

CEDAW Shadow/Alternative Report

- Home care service personnel & the right of employment as stated per CEDAW Article 11

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I Abstract

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- B. Current status of the home care service delivery
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II Main

- A. Basis for guarantee of the right to frontier workers of home care service

In addition to Article 3 and 4 of CEDAW, the basis for guarantee of the right to frontier workers of home care service is as follows:

1 According to CEDAW Article 11

- 1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular:

- (a) The right to work as an inalienable right of all human beings; ...
- (c) The right to free choice of profession and employment, the right to promotion, job security and all benefits and conditions of service and the right to receive vocational training and retraining, including apprenticeships, advanced vocational training and recurrent training
- (d) The right to equal remuneration, including benefits, and to equal treatment in respect of work of equal value, as well as equality of treatment in the evaluation of the quality of work;
- (e) The right to social security, particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacity to work, as well as the right to paid leave;
- (f) The right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction.

2. In order to prevent discrimination against women on the grounds of marriage or maternity and to ensure their effective right to work, States Parties shall take appropriate measures:

- (a) To prohibit, subject to the imposition of sanctions, dismissal on the grounds of pregnancy or of maternity leave and discrimination in dismissals on the basis of marital status;
- (b) To introduce maternity leave with pay or with comparable social benefits without loss of former employment, seniority or social allowances; ...

3. Protective legislation relating to matters covered in this article shall be reviewed periodically in the light of scientific and technological knowledge and shall be revised, repealed or extended as necessary.

2 Pertinent content per CEDAW general recommendation No. 27

11. While both men and women experience discrimination as they become older, older women experience ageing differently. The impact of gender inequality throughout their lifespan is exacerbated in old age and is often based on deep-rooted cultural and social norms. The discrimination that older women experience is often a result of unfair resource allocation,

maltreatment, neglect and limited access to basic services.

41. States parties have an obligation to facilitate the participation of older women in paid work without discrimination based on their age and gender. States parties should ensure that special attention is paid to addressing problems that older women might face in their working life, and that they are not forced into early retirement or similar situations. States parties should also monitor the impact of gender-related pay gaps on older women.
47. States parties have an obligation to eliminate discrimination in all its forms against older women in economic and social life. All barriers based on age and gender to accessing agricultural credit and loans should be removed and access to appropriate technology for older women farmers and small landholders should be ensured. States parties should provide special support systems and collateral-free microcredit, as well as encourage microentrepreneurship for older women. Recreational facilities for older women should be created and outreach services should be provided to older women who are confined to their homes. States parties should provide affordable and appropriate transportation to enable older women, including those living in rural areas, to participate in economic and social life, including community activities.

B. Current status of the home care service delivery

In an effort to promote long-term care service, the Taiwan government has adapted the following acts and plans: passed the Senior Citizens Welfare Act in 1997 which included in-home care services, and implemented The Senior Long Term Care Three Year plan in 1998, Pilot Program for the Development of Long-Term Care System in 2000, Plan for the Development of the Care-Services welfare and Industry in 2002 and a ten-year long-term care project—the Program for the Development of Long-Term Care System in 2007. Today, home care service has become an integral part of the formal care in long-term care service.

According to data provided by the Ministry of Health and Welfare's Program for the Development of Long-Term Care System, by 2012, the government should be servicing 27 percent of senior disabled and 16.4 percent of totally disabled. However, according to Taiwan Association of Family Caregivers, there are about 700,000 citizens in need of long-term care, of which 65 percent are

cared for by family members, 28 percent are cared for by foreign caregivers, 4 percent are institutionalized, while only 3 percent are cared for by home care services of the government.

Although those who seek the home care service are few in comparison, but according to Table 1, the number still nears 38,000. As both the clients and the frontier workers are mostly women, social problems associated with home care service shall not be ignored. The clients are typically the disadvantaged people such as the handicapped, solitary seniors, and low-income families of which more than 80 percent are women and about 20 percent are men. (See Table 1) The home care service delivery is made up of service agencies, each with their respective workers and supervisors, who rely on government subsidy to provide their service. More than 92 percent of service workers are women while about 8 percent are men. (See Table 3) Among the female workers, most are middle aged and seniors 45 to 59 years-old. On average, every worker can serve for five clients, (See Table 4) while every supervisor chaperons five workers. (See Table 2) Typically, supervisors are unmarried women of whom 57 percent are 26 to 35 years old.

The current status can be known via an overview of the usage of the service, services offered, and the work environment of frontier workers.

1. Home care service usage & provision data

Table 1: Service Usage

Unit: per person

2009			2010			2011			2012		
Total	male	Female									
%			%			%			%		
22,392	4,717	17,675	28,398	6,217	22,181	33,193	5,638	27,555	37,994	7,018	30,976
100	21.07	78.93	100	21.89	78.11	100	16.99	83.01	100	18.47	81.53

Source: Computed from data from the Ministry of Interior's Dept. of Statistics

Table 2: Analysis of the workforce in home care service

Unit: per person

Position	Total	2009	2010	2011	2012
Frontier care worker	23,856	4,794	5,591	6,353	7,118
Supervisor	4,704	672	1,036	1,875	1,121
Frontier care worker/ per Supervisor	5.1/1	7.1/1	5.4/1	3.4/1	6.3/1

Source: Computed from data from the Ministry of Interior's Dept. of Statistics

Table 3: Gender comparison of the workforce in home care services Unit: per person

2009			2010			2011			2012		
Total	male	Female									
%			%			%			%		
4,794	333	4,461	5,591	400	5,191	6,353	479	5,874	7,118	552	6,566
100	6.95	93.05	100	7.15	92.85	100	7.54	92.46	100	7.75	92.25

Source: Computed from data from the Ministry of Interior's Dept. of Statistics

Table 4: Analysis of the workforce and service users in home care services

Unit: per person

	2009	2010	2011	2012
Frontier care workers	4,794	5,591	6,353	7,118
Clients	22,392	28,398	33,193	37,994
Per frontier care worker/ Clients	1/4.7	1/5.1	1/5.2	1/5.3

Source: Computed from data from the Ministry of Interior's Dept. of Statistics

2. Work environment & wages of frontier care workers in home care services

Home care service workforce include frontier workers and service supervisors. A frontier worker goes to the service user's residence along to assist with IADL(i.e. preparing meals, shopping for supplies, feeding, accompanied walks, etc.) and ADL(i.e. turn the service recipient on his/her side and pat his/her back to help discharge phlegm, bathing, dressing, etc.). The frontier workers are paid hourly wages. Take Tainan City for example, the current hourly rate is NT. 150 per hour. Maximum allowed hours are 182 hours per month. The government subsidy works as follows: NT.180 per hour is given to the agency of home care service, where NT. 150 goes to the frontier worker. Of the remaining NT. 30, NT. 26 goes towards labor and medical insurance while NT. 4 goes towards training and supportive service. A bonus program is not included.

3. Work environment & wages of service supervisors

The role of a supervisor is to support the frontier workers so as to enhance care recipients' satisfaction and improve the quality of service. A supervisor's four major functions are: administration, education, support, and mediation.

Supervisors are compensated per each case they take on, which shall not exceed 60 cases per month and thus their maximum monthly salary is capped at NT. 33,000. The NT 5,000 per month that goes towards a supervisor's labor and health insurance and retirement falls on the responsibility of his/her agency.

4. Operating status of home care service agencies

Based on a list supplied by the government, each agency assign cases to its frontier workers. Of the NT. 180 per hour wage an agency receives from the government to be paid to its workers, NT. 150 goes to the worker. Of the remaining NT. 30, NT. 26 goes towards labor and medical insurance while NT. 4 goes towards training and supportive service. A bonus program is not included.

Supervisors employed by each agency shall not take on more than 60 cases per month and are to be paid per case, which is subsidized by the government. However, each supervisor's labor and health insurance and retirement falls on the responsibility of his/her agency.

C. Dilemmas of home care service delivery

The dilemmas of the home care service delivery shall be illustrated via case study of frontier workers supervisors, and home care service agencies.

1. Dilemmas of the frontier workers in home care service

a. Stories of home care frontier workers

In October of 2011, we interviewed home care frontier worker "A". She told us then that though her children have all grown up, and she is now a grandmother, she remains passionate about her job. When we run into her again in October of 2013, "A" said nothing much has changed about her; however, the government has reduced their service hours per care recipient by half-an-hour. This is what she said,

I believe this is a job that helps people while giving you enough time to take care of your own family. So, I am committed to the job until I can no longer move. Other than my work, I also volunteer. On a typical day, I ride my bicycle to the home of clients assigned to me via my agency. I arrive at the specified time and proceed to prepare meals or assist with feeding, as per the need of the client. I discard their body waste, wash their body and hair, help them change their clothes and bed sheets, turn them over, help them get on and off the bed, make hospital appointments, accompany them

to a doctor, get their prescriptions, help them with rehabilitation, keep them company and provide emotional support. I also stay in touch with my clients' family and help the family understand their loved one's situation. On occasions, I have been asked either by my clients or their family to scrub down the client's residence. After thoroughly communicating with my clients, and sometimes, I may require my supervisor to talk with the client's family, the problem has not reoccurred. I have sprained my waist and dislocated my arm while helping my clients get on or off the bed or turning them over. Yet, I stayed at my post and only visited a doctor after dinner, paying for the medical bill out of my own pocket. The next day, I will still go to work as usual for my clients cannot wait and require my assistance.

In November of 2011, we interviewed the frontier worker "B" of home care service. She is a single-mom. After her husband passed, by chance, she came in touch with this profession. The job helped her raise her children who are now in college and professional school. This is what she said,

This is a job that helps people, which requires compassion, patience, and empathy. Whenever I see my clients all cleaned up, sitting there refreshed smiling at me and thanking me, I feel very satisfied. I once had a client who only drank a bottle of water a day. I knew because when I went over to her home in the morning, I saw her wet and unchanged diaper, which didn't have much urine and the color of the urine was dark brown, I knew no one cared for her after I left. Thus I reminded her son that if the problem persisted, she may require dialysis. As home care service providers can only take on a supportive role. We are not primary caregivers. It is up to my clients' family to show more care and attention for them. The client's situation improved after my talk with her son. I have had a male client who just kept on staring at my breasts. Right there and then I told him he was making me feel uncomfortable and to please stop. Since then, I paid more attention to the way I dress to avoid such situations.

b. Current challenges

From the information we have gathered through interviews and information seminars, we conclude the following problems:

- (1) As home care service workers are paid hourly, their hours are dependent on the needs of each client, therefore their work environment and income varies greatly hence unstable.

- (2) People tend to think home care service workers are unprofessional, and thus they often receive little respect.
- (3) On occasions, home care service workers have experienced sexual harassment by their clients
- (4) When home care service workers experience work related injuries such as sprained waist and wrists, they are forced to seek medical assistance on their own for there is no work injury compensation in place.

2. Dilemmas of home care service supervisors

a. Stories of home care service supervisors

According to a documented report in 2011, home care service supervisor “C” had this to say,

I had thought us supervisors would really act like a supervisor and assist service workers in dealing with the problems they encounter and working with their clients. Instead I realized we spend a lot of time at our agency to tackle administrative related tasks. We seldom make home visitations on our clients, and weren't we supposed to call our clients at least once a month? Regulations stated that we need to make home visitations at least once every three months, but often we waited till the end of the month when we are not busy to make the call. I think our priorities are all messed up. Our focus should be set on our service workers and clients, but instead, we are forced to take on other tasks assigned by the agency, such as administrative related duty, planning special events, conducting satisfaction survey, passing evaluation, and so forth. We have no choice but to carry out these assignments which keep us away from properly carrying out our duty as a supervisor and caring for our clients.

b. Current challenges

From the information we have gathered through interviews and information seminars, we conclude the following problems:

- (1) Home care service supervisors are paid per the number of case they take on. If there are no assignments then there is no pay, hence the income is unstable.
- (2) Often, supervisors have to quit after they become pregnant and

require maternity leave, which in turn force clients to adjust to new supervisors.

- (3) What exactly is the authority given to a home care service supervisor? Regarding the administrative duty, how should care managers in long term care centers and the supervisors in home care service collaborate and divide up responsibility?

3. Dilemmas of home care service agencies

a. Stories of home care service agencies

According to regulations, home care service agencies should provide training to home care service supervisors and workers regularly to maintain and improve the quality of service. Though financially strapped, both agencies “D” and “E” said they are willing to help stabilize home care service workers’ income. However, these are the challenges of switching the wage system from hourly to monthly: 1. Can an agency fully utilize all available time of a service worker? 2. If a service provider decides to take a day off perhaps due to an illness, then his/her cannot apply for government subsidy for the day yet the agency must still pay the worker; where will the money come from? 3. According to Labor Standards Law, the longer an employee is with a company, the longer the annual paid-leave he/she has. Typically, a service worker will get her annual paid-leave after the tenth year, however the government will not subsidize such paid leave and thus agency “D” has taken a loss of NT 800,000 last year alone just because of this.

b. Current challenges

Agencies run into the following the problems: 1. Organizational issues and 2. Operational issues. Organizational issues can be illustrated through the following examples:

(A) Government regulations are strict and inflexible. Government subsidy is NT. 180 per hour but payment to a service worker should not be lower than NT. 150. Even if an agency wants to award bonuses, or pay a senior staff more wages, it will have no means to do so.

(B) In terms of the cost of paid leave, take an agency with 20 staff for example, due to vacation, bereavement leave, and typhoon days, a person typically incur a month worth of paid leave a year. And if the cost to the agency per person per day is NT. 1,000, then the total cost of 20 people for a month is NT. 600,000. Bonuses, raise, and year-end bonus can easily be another NT.

1,000,000. Therefore a typical agency always has a deficit of at least NT. 1.6 million a year. Even if the bonus system is removed, a legal agency that adheres to government regulations will inherently be short on funds by NT. 600,000 under the current structure.

(C) The existing conflict between care managers and supervisors lies in a manager typically has 200 cases to deal with plus he/she has to come up with new projects or make adjustments to current proposals. If care managers in long term care centers doesn't delegate some of his/her responsibility to supervisors, supervisors in home care services will get lost of their role identity quickly and cannot properly attend to supervision.

With regard to operational issues, see the following examples:

(A) Under a monthly compensation package, a service worker serves 180 to 182 hours a month, which is roughly equivalent to serving two seriously ill clients. And if one of them is hospitalized or passes away, then the service worker will immediately be short of one client. However, his/her agency will have to continue to pay him/her until new cases are handed down from care management center. This poses as a big risk to agencies.

(B) Different groups have different needs. The minimum 110 work hours for a service worker is a little bit more flexible. As insurance fee and tier cannot be adjusted monthly but rather every two to three months, if a worker is willing to be assigned a lower tier, then when he/she suddenly takes on a new case, the change to her insurance fee cannot be adjusted immediately. The same is true if a worker suddenly loses a client.

D. Suggestions for dealing with the challenges to implement CEDAW Article 11 and guarantee the right to work for home care service providers.

The problems currently facing the home care service delivery need to be addressed quickly for not only the personnel's rights and interests are affected but the development of home care services as a whole as well. Take Sweden, which has a better home care system, for example, its policy is to compensate service workers for their maximum hours but carefully scrutinize each case to ensure solitary seniors over 80 years-old receive the aid they need. A report released by OECD in 2005 showed the UK, Holland, and Finland were also taking the same approach. As we take effective management and cost minimization into consideration, while observing the global trend, we wish that home care service personnel should at least be protected by Labor Standards Law.

At the same we make the following suggestion:

1. On the organizational level

- a. An agency should be given the authority to dictate and manage its service procurement.

(1) On the service worker side

Say if the hourly wage of a service worker is raised to NT. 240. Then the whole sum should be given to the agency instead of going directly to the worker. Say if we use the monthly wage of NT. 19,047 as a reference, then:

(A) If a frontier worker works more than 95 hours a month, he/she should be paid monthly.

(B) If a frontier worker works less than 95 hours a month, this is still a part-time job and got the minimum part-time wage.

(2) On the supervisor side

(A) Including paid leave, labor and health insurance, a supervisor cost NT. 40,000 per month. If it is up to the agency, as long as government can subsidize on average NT 40,000 a month. Then the problem is solved.

(B) An agency should be able to delegate administrative duty to its supervisors in place of care service managers. This helps alleviate both the burden of care service managers and supervisors.

- b. Consider the cost of labor procurement management

An agency with 20 staff will incur additional NT 1.5 million in cost if it is to award bonuses and vacations. On average, a service worker should be compensated for 35 additional hours in order for his/her agency not to incur financial loss. At the current rate of NT. 180 per hour, that will be additional NT. 6,300 per month. If the hourly wage is raised to NT. 220 per hour, then if a service worker works on average 160 hours a month, he/she will make additional NT 6,400 and therefore fill the missing gap. The government should consider raising a service provider's hourly wage to NT. 220 to 240, and let agencies manage the funds in a monthly wage manner.

Whether the raise is NT. 200 or 220 or 240, it should all go directly to agencies to manage and apply the funds. If the government agrees to raise the hourly wage to NT. 200 or 220 or 240, the two solutions should be able resolve all current problems.

2. On the operational level

Adjusting to the different needs of different groups, home care service workers can opt to be paid monthly or hourly. Take the minimum 110 work

hours for example, with some flexibility, it can match the change in the insurance tier.

We hope the inspecting committee members can help the government hear our proposal which is very doable and can quickly eliminate the problems facing the home care service delivery ensuring the rights and interests of workers are protected and the future development of home care services.

Improvement recommendations

Establishing care management system



