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Follow-up to the International Year of Older Persons: Second World Assembly on Ageing

Report of the Secretary-General

Summary

The present report is submitted in response to General Assembly resolution 72/144 on follow-up to the Second World Assembly on Ageing. It focuses on the cross-cutting issues involved in the provision of high-quality and affordable long-term care for older persons, while also taking into account the needs of paid and unpaid care providers, many of whom are women and migrant workers. The report also provides a brief overview and highlights of work on ageing within the United Nations system.

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I. Introduction

1. The present report is submitted pursuant to General Assembly resolution 72/144 on follow-up to the Second World Assembly on Ageing, in which the Assembly calls for, inter alia, the age-inclusive implementation of the 2030 Agenda for Sustainable Development. It follows the previous report of the Secretary-General on the same subject (A/72/161), which focused on the interlinkages between the economic security and well-being of older persons, including income poverty, access to decent work and employment and to financial services, good health and long-term care in the context of the Sustainable Development Goals and discussions at the high-level political forum on sustainable development.

2. The Department of Economic and Social Affairs, as the focal point on ageing in the United Nations system, has continued to explore the cross-cutting relationship between key ageing policy issues, the implementation of relevant Sustainable Development Goals and the implementation, review and appraisal of the Madrid International Plan of Action on Ageing, 2002.

3. As the number of older persons continues to grow longevity rates are also growing in nearly all countries. This combination of factors often increases both the incidence of age-related frailties and the need for more long-term care, which has led to extensive discussion of the need to ensure the provision of high-quality and professional care in a sustainable manner. However, balancing the quality and affordability of long-term care with decent work for caregivers, many of whom are migrant workers, while accounting for the gender-related nature of the provision of both paid and unpaid care, is complex, and these issues are often discussed in isolation from one another.

4. The present report provides a brief overview of the key issues faced by both paid and unpaid long-term care at the global level. It then discusses how the decent work agenda needs to be more fully applied to paid care workers in order to ensure both better working conditions and enhanced quality of care services; the issue of the use of unpaid caregivers; and finally the issues surrounding the employment of migrant care workers. These issues are reviewed within the context of the attainment of the relevant Sustainable Development Goals, in particular with regard to gender, and recommendations are offered for the consideration of Member States. Also taken into account are the outcomes of a United Nations expert group meeting on the theme "Care and older persons: links to decent work, migration and gender", held in December 2017,[1] as well as the inputs of Member States and other participants in the ninth session of the Open-ended Working Group on Ageing on the issue of long-term care. An update is provided as well on developments in the field of ageing within the United Nations system in relation to the implementation of the Madrid Plan of Action and the Sustainable Development Goals.

II. Care and older persons

5. While many older persons enjoy relatively good health into their later years, others may experience a higher risk of chronic diseases and other health risk factors, such as high blood pressure and diabetes, age-related loss of hearing and sight, marked increases in disability related to arthritis, cognitive illnesses such as dementia and Alzheimer's, and higher risk to injuries from falls.[2] The interaction among these

[1] United Nations, "Report of the expert group meeting on the theme: "Care and older persons: links to decent work, migration and gender", New York, 5–7 December 2017.

[2] United Nations, "The growing need for long-term care: assumptions and realities", Department of Economic and Social Affairs briefing paper, 2017.

health characteristics contributes to losses of intrinsic capacity of older persons and their ability to draw on their physical and mental capabilities.[3] Care services and support systems and the way in which they are provided are vital to maintaining the health and well-being of older persons and to ensuring a high quality of life by enabling them to live more independently, with dignity and choice, personal safety and the ability to participate in their communities and society.[1]

6. Providing care for older persons over an extended period is referred to as long-term care. While the terms "care" and "long-term care" are sometimes used interchangeably, they encompass different things. The World Health Organization (WHO) Global strategy and action plan on ageing and health adopts the following definition of long-term care: "activities undertaken by others to ensure that people with or at risk of a significant ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity".[4] This includes care provided at home, in the community or in institutions. However, there remains a challenging absence of consensus on the use of terminology in the field of long-term care, such as the use of "informal care" or "formal care", "paid care" or "unpaid care", "organized care" or "unorganized care", "trained caregivers" or "untrained caregivers" and "regulated care work" or "unregulated care work".[1]

7. There is prevailing misinformation about the availability of resources for the care of older persons, which tends to be associated with assumptions about the extent of government support for long-term care. The mid-term progress report of the Global strategy and action plan on ageing and health showed only 41 per cent of Member States reporting a national policy on long-term care.[5] Unmet needs in social care among older people are widespread and the number of older people requiring care and support is rapidly growing as a result of demographic trends. According to a recent International Labour Organization (ILO) working paper, 48 per cent of the global population is not covered by any national legislation on long-term care and 46 per cent of paid care provided by Governments is subject to means-testing, which makes coverage available to older persons only when they live below the poverty line.[6] Many older persons are therefore without access to long-term care services, with long-term care systems often characterized by extremely low levels of public expenditure, high out-of-pocket costs and shortages of formal care workers.[1]

8. The issue of long-term care has been rising on the agendas of many Member States, including in developing countries. In 2017, long-term care was recognized as an emerging issue in Africa, as evidenced by the adoption of the African Union common position on long-term care. In addition, a regional policy dialogue involving representatives of 28 countries was convened in partnership with the International Association of Gerontology and Geriatrics to foster understanding and commitment to long-term care in sub-Saharan Africa.[7] A rights-based approach to long-term care policies is apparent in Latin American countries, such as Argentina and Costa Rica, which have ratified the Inter-American Convention on the Protection of the Human Rights of Older Persons, article 12 of which presents the legal framework and definition of long-term care on which policy is based.[8]

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[3] World Health Organization, World Report on Ageing and Health (Geneva, 2015).

[4] WHO, Global strategy and action plan on ageing and health (Geneva, 2017).

[5] See WHO, "Global strategy and action plan on ageing and health: 10 mid-term progress indicators" (Geneva, May 2018), indicator 8.

[6] Xenia Scheil-Adlung, Long-term care protection for older persons: a review of coverage deficits in 46 countries, ESS Working Paper No. 50 (Geneva, International Labour Organization, 2015).

[7] WHO document A71/41.

[8] Organization of American States, Inter-American Convention on Protecting the Human Rights of Older Persons.

9. Current approaches to the ways in which long-term care is provided and funded vary markedly among Member States. For example, members of the Organization for Economic Co-operation and Development exhibit a variation in public spending on long-term care ranging from less than half per cent of gross domestic product (GDP) in countries such as Israel, Latvia and Poland to more than 4 per cent of GDP in the Netherlands. This variation signifies differences in the setting and scope of the provision of formal versus informal care, as well as differences in the reliance on out-of-pocket payments by older persons and their families to fund a portion of long-term care services. Understanding these differences and their impact is crucial to designing policies that provide the support and care that older persons need.[9]

10. Family caregivers, in particular female household members, are the most important source of care for older people with long-term care needs. There is a prevailing familial approach to care for older persons in many African, Arab and East Asian countries that is deeply rooted in cultural and religious obligations, to the extent that the notion of utilizing institutional facilities, for example, remains a stigma. In some cases, a substantial degree of family-based care provided in the home is unpaid, unsupported and often delivered by untrained caregivers who may have to assist with complex medical and nursing tasks that are typically undertaken by health professionals.[1,10] Some Member States have implemented policies to support family caregivers, such as by providing financial support for families with low-income in Bahrain, providing respite care[11] in the Philippines, providing training services in Kenya and Sweden and providing paid care leave in Germany.[12]

11. Institutional long-term services, which are scarce worldwide apart from high-income countries, encompass a comprehensive range of services, including medical care, geriatric treatment, psychological care and rehabilitation. Institutional settings, for example, include long-term hospitalization in New Zealand and the Russian Federation and residential facilities and nursing homes in Georgia, Hungary and Serbia. Since many older persons prefer to receive long-term care services at home and it is much cheaper than institutional care, countries have been shifting emphasis towards implementing programmes that support home-based care services. Moreover, many Member States have supported long-term care by providing a range of public services, infrastructure, cash benefits and social protection.[13]

12. Long-term care does not exist in isolation. It is intertwined with various public policy areas and therefore presents a complex challenge in policy design and implementation for Member States advancing long-term care agendas.[14] The provision of high-quality and affordable long-term care necessitates an analysis of the social dimensions of care for older persons. Sections III to VI below review the trends, drivers and impacts of care that are often overlooked in sector-based discussions, including links to decent work, unpaid care work, migration of care workers and the gender-related aspects of care work.

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[9] Tim Muir, "Measuring social protection for long-term care", OECD Health Working Papers No. 93 (Paris, 2017).

[10] AARP Public Policy Institute, "Millennials: the Emerging Generation of Family Caregivers" (May 2018).

[11] Respite care provides short-term relief for primary caregivers.

[12] Inputs of Member States to guiding questions on long-term and palliative care for the ninth session of the United Nations Open-ended Working Group on Ageing, 23–26 July 2018.

[13] Ibid.

[14] United Nations Research Institute for Social Development, Policy Innovations for Transformative Change: Implementing the 2030 Agenda for Sustainable Development (Geneva, 2016).

III. Care and decent work

13. The 2030 Agenda and the Sustainable Development Goals have the achievement of decent work for all as a central objective. Work that is safe, productive and fulfilling and that provides a fair income and opportunities for growth is aspired to for its own sake as well as to foster other aims, such as full participation in society, inclusive and sustained economic growth, economic empowerment and inclusion, in particular for vulnerable groups, shared prosperity and security. Sustainable Development Goal 8 specifically commits Governments to promoting full and productive employment and decent work for all women and men and to protecting labour rights and promoting safe and secure working environments for all workers, including migrant workers, in particular women, and those in precarious employment. Efforts to realize the Agenda and attain the Goals will not succeed without addressing the considerable decent work deficits of millions of workers who provide care to the world's rapidly growing numbers of older persons. Meeting the challenge of ensuring that paid care work is decent work will also improve the well-being of older persons who receive care since evidence shows that the wages and working conditions of care workers correlate with the quality of care.[15]

14. As noted above, the ageing of populations across regions suggests an ever-growing need for formal care workers. Care work in general, which has largely centred around child care, will increasingly be concentrated on older persons. In 2015, the ILO noted that the care economy, along with the green economy, are two commonly identified sources of future job growth across countries.[16] Long-term care is among the fastest growing sectors, with the potential to generate both employment and economic growth. Investments in the quality of care jobs are critical to realizing that potential.

15. As of 2015, the world was experiencing a shortage of about 13.6 million formal long-term care workers.[17] The shortages were largest in the Asia-Pacific region, at 8.2 million workers, and smallest in Africa and the Americas, at 1.5 and 1.6 million workers, respectively. In Europe, the shortage amounted to 2.3 million workers. Inadequate numbers of care workers point to the exclusion of older persons from formal care, increasing the burden of unpaid family caregivers or, in some cases, leaving care needs unmet.

16. The paid care labour force comprises a broad spectrum of workers, from domestic workers and nursing staff to allied health professionals, such as physical and occupational therapists and geriatric specialists. They work in both home and institutional settings, including day-care centres, residential nursing homes, community and acute hospitals and inpatient hospices. Levels of skill, wages and benefits differ greatly. In OECD countries, about 70 per cent of formal care workers are personal care workers for whom no standard or minimum qualifications are mandated in many countries,[18] while the remaining 30 per cent are nurses with a minimum number of years of training.

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[15] Nancy Folbre, "Demanding quality: worker/consumer coalitions and 'high road' strategies in the care sector", *Politics and Society*, vol. 34, No. 1 (2006); and United Nations Educational, Scientific and Cultural Organization, *A Review of the Literature: Early Childhood Care and Education (ECCE) Personnel in Low- and Middle-Income Countries* (Paris, 2015).

[16] ILO, Report of the Director-General on the future of work centenary initiative, International Labour Conference, 104th Session, 2015 (ILC.104/DG/I) (Geneva, 2015).

[17] Scheil-Adlung, loc. cit.

[18] European Commission and Social Protection Committee, *Adequate Social Protection for Long-term Care Needs in an Ageing Society* (Luxembourg, 2014).

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

18. Caregivers tend to be underpaid even in comparison to other occupations whose workers have similar skills, education and experience, which has been referred to as the care penalty.[19] Wage penalties in care are associated with sex segregation in occupations, although they persist after controlling for segregation[20] and are higher where income inequality is high and union activity is low and where public sectors are small and public spending on care is low.[21]

19. These aspects of care work, along with schedules that involve long working hours and shift work and the lack of recognition, contribute to the undesirability of long-term care jobs and high turnover and low morale in those who hold them. Yet interventions can improve the terms and status of care work. In New Zealand, for example, care worker earnings were raised considerably by a pay equity settlement which led to care work becoming more valued, along with care workers.[22]

20. Paid care work tends to be unregulated, particularly in developing countries, many of which have seen patterns of growth in the provision of private and non-profit care services. Across countries, absent or inadequate regulations or their enforcement can put at risk decent work or prospects for decent work, as well as the quality of care, and can even increase the vulnerability of older persons to abuse. Effective regulation of care work has been shown to facilitate interaction between care workers and care recipients, lowering the likelihood of low worker morale and job turnover because of poor wages and working conditions. Regulation also improves the likelihood of training for care workers that is sensitive to the needs and preferences of older care recipients.[23]

21. WHO highlights three areas of action for effective, sustainable and equitable long-term care systems, two of which give significant attention to the role of decent work for caregivers.[24] They address capacity-building of the care labour force through, for instance, training and opportunities for advancement and the improvement of care quality through, inter alia, the establishment of minimum standards and accreditation for care providers.[25] These areas also closely correspond with the concerns of many Member States regarding the fulfilment of older persons'

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[19] Paula England, Michelle Budig and Nancy Folbre, "Wages of virtue: the relative pay of care work", *Social Problems*, vol. 49, No. 4 (November 2002).

[20] Michelle J. Budig and Joya Misra, "How care-work employment shapes earnings in cross-national perspective", *International Labour Review*, vol. 149, No. 4 (2010).

[21] Shahra Razavi and Silke Staab, "Underpaid and overworked: a cross-national perspective on care workers", *International Labour Review*, vol. 149, No. 4 (2010); and Budig and Misra, loc cit.

[22] Inputs of the New Zealand Human Rights Commission to the ninth session of the United Nations Open-ended Working Group on Ageing, 23–26 July 2018.

[23] Razavi and Staab, loc. cit.

[24] The other action area is the development and continual improvement of the long-term care system infrastructure.

[25] Inputs of the World Health Organization to the ninth session of the United Nations Open-ended Working Group on Ageing, 23–26 July 2018.

rights to long-term care. Shortages of qualified caregivers and the need to secure better training for workers are government priorities, along with the need to facilitate ageing in place. The Russian Federation also identifies as a challenge the lack of a unified system for training and retraining long-term care specialists.[26]

22. At the global level, average public expenditure for long-term care is low, at less than 1 per cent of GDP.[27] Greater investment will be needed not only to keep up with the growing numbers and proportions of older persons but also to provide better training and support to caregivers. Conversely, cutbacks in public spending are likely to have a detrimental effect on the quality and availability of care jobs and hence on access to and the quality of care as well. Austerity measures, for example cuts in disability and long-term care benefits, can lead to expanded waiting lists for benefits and services, as well as staff reductions, wage cuts and reduced hours and more short-term contracts among affected care workers.

23. A range of steps can be taken to enhance the quality of care jobs and, in turn, the quality of care itself. As a starting point, it is crucial that Governments recognize domestic and care workers as workers protected under national labour law, which is still not the case in some countries. National training standards can lay out the core skills and competencies required of care work, which can be developed through the establishment and improvement of regulated training facilities that provide multiple levels of training and certification to promote career advancement.[28] Working conditions can be improved through adhering to international labour standards and national labour laws. In particular, the ILO Domestic Workers Convention, 2011 (No. 189), was the first international instrument to extend basic protections and rights to domestic workers, many of whom provide care to older persons. Nonetheless, as of June 2018, the Convention has been ratified by only 25 countries,[29] although in some countries progress in line with the Convention is occurring more rapidly at local levels. With regard to working hours, reducing the duration of shifts and adopting flexible work arrangements can serve to improve morale and retention. It should also be noted that new technology can contribute to decent work in caregiving, for example by easing physically challenging tasks; facilitating online learning and dissemination of information about worker rights and mobilization; and communication, including with family members.

24. In order to improve and standardize wages for care workers, pay scales can be established through systematic job evaluations.[30] Higher wage levels should be accessible based on an expanded job scope, upgraded skills or career progression. Where there are care workers shortages, which is particularly the case with nurses, workers should leverage global competition to demand higher wage levels. Moreover, the gender stereotyping of care jobs must be challenged so that care work becomes equally accessible and attractive to men and women and garners greater value by society.

25. Access to social protection and to social dialogue are also elements of decent work and many caregivers work on an informal basis and lack social security coverage and opportunities to organize. Social protection coverage can be improved by guaranteeing it as a right in national legislation and exploring alternative financing options, such as sovereign wealth funds. Participation by caregivers in collective

[26] Inputs of the Russian Federation to the ninth session of the United Nations Open-ended Working Group on Ageing, 23–26 July 2018.

[27] Scheil-Adlung, loc. cit.

[28] Thelma Kay, "Towards caregiving as decent work", paper presented at a United Nations expert group meeting on the theme: "Care and older persons: links to decent work, migration and gender", New York, 5–7 December 2017.

[29] ILO, "Ratifications of the Domestic Workers Convention, 2011 (No. 189)".

[30] Kay, loc. cit.

action and consultations between employers and worker organizations — from professional bodies and councils to networks of migrant workers — should be enabled. The National Union of Domestic Employees of Trinidad and Tobago, for example, raises awareness of domestic workers' rights and employers' responsibilities, facilitates negotiations between its members and employees and has successfully argued court cases for members regarding the violation of minimum wage and maternity protection legislation. Moreover, the Union established the Service Workers Centre Cooperative, which secures work contracts (the model for which was developed through a tripartite process) for its members that guarantee a living wage and access to ongoing training and education and facilitate the lodging of complaints.[1]

IV. Unpaid care work

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

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

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

29. Given demographic changes whereby the number and proportion of older persons in populations are on the rise and the current dearth in many countries of long-term care systems, the provision of care for older persons can be expected to pose ever greater strain on families. While Europe and northern America are currently the regions most affected by population ageing, its pace is advancing fastest in the developing regions.[31] Accordingly, even where populations currently have a large number of potential caregivers (youth and adults) for every individual older person who may or may not need care, this ratio will rise. Already, it is in low-income and middle-income countries that care needs are greatest owing to factors such as limited resources with which to establish and develop long-term care systems, competing

[31] United Nations, World Population Ageing 2017 (New York, 2017).

policy priorities, weak public health systems and the disproportionate effects of non-communicable diseases in these countries; therefore, the development and strengthening of care systems and strategies, particularly in developing countries, will take on greater urgency over time.

30. Across countries, the allocation of caregiving responsibilities in families is not random. On average, the amount of time that women spend on caregiving exceeds the amount of time spent by men by a factor of about three.[32] In part, gender disparities in the provision as well as the receipt of care can be explained by the tendency of women to have longer life expectancy and to marry men who are older than they are. Nonetheless, whether out of affection, duty or necessity, care tends to be shouldered by daughters, wives, daughters-in-law and granddaughters, with friends and neighbours sometimes contributing. It also happens that care responsibilities are passed on to some women, in particular younger female family members with lower status, by older relatives, often women, through manipulation or coercion.[33] In short, women are widely subject to entrenched gender stereotypes that portray them as having an inherent inclination and capacity to provide care, even to the extent that it is considered to be distinct from work.

31. At the same time, older women across countries are more likely than older men to live alone — 17.6 per cent to 8.7 per cent — a living arrangement that reduces the likelihood of receiving care or financial assistance from others.[34] Residential patterns among older persons aged 80 and over suggest that women across age groups are more likely than men to provide care to older persons and less likely than men to receive it in their old age.[35]

32. Within countries, the distribution of care work and its intensity are especially influenced by family structure and composition, income, the availability of infrastructure to meet household needs (such as water and sanitation) and the accessibility of health and care services.[36] As such, among other challenges to family care is the evolving structure of families themselves, in particular the decline of traditional extended family households, which are increasingly giving way to nuclear ones, reducing the likelihood of having a resident family member available to provide unpaid care. Decreased fertility and increased mobility due to urbanization and outmigration have also led to smaller household sizes. Moreover, women's increasing participation in the labour market puts pressure on their often "traditional" role as family care providers. In parallel to these trends, there is constant tension among the various sources of care, including family care and public, for-profit and non-profit care services. Where any one source is strained, such as owing to funding cuts or worker shortages, the others must compensate, with families often bearing the brunt of the burden. Many Governments and non-governmental organizations, in their inputs to the ninth session of the Open-ended Working Group on Ageing, cited changing household structures as a challenge to the access of older persons to care.[37]

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[32] United Nations Statistics Division, SDG Indicators Global Database.

[33] Peter Lloyd-Sherlock, "Unpaid family care for older people in low and middle income countries," paper presentation presented at the United Nations expert group meeting on the theme: "Care and older persons: links to decent work, migration and gender", New York, 5–7 December 2017.

[34] Ibid.

[35] Ibid.

[36] Shahra Razavi, "Long-term care for older people: the role of unpaid care work", paper presented at a United Nations expert group meeting on the theme "Links to decent work, migration and gender", New York, 5–7 December 2017

[37] Inputs of Member States to the ninth session of the United Nations Open-ended Working Group on Ageing, 23–26 July 2018.

Nonetheless, both older persons and families should have choices about whether and how to receive and give care.

33. As family care work is unpaid and is not reflected in GDP or labour force surveys, it tends to be unrecognized and undervalued despite the fact unpaid care work enables all other work to be done. It should be noted that caregiving is a unique kind of labour for which there is no ideal way of assigning value. There are, however, efforts to measure and to assign monetary value to unpaid care work, in particular by utilizing time-use surveys, in order to make such work visible and understood as worthy of support and investment. In the United Kingdom, for example, it was estimated that time spent in 2014 on adult care by unpaid family caregivers — if valued at basic market rates — would equal more than US$70 billion.[38]

34. In addition to this lack of recognition, caregivers often experience multiple burdens, such as caring for dependent children and older relatives, some of whom may require intense care, managing household chores and finances and engaging in income-generating activities. Further, caregivers who are overworked are at risk of providing poor-quality care. At the same time, there are examples of family members undertaking care responsibilities out of self-interest in order to gain access to the pensions or assets of care recipients.

35. Lack of adequate training commensurate with the needs of care recipients and lack of support for caregivers are also significant barriers to the provision of high-quality family care for older persons. Family caregivers may lack the specific skills and knowledge to ensure the well-being of older persons under their care. There is often a dearth of care literacy or understanding of the ageing process and how it evolves, of frailty, of what caregiving entails, and of knowing where to turn for services and information that can be of assistance and how to monitor and improve the quality of care.[39] The Russian Federation, for example, reported that there is insufficient awareness among family caregivers of available sources of assistance.[40] Initiatives such as the Helping Carers to Care intervention of the 10/66 Dementia Research Group strive to improve dementia care in low-income and middle-income countries.[41] That initiative focuses on basic education and training for community health-care workers and family members. Randomized controlled trials undertaken in nine countries found improved caregiver outcomes, such as reduced strain.

36. Unpaid family caregivers sometimes experience declining physical and mental health themselves, especially in cases where their care recipients have significant and complex care needs.[42] Furthermore, unpaid family caregivers often confront economic strain, having taken on caregiving expenses and reduced their paid working hours or otherwise become further detached from the labour market to meet care demands, which makes reintegration more challenging over time. For these reasons, caregiving entails important opportunity costs in terms of foregone wages, time and achievements in paid employment that could lead to advancement and training, not to mention foregone leisure time, which is crucial for personal well-being and the quality of care provided to older persons. In the United States, it is estimated that family caregivers aged 50 and over who leave the labour market to provide care for a parent give up an average of almost $304,000 in wages and benefits over their

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[38] Peter Lloyd-Sherlock, "Long-term care for older people: a new global gender priority", Policy Brief No. 9 (New York, UN-Women, 2017).

[39] Peter Lloyd-Sherlock, "Unpaid family care for older people …".

[40] Inputs of the Russian Federation to the ninth session of the United Nations Open-ended Working Group on Ageing, 23–26 July 2018.

[41] See Alzheimer's Disease International, Helping Carers to Care Intervention.

[42] Peter Lloyd-Sherlock, "Long-term care for older people …".

lifetimes.[43] Moreover, businesses lose up to an estimated $33.6 billion each year in productivity lost from caregivers who work full time, reflecting factors such as absences and reduced hours.

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

38. Interventions by Governments should aim to recognize, reduce and redistribute unpaid care and among other benefits they should include cash allowances to family caregivers to help offset lost wages; infrastructure developments that generate time savings and lower labour intensity; the provision of respite care, which is often the greatest need experienced by caregivers; the provision of training courses and information materials to increase the capacity of carers; the promotion of paid family leave for men and women by employers; the establishment and expansion of formal, integrated long-term care systems that provide a continuum of care at home and in day centres and residential institutions; and long-term care insurance programmes to enhance the accessibility and affordability of formal care services. Ideally, support for care should be comprehensive and should provide a range of services and support. The provision of in-kind care services to older persons, for example, may be preferred to cash services in order to reduce the risk of their financial exploitation. In the Republic of Korea, the long-term care insurance scheme has reduced the time burden of unpaid caregivers by improving access to home-based care services and has lowered out-of-pocket payments.[44]

V. Care and migrant work

39. Delivering high-quality care for older persons increasingly relies on ensuring decent working conditions for migrant care workers, many of whom work in domestic settings. Domestic workers, largely women, make up a significant part of the global informal workforce. They work in homes undertaking such tasks as cleaning, cooking and caring for members of the family, including older persons. Domestic workers are engaged on a full-time or part-time basis, may be employed by a single or by multiple households and may reside within the employer's home or live in their own residence. The ILO estimates that there are 67.1 million domestic workers in the world. When domestic workers move across borders to work in a country of which they are not nationals, they are referred to as migrant domestic workers. Almost one in every six domestic workers in the world is an international migrant. In 2015, the 11.5 million migrant domestic workers represented 17.2 per cent of all domestic workers and 7.7 per cent of migrant workers.[45] Domestic work is a female-dominated occupation, with women making up 73.4 per cent of the migrant domestic workers worldwide.[46]

40. The number of migrant domestic workers is increasing steadily in several high-income and middle-income countries owing to the growing demand for long-term

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[43] Lynn Feinberg and Rita Choula, "Understanding the impact of family caregiving on work", AARP Public Policy Institute Fact Sheet 271 (October 2012).

[44] Razavi, loc. cit.

[45] ILO, "Who are the domestic workers?"

[46] UN-Women, "Migrant domestic workers: facts everyone should know", infographic, 9 September 2016.

care workers. The growth in care migration is driven by both demand and supply factors. Poverty, inadequate education and a scarcity of livelihood opportunities in sending countries often drive migrants into domestic work in more developed countries in search of a better life for themselves and for their families.[1] Several factors in destination countries are also increasing the demand for care work for older persons, including ageing populations, rising wealth and living standards, increasing female labour participation and the declining prevalence of multigenerational households that facilitate home-based care by family members. These trends, together with underfunded formal care systems, which are shifting the emphasis from institutionalized care towards home-based care, as well as shortages in institutional nursing and care employment, are all contributing to the fact that care needs in several high-income and middle-income countries are increasingly being met through migrant domestic workers.[47] These workers provide much-needed services to destination countries and play a crucial role in filling care deficits.

41. This phenomenon has led to the development of a global care work chain, which has economic and social impacts on both countries of origin and countries of destination. Various migration patterns of care work have emerged, based on different care models and sources of funding. For example, western European countries that experience rising numbers of older persons and shortages in care employment have developed domestic policies and undertaken measures to increase the recruitment of care workers from a number of central and eastern European countries[48] that joined the European Union in 2004. Such labour mobility is supported by workers' freedom of movement, bilateral partnerships within the European Union and the mutual recognition of formal care qualifications. The availability of cash benefits for older persons has generated employment of low-salaried informal care workers, which resulted in the emergence of a crucial, semi-regulated but politically and socially accepted segment of the care economy. Some Member States, such as Austria, Italy and Spain, have made efforts to regulate migrant domestic employment by recognizing it in domestic law and introducing minimum standards, such as regulating working time, living conditions and access to social security.[49]

42. The outsourcing of care to paid caregivers has also become an increasingly common practice in East Asia[50] since most families are no longer able to fully provide care for older persons on their own because of socioeconomic changes in recent decades. Consequently, countries or areas have adopted diverse approaches to care, which in turn have influenced national and regional policies and have directly influenced the use of migrant domestic care workers and patterns of migration. Long-term care insurance in Japan and the Republic of Korea, for example, has shaped public preferences for accessing the formal care system, with preference to receive care from family members first and then from domestic workers. The adoption of regulations and agreements have formalized care work and limited the expansion of private markets by requiring that migrant domestic workers pass a license examination to receive temporary residency and instituting salaries and benefits similar to those of national care workers. In contrast, Singapore, Hong Kong Special

[47] ILO, "Migrant domestic workers", Labour Migration Highlights No. 3 (Geneva, ILO, 2015).

[48] Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia.

[49] Agnieszka Sowa-Kofta, Central and Eastern European countries in the migrant care chain, background paper, United Nations expert group meeting on the theme "Care and older persons: links to decent work, migration and gender", New York, 5–7 December 2017.

[50] Defined by one researcher as the region that contains China (including Taiwan Province of China and the Chinese Special Administration Regions of Hong Kong and Macau), Japan, Mongolia, the Republic of Korea and the Democratic People's Republic of Korea; see Ito Peng, "Elderly care work and migration: East and Southeast Asian contexts", background paper, United Nations expert group meeting on the theme "Links to decent work, migration and gender", New York, 5–7 December 2017.

Administrative Region of China and Taiwan Province of China have created special immigration channels for foreign domestic workers and caregivers, with strong preferences for the use of live-in migrant domestic care workers and a private market solution for elder care.[51]

43. Current policies fall short of addressing the differential impacts of care work on caregivers who are migrants. Despite their contributions, migrant domestic care workers are situated at the low end of the care economy, often exposed to work with low wages and no access to social protection or the local labour protections extended to other workers. For example, some countries have in place sponsorship systems governing domestic care work that limit the freedom to change employers even in situations of abuse or non-payment.[52] In other cases, while migrant domestic care workers are provided with standard legally binding contracts that set out their rights and obligations, such contracts do not always address issues related to the right to free movement, the right to adequate housing and living conditions, access to health care, the right to a full day of rest, the right to hold onto travel and identity documents or access to justice and effective redress mechanisms.[1] Working in private households, migrant domestic workers are also disproportionately vulnerable to sexual and gender-based violence because of their migrant status. The lack of oversight and inability to inspect the working conditions of migrant domestic caregivers in private settings contributes to human rights violations. Evidence from the European Union shows that migrant care workers experience different working conditions based upon national caregiving frameworks and regulations. For example, in instances where long-term care is only offered through the provision of services, migrant care workers are covered by national social protection laws and employment regulations. In other cases, owing to the availability of cash benefits for care recipients, a semi-formal care sector has emerged that involves cross-border contracts and little or no regulation or labour protection for cheaper services.[53] According to ILO data, domestic workers remain one of the most vulnerable groups of workers under national labour legislations and often suffer from inadequate monitoring of the implementation of laws when they do exist.[54]

44. There is a need for policymakers to discuss the responsibilities of both host and sending countries regarding the well-being of migrant caregivers as they age, including the provision of, and access to, adequate social protection and health-care services. Without intervention, the demand for migrant care workers is likely to see the further erosion of migrant rights since informality leads to cheap labour at lower wages than those mandated by local laws. There is also a need for policymakers to reconcile the rights of caregivers and older persons in receipt of care to ensure that the human rights of both groups are equally protected and upheld.

VI. Updates on advancing ageing issues and the implementation of the 2030 Agenda within the United Nations system

45. The informal network on ageing of interested entities of the United Nations system has continued its cooperation and information-sharing. The expert group meeting on the theme "Care and older persons: links to decent work, migration and

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[51] Ibid.

[52] ILO, Employer-Migrant Worker Relationships in the Middle East: Exploring scope for internal labour market mobility and fair migration (Beirut, 2017).

[53] Alejandro Rada, "Migration of health-care workers from the new EU Member States to Germany: major trends, drivers and future perspective", Observatory for Sociopolitical Developments in Europe Working Paper No. 14 (Frankfurt, October 2016).

[54] ILO, "Making decent work a reality for migrant domestic workers", Domestic Work Policy Brief, No. 9 (Geneva, ILO, 2015).

gender" benefited from the presentations and participation of subject experts from the United Nations Development Programme, UN-Women and WHO.

46. At its forty-ninth session, in 2018, the Statistical Commission agreed to establish a Titchfield Group on ageing-related statistics and age-disaggregated data to examine the issue of age-disaggregated data with a five-year time line.[55] The overall objective of the Titchfield Group is to develop standardized tools and methods for producing ageing-related statistics and age-disaggregated data and to encourage countries to do so by playing a leading role in the development and communication of new standards and methodologies.

47. UN-Women launched a policy brief entitled "Long-term care for older people: a new global gender priority" and included, in the publication *Turning Promises into Action: Gender equality in the 2030 Agenda for Sustainable Development*, a chapter entitled "Recognizing, reducing and redistributing unpaid care and domestic work", which also specifically addressed long-term care solutions for older persons. Since the priority theme of the sixty-third session of the Commission on the Status of Women, to be held in 2019, will be "Social protection systems, access to public services and sustainable infrastructure for gender equality and the empowerment of women and girls", the report of the Secretary-General on that theme will also cover pensions and long-term care.

48. WHO is implementing the Global strategy and action plan on ageing and health, adopted by the World Health Assembly in 2017. It has also been requested to develop a proposal for a Decade of Healthy Ageing 2020–2030 involving intersectoral collaboration, in alignment with Agenda 2030, for consideration by Member States during 2019. This will provide opportunities for the United Nations system to work together on concrete initiatives.

49. The Economic Commission for Europe issued a policy brief on the theme "Realizing the potential of living longer", which discusses the potential benefits for societies of a healthy lifestyle, the silver economy, extended working lives, volunteering and informal care.

VII. Conclusions and recommendations

51. **The demand for long-term care, both paid and unpaid, will clearly only grow as the number of older persons increases. However, the institutional framework for care, which is generally characterized by the interdependence of the market, the State, the non-profit sector and the family, needs to be balanced by policies that better address this increasing demand through a range of interventions, including greater investment, regulation and supportive services. Moreover, any financial or other retrenchment in care services tends to either increase the unpaid labour of women or lead to unmet needs**.[56]

52. **Clearly, a holistic approach is required that recognizes the growing need for affordable and high-quality long-term care, which must be met by comprehensive policies that support the voluntary unpaid care of mostly female family members, as well as policies that ensure that paid care work is decent work for both national and migrant workers. This will contribute to higher standards of care, enable unpaid family carers to fully participate in the labour**

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[55] E/2018/24-E/CN.3/2018/37, chap. I.B, decision 49/118.

[56] UN-Women, Turning Promises Into Action: Gender Equality in the 2030 Agenda for Sustainable Development (New York, 2018)

market and attract more workers into the care field, thus boosting the growth of the care economy.

53. **Member States may wish to**:

(a) **Ensure the right to long-term care and develop and implement long-term care strategies that address unpaid care, in keeping with the WHO Global strategy and action plan on ageing and health;**

(b) **Recognize and support both paid and unpaid long-term care work for older persons as legitimate work with specific provisions in laws, policies and strategies, in line with Sustainable Development Goals target 5.4;**

(c) **Improve the development and adoption of, and adherence to, accreditation and qualification standards and the certification of paid care work;**

(d) **Recognize and protect the rights of all care workers, including migrant care workers, in line with Sustainable Development Goals target 8.8;**

(e) **Ensure that the care economy is in line with ILO criteria for decent work, including with regards to terms and conditions of care work, wages, protections and benefits;**

(f) **Reduce the burden and negative consequences of unpaid care work, which disproportionately affect women, by tackling the gender and age stereotypes of care work, promoting the sharing of care responsibilities and expanding access to respite care, supportive public services and social protection;**

(g) **Promote long-term care as a positive social and economic investment and a source of employment expansion by positioning it through the lens of the care economy and as a contribution to sustainable development;**

(h) **Explore how regional intergovernmental bodies can develop concepts and standards for care work, in particular for migrant workers**.