle J. Budig and Joya Misra, 'How care-work employment shapes earnings in cross-national perspective', *International Labour Review*, vol. 149, No. 4 (2010). [7] Shahra Razavi and Silke Staab, 'Underpaid and overworked: a cross-national perspective on care workers', *International Labour Review*, vol. 149, No. 4 (2010); and Budig and Misra, loc. cit. [8] Inputs of the New Zealand Human Rights Commission to the ninth session of the United Nations Open-ended Working Group on Ageing, 23–26 July 2018. [9] Razavi and Staab, loc. cit. [10] The other action area is the development and continual improvement of the long-term care system infrastructure. [11] Inputs of the World Health Organization to the ninth session of the United Nations Open-ended Working Group on Ageing, 23–26 July 2018. [12] Inputs of the Russian Federation to the ninth session of the United Nations Open-ended Working Group on Ageing, 23–26 July 2018. [13] Scheil-Adlung, loc. cit. [14] Thelma Kay, 'Towards caregiving as decent work', paper presented at a United Nations expert group meeting on the theme: 'Care and older persons: links to decent work, migration and gender', New York, 5–7 December 2017. [15] ILO, 'Ratifications of the Domestic Workers Convention, 2011 (No. 189)'. [16] Kay, loc. cit. [17] United Nations, *World Population Ageing 2017* (New York, 2017). [18] United Nations Statistics Division, *SDG Indicators Global Database*. [19] Peter Lloyd-Sherlock, 'Unpaid family care for older people in low and middle income countries', paper presentation presented at the United Nations expert group meeting on the theme: 'Care and older persons: links to decent work, migration and gender', New York, 5–7 December 2017. [20] Ibid. [21] Ibid. [22] Shahra Razavi, 'Long-term care for older people: the role of unpaid care work', paper presented at a United Nations expert group meeting on the theme 'Links to decent work, migration and gender', New York, 5–7 December 2017. [23] Inputs of Member States to the ninth session of the United Nations Open-ended Working Group on Ageing, 23–26 July 2018. [24] Peter Lloyd-Sherlock, 'Long-term care for older people: a new global gender priority', Policy Brief No. 9 (New York, UN-Women, 2017). [25] Peter Lloyd-Sherlock, 'Unpaid family care for older people ...'. [26] Inputs of the Russian Federation to the ninth session of the United Nations Open-ended Working Group on Ageing, 23–26 July 2018. [27] See Alzheimer's Disease International, *Helping Carers to Care Intervention*. [28] Peter Lloyd-Sherlock, 'Long-term care for older people ...'. [29] Lynn Feinberg and Rita Choula, 'Understanding the impact of family caregiving on work', AARP Public Policy Institute Fact Sheet 271 (October 2012). [30] Razavi, loc. cit.