



International
Labour
Organization



► Guide for national discussion on training and certification services for caregivers in Latin America



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

Guide for national discussion on the incorporation or improvement of training and certification services for care aimed at early childhood, older persons, and persons with disabilities

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First published 2023



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ISBN 9789220405260 (print)
ISBN 9789220405277 (web PDF)

Also available in Spanish:

Guía para el debate nacional sobre los servicios de formación y certificación para los cuidados en América Latina

ISBN 978-92-2-040032-6 (print)
ISBN 978-92-2-040033-3 (web PDF)

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► Acknowledgements

This guide was prepared by Carla Rojas Benavides for the International Labour Organization, with the support of the gender and non-discrimination specialists of the ILO Regional Office for Latin America and the Caribbean, Paz Arancibia Román, and of the ILO Office for Central America, Haiti, Panama and the Dominican Republic, Larraitz Lexartza Artza. The finalisation of the English version was coordinated by Ms Jenni Jostock, proofread by Mr Henri Ebelin, and the layout was completed by Ms Paula Cruz Mejía.

This document would not have been possible without the generous contributions made during the process “Training and Certification Services for Care: The Rising Role of Vocational Training Institutions in Latin America”, developed virtually between October 2022 and February 2023. We would like to extend a warm thank you to all participants, and especially to those who made technical contributions and shared developing practices in the field of training and certification for care work:

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We also thank those who participated in the session for the validation and adjustment of this Guide, held on 30 August 2023, in the framework of the Regional Meeting on Training and Certification for Caregiving in Latin America and the Caribbean, held in Montevideo, Uruguay:

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► Overview

The International Labour Organization estimates that worldwide investment in universal childcare and long-term care services will generate 280 million jobs by 2030 and another 19 million jobs by 2035, or 299 million jobs in total (ILO 2022a, 43). While this increase in demand for care may represent important opportunities, the road ahead is marked by major challenges.

On the one hand, gaps in care measures and services around the world are very significant: they have left hundreds of millions of working people with family responsibilities without adequate protection and support. Thus, for example, in Latin America and the Caribbean, childcare services (for children aged 0-2 years) remain concentrated in programmes focused mainly on poor or vulnerable populations, and the deployment of long-term care services for older persons and persons with disabilities requiring care or support is still very low (ILO 2022b, 45 and 58).

On the other hand, care work, both paid and unpaid, is marked by a very unequal sharing of responsibilities - between women and men and between families, communities and the State - and by a lack of adequate conditions for its performance. Indeed, women perform 76.2 per cent of unpaid care work in the world. This situation is a determining factor for their access to and permanence in employment, as well as for the quality of their work. Moreover, the majority of paid care workers are women, often migrants, and when they work in the informal economy, they do so in precarious conditions and for very low wages (ILO 2019b, 1).

Failure to adequately address the current deficits in both quantity and quality of care provision could lead to a serious and unsustainable global care crisis that would further increase gender inequality in the labour market. Hence, it calls for differentiated but complementary policies and services, organised in transformative care policy packages, based on fundamental rights, embracing a life-cycle approach, gender-sensitive and underpinned by solidarity, representation and social dialogue.

The professionalisation of care through training services and the assessment and certification of skills is a central part of this policy framework. Indeed, professionalisation is an element that favours quality management in the provision of care services and contributes to greater job and social recognition of carers, to the improvement of their performance and to their professional growth.

The road to change has begun in the region: the issue is positioned on the public agenda, although progress in practice is uneven. In the last 15 years, governments in Latin America and the Caribbean have reached agreements to design and implement care policies that recognise the principles of universality and progressiveness of access to quality care services, the importance of co-responsibility between men and women and between the State, the market, communities and families, as well as the importance of promoting the financial sustainability of public care policies aimed at achieving gender equality. As a result, several countries have implemented policies to move towards the recognition, redistribution and reduction of care work (UN Women and ECLAC 2021).

The XV Regional Conference on Women in Latin America and the Caribbean (Buenos Aires, 7-11 November 2022), organised by the Economic Commission for Latin America and the Caribbean (ECLAC), the UN Women Regional Office for the Americas and the Caribbean and the Government of Argentina, adopted the Buenos Aires Commitment. This instrument recognizes care as a right of people to care, to be cared for and to exercise self-care, and calls for the promotion of measures to overcome the gender division of labour and move towards a fair social organization of care, within the framework of a new style of development that promotes gender equality in the economic, social and environmental dimensions of sustainable development (ECLAC 2023).

Along the same lines, during the First Ibero-American Symposium on Care and Domestic Work (Cartagena de Indias, 28 February-2 March 2023), organised by the ILO Regional Office for Latin America and the Caribbean in collaboration with the Spanish Ministry of Labour and Social Economy (MITES), the Interconecta Programme of the Spanish Agency for International Development Cooperation (AECID) and the International Training Centre of the ILO (ITC-ILO), the *Cartagena de Indias Roadmap* (ILO 2023) was drawn up. This Roadmap provides guidelines to achieve better results in guaranteeing decent work in the care sector, grouped into five areas of work with specific actions: i) formalisation, ii) equal rights, iii) valuing and professionalising care work and in particular domestic work, iv) occupational safety and health, and v) strengthening representativeness, organisations and spaces for social dialogue (ILO 2023).

In this context, to contribute to a more equitable economic recovery and build an inclusive future of work, the ILO's Gender, Equality, Diversity and Inclusion Branch (GEDI) and Skills and Employability Branch (SKILLS), together with the Inter-American Centre for Knowledge Development in Vocational Training (ILO/CINTERFOR), have prioritized in their programme of work the support to governments, employers and workers in the region to design and implement care policies, with a special focus on the area of training and certification of care work.

Thus, during the second half of 2022 and the first months of 2023, they implemented a process called "Training and certification services for care: the rising role of TVET institutions in Latin America", which pursued three specific objectives:

- ▶ Generate a conceptual framework of reference so that all the institutions responsible for the subject have a common language for the analysis, design and implementation of policies for the improvement of TVET and skills certification services for care.
- ▶ Promote the exchange and compilation of good practices for the promotion of training and recognition of care work, in particular for early childhood carers, assistants for people with disabilities and older adults.
- ▶ Design a guide for national discussion on the incorporation or improvement of training, assessment and certification services for care work.

This document responds to the third objective, and draws on the two previous milestones: the theoretical study on the professionalisation of care and the analysis of ongoing experiences in the region to promote the professionalisation of care.

This guide is addressed to all institutions, organisations and individuals involved in the design and implementation of public policies aimed at improving care services: from those working at the macro level to promote transformative care policy packages - in which the human talent factor is an essential element for the quality of services provided to people with care or support needs - as well as to those institutions, organisations and individuals directly linked to the provision of training, upskilling, skills assessment and certification, who could improve the planning and impact of their service offerings by having a broad vision of the topic and concrete examples of ongoing practices.

► Acronyms

AECID	Spanish Agency for International Development Cooperation
IDB	Inter-American Development Bank
BPS	Social Security Bank (Uruguay)
CAPI	Early Childhood Centre
ECLAC	Economic Commission for Latin America and the Caribbean
CFT	TVET Centres
CIET	International Conference of Labour Statisticians
ITC/ILO	International Training Centre of the International Labour Organisation
ChileValora	Commission of the National System for Skills Certification (Chile)
CONAPDIS	National Council of Persons with Disabilities
CONOCER	National Council for Standardisation and Certification of Skills (Mexico)
DANE	National Administrative Department of Statistics (Colombia)
DINTAD	National Directorate of Transfers and Data Analysis (Uruguay)
EBC	Baseline Study for the Characterisation of Dependency and Care in Costa Rica
GEDI	Gender, Equality, Diversity and Inclusion Desk (ILO)
IMAS	Mixed Social Assistance Institute (Costa Rica)
IMSS	Mexican Social Security Institute
INA	National Learning Institute (Costa Rica)
INMUJERES	National Women's Institute (Mexico)
INEC	National Institute of Statistics and Census (Costa Rica)
INEFOP	National Institute for Employment and TVET (Uruguay)
INFOCAL	National TVET Foundation (Bolivia)
INFOTEP	National TVET Institute (Dominican Republic)
INSAFORP	Salvadorian TVET Institute
MPTF	United Nations Multi-Partner Trust Fund
MIDES	Ministry of Social Development (Uruguay)

MITES	Ministry of Labour and Social Economy (Spain)
MEPyD	Ministry of Economy, Planning and Development (Dominican Republic)
MTEySS	Ministry of Labour, Employment and Social Security (Argentina)
OECD	Organisation for Economic Co-operation and Development
ILO	International Labour Organisation
WHO	World Health Organisation
OSCL	Sectoral Skills Bodies
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
PEP	Special Stay Permit (Colombia)
PPT	Temporary Protection Permit (Colombia)
RENAP	National Register of Persons with Certified Skills (Mexico)
RENEC	National Register of Occupational Standards (Mexico)
SENA	National Apprenticeship Service (Colombia)
SINCO	National Occupational Classification System (Mexico)
SKILLS	Skills and Employability Branch (ILO)
TVET	Technical and Vocational Education and Training

► Introduction

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.

Based on experiences that are currently underway, mainly in public institutions in Latin America, we have identified those elements that should be considered in debates on, and definitions of, policies to establish or improve training and certification services for care work. This is aimed at improving both the quality of care for people who require assistance with activities of daily living, as well as the conditions of those who provide this service.

This paper begins with a brief conceptual introduction to care training and certification, emphasizing their role in shaping transformative care policy packages and advancing the pursuit of decent work. It then summarises the main standards or profiles associated with care training and/or certification in eight countries. Extracting principles from their implementation, the third and final section outlines guidelines for national debates, organised along the following three axes:

1. General framework for debate. This axis highlights the importance of presenting arguments to ensure that training and certification efforts do not perpetuate gender divisions of labour, feminisation, and consequent devaluation. Instead, these initiatives should be seen as opportunities to enhance essential services for societal well-being and promote the transition towards decent work for both men and women. Furthermore, it is emphasized that, while contributions from specific institutions are valuable, the ideal approach involves co-

laboration within a national and even regional perspective.

2. Standards and services for education, training, skills assessment and certification in the care sector. This axis covers key aspects such as defining the target population, specifying the roles and responsibilities of caregivers, determining the types of services to be considered, outlining the main characteristics of standards or occupational profiles, emphasizing a design focused on continuous improvement, and incorporating actions to address intersectionalities present in the sector.

3. Systemic vision. Finally, it should be noted that improving care services and the conditions of those who provide them can be supported by training and certification, but the achievement of these goals goes beyond them. Indeed, this improvement depends on multiple actions and the articulated participation of different actors (ministries, institutions, workers' and employers' organizations, etc.). Hence the importance of having appropriate regulatory, policy and institutional frameworks in place and linking them to efforts to establish transformative care policy packages.

In each of these areas, we present categories for analysis and attempt to illustrate each one with examples that are mostly taken from the report on *Developing experiences in training and certification for care in Latin America and the Caribbean*, prepared mainly on the basis of documentation submitted by the institutions involved, primary information collected virtually by the ILO and CINTERFOR during the second half of 2022 and the first months of 2023 in a process called "Training and certification services for care: the rising role of TVET Institutions in Latin America"¹. This space facilitated the sharing of experiences and the analysis of key aspects to progress in the professionalisation of care, which is recognized as an essential component for enhancing services and the conditions of those who provide them.

¹ The information was complemented with data extracted from the websites of the institutions responsible for the training and certification of skills in each country and other related bibliographic sources. In addition, the institutions involved submitted documentation and, finally, the information collected was submitted to the review of each institution to verify its accuracy.



Sessions

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



Participating countries

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



Registered institutions



Experiences presented

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



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.



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.



I. Basic concepts of care work and TVET

1.1 Care workers and the pathway to decent work

Care work comprises two types of overlapping activities:

- **Direct care** activities, which are personal and relational, such as feeding a baby, caring for a sick person or helping an older person to bathe.
- **Indirect care** activities, such as cooking, cleaning, laundry and other household maintenance and management tasks.

These activities can be carried out on a paid or unpaid basis.

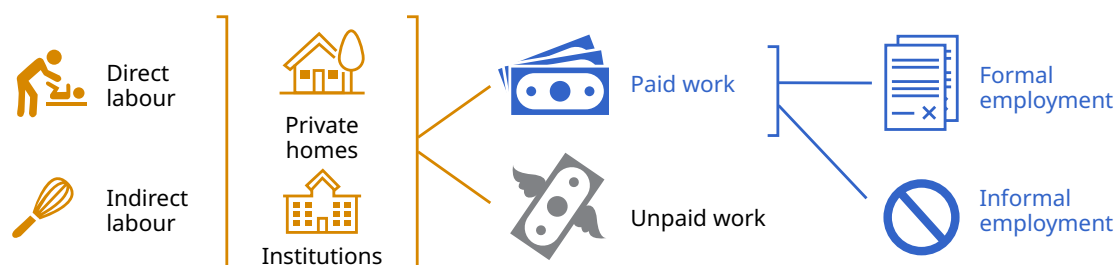
- **Unpaid care work** is a fundamental dimension of the world of work and consists of the provision of care without financial remuneration. The bulk of care work around the world is performed by unpaid carers, mostly women and girls from socially disadvantaged groups. Specifically, women perform 76.2 per cent of unpaid care work worldwide (ILO 2019a, 3). This type of work is determinant for women's access to and retention in employment, as well as for the quality of these jobs.

- **Paid care work** is performed by workers in exchange for remuneration or profit. According to ILO data, the global care workforce comprises four groups:

- Care workers working in the care sectors: education, health and social work.
- Care workers working in other sectors.
- Domestic workers, domestic work being care work (direct and indirect) carried out in private homes.
- Workers who, without providing care, work in the care sectors supporting the provision of care services.

The majority of paid care workers are also women, often migrants, and when they work in the informal economy they do so in precarious conditions and for very low pay. Improving their conditions is vital, as paid care work will remain an important source of employment in the future, particularly for women, not least because, unlike other sectors, its relational nature limits the potential for human labour to be replaced by robots and other technologies.

Care workers



Finally, care work can take place within formal employment structures or in informal arrangements. The ILO's Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204) defines the **informal economy** as "all economic activities carried out by workers and economic units that - in law or in practice - are insufficiently covered by formal systems or not covered at all", such that "it can be observed in all sectors of the economy, in both public and private spaces". In any case, this concept is constantly being studied and adjusted, especially in order to seek the most accurate measurement possible to facilitate decision-making for progress towards its reduction (see Box 1).

While the care economy is growing as demand increases, "care work around the world continues to be characterised by a lack of benefits and protections, low pay or no compensation, and the risk of physical and mental harm and, in some cases, sexual abuse. It is clear that new solutions to care provision are required on two fronts: in terms of the nature and facilitation of care policies and services, and in terms of the

conditions under which care is provided" (ILO, n.d.).

In order to move towards decent work in the care sector, strategic actions must be promoted in seven main policy areas:

1. Care
2. Macroeconomic
3. Social protection
4. Labour and employment, equality and non-discrimination
5. Education, training and human resources
6. Migratory
7. Environmental

In any case, these policies will be transformative when they contribute to the achievement of the "5Rs": recognising, reducing and redistributing unpaid care work, adequately rewarding paid care work, and ensuring carers' representation through the right to organise.

► Box 1. Towards a conceptual update: informal unpaid work

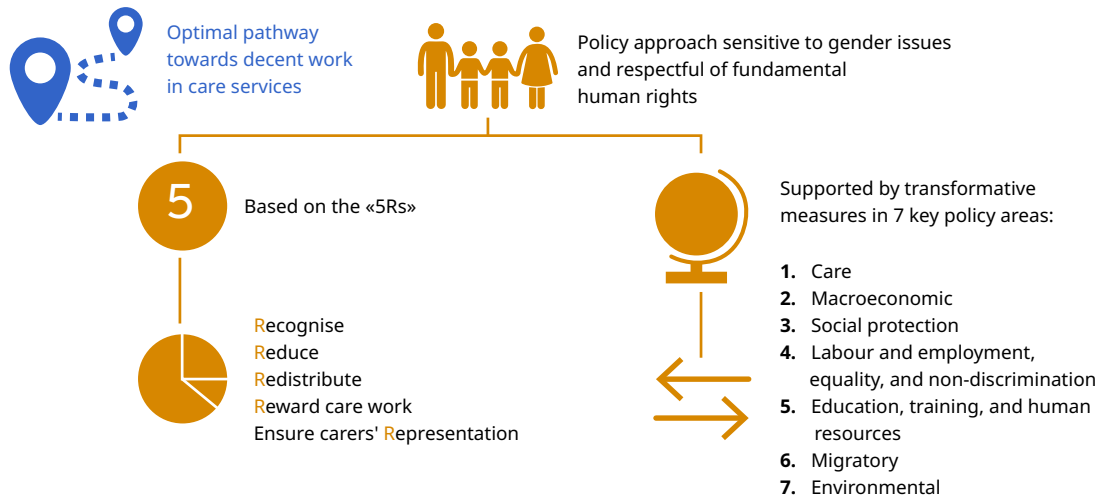
The International Conference of Labour Statisticians (ICLS), organised by the ILO, brings together experts from all member countries every five years to set international standards on labour statistics.

The ICLS formulates recommendations on concepts, definitions, classifications and methodologies in the form of resolutions and guidelines, which are then approved by the ILO Governing Body before becoming part of the body of international standards on labour statistics. When used by national data producers (e.g. national statistical offices), they increase the likelihood of internationally comparable statistics.

The 21st ICLS (2023) elaborates on care work and advances the definition of the term care work, recognising the value of unpaid care work, highlighting persistent gender-based inequalities and difficulties in its delimitation and measurement, and proposing to work towards a new reference definition, conceptual framework and measurement guidelines harmonised with existing international standards.

Source: Author's own based on ILOSTAT (2023).

Decent work in care services



Source: Author's own based on ILO (2019a).

1.2 Services as an essential part of transformative care policy packages

Achieving environments that meet the growing demand for care with greater recognition and fairer redistribution of care work requires a strong push for a transformative set of policies with decent work as their horizon. These policies must be based on fundamental rights and international labour standards, embrace a life-cycle approach, be gender-sensitive, integrated, universal and underpinned by solidarity, representation and social dialogue.

While the policy package is country-specific, the package should comprise a combination of four elements (ILO 2022a):

- **Leave** to support different care needs during maternity and paternity, illness or dependency.
- **Income security**, which includes cash benefits to ensure the well-being, health and dignity of caregivers and care recipients.
- **Services**, which comprise many forms of care: quality health care, child care and education, and care for people with some degree of dependency.

- **Rights**, including prevention of and protection against all forms of discrimination and violence, and the guarantee of decent work, a safe and healthy working environment for care workers, the right to organise and collective bargaining.

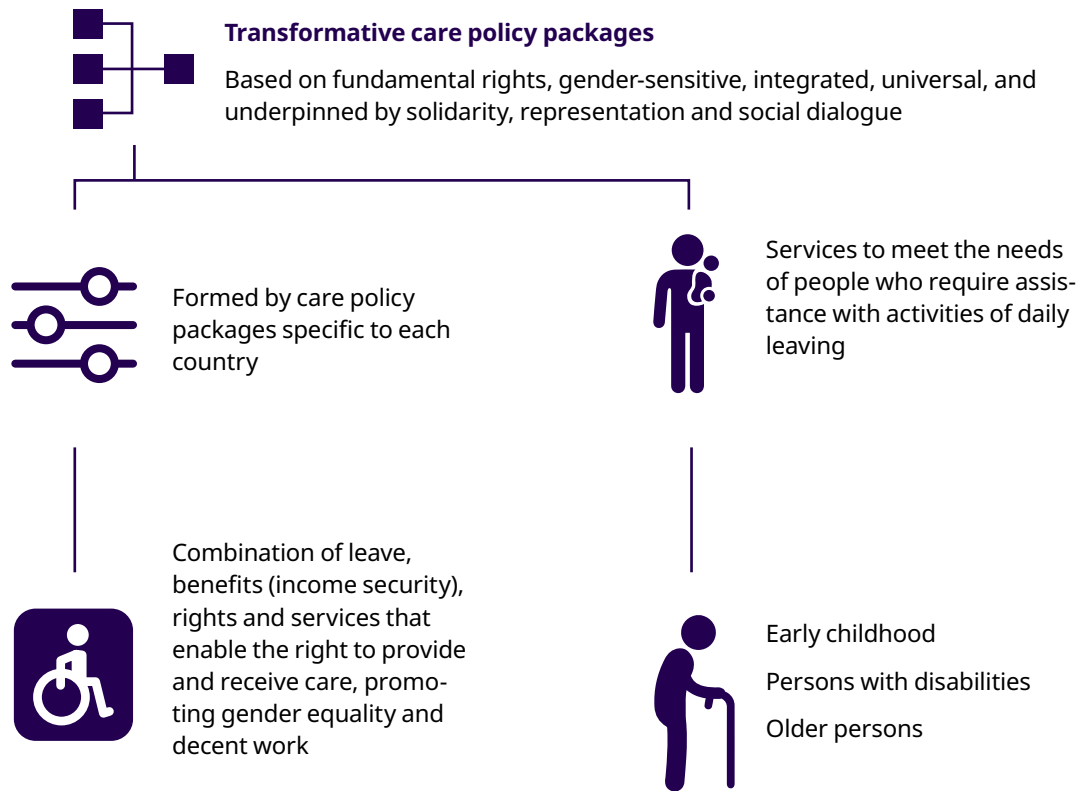
In the exercise carried out by the ILO and ILO/CINTERFOR, the analysis has been limited to those areas in which the paid care worker population is concentrated in conditions of greater vulnerability and where professionalization through training and skills certification could have a notable impact. Specifically, attention has been focused on the professionalisation of services aimed at people with some degree of dependency or who require the support of third parties to carry out their Activities of Daily Living (ADLs): early childhood, persons with disabilities and older persons (see Box 2).

In line with the definitions adopted by the United Nations Convention on the Rights of Persons with Disabilities, the term “care” includes assistance and/or support services for independent living, avoiding policies and services of a welfare nature that consider people as passive subjects. In further elaborating on this idea, ECLAC and UN Women mention the following (UN Women and ECLAC 2021, 11):

A similar situation occurs when we talk about care, support or assistance to dependent older persons, a concept that necessarily includes the promotion of autonomy as a priority in the inevitable ageing process. In the case of children, the

concept of care is strongly linked to education and it is understood that they go hand in hand. It is about having quality time for childcare that prioritises appropriate child development.

Care services in transformative care policy packages



► Box 2. Care workers' occupations, trades or professions

Care workers can be identified on the basis of their occupation and/or sector of employment. This classification is key to further associate them with certain categories of occupational skills.

While four-digit identification might be feasible for some countries, it is not possible for all, due to anonymity procedures and/or sample size issues. In order to exploit available household and labour force surveys to the fullest extent possible, the 2018 ILO report has chosen to operationalize the identification of care workers using both the International Standard Classification of Occupations (ISCO-08 or earlier versions) and the International Standard Industrial Classification (ISIC Rev. 4 or earlier versions) at two-digit levels. This implies some degree of aggregation which is partly resolved by combining both classifications.

Based on ISIC Rev. 4, the sectors of focus are: 85. education; 86. human health activities; 87. residential care activities; 88. social work activities without accommodation; 97. activities of households as employers of domestic personnel.

Considering ISCO-08, "basic" care occupations include: 22. health professionals; 23. teaching professionals; 32. health associate professionals; and 53. Personal care workers. Other caring occupations are in: 13. Production and specialized services managers; 26. Legal, social and cultural professionals; 91. Cleaners and helpers.

Based on ISCO-08, persons working in **early childhood** education and care are associated with the following occupations:

13 Production and Specialized Services Managers

134 Professional Services Managers
1341 Child Care Service managers

23 Teaching Professionals

234 Primary School and Early Childhood Teachers
2342 Early Childhood Educators

53 Personal Care Workers

531 Child Care Workers and Teachers' Aides
5311 Child Care Workers
5312 Teachers' Aides

Based on ISCO-08, persons working in the area of **personal care** are associated with the following occupations:

13 Production and Specialized Services Managers

134 Professional Services Managers
1343 Aged Care Service Managers
1344 Social Welfare Managers

53 Personal Care Workers

532 Personal Care Workers in Health Services
5321 Health Care Assistants
5322 Home-based Personal Care Workers
5329 Personal Care Workers in Health Services Not Elsewhere Classified

Source: Author's own based on ILO (2022a, 403-407).

Why is it so important to focus on services aimed at caring for these populations?

Childcare services are a key focus of care policies, as they are primarily aimed at serving the population between birth or the end of maternity/paternity leave and the start of compulsory education.

Early childhood care and education services in the region can be classified into two main modalities:

- ▶ **Child care services:** aimed at children aged 0 to 2 years, which include the so-called initial education or early childhood development programmes. The supply of these services in Latin America and the Caribbean is heterogeneous in terms of characteristics and coverage. Even so, there is a predominance of programmes focused mainly on populations in conditions of poverty or vulnerability (ILO 2022b, 48).
- ▶ **Pre-primary education programmes:** aimed at children over the age of 3 who are not yet of primary school age, but can be linked to the education system at earlier levels (ILO 2022a, 235). In most countries in Latin America and the Caribbean, pre-primary education begins at age 3, and unlike childcare services, it is universal and free by law. Despite this, there are challenges of enrolment and coverage (ILO 2022b, 53-54).

The deficit of such public services means that the demand for care falls on families and, within them, on women. In addition, childcare services are often expensive on the market, and therefore not accessible to the majority. Thus, a large gap is created between those who can afford to

pay for care services and those who cannot. As a result, women with fewer economic resources may be forced to leave the labour market to care for their children; they may even have to reduce their working hours or rely on the support of their older daughters to care for their youngest children.

The lack of adequate services also forces the use of different types of care arrangements and contributes to the precariousness of the conditions under which care work is carried out. These arrangements may involve other women, such as unpaid family caregivers or domestic workers whose working conditions are often precarious (ILO 2022a, 236).

On the other hand, the demand for **long-term care services for older persons and persons with disabilities requiring support or assistance** has risen sharply due to the increase in life expectancy: these are services with a varied offer, adapted to the needs of each individual. Such care is essential to guarantee rights such as health and independent living.

According to the World Health Organisation, long-term care is services that enable people who have had or may have a significant loss of physical and mental capacity to maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity. These services usually consist of care and assistance with daily tasks (such as dressing, bathing, shopping, cooking and cleaning), as well as help with participation in social activities and management of advanced chronic diseases (WHO 2020, 3). Most long-term care is not medical care, but assistance with personal tasks of daily living (Caruso Bloeck, Galiani and Ibarrarán 2017).

2 In 14 countries, preschool education starts at age three (Bahamas, Barbados, Belize, Chile, Colombia, Cuba, Ecuador, Guyana, Mexico, Nicaragua, Peru, St. Vincent and the Grenadines, Trinidad and Tobago and Uruguay), in nine countries it starts at age four (Argentina, Brazil, Costa Rica, El Salvador, Guatemala, Honduras, Jamaica, Panama and Suriname) and in one country at age five (Dominican Republic).

3 Domestic workers' dependency is often linked to the inadequacy of public care services. "Domestic workers (in many cases migrant workers) have become important in a number of contexts: when more affluent sectors of the population have the economic power to outsource care provision to another group of the population that has less economic means; when programmes for foreign workers specifically targeted at care facilitate their recruitment and employment by private households; when public policies provide incentives and subsidies to encourage people to hire care workers, [...] and where employment relationships and working conditions in private households are, de jure or de facto, insufficiently regulated or not regulated at all" (ILO 2019b, 16).

In this regard, some authors distinguish between long-term care and dependency care services. Specifically, long-term care tends to focus on services with a more social than clinical character, such as long-term residential care services, personal home care services, day centres and others. In other words, all those support services for basic activities of daily living that are not offered in hospitals or medical centres (Jara, Matus-López and Chaverri-Carvajal 2020, 7).

These direct care services for people in need of support can be grouped into two types:

► **Comprehensive services or institutional residential care services**, which involve the transfer of the person to a specialised facility that provides accommodation and social and nursing care as a single package. They are intended for severely dependent persons and involve continuous or long-term stay in these facilities. In the OECD, residential care services account for approximately 33.2 per cent of long-term care: from 43.9 per cent in Estonia to 21.2 per cent in Spain.

In Latin America and the Caribbean, 18 countries have long-term care services with legislative backing. However, in practice, the supply of services is limited, fragmented, targeted and with low actual coverage (ILO 2022b, 58).

► **Personal care services at home**, which enable people with support needs to continue to live at home: home care services, day or night centres and various forms of telecare. Depending on the country, other complementary services, such as cash benefits or autonomy promotion programmes, among others, are added to these. On average in the OECD, 66.8 per cent of users receive such services: from 56.1 per cent in Estonia to 78.8 per cent in Spain (IMAS 2021, 45-46).

In Latin America and the Caribbean, only nine countries have public personal home care services, five have day care centres and only Uruguay has registered telecare services. Overall, the deployment of long-term services in the region is low (ILO 2022b, 58-62).

Within home care services, there are two types of workers: those who work in the formal system and are paid from public funds (by a public agency or receive government subsidies, for example) and those who are privately contracted in the market (formal or informal). According to the ILO Domestic Workers Convention, 2011 (No. 189), both modalities refer to domestic workers, but those in the former category often have a different recognition or status in the country.

Due to personal preferences and costs, there is a tendency to prioritise home-based personal care services (see Box 3). It is therefore important that policy design does not reinforce gender stereotypes and promotes virtuous circles in which care facilitates women's entry into the labour market in quality, economically dynamic jobs. It is also necessary to consider that the costs of these services could change if the transition to decent work in care is achieved (for example, by reducing informality and increasing the wages of home-based caregivers).

4 Ten Caribbean countries (Bahamas, Barbados, Belize, Cuba, Dominican Republic, Guyana, Jamaica, Saint Lucia, Saint Vincent and the Grenadines and Trinidad and Tobago), four from the Southern Cone (Argentina, Brazil, Chile and Uruguay), three from the Andean region (Colombia, Ecuador and Peru) and one Central American country (Costa Rica).⁵ Countries with public home care services: Bahamas, Cuba, St. Lucia, St. Vincent and the Grenadines and Trinidad and Tobago in the Caribbean; Brazil, Chile and Uruguay in the Southern Cone; and Costa Rica in Central America.

5 Countries with public home care services: Bahamas, Cuba, St. Lucia, St. Vincent and the Grenadines and Trinidad and Tobago in the Caribbean; Brazil, Chile and Uruguay in the Southern Cone; and Costa Rica in Central America.

6 Countries with day centres: Cuba, Chile, Uruguay, Colombia and Costa Rica. Additionally, the review of secondary sources has allowed us to identify the existence of this type of centres in Argentina, Ecuador and the Dominican Republic.

► **Box 3. The case for personal home care services**

The trend in recent reforms in the care sector has been towards favouring personal care services at home and reducing the proportion of people in residential care. The reason for this is twofold: firstly, dependent persons prefer to remain in their home environment and, secondly, cost containment is greater in these services.

On the supply side, home care is significantly cheaper than residential care. In the United States, a residential place averaged USD 7 000 per month in 2016, while a similar service at home was less than USD 4 000. In Spain, the cost of residential care services is around €1 500 per month and home care around €700 per month. In Uruguay, a minimum cost of 26 500 pesos per month (USD 900) was estimated for residential care compared to 16 600 pesos (USD 570) for home care.

Source: Author's own based on IMAS (2021, 46).

1.3 Professionalisation: the role of training and certification services

Despite the importance of care work for the functioning of societies, it continues to receive little social and wage recognition, partly because the people who carry it out - most of whom are women - are considered to be low-skilled. It is therefore essential to recognise that this work, in its direct and indirect dimensions, requires specific technical and social skills. In addition,

improved training and certification of skills helps to build confidence in transformative care policy packages with quality standards.

Thus, the professionalisation of care services is key in at least three ways: to enable the professional growth of workers, to improve the social and economic valuation of care work and to guarantee quality standards in services. This also contributes to the visibility and consolidation of the sector.

The importance of training and certification in caregiving



Governments and workers' organisations around the world are promoting the professionalisation of care in order to overcome its undervaluation in the labour market. This clearly needs to be accompanied by complementary measures to ensure decent work: better working conditions, guaranteed minimum wages and access to social protection, among others.

In this sense, training, upskilling, skills assessment and certification are gaining prominence in transformative care policy packages and in the consolidation of decent working conditions in the care sector. The main contributions of TVET to transformative care policy packages can be summarised in six areas of intervention:

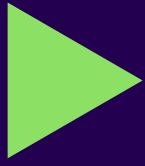
1. Development of training/occupational standards and pathways for paid care workers to enable lifelong learning and employability.
2. Design of competency-based education and training services for paid and unpaid care workers.
3. Provision of education and training services to improve the conditions of paid care workers and for the integration or reintegration of unpaid care workers into the labour market.

4. Provision of services for the certification of skills that enable the recognition of prior learning for carers.

5. Support for the transition from training to employment (e.g. with guidance, intermediation and job placement services or teaching modalities linked to the labour market, according to the competences of each institution).

6. Coordination with other key policies to achieve greater impact, such as with education policies (to support the improvement of the level of formal education), labour and social protection (to promote the fulfilment of rights and labour market insertion) and care policies (to include paid training/study leave and care services to facilitate participation in training services), among others.

Ideally, these areas of intervention should be incorporated into a national care policy or developed as part of transformative care policy packages, ensuring the inclusion of essential components for the overall enhancement of services and the conditions of both caregivers and recipients. Furthermore, it should be stressed that in order to achieve the desired impact, it is necessary to establish a supportive environment.



II. Training and certification services for care work offered in eight countries

The starting point for developing and providing training and certification services is to establish occupational norms, standards or profiles, i.e. instruments that contain the description of the set of knowledge, skills and attitudes applied to the performance of a productive function and that, when verified in real or simulated work situations, allow determining whether the person has achieved the type, level and quality of performance expected by the productive sectors (REDIFP 2014, 15).

As standards, they allow comparison of observed performance with benchmarks and are therefore the basis for assessing skills. In addition, they are also the basis for developing training programmes or plans as they essentially describe the skills required for competent performance.

The following table presents the care standards, norms or profiles identified during the exchange

process developed by the ILO and ILO/CINTERFOR between October 2022 and February 2023. Depending on the country, these instruments have been used for the design and delivery of training programmes, training courses and/or processes for the assessment and certification of skills regardless of the way and place in which they were acquired (the main characteristics of the offer are presented in Annexes 1 and 2).

It is important to note that this is a selection of cases, as we worked mainly with public institutions that volunteered to provide detailed information on the context of their work, characteristics of service delivery, main results achieved, challenges and opportunities. These experiences are significant enough to identify key elements to bring to the analysis and policy-making tables to establish or improve training and certification services for care work.



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: Own elaboration based on information provided by the respective institutions.

The following chapter contains examples of the application of these standards in the countries. The information has been provided by the institutions themselves and, in some cases, is complemented by institutional or specialised sources.



III. Guidance: Guidelines for national debates on the incorporation or enhancement of training and certification services for care work

Based on the study of ongoing experiences in Latin America, 12 guidelines are suggested below to inform national discussions on the incorporation or enhancement of training and certifica-

tion services for caregivers. Each axis includes a general explanation that is complemented with examples or good practices. These have been organised into the 3 axes summarised in Table 2.

Table 2. Guidelines to inform national debates on the incorporation or enhancement of training and certification services for care work

Axes	Guidelines
1. General framework	<ol style="list-style-type: none">1. Arguments for demonstrating that training and certification for care work is not about perpetuating gender roles2. Clear objectives of intervention in training and skills recognition3. Institutional vision as well as national and regional vision
2. Training, upskilling, assessment and certification standards and services	<ol style="list-style-type: none">4. Roles and functions of care workers5. Population profile and requirements6. Competency-based standards and profiles7. Complementarity and flexibility of services: training, upskilling, assessment and certification8. Design for continuous improvement9. Actions to address intersectionalities10. Visibility of actions, mobilisation of actors and promotion of the demand for certified carers
3. Comprehensive vision	<ol style="list-style-type: none">11. Systemic approach12. Legal and policy framework

Source: Author's own.



General framework

1. Arguments for demonstrating that training and certification for care work is not about perpetuating gender roles

Demographic, cultural and labour market changes are leading to a high demand for care workers, so care is and will continue to be a major source of employment in the future - particularly for women - not least because its relational na-

ture limits the potential for substitution of human labour by technologies.

TVET can contribute to optimising care work (ILO 2019a) by designing occupational norms or standards that make it possible to objectively establish the knowledge, skills and attitudes necessary for competent performance in care work and thus promote its valuation and recognition, facilitating the end of occupational segregation based on gender. To be transformative and gender-sensitive, TVET must have this explicit objective.

► Box 4. Breaking stereotypes from education and TVET: “I am not crazy, I am an initial education teacher”.

Persistent deficits in care services have left hundreds of millions of working people with family responsibilities without adequate protection and assistance. Yet meeting these needs could create almost 300 million jobs by 2035 (ILO 2022a).

The ILO Office in Argentina launched the **#ProfesionalesDelCuidado** campaign to highlight paid care work, promote decent working conditions and ensure greater representation of those working in this sector: men and women. The campaign produced the video “No

soy un loco, soy docente de enseñanza inicial” (I’m not crazy, I’m an initial education teacher), which presents the experience of a man who enters a traditionally female sector.

This example shows how education and TVET services could contribute to breaking gender stereotypes: improving teacher training, designing institutional policies to prevent and deal with harassment, generating training and communication materials designed for all people, or proposing job placement models where care is presented as not specific to one gender (teaching staff and professionals of both sexes demonstrating technical skills and employability), among others.

Source: Author’s own.



Available at <https://voices.ilo.org/es-es/stories/no-soy-un-loco-soy-docente-de-educacion-inicial>

In this sense, through TVET, occupational roles or functions can be defined from a technical perspective, emphasizing training and employment pathways that allow for improved employability throughout life and moving away from the traditional gender division of labor – whereby the public and private spheres of human activity are considered distinct and women are assigned private functions linked to procreation and care while men are assigned public and productive functions. In addition, actions can be proposed to reduce occupational segregation for both sexes, for example, by ensuring that more women participate in STEM areas⁷ or that men enter traditionally female occupational areas, such as care. Starting the debate with this vision will generate opportunities to create or optimise services and move towards decent work in care for both women and men

2. Clear objectives of intervention in training and skills recognition

As stated in the Buenos Aires Commitment, care is essential to the well-being and functioning of modern societies, as it affects the way in which work is organised in households and communities, and influences the way in which market activities are carried out and public services are provided. Hence the importance of moving towards a fair social organisation of care, within the framework of a new style of development that promotes gender equality in the economic, social and environmental dimensions of sustainable development (ECLAC 2023).

The social organisation of care consists of the way in which the state, families (men and women), the market and community organisations interrelatedly produce and distribute the care

that societies require in order to develop as equitably as possible. Each of these actors has different responsibilities and levels of participation, which are determined by the reality of each country and may change over time. The state's responsibility is central in this regard, as it must ensure a sufficient, continuous and quality care supply by articulating public, private and social and solidarity economy (community) bodies.

While training and certification services are a relevant element of this framework, it is necessary to establish what their direct responsibility is, and thus the objective(s) to be pursued. The discussion can be initiated by considering two main goals:

- ▶ To develop and recognise skills throughout life that enable care workers to grow within the sector or even transfer to other sectors of activity. This would contribute to the professional and social recognition and revaluation of these people.
- ▶ Establish occupational standards to ensure the quality of services for recipients and their families, as well as for caregivers. This would contribute to the improvement of the care environment.

Depending on the competences of the institutions in charge of training and certification, objectives on improving vocational guidance and support to enter or re-enter the labor market could also be included. Furthermore, in coordination with other bodies, the discussion could contribute to other policy objectives such as improving wages, reducing informality or increasing insurance (in a systemic perspective). Table 3 shows the objectives set out with regards to training for the care economy in Argentina's Vocational and Continuing Training Plan.

7 Ciencia, Tecnología, Ingeniería y Matemáticas (por sus siglas en inglés: Science, Technology, Engineering and Mathematics).

Table 3. Argentina: Targets set in the training strand for the care economy, 2020

Argentina	
Vocational and Continuing Training Plan	Training guidelines for the care economy
Promote the training and upskilling of workers throughout their lives.	Promote the training of people who work or want to work in care occupations, supporting the development and strengthening of their skills and qualifications.
Promote the development of career guidance activities for workers who need to design their own training and occupational projects and draw up plans to facilitate their path towards decent employment.	Promote the professionalisation of the activity.
Contribute to economic development and to meeting territorial and sectoral competitiveness needs.	Encourage and consolidate spaces for social dialogue that promote agreements for the recognition and prioritisation of the care economy, as well as the formulation and planning of TVET policies.
Promote the institutionalisation of social dialogue as a source of creation and legitimisation of TVET policies.	Promote the incorporation of participants of employment programmes or actions implemented by the Ministry of Labour, Employment and Social Security in the actions to be implemented following these guidelines.
Facilitate the articulation between TVET policies and skills assessment and certification policies for the development of a Job Qualifications Matrix.	
Incorporate gender mainstreaming and gender diversity in the design and implementation of lifelong learning policies.	Encourage the participation of women and people of the opposite sex in training courses through the implementation of childcare support strategies, as well as mentoring to facilitate access, retention and graduation from the courses.
To improve the employability of women and gender-diverse people through strategies aimed at removing gender barriers within the framework of lifelong learning actions.	Encourage the participation of the institutions that make up the Network of Lifelong Learning Institutions in the implementation of the training actions promoted.
Strengthen the articulation between the entities providing TVET services, local productive actors and the Employment Offices that are part of the Employment Services Network.	Contribute to the construction of an Integrated Care System, articulating actions with national, provincial and municipal public bodies; institutions providing TVET services, associations representing workers, private sector actors and the Employment Offices that are part of the Employment Services Network.

Source: Author's own based on Resolution 784/2020 of the MTEySS: Plan de Formación Profesional y Continua (Argentina, Ministry of Labour, Employment and Social Security 2020).

3. Institutional as well as national and regional vision

The institutions in charge of training and certification can include in their offer services to meet the needs of the care sector, but the impact of their actions is enhanced by working with broader perspectives. The professionalisation of occupations and the improvement of services should contribute to a national vision and even consider regional variables, taking into account factors such as migration. This can be a determining factor in defining goals for education, training, certification and even curricula content

(with a view to the possible standardisation and recognition of skills between countries).

For example, the National Care Policy 2021-2031 will be enacted in Costa Rica in 2021, which brings together the efforts already being made by different institutions in the area of care for older persons and persons with disabilities in situations of dependency in order to articulate and complement them with strategic actions under a systemic vision. The National Policy outlines areas of action to enhance employability and guarantee the quality and timeliness of care services, with TVET services as a common and central axis (see Box 5).

► Box 5. Costa Rica: TVET in the National Care Policy 2021-2031

In the implementation of Axis 5 on the Quality Assurance System of the Care and Dependency Care Support System of the National Care Policy 2021-2031, the National Learning Institute (INA) - which has been offering training and certification services for care work since 2010 - plays a fundamental role. Indeed, it focuses on providing the system with a comprehensive platform of education, training and certification services for qualified personnel to provide quality care services to older persons and persons with disabilities in situations of dependency.

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

Along the way, other organisations from the education sector, civil society organisations and care service providers, among others, were involved in order to obtain the inputs required to redesign both the education and training programmes and the tests for the assessment and certification of skills.

Source: Author's own based on inputs provided by INA and the National Care Policy 2021-2031 (Costa Rica, IMAS 2021).

In a broader framework, Chile, Colombia, Mexico and Peru, under a presidential mandate adopted on 11 December 2020, are participating in a pilot plan to move towards “... *the recognition and homologation of skills qualifications in the countries of the Pacific Alliance, incorporating standards and profiles in the construction, tourism, marketing,*

hospitality, gastronomy and care sectors” (Pacific Alliance 2023). In addition, the Inter-American Centre for Knowledge Development in Vocational Training (ILO/CINTERFOR) represents an important opportunity for networking and cooperation to improve TVET in different fields, such as care (see Box 6).

► **Box 6. The Inter-American Centre for Knowledge Development in Vocational Training (ILO/CINTERFOR) : Cooperation, Management and Collective Knowledge Building**

For 60 years, Latin America and the Caribbean have had an instrument at the service of cooperation in training and certification: the Inter-American Centre for Knowledge Development in Vocational Training (ILO/CINTERFOR). This specialised centre of the ILO stimulates and coordinates a network of training and certification institutions and bodies currently comprising 65 entities from 27 countries in Latin America, the Caribbean, Spain and Africa. In addition to promoting the exchange of knowledge and experiences, it fosters collaborative innovation processes between institutions and countries in areas of common interest.

Its three main functions:

- It promotes and facilitates cooperation, articulation and exchange between its member institutions and entities.
- It facilitates peer-to-peer dialogue on issues at regional and global levels, helping to establish and strengthen links between its members.
- It systematises and shares the knowledge and practices generated from this exchange and collaboration.

A few months ago, the professionalisation of care work was added to its areas of work, with the sharing of experiences and the generation of information banks.

More information at <https://w>

Training, upskilling, assessment and certification standards and services

4. Roles and functions of care workers

Institutions in charge of TVET and skills certification can contribute substantially to the definition of roles and job functions of caregivers, specifying the knowledge, skills and attitudes necessary to achieve adequate performance. In this way they also help to differentiate them from other occupations, which is necessary, for example, to reduce sectoral conflicts.

Hence, methodologies for developing occupational norms or standards include steps to define primary and secondary functions, along with key competencies and other aspects that characterize the occupation. These steps should provide a clear answer to what a carer or assistant is and is not, and the key actors in the world of work should be involved in this process: employers, workers, civil society and related government institutions.

In Costa Rica, the development of standards of care was the subject of discussion with the nursing profession, which demanded a clear distinction between occupations. Using UNESCO's International Standard Classification of Education (ISCED), the qualification "Comprehensive care for older persons" is listed and exclusions are indicated (see Table 4).

Table 4 . Costa Rica: Delimitation of the qualification "Comprehensive care for older persons".

Name of the programme	Comprehensive care for older persons
Qualification level: Technician 1	Level of schooling required for admission: III Cycle of General Basic Education.
Broad Field: 09 Health and Welfare	Specific Field: 092 Welfare
Detailed Field: 0921 Care of the elderly and of disabled adults	Field of work: 47 Care of the elderly and of disabled adults
<ul style="list-style-type: none"> ▶ Care of the elderly. ▶ Non-medical care of disabled adults. ▶ Personal care of adults. 	Exclusions <ul style="list-style-type: none"> ▶ The study of health care of the elderly and disabled is excluded from this detailed field and is included in detailed field 0913 'Nursing and midwifery'.

Source: Author's own based on the qualification standard "Asistencia integral para la persona mayor" of Costa Rica, available at <https://www.cualificaciones.cr/>.

5. Population profile and requirement

In order to design training and certification services for caregiving, the profile of the people who carry out this work and those who could enter the labour market must be taken as a starting point. On this basis, strategies are established to increase their social and professional recognition, as well as their job growth; in other words, the aim is to promote the professionalisation of care work and not to displace employment.

Broadly speaking, it is useful to remember that in Latin America care work is characterised by a high participation of middle-aged women with a low level of education. From there, strategies

need to be devised that consider these elements to define, for example, entry requirements (educational background), training content to improve basic skills, taking into account lifelong learning, and working hours (quantity and distribution), among others.

To align the service offerings most effectively, it is necessary to develop solid information systems that allow, for example, to adequately characterise the population, define policies to eliminate barriers and contribute to labour intermediation.

An example of removing barriers is Uruguay's "Basic Course in Dependency Care", which incorporates a leveling module to strengthen competencies (see Box 7).



► **Box 7. Uruguay: Requirements and modalities for the provision of the Basic Course in Dependency Care**

Executive Decree 117-016 of April 2016 establishes in Uruguay the Personal Assistant Service for long-term care for people in a situation of severe dependency.

The requirements for a “personal assistant” are as follows:

- Be of legal age.
- Have a Uruguayan document.
- Possess a criminal record certificate.
- Possess a valid health card.
- Have no other “civil service” income.
- Not being related to the beneficiary.
- To have the certificate of the basic course issued by institutions authorised by the Ministry of Education and Culture and by the institutions of the National Public Education System.

The Basic Course in Dependency Care has a duration of 152 hours and its curricular design is modular, integrates the training process with work and develops the necessary skills for both home and residential services.

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

In August 2022 there were 9 680 persons qualified as personal assistants *.

* 60 per cent are fully licensed, and almost all of them accessed training through INEFOP (about 5,800 people). 39.2 per cent have partial accreditation, which means that they have a provisional permit until they complete the compulsory course (this is due to faster progress in applications and the formation of care teams than in training).

Source: Prepared by the authors based on information provided by INEFOP and information from the National Care Plan 2021-2025.

In the certification of skills, it is particularly relevant to remember that its objective is the recognition of prior learning, regardless of the way and place in which it was acquired. Thus, as highlighted in Box 8, it may be important to establish specific strategies to reach the target population (from defining entry requirements to segmenting populations and determining complementary support) and make adjustments to the process (for example, including specific training to ensure more successful results).

► **Box 8. ChileValora: Adjusting the supply of education, training and certification services for people in situations of mobility**

In recent years, the number of migrants mainly from the Bolivarian Republic of Venezuela, Peru, Haiti, Colombia and the Plurinational State of Bolivia living in Chile has increased considerably. In response to the new reality, the Chilean Government has paid special attention to the design and implementation of policies to assist this population.

ChileValora has created an Institutional Policy for the Attention to Migrants, designed in consultation with the productive sectors and approved by its tripartite Board of Directors. It considers aspects such as raising awareness of the reality of this population, improving institutional databases, reducing or eliminating barriers to access to services (for example, by allowing the use of ID cards or passports for enrolment) or establishing institutional alliances to provide complementary support (transport, care, etc.), among other measures.

In practice, this policy has allowed them to develop an institutional strategy that, based on the identification of labour market requirements, makes strategic alliances to best address the complex situation faced by this population. This involves defining the most relevant modality for recognising skills (for example, segmenting populations by occupations or by means of skills acquisition), defining activities to support entry into the labour market and promoting initiatives that favour mobility (such as the homologation and recognition of skills through international agreements, such as the one implemented in the Pacific Alliance).

In the UN Multi-Partner Trust Fund (MPTF) projects MPTF for Migration and MPTF Women Employ, ChileValora and the National Training and Employment Service (SENCE) have been implementing partners in the assessment and certification of skills for the care of older persons. Experienced migrants (mostly women) have participated in the process, receiving basic training and then having their skills assessed. This is intended to contribute, on the one hand, to the socio-economic integration of people in a situation of human mobility and, on the other hand, to benefit the local community in view of the shortage of accredited caregivers to care for people in situations of dependency.

Source: Prepared by the authors based on information from Dedic (2023) and United Nations Chile (2022).

6. Competency-based standards and profiles

When developing standards and their contents, it is recommended to consider at least five factors:

Factor 1: Decide whether to implement a general approach or to work with standards of care for specific populations.

Experiences such as Uruguay and Chile have a general approach to dependency care that applies to both home and residential care. In contrast, Costa Rica and Mexico have specific care standards for each population: early childhood, persons with disabilities and older persons. In Mexico, there are even differences between home and residential care.

In any case, it should be noted that these are not necessarily mutually exclusive approaches. For example, in Uruguay the initial focus has been on providing a minimum level of quality to the

system and guaranteeing universal access to the service. Consideration for subsequent stages involves the development of new training pathways for carers who have graduated from the Basic Course on Dependency Care (Uruguay, Ministry of Social Development 2021, 22-25).

In Chile, although the Primary Caregiver standard serves as a foundation, training and career paths are defined for further specialisation. Additionally, in 2023, during the design of the National Care System, ChileValora will initiate a project to incorporate new profiles segmented by populations receiving care (children, older persons and people with severe dependency).

The case of Argentina should also be mentioned, where a pathway has been established starting from general home care, to which can be added child and adolescent care and non-therapeutic home care for older persons.

It is therefore necessary to analyse options and define the way forward for each country, considering international experiences and assessing internal factors such as policy frameworks and objectives, the labour market situation and the needs of actors in the world of work.

8 In Uruguay, the System also includes a basic course for early childhood care.

Table 5. Uruguay and Mexico: Examples of approaches to professionalise the sector

Uruguay	México
National Institute for Employment and TVET (INEFOP)	National Council for Standardisation and Certification of Skills (CONOCER)
Basic Course on Dependency Care*	Standards: <ol style="list-style-type: none"> 1. Food preparation for the population receiving 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 attention, care and integral development of children in child care centres. 6. Care for children and adolescents in social assistance facilities. 7. Provide counselling support to informal carers of older persons. 8. Care, attention, 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

* Although during the exchange process developed by the ILO and ILO/CINTERFOR the debate focuses on dependency care, it is important to highlight that as part of the system the offer is complemented by a basic course for early childhood care, the implementation of which does not depend on INEFOP.

Source: Author's own.

Recently, the Government of the Dominican Republic decided to work on improving its offer of training and skills certification services for care, focusing on three populations: early childhood, persons with disabilities and older persons. This initiative is being developed with the support of the UN System and the ILO (see Box 9).



► **Box 9. Dominican Republic: Design and improvement of training offer and skills certification in the framework of the Communities of Care pilot scheme.**

Since 2021, the Dominican Republic has been moving towards the construction of a **National Care Policy**, under the leadership and coordination of the Ministry of Economy, Planning and Development (MEPyD), which plays an active role in the articulation of the efforts of the State institutions with an express mandate on the issue*.

The pilot strategy of the initial phase **Communities of Care**** is implemented in two territories and is considered an essential part of the Dominican Government's poverty reduction strategy and for the post-COVID-19 economic recovery. This effort is aligned with the medium and long-term national goals included in the National Constitution, the National Development Strategy, the Government Programme 2020-2024 and the national commitment to the United Nations 2030 Agenda for Sustainable Development.

As a spearhead towards the gradual construction of a National Care Policy, the pilot aims to test a model of articulation between governmental and non-governmental entities at central and local levels to provide solutions and care for different populations that demand and provide care under unequal conditions.

The Dominican Government and the United Nations System - through its Joint Programme between UNDP, UNFPA, UN Women and ILO - have established a cooperation agreement to implement the project "Communities of Care: design and implementation of the pilot of the National Care Policy in prioritized territories of the Dominican Republic" in 2022-2023, financed by the Sustainable Development Goals Fund (SDG Fund). This project mainly supports the following components: the governance and intersectoral management model; the Local Care Plans; training and certification for care; the production and management of information and communication of the pilot; and the design of an expansion plan, integrating lessons learned in order to implement new Communities of Care and gradually consolidate a National Care System.

ILO actions in the framework of the Joint Programme focus on supporting the National TVET Institute (INFOTEP) in strengthening, diversifying and expanding the training offer for the provision of care services; specifically in:

1. The review of the existing TVET offer in care directed at early childhood, older persons, and persons with disabilities.
2. The integration of improvements in the TVET offer and the certification of skills.
3. The implementation of a first cycle of the enhanced care training offer in three pilot municipalities.

In May 2023, the participatory design of a “Programme of personal assistants for persons with disabilities with support needs” was completed, and from the second half of that year, work began on improving the early childhood and elderly care programmes, as well as the training of trainers to move towards a first cycle of supply. All the work is carried out taking into account international best practices, the inclusion of a human rights perspective and a gender approach.

* In the pilot, 11 government institutions join forces: the Ministry of Economy, Planning and Development (MEPyD), the Ministry of Women, the Supérate Programme, the Single System of Beneficiaries (SIUBEN), the National TVET Institute (INFOTEP), the National Institute for Comprehensive Early Childhood Care (INAIPI), the National Council for Older Persons (CONAPE), the National Council on Disability (CONADIS), the National Council for Children and Adolescents (CONANI), the Ministry of Labour and the General Directorate of Strategic and Special Projects of the Presidency (PROPEEP).

** More information at <https://www.undp.org/es/dominican-republic/piloto-nacional-de-cuidados>.

Source: Own elaboration based on information provided by the ILO.



Factor 2: Defining training and career pathways

To generate greater lifelong learning opportunities for care workers, it is essential to define training and career paths. This involves not only defining skills for one or several occupations, but also establishing potential trajectories that

would enable professional growth within the sector or transitioning to other sectors of activity (see the case of Chile in Box 10). Given that many care workers - especially domestic workers - lack formal primary and secondary education to access training systems and pursue educational paths, it is crucial to provide catch-up education opportunities.

► Box 10. ChileValora: Training and career pathways for lifelong employability

ChileValora organised competence projects to develop six occupational profiles in the field of care. To do so, it established the respective Sectoral Skills Bodies, with representation from employers, the public sector and workers in the sector.

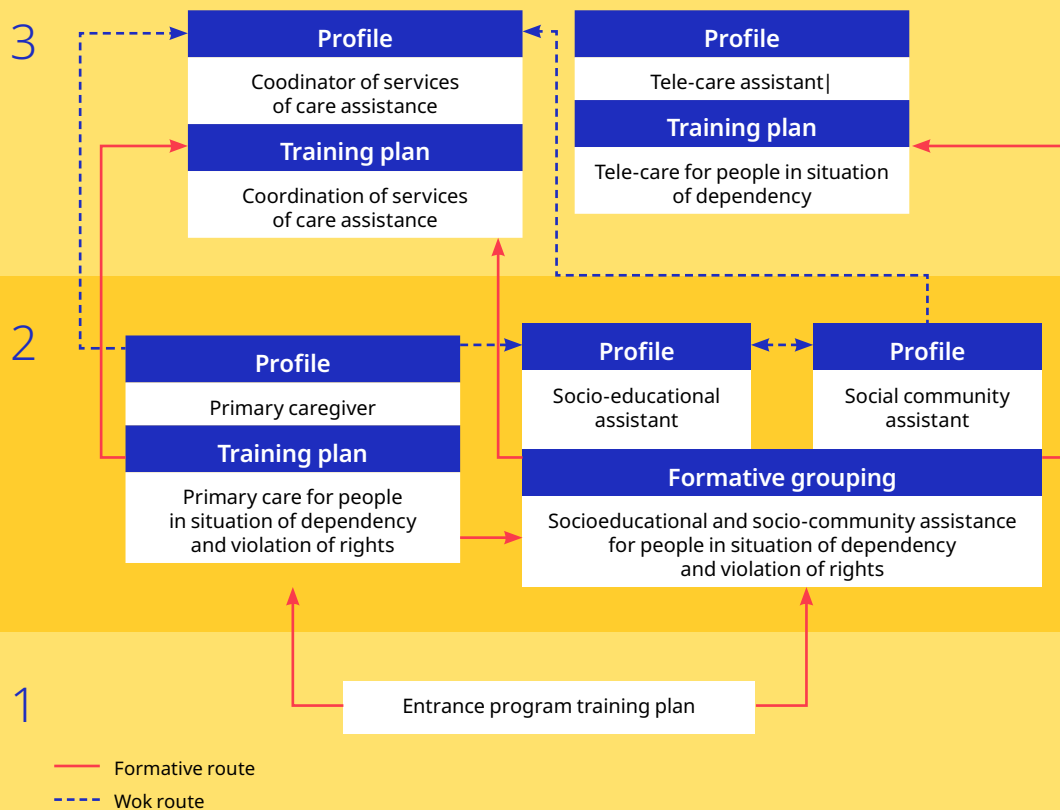
1. Primary Carer
2. Socio-community assistant
3. Psychosocial Coordinator
4. Hospitality Monitor
5. Direct Care Educator
6. Residency Director

From a qualification perspective, the primary carer profile is foundational. It was designed with an emphasis on care for 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 sector*.

Based on the occupational profiles and their qualification levels, training plans and training-to-work paths were established. Thus, with a specific training plan, a primary carer could become a care coordinator or a telecare assistant.

Similarly, possible pathways are established through the recognition of skills, allowing for a gradual rise in the qualification levels. The expectation is that higher qualification levels will translate into better working conditions and better job performance.

ChileValora: Training and career pathways for primary caregivers



In the case of the domestic worker profile, training and skills certification paths have also been defined, with the difference that possible linkages are established with other productive sectors. For example, a domestic worker can validate his or her skills and link up with the care profile or with the hotel and catering profile (entering at a maid level or, if his or her function is more oriented towards food preparation, at a level of food handling in the kitchen); that is to say, he or she has a more open spectrum of productive sectors to which he or she can link up.

* The emphasis described above is currently under review and technical analysis to determine whether new profiles and/or new complementary skills units referring to other populations receiving care need to be defined.

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

Factor 3: Developing standards or profiles in dialogue with representatives from the world of work.

While the participation of stakeholders from the world of work is a widely recognised practice at the international level in the design of relevant and timely TVET services, in the care sector - with its historically unique characteristics - it is particularly relevant. In some countries in the region, this practice is recent and faces the challenge of adequately identifying the representative actors of the care sector, since not all countries have specific trade unions and the employer sector may be diffuse.

In general, it is recommended to identify professionals with experience in providing care services both in institutions and at home, to consider institutions providing (formal) care services, organisations in the social and solidarity economy and organisations or trade unions of domestic workers (including informal ones), among others.

In Argentina, the Occupational Standards in the field of care and the respective training manuals are developed with the participation of the Union of Auxiliary Personnel of Private Houses (UPACP), which is one of the major trade unions in the sector with nationwide representation. In turn, UPACP's Domestic Service School has been a key pillar of the training process in the country: between 2007 and 2023 it has trained more than 30,000 people in standardised occupations⁹.



Training support material in Argentina (ILO, 2021b).

⁹ Standards and manuals are developed with the participation of the worker sector. The operational agreements signed between the Secretariat of Employment of the MTEySS and the Training School for Domestic Service Personnel of the Union of Auxiliary Personnel in Private Homes (UPACP-OSPACP) allow for the training of workers in various jurisdictions of the country. The courses are aimed at training for work in private homes, caring for people, carrying out gardening work and working in kitchens. The relevance of these agreements comes from their link with the Union of Auxiliary Personnel in Private Homes (UPACP), the main union of domestic workers, which is in permanent contact with the sector's staff and their employers; this enables it to identify unmet demand for training and other needs in the area (Rodríguez Nardelli 2016, 46).

► **Box 11. Mexico: CONOCER's process of developing
Occupational Standards with representatives from the world of work**

The National Council for Standardisation and Certification of Skills (CONOCER) is a parastatal body under the Ministry of Public Education, composed in a tripartite manner by representatives of workers, employers and the government. Its objective is to recognise people's knowledge, skills, abilities and attitudes, acquired at work or throughout their lives, through national and official qualifications, in addition to seeking to improve the alignment of educational offerings with the requirements of the productive, educational, social and governmental sectors of the country.

CONOCER assesses and certifies skills through a network of service providers made up of public and private employers', workers', governmental and educational organisations, and 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 Skills 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 its work can be consulted in the National Register of Occupational Standards (RENEC), which is a catalogue containing all the Occupational Standards that describe the results, sets of knowledge, skills, abilities, 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, without the need for prior studies.

Eight standards associated with social care services aimed at professionalising care activities are currently identified: they are located at levels 2 and 3 of the National Skills System (NCS) qualification and have been developed by the Skills Management Committees for Social Care, Geriatrics and the National College of Vocational and Technical Education.

The Social Assistance Skills Management Committee, responsible for the development of most of these standards, has had the participation of public bodies such as the National System for the Integral Development of the Family (SNDIF), the National Institute for Women (INMUJERES), the National Institute for Social Development (INDESOL), the Mexican Social Security Institute (IMSS) and the National Institute for Older Persons (INAPAM), the Mexican Social Security Institute (IMSS) and the National Institute for Older Persons (INAPAM), as well as foundations and civil society organisations such as the Clara Moreno y Miramón Foundation, the Merced Foundation, SOS Children's Villages and the Mexican Centre for Philanthropy (Cemefi), among others.

Source: Author's own based on information available on CONOCER's website: <https://conocer.gob.mx/>

Factor 4: Inclusion of specific technical knowledge, complemented by relevant skills and attitudes in the training offer

The competency-based approach is central to this sector because it allows the individual to develop or be recognised as having an essential set of knowledge, skills and attitudes for human fulfilment, social decision-making and participation in productive work. It is therefore a holistic approach that requires spaces to develop and/or assess these skills.

For the teaching-learning process to be successful, an appropriate balance between theory and practice should be sought, ideally by considering on-the-job training modalities. These are essential, as they allow greater contact with the world of work, enhance the development of technical and social skills in parallel and improve the transition from training to work, among other benefits.

It is essential to remember that care work is and will continue to be relevant precisely because of its relational nature and cannot be replaced by automation or technology. In this sense, the development and recognition of social (interpersonal) or transversal skills must be given considerable weight in the development of standards and programmes, as well as in training and assessment.

It is therefore strategic to leverage the sectoral bodies or dialogue spaces generated in the development of occupational standards to establish agreements for work placements. In addition, care services could also be offered in training

institutions that serve at the same time as spaces for professional practice, or a scheme could be designed in which graduates or certified workers in private homes receive and supervise trainees.

The Salvadoran TVET Institute (INSAFORP), before launching the pilot of the “Early Childhood Care Assistant” programme, established agreements with educational centres to guarantee 60 hours of teaching practice. Likewise, the “Higher Technician in Nursery” programme offered by INFOCAL in Bolivia requires 360 hours (approximately 4 months) of work placement, which can be carried out in educational units or nursery centres in the country, including its own INFOCALITO child development centre (see Boxes 15 and 17 for more details).

Factor 5: Gender perspective and human rights approach in the offering

Standards, curricula, programmes and assessment processes must be developed and implemented with a gender perspective and a human rights approach. Educational and pedagogical instruments should provide tools for empowerment and action that enable workers - mostly women - to perform their work in the best possible way (promoting independent living and autonomy of care recipients) and under better conditions (such as human and labour rights or health and safety at the workplace). In addition, training and empowerment spaces can help reduce the isolation faced by many care workers by linking them with other peers in a way that creates networks of mutual support (see Box 6).

Table 6. Costa Rica and Uruguay: Gender perspective, human rights approach and labour rights in the provision of services

Costa Rica	Uruguay
Standard: Comprehensive care for older persons	Programme: Dependency Care
General competency To comprehensively assist older persons in the performance of basic, instrumental and advanced activities of daily living, as well as in the implementation of preventive actions and responses to accidents and emergencies, according to needs, preferences, procedures, technical protocols, bioethical principles, active ageing, compliance with current regulations , with a focus on quality, willingness to work in a team, and effective communication, responding to the instructions given by their immediate superior.	Programme graduate profile 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.
Example of specific competency ► Apply procedures for the comprehensive care of older persons during the performance of basic activities of daily living, according to their autonomy, needs, preferences, through compliance with technical protocols that include bioethical ethical principles, active ageing and the national legal system in force.	Examples of training modules ► Addressing the dimension of caring for persons in a situation of dependency from a comprehensive human rights and gender perspective. ► Rights, duties and obligations of carers and employers.
Example of transversal skills included in all specific competencies Professional and cultural interaction ► Collaborate with an atmosphere of healthy coexistence, respecting individual differences in accordance with human rights. Occupational health ► Applies occupational safety principles in the activities carried out, according to current regulations. ► Applies occupational health standards, including the use of personal protective equipment, established by the organisation and required in his/her work.	The design of 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.

Source: Author's own based on Costa Rica's occupational standards, available at: <https://www.cualificaciones.cr/>, and Uruguay's National Care Plan 2021-2025.

Factor 6: Contribution to formalisation

The skills certificate is the first formal recognition that many people, especially women, receive. This has many impacts: on people's confidence and self-esteem, on their families, on communities and on the labour market. Certifying what someone knows and what they are capable of is a great first step in making it visible, recognised and valued in the social sphere and in the market.

Given the unique characteristics of the care sector, TVET can have a greater impact on formalisation and will require a different approach than usual from responsible institutions. In ad-

dition to a rights-based approach, it is essential to work on improving skills for dialogue, association and the creation of support networks, as well as complementing services provided by other institutions.

Argentina and Uruguay are working to promote care worker cooperatives that ensure employment guarantees, adequate health and safety conditions at work, support networks and continuous training. Depending on the country, in order to establish, manage and monitor actions, they coordinate with educational institutions, local governments, cooperative development institutions and community organisations, among others, to support the education and training of their members (see Box 12).



► **Box 12. Uruguay and Argentina: Transition to decent work through care worker cooperatives**

The quality of care depends on the people who provide it, many of whom are poorly trained and in precarious working conditions.

To overcome this, Uruguay's National Care System has established the transition to decent work as a priority. In 2022, a pilot plan was promoted to adjust the management model of the Personal Assistants Programme: moving from a scheme based on individual provision of services to one that includes collective provision through cooperatives. The aim is to move from a "... model fraught with legal instability, lack of monitoring and follow-up, to a model centred on individuals, ensuring an employment category for cooperative workers, equal salaries, legal certainty for both parties in the relationship, programme supervision and monitoring" (Uruguay, Sistema de Cuidados 20). (Uruguay, Sistema de Cuidados 2023, 7).

This model has advantages for both recipients and providers of care services. For those receiving care, it means the possibility of obtaining a higher quality of service, as the cooperatives' procedures have a human-centred approach to care, exemplified by the personalised care plan. In addition, there are fewer interruptions in service when contingencies arise (such as holiday or sick leave), as these are covered by substitutions and rotation among the cooperatives' members.

From the point of view of caregivers, working in a collective organisation increases support for tasks that are often stressful and tiring. In addition, carers organised in cooperatives receive the same remuneration and employment benefits as those working individually in the Personal Assistants Programme. In addition, in the pilot they have had access to support, training, follow-up and cooperative management support.

In Argentina there is also a project along these lines: "Trelew Ciudad de Cuidados*", implemented by the University of Chubut with the support of several government institutions and the University Tres de Febrero. Its main objective is to contribute to the creation of a network of care communities that provide services directed at early childhood, older persons, and persons with disabilities.

The project was implemented in three stages: a) a diagnosis of care needs at the local level, b) education and training to create worker cooperatives and promote the employment of people in situations of social vulnerability (it included two programmes to train caregivers: one focused on early childhood and the other on older persons and persons with disabilities) and c) a support or incubation process for the first four cooperatives.

This local network of cooperatives is a working space that develops self-care strategies for carers, as well as improving working conditions. At the same time, it provides continuing training and upskilling courses for the people who make up the cooperatives. All of this results in a greater professionalisation of the care service, ensuring its quality and sustainability.

* More information at <https://trelewciudaddecuidados.udc.edu.ar/>.

Source: Author's own based on Uruguay, Sistema de Cuidados (2023) and Veleda, Faedo, Píriz and Medellín (2023).

For their part, institutions such as ChileValora and Mexico's CONOCER pay special attention to the registration of certified persons in order to facilitate the matching of supply and demand for human resources (see Box 13). For their part, programmes such as *Fomentar Empleo* in Argentina introduce actions to improve skills and facilitate transitions to employment, seeking comprehensiveness and complementarity with other employment policies.

► **Box 13. Mexico: The National Register of Persons with Certified Skills (RENAP)**

The National Council for Standardisation and Certification of Skills (CONOCER) designs, organises and operates the National Register of Persons with Certified Skills (RENAP), open for public and free consultation, whose main objective is to integrate a database with information on persons who have obtained one or more skills certificates based on the Occupational Standards registered in the National Register of Occupational Standards (RENEC).

In addition, persons with certified skills can enter their personal data in order to be contacted by workers' organisations, companies, academic, social or public sector organisations or any other public or private institution in case they require personnel with certified skills for specific jobs.

In terms of people certified in standards associated with the care of people, CONOCER reports around 127,000 in the period 2008-2023, most of them in the field of attention, care and integral development of children in Child Care Centres.

Source: Author's own based on information provided by CONOCER and its website: <http://conocer.gob.mx/>.

7. Complementarity and flexibility of services: training, upskilling, assessment, and certification.

While some countries choose to give greater weight to skills assessment and certification processes in order to recognise the experience of those already providing care services, it should be remembered that education, training, assessment and certification of skills are all part of the same cycle and pursue the same objective: to enable people to become employable. In this sense, skills assessment makes it possible to determine whether a person is competent at the time of examination and can be certified or, on the contrary, whether they are "pending fulfillment" and should continue with training or education to access formal recognition.

Training is important for those who wish or need to comprehensively develop skills in an occupation, while upskilling is crucial for continuous improvement or to strengthen certain competencies in order to successfully complete a skills assessment and certification process.

From this perspective, assessment is therefore a way of detecting not only acquired skills but also specific training needs. Under this approach, it is essential to have a flexible and modular training offer that can respond to these needs.

As noted above, given that the recognition of care workers' skills is a historical debt, it is necessary to develop services for the assessment and recognition of prior learning, as Colombia is doing in the framework of the "*Yo te cuido y me certifico*" project (see Box 14).

► **Box 14. Colombia “Yo te cuido y me certifico” project**
 (“I take care of you and I certify myself”).

In 2022, SENA started the project “*Yo te cuido y me certifico*” whose purpose is to formally recognise prior learning for those who provide care services to older adults in urban and rural areas of Colombia through skills assessment and certification in two specific productive functions: “Caring for people according to protocols of basic activities of daily living and degree of autonomy” and “Meeting the needs of companionship according to spiritual and emotional preferences”.

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. The process of skills assessment and certification lasts approximately four weeks.

The requirements for participation are as follows:

- Work certificate with at least six months of experience in the functions to be certified.
- Photocopy of identity card.
- For Venezuelan migrants: Special Permit to Stay (PEP), Temporary Protection Permit (PPT), foreigner identification card (cédula de extranjería).
- For people included in the New Opportunities for Employability (NOE) strategy: a diagnostic test needs to be submitted.

By November 2022, a total of **195 carers of older persons** have benefited from skills assessment and certification 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.

In addition to this programme, SENA has carried out trainings to develop skills for the care of dependent persons: formal training programmes (established within the framework of occupations)* and short training courses to upgrade skills, abilities and competencies.

* The operator level programme in “Basic Care of Functionally Dependent Persons” (1,296 hours and 27 credits) was developed with the Ministry of Health (Social Promotion Group) and the Colombian Institute of Family Welfare (Sub-Directorate of Technical Management for Family and Community Care).

Source: Author’s own based on information provided by SENA.

In certification processes, it may be necessary to develop options for strengthening areas where assessments show weaknesses. In Chile, for example, in a certification process for primary caregivers, a group of people showed weaknesses in the area of first aid. To address them, a

training course was designed and implemented.

In addition, as is the case in Costa Rica, there may be a central training offer to which training courses for further specialisation and tests for skills certification are added (see Table 7).

Table 7. Costa Rica: Supply of education, training and certification services of the National Institute of Apprenticeships (INA) in 2022

Qualification standards	Training programmes	Complementary courses	Skills tests
Comprehensive care for older persons Technical level 1	SCSB14002 - Comprehensive Care for Older Persons Duration: 700 hours	► SCSB19003 - Relaxing Self-Massage Techniques for Personal Care and Well-being (54 hours)	4 skills tests to achieve the qualification set out in the standard
	SCSB2032 - Personal Assistance for Persons with Disabilities Duration: 168 hours	► SCSB19004 - Care of physically, sensorially and cognitively dependent persons (60 hours) ► SCSB19005 - Self-Care Strategies for Caregiving (60 hours) ► SCCU19000 - Creative Strategies for Self-Care of Older Persons (84 hours)	
Assistance for children Technical level 1	SCSB14003 - Assistance for Children Duration: 636 hours	SCSB1010 - Positive Childhood Discipline (90 hours)	3 skills tests to achieve the qualification set out in the standard

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

8. Design for continuous improvement

In order to achieve high quality design and delivery of training and certification services, one should start from a design oriented towards continuous improvement. Here, the education

and training policy cycle is central: defining skills needs, establishing policy guidelines, raising occupational standards, translating them into curricula designs, delivering services (training, coaching, assessment and certification), monitoring quality, and evaluating results to make adjustments for continuous improvement.

TVET policy cycle



Source: Author's own 2023

Especially for countries starting on this path, it can be particularly useful to work with pilot projects: defining needs and standards with tripartite participation, generating curricula designs and planning the delivery of services with appropriate conditions (e.g. guaranteeing spaces for

work placements), monitoring the delivery of services, and finally evaluating the results with all parties involved. Based on this, carry out the necessary improvements before expanding the supply of services and the number of trainees (see the example of INSAFORP in Box 15).

► **Box 15. El Salvador: Planning service delivery to meet an expected increase in demand for INSAFORP’s “Early Childhood Care Assistant” personnel**

On 24 June 2022, the law “Crecer Juntos para la Protección Integral de la Primera Infancia, Niñez y Adolescencia” (Legislative Decree No. 431) was published in the Official Gazette and entered into force in January 2023. This law establishes a new regime that obliges employers with 100 or more workers to provide crèches for their employees (Articles 136-151).

In anticipation of the increase in demand for early childhood care and education professionals, INSAFORP (the leading TVET institution in El Salvador) took on the responsibility of responding to this law by joining forces with other institutions and creating the profile of “Early Childhood Care Assistant”.

El Salvador: Process followed to implement the Early Childhood Care Training Pilot

Participatory development of the standard and teacher profile

2021

Actions articulated with the Office of the First Lady to design the training course

Participatory development of the standard and teacher profile

1. Instituto Salvadoreño para el Desarrollo Integral de la Niñez y Adolescencia (ISNA)
2. Committee of Social Projection El Salvador (CPSES)
3. International Rescue Committee (IRC)
4. Catholic Relief Services (CRS)
5. Kindergarten Mi Casita Montessori
6. Don Bosco School
7. Waldorf Kindergarten
8. Whole Child International
9. Garrobo Foundation of El Salvador/TexOps
10. Hilda Rothschild Foundation
11. Glasswing International El Salvador
12. INSAFORP

Both the training standard and the occupational profile were developed with the participation of childcare institutions working in the country. The result of this process was a course of 218 hours of training, of which 60 hours correspond to professional practice.

The programme comprises seven learning units that provide the necessary knowledge about the evolutionary stages of the human being in general, with an emphasis on early childhood education. It also covers topics on the interaction between an adult and a child, the development of routines and the identification of situations that violate or put at risk the child's integrity at home or elsewhere.

The entry requirements are as follows:

- ▶ Over 18 years of age.
- ▶ Ninth grade completed.
- ▶ Undergo psychological testing and obtain a favourable result.

A pilot of this programme was carried out in 2022 with two groups of 20 and 19 people, respectively. Previously, agreements for work experience had been established.

At the end, INSAFORP's Research and Development Department conducted surveys and interviews with the participants and representatives of the educational centres where the internships were carried out. With this first evaluation, the hours of the module were adjusted (from 204 hours to 218 hours) and the contents on special educational needs, early childhood accidents and health and nutrition activities were strengthened.



In countries that have moved beyond the pilot stages, with longer-running programmes linked to broader policy frameworks, it is recommended to establish regular monitoring and evaluation systems of training outcomes and their

relevance for the labour market. This feeds into training policy and decision-making in areas such as job placement or formalisation of employment (see the case of Uruguay in Box 16).

► **Box 16. Uruguay: Continuous monitoring for the improvement of the National Care System and the Personal Assistants Programme**

As part of Uruguay's National Care System, capacities have been established for the continuous monitoring of its components. This enables the formulation and dissemination of very detailed periodic reports that contribute to informed decision-making for the continuous improvement of related public policies. The National Directorate of Transfers and Data Analysis (DINTAD) of the Ministry of Social Development (MIDES), the Social Security Bank (BPS) and the National Institute of Employment and TVET (INEFOP) are involved in the monitoring.

Some of the areas where progress in public policy implementation has been monitored are: Personal Assistants, Socio-educational Inclusion Grants, Day Centres, Telecare, Training and Certification in Dependency Care. As shown below, the information generated is very useful for measuring impact, identifying challenges and planning strategic actions for improvement.

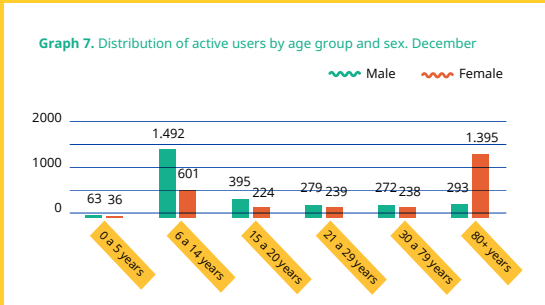
► **Follow-up to the Personal Assistants Programme:
Some insights from the 2022 report**

In 2022, 3,294 visit requests were received to apply for the programme (recipients of care services) - a significant increase from the 2,409 applications in 2021. Of the 3,294 applications, 2,254 assessment visits were carried out (thus recovering field work, suspended during the health emergency by COVID-19). Approximately 7 out of 10 visits were made to persons aged 79 years and over, while the remaining visits were made to persons under 30 years of age. The departments that received the most visits were Montevideo and Canelones, which together accounted for 40 per cent of the cases.

In terms of active binomials (union of person receiving care and person providing care), a monthly average of 5,328 was recorded in 2022. The gender distribution of the population receiving care services is proportional: 2,794 men and 2,733 women in December 2022.

By age group, 60.2 per cent are under 30, 30.6 per cent are over 79 and 9.2 per cent are between 30 and 79. When age and gender are considered together, the picture differs considerably: among those under 30, men outnumber women twice as much as men, while in the 79+ age group, there are 4.8 women for every man.

Among those working in care work and without the corresponding training, 788 people have a partial qualification, subject to completion of training. This is the group of people prioritised for training courses in long-term care in 2022 and will also be prioritised during 2023.



Source: SNCyD based on BPS records.

In terms of the gender and age composition of those graduating from the course between 2020 and 2022, the profile is similar to that of the general population of carers: highly feminised (97.1 per cent) and aged between 35 and 59.

Since the Basic Course in Dependency Care began in 2017 until December 2022, 282 courses have been held, from which 7,229 people have graduated. The training has been extended to all 19 departments of the country, mostly through the presence of a wide range of private training entities in the territories.

Table 6. Number of personal assistants working, according to type of qualification. December, 2022

Qualification	Number	Percentage
Full	2.466	60,6
Partial	788	19,4
Exceptions	815	20,0
Total	4.069	100

Source: SNCyD based on BPS records.

If the certifications corresponding to the period 2021-2022 (284) are added to those of the two previous editions (243), the total number of certifications delivered since this tool was launched is 527. “This instrument has proved to be useful and very positively valued both by workers and by those responsible for the ELEPEMs [long-stay establishments for older persons] involved in the process” (Sistema de Cuidados 2023, 47).

► Next steps in the Personal Assistants Programme

On the one hand, it is proposed to improve support for carers as personal assistants with mechanisms to increase the supervision of care partners and to increase the number of care worker cooperatives.

In the area of professionalisation, in addition to completing the training of people with partial qualifications, there is the challenge of incorporating all the Day Care Centres as practical training spaces for all the training courses in long-term care. In addition, it is proposed to work on the design of an advanced training offer (with a substantial increase in the number of hours of classroom training and practical training) and to include an offer for continuing training.

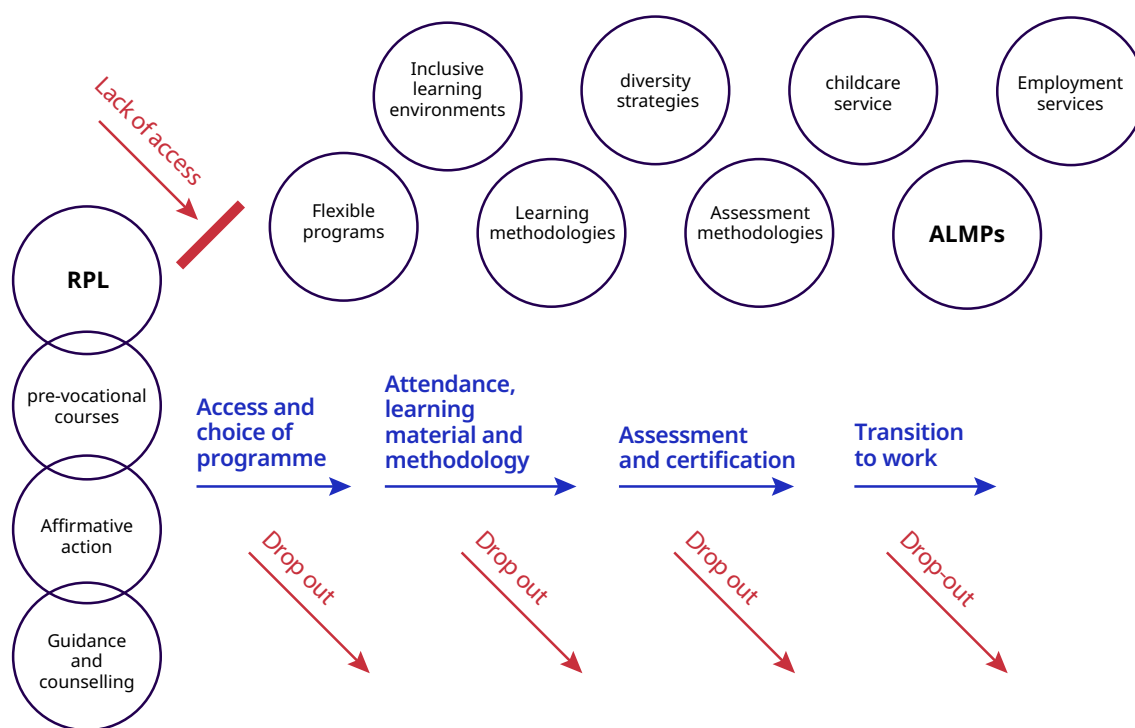
Source: Author’s own based on Sistema de Cuidados (2023).

9. Actions to address intersectionalities

The intersections that occur in TVET are amplified in the area of care: not only are gender biases faced, but also biases of low productive

sectors, low skills, ethnicity and migration, which converge in the development of care training and work. Consequently, the planning and delivery of training and certification services for care must be accompanied by strategies to remove barriers at different stages of the process to ensure entry, retention and completion.

Exclusion or inclusion in the different stages of TVET services



Source: Hofmann, Christine. Presentation made on 9 November 2022. More detail in ILO (2021a).

This should consider aspects such as entry requirements adjusted to the target population, flexible programmes with a load and distribution of hours that allow the participation of people who work or have care responsibilities, designing inclusive environments (for men, women, persons with disabilities, indigenous populations, etc.)

and using appropriate learning methodologies. Similarly, scholarship programmes, support for care and transport could be added directly or through partnerships. Awareness-raising campaigns could also be promoted, as well as coordination with public employment services. Some examples are presented in Boxes 17 and 18.

► **Box 17. Bolivia: INFOCAL child development centre
in the department of Tarija.**

Tarija Foundation's population is located in the lower-middle and lower socio-economic levels and in single-parent families headed by women. Since before the COVID-19 pandemic, a high attrition of women had been detected, mainly associated with childcare responsibilities. For this reason, the INFOCALITO child development centre will become operational on 5 May 2021.

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



INFOCALITO child development centre, Bolivia.

A total of 42 students make use of the services of the child development centre to attend classes in their respective degrees while six students are undertaking an internship and receive a payment or work scholarship at the institution. In addition, female students receive training on social (interpersonal) skills, gender-based violence, leadership, public speaking, masculinities and self-esteem.

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



Announcement on the opening of enrolment for the INFOCALITO Tarija Child Development Centre in 2023

The 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 nursery students to carry out their practical training there (two students per shift).

The refurbishment of the infrastructure and the purchase 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 centre.

In addition, the only contribution parents are required to make is 3 Bolivianos per day (approximately US\$0.40) for their children's mid-day snack.

► **Box 18. Argentina: Strategies for the removal of barriers to care training**

In Argentina, when designing training activities for care, different timetables are foreseen (not concentrated during the week or concentrated on Saturdays) to make it possible for people who work during the week to participate. In addition, the projects include a financial contribution to keep play areas or toy libraries open in the institutions during training hours in order to promote the reconciliation of care responsibilities and participation in training activities.

In addition, the Fomentar Empleo programme, established in 2021, includes an economic incentive for priority groups: among them, women with two or more children and who have not attained tertiary or university education, and young people (men and women) between 18 and 24 years of age who have not completed secondary education. This measure aims to make it easier for people to relocate or to meet other needs that might prevent them from receiving training.

Source: Prepared by the authors based on information provided by the Ministry of Labour, Employment and Social Security of Argentina.

10. Visibility of actions, mobilisation of actors and promotion of the demand for certified caregivers

Training and certification of skills have an impact only if they are recognised by employers and workers in home-based and residential care services (day care centres, pre-primary education) and residential care services (day care centres, residential homes, etc.). It is therefore very important to involve them at an early stage in the design of care training policy, the development of occupational profiles, the establishment of agreements for work placements, as well as the actual delivery of training services.

Training institutions have institutional frameworks and tools that recognise the importance of tripartism. Successful examples of their implementation in the field of care have been collected in this guide. For example, consulting with workers' organisations for the design of tra-

ining offers through their schools, seeking input from employers' organisations for the identification of profiles and the establishment of agreements for work placements, among others.

This mobilisation of actors and their involvement is a way to promote the matching between supply and demand of human resources in the field of care: workers will be interested in developing and/or certifying the skills required by the market and employers will be interested in opening work placement and employment opportunities for qualified caregivers. To contribute to this bridging of gaps, it is also necessary to communicate the characteristics and progress of the processes and their outcomes (see some examples of process communication in Box 19).

To broaden the dissemination of results and encourage the demand for qualified carers, the role of registers of certified carers (such as the one in Mexico, presented in Box 13) and the linkage with job placement systems (such as the one in Argentina, highlighted in Box 22) are outstanding.

► Box 19. Chile and Colombia: Explanatory videos on certification processes

ChileValora

Explanation of the certification process implemented with the UN Multi-Partner Trust Fund for Response and Recovery to COVID-19



Available at <https://chile.un.org/es/197485-sistema-de-las-naciones-unidas-en-chile-chilevalora-y-sence-certifican-mujeres-de-la-comuna>.

SENA Colombia

Promotion of the pilot programmes of the project “I take care of you and I certify myself”.



Available at https://fb.watch/jkhGG_our5/.

Integral vision

11. Systemic approach

It is essential to complement training and certification actions for care with other policies in order to generate a greater impact on the provision of services and on the working conditions of care workers. This requires coordination with ministries, institutions, employers' and workers organisations, as well as other organisations.

Although this articulation is complex, it definitely provides strength and greater meaning to the interventions. Furthermore, working under

a systemic vision contributes to making the sector more visible.

Possibly the most recognised case in the region is that of Uruguay, where the Law No. 19.353 created in 2015 the National Care System¹⁰: a set of actions and measures aimed at designing and implementing public policies that constitute a model of solidarity and co-responsibility between families, the State, the community and the market (see Box 20). Similarly, Costa Rica's efforts in its National Care Policy are representative, identifying existing initiatives and proposing areas of action for progressive implementation that will lead to the establishment of a national support system for the care of dependent persons (see Box 21).

¹⁰ 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.

► Box 20. Uruguay: Characteristics of the National Care System

In 2015, Uruguay took a fundamental step to address the deficit in care services by guaranteeing the right of caregivers to perform their work under decent working conditions and changing the prevailing gender division of labour. The country decided to position care as the fourth pillar of the national social protection system, establishing by law the “right to care and to be cared for”.

Care is understood as the set of actions that society carries out to ensure the integral development and daily well-being of those who are in a situation of dependency. Children, older persons and persons with disabilities, both in a situation of dependency, are the people who have the right to receive quality care.

These people need the care and assistance of others to carry out their activities of daily living. Care must therefore promote their autonomy and in the case of children, also their proper development. (System of Care, n. d., 13).

The National Care System * promotes public policies aimed at meeting the needs of these populations. In this way, it seeks to improve the lives of dependent persons through comprehensive care services; to visualise care for people without autonomy as the responsibility of society as a whole; to reconcile work and family life; to regulate existing public and private services; to decentralise services adapted to the needs of each locality through agreements with municipalities; to value and train paid and unpaid caregivers.

The system is composed of the Ministries of Social Development, Education and Culture, Labour and Social Security, Public Health, and Economy and Finance. The Office of Planning and Budget (OPP), the National Public Education Administration (ANEP), the Social Security Bank (BPS) and the Uruguayan Institute for Children and Adolescents (INAU) are also involved in its implementation. In terms of governance, it is managed by the National Care Board, the National Secretariat for Care and Disability and the Care Consultative Committee (the latter is made up of representatives of social organisations, workers, academia and private service providers, with social dialogue as a key element for success).

As part of this comprehensive vision, actions have been implemented to improve maternity/paternity leave, early childhood care coverage has been expanded, care for people with long-term care needs has been strengthened (both in quality and quantity of services) and care work conditions have been improved, among others.

* More information can be found on the System’s website: <https://www.gub.uy/sistema-cuidados/>.

Source: Author’s own based on Uruguay, Sistema Nacional de Cuidados (2021) and BPS (2023).

► **Box 21. Costa Rica: National Care Policy 2021-2031: Towards the progressive implementation of a System of Support for Care and Dependency Care**

In 2020, despite being in a complex context due to high public debt, high fiscal deficit and the impact of the COVID-19 pandemic, Costa Rica decided to design a National Care Policy to move towards the progressive construction of a national care system capable of promoting personal autonomy and responding to the gaps between the demand and supply of care services and support for dependent persons. This, with three clear objectives: a) to guarantee social rights to vulnerable populations, b) to distinguish and dignify the role of caregivers, and c) to promote social co-responsibility for care (Costa Rica, IMAS 2021, 12).

A determining factor for the policy was the analysis of Costa Rica's demographic trends: they show that between 2020 and 2050, the number of older adults will double to around 20 per cent of the total population. Thus, Costa Rica is the country with the fastest ageing 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 per cent of the population to 7.21 per cent.

Overall, the construction of the national care policy and its action plan spanned four years (2017-2020). It started with technical studies to identify existing policies and programmes in the country, define the needs of caregivers and those requiring care, estimate current and potential demand for care services, and define costs and impact of the care system.

The cost and impact study was decisive because it showed that it was much more cost-effective 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 economies and especially for women.

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

Services already available include day centres and long-stay residences - mostly run by associations and non-profit organisations, foundations and private companies, and many with state funding.

New benefits include telecare and home care, respite care for carers, and cash transfer for care.

In addition, areas of action are included that seek to enhance employability and guarantee the quality and timeliness of benefits. The employability axis includes, for example, support measures for job placement and formalisation of employment; and the quality axis establishes standards for services. TVET programmes are established as a common axis to ensure both employability in care and service quality, .

Source: Author's own based on Costa Rica, IMAS (2021) and Delgado (2022).

12. Legal and policy framework

In the region there are various efforts to professionalise care work. Many of the advances identified are associated with the promotion of legal or policy frameworks that provide clarity on tasks, coordination mechanisms and the different bodies to be included, as well as on management and budgetary issues.

While the transition from regulation to practice is not simple, the lack of an adequate framework can complicate decision-making, coordination and implementation of actions. For this reason, the countries considered in this exercise present initiatives that are worth considering for reflection (see, for example, the case of Argentina in Box 22).

► Box 22. Argentina: Legal and policy framework as milestones to boost the professionalisation of caregiving

Since 2006, Argentina's MTEySS has been working on this issue and has progressively renewed its momentum. Some milestones are presented below.

- Since 2013, with Law No. 26.844 on the Special Employment Contract Regime for Domestic Workers, workers in private homes and non-therapeutic care services have been protected.
- In 2015, this law made it possible to launch the first experience of social dialogue for Argentine domestic workers through a tripartite negotiating table involving pre-existing workers' organisations, employers' organisations adapted and/or designed to fulfil this role, and the executive branch. For the first time, domestic workers have an institutional space to influence their working conditions (such as their minimum wage), which were previously determined unilaterally by the government.
- In 2020, a specific line of training for the care economy was established as part of the Vocational and Continuous Training Plan (Resolution 784/2020 of the MTEySS) that seeks to "... develop training and professionalisation actions for workers in private home and care services, from the perspective of social co-responsibility for care and the promotion of affirmative actions to underpin gender equality" (Article 30). The objectives and the participation of multiple actors (national, provincial and municipal public bodies, state and non-state public entities, workers' and employers' organisations, TVET institutions, civil society organisations, and business sector entities) are established along these lines.

- In 2021, through Resolution 647/2021 of the MTEySS, the *Fomentar Empleo* programme was created with the objective of assisting workers with difficulties to access formal employment. It consists of a series of actions designed to improve their skills and facilitate job placement through a self-managed employment portal that seeks comprehensiveness and complementarity with other employment policies. In fact, people who join the *Fomentar Empleo* programme will be able to access the following services: career guidance, job search support, vocational training, and support for work placement. The programme is aimed at all people between 18 and 65 years of age who are unemployed or registered in the Social Monotax or in the Special Regime for people working in private households

Source: Author's own based on information provided by MTEySS and Pereyra (2018).



► Final considerations

- Cultural, demographic and labour market changes are leading to a considerable increase in the demand for care workers. Consequently, care work is and will continue to be a major source of employment in the future, not least because its relational nature limits the potential for substitution of human labour by technologies.
- Training services and skills certification constitute essential contributions to promoting quality care systems, increasing care jobs and improving the conditions of those who provide care services and of those who receive them. This requires policies that contribute to a real and sustainable transformation of societies.
- While there are important challenges ahead, the experiences summarised in this document show that the road to professionalisation of care work has begun in the region, with different models and with the participation of different actors: from ministries of labour and certifying bodies to TVET institutions, local governments, workers' and employers' organisations. The countries' achievements, lessons learned and challenges can be used to develop or improve training, upskilling, assessment and certification services for care work.
- We must continue to move forward with a comprehensive vision, with a gender perspective and a human rights approach, considering the twelve criteria outlined here to steer debates and, above all, to move forward with action.





Annexes

► Annex 1 Main characteristics of the supply of training, assessment and certification services in the field of care in selected institutions in eight Latin American countries, 2023

Argentina

Institution	Name of the standard or profile aimed at care	Online materials: Standards, curricula and/or didactic guides	Type of service (training or certification)	Entry requirements	Duration of the certification process	Duration of the programme (hours)	Hours of work experience	Tracking of graduates
Ministry of Labour, Employment and Social Security (MTEySS)	Household Caregiver	Supporting material <i>Training pathway. Services in private homes: Support material for the training of staff in private homes</i> *.	Training	► Be over 18 years of age. ► To have a National Identity Card. ► Completed primary education and/or basic literacy and numeracy skills.	n. a.	113	n. a.	A (non-public) database of all trainees is available and options for a tracking system are being assessed.
	Non-therapeutic home carer for older persons	Supporting material <i>Training pathway. Care for older persons: Support material for the training of carers of older persons</i> **.	Training ****		n. a.	104	n. a.	
	Child and adolescent caregiver	Supporting material <i>Training pathway. Childcare: Support material for the training of child caregivers</i> ***	Training		n. a.	100	n. a.	
	Cook in Private Homes		Training		n. a.	60	n. a.	
	Housekeeper		Training		n. a.	n. d.	n. a.	
	Gardener		Training		n. a.	113	n. a.	

Notes: n. a. = not applicable; n. a. = not available. * ILO, *Training pathway. Services in private households: Support material for the training of private household staff*, 2021. Available at https://www.ilo.org/wcmsp5/groups/public/---americas/---ro-lima/---ilo-buenos_aires/documents/publication/wcms_839803.pdf. ** ILO, *Training pathway. Care of the elderly: Support material for the training of carers of the elderly*, 2015. Available at https://www.ilo.org/wcmsp5/groups/public/---americas/---ro-lima/---ilo-buenos_aires/documents/publication/wcms_385635.pdf. *** ILO, *Training pathway. Childcare: Training support material for training of child carers*, 2021. Available at https://www.ilo.org/wcmsp5/groups/public/---americas/---ro-lima/---ilo-buenos_aires/documents/publication/wcms_839804.pdf. **** Start of assessment and certification planned for 2023.

Bolivia

Institution	Name of the standard or profile aimed at care	Online materials: Standards, curricula and/or didactic guides	Type of service (training or certification)	Entry requirements	Duration of the certification process	Duration of the programme (hours)	Hours of work experience	Tracking of graduates
Ministry of Education	Salaried domestic worker	Standard <i>Salaried domestic worker*</i>	Certification	<ul style="list-style-type: none"> ► Photocopy of identity card. ► Photocopy of birth certificate. ► Document supporting the years of experience required by the standard (5 years or more). 	n. a.	n. a.	n. a.	n. d.
National TVET Foundation (INFOCAL)	Nursery School Technician	General objective, occupational profile and curricula (per semester) **	Training	<ul style="list-style-type: none"> ► Baccalaureate degree. ► Valid identity card. ► Birth certificate. ► COVID-19 vaccination card. 	n. a.	3 600	360	n. d.

Notes: n. a. = not applicable; n. a. = not available. * Plurinational System for the Certification of Competencies (SPCC), *Standard: Salaried Domestic Worker*. Available at <https://www.minedu.gob.bo/files/publicaciones/veaye/spcc/Estandar-Tecnico-de-Trabajador-Asalariado-del-Hogar.pdf>. ** Fundación INFOCAL Tarija, "Parvulario", <https://infocaltja.edu.bo/carreras/parvulario/>.

Chile

Institution	Name of the standard or profile aimed at care	Online materials: Standards, curricula and/or didactic guides	Type of service (training or certification)	Entry requirements	Duration of the certification process	Duration of the programme (hours)	Hours of work experience	Tracking of graduates
Commission of the National System for the Certification of Labour Competence (ChileValora)	Socio-community assistant	Profile **	Certification	Certificate of health condition compatible with the occupation.	3 weeks approx. ****	n. a.	n. a.	Although it does not track graduates, ChileValora has a Register of Certified Persons (public) *****, which lists all persons who have obtained a Certificate of Competences by sector, including care.
	Psychosocial Coordinator	Profile **	Certification	<ul style="list-style-type: none"> ► Requirements for performing the occupation in a work context: professional degree in a related field. ► Requirements for assessment and certification: no requirements. 		n. a.	n. a.	
	Residence Director	Profile **	Certification	<ul style="list-style-type: none"> ► Requirements for performing the occupation in a work context: professional degree in a related field. ► Requirements for assessment and certification: no requirements. 		n. a.	n. a.	Through this register, certified persons can extract proof of their certification and employers can corroborate it.
	Direct Care Educator	Profile **	Certification	<ul style="list-style-type: none"> ► Requirements for performing the occupation in a work context: certificate of health condition compatible with the occupation. ► Secondary school leaving certificate. ► Assessment and certification requirements: not applicable. 		n. a.	n. a.	In addition, the institution has made a significant effort to consolidate and validate information to improve its reliability by cross-checking administrative information with other public services. Based on this cross-checking, it produces a "Report on Assessments Performed and Certifications Granted 2002-June 2020", which is available to the public.
	Hostel Monitor	Profile **	Certification	n. a.		n. a.	n. a.	
	Primary Caregiver	Profile **	Certification	Certificate of health condition compatible with the occupation.		n. a.	n. a.	Finally, it has general surveys of trainees' satisfaction with the assessment and certification process, as well as of employers' perception of the value of certification.
	Domestic worker	Profile **	Certification	n. a.				

Institution	Name of the standard or profile aimed at care	Online materials: Standards, curricula and/or didactic guides	Type of service (training or certification)	Entry requirements	Duration of the certification process	Duration of the programme (hours)	Hours of work experience	Tracking of graduates
National Training and Employment Service (SENCE)*	Care assistants for persons in a situation of dependency	Training plan ***	Training	Physical and psychological health compatible with the care activity. ► Only persons with a history of physical or psychological abuse and/or with symptomatology associated with low impulse control, low frustration tolerance, emotional instability or inappropriate sexual behaviour will be excluded. ► Persons with "inabilities to work with minors" will also be excluded. A document issued by the Civil Registry Office stating that the person is not disqualified is required.	n. a.	250	n. a.	n. a.
	Socio-community care for persons in situations of dependency and rights violation	Training plan	Training	► Completed secondary education. ► Physical and psychological health compatible with the performance of the job.	n. a.	160		

Notes: n. a. = not applicable. * Although the report presents information on the certification of skills directly related to the work of ChileValora, examples of the link with the National Training and Employment Service (SENCE), which is the Chilean Government entity mandated to develop training and employment policy, are presented. ** ChileValora profiles: Socio-community assistant: <https://certificacion.chilevalora.cl/ChileValora-publica/perfilesEdit.html?paramRequest=939>; Psychosocial coordinator: https://certificacion.chilevalora.cl/ChileValora-publica/perfilesEdit.html?paramRequest=1867&bsearch=&bsector=-1&bsubsector=-1&barea=-1&bcentro=-1&bperfil=-1&resultados_length=10; Residence director: https://certificacion.chilevalora.cl/ChileValora-publica/perfilesEdit.html?paramRequest=1866&bsearch=&bsector=-1&bsubsector=-1&barea=-1&bcentro=-1&bperfil=-1&resultados_length=10; Direct care educator: https://certificacion.chilevalora.cl/ChileValora-publica/perfilesEdit.html?paramRequest=1868&bsearch=&bsector=-1&bsubsector=-1&barea=-1&bcentro=-1&bperfil=-1&resultados_length=10; Hostel monitor: <https://certificacion.chilevalora.cl/ChileValora-publica/perfilesEdit.html?paramRequest=1771>; Primary caregiver: <https://certificacion.chilevalora.cl/ChileValora-publica/perfilesEdit.html?paramRequest=941#:~:text=OTORGAR%20SERVICES%20DE%20CARE%20PRIMARY%20CARE%20NEEDS%20DIAGNOSTICATED%20AND%20RULES%20CURRENT.&text=CALL%20THE%20ACTIVITY%20IN%20PRIMARY%20AND%20HOMES%20OF%20THE%20USER%20>; Domestic worker: <https://certificacion.chilevalora.cl/ChileValora-publica/perfilesEdit.html?paramRequest=953>. *** SENCE training plans: Care assistants for dependent persons: <http://pillan.newtenberg.com/alevera/sence/PF-Sence/ASISTENTES%20DE%20CUIDADOS%20A%20PERSONAS%20EN%20SITUACION%20DE%20DEPENDENCIA.pdf>; Socio-community care for persons in situations of dependency and rights violation: <http://pillan.newtenberg.com/alevera/sence/PF-Sence/ASISTENCIA%20SOCIOCOMUNITARIA%20A%20PERSONAS%20EN%20SITUACION%20DE%20DEPENDENCIA%20Y%20VULNERACION%20DE%20DERECHOS.pdf>. **** The time considered ranges from attendance at the call for applications to validation of the assessment process, including the eligibility process, application of tests, field observation and simulations. *****Available at <https://certificacion.chilevalora.cl/ChileValora-publica/candidatosList.html>.

Colombia

Institution	Name of the standard or profile aimed at care	Online materials: Standards, curricula and/or didactic guides	Type of service (training or certification)	Entry requirements	Duration of the certification process	Duration of the programme (hours)	Hours of work experience	Tracking of graduates
National Apprenticeship Service (SENA)	Caring for people according to protocols for basic activities of daily living and degree of autonomy.	Sectoral Skills Standard NSCL 230101296 *	Certification	<ul style="list-style-type: none"> ► Proof of employment with at least 6 months of experience in the area to be certified. ► Photocopy of identity card. ► For Venezuelan migrants: Special Permit to Stay (PEP), Temporary Protection Permit (PPT), foreigner identification card. ► For people in the New Opportunities for Employability (NOE) strategy: a work certificate is not required; before starting the Skills Assessment and Certification, a diagnostic test is presented. 	Approx. 4 weeks	n. a.	n. a.	n. a.
	Attend to the needs for companionship according to spiritual and emotional preferences.	Sectoral skills standard NSCL 230101297 **	Certification	<ul style="list-style-type: none"> ► Proof of employment with at least 6 months of experience in the area to be certified. ► Photocopy of identity document. ► For the Venezuelan migrant population: Special Permit to Stay (PEP), Temporary Protection Permit (PPT), foreigner identification card. ► For people from the New Opportunities for Employability (NOE) strategy: a work certificate is not required; before starting the Skills Assessment and Certification, a diagnostic test is presented. 	Approx. 4 weeks	n. a.	n. a.	n. a.
	Basic Care for Persons with Functional Dependency	Training programme Code: 637102	Operator level training programme. Special Corporate or Social Offer.	Entry profile: basic primary education and no physical or cognitive limitations that totally or partially impede training and job performance.	n. a.	1 296	3 months	n. a.

Notes: n.a. = not applicable. * NSCL 230101296: <https://dsnft.sena.edu.co/servlet/com.portalsena.wpdscargadirelink?1,230101296,1>.

** NSCL 230101297: <https://dsnft.sena.edu.co/servlet/com.portalsena.wpdscargadirelink?1,230101297,1>.

Costa Rica

Institution	Name of the standard or profile aimed at care	Online materials: Standards, curricula and/or didactic guides	Type of service (training or certification)	Entry requirements	Duration of the certification process	Duration of the programme (hours)	Hours of work experience	Tracking of graduates
National Learning Institute (INA)	Comprehensive care for older persons	<p>Qualification standard</p> <p>Code: 0921-47-01-1-01* *</p> <p>Code: 0921-47-01-1-01 *</p> <p>Code: 0921-47-01-1-01</p> <p>Certification</p> <p>Code: 0921-17-01-1 ** Code: 0921-17-01-1 ** Code: 0921-17-01-1 ** Code: 0921-17-01-1</p>	Training and certification	<p>Programme</p> <ul style="list-style-type: none"> ► Completed primary education. ► Minimum age: 18 years old. ► Be Costa Rican, with a valid identity document; foreigners must present current residency and/or DIMEX (except for foreign minors). ► Participate in the admission process. <p>Certification</p> <ul style="list-style-type: none"> ► Minimum age: 18 years old. ► Be Costa Rican, with a valid identity document; foreigners must present current residency and/or DIMEX (except for foreign minors). ► Ability to demonstrate compliance with requirements, participation in the technical interview and engagement in assessment activities according to the Certification Test. ► Approval of the person who owns or is in charge of the establishment, in case the interview and test are conducted at the workplace. ► Food Handling Certificate issued by INA or accredited bodies. 	Duration of the test: 28 hours	700	n. a.	n. a.

Institution	Name of the standard or profile aimed at care	Online materials: Standards, curricula and/or didactic guides	Type of service (training or certification)	Entry requirements	Duration of the certification process	Duration of the programme (hours)	Hours of work experience	Tracking of graduates
	Assistance for children	<p>Qualification standard Code: 0922-48-01-1-01 ***</p> <p>Supporting material ****</p> <p>Certification Code: 0922-16-01-1 *****</p>	Training and certification	<p>Programme</p> <ul style="list-style-type: none"> ► Completed primary education. ► Minimum age: 18 years old. ► Be Costa Rican, with a valid identity document; foreigners must present current residency and/or DIMEX (except for foreign minors). ► Participate in the admission process. <p>Certification</p> <ul style="list-style-type: none"> ► Minimum age: 18 years old. ► Be Costa Rican, with a valid identity document; foreigners must present current residency and/or DIMEX (except for foreign minors). ► Ability to demonstrate compliance with requirements, participation in the technical interview and engagement in assessment activities according to the Certification Test. ► Approval of the person who owns or is in charge of the establishment, in case the interview and test are conducted at the workplace. ► Food Handling Certificate issued by INA or accredited bodies. 	Duration of the test: 30 hours	636	n. a.	n. a.

Institution	Name of the standard or profile aimed at care	Online materials: Standards, curricula and/or didactic guides	Type of service (training or certification)	Entry requirements	Duration of the certification process	Duration of the programme (hours)	Hours of work experience	Tracking of graduates
	Personal assistance for persons with disabilities	n. a.	Training	<ul style="list-style-type: none"> ► Minimum age: 18 years old. ► Schooling: Primary school completed. ► Be Costa Rican or a foreigner with legal immigration status to study in the country. ► Meet the entry profile of specific skills required. 	n. a.	166	n. a.	n. a.

Notes: n.a. = not applicable. * Code: 0921-47-01-1-01: <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>. ** Code: 0921-17-01-1: <https://www.ina.ac.cr/Pruebas%20de%20Certificacin/Sector%20Salud,%20Cultura%20y%20Artesanias/Subsector%20Salud%20y%20Bienestar/PC-SCSB17014%20Asistencia%20en%20actividades%20b%C3%A1sicas%20de%20la%20vida%20diaria%20para%20Persona%20Adulta%20Mayor.pdf>. *** Code: 0922-48-01-1-01: <https://www.cualificaciones.cr/mnc/index.php/catalogo-nacional-de-cualificaciones/9-salud-y-bienestar/2-bienestar/2-asistencia-a-la-infancia-y-servicios-para-jovenes/73-ec-0922-01-01-1-asistencia-para-la-ninez/file>. **** Virtual INA: <https://www.ina-pidte.ac.cr/course/view.php?id=1367>; INA, Activities of the assistant. Available at https://www.ina-pidte.ac.cr/pluginfile.php/76942/mod_resource/content/10/RECURSO%2012%20Actividades%20de%20la%20persona%20asistente%20%28v_asec%29.pdf. ***** Code: 0922-16-01-1: <https://www.ina.ac.cr/Pruebas%20de%20Certificacin/Sector%20Salud,%20Cultura%20y%20Artesanias/Subsector%20Salud%20y%20Bienestar/PC-SCSB17011-Atenci%C3%B3n%20en%20las%20necesidades%20b%C3%A1sicas%20y%20actividades%20de%20aprendizaje%20de%20la%20ni%C3%B1ez.pdf>.

El Salvador

Institution	Name of the standard or profile aimed at care	Online materials: Standards, curricula and/or didactic guides	Type of service (training or certification)	Entry requirements	Duration of the certification process	Duration of the programme (hours)	Hours of work experience	Tracking of graduates
Salvadoran TVET Institute (INSAFORP)	Early Childhood Care Assistant	n. a.	Training	<ul style="list-style-type: none"> ► Over 18 years of age. ► Ninth grade completed. ► Undergo a psychological test and obtain a favourable result (options: 16pf, Grieger or Machover). 	n.a	218	24	At the end of the first two promotions in 2022, INSAFORP's Research and Development Management conducted surveys and interviews with both participants and representatives of the educational centres where they carried out their work placements. This first evaluation made it possible to adjust the hours of the module to strengthen theoretical knowledge.

Note: n.a. = not applicable.

Mexico

Institution	Name of the standard or profile aimed at care	Online materials: Standards, curricula and/or didactic guides	Type of service (training or certification)	Entry requirements	Duration of the certification process	Duration of the programme (hours)	Hours of work experience	Tracking of graduates
National Council for Standardisation and Certification of Skills (CONOCER)	Food preparation for people receiving social assistance Code: EC0334	Standards *	Certificación	Within CONOCER's current regulations, there are no requirements for certification, i.e. any person wishing to certify their skills in any standard registered in the RENEK may do so.	The assessment process for certification purposes is carried out as agreed between the candidate and the assessor, so there is no set timeframe. However, specific timeframes are set for procedures related to the assessment and certification process, such as payments and issuing of certificates.	n.a.	n.a.	Although not monitored, they have a National Register of Persons with Certified Skills (RENAP), which is open for free consultation by the general public.
	Basic care for older persons at home Code: EC0669					n.a.	n.a.	
	Care for older persons in permanent/temporary social assistance facilities Code: EC0665					n.a.	n.a.	The objective of RENAP is to integrate a database with information on persons who have obtained one or more Certificates of Competence that correspond to the Occupational Standards registered in the National Register of Occupational Standards (RENEK).
	Care for Children and Adolescents with Disabilities in Social Assistance Facilities Code: EC0963					n.a.	n.a.	
	Provision of services for the care and integral development of girls and boys in Child Care Centres. Code: EC0435					n.a.	n.a.	In addition, persons with certified skills can enter their personal data in order to be contacted by workers' organisations, companies, academic, social or public sector organisations or any other public or private institution in case they require personnel with certified skills for specific jobs.

Institution	Name of the standard or profile aimed at care	Online materials: Standards, curricula and/or didactic guides	Type of service (training or certification)	Entry requirements	Duration of the certification process	Duration of the programme (hours)	Hours of work experience	Tracking of graduates
	Care for Children and Adolescents in social assistance facilities Code: EC0934	Standards *	Certificación			n.a.	n.a.	
	Provision of counselling support to informal caregivers of older people Code: EC1209					n.a.	n.a.	
	Care and integral development of girls and boys aged 4 to 12 enrolled in the formal education system at extended hours Child Care Centres. Code: EC0886					n.a.	n.a.	

Notes: n. a. = not applicable. * Available in the National Registry of Occupational Standards (RENEC): <https://conocer.gob.mx/registro-nacional-estandares-competencia/>.

Uruguay

Institution	Name of the standard or profile aimed at care	Online materials: Standards, curricula and/or didactic guides	Type of service (training or certification)	Entry requirements	Duration of the certification process	Duration of the programme (hours)	Hours of work experience	Tracking of graduates
National Institute for Employment and TVET (INEFOP)	Basic Course in Dependency Care	Course ** Curriculum design, teacher profile and training practice ***	Training	<ul style="list-style-type: none"> ► Be over 18 years of age. ► Have completed primary school. ► With or without work experience in the occupation and previous training. 	n. a.	152	12	<i>As part of the National Care System, a monitoring and evaluation mechanism is established that includes regular monitoring of the different components, as well as the formulation and dissemination of detailed annual reports.</i>
INEFOP *	Occupational profile: Caregivers	Profile ****	Certification	<ul style="list-style-type: none"> ► Proof of 3 years of work experience in care (continuous or not) within the last 10 years. ► Completed primary education (if this requirement is not met, they must provide proof of primary education in order to receive certification). ► Appear on the work roster with a registration date at the Long Stay Centre (CLE), dating back to no more than 6 months from the call. ► Signed letter of agreement, where the worker commits to the certification process, and the CLE commits to facilitating access for the assessors and supporting the worker in the development of the skills of the occupational profile. 	n. a.	n. a.	n. a.	<i>In the 2022 report, it is stated that in that year "... the basic capacities for the continuous monitoring of the SNIC components were maintained. With the support of the National Directorate of Transfers and Data Analysis (DINTAD) of MIDES, BPS and INEFOP, it was possible to maintain a dynamic of periodic monitoring reports for Personal Assistants, Socio-educational Inclusion Grants, Day Care Centres, Telecare, Training and Certification in Dependency Care. In addition, tracking strategies were defined for the two pilot projects outlined this year (collective provision of care at home and Facilitator of Autonomy in Educational Settings)".</i>

Notes: n. a. = not applicable. * Uruguay Certifica, through INEFOP, implements the public policy of skills certification, which allows workers to validate their experience in the occupation they perform. Uruguay Certifica is a public policy led by the Ministry of Labour and Social Security through the National Directorate of Employment and is integrated by INEFOP, the Plenario Intersindical de Trabajadores-Convención Nacional de Trabajadores (PIT-CNT), the Consejo de Educación Técnico Profesional-Universidad del Trabajo del Uruguay (CETP-UTU) and the business chambers. ** More information at <https://oportunidades.inefop.uy/cursos-inscripcion/detalle/?courseId=161>. *** Available at <https://dinem.mides.gub.uy/62361/documentos-%7C-formacion>. **** Sistema de Cuidados, "Perfil ocupacional de personas que cuidan: Atención a la dependencia", March 2018. Available at https://www.gub.uy/sistema-cuidados/sites/sistema-cuidados/files/2023-03/Perfil_ocupacional_Personas_que_cuidan.pdf.

► Annex 2

Main characteristics of occupational profiles, by population receiving care, in selected institutions in seven Latin American countries, 2023

En los perfiles asociados al cuidado o asistencia a personas en situación de dependencia o con necesidadIn the occupational profiles associated with the care or assistance of persons in situations of dependency or with support needs (older persons and persons with disabilities), a social and non-therapeutic approach to care dominates, aiming to promote autonomy and independent living for the assisted person, as can be seen in the following tables. However, the incorporation of health care support in those profiles conditions certain functions of the carer or assistant to the regulations and instructions of health specialists.

There is a clear tendency to include assistance in basic activities (which meet basic needs such as hygiene and food) and instrumental activities (which aim to interact with the environment and are necessary for independent living in the community, such as cooking, cleaning, shopping, caring for pets, etc.) and in some cases even advanced activities (those that enable personal development within society, such as education, work, leisure, and social participation). Additionally, a functional area related to the prevention and response to accidents and emergencies during basic, instrumental, and advanced activities is often included. The profiles also contain functions related to planning and reporting activities.

Although some offers are limited to institutional residential or home settings, it should be noted that some profiles are suitable for both settings, which has an impact on employability.

For profiles aimed at early childhood care and education services, the experiences analysed show a broader offer. Among the areas of specific competence, the following stand out: ensuring the performance of basic activities of daily living (food and hygiene), stimulation and integral development based on the development stage and characteristics of the children, organising schedules and spaces, and implementing actions for the protection of children.

Care for older persons

	Argentina	Costa Rica	Mexico	Mexico
Type and name of the reference document	Curriculum design Non-therapeutic home carer for older persons	Occupational standard Comprehensive care for older persons	Occupational standard Basic care for older persons at home	Occupational standard Care for older persons in permanent/temporary social assistance facilities
Level of qualification	n. a.	1 of 5 of the MNC-EFTP-CR	2 out of 5 in the National Competence System	2 out of 5 in the National Competence System
Classification	n. a.	ISCED Broad Field: 09 Health and Welfare Specific Field: 092 Welfare Detailed Field: 0921 Care of the elderly and of disabled adults Field of work: 47 Care of the elderly and of disabled adults	SINCO Unit group 5222. Caregivers of children, persons with disabilities, and older persons in private households	SINCO Unit group 5222. Caregivers of children, persons with disabilities, and older persons in private households
Place of work	Private home	► Institutions ► Private home	Private home	Institutions
General competence	Provide non-therapeutic care for older persons and their health at home, taking into account medical and/or caregiver instructions, acting to promote and maintain the quality of life of the older person.	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.	Perform basic care functions for the older person at home, including support in basic and instrumental activities of daily living, as well as assistance in the healthcare of the older person.	Provide assistance to 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.

	Argentina	Costa Rica	Mexico	Mexico
Specific competences	<ul style="list-style-type: none"> ► Provide health care, taking into account medical indications and/or those of the responsible adult, considering appropriate safety conditions and the needs of the older person. ► Feed the older person considering their specific needs and in accordance with nutritional requirements and/or medical instructions. ► Organise leisure time taking into account the needs of the older person. 	<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. 	<ul style="list-style-type: none"> ► Plan activities of care and basic assistance of the older person at home. ► Support in the basic and instrumental activities of daily living of the older person at home. ► Assist in the health care of the older person at home. 	<ul style="list-style-type: none"> ► Assist older persons with mild dependency in basic and instrumental activities of daily living. ► Assist older persons with mild dependency, in physical activities, rehabilitation and cognitive stimulation. ► Assist older persons with severe dependency in basic activities of daily living. ► Assist older persons with severe dependency in rehabilitation and cognitive stimulation activities.

Care for people in a situation of dependency

	Chile	Uruguay	Uruguay
Type and name of the reference document	Profile Primary Caregiver	Course Dependency care	Profile Caregivers
Level of qualification	2 of 5 of the Technical Vocational Qualifications Framework (TVQF)	n. a.	n. a.
Classification	► Services ► Health and social care services ► Social welfare services	Social and health care services	Social and health care services
Place of work	► Institutions ► Private home	► Institutions ► Private home	► Institutions ► Private home
General competence	Provide primary care services to people in situations of dependency and rights violation, according to diagnosed needs and current regulations.	To develop personal assistance and care for the dependent person, covering basic, instrumental and advanced activities of daily living, promoting their autonomy and interests, paying special attention from a comprehensive health, human rights and gender perspective.	► 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.
Specific competences	► Assist with activities of daily living, according to current regulations and intervention plans. ► Execute activities aimed at maintaining and improving health, following current regulations and specialist specifications. ► Conduct the process of monitoring compliance with the intervention plan and the user's status, according to operating protocols.	Modules * ► Approach to the care dimension of people in situations of dependency from an integral conception with a human rights and gender perspective. ► The role of carers: tasks and roles. ► Occupation of leisure time for persons in situations of dependency. ► Rights, duties and obligations of carers and employers.	► 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. ► Promote, encourage and accompany the person's basic and instrumental functions in accordance with the degree of dependency and the agreed individual work plan. ► 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. ► 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. ► Promote knowledge of labour regulations in general and in the sector in particular.

* As it is a course (and not an occupational profile), instead of specific competences, the modules that make up the programme are listed.

Care for persons with disabilities

	Mexico	Dominican Republic *
Profile name	Care for Children and Adolescents with Disabilities in Social Assistance Facilities	Personal assistance to persons with disabilities in need of support
Level of qualification	3	n. a.
Classification	SINCO 5221 Institutional carers of children, older persons, and persons with disabilities.	CNEF 2019 0921 - Assistance to older persons and persons with disabilities
Workplace (home/institutional)	Institutions	Private home
General competence	Perform 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.	Provide personal assistance services to persons with disabilities who require support to carry out basic and instrumental activities of daily living, based on the social paradigm of human rights, current regulations and in accordance with the indications of the person using the service, in order to ensure the exercise of independent living and personal autonomy.
Specific competences	<ul style="list-style-type: none"> ► Verify the logbook of care and the care sheet for children and adolescents with disabilities in social assistance facilities. ► Attend to the activities of daily living of children and adolescents with disabilities. ► Attend to the development activities of children and adolescents with disabilities. ► Close the shift of care for children and adolescents with disabilities in social assistance facilities. 	<ul style="list-style-type: none"> ► Handle the principles of the social and human rights model. ► Communicate using Dominican Sign Language. ► Assist persons with disabilities who require support in carrying out basic activities of daily living. ► Assist persons with disabilities who require support in carrying out instrumental activities of daily living.

Note: * Course released for pilot implementation in 2023. Pending evaluation and adjustment.

Early childhood care and education

	Argentina	Costa Rica	El Salvador	Mexico	Mexico
Type and name of the reference document	Curriculum design Child and Adolescent Caregivers	Qualification standard Assistance for children	Module Early Childhood Care Assistant	Standard Provision of services for the care and integral development of children in Child Care Centres.	Standard Care for Children and Adolescents in social assistance facilities.
Level of qualification	n. a.	1 of 5	n. a.	2 out of 5 in the National Competence System	3 out of 5 in the National Competence System
Classification	n. a.	Broad Field: 09 Health and Welfare Specific Field: 092 Welfare Detailed Field: 0922 Childcare and youth services Career Field: 48 Childcare and Youth Services	Formative Family: Personal Services Training Category: Personal Services Training Sub-Category: Personal Care Services	Unit group 5221 Caregivers of children, persons with disabilities and older persons in establishments	Unit group 5221 Caregivers of children, persons with disabilities and older persons in establishments
Place of work	Private home	► Private home ► Institutions	Institutions	Institutions	Institutions
General competence	Care for the child or adolescent in the domestic sphere, taking into account their age, interests and needs, considering the child's or adolescent's stage of development and the recommendations of the adult referents.	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.	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).	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.	Care for 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.

	Argentina	Costa Rica	El Salvador	Mexico	Mexico
Specific competences	<ul style="list-style-type: none"> ► Plan the working day taking into account scheduled activities, interests and the developmental stage of the child or adolescent (Create recreational spaces and activities + Sanitise spaces, clothing and objects used). ► Carry out personal care activities for the child or adolescent, taking into account the indications of the responsible adult (preparing food + maintaining and promoting hygiene). 	<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. 	<ul style="list-style-type: none"> ► Apply techniques to stimulate holistic development according to the developmental stage and individual learning characteristics of the child. ► Apply techniques that promote wellbeing and health during the infant's physical and emotional developmental stages through the use of first aid techniques. ► Apply means and techniques that allow the development of higher order and bio-psychosocial skills through the implementation of playful activities. ► Organise the classroom environment, routines, schedules and playful activities using techniques and strategies that prioritise the child's development through play, taking into account the child's developmental stage. ► Recognise indicators of toxic stress, violence and trauma in children through the identification of behavioural patterns that denote some type of exposure to situations that violate their rights, allowing the implementation of support actions to modify the situation of violation. 	<ul style="list-style-type: none"> ► Attend to infants, toddlers and pre-school children in Child Care Centres. ► Comprehensively develop infants and preschool children in Child Care Centres. 	<ul style="list-style-type: none"> ► Verify the logbook of the shift for the care of children and adolescents in social care facilities. ► Attend to the daily living activities of children and adolescents. ► Attend to the development activities of children and adolescents. ► Close the shift for the care for children and adolescents in social assistance facilities.

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