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**CHILDCARE AND ELDERLY CARE:
WHAT OCCUPATIONAL OPPORTUNITIES FOR WOMEN?**

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SUMMARY

As the population in OECD countries ages and requires longer periods of care and as more children are cared for outside their homes, there is growing recognition of the significance of caring services both economically and socially. Up to now the policy discussion has focussed mainly on two central issues: quality of care and cost of care. These issues are closely inter-linked with how employment in the caring sector is expanding and developing, an issue which has however received relatively little attention.

The demand for caring workers has increased dramatically in the past twenty-five years. Caring occupations are major employers of women across OECD countries and their working conditions, career opportunities, and earnings patterns have a significant impact on women's overall situation in the labour market. This report examines caring occupations in the childcare and the elderly care sectors and the opportunities they offer women as these occupations are changing with respect to demand and supply dynamics and in response to new methods of financing and providing social services. While recognising that the educational and health sectors are major providers of care for children and elderly people the report does not cover occupations dealing with young children and old people in these sectors but focusses on the social services where most of the expansion is occurring and which has been much less researched.

The report is based on the results of national studies in 10 countries, some of which focused on childcare, some on elderly care, and some on both. The national studies are at very different levels of detail reflecting broad differences in information and research available in each country. The countries are: Belgium, Canada, Finland, France, Germany, Netherlands, Norway, Spain, United Kingdom and the United States. The study does not purport to be truly comparative but, instead, attempts to highlight some significant cross-national issues in the caring sector. The objective is to identify major obstacles to and potential avenues for the professionalisation of these relatively new and expanding sectors of women's employment. The period covered is 1980-95.

Emerging trends in the childcare sector

The patterns of childcare provision vary considerably across countries due to differences in women's labour force participation and the history and regulation of provision. Common trends seem however to apply: in all countries the demand for child care services is growing; more often also the developmental aspects of childcare are emphasised. On the provision side, there is a growing diversification of providers, to include a higher proportion of private - profit and not-for-profit - providers and service provision in home care settings. This introduces greater variations in employment and working conditions and career prospects for childcare workers.

The number of workers employed in the childcare occupations is significant (more than 1.5% of the total and 3% of the female labour force in the U.K. in 1996) and growing faster than employment as a whole. In all countries covered in the report three occupations regroup the majority of childcare workers: childhood educators and childcare assistants in institutional settings, parental assistants in homecare settings.

Childcare occupations can be characterised as mainly female and young occupations. Childcare provides an easy entry point for women into the labour market as no or minimal qualifications are required for the least qualified occupations.

Childcare workers are employed for the most part in working situations with no or extremely short ladders. Childcare takes place in small workplaces with no internal labour markets: there is extensive “tracking” at entry level and few intermediate training opportunities. Linkages between childcare and other social and educational services are also non-existent in most cases.

In all countries childcare workers are at the bottom of the wage spectrum and wages are on the decline. There is considerable wage variation according to work settings (institutional vs home care; public vs private-profit or non-profit-centers) and union coverage. Low wages coupled with part-time work which is very widespread among the least qualified categories of childcare workers result in very little income from work.

Policy makers in the childcare sector are faced with a dilemma: how to develop high quality care which is critical to early childhood development while, at the same time, maintaining costs and keeping broad access to this emerging sector of employment for the unskilled. The evidence everywhere is that childcare jobs are being increasingly bi-furcated, with a smaller number of stable jobs that require higher qualifications and a larger and faster growing number of jobs in the occupations offering low wages and no potential for career mobility. How to reduce turnover and to create training incentives - both for employers and employees - are major policy challenges in the childcare sector.

Emerging trends in the elderly sector

As the proportion of OECD countries’ population that is elderly continues to increase, concern on how care is provided for that portion of the elderly who are frail or disabled has grown. Although elderly care frequently combines health and social services this report is primarily concerned with the social services. In many countries only the health component of long term care is covered by public budgets and elderly care remains primarily a family responsibility. A major distinction among country practices of service provision to the elderly is between institutional and home-based care services. Recent trends indicate some convergence of the proportion of the elderly population that is in institutional care among OECD countries and a marked development of home care services.

As the work in elderly care has expanded, new occupational categories have emerged, sometimes superseding old ones. In spite of great variety and complexity in job titles, a two tier structure seems to prevail everywhere: one level involves some medical assistance with or without personal care and care supervision; the other lower level is centered on household work combined or not with some personal care.

With the shift to home care provision there has been considerable growth in employment in the elderly care sector. This growth has been highly concentrated in the female workforce and the less skilled occupations. Women in the less skilled occupations of home-helpers are on average older and more often have not received any vocational training. The conditions and perspectives of home-helpers vary greatly, according to whether care services are coordinated and delivered through team work, or, on the contrary, fragmented and based on individual employment.

The overwhelming majority of elderly care workers are employed on a part-time or casual basis. Turnover rates are high and it is younger workers who move out of the sector most often. Earnings tend

to decline relative to those of the whole and female labour force. There are also increasing wage disparities among care workers due to the decentralisation of service provision.

Comparable worth is an issue frequently raised in relation to the earnings of care workers. There is a need to recognize the full range of skills expected from elderly care workers as skills requirements increase: elderly workers must be multi-skilled and adaptable to the immediate needs of the people they care for. Educational systems are being revised to integrate the new skills needed. For those already employed, access to training and credentials is of utmost importance. This however will not solve the problem of total lack of vertical mobility opportunities for those in the less skilled occupational categories.

The restructuring of work in the caring sectors

As childcare and elderly care services expanded and diversified, several factors had an influence on work and employment conditions in the sectoral occupations:

- i) national and local regulations did not develop in parallel with employment. They have been weakened in some cases and a large number of the new jobs are left unregulated;
- ii) there has been a marked trend towards decentralisation of responsibility, as part of the restructuring of the public sector and the growth of home care services. This is reflected in growing differentiation in wages and working conditions across localities and among public, commercial and non-profit providers. Home care services are also organised by combining different mixes of formal - more or less qualified and specialised - and informal care (and carers);
- iii) in countries with high structural unemployment, the caring sector is seen as providing employment opportunities which are missing elsewhere. This creates pressure for keeping entry qualifications at a low level, which may undermine the objective of higher quality services and employment, unless qualifying training is available;
- iv) finally, technology is likely to play an increasing role in the caring sector in the future, mainly in the area of care management. Whether the corresponding jobs will be accessible to careworkers will depend on the necessary linkages being developed.

The development of caring professions

The increasingly fragmented and decentralized care market in many OECD countries presents significant challenges for upgrading the caring occupations. A set of broad issues will shape the potential for professionalization of the caring sector:

- Issue 1. Employment is growing mainly in occupational categories with very low wages, high incidence of part-time work and low collective bargaining coverage.
- Issue 2. In most cases the more complex division of labour in the caring sectors has not led to the creation of a hierarchy of skill in a single but expanded occupation but instead to a segmented labour market. Also as more caring work occurs in isolated home-based settings, the possibility for a career path is diminished. Career mobility is associated with leaving caring work rather than moving to a higher skill and compensation level within the sector.

- Issue 3. There is a conflict between the image of caring work, which is typically portrayed as requiring few skills, and the reality in which quite complex skills are required to intersect.
- Issue 4. There are many barriers to access to training: isolation, low wages, time. Transferability of training credits and experience is limited in the absence of accepted standards of training and accreditation - a problem which becomes still more critical in a fragmented and decentralised system of provision .
- Issue 5. If the demand for caring services does not meet with sufficient supply on the formal sector, informal carers have to compensate for the “care gap”. This undermines the collective bargaining position of formal carers and women’s ability to participate in the labour force on equal terms.

RESUME

Du fait que la population des pays de l'OCDE vieillit et a besoin de soins de plus longue durée et que la garde des enfants est plus souvent assurée en dehors du foyer familial, l'importance économique et sociale des services personnels est de plus en plus largement reconnue. Jusqu'ici, le débat politique a porté essentiellement sur deux questions primordiales : la qualité des services et leur coût. Ces questions sont intimement liées à l'expansion de l'emploi dans les services personnels, expansion dont toutefois on s'est encore relativement peu préoccupé.

Au cours des vingt-cinq dernières années, la demande de travail pour les services personnels a considérablement augmenté. Dans les pays de l'OCDE, les services personnels emploient beaucoup de femmes et les conditions de travail, les perspectives de carrière et les salaires offerts jouent un grand rôle dans la situation des femmes sur le marché du travail. Ce rapport examine les métiers des services personnels destinés aux jeunes enfants et aux personnes âgées et les perspectives professionnelles qu'ils offrent aux femmes alors que ces métiers évoluent sous l'effet de la dynamique de l'offre et de la demande et des nouveaux modes de financement et de prestation des services sociaux. Tout en reconnaissant que les secteurs de l'éducation et de la santé sont d'importants fournisseurs de services aux enfants et aux personnes âgées, le rapport ne traite pas des personnels de l'éducation et de la santé qui s'occupent des jeunes enfants et des personnes âgées, mais se concentre sur les services sociaux où l'on observe la plus forte expansion et qui ont été beaucoup moins étudiés.

Le rapport se fonde sur les résultats d'études réalisées dans dix pays dont certaines portaient sur la garde des enfants, d'autres sur la prise en charge des personnes âgées, et d'autres encore sur ces deux types de services. Le niveau de détail de ces études nationales est très variable selon les pays, du fait des disparités dans la nature des informations recueillies et dans les recherches consacrées à la question. Ces pays sont les suivants : Allemagne, Belgique, Canada, Espagne, Etats-Unis, Finlande, France, Norvège, Pays-Bas et Royaume-Uni. Ce rapport ne se veut pas véritablement comparatif, mais cherche plutôt à mettre en évidence certains problèmes importants qui se posent dans les services personnels et qu'on retrouve dans tous les pays. Son but est de déceler les principaux obstacles à la professionnalisation de ces métiers majoritairement féminins relativement nouveaux et en expansion et de dégager les pistes qui s'offrent à cet égard. La période considérée s'étend de 1980 à 1995.

Tendances nouvelles dans les services de garde des enfants

Les services de garde des enfants prennent des formes très différentes d'un pays à l'autre en fonction du taux d'activité féminine, des traditions et des réglementations. On peut cependant observer des tendances communes : dans tous les pays, la demande de services de garde d'enfants est en augmentation et l'accent est mis plus souvent sur l'épanouissement de l'enfant. Les prestataires se diversifient de plus en plus : les organismes privés - à but lucratif et non lucratif - occupent une place plus importante et la garde à domicile s'étend. Il en résulte une plus grande diversité dans les emplois, les conditions de travail et les perspectives de carrière des intervenants auprès des jeunes enfants.

Le nombre de personnes occupées à la garde des enfants est élevé (plus de 1.5 pour cent de l'emploi total et 3 pour cent de la main-d'oeuvre féminine au Royaume-Uni en 1996) et augmente plus vite que l'emploi global. Dans tous les pays étudiés dans ce rapport, trois catégories professionnelles regroupent la majorité des personnels au service de la petite enfance : jardinières d'enfants et puéricultrices employées dans les structures d'accueil pour enfants et assistantes maternelles à domicile.

Les emplois au service des jeunes enfants s'adressent essentiellement aux femmes et aux jeunes. Ils constituent pour les femmes une voie d'accès facile au monde du travail car les emplois au bas de l'échelle n'exigent aucune qualification ou ne demandent qu'un minimum de qualifications.

Les personnes qui s'occupent de jeunes enfants travaillent pour la plupart dans un cadre où les perspectives d'avancement sont inexistantes ou très limitées. Les services de garde des enfants sont assurés dans de petites structures dépourvues de marché du travail interne. Les personnels débutants se trouvent souvent mis sur des rails et ont rarement la possibilité de recevoir une formation pour accéder à des postes intermédiaires. Dans la plupart des cas, il n'existe aucun lien entre les services de garde des enfants et les autres services éducatifs et sociaux.

Dans tous les pays, les personnels au service de la petite enfance se trouvent au bas de l'échelle des salaires et leurs rémunérations sont en baisse. Les salaires sont très variables selon le cadre de travail (structure d'accueil ou garde à domicile, service public ou service privé, à but lucratif ou non) et selon que le personnel est syndiqué ou non. La faiblesse des rémunérations conjuguée au travail à temps partiel qui est très répandu parmi les personnels les moins qualifiés fait que les revenus du travail sont très bas.

Les responsables de la politique en matière de garde des jeunes enfants se trouvent confrontés au dilemme suivant: comment offrir des services de qualité, essentiels au développement des jeunes enfants, sans en accroître le coût tout en maintenant l'accès à ce nouveau secteur d'emploi largement ouvert aux personnes non qualifiées ? On constate partout une segmentation croissante des emplois au service de la petite enfance : les emplois stables exigeant un niveau plus élevé de qualification se font plus rares tandis que les emplois à bas salaire et sans perspective de carrière augmentent rapidement. Ralentir la rotation des effectifs et offrir des incitations à la formation - tant aux employeurs qu'aux salariés - constituent pour les pouvoirs publics un défi majeur.

Tendances nouvelles dans les services de soins aux personnes âgées

A mesure que la population des pays de l'OCDE vieillit, les soins à assurer aux personnes âgées dépendantes ou invalides sont une question qui préoccupe de plus en plus les pouvoirs publics. La prise en charge des personnes âgées recouvre souvent les soins de santé et les services sociaux, mais le présent rapport traite essentiellement des services sociaux. Dans de nombreux pays, seul l'élément "santé" des soins de longue durée est financé sur les budgets publics, tandis que la prise en charge des personnes âgées incombe toujours essentiellement à la famille. En ce qui concerne les soins aux personnes âgées, tels qu'ils sont pratiqués dans les différents pays, il existe une distinction importante entre les soins en établissement et les services à domicile. On a constaté récemment, une certaine convergence des proportions de personnes âgées accueillies dans des établissements entre les pays de l'OCDE et un net développement des services à domicile.

L'expansion des soins aux personnes âgées a fait apparaître de nouvelles catégories professionnelles qui ont parfois remplacé certaines catégories anciennes. Malgré la grande diversité et la complexité des fonctions, une structure à deux niveaux semble prédominer partout dans les pays : au premier niveau, on dispense des soins médicaux et éventuellement aussi des soins personnels ou

l'encadrement de ces soins; au deuxième niveau on dispense une aide ménagère et éventuellement aussi des soins personnels.

Les soins à domicile prenant de plus en plus d'importance, les emplois au service des personnes âgées se sont multipliés. Cette croissance a été fortement concentré sur les femmes et les emplois peu qualifiés. Les femmes occupant des emplois peu qualifiés d'aide-ménagère sont en général plus âgées et plus nombreuses à n'avoir suivi aucune formation professionnelle. Les conditions d'emploi et les perspectives de carrière des aides-ménagères sont très variables, selon que les services sont coordonnés et fournis dans le cadre d'un travail d'équipe ou au contraire fragmentés et assurés par une personne isolée.

La grande majorité des personnels au service des personnes âgées travaillent à temps partiel ou par intermittence. Les taux élevés de rotation des effectifs sont préoccupants, surtout, dans la mesure où ce sont les jeunes qui quittent le plus souvent ce secteur, Les gains ont tendance à diminuer par rapport à ceux de l'ensemble de la population active et de la main-d'oeuvre féminine. On observe des disparités de salaire croissantes dues à la décentralisation de la prestation des services.

Un salaire égal pour un travail de valeur comparable est un argument souvent avancé en ce qui concerne les salaires des personnels des services aux personnes âgées. Reconnaître la gamme entière des compétences requises pour ces services alors que le niveau de qualification requis ne fait que croître est une priorité: les personnels au service des personnes âgées doivent être polyvalents et être capables de s'adapter aux besoins du moment des personnes dont ils ont la charge. Les systèmes éducatifs sont actuellement modifiés pour préparer à ces nouvelles fonctions. Quant aux personnes déjà employées, il importe qu'elles aient accès à une formation débouchant sur des qualifications reconnues. Toutefois, cela ne résoudra pas le problème que pose l'absence totale de mobilité verticale pour les catégories professionnelles les moins qualifiées.

La restructuration du travail dans les services personnels

A mesure que les services destinés à la petite enfance et aux personnes âgées se sont développés et diversifiés, plusieurs facteurs ont exercé un impact sur l'emploi et les conditions de travail dans ce secteur:

- i) les réglementations nationales et locales n'ont pas progressé de même que l'emploi. Dans certains cas, elles ont été affaiblies et de nombreux emplois nouveaux ne sont pas réglementés ;
- ii) avec la restructuration du secteur public et l'expansion des services à domicile, un net mouvement s'est amorcé en faveur de la décentralisation des responsabilités. C'est ce que reflètent les disparités croissantes des salaires et des conditions de travail selon la commune et la catégorie de prestataires: publics, à but lucratif et à but non lucratif. Les services à domicile sont également assurés en associant des personnels - plus ou moins qualifiés et spécialisés - qui dépendent de structures institutionnelles et des personnes opérant de façon informelle ;
- iii) dans les pays où sévit un chômage structurel élevé, le secteur des services personnels apparaît comme un gisement d'emplois qui font cruellement défaut ailleurs. Le niveau de qualification exigé pour les postes de débutants reste donc faible, ce qui risque de compromettre l'amélioration de la qualité des services et de l'emploi, à moins qu'une formation qualifiante ne soit proposée aux intéressés ;

- iv) enfin, la technologie jouera vraisemblablement à l'avenir un rôle croissant dans le secteur des services personnels, surtout dans le domaine de la gestion des soins. L'accès des personnels de soin à ces emplois dépendra de la création des liens nécessaires.

Le développement des professions au service de la petite enfance et des personnes âgées

La fragmentation et la décentralisation croissantes des services personnels dans de nombreux pays de l'OCDE rendent très difficile la revalorisation des professions correspondantes. Le potentiel de professionnalisation dans ce secteur dépend de plusieurs facteurs:

- 1. L'emploi progresse essentiellement dans les catégories professionnelles qui offrent des salaires très bas, où le travail à temps partiel est très répandu et qui sont rarement couvertes par des conventions collectives.
- 2. Dans la plupart des cas, la division plus complexe des tâches n'a pas abouti à une hiérarchisation des compétences dans une profession unique, mais élargie, mais a au contraire fragmenté le marché du travail. Par ailleurs, la prise en charge se faisant plus souvent à domicile, les perspectives de carrière se raréfient. La mobilité consiste à quitter le secteur plutôt qu'à passer à un niveau de compétence et de rémunération plus élevé dans le secteur même.
- 3. Il y a contradiction entre l'image que l'on donne des services personnels, présentés généralement comme exigeant peu de qualifications, et la réalité de tâches complexes qui demandent toutes sortes de compétences.
- 4. De nombreux obstacles ferment l'accès à la formation : l'isolement, le faible salaire, le manque de temps. Les certificats délivrés à l'issue de formations sont difficilement transférables, faute de normes reconnues en matière de formation et d'homologation - lacune qui est encore plus grave dans un système fragmenté et décentralisé.
- 5. Si l'offre de services institutionnels est insuffisante pour répondre à la demande, il faut faire appel à des intervenants informels pour combler le "déficit de soins". Leur action affaiblit le pouvoir de négociation des personnels intégrés à une structure et nuit à la possibilité d'activité des femmes dans des conditions d'égalité.

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I. OVERVIEW AND MAIN ISSUES

1. As the population in OECD countries ages and requires longer periods of care and as more children are cared for outside their homes, caring services have become the subject of considerable policy discussion. The discussion has focussed centrally on two issues: the quality of care and the cost of care. On the one hand, there is a marked concern regarding the quality of care provided for children, particularly its developmental and educational aspects. A similar concern has been raised with respect to care for the increasing elderly population. At the same time, there are widespread efforts to reduce the cost of care especially in light of the economic difficulties facing many OECD countries in the 1990s

2. Women's employment is intertwined with the provision of caring services in complex ways. Both childcare and elderly care sectors are affected by the loss of informal family care givers as women enter the workforce. At the same time the demand for waged carers, jobs primarily held by women, increases. The findings in this report as well as recent work on women and the restructuring of the welfare state (Gornick, 1997; Sainsbury, 1996; Saraceno, 1996) suggest that the question of how to provide care more effectively and efficiently is resolved in very different ways across OECD countries. Two factors are important in differentiating country policy strategies: (i) the existing structure of provision and the extent to which there is the capacity to transfer service provision to lower cost alternatives such as profit or not-for-profit private providers or family members. This capacity is affected by, for example, the female labour force participation rate, particularly in full-time work; and (ii) the wage differential between public sector and other types of service providers. To the extent that this differential is greater, there is an incentive to provide services outside the public sector. This tendency is most pronounced in those countries with a history of private provision and characterised by meanstested, and earner-contributory social welfare systems in this report, The United States and Canada. The trend toward non-public sector social service provision is also increasingly characteristic of the social welfare systems of continental Europe. These societies, exemplified in this report by The Netherlands, and France, are arguably undergoing the most significant changes in how social services, including child care and elderly care, are provided. Finally, in the Scandinavian countries with a history of public sector provision and universal coverage, there are fewer incentives to restructure social service provision because of the narrower differential between public sector wages and those in the private sector (Gornick, 1997). Instead, restructuring is occurring through "down-sizing" of the public sector, by job combination, and by the decentralisation of wage bargaining to the local level. In all cases, women's changing employment patterns within the broader labour market are at the heart of the incentives and capacities re-shaping caring services.

3. In a recent study on the changing context for social policy, ministers responsible for social policy with OECD countries recognised the ways in which the changing role of women in OECD economies is affecting broader social policy issues (OECD, 1994b). The report recognised the continuing rise in women's labour force participation as a positive development "which reflects increased options for self-realisation open to women ". The report also noted that women's employment is creating new demands for services traditionally provided in the home, particularly those relating to the care of children and dependent relatives" and an increasing need for policy direction that will facilitate a balance between work and family responsibilities (ibid., p. 10).

4. Despite growing recognition of the significance of caring activities economically and socially, however, there is little information on how employment in the caring sector is taking shape as it expands and as the modes of financing and provision change. More information on employment in the caring occupations could assist the development of effective social policy provision in several ways:

- a) The ability to provide adequate care for children and for the increasing portion of the population that is elderly depends on the labour force engaged in caring work. Knowledge about the workforce that provides these critical services - their skill levels, compensation, conditions of work - should be a component in any policy decisions that attempt to alter how services are provided.
- b) To the extent that the caring work force is well-trained and recognised as providing an important service to society, the quality of care will be improved.
- c) Those concerned with broad social policy considerations frequently point to the increasing problems caused by groups in the population earning very low wages, which include many women. Particular attention should therefore be paid to the wages paid to women in the sectors in which they are concentrated, including caring occupations.
- d) Finally, women's earning ability and career mobility across the employment spectrum is affected by the extent to which they are expected to be primary or exclusive caregivers to dependent family members.

5. Because a substantial and increasing number of women across OECD countries are employed in caring occupations, knowledge of their working conditions, career opportunities, and earnings patterns is important to understanding women's overall situation in the labour market. With this in mind, this study examines how the caring occupations are changing in response to new methods of financing and providing social services and with respect to supply and demand dynamics. While recognising that the educational and health care sectors are major providers of care for children and elderly people, this report will focus on the social services where most of the expansion is occurring and which has been less well researched¹.

6. The objective of this study is to examine important trends emerging in a cross-section of OECD countries and to reach some conclusions as to the optimal ways to improve the quality of women's employment in caring occupations. To this end, the study focuses particularly on mobility patterns and career paths. It raises issues regarding: a) how changes in financing and provision affect the workforce; b) the complex role of qualification in creating labour market opportunities while at the same time creating potential barriers to job access and upward mobility; c) the nature of skills in social service occupations and their relation to productivity; and d) the ways in which occupational specialisation's have developed in the caring fields along with continued segregation of caring jobs from the overall field of social services. Given data limitations, some of these issues are raised only in a preliminary way but are recognised as significant enough to deserve further investigation.

7. This report is a synthesis based on the results of national studies in 10 countries, some of which focussed on elderly care, some on childcare and some on both². The country studies are supported by other research on caring occupations in various OECD countries and drawn from comparative studies of caring occupations.³ Because of the lack of equivalent data across countries, this study does not purport to be truly comparative

II. EMERGING TRENDS IN THE CHILDCARE SECTOR

1. *The Sectoral Context*

8. Childcare has become an issue of growing significance across OECD countries as more women who have young children enter the labour force. In 1993, half of all women with young children in the European Union were employed and just under a tenth were unemployed but looking for work. The remaining two-fifths were economically inactive. 40% of working women with children in the EU, however, have part-time jobs, although in some countries, most notably The Netherlands and the United Kingdom, the proportion is two-thirds or more (European Commission Network on Childcare, 1996:11). In the U.S. in 1990, 25% of all mothers with a child under age 1 were employed full-time with an additional 15% employed part-time. For mothers whose youngest child was 3-4 years of age, the employment rate was 58% (37% full-time)(Willer et al, 1991). Thus, there is a clear trend across countries toward the employment of women with young children and a concomitant increase in the demand for childcare services. In some countries, this demand has been difficult to fill because, as more women enter waged work, the number of women available for informal caring work has declined. In general, however, high rates of youth unemployment and the expanding number of self-employed carers have created a sufficient labour supply to fill the expanding demand for basic care.

9. There is increasing emphasis on the educational and developmental aspects of childcare and in some countries, expectations of childcare are being redefined to include an educative function (Oberhuemer, 1995). To the extent that this function is emphasised, it has important implications for the professionalisation of childcare occupations. For example, the need for increased training for childcare service providers, including independent carers, has become an issue across OECD countries, including those featured in this study (European Commission Network on Childcare, 1996; Karlsson, 1995).

10. Because of differences in women's labour force participation and in the history and regulation of provision, the patterns of childcare provision vary considerably across countries (Table 1). The major differences in national provision derive from different philosophies regarding public responsibility for children and how that is expressed. In some countries childcare is considered a basic social need and therefore made available to all children. In others, it is considered the private responsibility of parents. In the latter case, government programs are directed toward meeting the needs of underserved population groups. With these basic differences in mind, it can also be said that the forms of provision have changed considerably across countries. Major changes include the decentralisation of the responsibility for provision to the local governmental level and the diversification of providers to include a higher proportion of not-for-profit and for-profit private providers, and self-employed carers.

11. The changes in child care provision are a direct outgrowth of changes in the financing of childcare. Funding for childcare services is quite differentiated from country to country ranging from maximum public responsibility to maximum private responsibility. The major forms include: 1) tax-based national public financing, exemplified by Scandinavian countries; 2) family allowance funds (either directly or via tax reductions) through which national government allocations to families support locally organised and provided public services, as in France; and 3) private for-profit service provision, as in the U.S. and U.K..

12. Differences in the types of childcare provided and in the ways in which childcare is financed are associated with variation in employment and working conditions and career prospects for workers in this sector. The character and extent of regulation of the sector also plays a differentiating role, determining, for example, the proportion of skilled and certified workers to uncertified workers in childcare centres. It

is notable, however, that there is a common pattern across countries of decreasing regulation, particularly concerning the home care setting (Karlsson, 1995).

13. With these trends and differentiating factors in mind, we turn to a closer examination of the occupations in this sector. Information available from studies in six countries, Canada, France, Norway, Spain, The United Kingdom, and The United States forms the basis for these findings. These studies focus primarily on childcare occupations in two settings, childcare centres and home care settings, either in the parent's home or in the home of an independent carer. Because this study is directed at occupations described specifically in terms of caring, those occupations which have a primary educational function, such as kindergarten teachers, are not included. While the six countries included in the analysis of childcare occupations represent a range of practices and trends, there is an overrepresentation of countries, the U.S., U.K., and Canada, which rely predominantly on private rather than public childcare provision. As private provision is growing in other countries, as well, the situation in those three countries may reveal features of childcare occupations which may become more important in the future.

2. Key Occupations in the Childcare Sector

Definitions and occupational Growth

14. The key occupations in the childcare sector are quite similar across countries although different terminology is used to define them (Table 2). The occupations considered in this report are those which are typically defined by national census. In the institutional care sector, the two most important occupations are childhood educators and childcare assistants while in the home care setting, the most important occupation is the parental assistant. These occupations are distinguished from one another by differences in entry level qualifications, the average educational level of job incumbents, relative earnings and potential mobility

15. The number of people employed in childcare occupations is significant and growing. In the U.K., current census data (from 1991 and 1996) indicates that these occupations make up 3% of the female workforce (376,000 in 1996) and an increasing portion of the total workforce (increasing from 1.2% to 1.5% from 1991 to 1996) (DfEE, 1996). In Canada, the approximately 180,000 childcare workers made up nearly 1% of the total workforce in 1990 (Human Resources Development Canada, 1996). In France the increasing size of the childcare workforce is indicated by the expansion in the number of places in childcare facilities throughout the country (which in the case of childcare centres or creches collectives almost doubled between 1980 and 1993) and in the number of parental assistants (assistantes maternelles) who increased from 248,400 in 1985 to 411,000 in 1993 (65% increase). In the U.K., the category of self-identified childhood educators (nursery nurses) grew 75% between 1991 and 1996 and childcare assistants (playgroup leaders), 45%. The census category of other childcare occupations which includes parental assistants (nannies, child minders) grew 8%. By contrast, the total of employed women grew 25% and the total employed population declined 1%. In Canada, the home care sector of parental assistants (nannies and babysitters) grew 27% between 1984 and 1994 and that of childhood educators and assistants, 67%. Over the same period, total employment in Canada grew 17%. From these figures, we can see that childcare is a relatively high growth occupation even in economies where the overall rate of employment growth is low.

Occupational Characteristics and Access to Key Occupations

16. The country studies indicate that childcare occupations remain almost exclusively female (typically over 95%) although in some countries there has been a small percentage increase in the proportion of men employed in the occupation. With respect to their age profile, childcare workers are typically younger than the female workforce as a whole. In Canada, for example, 45% are under 30. The age profile and ease of entry into childcare work suggests that young women enter childcare work as an initial job and then move to jobs with higher levels of compensation and better career mobility paths.

17. Access to entry level childcare occupations is relatively open across OECD countries because of the shortfall of childcare workers in some countries and because of the minimal qualifications to enter employment in the sector as a childcare assistant or home-based parental assistant. There are considerable differences among countries, however, in training requirements for the more stable, higher paid jobs in the sector. For example, in France, the baseline requirement for a childhood educator is a three year university degree and two years of graduate level teacher training. At the same time, no training is required of childcare assistants in *ecoles maternelles* (Pritchard, 1994).

18. In those countries with more fragmented and decentralised childcare provision (U.K., U.S., Canada) certification requirements may vary by jurisdiction (state, province, locality) and by centre. In the U.S., for example, a study of sub-national state level practices in career development in early childhood care and education found that no pre-service training was required for child care center directors in 22 states, for teachers in 36 states and for childcare assistants in 46 states. Training requirements were even less common for home-based independent carers (Morgan, et al, 1993).

19. The home-based childcare sector, in particular, is open to any woman who identifies herself as a care giver and employment is largely unregulated across OECD countries. This is changing marginally in some countries to the degree that day care providers have been required to register with the local government and an increasing number do so. In the U.K., this entails undergoing a pre-registration training program (Cohen, 1993). To some extent the change in initial certification requirements reflects a consumer interest in more competent and safer childcare.

20. The major difference among countries lies in the degree of professionalisation expected of child care teachers, with France at the high end of qualification standards. This high level of qualification necessarily limits access to the field. The U.S. study quoted above found that "centre licensing rules favour easy access to employment at the expense of amount of pre-service training; teacher certification favours college degrees at the expense of early accessibility to employment" Taken altogether, childcare employment is increasingly bifurcated among an educated and professionalised group of teachers whose training is acquired before entering the field and a large group of uncertified aides and assistant teachers and childminders who have no mobility in the sector without further education.

21. Younger workers employed in child care centres tend today to have higher formal qualifications, especially general qualifications, than their older colleagues. In this respect, trends among childcare workers mirror those in the wider female population in which educational attainment has been rising across countries.

22. Childhood educators also have rising sectoral qualifications as is the case in Anglo-American economies, (DfEE, 1996; the Canadian Childcare Federation and the Canadian Day Care Advocacy Association, 1992). At the same time childcare assistants (which are more numerous) and home-based parental assistants have less formal education than the workforce as a whole. In Canada, 45% have not completed secondary school and over 70% have no degree or certification beyond secondary school. By

contrast, among all workers in formal child care settings, 55% have some post-secondary certificate or degree (Human Resources Development Canada, 1996). (Table 3).

3. The organisation of work and its implications for career patterns

Institutional versus home-based care

23. There are significant differences among countries in the ways in which work in the childcare sector is organised, particularly in the degree to which childcare work is carried out in home or institutional settings. For the most part, childcare workers do their caring work in highly decentralised work settings whether in small childcare centres or in homes. This is most obviously true for those workers who care for children in the child's home or in their own home. Those countries with a large portion of childcare taking place in home settings have the most unregulated and fragmented childcare work organisation. In Canada, for example, a study done in 1988 indicated that only 18.4% of children under 6 years whose parents worked were cared for in a licensed centre or in regulated home-based care. The remainder were cared for by informal carers (neighbours etc.)(Human Resources Development Canada/Goss Gilroy, 1996)

24. A recent study (Casper,1996) in the U.S. indicates an increasing trend toward care in organised and licensed facilities. Although almost half of the 9.9 million children under age 5 who were in need of care while their parents were working were cared for by relatives, and 21% by other informal carers who were non-relatives, 30% of pre-school age children were cared for in organised childcare facilities. This represents an increase of 7% in this category between 1991 and 1993. Describing a confusing and rapidly changing pattern of childcare arrangements over the period of the 1990s, this study suggests that childcare arrangements in the U.S. are highly sensitive to macro-economic conditions. Parents will place their children in organised facilities if they have the economic means to do so but will remove them and place them with independent carers if they are unable to afford the more expensive facilities care. This explains why childcare in the U.S. is described as consumer (parent) oriented in comparison with its child-orientation in European countries. In France, by contrast, a nationally organised, public-supported childcare system serves the majority of families. The majority of childcare for children over three years of age takes place in centres and the independent home care sector is focussed on children under three years of age. In 1989, France's early care and education system served 29% of newborn to three year old and 98% of three to five year old.

Employment stability

25. Childcare arrangements and orientations have profound effects for the childcare workforce as a whole and for the key occupations individually. An unstable and highly flexible childcare sector (as in the U.S.) will necessarily be populated with a workforce which is less committed to permanent work in the sector. It is, however, very labour absorptive allowing less qualified workers to enter the sector easily and gain experience. A sector that is publically funded and organised in such a way as to offer childcare which can be used consistently over time (as is the case in France) can offer the expectation of more permanent employment. The availability of stable permanent work in the sector is associated with high sectorally-oriented entry requirements for childhood educators. It also provides a rationale for further "on-the-job" training for the permanent workforce. On the other hand, the highly organised childcare system is limited in its ability to absorb potential workers who may have obtained relevant experience in another context.

26. Part-time work is another dimension of work organisation in the childcare sector. Across the countries in this study, childcare work includes a high proportion of part-time workers (Table 3) . In Canada, for example, only 71% of assistant teachers worked on a full-time basis, compared with 86% of teachers and 93% of directors. Work status was related to centre auspices with municipal centres employing more full-time workers and commercial centres employing considerably more part-time workers.

Job ladders

27. Childcare workers are employed for the most part in working situations with no or extremely short job ladders. The reasons for this are complex. Possibly the most important is the decentralised nature of care. Childcare and early childhood education takes place in small workplaces with few staff located in dispersed community locations.⁴

28. As is indicated by the occupational map for Canada, childcare working situations offer almost no career development possibilities. A Canadian study on wages and working conditions in childcare centres across the country found that one-fifth of child care centre staff had advanced in their centre from their starting position. The auspices of the center (municipal, non-profit, or commercial) had little effect on advancement potential though it has a significant effect on other employment variables such as wages and turnover rates (Canadian Child Care Federation and the Canadian Day Care Advocacy Association, 1992).

29. In the U.K. only nursery nurses employed by the local authority social services departments have the possibility of promotion to more senior posts such as nursery or centre manager. There are no possible promotion paths for playgroup workers or parental assistants (nannies or childminders) and whatever skills they have acquired are not recognised should they move into childcare centre situations (DfEE, 1996).

30. The U.S. situation parallels that in Canada and the U.K. The home care sector, the largest provider of childcare, has no career possibilities for parental assistants (baby-sitters or nannies). The opportunities for advancement in childcare centres are almost non-existent unless the incumbent returns to school for a higher qualification.

31. There are several types of barriers to career mobility. one is "tracking" which places entrants into career training and workplace situations which, although related, are difficult to cross without enormous effort. An example is the separation of day care training and "ecole maternelle" or pre-school training in France. Separate training programmes prepare the day-care providers of the new-born to three years group Although the French childcare training system establishes a baseline of quality of care across the country the separate tracks for training carers for different age groups make career mobility across the age groups difficult. A second barrier is the dependence on formal educational credentials for placement in the career path. This is less significant if there are intermediate training opportunities but these are less available to the work force entering the field in some countries, particularly Canada, the U.S., and the UK..

32. A third barrier is the absence of training and employment linkages between childcare skills and those in other social and educational services. In this regard, it is notable that more integrated approaches to service provision are related to more integrated approaches to training; for example, in situations where "institutions for children of pre-school age are viewed as an integral part of the community infrastructure, liaising with local organisations and services, and open to the needs of both children and parents." These "multi-purpose" institutions are being experimented with in Scandinavian countries (Oberhuemer, 1995).

4. Earnings

33. The available evidence indicates that childcare workers are at the bottom of the wage spectrum across countries and with a few exceptions, the younger the child being cared for, the lower the wages. In addition childcare wages are declining ..A study of childcare staff in the U.S. indicated that over the period 1977-1988, earnings for childcare workers declined in real terms. In Canada, real average wages for child care centre staff fell 4.5% between 1985 and 1992 (Canadian Child Care Federation and Canadian Day Care Advocacy Association, 1992).

34. As a group, childcare workers in the U.S. earned less than half the average earnings for the female labour force as a whole and a third of the average earnings for men (Whitebook et al, 1990). The relatively low salaries for childcare workers are also supported by Canadian studies. The 1992 study noted that 15% of full-time employees in day-care centres hold a second job in order to make a sufficient income. Research by Human Resources Canada data (1996) also indicated the differences in childcare providers both with respect to individual and family income. Childcare providers in homebased settings have total yearly wages that are half of those of workers in the centre settings and also live in households with lower total income. Similar patterns are evident in the U.K.. (Table 4).

35. The work situation in which childcare workers are employed has an important effect on their wages. U.S. and Canadian studies indicate that wages for teaching staff are lowest in for-profit centres and highest in the public sector with non-profit centres in an intermediary position. In Canada, staff in municipal centres earn 72% more than staff in commercial centres. Staff in nonprofit centres earn 25% more than staff in commercial centres This points to the significance of public sector employment in improving earnings for women workers.

36. Unions also make a difference in childcare worker wages. In Canada, those workers in childcare centres represented by a union make 33% more than staff not represented by a union. 20% of childcare staff are represented by a union. In the U.K. wages for nursery nurses employed by local authorities are set by national collective bargaining agreements. There is no such mechanism in the private sector and so wages are based on individual bargaining. Only approximately 4% of childcare workers in the U.S. are covered by collective bargaining agreements, most of these in public school childcare or in Head Start (a federally funded early education program for poor children). In the vast majority of home-based care situations independent childcare workers bargain individually with their employers and so wages are unpredictable.

5. Policy issues and initiatives in the childcare sector

37. The trends discussed above create a context for understanding three major policy issues for workers in the childcare sector. These issues demonstrate the need to link the increasing demand for higher quality care with attention to how workforce issues affect the attainment of that objective.

Labour Force Access and the Need for a Skilled Workforce

38. In countries, such as France, where strenuous qualifications are required to enter those jobs in the childcare sector which are covered by stronger workplace regulation and collective bargaining, a debate has emerged over how to balance the need for a skilled workforce with the need to provide greater access to jobs in the sector. Thus far, this dilemma has been resolved by developing a new largely unregulated labour force, particularly in the home-care sector for children under three years of age. This

solution, although it creates jobs, may undermine the value of credentials in the regulated portion of the sector and decrease the wage bargaining power of the largely female workforce employed in public sector-provided childcare. The policy challenge is to encourage access to the sector while at the same time developing methods to increase the credentials of childcare workers who enter the sector without skills (Acker and Gottely, 1996).

Demand for Qualification and Wage Bifurcation

39. A second, related issue concerns the more general conflict between policies which attempt to reduce the costs of childcare by employing workers at very low wages and the increasing recognition that early childhood education is critical to individual development and therefore, to the long term quality of the labour force. The available evidence from the country studies and other sources suggests that childcare sector jobs are being increasingly bifurcated with a small number of jobs that are more stable and require higher qualifications, such as childhood educator, and a larger number of jobs in the occupations, such as parental assistant and childcare assistant, which offer low wages and no potential for career mobility. The number of workers employed in these occupations is growing faster than that in the more skilled jobs despite widespread recognition of the need to increase the skills of the childcare workforce so as to improve care. There are several reasons for this bifurcated growth: 1) In countries with largely private childcare systems, the less-skilled portion of the workforce provides labour flexibility and cost competitiveness. 2) In countries with relatively rigid access requirements for permanent career jobs in the sector, the use of non-credentialed workers provides labour flexibility and reduces the public cost of care. 3) In general, the poor wage prospects and career potential in the childcare sector (even at the high end of the occupational spectrum) have made childcare occupations less competitive with other alternatives for women. Thus, as the need for carers has increased, employers have had to turn to entry level, less skilled and credentialed workers to make up the "care gap".

Labour Force Turnover and Incentives for Training

40. A third issue of significance which links quality of care and workforce issues is that of labour force turnover and the disincentives that turnover creates for employer-initiated training. Experts on childcare provision in some countries refer to "a staffing crisis" produced by the inability to attract qualified personnel to childcare work and the high turnover rates among less skilled childcare workers, both of which affect the quality of care.

41. Staffing crises have been documented in a number of European countries, indicating the general nature of the problem (Moss and Mehuish, 1990). This problem takes on different dimensions in different countries, however, with high turnover affecting some countries more than others and some types of childcare settings more than others. A study of national childcare staffing patterns in the U.S. for example, indicated that turnover rates trebled between 1977 and 1988 and hover around 41% annually.

42. Research from Canada indicates that turnover rates are much higher in commercial centres than in non-profit or municipal centres. Turnover in municipal centres is approximately 13% lower than in commercial centres. Research from the U.S. shows a similar pattern. In 1992, independent non-profit centres reported the lowest four year turnover rates, 59% on average, compared to a range of 77% to 78% in other types of private centres: non-profit church, independent for profit, and for profit chains.⁵

43. Labour force volatility has a number of causes: low wages, lack of training opportunities, the closing of centres, unemployment rates, the availability of alternative employment for women, and

strenuous working conditions, particularly ratios of children to adults. Turnover rates are greatest for the least skilled and lowest paid portion of the workforce. Data from a study of 227 childcare centres in the U.S. indicated that trained teachers and centre directors had much lower turnover rates than assistant teachers. An interesting finding of this study was that although levels of education and training predicted turnover, they did so to a much lesser extent than wages, ethnicity and age. Younger workers who have any other employment options leave the field (Whitebook et al, 1993). This finding re-enforces the view that it is not economically sound to invest in worker training in childcare because workers are so likely to leave the field.

44. Recent research in Canada indicates the labour market consequences of volatility in the childcare sector. The occupational category which includes formal and informal childcare workers is predicted to have the highest gross amount of new jobs over the period 1995-2005 - more job openings than any occupation in Canada. At the same time the net absolute growth in this occupation over the next ten years is predicted at 14,600 jobs, fourth from the bottom of forty industries. The net number of new jobs in the occupation over the next ten years is less than 5% of the current workforce. Most of the predicted gross job openings is due to turnover.

Policy challenges and options

45. If the policy goal is to increase the skill level of childcare workers, keep the sector open to people with diverse qualifications, and reduce turnover, different country strategies may be called for. Where childcare is provided through the public sector, policy makers may want to raise minimum qualification standards for entry level childcare workers while maintaining flexibility through open access. This might be achieved by opening jobs to unqualified workers but requiring the achievement of minimum standards within the first year of employment. In highly flexible labour markets where care is provided through the private sector, policy makers may choose to regulate the quality of the "product" - childcare - thereby indirectly encouraging the employment of more skilled labour or increases in post-employment training.

46. Policy to increase skill levels should also consider an array of methods that would allow workers to gain and upgrade skills. Given the high level of labour force volatility in the childcare sector, skill development programs should be oriented toward workers rather than employers, potentially offering tax subsidies or vouchers to offset the costs of skill acquisition. Qualifying programs may include the traditional university-based programs but also programs for the newly employed, unskilled workers in the sector. Such programs could enable experienced but noncredentialed carers to obtain credentials as they gained work experience. Cross-sectoral programs could train childcare workers in general skills (problem solving, communication) and would enable them to recognise the application of these skills in a variety of occupational settings. In general, education and training programs should be designed to provide workers with clearer pathways linking experience and increased credentials to more responsible jobs and higher wages. These jobs may be in the childcare sector but also in more broadly defined social service fields or in care management.

47. Low wages create disincentives for increased qualifications in the childcare workforce. Therefore, policy to address the qualification question must also address the wage question. In the national studies, the efforts of Canadian unions to include child care workers in the provincial pay equity legislation appear as a notable innovation. There are also initiatives in the U.S. to link training and experience with compensation, again at a local level (Whitebook, et al 1993). These initiatives are especially important for new workers being drawn into the sector. Intermediary institutions, whether unions or professional associations, could play a substantial role in linking the quality of care to the

working conditions and earnings in the sector and in devising and supporting proposals to improve wages and working conditions.

48. Qualification programs in some countries are being reformulated so as to recognise prior learning by experienced childcare workers through, for example, competency-based assessment. Among the countries in this study, France, as well as some states in the U.S. and provinces in Canada, have undertaken programs to qualify childcare workers, recognising how their work experience contributes to their work credentials (Acker and Gottely, 1996; Human Resources Development Canada, 1996; Whitebook et al, 1993). What is still needed in these efforts are consistent standards relating recognition of qualification with wages.

49. The policy issues raised in this section concerning the childcare sector are arising in other caring sectors but with some critical differences. There are, for example, some commonalities between childcare occupations and elderlycare occupations - they are both predominantly female occupations and require some common caring skills. They differ, however, in very important respects. While both draw from the female workforce, childcare draws its workforce, especially its less skilled workers, more frequently from young women entering the workforce. Elderlycare workers are more likely to be at the other end of the age spectrum although some may also be entering paid work for the first time. The skills required of the two types of workers also differ, with childcare workers combining caring skills with educative skills and elderlycare workers combining caring skills with household management skills. Elderlycare workers are also more likely to have a longer term relationship with the person they are caring for and to have to deal directly with serious physical ailments. Childcare workers, on the other hand, may be responsible for a group of children over a relatively short period and expected to fill an educative function. Finally, the demand for elderlycare workers is growing faster than that for childcare workers because of the growing population of older citizens.

50. With these differences in mind, we now turn to a closer examination of the elderly care occupations.

III. EMERGING TRENDS IN THE ELDERLY CARE SECTOR

1. The Sectoral Content

51. As the proportion of the population of OECD countries that is elderly continues to increase, the private and public resources devoted to the care of the elderly has risen. of particular concern is how care is provided for that portion of the elderly who are frail or disabled (OECD, 1996c). Financing questions have been at the top of the policy agenda but increasing attention has also been given to the amount, types, and quality of services provided and to the role of family members, predominantly women, as care givers.

52. The problem of elderly care is complicated by the mix of social and health services required by the frail elderly. Although this report is primarily concerned with social services (such as home help) the provision of elderly care frequently combines health care and social services. Some countries provide public long term care, combining social services and health care, by covering the need for continuing care in the same way in which they provide health care to the population as a whole. Among the countries in this study,⁶ such an approach exists in Finland, The Netherlands, and Norway. Public care financing can occur through both social insurance-based and general taxation-based systems.

53. In another set of countries, long term care is primarily a personal or family responsibility with the state providing a safety net for those with insufficient resources. Examples of this approach include Belgium, France, and Germany up to 1994.⁷ These countries have social insurance financed health services which because of segmenting health from other needed ancillary services have made it more difficult to respond to complex elderly care needs. Of course, there are variations within these broad categories.

54. Funding approaches to home care are also varied but there are some commonalities. Home nursing visits are typically provided within the context of health insurance or general taxation based systems while home help is, in most countries, subject to user fees. France, for example, has divided nursing home costs into a "health" component to be met from health insurance and a "social" component to be met by the user on the basis of ability to pay (OECD, 1996c).

55. As OECD countries consider how they are going to respond to the needs of the growing elderly population, the financing debate has focussed on a number of key issues: 1) whether services will be supplied via cash grants to users to purchase services or in kind through publicly supported and certified providers; 2) the nature and extent of entitlement to care; 3) the extent to which income will be taken into account in providing services; and 4) how increased benefit costs in providing care for the elderly might be balanced by reductions in other types of benefits. As we will see, all of these debates have implications for the elderly care labour force and labour market.

56. With respect to provision of services to the elderly, a major distinction among country practices is between institutional and home-based care services. Countries form distinct groups - countries with high institutional usage (above 7% of people over aged 65) include The Netherlands and Norway, those with middle usage (from 4-6%) include France and Germany, Finland, and Belgium. Countries with low institutional usage (3% or less) include Italy and Spain (Hugman, 1994; OECD, 1996). Recent trends in institutional care indicate some convergence among OECD countries. According to the OECD report "Caring for Frail Elderly People". "Here is a strong indication, at the level of the most general indicator, that countries with a relatively high provision of institutional care in the early 1980s have either capped the growth or begun a proportionate reduction in such care".

57. Among the countries in this study, France has already experienced a significant reduction in the proportion of elderly people in institutional care and the Netherlands and Norway have adopted policies to decrease the proportion of elderly people in institutional care and have begun to see a downward trend in institutional care. At the other end of the spectrum, those countries with below average provision in the early 1980s experienced proportionate growth over the subsequent decade. These countries, including Belgium and Germany, experienced a marked absolute growth in the institutional population since the elderly population was growing substantially during this period.

58. With respect to home care, there are high levels of formal service (more than 10%) use in the Scandinavian countries, including Norway and Finland. Middle level service use (from 5 to 10%) is found in Belgium, France, and the Netherlands. Countries in this study with low proportions (under 5%) of home care include Germany (Hugman, 1994; OECD, 1996c).

59. When institutional care provision trends and home care trends are combined, the countries focussed on in this study fall into three groups: (1) countries that have a high level of provision in both institutional and home care - Finland and Norway; (2) countries which have middle level provision on both dimensions France and Belgium; (3) countries where an average or above average level of provision of institutional care is found but non-institutional care services are minimal - Germany. The Netherlands remains an outlier with a high level of institutional care and a middle level of home care provision.

60. These national differences have been attributed to the history of welfare provision, the degree of urbanisation, and cultural expectations. The reliance on institutional alternatives may also reflect strong support for a welfare state but limited development of alternatives to the institutional sector because of the concentration of professions within that sector, as in the Netherlands.

2. Key Occupations in the elderly care sector

Definitions and occupational Growth

61. As with childcare occupations, the structure of key occupations in the elderlcare sector is quite similar across countries (Table 5). Critical activities in elderly care include: (1) care co-ordination; (2) technical health care; (3) personal care; and (4) household maintenance activities. Over the past twenty years and with the expansion of home care, these activities have become more distinct by venue and by function. In particular, social (personal and homemaking services) have been separated from health care services

62. Beyond the general picture, trying to equate specific occupations across countries is very difficult for several reasons. First, as the work in elderly care has expanded, new job titles have been developed, combining and superseding previous occupational categories. One striking example is the development of the practical nurse occupation in Finland which replaces ten former lower level qualifications in the social and health care field. Another example is the emergence of the “aide à domicile” in France and the “alpha assistant” in The Netherlands, occupations which may combine personal care and household maintenance work. Secondly, the same job title may entail considerably different qualifications among countries as is the case with the category of “practical nurse” in Norway and Finland (Hoel, 1997; Kolehmainen-Linden, 1997). Finally, differences in organisational status and access to collective bargaining may differentiate workers with similar occupational responsibilities within a country. So, for example, organised care assistants in some countries may do work that is similar to alpha assistants in The Netherlands but work under considerably different conditions because they are covered by collective bargaining agreements. The complexity of occupational titles and conditions of work is a result of increasing demand for elderly care workers and quite distinctive responses by various OECD countries.

63. Although there is some variety in elderly care occupations, they are basically organised in a two tier structure, as was also observed in childcare. In the home care sector, the first tier is composed of practical nurses who have some level of formal training. In some cases they provide personal care to the client, such as assistance with chronic health or mobility problems, while in others (Norway) they may supervise other carers. The second tier is composed of home helpers who provide clients with basic assistance in daily activities which may include personal care but whose occupational purview does not include a medical dimension. These activities were once combined but the increasing population of frail elderly and the increasing intensity of care needed to deal with their situations especially under a home care policy, has resulted in the bifurcation of medical and caring activities.

64. Home helpers have, on the other hand, assumed some of the responsibilities once carried out by practical nurses, that of personal care. And, in some countries, there has been a recombination of work that had previously been carried out by separate occupational groups. In France, for example, expansion of the service supply in a very individualised form (working as self-employed workers for private individuals) has caused a hybridisation of what were distinct activity sectors - domestic services and the home help services (Labruyere, 1997).

65. Institutional settings employ a higher proportion of qualified carers who combine personal care and medical service, undoubtedly because they deal predominantly with frail elderly people with more serious health and care problems. The study from The Netherlands describes a common pattern of institutional occupational structure: "old people's homes frequently work with only two types of caring jobs which are of considerably different levels: the ancillary worker who mainly carries out household work and the carer who carries out caring, nursing and attendance duties (van den Herik, 1997).

66. With the shift to home care provision in many European countries, there has been significant growth in employment in the eldercare sector. In the Netherlands, employment in the domestic care portion of the social service sector grew 137% between 1983 and 1992 with just over one-third of jobs full-time.⁸ This growth has been disproportionately concentrated at the bottom of the occupational spectrum with alpha assistants accounting for 11% of working hours in 1989, a figure which rose to 20% of all working hours by 1993. By contrast, employment in institutions for elderly people grew 10% between 1980 and 1994 (van den Herik, 1996). Similar trends are apparent in Finland where the number of employed labour force in elderly care increased fourfold between 1970 and 1990. The majority of this increase was concentrated in less skilled occupations associated with the domestic care sector. (Kolehmainen-Linden, 1996). In Norway, the practical or auxiliary nurse occupation which encompasses personal care grew 102% between 1985 and 1995 in contrast with a growth rate of 72% for the nursing occupation which is more strictly concerned with medical care (Hoel, 1997). And, in Germany, numbers employed in geriatric nursing grew by 825% between 1970 and 1987 and 188% between 1987 and 1995 (Meifort, 1996).

67. In some cases, such as France, the increasing demand for elderly care workers is somewhat "disguised" because work is carried out by self-employed workers who fall within the "domestic services" category. The number of such employees has shown a dramatic increase between 1987 and 1995, with the almost exclusively part-time work translating into the creation of 70,000 additional full-time equivalent jobs (Labriere, 1997). In general, even where there are not data on growth in the specific occupations concerned with eldercare, the growth in the size of the elderly population and in the number of residents in eldercare institutions indicate expanding demand for workers in this sector.

Occupational Characteristics and Access to Key Occupations

68. Almost all the growth in the elderly care sector is concentrated in the female workforce although the percentage female varies somewhat from county to country. For example, a higher percentage of men are employed in these occupations in Germany (13.2% in 1995) than in other countries where the female workforce constitutes 95-99% of the total workforce.⁹ Women tend to dominate both the increasingly qualified workforce and the less skilled occupations. Home care workers are almost exclusively female across countries. To the extent that men are present in the sector they are often in maintenance or institutional management positions rather than in direct caring occupations (KolehmainenLinden, 1996; Meifort, 1996; Skinner and Robinson, 1988).

69. The increasing proportion of the eldercare workforce concentrated among home helpers is reflected in the educational profile of the sector (Table 6). In Finland, the number of employed home helpers without any vocational training in elderly care increased between 1980 and 1990. This figure reflects the increase in domestic help occupations. By contrast, only 7% of home care assistants, who provide personal care, had no vocational education. However, across countries, the average labour force participant employed in eldercare was more educated in 1990 than in 1970. The pattern of changes in educational achievement has been fairly consistent. In the 1970s, the relatively small labour force in elderly care had primarily primary school educational credentials. In the 1980s, the proportion of the

workforce with secondary and higher level educational credentials increased, reflecting the professionalisation of the field. In the 1990s, as the labour force expanded, the new labour force was more educated than that in the 1970s but the majority of additions to the workforce had only a secondary education.¹⁰ Bifurcation of credentials is obvious across countries so the increasing educational attainment in the caring workforce is undoubtedly a reflection of increasing educational attainment in the female population as a whole rather than reflecting sectorally specific changes

70. The growth in home helper occupations is also reflected in the age profile of the workforce. Job incumbents in the eldercare sector are older than they were in the 1970s in Finland with the average age of workers in the 1990s in their late 30s (Kolehmainen-Linden, 1997). In the Netherlands, evidence suggests that this ageing of the incumbents is particularly associated with growth at the lower end of the occupational spectrum. Of the alpha assistant, the fastest growing occupational group, 60% are over 40 years old. Of the other care workers, 50% are over 40 (van den Herik, 1997). Another indicator of the age group in this portion of the workforce is the mean age for the basic credential for the aide a domicile in France (37.5 years) (Acker and Gottely, 1996).

71. Two patterns appear across countries with respect to access to key occupations in the elderly care sector. In the first and more traditional pattern (as is the case in Belgium), access to employment as an eldercare service provider is acquired through a minimal post-secondary school degree. In this pattern, elderly care workers obtain access through basic qualification but have few options for either horizontal or vertical mobility within the sector.

72. The second pattern is increasingly common and related to reliance on home care. In this pattern, there is easy access to the positions in the bottom tier of employment, such as those now defined as home helper. This access may occur through employment by an individual employer or through intermediary organisations, including temporary help agencies. At the other end of the spectrum, access to the professionalised occupations that are associated with medical care requires formal training and is restricted to those who have obtained that training. Access is being affected by a bifurcation of necessary qualifications and the absence of programs which recognise experience in lieu of training or which provide training that would allow less skilled providers to obtain higher order skills while "on the job". It is also being affected by the organisation of work and the tendency to make work more client centered rather than emphasising the importance of specific occupational skills and boundaries.

3. The organisation of work and its implications for career patterns

73. As has already been described, two transformative factors are important to understanding changes in work organisation in elderly care. First, changes in financing have led to an increase in home care services and diversification of the types of services available to elderly people. Second, attempts to rationalise provision in response to increasing demand have led providers to separate more skilled and expensive work (such as diagnostic medical care) from less skilled work (such as assistance with personal care or domestic work). These "Pressures", however, have produced different responses. In some countries, such as Finland, since personal care and domestic help activities continue to be provided predominantly by one employer - the public sector - work organisation is more co-ordinated and there are a limited number of venues, allowing control over working conditions. In countries, such as France, where responsibility for personal care and domestic assistance has shifted to the client, the division of labour between domestic assistance and personal care has become more ill-defined and working conditions have diversified, depending on the employer.

74. As countries in the study try to respond to pressures to reorganise work, there is a tendency to replace vertical hierarchies of care with horizontal care management groups or teams. The purpose of teams is to better manage and co-ordinate care for efficiency and quality. These care teams or groups can be organised in different ways. In one case, care providers employed by the public sector work together to provide the elderly person with the types of assistance needed. This is generally the character of the Scandinavian model and is exemplified in this study by the Finnish care system. The other model, one that is developing in many countries, is that in which medical care is provided through tax-based or social insurance systems, while personal care and domestic assistance are the responsibility of the family of the elderly person or of self-employed workers. The employment of personal care or domestic assistance workers may be the unsubsidised responsibility of the individual, as it is in the U.S., or subsidised through tax deductions and exemption from social security contributions, as it is in France. The trend toward more individualised employment has combined with the differentiation of work sites to fragment already quite limited career paths and increase the tendency toward bifurcated employment structures. These organisational changes are reflected in working hours and earnings patterns and in other human resources management issues.

Differentiation of Work Sites and Services

75. The workplaces within which care for the elderly occur are broadly differentiated between homecare settings and institutional settings although intermediate settings, such as residences with access to continuing care, are emerging as more important. The increasing variation among institutional settings in the sector increases potential fragmentation in workforce practices but also provides the possibility to link health care for the elderly to other social services. Movements in Scandinavia and the United Kingdom, for example, establish small group living arrangements which provide for both personal and social services in addition to medical care. Similar programs exist in the residential flats for the elderly in Belgium and "continuous care" living arrangements in the U.S. These arrangements combine a high degree of independent living with access to immediate care as required. With more home-based work and emphasis on intermediate or outpatient care, workplace size has decreased for elderly care workers. Many elderly care workers, in fact, work in very isolated circumstances and may only see their colleagues at infrequent staff meetings (Kenna, 1993; Kolehmainen-Linden, 1997).

76. The range of services that can be provided to people who remain resident in their homes is also expanding and creating demand for a more diverse workforce. For example, in Denmark, the total number of centres providing evening and 24 hour service to elderly residents in their homes increased from 39 to 268 between 1983 and 1994. Among common services provided are transport, prepared meals, social centres, and day hospital (Acker and Gottely, 1996; Hugman, 1994). This intensifies the needs to share skills and experience and for collective action to provide workers with basic protections.

Working Hours

77. The overwhelming majority of elderly care workers are employed on a part-time or casual basis (Table 6). In many countries, the proportion of part-time and casual workers in these occupations is considerably higher than for the female workforce as a whole. Full-time work is more common in institutional settings and so the countries that have a higher proportion of elderly care in institutional settings have a higher proportion of full-time workers.

78. Evidence on working hours indicates that the proportion of the elderly care work force that is part-time has been increasing (HIVA, 1996) but that this increase may be attributable to the emerging

division of labour and the increasing employment of domestic assistants who work very short hours per week. In France, the weekly average for home helpers was 8 hours and only 2 out of 10 workers worked a half-time week. (Acker and Gottely, 1996; Labruyere, 1997). In The Netherlands, only slightly over 4% of the work force is full-time, with an average work week of 17.5 hours in home care where a maximum of 24-32 hours per week applies because of the efforts demanded in the job (van den Herik, 1997).¹¹ There is a significant amount of part-time work even among the more skilled occupations in the sector. For example, in Norway, approximately 55% of practical nurses work part-time (Hoel, 1997). Finland is an exception to the part-time orientation of caring work with only 3% of home care workers employed part-time (Kolehmainen-Linden, 1997).

4. Earnings

79. In general, earnings ratios described in the country studies indicate a decline in the earnings for elderly care workers across occupational categories in comparison with the female workforce and the workforce as a whole (Acker and Gottely, 1996; Kolehmainen-Linden, 1997). One exception is the case of Norway where wages for practical or auxiliary nurses rose in the late 1980s and early 1990s as a benefit from the increase in general educational training and have subsequently levelled off (Hoel, 1997). The Netherlands reports that care workers emerge as the group with the lowest hourly wage. The issue of comparable worth is raised frequently with regard to elderly care workers. For example, an Australian study noted that an inexperienced grave digger is paid more than a worker responsible for the care of a frail elderly person (Kenna, 1993).

80. As is the case with childcare workers, collective bargaining makes a difference in the wages of elderly care workers. Workers covered by bargaining agreements whether in the public or private sectors have better wages and job benefits than their counterparts not covered by collective bargaining. This is particularly apparent in the case of the Netherlands. In France, the "mixing" of the domestic services and home help sectors has improved the situation of employees of private individuals who have benefited from the collective agreements for home help. On the other hand, the increased individualisation of employment may compromise these gains and lead to further deterioration of earnings in the home help sector (Labruyere, 1997).

81. One significant source of differences in workers' earnings is regional disparities. The provision of care services for the elderly and resources for the care of older people tends to be increasingly a local, municipal responsibility (Kolehmainen-Linden, 1997; van den Herik, 1997). Local wage rates in that case take precedence over nationally negotiated collective bargaining agreements that govern wages in other sectors.

5. Policy issues and initiatives in the elderlycare sector

82. There are four major issues that appear consistently across countries with respect to the elderlycare workforce:

- 1) turnover in the workforce;
- 2) the need for recognition of skills through more sophisticated job evaluation procedures;
- 3) finding ways to increase the skills and competencies of the existing workforce;

4) the need to balance the need for increasing qualification with the increasing need for carers.

These issues are similar to those raised with respect to childcare workers but raise some additional concerns because of the rapidly increasing demand for eldercare workers and the particular skills required of these workers.

Turnover and Labour Force Mobility

83. As has already been suggested in the discussion of childcare workers, evidence on the turnover rates and mobility patterns of workers in caring occupations is important for several reasons.. High rates of turnover may negatively affect the quality of care provided and sectoral productivity. So, they can, in and of themselves, impact the quality of employment in the sector. The country studies indicate that turnover rates are lower for workers employed in the public sector, presumably because working conditions are better. They are also lower because the workforce in elderly care tends to be an older workforce and hence, less likely to seek alternative employment.

84. Turnover however is a complex phenomenon. High rates of turnover are usually taken to indicate dissatisfaction with wages, working conditions or other variables. In the caring sector, turnover may also be an indicator of upward mobility. Because of the short job ladders in the elderly care sector, upward mobility may necessitate inter-sectoral movement. For example, data on movement of workers employed in caring occupations to other sectors indicate that they are acquiring skills that are useful in other types of jobs (Kolehmainen-Linden, 1997). On the other hand, low levels of turnover do not necessarily indicate job satisfaction. They may also indicate lack of employment opportunities for the segment of the workforce employed in caring occupations. The complexities of interpreting the meaning of turnover in the case of caring workers suggest how conventional economic interpretations of labour force measures may be faulty when applied to women workers.

85. Although it is somewhat inconsistent, evidence from the country studies and other comparative sources indicates that:

- movement from outside the labour market and into elderly care positions has decreased from the mid-1970s to the present.
- the proportion of people coming into elderly care occupations who had been unemployed has increased over the period.
- the proportion of people coming into elderly care from other industries has also increased during the period.
- those incumbents moving to other sectors tended to move to ancillary sectors in medical services, public administration and social services

86. The stability of the workforce has been sustained with little variation in countries in which caring occupations remain substantially in the public sector (Kolehmainen-Linden, 1997; van den Herik, 1997). For example, a measure of 56% stability in 1980-85 to 51% from 1985-1990 in Finland. Stability differs among segments of the workforce, however. Male workers appear to be more mobile than female workers. And, it is the younger and more educated workers who are moving to other sectors and out of elderly care. As is the case with childcare workers, turnover rates in the elderly care sector are higher in those countries in which commercial services dominate the market.

87. One interesting fact brought to light in the Finnish study is that those who moved out of elderly care and into other sectors were more likely to have individually obtained more training than those who stayed in the sector. Between 1980 and 1995, 2% of those who remained employed in elderly care and 16% of those who left had obtained further education.

88. The problem of turnover has been particularly addressed in Germany where job enrichment programs have been developed for both formal and informal carers, including certification programs in ancillary fields such as physical therapy (Meifort, 1997).

Recognition of Skills in Job Evaluation

89. Recognition of skills among elderly care workers is an important issue and there are different approaches to both recognising and evaluating the skills of elderly care workers. In some countries, a task orientation predominates. In others, there is a movement to recognise that caring workers must exercise complex skills in areas such as problem diagnosis and social interaction. Recognition of the skills exercised by elderly care workers has become a major issue in some countries.

90. A major policy strategy has been to regularise the ways in which elderlcare work is evaluated, and to develop job evaluation schemes that reflect the full range of skills utilised by elderlcare workers. In The Netherlands, as has already been seen, carers' jobs have been incorporated within a broader job evaluation system which is covered by a collective bargaining agreement (van den Herik, 1997). In Belgium, there is a pilot project to evaluate and recognise the skills of elderly care workers, including both the social and medical spheres of activity (HIVA, 1996).

91. Some of the most innovative efforts in evaluation and recognition of carers' work activities have been carried out in Australia which has launched a national effort to identify skills obtained through work experience and to encourage the recognition of these skills in job classification and evaluation systems. In France, the Certificate of Aptitude for Home-Help Functions (CAFAD) recognises the interpersonal skills associated with elderly care and is based on the experience of concrete work situations (Acker and Gottely, 1996).

Increasing Skills and the Training of the Workforce

92. Given the psychological and physical complexities of caring for frail elderly people, skill requirements are obviously increasing for carers in the institutional portion of the sector and undoubtedly, for all carers. This implies that elderly care workers must be multi-skilled and adaptable to the immediate needs of the people they care for. A more sophisticated analytical framework to analyse the activities of elderly care workers recognises the centrality of negotiation and interpersonal communication in all but the simplest "tasks" so these psychological functions and associated skills are given precedence in job definition and evaluation.

93. The skills held by home care workers are, for the most part, obtained on the job although in some countries workers are enabled to attend "short courses" on skill areas. According to van den Herik (1997) demands on expertise include: "knowledge about terminal care, syndromes, psycho-geriatric, psycho-social and behavioural problems, and knowledge and skills working with various equipment." The major skills identified in the country studies of elderly care workers included interpersonal skills, communication skills, administrative skills and specialist knowledge.

94. Interpersonal skills are required for many jobs and include some quite specific characteristics such as patience, selfmotivation, flexibility, organisation, assertiveness and diplomacy. Communication skills are more widely recognised as "real" skills. In the case of these occupations they include: listening, telephone skills, informing and negotiating. Administrative skills include form filling, banking and book keeping. Finally there are the specialist skills which include knowledge of hygiene, first aid procedures, emergency procedures, and nutrition.

95. Other aspects of these jobs which need to be taken into account in assessing their value and skill level are the extent of autonomy of the workers and the continuous need to make judgements about the needs and condition of their clients. These jobs are inherently very responsible if we measure responsibility in terms of the outcomes of irresponsible behaviour.

96. Policies responses to the need for skill development include those in The Netherlands which has undertaken an effort to develop a national qualification system within which vocational education programs will respond to skill needs in the elderly care workforce. Norway has developed a two-year practical nurse training program for people already in the elderlycare workforce. These practical nurses form the core of the home care portion of the sector (Hoel, 1997). In Finland, ten secondary level qualifications in social and health fields were combined into one training program which qualified practical nurses. One distinctive aspect of this program and a similar vocational education program in The Netherlands is a goal to qualify workers to apply qualifications across sectors. Qualified workers can be employed in the community and in institutions and develop credentials which will allow mobility across social service occupations (Kolehmainen-Linden, 1997; van den Herik, 1997).

Balancing Career Development and Qualification with the Need for Access

97. As in childcare, there is increasing recognition of the need for more skilled workers in this sector but apart from medical training in specific conditions (such as elderly patients with Parkinson's disease) there are few models for generally increasing skills in the sector. Middle level skill training is recognised as necessary but it is difficult to provide in an increasingly fragmented labour market. This is particularly apparent in country models, such as those of France and the Netherlands, which are attempting to increase access to jobs in the sector by lowering access requirements and developing client as employer - centered systems for non-medical care. They run the risk of creating bifurcated labour markets with no path between entry level jobs with no certification and those, higher qualified jobs with certification and protected by collective bargaining rights.

98. The lack of career progression in elderly care occupations is generally evident across OECD countries. The few studies which have looked at this problem specifically suggest the following causes:

- a) the absence of a career path in the past - workers coming in to the occupation don't perceive opportunities for upward mobility. (This may be particularly true for older workers entering the sector.)
- b) the lack of recognition of the skills and skill hierarchy in the jobs.
- c) the vague definition of skills needed for jobs at the bottom of the job hierarchy makes it difficult to define more specialised jobs in a promotional ladder. Work in these occupations has not been designed with promotion and up-skirting in mind.
- d) the isolation of many workers engaged in caring occupations (Kenna, 1993).

99. Very little research has been done on the potential for vertical mobility in these sectors but the country studies suggest some critical variables. First there is a difference between care giving and care management. Care workers have little access to management skills although a course on the "Management of Care" is available to the sector workforce in the Netherlands.¹² In addition, higher management functions are often filled by external hiring rather than internal promotion. Very often these positions emphasise management skills over any experience in the caring sector per se (van den Herik, 1997).

100. Very few opportunities exist for either institutional care assistants or home carers to achieve upward job mobility. The study from the Netherlands makes this point well: "The number of (geriatric) assistants is steadily falling while ... the gap between household chores and personal/nursing care continues to widen. As a result the post of ancillary worker has become something of a dead end job. The gulf from ancillary worker to carer is practically impossible to bridge, unless ancillary workers choose to train as geriatric carers" (van den Herik, 1996:53). A similar situation exists with respect to domestic carers. And, while horizontal mobility paths are possible, they are problematic in many countries because employers may use the rhetoric of horizontal mobility (as in "broad banding") to increase tasks and workload without compensation or recognition of increased responsibility.

IV. THE RESTRUCTURING OF WORK IN THE CARING SECTORS: AN OVERVIEW

101. In contrast with other female occupations that have been dramatically altered by changes in work process and production organisation in the past twenty years, caring jobs have only recently begun to demonstrate the effects of work restructuring. The push to reorganise work in the caring sectors is, in part, a consequence of their significance in the economies of OECD countries (OECD, 1996b). In Finland, for example, social services employed 1% of the total labour force in 1970 and 5% in 1990 (Kolehmainen-Linden, 1997). The changes we are seeing in the organisation of work in the sectors employing caring workers are occurring as a result of:

- 1) changes in the regulatory frameworks that govern the provision of services;
- 2) decentralisation and privatisation of the financing and, in some cases, the provision of caring services;
- 3) the indirect effects of economic and social policies such as those aimed at alleviating unemployment.

In contrast with other sectors, such as business services, where technological developments have been central to transforming the work process, the caring occupations have been relatively less affected by technological innovations. It is likely, however, given the tendencies toward rationalisation that technology will play a major role in changing work in the caring sectors in the next ten years.

1. Changes in Regulatory Frameworks Governing Care Occupations

102. A critical influence on the structure of employment emanates from national and local regulation which determines: 1) the number and skills of workers in caring institutions (staffing norms), 2) standards of care for individual and institutional care; and 3) occupational qualifications. In many cases, these regulatory frameworks have been re-worked to respond to changing demand or to reduce the costs of provision. Either directly or indirectly, changes in regulation have served to increase the private provision

of care; to weaken governmental controls over the qualifications of some workers (particularly in home care); and to weaken the influence of collective bargaining on the conditions of work. Changes in staffing patterns, increasing the ratio of unqualified to qualified staff in childcare centres, for example, are one result. Another is the increase in the use of unqualified homelier workers in elderly care.

103. An example of the significance of regulation to working conditions and the labour force is the law passed in 1991 in France creating family jobs (“emplois familiaux”). This law resulted in a dramatic growth in private employees serving the needs of the aged and caring for young children in French households (Acker and Gottely, 1996).

2. Decentralisation of Financing and Provision

104. The ways in which caring work is financed are changing both to provide better services and to reduce public costs. These changes in financing are having significant effects on the organisation of work. The country studies indicate that the alterations in the financing of caring activities include commercialisation, compulsory insurance programs, and increasing purchase of services by individual clients. Another major trend in those countries, such as France, where public sector services prevail is in the decentralisation of responsibility for service provision to local authorities (Acker and Gottely, 1996).

105. Decentralised financing has historically shaped the provision of caring activities in some countries, most notably, Canada and the U.S.. In Canada, provincial government regulation and financing of social services has created a complex of different systems within the Canadian polity. In the U.S., where caring services are largely provided by commercial or non-profit organisations, a plethora of sub-national state regulations dramatically affect and differentiate the working conditions and wages of caring workers.

106. In the area of childcare, decentralisation of financing and provision is reflected in differentiation in wages and working conditions across localities and among public, commercial, and non-profit service providers. This differentiation is most characteristic of countries where care is provided via the market. It is also occurring in countries such as France with nationally financed and organised childcare systems, although the differentiation is largely confined to the portion of the sector concerned with the care of infants via home care.

107. With respect to elderly care, there has been a move away from institutional care for the "young" elderly to home care services. In conjunction with the move toward more home-based care has come a general decentralisation of service provision and employment from the national to the local level. In some cases, the move to home care has been driven by a need to cut costs. In other cases, home care is one dimension of a widening range of services to the elderly that respond to an increasing variability in services needed as the elderly population expands.

108. The restructuring of the public sector also appears to be altering the quality of work in some caring occupations. In some countries, there has been a change in the division of labour, with more specialisation of tasks in some occupations. In other countries, the "professional" qualifications associated with caring work have been deteriorating because of the reassignment of work to less qualified and more cost effective personnel as demand for caring services has expanded. This is so even in the Northern European countries which have a historical commitment to high quality social welfare services (KolehmainenLinden, 1997; van den Herik, 1997).

109. There are different home care models which imply different occupational hierarchies and work organisation for people employed in elderly care activities. Two prominent models are in the Netherlands, in which a range of community-based support services is managed by a specialist social worker and in the U.K where a social worker recruits non-professional carer (Ungerson, 1990). These two approaches have different implications for caring workers, the first drawing on a team of skilled and less skilled workers and the second, putting more emphasis on the managerial skills of the social worker who organizes and monitors less skilled workers performing the care work.

110. In some countries community care has evolved into a system in which care in the community is, in reality, care by female relatives. The use of relatives or self-employed workers to carry out caring functions is a very different concept than that of community care which emphasises co-ordinated care which brings the recipient of care as well as the providers into a community of care.

111. A critical literature has developed, particularly in Scandinavia, which recommends that policy makers recognise the extent to which community care means care by female family members and orient policy to support these informal carers (Wareness, 1990). In countries with already high levels of community care, such as Denmark, there is pressure for more support because of the expectation that community care substitutes for both family member provided care and institutional care, while still requiring some involvement from family members. In other countries, increasing support for informal carers is intended to dampen demand for institutional care which is much more expensive. It is important to note that support for home-based "community carers" is more extensive in those countries with social welfare state commitments to provide for people in their old age. Where care for the elderly is primarily a family responsibility, family members who care for elderly relatives have fewer community resources to assist them.

3. The Interrelationship of Childcare and Elderlycare Policies to Other Social and Economic Policies

112. Policies that directly affect the labour market opportunities available to childcare and elderly care workers are embedded in a broader social and economic policy framework. The country reports suggest that policies such as those to provide employment for unemployed people, to change retirement provisions or age at retirement, to shift government decision making to the local level, or to affect the origins or level of immigration all have implications for the care available and, indirectly, for employment practices governing caring workers. In some cases these "indirect" policies may contradict the stated aims of policies developed specifically for the care sector.

113. In the U.S., for example, policies to encourage women currently receiving welfare assistance (Aid to Families with Dependent Children) to enter the caring sector as a source of employment will increase the number of unqualified carers. This policy directly contradicts policy aims in the sector to increase qualification levels in the workforce. At the other end of the spectrum, general policies to increase the qualifications of the workforce could limit access to caring occupations. A more open labour market policy may alleviate unemployment in groups of potential workers who could enter the sector and do well with training received in the course of their work. The key to making such open labour market policies work effectively lies in the existence of training and credentialing capacities for newly entering workers and in their ability to earn sufficient wages.

4. The Question of Technology and Care Management

114. Technological innovations have not, thus far, played a major role in the restructuring of work in the caring sectors. With an increasing population of frail elderly adults, however, technology is likely to play an increasing role in increasing the self-sufficiency of the elderly and in monitoring from a distance. The most important development of technologies in the caring sector, however, (affecting both childcare and elderly care workers) is likely to be in the area of care management, that is getting information, procuring services, and co-ordinating and supervising services. Many of these innovations will be directed at easing the burden of working carers but caring work will potentially be affected by technology which rationalises the timing and content of care activities (Cullen and Clarkin, 1994). An interesting question is whether these emerging care management jobs will be held by women. Evidence from the country studies in Finland, Norway, and also from the U.K.(Skinner and Robinson, 1988) suggests that women are underrepresented in managerial jobs in the caring sectors. In part, this may be because a distinction is made between caring skills and management skills thus disadvantaging women who begin as carers but wish to move into management positions. Career breaks, part-time work, and ineligibility to apply for professional training also create barriers to women who want to these positions. Since care managers will play a central role in defining the content of caring work, it is critical that occupational linkages be developed between the "grassroots" caring workforce and care management jobs.

115. These restructuring trends define a set of issues that will be of continuing concern to those interested in the professionalisation of the elderly and childcare occupations and the future of women's work in social service occupations.

V. CONCLUSION: THE DEVELOPMENT OF CARING PROFESSIONS

116. The beginning of this report described some of the broader tendencies that are re-shaping caring labour markets. Of particular significance is the changing role of the public sector in response to increasing demand for social services and decreasing fiscal capacity. Although social expenditure levels have risen across OECD countries, governments are devising new ways to make those expenditures more cost effective in the face of increasing service demands. This report documents some of the major trends - privatisation, localisation of financing and wage bargaining, decreased use of institutional and increased use of home care that are dramatically altering service provision. In the course of these changes, the role of the public sector is shifting, sometimes marginally and sometimes significantly, away from service provision and toward a more regulatory and managerial role. This shift has significant consequences for women who have benefited from the wage margin provided by public sector employment and national wage determination systems for public sector workers. It also points to the fact that social welfare provision now has to be understood and analysed within a wider framework than that of public sector employment.

117. The increasingly fragmented and decentralised care market in many OECD countries presents significant challenges for professionalising the caring occupations. In addition to the policy issues and strategies described in the occupational case studies, we can define a set of broad issues that apply across the caring occupations which will shape the potential for professionalisation.

Issue 1: Employment Creation but with Wage Bifurcation and Deterioration

118. As the need for caring workers has expanded, unemployment has declined. The rate of unemployment among self-identified caring workers is quite low across OECD countries. The country

studies indicate, however, a deterioration in the relative wage rates paid to caring workers, in particular, where caring services are obtained by the client as an individual rather than through a state agency. Wage stagnation and deterioration is especially affecting the lowest level occupations, such as home care helper and child care assistant, which also have the highest incidence of part-time work. Although carers' wages, as a whole, are, across countries, lower than those -for the female workforce and significantly lower than those for the male workforce, there is evidence of a relationship between pay and credentials. There is also evidence that workers covered by collective bargaining agreements and represented by unions have higher relative wage rates than those not covered by agreements. In fact, one of the apparent reasons for the deterioration of overall wage rates and bifurcation of wages within the sector is the decline in coverage of all workers in the sector under collective bargaining agreements. Domestic assistance work, one of the most rapidly growing occupational categories, is most frequently excluded from collective bargaining agreements.

Issue 2: The Changing Division of Labour: Implications for Mobility

119. Care workers have historically been employed in workplaces with very short job ladders and, frequently, in highly isolated work settings. The country studies indicate that, in some countries, diminishing the public sector provision of caring services may exacerbate the career ladder problem. Public sector provision is associated with the evaluation of job content and evaluation systems are critical to occupational recognition, adequate compensation, and the development of occupational hierarchies. As provision becomes more fragmented and decentralised, evaluation procedures will need to be developed and implemented to encompass the wider workforce of carers.

120. Although in the elderly care sector, recent trends appear to indicate a more complex division of labour with personal, health care, and domestic assistance separated into different occupational categories where they had once been combined or at least demonstrated a great deal of overlap, the separation of these jobs has not led to the creation of a hierarchy of skill in a single but expanded occupation but instead to a segmented labour market. The function requiring the least formal qualification, domestic assistance, has been separated and assigned to workers who are at the periphery of the labour force. They are hired via different labour market mechanisms than the personal carers and especially, the health care personnel. The primary reason for this change in the division of labour has been to reduce costs by limiting the responsibilities of the health care professional to specialised health care.

121. A similar trend exists in childcare with an increasing portion of the childcare workforce made up of family care workers (typically young women) with few if any qualifications.

122. A key division of labour in caring work across all OECD countries is that between caring performed in institutional settings and that performed more informally in the homes of carers or in the homes of clients. Caring work in institutional settings is more frequently performed within a job hierarchy which includes workers from associated sectors: health services and social services at least some of whom have acquired professional skills, such as those in practical nursing, social work, and administration. Caring work performed in the home of carer or client is typically limited in occupational scope to a small number of occupations such as home maker and home care helper (in the case of elderly care) or child minder (in the case of childcare). The work of home carers is likely to be managed by a professional in social work rather than by a carer who "has come up through the ranks".

123. The available evidence indicates that to the extent that career mobility exists in the caring occupations, it is linked to an institutional setting. As more caring work occurs in isolated homebased settings, the possibility for a career path is diminished. The solution to the problem of the independent

care worker is a difficult one but some country evidence suggests a role for intermediary institutions to construct a web of connections among workers which could replace those traditionally provided by public sector institutions.

124. The absence of a career path in caring occupations may be associated with the extremely high turnover rates in these occupations which affect the quality and productivity of service provision as well as the quality of work. There is some evidence that workers in caring occupations who obtain additional education deploy it to leave the caring sectors. Thus career mobility is associated with leaving caring work rather than moving to a higher skill and compensation level within the sector.

125. It is important to note, however, that, in some situations, career mobility is less important to workers than the quality of work. Although the majority of workers in the caring sector are interested in moving into jobs with increased responsibility and compensation, all workers, whether upwardly mobile or not, are concerned with the quality of the care they are providing and the quality of their experience as carers. The country studies indicate that high child-adult ratios in childcare and high client-carer ratios in elderly care, along with lack of interaction with other carers and lack of programmatic support, contribute to worker dissatisfaction and turnover.

126. To the extent that opportunities for intra-sectoral mobility are being created in emerging, fragmented systems, they appear to arise in situations where social service and health organisations are interested in economies of scope rather than in scale. The potential for carers to move across age groups and types of caring situations provides opportunities for more flexible skills and a differently organised labour market centered on polyvalent workers in health and social services. The leadership of the public sector in organising these more complex labour markets is evidenced in the case of Finland (Kolehmainen-Linden, 1996). Models for a crosssectoral, team approach to care provision and training need to be extended to care givers in the full range of care provision systems.

Issue 3: The Recognition of Skills Specific to Caring

127. The skills required of caring workers are complex and difficult to evaluate. They are frequently measured in terms of tasks but must draw on higher order skills. Caring work and caring occupations are defined by manual, mental, and emotional work. "Caring about involves paying attention to certain aspects of the world in a way which focuses on continuity, reproduction, and maintenance. Care giving refers to concrete tasks of caring, to practical maintenance and repair. Caring relationships are based on reciprocity and mediation" (Kolehmainen-Linden, 1996). Caring occupations require a confluence of skills which combine head, hand and heart, that is technical skills, physical skills, and emotional communication skills (van den Herik, 1996). Programs to evaluate and recognise these skills must move beyond a task orientation to consider how all of the necessary skills intersect.

128. There is, in fact, some evidence from the country studies of a conflict between the image of caring work, which is typically portrayed as requiring few skills, and the reality in which quite complex skills are required of caring workers. This is reflected in a gap between officially recognised training requirements and the reality of hiring decisions (Meifort, 1997; van den Herik, 1997). To some degree, the requirement for higher order communication and diagnostic skills (for example) is met via an increase in the general education of the female workforce. It is not yet reflected in a recognition of higher level sectoral skills.

Issue 4: Access to Training

129. Training for caring workers is provided through both credited programs and through informal mechanisms such as workshops, conferences, and publications. Access to training is hampered by a range of factors which differ in severity from country to country. For example in Canada and the U.S., the geographic isolation of some providers, such as workers in small rural retirement facilities hinders their access to training programs. Linguistic and cultural barriers may also limit access to training as does the time scheduling of training - which may conflict with work or family obligations. As work becomes more intensive, the opportunity to participate in training programs may also be constrained by an inability to take time off from daily work to participate in training. In some countries training costs, even those "on the job" must be borne by the workers whose wages do not allow them to absorb these costs. This trend tends to be generalised as employer provided funding for continued training is everywhere on the decrease. In Finland the obligation that had existed for municipalities to provide training for their care workers has been abolished (Kolehmanen-Linden, 1997).

130. One issue linking training and career mobility concerns the transferability of training credits or experiences. Because of the absence of accepted standards of training and accreditation, this transferability is almost absent except in nationally regulated systems such as that in France. As provision becomes more complex and fragmented and regulation more decentralised, it can be expected that the problems of accreditation standards and transferability of learning will increase (Pritchard, 1994).

Issue 5: The trend toward more "invisible" caring work and its costs

131. The country studies and other research indicate that decisions concerning the position of social service benefits often presume that caring responsibilities will *in fine* be assumed by the family, that is, typically, by women. Recent reforms, such as in France and Germany, introducing the option for elderly clients of accepting a cash payment in lieu of services creates a situation in which women assume the burden of care in return for what is not a wage but a supplement to household income. This undermines the labour market position of those workers who care "for a living", and the collective bargaining agreements that govern the conditions of work in this sector.

132. As many OECD countries face a "Care Gap", there will continuing discussions regarding how to maintain a commitment to women's ability to participate in the labour force on equal terms and the need to provide care to a growing dependent population. One critical question that will determine policy directions is whether it is assumed that caring is a woman's inherent responsibility or whether it is a social responsibility.

133. In considering the cost of services for children and the elderly, we need to remember that providing care always involves costs. For example, the uncompensated care that women provide for children and elderly relatives imposes heavy long term costs on them in terms of foregone earnings and reduced pensions.

NOTES

1. This report is a continuation of a study on women and structural change initiated by the OECD Working Party on the Role of Women in the Economy (OECD 1994). The 1994 report described some significant tendencies affecting women as they increased their participation in paid employment. In some respects these tendencies are reflected in magnified form in the findings regarding women's employment in the occupations in this study.
2. The list of countries and national experts is given at the end of the report.
3. Significant additions to the study materials came with the assistance of Public Services International and their affiliated national unions of public and service employees.
4. As has been described in other sectors employing large numbers of women (such as banking) it is difficult to find a route to advancement in a very dispersed hierarchy.
5. Since the trend toward commercialisation of childcare is relatively recent in the United Kingdom, comparable information is not available.
6. Belgium, Finland, France, Germany, The Netherlands, Norway and Spain
7. In 1994 Germany introduced a new compulsory insurance scheme for long-term care (Pflegeversicherung)
8. This figure includes all personnel, not just caring personnel.
9. The higher percentage of male care workers in Germany is attributable to the choice of social service as an alternative to military service.
10. Some studies indicate that female community care workers, including elderly care workers have a higher average level of education than their male colleagues (Kenna, 1993).
11. It is important to note that tax policies may influence the number of hours reported by part-time workers. In the case of The Netherlands, "alpha assistants" working under 12 hours per week are not taxed, encouraging short working time.
12. Van den Herik (1996) notes that men tend to be appointed to intermediate management posts in the sector at a much higher rate than women. In 1993, four out of five men in the practical care sector occupied a management post in comparison with one in ten women.

DEFINITIONS

In this report the following terms have been adopted and used consistently wherever possible. Since terminology varies among countries, some differences may occur in the national commentaries. Occupational definitions are provided in tables of the text.

Caring: Caring work involves “the head, hands and heart”: that is it requires cognitive knowledge of techniques and strategies, manual skills and emotional connection with the person being cared for.

Caring Occupations: The caring occupations have emerged out of a variety of industrial groups, including health care and social services. In many OECD countries, the current caring occupations developed from services that replaced an absent or ill mother. For this reason, they are frequently given titles such as “home-maker” or “family care worker”.

Centre-based care: Centre-based care includes for-profit, non profit, employer sponsored and public care programs carried out in facilities dedicated to caring services.

Daycare: Care provided during day time hours in an institutional facility for either the elderly or young children.

Elderly People: All those aged 65 years or over. (See OECD, 1996)

Family allowance: National, provincial or local government allowances to families to enable them to purchase their own care services.

Frail elderly people: Elderly people whose overall level of health is such that they may be at risk of neglect or injury. (See OECD, 1996).

Locally-organised service provision: Service provision in which local authorities (municipalities, provinces) are responsible for providing and insuring the quality of care.

Home-based childcare: Care provided for children by independent carers either in the child’s home or in the carer’s home.

Home-based elderly care: Care provided for elderly people in their own home.

Home help.: Visiting care for elderly people with ordinary life activities (shopping, paying bills, etc.) provided as a formal waged service.

Independent carers: Self-employed carers who work in home care settings for a wage. The carers have usually not received specialised training.

Informal carers: Those people (family members, friends, neighbours) who provide caring services without wage compensation. They may be compensated indirectly via access to family income and rarely have any specialised training.

Institutional care: Care provided for the elderly in facilities designed for multiple clients. Care may be financed privately or publicly and provided in for-profit, non-profit or public facilities.

Job ladder: A sequence of jobs with increasing compensation and responsibilities.

Nationally-organised service provision: Care provided via nationally funded and organised services.

Need-based care: Care provided only to that portion of the population which can demonstrate inability to pay for care based on inadequate income.

Qualified carers: Carers with specialised training in childcare or elderly care practice. Qualifications can be obtained via post-secondary school training at the lowest level to post baccalaureate training for highly qualified carers.

Young children: Children under 10 years of age. This accords with the convention used by the European Childcare Network.

Very young children: Children under 3 years of age.

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TABLE 1: PROVISION OF CHILDCARE SERVICES, SELECTED OECD COUNTRIES, 1993-94

	Subsidy to Parents	Percent of age group in publicly-funded services	
		0-3 years	3-6 years
BELGIUM	**	30 %	95%
SPAIN	*	2%	84%
FRANCE	**	23%	99%
UNITED KINGDOM	*	2%	60%

* Subsidy available to low income parents only

** Subsidy available to all parents irrespective of income

Source: European Commission Network on Childcare

TABLE 2: KEY OCCUPATIONS IN CHILDCARE, SELECTED OECD COUNTRIES

	Institutional Setting	Home Care Setting
CANADA	Early Childhood Educator Educators and Assistants	Parents' Helper/Nanny
FRANCE	Early Childhood Educator Educators and Assistants	Parents' Helper: Assistante Maternelle
SPAIN	Preschool Teacher Special Education Teacher	Parents' Helper
UNITED KINGDOM	Nursery Nurse	Childminder/Nanny
UNITED STATES	Pre-School Teacher (Teachers and Assistants)	Babysitter/Nanny

Source: Whitebook, et al, 1990: Country Reports, selected OECD countries.

**TABLE 3: CHARACTERISTICS OF CHILDCARE WORKERS IN KEY OCCUPATIONS
SELECTED OECD COUNTRIES**

Country /Occupation	Education (1)% Secondary School Degree (2)% University Degree	Entry Level Requirements	% Part-time (under 30 hours per week)
CANADA			
Early Childhood Educators (Educators and Assistants)	(1) 24% (1991) (2) 16% (1991)	University degree for educator None for assistant	31% (1990)
Parents' Helper/Nanny	(1) 24% (1991) (2) 7% (1991)	None	33% (1990)
FRANCE			
Early Childhood Educator (Educators and Assistants)	(1)NA (2) Educator only: 84% (1994)	University degree for educator none for assistant	91% (1994)
Parents' Helper: Assistante Maternelle	(1) NA (2) NA	None	47% (1990)
UNITED KINGDOM			
Nursery Nurse	(1) 60% (1996) (2) 5% (1996)	NA	86% (1996)
Play Group Leader	(1) 79% (1996) (2) 15% (1996)	NA	91% (1996)
Play Group Leader	(1) 79% (1996)	NA	91% (1996)
Parents' Helper: Nanny/Childminder	(1) 63% (2) 3 % (1996)	NA	NA
UNITED STATES			
Pre-school Teachers (Teachers and Assistants)	(1) 21 % (1990) (2) 31% (1990)	University degree for teacher None for assistant	NA
Parents' Helper: Baby Sitter/Nanny	NA	NA	NA

Source: Whitebook, et al, 1990: Country Reports

**TABLE 4: RELATIVE EARNINGS OF CHILDCARE WORKERS
SELECTED OED COUNTRIES ****

CANADA		
Early Childhood Educator	68% (1990)	53%
Parents' Helper	45 % (1990)	35%
UNITED KINGDOM		
Nursery Nurse	80% (1991)	62%
UNITED STATES		
Pre-School Teacher	50% (1992)	NA

** Based on 52 weeks per year.

Source: Country Reports, selected OECD countries.

TABLE 5: KEY OCCUPATIONS IN ELDERLYCARE, SELECTED OECD COUNTRIES

	Institutional Setting	Home Care Setting
BELGIUM	Caring Professional Non-credentialled Caring/Nursing Worker	NA
FRANCE	Qualified Caring Aide/ Aide Soignant Diplomes	Home Support Aide/ Aide a Domicile
FINLAND	Practical Nurse Enrolled Nurse	Care Assistant Home Helper
GERMANY	Geriatric Carer Geriatric Care Halper	NA
NORWAY	Practical Nurse Assistant Nurse	Home Helper*
THE NETHERLANDS	Geriatric Carer Geriatric Ancillary Care Worker	Domestic Carer Domestic Care Assistant

* includes health, domestic and personal care.

Source: Country Reports, selected OECD countries

TABLE 6: CHARACTERISTICS OF ELDERLYCARE WORKERS IN KEY OCCUPATIONS, SELECTED OECD COUNTRIES

Country /Occupation	Education (1)% Secondary School Degree (2) % University Degree	Sectoral Training Requirements (% holding certification)	% Part-time (under 30 hours per week)
BELGIUM Caring Professional	(1) 67% (1991) (2) 1% (1991)		66% (1991)
Other Carers		40% (1991)	
FINLAND Enrolled Nurse	(1) 79% (1990)	80% (1990)	NA
Home Care Assistant Helper	(2) 0% (1990)	91%/48%	3%
NORWAY Practical Nurse		yes % NA	55% (1995)
THE NETHERLANDS Domestic Carer		61% (1989)	96% (1993)
Domestic Care Assistant		7%	

Source: Country Reports, selected OECD countries.

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