

REPORT FROM THE SEVENTH MEETING OF THE LONG-TERM CARE POLICY NETWORK IN LATIN AMERICA AND THE CARIBBEAN (REDCUIDAR+ NETWORK)

October 24, 2022

Building Communities of Care: Public, Social, and Private Co-Responsibility

The network's seventh meeting focused on exchanging international experiences and best practices on policies, programs, projects, or actions that have effectively pooled public, community, and private resources and efforts to improve care for the most vulnerable populations. Throughout the event, there was an emphasis on the role caregiver cooperatives or associations can play in expanding the supply of quality care services and improving paid caregivers' working conditions.

This RedCUIDAR+ meeting marked the first time that a member country hosted the event and actively participated in preparing its agenda and moderating it. This format allowed the host country to present its current policies and programs

to peer countries, an arrangement the network aims to replicate in future meetings. The RedCUIDAR+ sponsor institutions—the French Development Agency (AFD), the European Union's EUROsociAL+ Program, and the Inter-American Development Bank (IDB)—wish to thank the Dominican Republic for its leadership and invite other countries to host future events.

Carlos Soto Iguarán, Project Leader of AFD's Health and Social Protection Division for Latin America and the Caribbean, opened and moderated the meeting, which was organized in two parts: an exchange of international experiences followed by a plenary discussion session led by the Dominican Republic. **Carolina Alvarado**, Chief of Staff of the Dominican Republic's Ministry of Women's Affairs, and **Santa Mateo**, Director of Social Development and Gender of the country's Supérate program, gave a welcome speech. This was followed by opening remarks from **Emma Clua**, a high-level representative of the European Commission.

RedCUIDAR+

The Long-Term Care Policy Network in Latin America and the Caribbean (RedCUIDAR+) is an initiative promoted by the Inter-American Development Bank, the European Union's EUROsociAL+ Program, and the French Development Agency.

The network's main objective is to advance and facilitate exchanges of knowledge and experience, as well as to strengthen opportunities for collaboration between those responsible for shaping long-term care policies in Latin America and the Caribbean. The network will thus help develop the institutional and technical capacity of member countries and promote best practices for implementing long-term care services.

Rosa Cañete, Director of Analysis of Poverty, Inequality, and Democratic Culture at the Ministry of Economy, Planning, and Development, gave a presentation on the Dominican government's experience implementing the Communities of Care pilot strategy.

Cañete first observed that the crisis brought on by the COVID-19 pandemic highlighted the importance of care and certain gender-related aspects of care, revealing that caregiving activities are a significant barrier that keeps women from participating more actively in the labor market. She also stressed the low availability of care services for lower-income populations. For example, in households participating in the Supérate program, 85% of children ages 0–5 lack access to institutional care services. Older people and people with disabilities who are experiencing care dependence have virtually no access to care services.

She noted that these findings spurred the Dominican government to begin implementing a national care policy. "The first step," said Cañete, "was an agreement between ten public institutions with an active role in implementing the Communities of Care pilot."

Communities of Care seeks to stimulate the care economy and increase the supply of care services by cultivating co-responsibility between the government, society, and the private sector. Through the intervention, women participating in Supérate—a non-contributory social protection program—receive caregiving training and subsequently create new care cooperatives or join existing cooperatives. The government then hires these cooperatives to provide quality care services to Supérate families with care needs. The cooperatives could also potentially sell care services to higher-income families. The pilot project includes the following actions: creating care roundtables; creating local care plans integrating private, social, and public efforts; providing caregiving training and certifications; strengthening, expanding, and diversifying existing care services; boosting the supply of home care services and decent jobs; and devising strategies to communicate, produce, and manage information and regulations.

Cañete then discussed the progress made in the two priority municipalities. She described how in Azua, a municipality with high levels of rural poverty, the care council has collectively created a local care plan. In Santo Domingo East, located in the capital's metropolitan area, a local care council has been formed and a participatory process has begun to develop a local care plan.

She concluded by acknowledging the importance of the technical cooperation and grant funding for the pilot from the Friedrich Ebert Foundation, the United Nations, the ADF, the Secretariat for Central American Social Integration, the World Bank, and the IDB.

In her presentation on Chile's Local Support and Care Network Program, **Francisca Perales**, Assistant Secretary of Social Services at the Ministry of Social Development and Family, shared that the program began in 2015 in 12 municipalities and has since expanded to 90, or 26%, of the country's municipalities. Aimed at people experiencing moderate to severe functional care dependence and their primary caregivers, the program currently serves 5,196 caregiver-care recipient pairs and has an \$11.2 million budget.

According to Perales, the program features four components: 1) Care plans (assessing the situation, developing a care plan, making a referral, and following up); 2) Home care (providing a home care assistant eight hours per week); 3) Specialized services (goods and services such as professional services, in-kind contributions, and technical assistance, according to the care recipient's needs); and 4) Community management, which spans the other three components. The main goal of community management is to leverage the

resources available in specific geographic areas through community assessments; outreach and direct contact with social organizations; and the creation, implementation, and monitoring of work plans.

Perales concluded by presenting the Communities that Care pilot project currently underway in Chile's Magallanes Region.

Next, **Priscila Llancafil**, Director of Women and Gender of the Municipal Government of Trelew, Argentina, discussed the Care and Gender project, which acts to ensure the right to care and be cared for, with a focus on gender and diversity. This project has four pillars: mapping and georeferencing existing care spaces, a campaign focusing on co-responsibility for care, strengthening care spaces, and certifying caregivers working in care cooperatives.

Olga Vicente, Director of Education in Trelew, Argentina, then presented the Trelew City of Care initiative, which aims to help form a network of care communities providing care services to young children, older people, and people with disabilities. This project was implemented by the University of Chubut and received support from several government agencies and the National University of Tres de Febrero, with funding from the United Nations Development Program.

Trelew City of Care was implemented in stages. The project first assessed local care needs, and then delivered training on forming work cooperatives to help expand employment opportunities for socially vulnerable people. The assessment involved 100 interviews and focus groups and found that most local care services were provided privately, in some cases in substandard conditions. The only public care services it identified were a few early childhood programs. Regarding the training component, Vicente explained that the University of Chubut carried out two types of programs, one for early childhood and one focused on the elderly and people with disabilities. Ultimately, four care cooperatives were created, each of which received support and incubation services.

According to Vicente, the municipal government of Trelew was jointly responsible for designing and developing the project, creating spaces for dialogue, co-designing public care policies oriented towards cooperatives, and guaranteeing the rights of workers and potential recipients/users of care services.

She shared that it was additionally necessary to review and update the existing regulations. Consequently, the project created a registry of caregivers and care cooperatives and formed and provided technical support to an inter-sectoral care roundtable to advance the creation of a care organization network. This network promotes service provision agreements between the cooperatives and the municipality and provinces. It also runs community communication campaigns and established a solidarity fund to finance care for people who are unable to afford it.

Finally, **Guy Fontaine**, Director of Development and Innovation for the Seniors Division of SOS Group in France, provided a social entrepreneur's perspective on care cooperatives. He explained that while the majority of SOS Group's 113 establishments providing services to the elderly are residential facilities, his talk would concentrate on in-home services for people who want to age in place.

Fontaine noted that in France the level of training required for home caregivers depends on the type of support needed by the people receiving care. Furthermore, continuing education can be used to adapt caregivers' skills to the specific illnesses or disabilities of the people

they assist. He added that the country divides caregivers into three tiers, depending on the duties they perform and the level of care dependence of the person receiving services. Caregivers in the first tier are workers who carry out housekeeping activities and do not require any training. Caregivers in the second and third tiers help with activities of daily living. In the second tier are “home carers” who must have a specific, government-issued diploma that can be obtained as part of a vocational high school program. For the third tier, “home caregivers” must be government-certified plus have an additional two years of training if they have a high school diploma, or complete three years of training if they have a nursing degree.

He added that provincial governments oversee housekeepers and “home carers,” while regional care agencies oversee “home caregivers” and nurses. People experiencing care dependence often require multiple services, which can be challenging for service companies like SOS Group to coordinate. One reason for the difficulty is the fact that in France, different services are often funded by different sources. For instance, retirees receive resources from pension funds to purchase housekeeping services directly. For home care services, retirees who need caregiver assistance receive resources to purchase these services from the provincial governments. Provincial governments can also make direct payments to service providers that meet certain quality targets. For home care services, regional governments contract with service providers on an annual basis.

Fontaine shared that France has struggled to recruit skilled workers for many years: for every two care workers who retire, only one enters the labor market. For this reason, the country relies heavily on North African migrants to fill these positions.

He concluded his talk by underscoring two lessons for countries that are considering building a care system: one, they should develop a financing system that can be easily understood by all parties, and, two, they should take into account that the demand for services will only increase as the country’s citizens age.

Marco Stampini, Lead Specialist in Social Protection at the IDB, opened the plenary session by presenting three topics for discussion. He first asked whether users enjoy greater continuity of services from cooperatives versus when they hire caregivers directly. He then asked whether cooperatives might be able to offer workers higher pay, given their non-profit nature and their potential ability to keep administrative costs lower than private companies can. Finally, he invited discussion on the duration and type of training for caregivers, stressing the importance of training to ensure quality services and boost the standing of the profession.

Ángel Cuello, Sector Analyst from the Dominican Ministry of Economy, Planning, and Development, moderated the second plenary session, which hinged on two questions posed to the host country: How have you coordinated public, community, and private efforts to improve care for target populations? And, what role do cooperatives play in care system services? Following the peer discussion, countries scheduled bilateral meetings to further learn from each other’s experiences.

The meeting concluded with closing remarks from Francesco Maria Chiodi, Social Policy Coordinator of the European Union’s EUROsociAL+ Program. He emphasized that care is a right—both the right to care and the right to be cared for—and that, whether paid or unpaid, caregiving must be recognized, valued, and treated with dignity. Chiodi also insisted that care systems should be considered the fourth pillar of social welfare systems and that a social reorganization of care requires co-responsibility between the government, social sector, and private sector. He ended by commenting that EUROsociAL+ is wrapping up, but reiterated

that in the coming months a new stage of the program will begin and care will remain a key focus in this stage.

Links to event materials:

https://cursos.iadb.org/en/comunidades_cuidado

Learn more about the Communities of Care pilot strategy:

<https://mepyd.gob.do/comunidades-de-cuidado>

Learn more about the Trelew City of Care:

<https://trelewciudaddecuidados.udc.edu.ar>

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