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► **Experiences on training and certification for care work in Latin America**



▶ **Experiences on training and certification for care work in Latin America**

The Rising Role of TVET Institutions
in Latin America: Training and Certification
Services for Care Work

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► Acronyms and abbreviations

| | |
|-------------------|---|
| BCCR | Central Bank of Costa Rica |
| IDB | Inter-American Development Bank |
| CAPI | Early Childhood Care Center (Uruguay) |
| CETP-UTU | Council of Technical and Vocational Education – University of Labour of Uruguay |
| CFT | TVET Centers (Chile) |
| CONAPDIS | National Council for Persons with Disabilities |
| CONOCER | National Council for Standardisation and Certification of Skills (Mexico) |
| DANE | National Administrative Department of Statistics (Colombia) |
| DINAE/MTSS | National Directorate of Employment of the Ministry of Labour and Security (Uruguay) |
| EBC | Baseline Study for the Characterization of Dependency and Care in Costa Rica |
| ENUT | National Time Use Survey (Colombia) |
| IMAS | Mixed Social Assistance Institute (Costa Rica) |
| IMSS | Mexican Social Security Institute |
| INA | National Training Institute (Costa Rica) |
| INAMU | National Women's Institute (Costa Rica) |
| INEC | National Institute of Statistics and Census (Costa Rica) |
| INEFOP | National Institute of Employment and TVET (Uruguay) |
| INFOCAL | National Training Foundation (Bolivia) |
| INSAFORP | Salvadorian TVET Institute |
| MIDES | Ministry of Social Development (Uruguay) |
| MEC | Ministry of Education and Culture (Uruguay) |
| OSCL | Sectoral Skills Bodies |
| RENEC | National Register of Occupational Standards (Mexico) |
| SENA | National Training Service (Colombia) |

► Overview

Every system of quality management and regulation for the care of dependent persons develops criteria for the training of carers: curricula content, minimum qualification levels for access to certain occupations, duration of programmes and number of hours of practice, among others. However, there are considerable differences between countries in terms of standards for training as well as skills assessment and certification.

This document gathers experiences that are currently underway, mainly in public institutions in Latin America. The purpose of this compilation is to provide a general perspective of the context in which training and certification policies are set, as well as a detailed description of the characteristics of the services, the main achievements, challenges and lessons learned. Although it is a sample of the existing offer, the aim is to generate quality information that will contribute to decision-making for the improvement of care responsibility, especially in Technical and Vocational Education and Training (TVET)

policies, while considering the need to operate under a systemic vision.

The information presented here comes from a literature review, consultation of the websites of institutions responsible for training and skills certification in each country, and primary information collected through a process developed by the ILO and the Inter-American Center for Knowledge Development in Vocational Training (ILO/CINTERFOR) during the second semester of 2022 and the first months of 2023, known as “Training and certification services for care: the rising role of Vocational Training Institutions in Latin America”. The purpose of this project was to promote the exchange of experiences, encourage debate, and analyse key aspects to progress in the professionalization of care, which is recognised as an essential component for enhancing services and the conditions of the workers who provide them.



Summary of the information exchange and generation process organized by the Gender, Equity, Diversity and Inclusion Department (GEDI), the Skills and Employability Branch (SKILLS) and the Inter-American Center for Knowledge Development in Vocational Training (ILO/CINTERFOR), October 2022 - February 2023.

“Training and Certification Services for Care Work: the Rising Role of Vocational Training Institutions in Latin America.”

5

Sessions

4 October 2022
25 October 2022
9 November 2022
29 November 2022
22 February 2023

11

Participating countries

Argentina, Chile, Colombia, Costa Rica, Bolivia (Plurinational State of), Dominican Republic, El Salvador, Mexico, Panama, Peru, Uruguay

14

Registered institutions

8

Experiences presented

Argentina, Bolivia (Plurinational State of), Costa Rica, Chile, Spain, Mexico, Uruguay*,

3

Discussion forums

- ▶ Care training and gender stereotypes.
- ▶ Curriculum design to meet market demand and respond to the profile of the target population.
- ▶ Intersectionality in TVET.

1

Web space

Videos of the sessions, presentations, complementary material of the experiences, library with standards and didactic materials.

Organized by the ILO (2022-2023): the Gender, Equality, Diversity and Inclusion Branch (GEDI), the Skills and Employability Branch (SKILLS) and the Inter-American Centre for Knowledge Development in Vocational Training (ILO/CINTERFOR)

* The Instituto Salvadoreño de Formación Profesional (INSAFORP) does not present during the virtual sessions, but presents its experience afterwards in written form. In addition, some examples of the work carried out by the National TVET Institute of the Dominican Republic (INFOTEP) with ILO support are included.

Table 1. Standards, norms or profiles for care work on the basis of which training, upskilling, assessment and certification services are implemented in selected Latin American countries, 2023

| Country | Institution/s | Standards, norms or profiles on care |
|----------------------------------|---|---|
| Argentina | Ministry of Labour, Employment and Social Security (MTEySS) | <ol style="list-style-type: none"> 1. Household caregiver 2. Non-therapeutic home carer for older persons 3. Child and adolescent caregiver 4. Cook in private homes 5. Housekeeper 6. Gardener |
| Bolivia (Plurinational State of) | Ministry of Education INFOCAL Foundation | <ol style="list-style-type: none"> 1. Salaried domestic worker 2. Nursery School Technician |
| Chile | Commission of the National System for Skills Certification (ChileValora) * (ChileValora) * (ChileValora) | <ol style="list-style-type: none"> 1. Socio-community assistant 2. Psychosocial Coordinator 3. Residence Director 4. Direct Care Educator 5. Hostel Monitor 6. Primary Caregiver 7. Domestic worker |
| Colombia | National Apprenticeship Service (SENA) | <ol style="list-style-type: none"> 1. Caring for people according to protocols for basic activities of daily living and degree of autonomy. 2. Attend to the needs for companionship according based on spiritual and emotional preferences. 3. Basic care for persons with functional dependency |
| Costa Rica | National Institute of Apprenticeship (INA) | <ol style="list-style-type: none"> 1. Comprehensive care for older persons 2. Personal assistance for disabled persons 3. Assistance for children |
| El Salvador | Salvadoran TVET Institute (INSAFORP) | <ol style="list-style-type: none"> 1. Early Childhood Care Assistant |
| Mexico | National Council for Standardisation and Certification of Skills (Consejo Nacional de Normalización y Certificación de Competencias Laborales) (CONOCER) | <ol style="list-style-type: none"> 1. Food preparation for people receiving social assistance 2. Basic care for older persons at home 3. Care for older persons in permanent/temporary social assistance facilities 4. Care for children and adolescents with disabilities in social assistance facilities 5. Provision of services for the care and integral development of girls and boys in Child Care Centres. 6. Care for children and adolescents in social assistance facilities 7. Provision of counselling support to informal caregivers of older persons 8. Care and integral development of girls and boys aged 4 to 12 enrolled in the formal education system at extended hours wellness centers/child care centers |
| Uruguay | National Institute for Employment and TVET (INEFOP) | <ol style="list-style-type: none"> 1. Training in care: Dependency Care 2. Profile: Caregivers |

* This report presents information on the certification of skills directly related to the work of ChileValora. For training, ChileValora articulates with the National Training and Employment Service (SENCE), which is the Chilean Government entity mandated to develop training and employment policy. ** It is a referent for the certification of skills, within the framework of Uruguay Certifica.

Source: Prepared by the authors based on information provided by the respective institutions.



Argentina: Ministry of Labour, Employment and Social Security (MTEySS)

Continuing education for the care economy¹

¹ To prepare this section, inputs from Ana Lis Rodríguez Nardelli, coordinator of the training line for the care economy of the Secretariat of Employment of the MTEySS of Argentina, were used during the second exchange session organized by the ILO and ILO/CINTERFOR on October 25, 2022. For the final review and adjustment of this section, Fernando Javier Antón, from the Directorate for the Standardization of Competencies and Quality Certification of the MTEySS, also collaborated.

1. Background

In Argentina, 99.3 percent of work in private homes is performed by women: 1.4 million workers, who represent 22 percent of salaried women and, despite notable regulatory advances, 77 percent of them are not registered (López Mourelo 2020, 5 and 11). Moreover, in general terms, women spend almost three times as much time as men on unpaid domestic work: women spend almost four and a half hours a day on these tasks, compared to one and a half hours for men.

In 2013, with Law No. 26,844 of the Special Employment Contract Regime for Domestic Workers, a significant step was taken to protect domestic workers and non-therapeutic carers. This regulation brings working conditions in this sector into line with those historically recognized in other sectors under employment contract legislation. For example, it makes it possible for care workers to have access to paid vacation leave, sick leave and maternity leave.

However, despite the existence of this law, challenges in the care sector are still notorious and, therefore, measures are required to transform the situation. In this sense, the professionalization of care has been considered a strategic action to achieve change.

2. Process

Since 2006, the MTEySS has been carrying out actions to contribute to the professionalization of care work, and in 2020 the training line for the care economy was formally established as part of the **Vocational and Continuing Training Plan** (Resolution 784/2020 of the MTEySS)². In Article 30 of the Plan, this line aims to “develop training and professionalization actions for domestic workers and care services, from the perspective of social co-responsibility for care and through the promotion of affirmative actions to support gender equality” (Argentina, Ministry of Labour, Employment and Social Security 2020).

Among these actions for professionalization, the MTEySS’s Directorate for the Standardization of Skills and Quality Certification promotes mechanisms for the formal recognition of skills acquired by domestic workers during their years of experience in the sector. These actions are related to standardization, assessment, and certification of skills.

To implement this line of action, the MTEySS, the Ministry of Social Development, the Ministry of Women, Gender and Diversity, the Labour Court for Domestic Workers, workers’ organizations and social organizations dedicated to vocational training such as foundations, cooperatives, universities and civil associations, among others, work together. In addition, they receive technical assistance from several international organizations such as the ILO and others of the United Nations System.

Intervention focus

The Argentine State promotes public policies on care with a gender and social justice perspective, which seek to redistribute care work, recognize the economic, social and symbolic value it represents, as well as to prioritize the tasks of workers in the care sector -most of whom are women-, understanding that they are often migrants who have precarious jobs, with low salaries, high levels of informality.

Executing training actions from a skills-based approach, in this sense, is a key tool to professionalize and de-feminize the sector. The Directorate for the Management of TVET Programs and the Directorate for the Standardization of Skills and Quality Certification (both belonging to the Directorate for Continuous Training of the Secretariat of Employment of the MTEySS) are working to identify competences and skills for these jobs to be considered as such, breaking away from the notion that they are exclusively women’s work based on home experience or social mandate.

2 The care economy is the “set of daily, permanent and necessary activities, goods and services for the maintenance of decent living conditions for people, including all those activities that involve the general maintenance of the household and the care of people. Its conceptualization points out the necessary linkage of these activities and goods with the economic development of countries and with more equitable gender social relations” (article 30 of the Plan for Vocational and Continuing Education) (Argentina, Ministry of Labor, Employment and Social Security 2020).

In the country, they are working on two main lines of action:

- ▶ Actions for the standardization, assessment and certification of skills are implemented.
- ▶ Training agreements are promoted with organizations with experience in this area. The Secretariat of Employment issues resolutions to execute training actions throughout the country, allocating funding for different areas. In addition, various modalities are used to deliver training services (in-person, virtual or blended) in order to ensure greater outreach to the policy's target population.

In order to carry out both lines of work, assistance is provided to institutions in the formulation of projects, technical-pedagogical follow-up is provided and the application of a gender equity perspective with a focus on skills is promoted.

With respect to vocational training, the specific objective is for participants to build an employment project, and to strengthen technical, communication, planning, digital, exercise of labour rights, and negotiation skills. They also seek to gain access to a network of organizations and institutions linked to employment.

In general, care activities should be conceptualized as areas of professional performance, with specific regulations and attributions, in which workers are recognized as part of a specific area of paid work. To advance along this path, Article 32 of the Vocational and Continuing Training Plan indicates that this component should be implemented with the participation of:

- ▶ National, provincial and municipal public agencies.
- ▶ State and non-state public entities.
- ▶ TVET institutions.
- ▶ Private non-profit institutions that have among their objectives the social and professional development of male and female workers.
- ▶ Civil society associations or organizations.

- ▶ Employers' organisations.
- ▶ Workers' organisations.

In this last line, the institution responsible for the sector is the Union of Auxiliary Personnel of Private Houses (UPACP), which develops actions together with the Social Protection of Auxiliary Personnel of Private Houses (OSPACP). Both institutions manage the Training School for Domestic Service Personnel, which in March 2006 began its vocational training activities for UPACP members.

The defined occupational standards correspond to the basic tasks of the sector's work activity. They are intended to be the reference material for establishing skills certification mechanisms and also a fundamental input to develop curricular designs and teaching materials.

Regarding the actions of this line, six occupational standards have been developed and registered in relation to the following roles:

1. Domestic worker
2. Non-therapeutic home carer for older persons
3. Child and adolescent caregiver
4. Cook in private homes
5. Housekeeper
6. Gardener

In addition to the development and registration of the occupational standards, five curriculum designs have been finalized and registered while the corresponding teaching materials are currently being developed or updated:

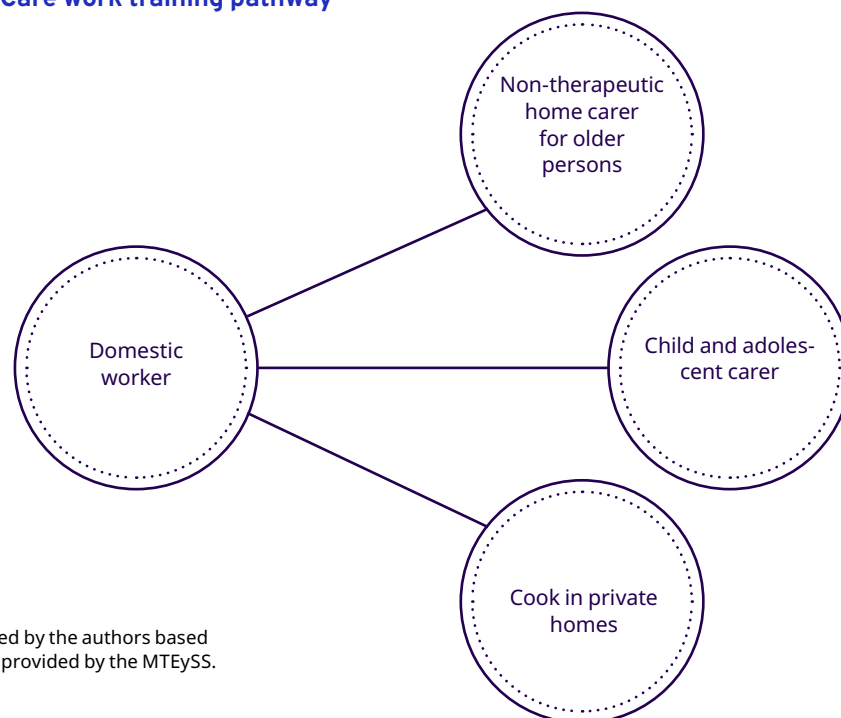
7. Domestic worker
8. Child and adolescent carer
9. Non-therapeutic home carer for older persons
10. Cook in private homes
11. Gardener

The curriculum design for domestic workers is the beginning of a training pathway that may include courses for non-therapeutic home carers for older persons, carers for children and adolescents, and cooks in private homes.

The representatives of the sector (unions and chambers) considered that the skills involved in the training for “domestic worker” are the ne-

cessary basis for further training in caring for people or for specialization in certain household tasks, such as cooking. The order in which the courses are taken is indifferent, the trajectory is flexible and adapts to the situation of each worker, providing a range of options to improve their employability.

Argentina: Care work training pathway



Source: Prepared by the authors based on information provided by the MTEySS.

Table 2 shows the modular structure of each curricular design and the corresponding hourly load.

Table 2. Argentina: Contents of the care training pathway

| Curriculum Design: Domestic worker | | |
|--|--|--------------|
| Module | Designation | Hours |
| I | General care of dependent persons | 30 |
| II | Pet Care | 10 |
| III | Plant care | 10 |
| IV | Home management | 10 |
| V | Household cleaning | 20 |
| VI | Basic and healthy cooking | 30 |
| | Total | 110 |
| Curriculum Design: Non-Therapeutic Home Carer for Older Persons | | |
| Module | Designation | Hours |
| I | Non-therapeutic health and hygiene care of older persons | 30 |
| II | Healthy eating for older persons | 20 |
| III | Recreation and leisure time for older persons | 10 |
| | Total | 60 |
| Curriculum design: Child and adolescent carer | | |
| Module | Designation | Hours |
| I | Workday planning | 10 |
| II | Promotion of child or adolescent hygiene, recreation, and development space. | 30 |
| III | Basic cooking and healthy eating | 20 |
| | Total | 60 |

Source: MTEySS.

These curricular designs are complemented with modules aimed at developing cross-cutting skills in gender perspective, characteristics of the occupational field, communication, negotiation, career planning, and access to social and labour rights. Some modules that are frequently added are: “The world of work” (26 hours) and “The employment project” (16 hours).

Two key aspects in the professionalization process are the strengthening of technical skills and the exercise of negotiation. The former is necessary to demonstrate the specificity and complexity of the tasks associated with caregiving, while the latter is vital due to the sector’s particularities, placing workers at a significant disadvantage compared to employers.

It should be noted that, thanks to the occupational standards and the curricular designs, the sector has begun to explore the possibility of certifying the skills of its workers. In various meetings, the initial goal has been set to train 20 assessors and to assess and certify 200 workers.

“Fomentar Empleo” (Promote Employment) Program

Through Resolution 647/2021 of the MTEySS, the “Fomentar Empleo” Program was created with the purpose of assisting workers with difficulties in entering formal employment. It consists of a series of actions aimed at improving their skills and facilitating job placement through a self-managed employment portal that seeks integrality and complementarity with other employment policies.

The program targets all persons aged 18 to 65 years who are unemployed or registered in the Social Monotax or in the Special Regime for Do-

mestic Workers. The “Fomentar Empleo” program gives them access to the following benefits:

- ▶ **Career guidance:** information and advice on the world of work.
- ▶ **Job search support:** information and advice on the labour market.
- ▶ **Vocational training:** free vocational training courses offered by the MTEySS or educational institutions endorsed by the MTEySS itself.
- ▶ **On-the-job training:** training in real-life work environments that allow students to acquire or reinforce skills and abilities related to their occupational profile.
- ▶ **Support for job placement:** assistance in defining a job profile and training suggestions based on personal history, knowledge and skills.
- ▶ **Employment integration program:** economic incentives for enterprises to recruit workers (reductions in employer contributions).

▶ Box 1. Argentina: Strategies for the elimination of barriers to professionalization in care.

On the one hand, the “Fomentar Empleo” program provides an economic incentive for priority groups, including women who are responsible for two or more children and who have not attained tertiary or university education, as well as young people aged 18 to 24 who have not completed secondary school. This measure aims to provide resources that enable people to address various needs or commitments that might hinder their participation in training.

On the other hand, when designing training activities, different schedules are foreseen (decentralized throughout the week or concentrated on Saturdays), so that people who work during the week may find it feasible to participate. The projects also include financial support for the maintenance of play spaces or toy libraries that operate concurrently with the courses offered, in order to facilitate the balance between care responsibilities and participation in training activities.

Source: Prepared by the authors based on information provided by the MTEySS and the Ministry of Labor, 2023. (Ministry of Labor, 2023)

Next steps

Thanks to these new policies focused on the care economy and the collaborative work of different agencies, a new bill is being processed in Congress (“*Cuidar en Igualdad*”), which seeks to generate greater recognition and a solid framework for action. The bill proposes the creation of the “Integral System of Care Policies in Argentina”.

For its design, a drafting commission was set up with specialists and consultative instances were articulated with interested organizations and competent bodies: employers’ and workers’ organisations, feminist organisations, LGBTI+ groups, persons with disabilities, children’s organisations, organisations for older persons, and those related to the social and solidarity economy. In addition, the commission drew on contributions made during the six territorial parliaments on care as part of the “*Cuidar en Igualdad*” campaign held in the country’s provinces.

Furthermore, an Interministerial Roundtable Care Policies Board was formed, composed of 15 government agencies, to plan public programs and actions that contribute to a more equal social organization of care. “*This experience demonstrated the need to advance in a system of coordination of care policies that recognizes their importance and prioritises institutional arrange-*

3. Achievements in training and certification

As mentioned above, six occupational standards have been developed through social dialogue. These standards have been translated, in turn, into five curricular designs that have already been finalized and registered, and whose corresponding teaching materials are in the process of being developed or updated. In addition, during the pandemic, special attention was given to distance learning and the production of curricular material to enable this mode of learning.

With the support of the ILO, training manuals were revised and updated based on the occupational standards for “Services in private homes”



Support material for training in “Care and attention of children” in Argentina.

and “Care and attention of children”. To this end, a call for proposals was issued for the revision and updating of the materials, from which **FLAC-SO Argentina’s** proposal was chosen.

Among the objectives of this new edition is the development of materials that can be used for distance learning, the updating of each thematic unit and the inclusion of a unit on the eradication of child labour and specific contents for the prevention of COVID. The National Directorate of Continuous Training (Directorate of Standardization of Skills and Quality Certification and the Training line for the Care Economy) and the Gender and Gender Diversity Advisory Office of the Secretariat of Employment of the MTEySS supported this work.

The Union of Auxiliary Household Personnel (UPACP) was involved in the development of the

standards and training manuals, and the UPA-CP's Training School for Domestic Personnel has been a key pillar of the training process. In total, between 2007 and 2023, more than 30,000 workers have been trained in these occupations. With regards to skills certification, implementation is expected to begin during the year 2023, through a project focused on the certification of home carers for older persons.

4. Sustainability

Certification and vocational training policies are driven by Law No. 26,844 of the Special Employment Contract Regime for Domestic Personnel, sanctioned on March 8, 2013, which protects workers in domestic services and non-therapeutic care of persons.

This law marks a milestone because it recognizes rights for a sector historically subject to labour rights violations. Along the same path, the country ratified the ILO Domestic Workers Convention, 2011 (No. 189), which entered into force in March 2015. Convention No. 189 and its accompanying recommendation, the Domestic Workers Recommendation, 2011 (No. 201), protect the right of domestic workers to form organizations, federations and confederations, and to affiliate with them.

In collaboration with trade union and civil society actors, vocational training and certification initiatives are carried out with a strong commitment to contribute, through the Vocational and Continuing Training Plan, to the professionalization and valorization of the sector. Continuous technical assistance to partners generates a repertoire of good practices that expands year after year.

Diagnosis and territorial articulation is another characteristic of the work methodology. In fact, the **MTEySS Territorial Agencies and the offices that make up the Network of Employment Offices**, through which specific territorial demands are met, are involved in all tasks.

In addition, recognising that caregiving responsibilities are a barrier to professional development, mainly for women and gender-diverse individuals, an integrated policy is being promoted. A memorandum of understanding has been signed between the Secretariat of Employment, the Ministry of Women, Gender and Di-

versity and the Ministry of Social Development in the interests of comprehensiveness and intersectionality. Among proposed actions is the **promotion and dissemination of care spaces for children in the care of those participating in employment programs in order** to encourage the access and retention of women and gender-diverse individuals.

5. Necessary conditions

The regulatory framework -described above- provides the political and institutional conditions to advance with the stated purposes and goals. Since 2019, one of the priorities in the management of the MTEySS is to consider the care sector as a field of work that generates economic value and whose recognition and professionalization are essential for the national project of social justice and employment. In parallel, the socio-cultural progress driven by feminist social movements has been a key factor in the current state of affairs.

6. References to learn more about the practice

- Argentina, Ministerio de Trabajo, Empleo y Seguridad Social. s. f. «Fomentar Empleo». <https://www.argentina.gob.ar/trabajo/fomentarempleo>.
- 2020. *Plan de Formación Profesional y Continua*. Resolución 784/2020. Disponible en <https://www.argentina.gob.ar/normativa/nacional/resoluci%C3%B3n-784-2020-342782>.
- 2021a. *Trayecto formativo. Cuidado y atención de niños y niñas: Material de apoyo para la formación de cuidadoras y cuidadores de niños y niñas*. Disponible en https://www.ilo.org/buenosaires/publicaciones/WCMS_839804/lang--es/index.htm.
- 2021b. *Trayecto formativo. Servicios en casas particulares: Material de apoyo para la formación del personal de casas particulares*. Disponible en https://www.ilo.org/buenosaires/publicaciones/WCMS_839803/lang--es/index.htm.



Bolivia (Plurinational State of): National Training Foundation (INFOCAL)

**Training and certification services for caregivers:
Child development center INFOCALITO³**

³ The information in this section is extracted from the presentation made by Janet Chávez Zambrana, Executive Director a.i. of the INFOCAL Foundation, and Lolit Sulca, INFOCAL professor, at the third session of the process organized by ILO/CINTERFOR (November 9, 2022).

1. Background

The National Training Foundation (INFOCAL) is a private, non-profit educational institution that focuses on TVET at the intermediate and higher levels. Since 1989, it has been providing workers with knowledge and practical skills in accordance with the provisions issued by the Ministry of Education. It is present in nine departments of Bolivia with 15 operational centers.

Regulatory framework

The Plurinational State of Bolivia has great challenges and opportunities in the regulatory aspect. For example, although Article 338 of the Political Constitution defines domestic work as a source of wealth and establishes the duty to quantify it in public accounts, for the time being there is no such analysis. Likewise, although Article 62 of the General Labour Law requires the creation of daycare facilities in companies with more than 50 workers, compliance with this provision is still pending.

On the other hand, there are no specific laws to address the needs of populations such as older persons or persons with disabilities, nor are there any institutions responsible for the issue of care.

However, the competencies of local governments open up the possibility of designing laws in favor of care co-responsibility, as well as developing policies and plans in this area.

Discussion on training and certification services for caregivers

On August 10, 2022, a discussion on the care economy from a TVET perspective was held in La Paz. The purpose was to encourage dialogue between different social actors to analyze and propose ways to modify gender inequality in relation to care tasks and responsibilities. Indeed, these tasks have an impact on the access and retention of students in TVET and on the social and economic empowerment of women.

The Ministry of Justice, UN Women, the Women's Coordinating Committee, the municipal governments of La Paz and El Alto and civil society organizations participated in this activity. The government sector proposed to carry out two national surveys over the next two years on:

1. Prevalence of gender-based violence.
2. Use of time.

This is a first step to make visible the reality faced by women and their economic contribution to the country.

Ministry of Education and the Plurinational System of Skills Certification

The Bolivian Ministry of Education provides services for the recognition of skills through the Plurinational System for Skills Certification. It currently has 91 standards for the skills assessment and certification of workers with practical experience who require an official document to demonstrate their skills in the labour market. Among these standards, there is one specifically for salaried domestic workers, which includes aspects related to assistance and care for family members (see detail in Table 3).

Public policies and the democratization of care in society

The new horizon of social transformation based on the distribution of time for care proposes that both the State and the community, as well as families – including both men and women – share responsibility for the care of children, adults and persons with disabilities. In this way, a fairer care structure would have the potential to reduce inequalities, contribute to well-being and close gaps. In the Plurinational State of Bolivia, it is estimated that women dedicate more than double the time spent by men to domestic and care work.

Why is it important to put care at the center of debate and public policies? The first reason has to do with the challenges of reducing poverty and inequality. One premise of national and regional diagnoses on social progress is that it will not

Table 3. Plurinational State of Bolivia: Standard for the skills certification of salaried domestic workers

| Salaried domestic worker | Trabajador/a asalariado/a del hogar |
|--------------------------|--|
| Occupation objective | Perform tasks related to cooking, cleaning, laundry, assistance to family members and other duties inherent to household services, for a salary and under working conditions in accordance with current national regulations for workers in this occupation. |
| Competences | <ol style="list-style-type: none"> 1. Keep the house clean and tidy according to the employer's customs. 2. Prepare diverse meals according to the employer's requirements. 3. Keep clothes clean, ironed and in good condition in a timely manner. |
| Complex situations | <p>In Bolivia, in particular, and in Latin America in general, salaried domestic work constitutes one of the most significant knots in labour and social relations, due to its devaluation and invisibility. Indeed, this work often extends beyond mere domestic service, as workers have to deal with complex situations such as:</p> <ul style="list-style-type: none"> ▶ Medical emergencies of a family member. ▶ Dealing with events involving visitors. ▶ Support in the care of children or persons with different abilities. |
| Future of the occupation | <p>The goal of salaried domestic service is to improve living conditions, housing, food, and remuneration. The proposed strategies include:</p> <ul style="list-style-type: none"> ▶ Affiliation of the majority of salaried domestic workers with their trade union federation. ▶ Promotion, interaction and awareness-raising among state institutions and civil society on the issues of salaried domestic work. ▶ Access to social security and retirement benefits. ▶ Training, capacity building and technical and legal advice. |

Source: Author's own based on *Estado Plurinacional de Bolivia, Sistema Plurinacional de Certificación de Competencias 2009*.

be possible to achieve greater advancements in closing gender gaps in the labour market and, consequently, in inequality, without addressing gender gaps in the use of time dedicated to care and domestic tasks. In 2020, 80 percent of Bolivians requiring care due to a dependency condition lived in poor or vulnerable households. The second reason is that the recognition of care is a necessity for life sustainability.

The need for care and the willingness to care

In the Plurinational State of Bolivia, nearly 4.5 million people – almost half the population – are in a situation of dependency and require care. For the time being, more attention is paid to care centered on the needs of early childhood

due to its population weight, but there is a projected change in the age structure that foresees new demands for care for older persons in the near future.

INFOCAL believes that it is possible to achieve a transformation that leads to greater shared responsibility for care. To accomplish this, after a national debate, new social and political agreements are deemed necessary to pave the way towards a national care system that contributes to promoting a society with greater well-being for all. The institution has implemented a pioneering practice to support the enrolment, retention, and graduation of students with childcare responsibilities, while at the same time improving the training of childcare professionals.

INFOCAL Tarija Child Development Center

The majority of the population of the INFOCAL Tarija Foundation is located in the lower-middle and low socioeconomic levels and are heads of households in single-parent families. Since before the COVID-19 pandemic, a high number of women dropouts had been detected, mainly associated with childcare responsibilities. For this reason, on May 5, 2021, the INFOCALITO child development center started operating at the institute located in the department of Tarija.



INFOCALITO Child Development Center, Bolivia.



The main purpose of this center is to contribute to the improvement of the academic performance of INFOCAL Tarija students, providing comprehensive care to children from 0 to 6 years old, ensuring their well-being during class periods to avoid student dropout. The program is aimed primarily at students of the six degrees taught at the institute (early childhood education, nursing, automotive mechanics, gastronomy, accounting and computer systems) and is open to teaching and administrative staff.

Care services are provided in three shifts (morning, afternoon and evening) and receive, on average, 14 children in each shift. An important element is that the system allows early childhood education students to carry out their practical training there (two students per shift).



Table 4. Bolivia: INFOCAL Tarija’s “Higher Technical Program in Early Childhood Education”

| Program | Early Childhood Educator |
|-------------------------|---|
| Duration | 3 years (3,600 hours) |
| Educational requirement | Bachelor’s Degree or Diploma |
| Overall objective | To train highly competent and committed early childhood education professionals to address the different stages of development of children under six years of age. Graduates should be capable of planning, executing and evaluating activities to stimulate and strengthen cognitive, linguistic, socio-emotional, artistic, motor, creative and spiritual potentialities. They should possess the ability to apply strategies and tools suitable for the context, characteristics, community, culture and age of the child population, with a strong sense of service. |
| Occupational profile | The graduate is qualified to: <ul style="list-style-type: none"> ▶ Identify and differentiate the peculiarities of each community facilitating the relationship, care and education of children, using different methods to build teaching-learning processes and continually assess children under six years of age. ▶ Use the mother tongue to communicate with children, providing information and guidance, as well as offering information to mothers or individuals in charge of infants about nutrition, health and first aid based on the context or social needs of the region in which they are located. ▶ Develop programs as well as recreational and psychomotor activities incorporating the use of different instruments or materials, including recycling materials to raise awareness about environmental care. ▶ Apply psychology in the development and education of children, ensuring their emotional stability and physical integrity while respecting the customs and habits of the family and social nuclei of the community. |

Source: Author’s own based on information from INFOCAL Tarija website:

This program always includes as a requirement a work placement (360 hours, approximately four months), which can be done in educational units or nursery schools in the country, and in the case of INFOCAL Tarija, it is possible to do it in the INFOCALITO child development center itself.

2. Process

The refurbishment of the infrastructure and the acquisition of materials have been provided by Swisscontact and INFOCAL Tarija itself. The latter is responsible for hiring the professionals in charge of the child development center.

In addition, the only contribution that parents must make is 3 bolivianos per day (approximately US\$0.40) for their children’s mid-day snacks.

3. Sustainability

Five factors have been identified to ensure the sustainability of this type of initiative:

- ▶ **Institutional management:** Make agreements with other institutes to provide more comprehensive care for children, with support from other centers such as Montessori. This would also help generate more practical training opportunities for students.
- ▶ **Technical-pedagogical management:** Improve the skills of early childhood education students through educational practices.
- ▶ **Infrastructure and equipment:** Maintain and upgrade equipment and improve the environment, including expanding spaces to accommodate more children.

- ▶ **Adaptation of biosecurity measures:** Continuously improve these measures to provide an adequate service for both caregivers and children.
- ▶ **Financial planning:** Establish a scheme whereby the only expense for parents is related to snacks.

4. Achievements

A total of 42 students make use of the services of the child development center to attend classes in their respective programs, while six early childhood education students complete a work placement and receive payment or a scholarship at the institution. They also receive training in social (interpersonal) skills, gender violence, leadership, public speaking, masculinities, and self-esteem.

5. Necessary conditions for the Future

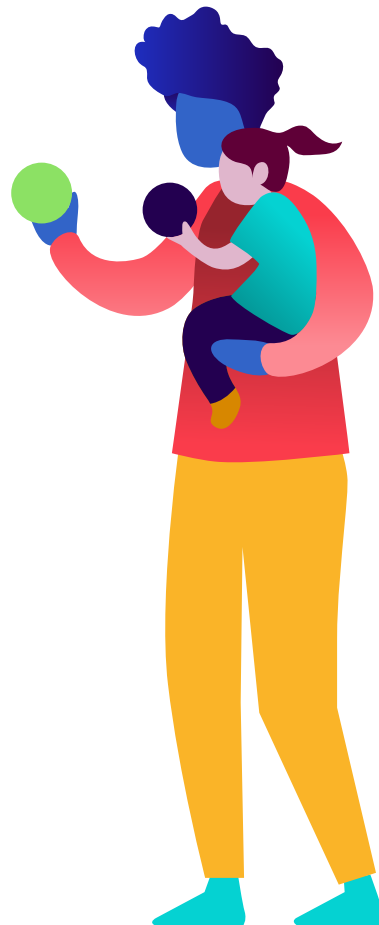
The aspiration for the future is to have more space and equipment to expand services and accommodate a greater number of students to undertake their practical training at INFOCAL.

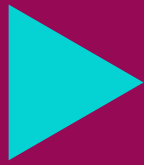
6. References to learn more about the practice

INFOCAL Tarija Foundation. General information and registration.

Fundación INFOCAL Tarija. Información general e inscripciones:

- ▶ Website: <https://infocaltja.edu.bo/>
- ▶ Facebook page: <https://www.facebook.com/FundacionInfocalTja/>





Chile: Commission of the National System for Skills Certification (ChileValora)

Services for the integration of unpaid caregivers
into formal employment ⁴

⁴ The content of this section is based on information presented by Igor Dedic, in charge of International Affairs at ChileValora, during the second exchange session organized by the ILO and ILO/CINTERFOR (October 25, 2022).

1. Background

The Commission of the National System for Skills Certification, ChileValora, is a public service created under Law 20.267 of 2008, which operates through an Executive Secretariat and is led by a tripartite board: employers are represented by the Confederation of Production and Commerce (CPC) – encompassing the majority of enterprises – and the Confederation of Micro, Small, and Medium-sized Enterprises of Chile (CONAPYME) – representing small and medium-sized enterprises; workers are represented by the Chilean Confederation of Workers (CUT) – the most important trade union in terms of number of members; the State is represented by the Ministry of Education, the Ministry of Labour and Social Security and the Ministry of Economy, Development and Tourism.

ChileValora has three main objectives:

- ▶ To formally recognize the skills of individuals, regardless of the way and place in which they were acquired and whether or not they have an academic degree or qualification.

- ▶ To enhance their opportunities for continuous learning, recognition and valorization (through the development of occupational training pathways associated with the TVET Qualifications Framework).
- ▶ To make the information generated by ChileValora (specifically, occupational profiles and training plans) available to the TVET and formal education systems.

In the process of standardising and developing occupational standards and profiles, the tripartite composition of the board is replicated. Entities with significant influence in the relevant productive activity come together in working groups to jointly identify the competences required for that standard or profile.

Primary Care Certification: Background

One of the priorities of the Government Program is the creation of a National Care System that manages to distribute among households, the State and the community, the care of people, including children, persons with disabilities, de-

How ChileValora works

Productive sectors: Sectoral Skills Bodies (OSCL)

- ▶ We work with representatives from the productive sectors in tripartite instances (workers, and the government), known as Sectoral Skills Bodies (Productive sectors: Sectoral Skills Bodies (OSCL))

Occupational profiles catalog

- ▶ We identify occupational profiles and their training plans, validated by the OSCL
- ▶ These profiles are accredited to form the catalog of ChileValora Occupational profiles catalog

Assessment and certification process

- ▶ Assessment and certification centers are accredited to carry out the assessment processes on occupational profiles from the catalog and provide skills gap reports to enterprises/workers
- ▶ There is a public registry of individuals certified through ChileValora's processes

Coordination with the TVET system

- ▶ To recognise the Certificate of Competencies in TVET centres, the academic workload and/or duration of a training program can be reduced depending on the certificates recognised by the centre. Similarly, the centres can design mid way exits in its programs by awarding certifications to students

Source: Dedic (2022).

pendent older persons, and caregivers (Government of Chile 2022, 37). This mandate directly involves several institutions to achieve this objective.

This is a step of central importance in advancing towards the achievement of the Sustainable Development Goals (SDGs): specifically, SDGs 5 and 10, aimed at gender equality and the reduction of inequalities in general.

ChileValora contributes institutional resources, strategic alliances and links with public, private and supranational entities. It designs and implements strategies for the certification of skills in

specific populations. All of this is done with the firm conviction that certification strengthens employability and contributes to the socio-economic integration of people.

2. Process

ChileValora organized competency projects to develop six occupational profiles in the field of care. To do so, it established the respective Sectoral Skills Bodies (OSCL), with representation from employers, the public sector and workers in the sector. The outcome of this process is detailed in the table below.

Table 5. ChileValora: Occupational profiles associated with care (health services and social assistance sector, social assistance sub-sector)

| | |
|-------------------------------|---|
| Profile name | Socio-community assistant |
| Qualification level | 2 |
| Other occupation names | Support Assistants, Respite Caregiver |
| Requirements | Certificate of health condition compatible with the occupation. |
| Primary Purpose | Provide socio-community assistance services to people in situations of dependency and violation of rights, according to diagnosed needs and current regulations. |
| Competence units | <ul style="list-style-type: none"> ▶ Manage the person's access to the social services network, according to the user's requirements and intervention plan. ▶ Implement networking according to the intervention plan. ▶ Provide respite services to primary caregivers. |
| Profile name | Psychosocial Coordinator |
| Qualification level | 4 |
| Other occupation names | <ul style="list-style-type: none"> ▶ Psychosocial dupla ▶ Technical team |
| Requirements | <ul style="list-style-type: none"> ▶ Requirements for performing the occupation in a work context: professional title in a related field. ▶ Requirements for assessment and certification: no requirements. |
| Primary Purpose | Carry out psychosocial diagnosis, design and conduct the implementation of the intervention plan for children, adolescents, persons with disabilities and older persons in contexts of residence and violation of rights. |
| Competence units | <ul style="list-style-type: none"> ▶ Manage the person's stay, according to a rights-based approach, a well-being approach and current regulations. ▶ Plan personalized intervention, according to diagnosis, background, special needs and current regulations. ▶ Manage the intervention plan according to established guidelines, technical orientations and current regulations. ▶ Coordinate the pre-entry and exit process of the residency according to protocols and current regulations. |

| | |
|-------------------------------|--|
| Profile name | Residency Director |
| Qualification level | 5 |
| Other occupation names | <ul style="list-style-type: none"> ▶ Residency Coordinator ▶ Administrator of Processes in Residences |
| Requirements | <ul style="list-style-type: none"> ▶ Requirements for performing the occupation in a work context: professional title. ▶ Requirements for assessment and certification: no requirements. |
| Primary Purpose | Guarantee the restitution of the violated rights of children, adolescents, persons with disabilities and older persons, in terms of protection and integral development according to court provisions, technical guidelines and current regulations. |
| Competence units | <ul style="list-style-type: none"> ▶ Guarantee the operation of the residence and the development of its workers, ensuring the wellbeing of the families and beneficiaries, according to quality standards, a rights-based approach and current regulations. ▶ Continuously evaluate the co-construction and implementation of the intervention plan, according to technical guidelines, quality standards and current regulations. ▶ Manage personal resources of the intervention team and its activities, according to protocols, quality standards and current regulations. |
| Profile name | Direct Care Educator |
| Qualification level | 3 |
| Other occupation names | Educador(a) sociocomunitario |
| Requirements | <ul style="list-style-type: none"> ▶ Requisitos para el desempeño de la ocupación en contexto laboral: certificado de condición de salud compatible con el oficio. Licencia de enseñanza media. ▶ Requisitos para la evaluación y certificación: no aplica. |
| Primary Purpose | Realizar acciones de acompañamiento, apoyo, cuidado y afectividad consciente de niños, niñas y adolescentes en contextos de vulneración de derechos. |
| Competence units | <ul style="list-style-type: none"> ▶ Colaborar en la co-construcción del plan de intervención, en base a líneas estratégicas determinadas y normativa vigente. ▶ Desarrollar actividades de acompañamiento durante la estadía del niño, niña o adolescente, según tipo de ingreso, líneas estratégicas, enfoque de derecho y normativa vigente. |
| Profile name | Hostel Monitor |
| Qualification level | 2 |
| Other occupation names | - |
| Requirements | - |
| Primary Purpose | Carry out processes for the reception and accompaniment of homeless people in shelter activities, based on a rights-based approach, protocols and current regulations. |
| Competence units | <ul style="list-style-type: none"> ▶ Coordinate the stay cycle of homeless people in hostels, in accordance with current protocols and regulations. ▶ Organize the functioning of the lodge, in accordance with technical procedures and current regulations. ▶ Promote actions of accompaniment and support to the user, based on a rights-based approach and current regulations. |

| Profile name | Primary Caregiver |
|------------------------|---|
| Qualification level | 2 |
| Other occupation names | Caregivers, caregivers of the sick, caregivers of the ill |
| Requirements | Certificate of health accreditation compatible with the occupation. |
| Primary Purpose | Provide primary care services to people in situations of dependency and violation of rights, according to diagnosed needs and current regulations. |
| Competence units | <ul style="list-style-type: none"> ▶ Assist in activities of daily living, according to current regulations and intervention plan. ▶ Execute activities aimed at maintaining and improving health, according to current regulations and specialist specifications. ▶ Perform the process of monitoring compliance with the intervention plan and user's status, according to action protocols. |

Source: Author's own based on profiles available at www.chilevalora.cl .**Source:** Author's own based on profiles available at www.chilevalora.cl .

From the perspective of qualification level, the primary caregiver profile is at the base. It was designed with an emphasis on the care of older persons, mainly because, when the profile was drawn up, the people who made up the Sectoral Skills Bodies (tripartite) came largely from the elderly care sector⁵ .

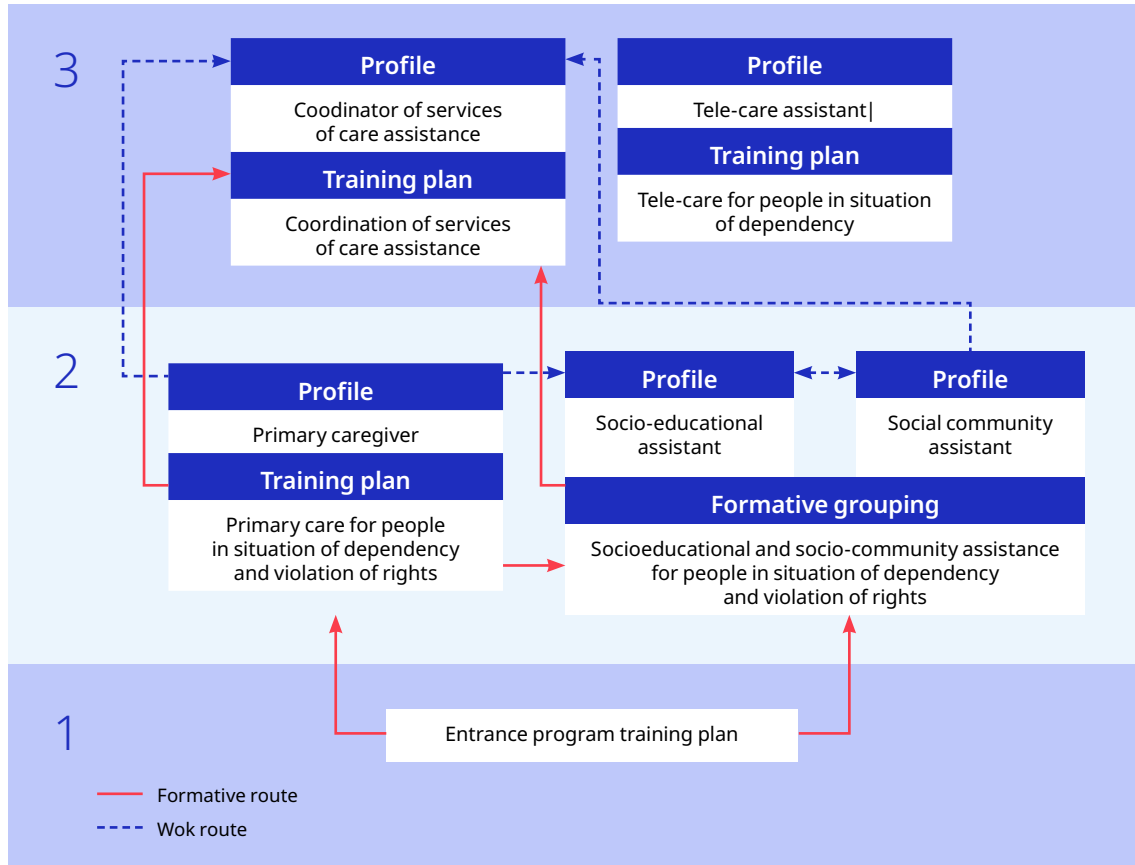
Based on the occupational profiles and their qualification levels, training plans and career

pathways were established. Thus, with a specific training plan, a primary caregiver could become a care coordinator or a tele-assistant caregiver.

Likewise, possible pathways are established through the recognition of skills, allowing for progression in the qualification level. The expectation is that higher qualification levels will translate into improved working conditions and better job performance.

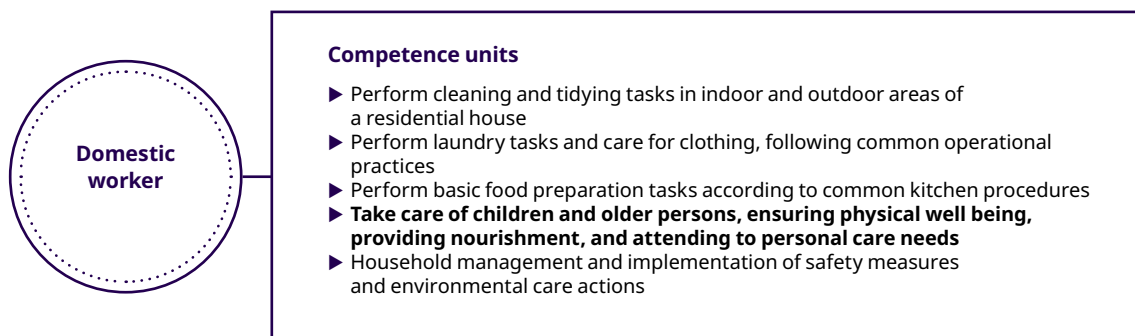
5 This emphasis is currently undergoing a process of review and technical analysis to determine the need to define new profiles and/or new units of complementary competencies that refer to other populations requiring care.

ChileValora: Training and employment pathways for primary caregivers



Source: Dedic (2022).

ChileValora: Domestic worker profile



Source: Author's own based on profiles available at www.chilevalora.cl.

How has certification been addressed in the care setting?

The certification was carried out in two projects: one (MPTF Mujeres Emplea), with the United Nations Multi-Partner Trust Fund for COVID-19 Response and Recovery (UN COVID-19 MPTF), and the other led by the ILO: “Capacity building of local governments in Santiago de Chile and Mexico City to strengthen the socioeconomic integration of migrants and refugees through access to decent work, sustainable livelihoods and social dialogue” (MPTF Migration).

The first, with support from UN Women, ILO, FAO and ECLAC, seeks to create more opportunities for the sustainable economic reintegration of young women affected by the COVID-19 health emergency, leveraging partnerships, cross-cutting approaches and innovative technologies to facilitate the return to employment and/or entrepreneurship in two major areas of work: enabling training services in areas of Industry 4.0 and generating opportunities for care services in coordination with implementing partners.

The pilot project is being implemented in municipalities in the north, center and south of Chile, and provides women with a platform from which they can access both training and services to match labour supply and demand.

The second project was implemented in the municipalities of Santiago de Chile and Mexico City to enhance the socioeconomic integration of migrants and refugees through decent work. Among other actions, it promoted a care network for women to access the labour market and, at the same time, opportunities to provide care services; that is, care workers could be formally employed as part of the municipal care network.

In general terms, the project addresses four areas of action:

- ▶ Strengthening public services for migrants and refugees.
- ▶ Labour intermediation and skills certification.
- ▶ Assistance for the strengthening of enterprises.
- ▶ Training in labour and immigration matters..

3. Achievements in training and certification

Between the two projects, 300 people have been certified in the profile of “Primary Caregiver”. Of these, three are men.

4. Projections and lessons learned

Skills certification systems can contribute to the establishment of a national care system by ensuring the quality of care and creating opportunities for caregivers. In this regard, it is crucial not only to identify occupational skills but also to establish training pathways that can enhance employability over time.

As opportunities for training and personal development are facilitated for unpaid caregivers, the chances for recognition, redistribution, regulation, promotion, and the emergence of new forms of care work increases. Thus, skills certification cannot be viewed in isolation or separately from vocational training .

Another essential element is to improve integration between related public policies. In this regard, the Ministry of Social Development and Family has integrated a more detailed descrip-

6 For this purpose, ChileValora coordinates with the National Training and Employment Service (SENCE), the Chilean Government entity mandated to develop the training and employment policy. In this report, only the background of certification of labor competencies directly related to the work of ChileValora is presented.

tion into the social protection record that allows the inclusion of people performing these tasks at home. Initially, this will make it possible to have a reliable registry to measure and identify caregivers. In turn, this will enable them to receive various benefits, including preferential access to certain social services. Subsequently, it can progress toward the recognition, redistribution, regulation, promotion and creation of new forms of care and domestic work.

A fourth element is to avoid perpetuating the feminization of care tasks and activities through certification. Thus, pathways that facilitate career transitions should always be presented, serving as an essential tool to provide lifelong learning opportunities for those engaged in unpaid care and/or domestic work.

5. References to learn more about the practice

ChileValora. "Catálogo de Perfiles Laborales."
Available at <https://certificacion.chilevalora.cl/ChileValora-publica/perfilesList.html>.

United Nations Multi-Partner Trust Fund for COVID-19 Response and Recovery (UN COVID-19 MPTF) Project: United Nations Chile. 2022. "Sistema de las Naciones Unidas en Chile, ChileValora y SENCE certifican a Mujeres de la comuna de Santiago como cuidadoras." August 31, 2022. <https://chile.un.org/es/197485-sistema-de-las-naciones-unidas-en-chile-chilevalora-y-sence-certifican-mujeres-de-la-comuna>.





Colombia: National Training Service (SENA)

“Yo te cuido y me certifico”
(“I take care of you and I certify myself”):
Recognizing caregivers’ prior learning ⁷

⁷ The content of this section is based on information presented by Sandra Angarita Trujillo and Claudia María Vargas Zúñiga, professionals of the Public Policy and Strengthening of the Skills Assessment and Certification Team of the Directorate of the National System of Training for Work of the National Training Service (SENA), at the last exchange session organized by the ILO and ILO/CINTERFOR (November 29, 2022).

1. Background

Context

The demographic changes of recent decades, especially the increase in life expectancy and the decrease in the birth rate⁸, together with changes in family structures and in the caregiving paradigm, have resulted in a significant increase in the demand for care and personal assistance services in Colombia. This has brought to light the asymmetries in the responsibility for caregiving - which in most cases falls on women - and the great challenges of training and educating caregivers.

In general, the Colombian state relies on the family as the main provider of care and, specifically, on the women in those families⁹. For example, according to the National Administrative Department of Statistics (DANE), in 2019, 36 percent of women were out of the labour force because of family responsibilities¹⁰.

This “care crisis” has managed to place the issue at the center of public debate and position it as a matter for society as a whole and not exclusively for women. Thus, the criteria for the education and training of caregivers must be framed within a model of social organization of care whose priority is to establish sustainable living conditions over time, considering both global and specific contexts, and with shared care practices.

Regulatory and policy framework

In Colombia, interventions and measures related to the provision of care services for the most dependent populations - such as early childhood, persons with disabilities, and older persons - have been formally established through legislative initiatives and public policy.

As a general framework, Article 1 of the Political Constitution states: “Colombia is a social State under the rule of law, organized as a unitary, decentralized Republic, with autonomy for its territorial entities, democratic, participatory and pluralistic, founded on respect for human dignity, on the work and solidarity of the people that comprise it and on the prevalence of the general interest.” In this sense, the action of the State must guarantee decent living conditions. This concept emphasizes that the intention of the Constituent Assembly regarding the State is not merely to demand non-interference or restriction of individuals’ freedoms. Instead, it also requires the State to actively counteract existing social inequalities and to provide everyone with opportunities to develop their skills and to overcome material hardships (Constitutional Court of Colombia, Decision SU-747 of 1998).

For this reason, the country has developed over the years a regulatory and policy framework aimed at creating conditions for equality and non-discrimination. The following is a brief review of the main milestones in the area of care.

As a first element, Law 100 of 1993 creates the Integral Social Security System, defined in the Preamble as follows:

... the set of institutions, rules and procedures available to the individual and the community to enjoy a quality of life, through the progressive fulfillment of the plans and programs that the State and society develop to provide comprehensive coverage of contingencies, especially those that undermine the health and economic capacity of the inhabitants of the national territory, in order to achieve individual welfare and community integration.

Justamente para velar por la no discriminación Law 361 of 1997, which establishes mechanisms for the social integration of persons “in a situa-

8 According to the National Administrative Department of Statistics (DANE), life expectancy in Colombia reached 77.46 years in 2020: 80.17 years for women and 74.72 years for men. On the other hand, the birth rate shows a downward trend: from 18.7 in 1998 to 16.6 births per 1,000 inhabitants in 2007, which in percentage terms translates into a decrease of 11.3 percent.

9 For more detail, refer to Quanta’s recently published reports: <https://cuidadoygenero.org/publicaciones/>.

10 Information revised at www.dane.gov.co for June 2022. Family responsibility is defined as having a family member or dependent person (this may be an older person, a minor, a person with a disability or with a loss of economic, emotional or health autonomy, and that all of these persons depend on a source of income).

tion of disability", was enacted precisely to ensure non-discrimination based on personal, economic, physical, physiological, psychological, sensory and social circumstances.

Subsequently, Law 789 of 2002 established the Social Protection System as *"the set of public policies aimed at reducing vulnerability and improving the quality of life of Colombians, especially of the most unprotected, in order for them to obtain at least the right to: health, pension and work"*. This welfare approach has transitioned to an approach of assistance and social welfare as a right, which emphasizes equal rights and the recognition of social and cultural diversities.

Recognizing gender inequalities, Law 1257 of 2008 establishes norms to raise awareness, prevent and punish forms of violence and discrimination against women. Article 12 states:

... the Ministry of Social Protection, in addition to those indicated in other laws, will have the following functions: 1. It will promote the social and economic recognition of women's work and will implement mechanisms to make effective the right to equal pay. 2. It shall develop campaigns to eradicate all acts of discrimination and violence against women in the workplace. 3. Promote the entry of women into non-traditional productive spaces for women.

However, the care economy is made explicit in the Colombian legal framework through Law 1413 of 2010, which establishes the inclusion of the care economy in the system of national accounts to measure the contribution of women to the economic and social development of the country. It serves as a fundamental tool for the definition and implementation of public policies. Under this law, three measurements have been carried out with the National Time Use Survey (ENUT): the first in 2012-2013, the second

in 2016-2017 and the third in 2020-2021. These measurements, together with the creation of the Care Economy Satellite Account (CSEC), made it possible to assess the contribution of unpaid domestic and care work, especially the contribution of women to the country's gross domestic product.

In addition, Law 1595 of 2012 ratifies the Domestic Workers Convention, 2011 (No. 189). Convention No. 189 recognizes in its Preamble:

... the significant contribution of domestic workers to the global economy, which includes increasing paid job opportunities for women and men workers with family responsibilities, greater scope for caring for ageing populations, children and persons with a disability, and substantial income transfers within and between countries;

In addition, Article 3 states: *"Each member shall take measures to ensure the effective promotion and protection of the human rights of all domestic workers, as set out in this Convention."*

Finally, through Law 1955 of 2019, the National Development Plan 2018-2022 "Pact for Colombia, Pact for Equity" is issued. Article 222 establishes the creation of the Intersectoral Commission of the Care System¹¹ and prioritizes the National Care Policy by including in Chapter XIV the "Pact for equity for women". One of the lines of the Pact is: *"Care, a commitment to coordination and shared responsibility"*, which has two objectives:

- ▶ Develop a public care policy that considers the articulation and coordination of inter-institutional systems and instances.
- ▶ Generate guidelines to coordinate the supply of programs available at the territorial level with a gender focus to reduce women's care burdens.

11 The Intersectoral Roundtable on the Care Economy (MIEC) is a team of civil society organizations, academic and political institutions that maintain a permanent dialogue with state entities and are committed to the development of a National System of Care. MIEC is based on a framework of gender justice, rights and feminist economics for sustainable development and peace building.

Assessment and certification of caregiver competencies

In 2022, SENA initiated the project “*Yo te cuido y me certifico*” with the objective of formally recognizing the prior learning of carers of older persons in urban and rural areas of Colombia.

This is done through the assessment and certification of skills, specifically in two productive functions: “Caring for people according to protocols of basic activities of daily living and degree of autonomy” and “Attending to the needs for companionship according to spiritual and emotional preferences” (see Table 6).

Table 6. Colombia: Occupational standards used for assessment and certification in the project “Yo te cuido y me certifico”.

| Title of the Occupational Standard | 230101296 - Caring for people according to protocols for basic activities of daily living and degree of autonomy. |
|------------------------------------|--|
| Key activities | Performance criteria |
| Coordinate activities | <ul style="list-style-type: none"> ▶ The verification of the situation aligns with the person’s environment and rating scales. ▶ The establishment of routines is in accordance with the level of independence and degree of autonomy. ▶ Determination of level of self-care complies with the degree of autonomy and functional independence. ▶ The care plan agreement complies with the degree of autonomy and functional independence. |
| Prepare the environment | <ul style="list-style-type: none"> ▶ Action planning is in accordance with the prevention protocol and risk map. ▶ The organization of space is in accordance with the level of independence and care plan. ▶ The performance of support products complies with recommendations from the treating professional. ▶ The preparation of the care plan aligns with family dynamics and care protocols. |
| Assist in hygiene | <ul style="list-style-type: none"> ▶ Hygiene maintenance is commensurate with the degree of autonomy and level of functional independence. ▶ Assistance with dressing is commensurate with degree of autonomy and level of functional independence. ▶ Assistance with personal grooming is in accordance with the degree of autonomy and level of functional independence. ▶ Assistance with urinary elimination is commensurate with the level of functional independence. ▶ Assistance with bowel evacuation is commensurate with the level of functional independence. ▶ Bed organization complies with technical protocols and the individual’s condition. |
| Guide feeding | <ul style="list-style-type: none"> ▶ Compliance with diet complies with professional recommendations. ▶ Assistance with intake is commensurate with level of independence and hygiene measures. ▶ The reporting of difficulties aligns with the particular situation. |

Source: SENA.

| Title of the Occupational Standard | 230101297 - Attend to the needs for companionship according to spiritual and emotional preferences. |
|------------------------------------|---|
| Key activities | Performance criteria |
| Attend spiritual needs | <ul style="list-style-type: none"> ▶ The review of spiritual preferences is in accordance with assessment scales and support techniques. ▶ The development of the support plan is in accordance with technical procedures and public policies. ▶ Spiritual support is in accordance with technical protocols and beliefs. ▶ The follow-up to the plan complies with technical procedures and professional guidelines. ▶ Interaction with support groups is in accordance with the person's area of influence and requirements. |
| Guide emotional needs | <ul style="list-style-type: none"> ▶ The classification of emotional states is in accordance with assessment scales and the individual's situation. ▶ Conflict management complies with technical protocols and the individual's situation. ▶ Participation in therapeutic activities is in accordance with professional indications and the person's condition. ▶ Referral requests align with the individual's situation and public policy. |

Source: SENA.

2. Process

In the “Yo te cuido y me certifico” project, SENA acts as a public entity that assesses and certifies skills, in partnership with public and private institutions, such as the Ministry of Health, the University of Santander and the Family Compensation Fund (*Caja de Compensación Familiar*).

The requirements to participate are as follows:

- ▶ Work certificate with at least six months of experience in the functions to be certified.
- ▶ Photocopy of identity document.
- ▶ For Venezuelan migrant population: Special Permit to Stay (PEP), Temporary Protection Permit (PPT), foreigner identification card.

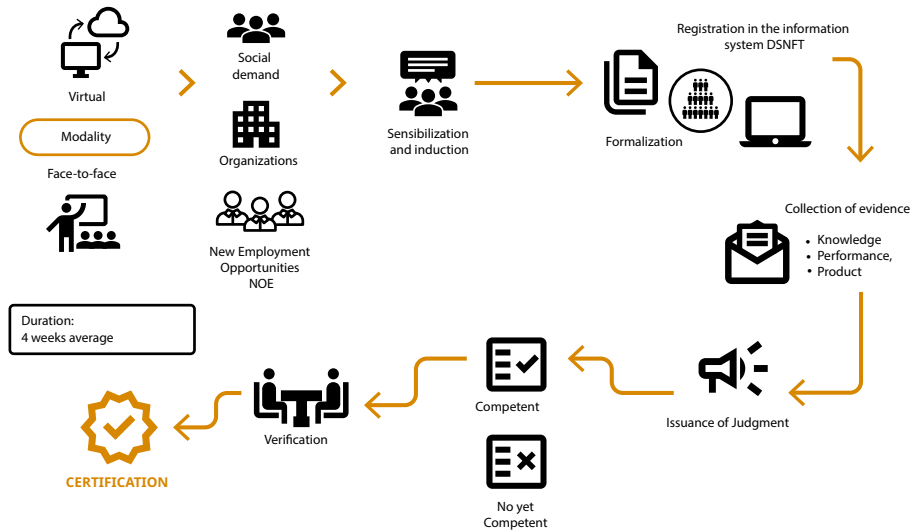
For people included in the New Opportunities for Employability strategy: no work certificate is required; a diagnostic test needs to be submitted before starting the skills assessment and certification.



In entities participating in the “I take care of you and I certify myself” project in 2022.

The process of skills assessment and certification lasts approximately four weeks: candidates are first identified and then participate in an information session, formal registration, collection of evidence of knowledge and experience (through tests based on the occupational standards), the issuance of the judgment or result of the assessment and, if successful, the certificate of competency is issued.

SENA's evaluation and certification route



Source: SENA.

Comprehensive Vocational Training

In addition to the project “Yo te cuido y me certifico”, SENA has carried out training processes to develop competencies for the care of dependent persons, providing quality services.

To this end, it has a catalog of training programs with a social and a business offer of titled programs (established within the framework of occupations) and complementary programs (short

training courses for updating skills, abilities and competencies).

The operator-level program for this purpose is “Basic Care for Persons with Functional Dependency” (1,296 hours and 27 credits), developed with the Ministry of Health and Social Protection (Office of Social Promotion) and the Colombian Institute of Family Welfare (Subdirectorate of Technical Management for Family and Community Care). As for complementary programs, the table below presents some that are currently being implemented.

Table 7. Colombia: Complementary offer in the field of care of SENA in 2023

| Code | Name of the training program | Duration |
|----------|---|----------|
| 33110067 | Basic care for older persons | 48 hours |
| 42130000 | Implementation of strategies for the care of persons with disabilities. | 48 hours |
| 63710006 | Addressing persons with disabilities | 40 hours |

Source: SENA.

Training programs are opened by “social demand” and can be consulted at <https://oferta.senasofiaplus.edu.co/sofia-oferta/>. Likewise, they can be carried out at the request of trade unions, associations and businesses that present the people interested in training (target group); this is referred to as “Special Business Offer”. In this latter category, the sector agrees with the training center on the schedule, hours, and duration of the programs.

3. Certification achievements

The prior learning of carers for older persons in urban and rural areas has been formally recognized with a differential approach. As of November 2022, **195 carers of older persons** in Chaparral and Ibagué (department of Tolima), Guateque (department of Boyacá), Tame and

Puerto Rondón (department of Arauca), Cali (department of Valle del Cauca) and Bogotá have had their skills assessed and certified.

4. Sustainability

Based on the progress made up to December 2022, the following activities are considered strategic to continue and ensure the sustainability of the policy:

- ▶ To characterize the caregiving population in Colombia in order to serve them directly at their place of residence.
- ▶ Increase the number of assessors.
- ▶ Complement the work with actions that guarantee the generation of decent work for this group.

5. Necessary conditions

It is recommended that the target population be clearly defined in order to establish the conditions and allocate the necessary resources to carry out the process.

Aspects that have been fundamental in this experience:

- ▶ To have the support of strategic public and private entities.
- ▶ To have the support of SENA.
- ▶ Implementing a humanistic, differential and intersectoral approach to ensure the development and success of the assessment and certification of skills.

6. References to learn more about the practice

Departamento Nacional de Planeación (DNP). 2018. Plan Nacional de Desarrollo 2018-2022 «Pacto por Colombia, pacto por la equidad». Available at <https://www.dnp.gov.co/plan-nacional-desarrollo/Paginas/plan-nacional-de-desarrollo-2018-2022.aspx>.

SENA. Evaluación y Certificación de Competencias. Available at <https://www.sena.edu.co/es-co/formacion/Paginas/Evaluaci%C3%B3n-y-Certificaci%C3%B3n-por-competencias-laborales.aspx>.

SENA. SofíaPlus. Portal de oferta educativa. Disponible en <https://oferta.senasofiaplus.edu.co/sofia-oferta/>.





Costa Rica: National Training Institute (INA)

Technical and vocational education and training in the area of personal assistance: Ten years of INA experience ¹²

¹² For the development of this section we counted on the contributions of Francisco Delgado, consultant and former Vice Minister of Human Development and Social Inclusion when the National Care Policy was designed - he provides the context of the creation of the policy, and Randall Cruz, from the Health, Culture and Crafts Division of the National Training Institute, who details the role of training in the implementation of the policy. They participated in the first exchange session organized by the ILO and ILO/CINTERFOR (October 4, 2022).

1. Background

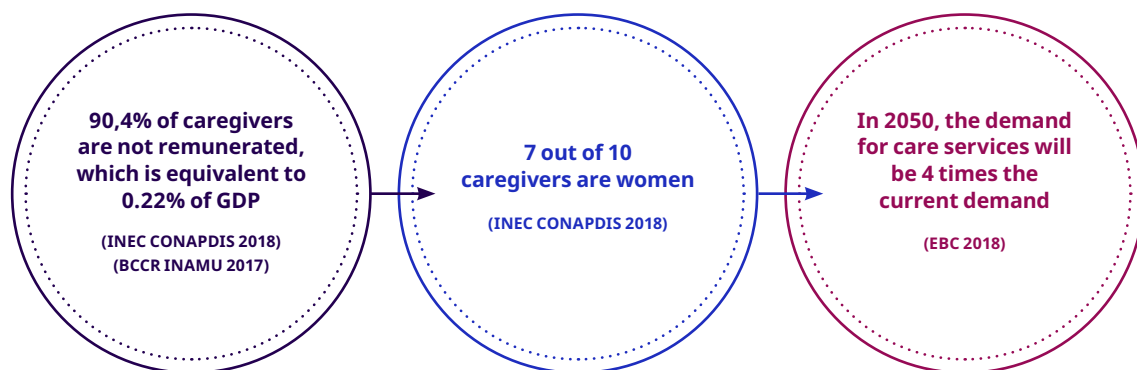
In 2020, despite a difficult context due to high public indebtedness (58.48 percent of GDP for the central government in 2019), a high fiscal deficit (6.96 percent of GDP for 2019) and the impact of the COVID-19 pandemic, Costa Rica decided to design a National Care Policy in response to major demographic and health challenges, considering the positive impact of a properly articulated public policy in the social, economic and cultural spheres.

To this end, it was deemed essential to advance the construction of a national care system capable of promoting personal autonomy and addressing gaps between the demand and supply of care and support services for dependent

persons. This is guided by three clear objectives: *a) to guarantee social rights for populations in vulnerable conditions, b) to recognise and dignify the role of caregivers and c) to promote social co-responsibility for care* (Costa Rica, IMAS 2021, 12).

Indeed, statistics clearly reflected the need for such an intervention. On the one hand, although caregiving tasks are essential for the development of life in society and even to sustain the market economy, in about 90 percent of the cases they are performed without remuneration and most of the time by women. On the other hand, a steep increase in the demands for care in the country is anticipated.

Costa Rica: Relevant contextual factors for the design of the National Care Policy



Source: Delgado (2022).



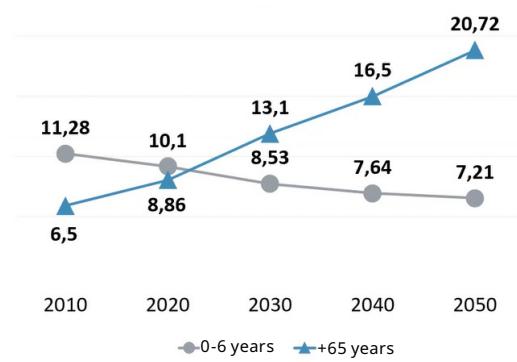
A decisive aspect in promoting the policy was the analysis of Costa Rica's demographic trends. As shown in Figure 1, between 2020 and 2050, the number of older persons will double, reaching nearly 20 percent of the population. This makes Costa Rica the country with the fastest aging rate in Latin America. During the same period, there will be a significant reduction in the number of children under 6 years of age, from 10 percent to 7.21 percent of the population.

This inversion of the population pyramid has led to the decision to focus the national care policy on dependent persons through two subsystems: one focused on the care of children under 6 years of age (a population on which work was already being done through the National Child Care and Development Network) and the other focused on generating support services for dependent persons (in the process of articulation, to promote the autonomy of persons with disabilities and older persons)¹³. Both face an important underlying challenge: to promote a paradigm shift from a family-centric and female-burdened view of care to a model of shared responsibility, where care tasks are assumed by society as a whole (in addition to the family, by the State, communities and businesses), their value is recognized and efforts are made to create decent work.

This approach generates a triple dividend of investment, both from public and private funds, which has to do with:

- ▶ Recognising care as a right.
- ▶ Promoting women's economic autonomy by freeing up the time they spend on unpaid care.
- ▶ Opening up a niche labour market for people trained in caregiving, which is expected to be quite dynamic in Costa Rica.

Chart 1. Costa Rica: Percentage of people under 6 years old and over 65 years old with respect to the total population, 2010-2050.

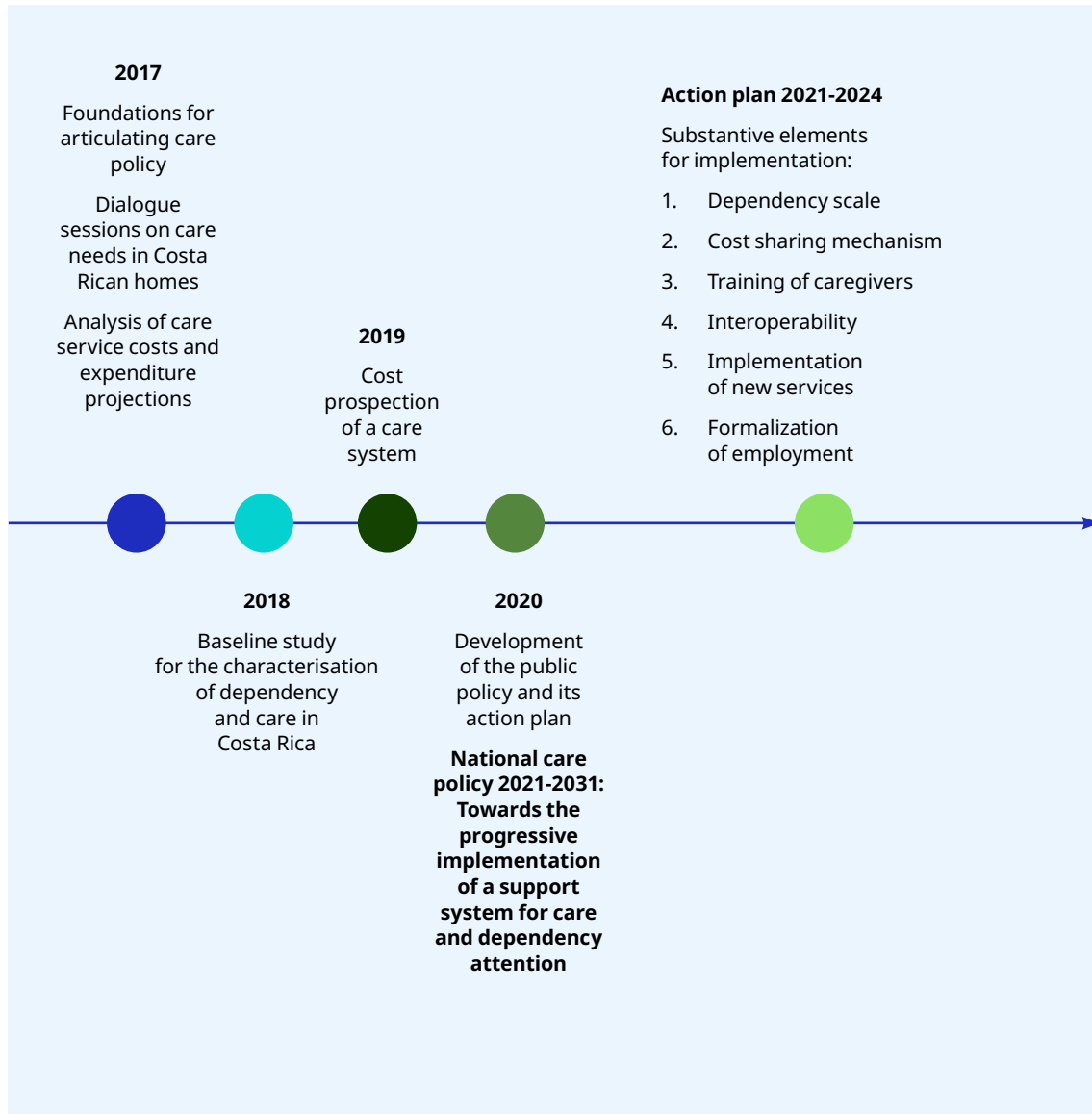


Source: INEC, 2021.

In general terms, the process of developing a National Care Policy and its action plan took four years. Starting with technical studies to identify existing policies and programs in the country, the needs of both caregivers and those in need of care were defined. The current and potential demand for care services was estimated, and the costs and impact of the care system were determined.

¹³ Although most of the dependent population is over 80 years of age, aging is not synonymous with dependency. The same applies to persons with disabilities, who, because of their condition, should not necessarily be considered dependent.

Costa Rica: Process of diagnosis and design of the National Care Policy 2021-2031



Source: Author's own based on Delgado (2022).

The cost and impact study was decisive because it showed that it was much more profitable for the country to have a care system than not to have one, for example, by reducing hospital stays and contributing to the improvement of family savings, especially those of women.

Despite the limitations due to the COVID-19 pandemic, in 2020 coordination between institutions was achieved, the design of the policy was finalized and a first action plan with clear lines of work was established, one of which is oriented towards the training of caregivers.

The National Policy outlines a roadmap until 2031 for the creation of a national care system based on existing services and progressively incorporating new services or modalities of care for dependent persons.

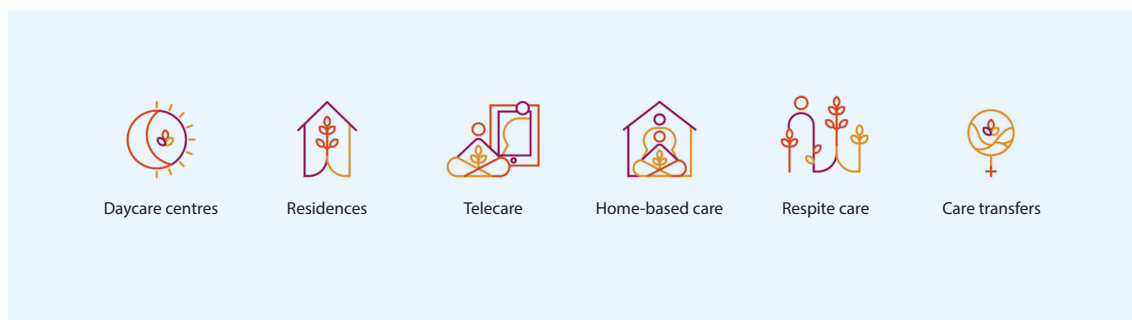
Among the services already available are day centers and long-stay residences, most of which

are run by associations and non-profit organizations, foundations and private companies, many with some state funding.

The new benefits include telecare - which incorporates technology into care services - and home care. Opting for this modality goes beyond economic considerations: it also responds to the desire of dependent persons to receive services at home rather than in a residential facility, thereby avoiding institutionalization and uprooting. In addition, there are respite services for caregivers and a cash transfer for care.

The transfer included in the policy targets a small group: older adult women (over 55 years old), close to retirement, in extreme poverty and with low schooling, who are essentially out of the labour market but still have the capacity to provide services. It is believed that a transfer can make a significant difference in their living conditions¹⁴

Costa Rica: Services and benefits considered in the National Care Policy



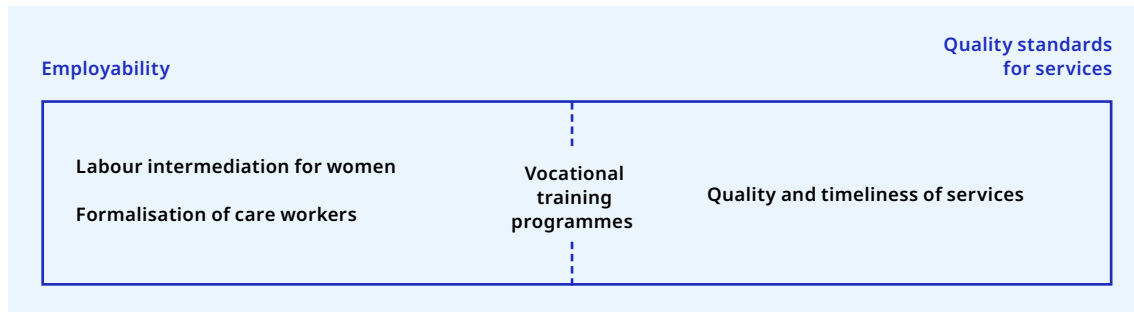
Source: Delgado (2022).

Likewise, lines of action are inserted that seek to enhance employability and guarantee the quality and timeliness of benefits. The employability axis includes, for example, support measures for employment integration and formalization in

employment; and in the quality axis, standards for services are established. As a common axis to guarantee employability in the area of care and service quality, TVET programs are established.

14 This is a monthly subsidy, for an amount similar to that of a pension under the non-contributory regime of the Costa Rican Social Security Fund. Aimed at: women, over 55 years of age, with incomplete schooling and who are in charge of a person with a severe level of dependency.

Costa Rica: Quality and employability in National Care Policy



Source: Delgado (2022).

Among the actions in the area of TVET, the following stand out:

- ▶ Establish standards of care in the National Qualifications Framework to ensure the quality of supply, whether public or private.
- ▶ Implement training programs through INA, either by generating new offerings or adjusting existing ones, taking advantage of its established capacity.
- ▶ Use the National Employment Program (which offers specific subsidies for training in different areas) to bring the training offer to regions where INA does not provide services.

The following section describes INA's participation in the process, considering that the policy is nurtured by existing efforts and the promotion of new actions, which is why INA's ten years of experience are mentioned.

2. Process

General framework

In the implementation of axis 5 on the Quality Assurance System of the Care and Dependency Care Support System of the 2021-2031 National Care Policy, INA plays a fundamental role. Indeed, its role is focused on providing the system with a comprehensive platform of training, education and certification services for qualified personnel to deliver quality care services.

To achieve this purpose, in 2020 INA embarked on a process to renew its education and training programs, not only to meet the requirements of the National Policy, but also to align the new designs to the National Qualifications Framework and the new competency-based curriculum model that the institution implemented in 2018.

Other organizations from the education sector, civil society organizations and entities that provide care services were involved in this process, providing the necessary inputs to redesign both education and training programs and tests for the assessment and certification of skills.

INA's work in the field of care

INA is a public institution focused on education, training, and certification of individuals or entities. In fulfilling its functions to address the demands of the labour market and individuals, personal assistance and care for people has been on its agenda for a little over ten years.

In what could be called a first phase of responding to the demand for care training services, from 2010 to 2020, INA created and offered its first three programs:

- ▶ Assistant in the comprehensive care of older persons (since 2010).
- ▶ Assistant in the comprehensive care of persons aged 0 to 6 years (since 2012).
- ▶ Personal assistance for persons with disabilities (since 2018).

In 2018, two very significant changes occurred for TVET in Costa Rica. The first is the start of the implementation of the National Qualifications Framework, which basically regulates the entire training process by establishing standards built with the participation of the economic and educational sectors. The second is an institutional change with a new curriculum model following the competency-based approach, allowing better alignment with the National Qualifications Framework.

- ▶ Thus, the second stage of work is marked by the enactment of the National Care Policy in 2020, as well as by curricular modifications. In 2021, the program for assistance to persons with disabilities is maintained and two new programs are designed:
- ▶ Comprehensive assistance for older persons.
- ▶ Assistance for children.

The process

The process of designing and delivering the new offer is divided into three phases: creation of the occupational standard, program design and implementation of services. The first stage is coordinated by the Technical Team of the National Qualifications Framework, which, with the participation of governing entities, educational institutions (private and public, including INA), civil society and representatives of the labour market (e.g., entities providing care services), defines the competencies that constitute the qualification and assigns them a level.

Costa Rica - INA: Process for the design of the training offer within the framework of the National Care Policy



Source: Author's own based on the presentation made by Randall Cruz during the workshop.

The second and third stages are the direct responsibility of INA. In 2021, programs and training offerings were designed in line with the National Care Policy and the National Qualifications Framework. Starting in 2022, the implementation of these offerings began: various types of services to meet the needs in different regions of the country (including education and training options, as well as skills certification for individuals with experience).

Public entities such as INA and other private organizations that have also designed their service offerings in line with the National Qualifications Framework participate in the implementation of training services. Some of these entities are accredited by INA to provide their services.

3. Training and certification achievements

Regarding the programs implemented since 2010 (related to older persons, children, and persons with disabilities), there are around 2,342 graduates, 92 percent of whom are women from all over the country. Currently, the service offer consists of two occupational standards in the areas of assistance to children and older persons, two TVET programs in these same areas and the training program in the area of assistance to persons with disabilities. In addition, there are refresher courses that complement the basic training (see Table 7).

Table 8. Costa Rica: INA's service offerings within the framework of the National Care Policy by 2022

| Occupational standards | Training programs | Complementary courses | Certification tests |
|---|--|---|--|
| Comprehensive assistance for older persons Technical level 1 | SCSB14002- Comprehensive assistance for older persons. Duration 700hrs | <ul style="list-style-type: none"> ▶ SCSB19003 - Relaxing Self-Massage Techniques for Personal Care and Wellness (54hrs) ▶ SCSB19004- Assistance to people with sensory, cognitive dependency (51hrs) ▶ SCSB19005 - Self-Care Strategies for Caregiving (60hrs) ▶ SCCU19000 - Creative Strategies for the Care of Older Persons (85hrs) | 4 certification tests to achieve the qualification set out in the standard |
| | SCSB2032 - Personal Assistance for Persons with Disabilities Duration 166hrs | | |
| Assistance to children Technical level 1 | SCSB14003 - Assistance to Children Duration 636hrs | Positive Discipline in Childhood (84hrs) | 3 certification tests to achieve the qualification set out in the standard |

Source: Author's own based on information provided by INA.

As shown in the last column of table 8, for those who already have extensive work experience in these areas and require a certification to support it, INA offers various certification tests. If they pass the tests, they obtain the certificate equivalent to the corresponding qualification, aligned

to the National Qualifications Framework (see table 9 for a summary of the standards). Finally, there is an accreditation service for private educational entities that voluntarily wish to standardize their education and training services to INA's work methodologies and quality systems.

Table 9. Costa Rica: Occupational standards of assistance for children and older persons in 2022

| Program name | Assistance for children |
|---|--|
| Qualification level: Technician 1 | Level of schooling required for admission: III Cycle of General Basic Education. |
| Broad Field: 09 Health and Wellness | Specific Field: 092 Welfare |
| Detailed Field: 0922 Childcare and Youth Services | Field of Occupation: 48 Child care and youth services |
| <p>Programs and certifications with the following main contents are classified here:</p> <ul style="list-style-type: none"> ▶ Child care ▶ Children's recreation programs ▶ Daycare ▶ Non-medical care of children with disabilities ▶ Youth Services ▶ Programs for young workers | <p>Exclusions</p> <ul style="list-style-type: none"> ▶ The study of early childhood education in preschools is excluded from this detailed field and is included in detailed field 0112 "Training for preschool teachers". ▶ The study of children's health care is excluded from this detailed field and is included in detailed field 0913 "Nursing and Midwifery". |
| <p>General competence</p> <p>Provide comprehensive assistance to children, addressing basic needs, personal care, socio-educational processes, psychomotor, emotional and behavioural aspects, based on the population's requirements, established protocols, current regulations and in coordination with the instructions and supervision of the teacher or person contracting the service; demonstrating ethics in each task performed.</p> | <p>Specific competencies</p> <ul style="list-style-type: none"> ▶ Carry out childcare activities, addressing basic needs and personal care, taking into account developmental stages and current regulations. ▶ Carry out playful and recreational activities for children, promoting skills, considering needs and characteristics of the population, developmental stages and current regulations. ▶ Carry out activities to support children in the learning process, based on developmental stages, established protocols and current regulations. |

| | |
|---|---|
| Program name | Comprehensive assistance for older persons |
| Qualification level: Technician 1 | Level of schooling required for admission: III Cycle of General Basic Education. |
| Broad Field: 09 Health and Wellness | Specific Field: 092 Welfare |
| Detailed Field: 0921 Assistance to older persons and persons with disabilities | Field of Occupation: 47 Assistance to older persons and persons with disabilities |
| <p>Programs and certifications with the following main contents are classified here:</p> <ul style="list-style-type: none"> ▶ Care for older persons. ▶ Non-medical care for persons with disabilities. ▶ Personal care for adults. | <p>Exclusion: The study of health care for older persons and persons with disabilities is excluded from this detailed field and is included in detailed field 0913 "Nursing and Midwifery".</p> |
| General competence | Specific competencies |
| <p>Provide comprehensive assistance to the older person in carrying out basic, instrumental and advanced activities of daily living, as well as implementing preventive and emergency care actions, according to needs, preferences, procedures and technical protocols, bioethical principles, active ageing, in compliance with current regulations, with a focus on quality, willingness to work in a team, and effective communication in response to instructions from their immediate superior.</p> | <ul style="list-style-type: none"> ▶ Apply aseptic principles during the assistance of the older person, following biosecurity standards, international guidelines and current national regulation. ▶ Execute actions for the prevention and management of accidents and emergencies during the basic, instrumental and advanced activities of older persons, according to their condition and needs, in compliance with bioethical principles, self-care and current national regulation. ▶ Apply procedures for the comprehensive care of the older person during the performance of basic activities of daily living, considering their autonomy, needs, preferences, through compliance with technical protocols that include ethical and bioethical principles, active ageing and current national regulation. ▶ Apply procedures for the comprehensive care of the older person during the performance of advanced activities of daily living, considering their autonomy, needs, preferences, through compliance with technical protocols that include ethical and bioethical principles, active ageing and current national regulation. |
| <p>Source: Author's own based on Costa Rica's occupational standards, available at https://www.cualificaciones.cr/.</p> | |

4. Sustainability

Based on the experience of designing and implementing this type of services, relevant aspects for the sustainability of such services in the labour market have been identified, namely:

- ▶ The identification of a real and constant demand from the labour market and civil society in general. It is precisely the need for trained personnel to assist people that allowed the INA project to thrive for more than a decade, and every year it becomes linked with other initiatives that consolidate it.
- ▶ The formulation of State policies that support the project through the investment of resources and the creation of institutional coordination frameworks.
- ▶ The establishment of strategic alliances with leading institutions and stakeholders in the field, as well as with the enterprises that make up the labour market.
- ▶ Having a sustained process of continuous improvement of the services provided.

5. Necessary conditions and limitations

Additionally, the following conditions are identified as necessary to undertake a similar project.

- ▶ Identify a real and evident need for a specific type of human resource or one that requires specific competence to perform certain tasks in the work context.
- ▶ Having at least one educational entity that has the necessary platform to develop the project and the resources to meet the demand of the labour market.
- ▶ Establish strategic alliances with other state and labour market institutions that not only support the project, but also provide sustainability in the face of circumstances that may arise over time.
- ▶ Having a continuous improvement plan that takes into account the criteria of different key stakeholders linked to the central theme of the project.

- ▶ Strategic monitoring of the market and of local and international counterparts, contributing to the implementation of best practices as one of the essential pillars of the project.
- ▶ Having a continuous training process for the human resources linked to the project.

Finally, based on INA's experiences in designing and delivering services, the following potential limitations for the project are perceived:

- ▶ The availability of time for personnel from organizations providing care services to participate in the education and training processes.
- ▶ The limited importance that enterprises in the labour market attribute to the training process of their personnel (they often expect more expedited training processes that do not involve an increase in operating costs).
- ▶ The lack of economic recognition for human resources after completing a training process of this nature.
- ▶ The absence of a methodology to measure the impact of training on the quality of care services provided.

6. References to learn more about the practice

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- Marco Nacional de Cualificaciones de la Educación y Formación Técnica Profesional de Costa Rica. 2021. Estándar de Cualificación: Asistencia integral para la persona adulta mayor. Código 0921-17-01-1. Avialible at: <https://www.cualificaciones.cr/mnc/index.php/catalogo-nacional-de-cualificaciones/9-salud-y-bienestar/2-bienestar/1-asistencia-a-adultos-mayores-y-discapacitados/281-ec-0921-47-01-1-01-asistencia-integral-para-la-persona-adulta-mayor/file>.
- Segura Carmona, Rafael. 2022. «Envejecimiento poblacional: un logro en desarrollo humano con importantes retos». Programa Estado de la Nación. 30 de septiembre de 2022. Avialible at: <https://estadonacion.or.cr/envejecimiento-poblacional-un-logro-en-desarrollohumano-con-importantes-retos/>.



El Salvador: Salvadoran TVET Institute (INSAFORP)

Early Childhood Care Assistant¹⁵

¹⁵ The information in this section is extracted from a report prepared by Jorge Alberto Echegoyén Yáñez, coordinator of the Strategic Planning Unit, and Katerin Jeanneth Rivas Salazar, INSAFORP's institutional gender officer, within the framework of the process developed by the ILO and ILO/CINTERFOR presented in January 2023.

1. Background (motivation and purpose)

Context

At this time, El Salvador does not have a policy framework or specific laws regulating care work. However, it does have policies and laws related to this activity, such as:

- ▶ National Policy on Comprehensive Early Childhood Education and Development.
- ▶ National Policy for the Care of Persons with Disabilities.
- ▶ Law of Integral Care for Older Persons.
- ▶ Law on Equality, Equity and Eradication of Discrimination against Women.

In addition, at the local level, the Municipality of San Salvador (capital of the country) has a Municipal Care Plan for the City of San Salvador, aimed at recognizing, on the one hand, care work as productive and value-generating work and, on the other, the need to reduce the burden of domestic and care tasks, which are usually unpaid and mostly undertaken by women. It also seeks to contribute to the fulfillment of the right of caregivers to take care of themselves and be cared for, and to improve their educational and working conditions.

Specific context

In 2020, the National Policy “*Crecer Juntos*” (Grow Together) on early childhood development was approved (Government of the Republic of El Salvador 2020, 14).

Crecer Juntos seeks to enable our children to reach their maximum development potential, from gestation to age 8, with quality care in health, nutrition, education, learning, care and protection, through strategies, programs and inter-institutional and intersectoral actions to impact on long-term economic and social objectives, so that everyone can enjoy equal opportunities and, ultimately, a better quality of life.

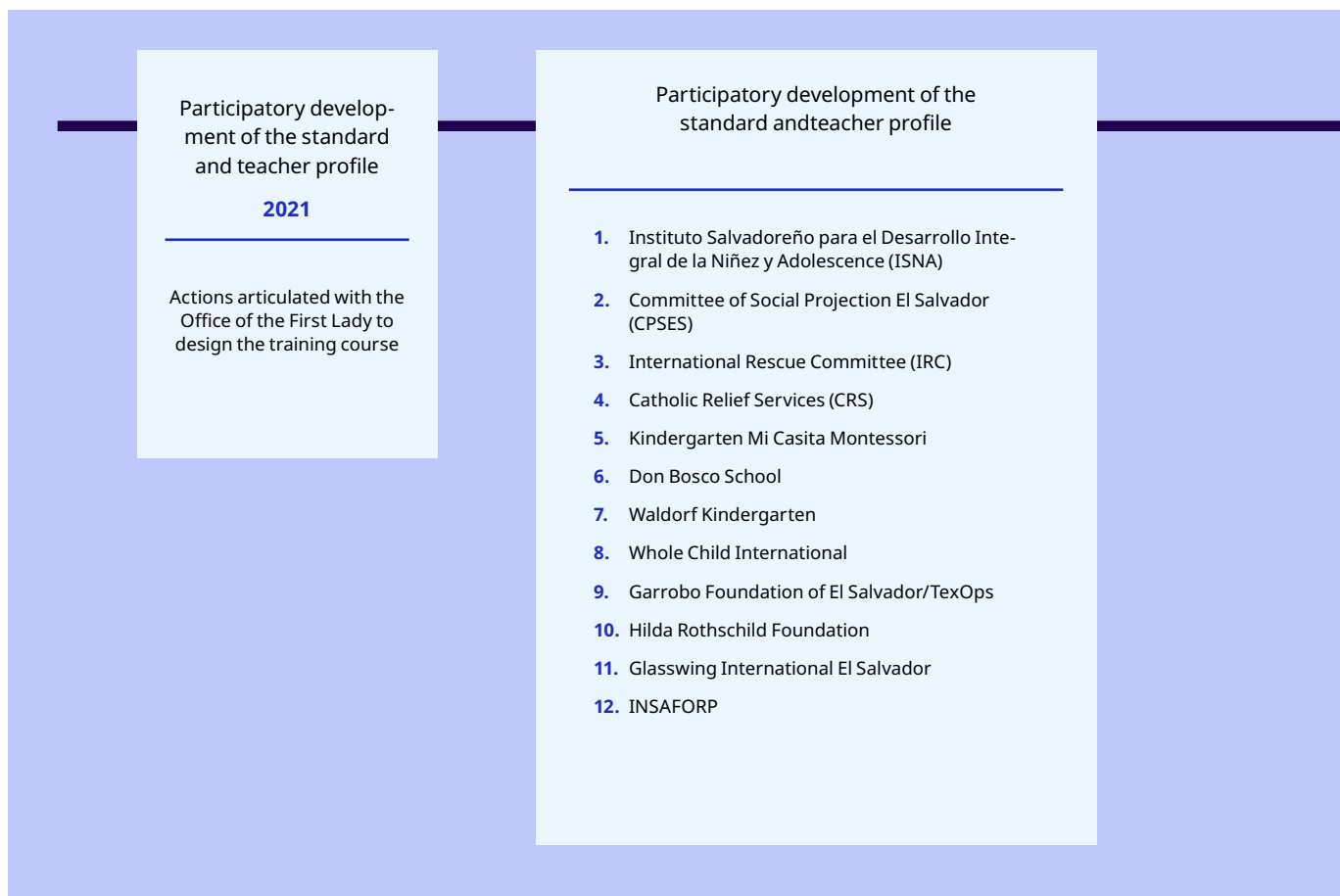
Within the framework of this policy, in 2021, the “*Nacer con cariño*” (Born with affection) Law was approved for a respected childbirth and sensitive care for the newborn (Decree No. 123), which includes care measures in the preconception, pregnancy, postpartum and newborn stages. It seeks to ensure accompaniment under the principles of the supremacy of human dignity and the best interests of children to make decisions that promote the physical, moral and social development of early childhood.

In addition, on June 24, 2022, the “*Crecer Juntos*” Law for the Integral Protection of Early Childhood, Childhood and Adolescence (Decree No. 431) was published in the Official Gazette and entered into force on January 1, 2023. The Law establishes (Articles 136-151) a new regime that obliges employers to provide daycare centers for their workers (BLP Legal 2022):

- ▶ All employers with 100 or more employees are required to guarantee access to a Childcare Center (CAPI) for these workers.
- ▶ Coverage includes the children of all employees from the end of maternity leave until one day before their fourth birthday.
- ▶ Three basic modalities are established for employers to comply with their obligation: *a)* direct installation of a CAPI, *b)* establishment of a common CAPI with other employers or *c)* subcontracting of independent services.
- ▶ The opening hours of the CAPIs only compulsorily cover the daytime hours from Monday to Friday.
- ▶ The Ministry of Labour and Social Welfare is in charge of supervising compliance with the obligation.

In this context, INSAFORP, as the governing institution for TVET, took on the responsibility of responding to this regulation from its work, joining forces with other institutions and creating the occupational profile of “Early Childhood Care Assistant”. The training course for this profile has a total of 218 hours of training, including 60 hours of professional practice. The pilot of the course was launched in 2022.

El Salvador: Process followed to implement the training pilot in early childhood care

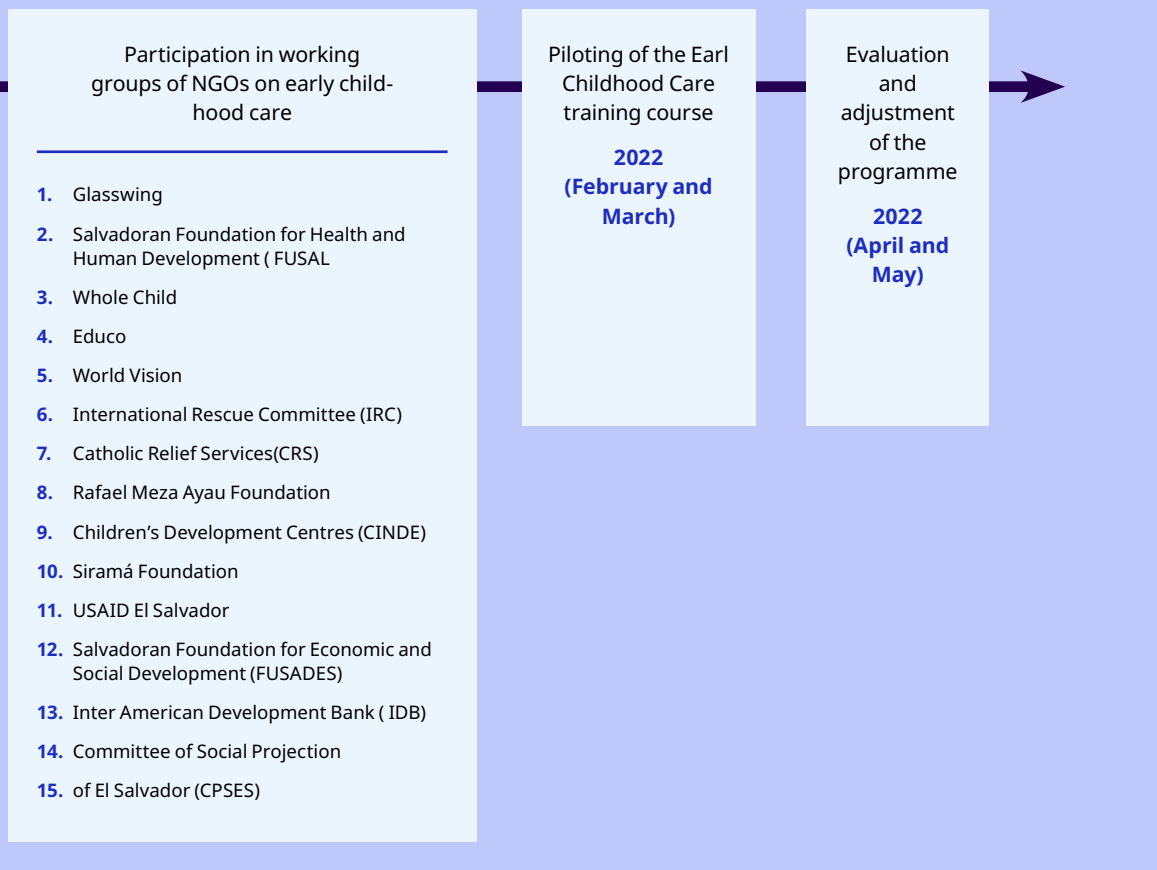


Source: Author's own based on information provided by INSAFORP.

The objective of the course is to provide guidance in the application of techniques and procedures that facilitate the development of children during early childhood. The course provides the necessary knowledge about the evolutionary stages of the human being in general, with an emphasis on early childhood education. It also covers topics related to the ways of interacting between an adult and a child, the development

of routines, and the identification of situations that violate or endanger the child's integrity at home or other places.

The program comprises seven learning units. As the activities are carried out, evaluations are conducted to identify the development of basic competencies that must be applied during professional practice as caregivers.



The entry requirements for interested persons are as follows:

- ▶ Over 18 years of age.
- ▶ Ninth grade completed.
- ▶ Undergo a psychological test and obtain a favorable result (one of the following options can be administered: 16pf, Grieger or Machover).

This course is part of INSAFORP's Permanent TVET Programs (where interested persons can select and enroll in a course and training center according to their own job placement expectations), valid since 2022.

Table 10. El Salvador: Characteristics of INSAFORP’s “Early Childhood Care Assistant” module.

| Profile | Early Childhood Care Assistant | | |
|-------------------------------|---|---|------------|
| Occupational group | Personal Services | | |
| Training Category | Personal Services | | |
| Training Sub Category | Personal Care Services | | |
| Profile of the trainer | <ul style="list-style-type: none"> ▶ University degree in Early Childhood Education, Preschool Education or Early Childhood Education, Maternal and Child Health, Bachelor’s Degree in Education, preferably majoring in Early Childhood Education or similar. ▶ At least 1 year of verifiable work experience in early childhood care. | | |
| General competence | Apply techniques that stimulate the biopsychomotor, cognitive and socio-affective development of children, favouring early stimulation and integral development through playful environments, considering the stages of development (0-6 years). | | |
| Learning units | Unit | Title | Hours |
| | 1 | Early Childhood, holistic development and Integrated Care | 30 |
| | 2 | Positive interactions and well-being | 20 |
| | 3 | Wellness, health and nutrition | 20 |
| | 4 | Cultivation of holistic development | 24 |
| | 5 | Family welfare and social protection | 20 |
| | 6 | Pedagogical and logistical practices | 24 |
| | 7 | Observation, documentation and evaluation | 20 |
| | | Total | 158 |
| | | Professional Practice | 60 |
| | | Total | 218 |

* Learning Unit 3 includes topics related to CPR and first aid, which must be taught by a professional with recognition (diploma, certification or other) issued by institutions such as the Red Cross, Green Cross, General Directorate of the Fire Department, General Directorate of Civil Protection or other institution authorized to provide this type of training.

Source: INSAFORP.

2. Process

In order to prepare the occupational profile and the methodological guide for this course, the following organizations worked with INSAFORP:

- ▶ International Rescue Committee (IRC)
- ▶ Mi Casita Montessori Kindergarten
- ▶ Salvadoran Institute for the Integral Development of Children and Adolescents (ISNA)
- ▶ Committee of Social Projection of El Salvador (CPSES)
- ▶ Whole Child International
- ▶ Catholic Relief Services (CRS)
- ▶ Garrobo de El Salvador Foundation/TexOps
- ▶ Hilda Rothschild Foundation
- ▶ Waldorf Kindergarten
- ▶ Don Bosco School
- ▶ Glasswing International El Salvador

3. Achievements in training and certification

INSAFORP has a standard with the course descriptor, as well as an occupational profile of the people who can facilitate the course, including functions and tasks.

The practical training parts of the course, in the pilot test modality, were carried out in the following educational centers:

- ▶ Small Wonders Kindergarten
- ▶ Kindergarten and Day Care Capullo
- ▶ Little Ones Kindergarten and Day Care
- ▶ Carolina Haydeé Quiroz Catholic School
- ▶ Kinder Mundo Mágico Infantil Kindergarten
- ▶ Gymkids Kindergarten
- ▶ Kindergarten and Day Care Cucú Cucú Cucú
- ▶ John Dewey School

In 2022, the first two cohorts graduated from the pilot course: one from the *Comité de Proyección Social El Salvador* TVET centre (20 people) and the other from the *Fundación ITEXAL* TVET centre (19 people). Both centers were accredited by INSAFORP to deliver the course. INSAFORP provides the list of participants and the accredited centers are responsible for providing the training to develop the general and specific skills required for professional practice

4. Sustainability

INSAFORP's Research and Development Management conducted surveys and interviews with participants and representatives of the educational centers where work placements were carried out. Based on this initial evaluation, the module hours were adjusted (from 204 hours to 218 hours of practice) and the contents on special educational needs, early childhood accidents, and health and nutrition activities were strengthened.

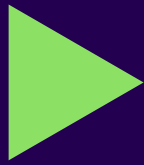
5. Necessary conditions

It is essential to establish agreements with suitable educational centers to organize the work placements necessary for the development of competencies.

In the evaluation of the pilot, it is noteworthy that all participating educational centers are interested in continuing to participate in work placements and would recommend other institutions to join the initiative.

6. References to learn more about the practice

INSAFORP. 2019. «Diseño del perfil de competencias y la especificación del curso: auxiliar de cuidados y desarrollo integral en la primera infancia». 11 de abril de 2019. <https://www.insaforp.org/sv/index.php/comunicacion-institucional/noticias-menu/812-diseno-del-perfil-de-competencias-y-la-especificacion-del-curso-auxiliar-de-cuidados-y-desarrollo-integral-en-la-primera-infancia>.



Mexico: Ministry of Labour and Social Welfare (STPS)

Training and certification of caregivers in Mexico: Overview ¹⁶

¹⁶ This section is based on the inputs provided by David Alejandro Domínguez Linares, Head of the Department of Promotion of Productivity Development Programs of the Ministry of Labour and Social Welfare of Mexico, during the presentation made on November 9, 2022 as part of the process facilitated by ILO/CINTERFOR. In addition, complementary information on the generation of standards, the provision of services and the number of certified people is obtained thanks to the collaboration of Mexico's CONOCER, through José Guillermo Caballero Sagredo, Director of Accreditation and Certification.

1. Background

Context: Labour and Social Co-responsibility Survey (ELCOS).

The Labour and Social Responsibility Survey (ELCOS) is a statistical exercise of the National Institute of Statistics and Geography (INEGI) and the National Women's Institute (INMUJERES) to generate sample information on the care needs of households and the participation of household members and non-household members in it. Its aim is to determine whether there is an overload of work on women and if this represents a barrier to their employment or causes them to be employed in precarious conditions.

The target population of the study is women between 14 and 70 years old, and all household members are included as a complementary population. Regarding geographic coverage, the following urban areas were reached: Mexico City, Guadalajara and Monterrey, as they are the largest. The sample design is probabilistic; consequently, the results obtained are generalized to the entire population. The survey was conducted in 2012.

Care activities were defined as those performed by people - generally adults, but not necessarily - to meet some of the needs of other people in their home or other homes (children under 15 years of age, people with permanent limitations or temporarily illnesses): bathing, dressing, preparing food or helping with feeding, taking or accompanying to different places, administering medications and keeping company, among others. It is also considered that care needs differ in type and intensity, depending on the age, health characteristics and disability condition of the people receiving care.

Among the results of the survey, the following stand out:

- ▶ In 52 percent of Mexican urban households, at least one member was found to be in need of care.
- ▶ 45 percent of urban households have children under 15 years of age.

- ▶ In 7.9 percent of urban households, one of the members required temporary care due to illness or accident.
- ▶ In 5.2 percent of urban households, there are people with some type of physical or mental disability that prevents them from caring for themselves and therefore require permanent care.

This approach clearly revealed that women, whether or not they participate in economic activities, perform the vast majority of care tasks in households (Mexico, Instituto Nacional de las Mujeres 2013, 10):

... nearly three quarters of caregivers within households are women. The presence of women is especially visible in the care of children under 5 years of age, as a reflection of their role in the care and upbringing of their daughters and sons. The smallest difference by sex is observed among those who care for temporarily ill persons, perhaps because it is a temporary need, as opposed to the other categories that imply permanent participation.

Thus, this survey made evident *"the need to consider labour market conditions and the role of the State in the provision of care services and a legal and human rights framework that legitimizes 'the right to care and be cared for' with social co-responsibility"* (Instituto Nacional de las Mujeres 2013, 23); in addition to thinking about measures for the mandatory extension of paternity and maternity leave, expanding daycare services, child-care centers and schools, reorganizing working hours and schedules for the market, and offering options such as remote work or proposing incentives for caregivers, among others..

Regulatory framework

One of the functions of the STPS is to promote the incorporation of workers into various social security regimes and systems in the public, social and private sectors, as well as to support the formalization of employment. Likewise, it promotes that the employment relationship of domestic workers is framed in decent work, in accordance with the regulatory framework described below.

The Federal Labour Law¹⁷ regulates the work of domestic workers in Title Six of Chapter XIII. Specifically, Article 331 defines a domestic worker as “... a person who, remunerated, performs care, cleaning, assistance or any other activity inherent to the household within the framework of an employment relationship that does not bring direct economic benefit to the employer, in accordance with the daily or weekly working hours established in the Law”. In addition, it establishes in its Article 331 Ter that “domestic work must be established by means of a written contract, in accordance with national legislation or collective bargaining agreements”.

Given that domestic work is performed by a vulnerable sector of the population, the Mexican Social Security Institute (IMSS) is focused on advancing the implementation of a special regime that guarantees their access to social security on equal terms with the rest of the workers. On this basis, in accordance with Article 12, Section IV of the Social Security Law, domestic workers are subjects of insurance in the mandatory regime.

2. Process

The National Council for the Standardization and Certification of Skills (CONOCER) is a state-owned entity attached to the Ministry of Public Education, formed in a tripartite manner by representatives of workers, employers and the Government. Its objective is to recognize people’s knowledge, abilities, skills and attitudes, acquired at work or throughout their lives, with national and official certifications. It also seeks to improve the alignment of the educational offer with the requirements of the productive, educational, social and government sectors of the country.

CONOCER assesses and certifies skills through a network of service providers made up of organizations from the business, labour, government and education sectors, both public and private. Therefore, it is responsible for giving credibility and certainty to these processes.

In order to develop Occupational Standards that respond to market needs, CONOCER promotes the establishment of Competency Management Committees made up of leaders from the business, labour, education, social and government spheres to ensure a high level of interlocution and permanent dialogue. The result of their work can be consulted in the National Registry of Occupational Standards (RENEC), which is a catalog containing all the Occupational Standards that describe the knowledge, abilities, skills and attitudes required to perform an activity in the labour, social, government or educational sphere, and is the reference for assessing skills and obtaining a certificate to facilitate their recognition, without the need for prior studies.

At this time, eight standards associated with social assistance services have been identified, aimed at professionalizing care activities. These are located at levels 2 and 3 in the National System of Competencies and have been worked on with the Competency Management Committees for Social Assistance, Geriatrics, and the National College of Technical Professional Education (see Table 11).



17 Pursuant to the July 2, 2019 Labor Reform.

Table 11. Mexico: Standards associated with professionalization of care

| Competency Management Committee: Social Assistance | |
|---|--|
| Name of standard | Preparation of food for the population subject to social assistance |
| Code EC0334 | Level 2 |
| Classification (SINCO) | Unit group 5221 Caregivers of children, persons with disabilities and the elderly in institutions |
| General Description | Aimed at people who must have the knowledge, abilities, skills and attitudes to work as cooks, caregivers of children, persons with disabilities and older persons; whose competencies include preparing food by applying hygienic practices, considering the food groups and the characteristics of the population subject to social assistance. |
| Elements of competence | <ol style="list-style-type: none"> 1. Apply hygienic practices before, during and at the end of food preparation. 2. Preparing food for persons subject to social assistance. |
| Name of standard | Basic care for older persons at home |
| Code EC0669 | Level 2 |
| Classification (SINCO) | Unit group 5221 Carers of children, persons with disabilities and older persons in institutions |
| General Description | Describes the performance of the caregiver who assists older persons with mild to severe dependency in basic and instrumental activities of daily living, including bathing, personal hygiene, toileting, changing cloth or disposable diapers, meal intake, administering medication, transfers from one place to another, changes in posture, as well as engaging in physical activities and supporting rehabilitation and cognitive stimulation. |
| Elements of competence | <ol style="list-style-type: none"> 1. Assist older persons, with mild dependency, in basic and instrumental activities of daily living. 2. Support older persons, with mild dependency, in the performance of physical, rehabilitation and cognitive stimulation activities. 3. Assist older persons, with severe dependency, in the basic activities of daily living. 4. Assist older persons with severe dependency in the performance of rehabilitation and cognitive stimulation activities. |
| Name of standard | Care for older persons in permanent/temporary social assistance facilities |
| Code EC0665 | Level 2 |
| Clasificación (SINCO) | Unit group 5221 Carers of children, persons with disabilities and older persons in institutions |
| Descripción general | Describes the performance of the caregiver who assists older persons with mild to severe dependency in basic and instrumental activities of daily living, including bathing, personal hygiene, toileting, changing cloth or disposable diapers, meal intake, administering medication, transfers from one place to another, changes in posture, as well as engaging in physical activities and supporting rehabilitation and cognitive stimulation. |
| Elementos de competencia | <ol style="list-style-type: none"> 5. Assist older persons, with mild dependency, in basic and instrumental activities of daily living. 6. Support older persons, with mild dependency, in the performance of physical, rehabilitation and cognitive stimulation activities. 7. Assist older persons, with severe dependency, in the basic activities of daily living. 8. Assist older persons with severe dependency in the performance of rehabilitation and cognitive stimulation activities. |

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| Name of standard | Care for Children and Adolescents with Disabilities in Social Assistance Facilities |
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|-------------------|----------------|
| Code EC096 | Level 3 |
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| Classification (SINCO) | Unit group 5221 Carers of children, persons with disabilities and older persons in institutions |
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| General Description | Describes the performance of caregivers in the care of children and adolescents with disabilities, with functions ranging from attending to activities of daily living: feeding, support in the care of their clothing, hygiene and transportation; as well as attention and participation in development activities according to their functionality, programmed within Social Assistance Facilities. |
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| Elements of competence | <ol style="list-style-type: none"> 1. Verify the logbook of care and the care sheet for children and adolescents with disabilities in social assistance facilities. 2. Attend to the activities of daily living of children and adolescents with disabilities. 3. Attend to the developmental activities of children and adolescents with disabilities. 4. Close the shift of care for children and adolescents with disabilities in social assistance facilities. |
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| Name of standard | Provision of services for the care and integral development of children in Child Care Centers. |
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|--------------------|----------------|
| Code EC0435 | Level 2 |
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| Classification (SINCO) | Unit group 5221 Carers of children, persons with disabilities and older persons in institutions |
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| General Description | Describes the performance of the people who attend and care for infants, toddlers, and preschool-aged children, considering the preparation of the areas where activities will take place, attending/assisting the children in hygiene, personal grooming, diaper changing, feeding and sleeping/resting. Likewise, comprehensively develop infants and toddlers, by planning and executing activities for their development, ensuring the physical and emotional integrity of the children at all times. |
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| Elements of competence | <ol style="list-style-type: none"> 1. Care for infants, toddlers and preschoolers in Child Care Centers. 2. Assist with the comprehensively development of infant and maternal children in Child Care Centers. |
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| Name of standard | Care for Children and Adolescents in social assistance facilities |
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| | |
|--------------------|----------------|
| Code EC0934 | Level 3 |
|--------------------|----------------|

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|-------------------------------|--|
| Classification (SINCO) | Unit group 5221 Carers of children, persons with disabilities and older persons in institutions |
|-------------------------------|--|

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|----------------------------|--|
| General Description | Describes the performance of the people who take care of children and adolescents, with functions ranging from attending to daily activities, feeding, hygiene, assisting with clothing care, and participating in social development activities programmed within social assistance facilities. It is based on guiding principles of legality, competitiveness, free access, respect, dignified work and social responsibility. |
|----------------------------|--|

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|-------------------------------|---|
| Elements of competence | <ol style="list-style-type: none"> 1. Verify the shift log for the care of children and adolescents in social assistance establishments. 2. To attend to the daily life activities of children and adolescents. 3. To attend to the developmental activities of children and adolescents. 4. To close the shift of care for children and adolescents in social assistance establishments. |
|-------------------------------|---|

Competency Management Committee: Geriatrics

| | |
|-------------------------------|--|
| Name of standard | Provide counselling support to informal carers of older persons. |
| Code EC1209 | Level 2 |
| Classification (SINCO) | Unit group 5221 Carers of children, persons with disabilities and older persons in private homes 5222 Carers of children, persons with disabilities and older persons in private homes |
| General Description | Serve as a reference for the assessment and certification of people who work in the public and private sector as caregivers, facilitators, health promoters who, as part of their service, carry out actions to support informal caregivers of older persons in order to maintain their physical, mental and social health, as well as to prevent risk factors to which they may be exposed when caring for older persons; it may also serve as a reference for the development of training and education programs based on Occupational Standards (CS). |
| Elements of competence | 1. To identify risk factors in informal carers of older persons. 2. Provide the informal caregiver with self-care recommendations. |

Competency Management Committee: National College of Technical Professional Education

| | |
|-------------------------------|--|
| Name of standard | Care and integral development of children from 4 to 12 years of age enrolled in the school system at extended hours Child Welfare/Care Centers. |
| Code EC0886 | Level 2 |
| Classification (SINCO) | Unit group 5221 Shelter child care worker |
| General Description | Describes the performance of the people who attend and take care of children from 4 to 12 years old enrolled in the school system, considering the reception and delivery of children, the transfer from the Wellness Center/Child Care Center with extended hours to their schools and vice versa, the preparation of the areas where the activities will be carried out, attending/assisting the children in hygiene, personal grooming, feeding and sleeping/resting. |
| Elements of competence | 1. Receive and deliver girls and boys to Child Welfare/Child Care Centers. 2. Transfer children from the Child Welfare/Care Center to their schools and vice versa. 3. To attend to the basic needs of children in Child Welfare/Care Centers. 4. Support the development of play and recreational activities and the completion of homework for children in Child Welfare/Care Centers. |

Source: Author's own based on standards available at <http://conocer.gob.mx:6060/conocer/#/renec>.

As shown in the table above, the National Occupational Classification System (SINCO), for statis-

tical analysis, works with the following occupational profiles related to care activities.

Table 12. Mexico: Occupational profiles related to care activities in the National Occupational Classification System (SINCO)

| | |
|--------------------|--|
| Key | 5221 |
| Title | Carers of children, persons with disabilities and older persons in institutions |
| Description | Workers classified in this unit group perform care work in institutions such as hospitals, nursing homes, day-care centers, day-care centers, rehabilitation centers, etc. |
| Key | 5222 |
| Title | Carers for children, persons with disabilities and older persons in private homes |
| Description | Workers classified in this unit group are engaged in the care and accompaniment of older persons, children or the sick in private homes in exchange for financial remuneration or payment. |

Source: SINCO, 2019.

3. Achievements in training and certification

Through the service providers that have had these standards accredited, between 2008 and 2023, nearly 127,000 people have been certified; the vast majority in the standard “Provision of services for the care and integral development of children in Child Care Centers”. However, it is important to note that as of 2017 there has been an increase in the number of people certified in standards associated with the care of older persons (see Table 13).

In addition, through the headquarters and networks that make up and operate the National System of Competencies, training, assessment and certification processes are being promoted for the competencies of public servants in the area of social assistance. Specifically, by the end of 2022, CONOCER and the National System for the Integral Development of the Family have recognized the work of 12 State Systems for the Integral Development of the Family to strengthen the competencies of those who work with priority attention groups.

4. Sustainability

Although CONOCER has been working in this area for several years, it is important to keep it on the institutional agenda and, as far as possible, to link it to different national policies.

It should be mentioned that CONOCER’s Institutional Program 2021-2024, in the priority strategy 3.4 (Promote the development of occupational standards, as well as certification in strategic sectors in order to maintain an *avant-garde* offer), includes the specific action 3.4.3: Promote the certification of caregivers, teachers and teachers in educational and child care centers (Mexico, Diario Oficial de la Federación 2021).

Moreover, the scope that skills certification can have through CONOCER’s network of service providers should be emphasized. Hence the importance of making the most of this structure to increase the quality of services and improve the conditions of workers.

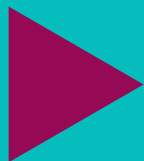
5. References to learn more about the practice

CONOCER. National Registry of Occupational Standards. Available at <http://conocer.gob.mx:6060/conocer/#/renec>.

Table 13. Mexico: Certifications issued by CONOCER-accredited service providers, 2008-2023

| EC code and name | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | Total |
|--|------|--------|-------|-------|-------|-------|-------|-------|--------|--------|--------|--------|-------|-------|--------|------|---------|
| EC0435 Provision of services for the care and integral development of girls and boys in child care centers. | 901 | 13 476 | 7 063 | 6 688 | 3 507 | 3 639 | 6 813 | 2 192 | 13 694 | 14 175 | 18 265 | 11 357 | 6 681 | 6 197 | 10 077 | 326 | 125 051 |
| EC0665 Care for older persons in permanent/temporary social assistance facilities | - | - | - | - | - | 8 | 1 | - | - | 68 | 22 | 41 | 2 | 14 | 56 | - | 212 |
| EC0665 Care for older persons in permanent/temporary social assistance facilities | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| EC0669 Basic care of older persons at home | - | - | - | - | - | - | - | - | 5 | 18 | 68 | 62 | 21 | 355 | 292 | 9 | 830 |
| EC0886 Care and integral development of children from 4 to 12 years of age enrolled in the school system at extended hours child welfare/child care centers. | - | - | - | - | - | - | - | - | - | 6 | 488 | 115 | 176 | 76 | 28 | - | 889 |
| Grand total | 901 | 13 476 | 7 063 | 6 688 | 3 507 | 3 647 | 6 814 | 2 192 | 13 699 | 14 267 | 18 843 | 11 575 | 6 880 | 6 642 | 10 453 | 335 | 126 982 |

Source: CONOCER.



Uruguay: National Institute for Employment and TVET (INEFOP)

Training and certification in the National
Care System¹⁸

¹⁸ This section was prepared thanks to the contributions made by Virginia Barrera, Project Advisor, TVET, INEFOP, Uruguay, during the third session of the process organized by ILO/CINTERFOR (November 9, 2022).

1. Background

In Uruguay, care is both a right and a social function guaranteed by Law No. 19.353 of 2015, whose purpose is:

... the promotion of the development of autonomy for persons in a situation of dependency, their care and assistance, through the creation of the National Integrated Care System (SNIC), as a set of actions and measures aimed at the design and implementation of public policies that constitute a model of solidarity and shared responsibility between families, State, the community and the market. (Article 2).

The care policy is aimed at both those who provide and those who receive care services. It is based on the recognition of care as a feminized area of work which, although related to domestic tasks, has important differences. These tasks can be paid or unpaid, and although they are usually resolved and agreed upon in the family sphere, they are an economic activity and therefore contribute to GDP, so they can be substituted by the market.

The specific objectives of the National Care System¹⁹ are:

- ▶ Recognize, reduce and redistribute care.
- ▶ Valuing and professionalize care work.
- ▶ Expand the offer of care services.
- ▶ Promote gender and social co-responsibility for care between the State, society, the market and the family.

To achieve this, the National Care System aims to be a universal policy that gradually allows access to quality care, regardless of condition, income or place of residence. For the implementation of the system, a structure based on three instances is established:

- ▶ The National Care Board
- ▶ The National Secretariat for Care and Disability
- ▶ The Care Advisory Committee

The **National Care Board** aims to strategically lead the System, and is composed of representatives from the following institutions:

- ▶ Ministry of Social Development (responsible for coordination)
- ▶ National Public Education Administration
- ▶ Social Security Bank
- ▶ Congress of Mayors
- ▶ Uruguayan Institute for Children and Adolescents
- ▶ Ministry of Economy and Finance
- ▶ Ministry of Education and Culture
- ▶ Ministry of Public Health
- ▶ Ministry of Labour and Social Security
- ▶ Planning and Budget Office

The **Care Advisory Committee** is a body composed of representatives of social organizations, workers, academia and private care service providers. It is an honorary body with the task of advising the National Secretariat for Care and Disability on best practices to fulfil the objectives, policies and strategies of the SNC.

The **National Secretariat for Care and Disability** operates within the Ministry of Social Development (MIDES) and is responsible for executing the actions determined by the Board. It is organized in two areas: the Directorate of Care and the Directorate of Disability. INEFOP's actions are framed in the first one, since the policy is aimed at people who need care and those who provide it. To facilitate the matching of supply and demand, a list of families requiring care is compiled and an assessment of the level of dependency is conducted, while on the other hand, people providing care services are trained through the Basic Course on Dependency Care.

¹⁹ Although Law No. 19,353 refers to it as the National Integrated Care System, subsequent institutional mentions refer to it as the "National Care System" or "Care System". In order to homogenize references, the term "National Care System" will be used in this document in all cases.

Table 14: Uruguay: Main competencies of the entities in the institutional structure of the National Care System

| National Care Board (Article 13) | National Secretariat for Care and Disability (Article 17) | Care Advisory Committee (Article 18) |
|---|--|--|
| <ul style="list-style-type: none"> ▶ Propose to the Executive Branch the objectives, policies and strategies concerning the National Care System. ▶ - Define the strategic guidelines and priorities of the National Care System. ▶ Advise and submit for consideration of the Executive Branch the National Care Plan formulated by the National Care Secretariat. ▶ Advise the Executive Branch regarding the proposal on the budget of the National Care Plan formulated by the National Care Secretariat. ▶ Ensure the transparency of the National Care System and public access to quality information. ▶ Advise and submit for consideration of the Executive Branch for its presentation to the General Assembly of the Legislative Branch, the annual report of the National Care Plan formulated by the National Secretariat for Care and Disability. ▶ Prepare the draft of its internal operating regulations. | <p>In the area of Care:</p> <ul style="list-style-type: none"> ▶ Formulate the National Care Plan. ▶ Implement and supervise the programs, instruments and activities derived from the National Care Plan, ensuring inter-institutional coordination and articulation, optimizing the use of available resources. ▶ Coordinate the design and formulation processes of the budget allocations of the National Care System. ▶ Ensure transparency and public access to information on everything related to the National Care System. ▶ Prepare the annual report on the performance of the National Care System and submit it to the National Care Board for consideration. ▶ Advise the National Care Board. ▶ Organize, direct, supervise and maintain the National Care Registry. | <p>Advise the National Care Secretariat on best practices to fulfil the objectives, policies and strategies of the National Care System.</p> |

Source: Prepared by the authors based on Law No. 19,353 creating the National Integrated Care System (SNIC), available at <https://www.impo.com.uy/bases/leyes/19353-2015>.

Professionalization of care

Executive Decree 117-016 of April 2016 establishes the service of personal assistance for the long-term care of persons in a situation of dependency. Article four states that the service “consists of habilitation, registration, training, supervision and/or the granting of a subsidy” (Government of Uruguay 2016).

Any person in a situation of severe dependency, of any age, natural or legal citizen or with ten years or more of residence in the country, residing in their private home within the national territory and selecting a qualified personal assistant, can be a user of the service. To determine if the person is in a situation of severe dependency, the Dependency Scale applied by the Ministry of Social Development is used (articles 5 and 6).

The user can access a total or partial economic subsidy exclusively for the hiring of 80 hours per month of a Personal Assistant Service provided by an individual or a legal entity authorized by the National Secretariat of Care (Article 24). This service aims to guarantee assistance to carry out activities of daily living that promote the autonomy of dependent persons, with economic support intended for families in the lowest income quintiles.

A personal assistant is a person authorized for this purpose by the National Care Secretariat, meeting the following criteria:

- ▶ Being of legal age.
- ▶ Having a Uruguayan document.
- ▶ Having a certificate of completion of the Basic Course on Dependency Care (152 hours, including 12 hours of practice in a center) issued by private institutions authorized by the Ministry of Education and Culture, and by the institutions of the National Public Education System,

and taught through INEFOP by several private entities and by the Universidad del Trabajo de Uruguay. INEFOP offers full scholarships, finances extracurricular individual tutoring hours and provides financial support for travel expenses (for access to the course and permanence).

- ▶ Possessing a certificate of judicial antecedents addressed to BPS.
- ▶ Valid Health Card.
- ▶ Having no other “public function” income.
- ▶ Not being related to the beneficiary.

As of 2018, the Basic Course in Dependency Care became mandatory for anyone intending to provide caregiving services, and grants partial or full habilitation²⁰.

2. Process

The National Care Plan 2021-2025, in terms of training, proposes the continuity of the three existing lines of work: vocational training, validation of knowledge and certification of skills. In addition, the new reality has acted as a catalyst in the advancement of new training modalities, allowing for blended learning in some cases.

Basic Course on Dependency Care

The Specific Care Curriculum Design (90 hours), framed in the social and health care model, is a modular design that integrates the training process with work. In its four modules, it develops the competencies necessary to develop the role both at home and in the residential setting (see Table 15).

²⁰ Partial habilitation is a provisional measure until the mandatory course is completed. This is due to the fact that applications and the creation of care teams progressed faster than training.

Table 15. Uruguay: Main characteristics of the Dependency Care program

| Program name | Course on Dependency Care |
|-----------------------------|---|
| Entry Profile | Aimed at people over 18 years of age with completed primary education, with or without work experience in the occupation and previous training. |
| Profile of graduates | Upon completing all the training modules, carers will be qualified to provide personal assistance and care for dependent persons in basic, instrumental and advanced activities of daily living, promoting their autonomy and interests, offering special attention from a perspective of comprehensive health, human rights, and gender. |
| Modules / Duration | <ul style="list-style-type: none"> ▶ Addressing the dimension of caring for persons in a situation of dependency from a comprehensive human rights and gender perspective (15 hours) ▶ The role of caregivers: tasks and duties (54 hours) ▶ Occupation of free time and leisure for people in a situation of dependency (15 hours) ▶ Rights, Duties and Obligations of Caregivers and Employers (6 hours) Total: 90 hours |
| Teacher profiles | <ul style="list-style-type: none"> ▶ Bachelor of Science in Nursing ▶ Technician or professional in the social area ▶ Physical Education Teacher ▶ Recreation ▶ Bachelor's degree in labour relations or labour lawyer |

Source: INEFOP.

The course includes a “leveling” module (20 hours) aimed at strengthening basic knowledge of calculus, reading, writing and comprehension, taking into consideration the profile of the care workers: most of them are women who have not completed formal education.

In addition, the “Occupational Project” (with a duration of 30 hours) aims to work on the main characteristics and challenges of care tasks. It seeks to contribute to the construction of a career plan, bearing in mind aspects of employability and integrating the particularities of individuals, conditioning factors and attributes derived from their gender, class, ethnicity, age, work identity, urban or rural insertion, among others, and the particularities of their family environment.

Finally, the “Practical Training” design (12 hours) is the space aimed at allowing the caregiver to

consolidate and expand the knowledge acquired in the course in different work settings.

Knowledge validation process

This process recognizes the trajectory of people already trained in care in the work environment: they obtain the qualification to continue exercising their role. The state body with the competences for this process is the Ministry of Education and Culture. Decree No. 282/019 of September 23, 2019 (amending Decree No. 130/016) establishes the creation of the Commission for the Validation of Training and/or Training in Care: *“It is hereby created, within the scope of the Ministry of Education and Culture, the Commission for the Validation of Training and/or Training in Care which shall be composed of five members and their respective alternates, who shall be appointed by the Ministry of Education and Cul-*

ture, two of the members at the proposal of said Ministry, one at the proposal of the National Administration of Public Education, one at the proposal of the Ministry of Social Development and one at the proposal of the National Institute of Employment and TVET" (Article 30).

Process of skills certification

This process is aimed at those who work in the care sector and who, through their work experience, have acquired the necessary skills to perform the tasks.

The process is carried out through *Uruguay Certificada*, which is an inter-institutional public policy that allows workers to certify their skills, that is, to recognize and validate their prior learning. With Decree No. 340/18 of October 2018, the National Commission for Occupational Certification was created for this purpose, composed of the National Directorate of Employment of the Ministry of Labour and Security (DINAE-MTSS), which chairs it, the Council of Technical Professional Education-University of Labor of Uruguay (CETP-UTU), INEFOP, the business chambers (Chamber of Industries and Chamber of Commerce) and the Inter-Union Plenary of Workers - National Convention of Workers (PIT-CNT).

Certification consists of the public and formal recognition of competences, as well as of the knowledge, skills and attitudes of workers. The assessment is based on the occupational profiles prepared by experts in each sector²¹.

Certification is an instrument for the recognition of skills and competencies that can facilitate the improvement of working conditions, reduce information asymmetries (as it guarantees that the worker meets the conditions required by the market), facilitate the development of individuals in a given sector or occupational field, and guide public policy decisions to improve public employment and TVET services. The benefits accrue not only to these individuals, but also to businesses and society as a whole.

The certification process consists of the following stages:

- ▶ **Counseling.** The person expresses their interest in initiating the certification of their skills, registers and then receives information about it from the Public Employment Center (CEPE).
- ▶ **Assessment.** This stage is carried out by assessors who collect information and evidence to demonstrate the skills of each applicant.
- ▶ **Development plan.** If necessary, the person must take complementary training courses to develop the skills required to complete the profile.
- ▶ **Validation and closure.** Upon completion of the process, they receive a Certificate of Professional Competence.

Requests for certification come through wage councils, sectoral committees, enterprises and other bipartite or tripartite negotiation settings. *Uruguay Certificada*, as an interinstitutional commission, approves the start of a skills certification project. Subsequently, an occupational profile validated by the sector of reference is developed. Finally, a team of assessors trained in occupational skills carries out the process of collecting evidence of the performance of workers to demonstrate that they are competent in their profile.

If the worker is able to demonstrate their skills, they will receive a certificate issued by *Uruguay Certificada*, with the endorsement of the institutions that make up this area. If they fail to demonstrate their skills, they may be referred to a training course and, once completed, they can be reassessed to obtain their certificate. For caregivers, the National Care Secretariat of the Ministry of Social Development receives the requests for certification and refers the applications to INEFOP.

21 An occupational profile is a competency-focused standard or norm that is developed with industry experts.

**Uruguay: Occupational profile for the certification of skills
in “Caregivers: Dependency Care”.**

| General information on the occupation | Caregivers: Dependency Care |
|---------------------------------------|---|
| Area of competence | Social and health care services |
| Sub-area of competence | Institutional / home delivery |
| Occupational areas | Permanent and/or transitional care centers, home care services and services for dependent persons. |
| General competence | <ul style="list-style-type: none"> ▶ Promote, assist and accompany the basic, instrumental and advanced activities of daily living, improving the quality of life and well-being of persons in a situation of dependency. ▶ Promote and stimulate, through action, all activities that contribute to the development of autonomy from a facilitator role. ▶ Identify situations of risk and vulnerability, preventing difficulties in the task of care. |
| Competence units | <ul style="list-style-type: none"> ▶ Unit 1: Identify and organise existing resources in the work environment, optimising the quality of the service to be provided, taking into account people's degree of dependency, the work context and current regulations. ▶ Unit 2: Promote, encourage and accompany the person's basic and instrumental functions in accordance with the degree of dependency and the agreed individual work plan. ▶ Unit 3: Encourage and support people's advanced activities of daily living, enabling them to interact appropriately and ensuring their identity and social integration, taking into account the degree of dependency and the agreed individual work plan. ▶ Unit 4: Know the current regulations in terms of operation, qualification criteria, safety and hygiene standards, among others, that regulate the operation of establishments that offer permanent or temporary care services for dependent persons, including in family homes. ▶ Unit 5: Promote knowledge of labour regulations in general and in the sector in particular. |

Source: Uruguay Certifica, , «Certificación de competencias para Cuidadoras/es en centros de larga estadía», August 19, 2022.

3. Achievements in training and certification

In Uruguay, individuals wishing to provide personal assistance services within the framework of the National Care System must be authorized by the National Care Secretariat for this purpose. This authorization depends primarily on having achieved the “Dependency Care” qualification (through training or certification).

Additionally, partial qualifications have been created for those who are already working as personal assistants, but have not been able to take the course or undergo certification. Likewise, for those who do not have the certificate and are completing the requirement, an exceptional authorization is granted to provide services to a single family. Both groups have a deadline to complete this requirement, making them the priority population for INEFOP.

As of August 2022, there were 9,680 people authorized to work as personal assistants: 60 percent have full qualification; most of them through training in the mandatory course on Dependency Care through INEFOP (about 6,400 people with full qualification and those with partial qualification or exceptional authorization).

Regarding certification, between December 2021 and June 2022, 284 caregivers in Long Stay Centers (CLE) in the departments of Colonia, Maldonado, Canelones, Soriano, San José, Salto, Durazno, Lavalleja, Florida, Tacuarembó, Río Negro and Montevideo were certified. In addition, 243 people had been certified by 2021. Therefore, there are 527 people certified (Uruguay, Sistema de Cuidados 2023, 45-46). On August 16, 2022, a new call for CLEs was launched to present workers who perform caregiving tasks with the goal of certifying 300 people. This call was led by the National Secretariat of Care and Disability and carried out through the *Uruguay Certifica* process.

In total, as of December 2022, there are 4 069 Personal Assistants working: the majority with a full qualification (788 with partial qualification and 815 with exceptional authorization). The entry profile shows a highly feminized population: 93.7 percent are women.

In 2022, a new agreement was signed between MIDES and INEFOP to train 1,800 care workers with partial qualification or exceptional authorization. While priority is given to this population, at the same time, training is also encouraged for unemployed people through INEFOP to receive mandatory training. As of March 2023, unemployed people will enter the training course on Dependency Care through INEFOP's website, and will be referred to private training entities, authorized by the Ministry of Education and Culture, or to the Division of Training and Accreditation of Knowledge of the General Directorate of Technical Professional Education. The Ministry of Social Development will continue to refer to INEFOP those people with partial qualification who are working as personal assistants in order to reach full qualification.²²

4. Necessary conditions

Although the coordination between many institutions within the system can be complex, it is the path to sustainability. In this sense, the legal framework, financing and continuous planning, carried out by specialized bodies and with the participation of social actors, are essential.

5. References to learn more about the practice

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22 Data from the National Secretariat for Care and Disability based on records of the Banco de Previsión Social.

► Final considerations

- Although there are important challenges ahead, this exercise shows that the road to the professionalization of caregiving has begun in the region and that a variety of practices are under development. The achievements, lessons learned and challenges identified can be used to begin or improve the implementation of training, education and certification services for care work.
- This process also demonstrated that it is essential to continue sharing experiences and generating spaces for debate to identify opportunities at the national and regional levels. No country or institution with ideas for the provision of training and certification services for caregivers should start from scratch.
- Finally, a message that stands out from the different practices shared and the exchange sessions held is the need to continue moving forward with an integral vision, a gender perspective and a human rights approach. Training and certification services are an essential contribution to the quality of care systems and the improvement of conditions for those providing and receiving care, but a comprehensive set of policies is required to achieve real and sustainable transformation.



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