



## POLICY BRIEF

# PERSONAL ASSISTANTS PROGRAM IN URUGUAY: A STEP TOWARD GENDER EQUALITY?

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“Initiatives to strengthen care policies in Latin America and the Caribbean”

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## “Personal Assistants Program in Uruguay: A Step Toward Gender Equality?”

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### Introduction

This document presents the main findings and policy recommendations from the study “Personal Assistants Program in Uruguay: A Step Toward Gender Equality?” conducted by the Interdisciplinary Center for Development Studies, Uruguay (CIEDUR), in coordination with the Care Directorate of the Ministry of Social Development (MIDES), between August 2023 and November 2024.

The Personal Assistants Program was one of the first services regulated within the framework of the creation of the National Integrated Care System in November 2015. Decree No. 117.016 of 2016 established a subsidy for the hiring of personal assistants (PAs) to provide in-home care for individuals with severe dependency (under 30 or over 80 years old). Originally, the service was individually provided, in which the beneficiary would select a PA from a list of trained individuals. Based on evaluations conducted by the Evaluation and Monitoring Directorate of MIDES, and following recommendations from the Care Advisory Committee and the Pro-Care Network, a pilot experience of the program in a collective modality through cooperatives was launched in 2022.

The study aimed to evaluate this pilot implementation of the collective service provision model.

### Description of the Study

#### General Objective:

- To generate evidence to assess the contribution of the newly introduced collective contracting modality in the Personal Assistants Program to gender equality.

#### Specific Objectives:

- To evaluate whether the collective modality facilitates participation in and retention within the Personal Assistants Program, by analyzing incentives, obstacles, and facilitators for effective service use.

- To assess whether the new modality improves working conditions for Personal Assistants and increases the perceived value and recognition of their work..

#### Methodology

To address these objectives, a mixed-methods approach was designed. The methodological strategy included in-depth interviews with key stakeholders involved in defining, designing, and implementing the policy, as well as with civil society actors with expertise and active involvement in the study's core issues. In total, 29 key informants were interviewed through 17 individual and group interviews. Additionally, two telephone

survey forms were applied—one for Personal Assistants and another for the primary caregivers of program users in the collective modality. Surveys were conducted with 59 PAs and 46 primary caregivers (out of a total of 62 and 90, respectively). Following the surveys, 23 in-depth interviews (12 with PAs and 11 with caregivers) were carried out to explore key dimensions identified in the surveys.

After the primary analysis of the surveys and interviews, two workshops were held in the territories where the pilot was implemented (Tacuarembó and Salto). These workshops gathered 39 participants, including key informants and PAs working within cooperatives.

The objective was to reflect on the collected evidence and formulate the policy recommendations presented in this study.

The conclusions aim to identify the improvements introduced by collective provision and the challenges that remain for redesigning the program.

## Key Findings

The analysis included the three cooperatives that have been part of the pilot since its inception: two located in the department of Tacuarembó (COOSOMUT and COOPSOACS) and one in Salto (Mepakís).

There is a positive perception of the pilot experience through cooperatives, as well as a shared sense of goodwill among all parties involved in facing the challenges. The decision to start implementing the program in areas outside the capital was also seen as a positive step.

The main findings of the study, based on the stated objectives, are summarized below:

### **The collective modality facilitates participation in and retention within the Personal Assistants Program.**

Regarding the management of the caregiver–family “dyad,” a clear advantage is seen in the cooperative’s role as an intermediary between the PA and the family. Caregivers identify greater security in contracting PAs and note that the cooperative facilitates the initial setup of the caregiver–user dyad. Specifically, the selection of the PA and the efficiency of hiring or replacement processes

are seen as benefits of this new contracting modality.

Moreover, caregivers report high satisfaction with the service provided by the PAs, especially regarding the interpersonal relationship with users and their families, as well as adherence to schedules and task completion. For all aspects surveyed<sup>1</sup>, more than 80% expressed satisfaction or high satisfaction, which contributes to greater program retention.

The use of formal work agreements between PAs and family caregivers brings greater clarity to working conditions and allows cooperatives to more effectively monitor compliance.

The cooperative, by acting as a formal point of reference, facilitates administrative processes and mediates the relationship between PAs, families, and users, helping to clarify tasks and schedules. It also serves as a consistent point of contact. According to key informants, the collective model increases the chances of identifying and addressing situations of domestic violence, which also improves working conditions for PAs.

Another advantage for families is that they are not responsible for terminating the employment relationship if they wish to dissolve the dyad, as the cooperative acts as the employer.

However, areas for improvement were also identified in the cooperative management model, particularly regarding wage payments and paid leave. These issues—likely stemming from the early stage of program development—require attention

to avoid becoming persistent. The coverage of regulatory or short-term sick leave for PAs also emerged as a challenge, as caregiving responsibilities often fall back on the families in such cases.

### **Improvements in Working Conditions for PAs**

There was a high level of satisfaction with working through cooperatives, with 86.5% of PAs reporting being quite or very satisfied with the contracting modality, whether as cooperative members or employees. Additionally, 86.4% perceived significant or many advantages to the collective modality. Among primary caregivers, this percentage was 82.3%.

Regarding working conditions, 71% of PAs found that the cooperative model offered more support and backing. This aspect was also one of the main advantages cited by caregivers. PAs also reported greater job stability and a stronger sense of labor rights. Additionally, there was a clearer understanding of their assigned tasks.

However, it is recommended to strengthen emotional and support spaces for PAs to help solidify support networks.

Regarding training, there was very positive feedback on the initial Care for Dependent Persons course, but the need for further training was also identified. Specific areas of interest include gaining knowledge about different types of users—especially children, individuals with autism spectrum disorder (ASD), and

<sup>1</sup> Compliance with schedules and attendance, tasks related to the PA’s role, training, interaction and relationship with the service user, interaction and relationship with the user’s family, intermediation in the PA–family relationship, resolution of inquiries and conflicts, efficiency in the hiring processes, and support in selecting the PA.

people with disabilities (both children and adults). There was also interest in learning more about illness, aging, mental health, and the care approach.

Training in cooperative management was also seen as necessary to strengthen the sustainability of the model. Likewise, there was a call for cooperative members to receive orientation on the national care system and its conceptual framework. Furthermore, the current training on gender was considered insufficient, with clear room for improvement.

Finally, the PROCOOP<sup>2</sup> program was identified as a potential asset for cooperatives, offering opportunities for practical courses and training sessions.

### **Greater Recognition of the Role of PAs**

The collective modality has contributed to improving the recognition of PAs' work, increasing awareness among all involved parties regarding labor rights and obligations. Families and others involved in the caregiving process increasingly value the work of PAs. However, there is still a perception of low societal recognition.

### **Remaining Challenges**

One of the main challenges identified is that the development of the collective modality is closely tied to the continuation of the pilot program. Given the difficulties that PAs face in forming associations, the uncertainty surrounding the program's future limits their opportunities for development.

Forming a cooperative from scratch requires time and specific knowledge, and therefore significant support to make it feasible. In this regard, uncertainty about the economic sustainability of the pilot experience poses a threat to its continuity and to solidifying this new approach. The MIDES-INA-COOP agreement is seen as the key enabler of this experience, but cooperatives remain uncertain about their ability to continue without such support. Another key challenge lies in deepening the program's gender impacts. Overall, the program has two clear gender-related effects: the formalization of paid care work and the reduction of unpaid care work—both primarily carried out by women. These impacts are not exclusive to the pilot experience but apply to the entire PA program. The main difference lies in the potential role of cooperatives. While care work remains strongly feminized, the collective modality offers an opportunity to further its professionalization, recognition, and visibility.

Additionally, through PROCOOP<sup>3</sup>, cooperatives could offer PAs workshops and courses on caregiving and gender equality, helping to advance the recognition of care work and the redistribution of unpaid labor—both at the personal level and through influence in the households where PAs work. Strengthening the gender perspective within the program's cooperatives could contribute to identifying mechanisms for reducing the unpaid care work of user families, such as developing strategies to cover absences during PA leave.

It is also necessary to incorporate monitoring and evaluation mechanisms into policy design that assess gender-related impacts, including indicators on reduction, redistribution, and recognition of care work.

Another ongoing challenge in this area is to transform the gender stereotypes that persist among some caregivers, who continue to express a preference for female care, even if they believe that both men and women can perform the task. The inclusion of male personal assistants in the cooperative model could help challenge these stereotypes.

Within this framework, questions also arise regarding the additional workload that forming or participating in a cooperative might entail for PAs, as it could increase the time dedicated to work without necessarily being compensated.

<sup>2</sup> Training program developed through an agreement between INACOOOP and INEFOP with the participation of CUDECOOP.

<sup>3</sup> PROCOOP is a training program that includes capacity-building activities and practical courses for cooperatives, pre-cooperatives, and other organizations within the social economy.

## Policy Recommendations

Based on the analysis of the evaluation results and the workshops conducted with the various actors involved, several public policy guidelines have emerged. These are structured around four key dimensions or areas of work:

- Cooperative formation and management: elements related to overcoming challenges in the formation and management of cooperatives, aimed at strengthening their capacities to deliver the service, ensuring sustainability and improved quality.
- Working conditions for Personal Assistants (PAs): focused on the continuous improvement of labor conditions for PAs, addressing their needs and demands.
- Training and capacity building: improving the training received by PAs and identifying their ongoing learning needs.
- Recognition, social value, and redistribution of care work: elements that strengthen the PA program, enhancing its visibility and promoting greater social recognition and appreciation of care work and the role of PAs.

Within the dimension of cooperative formation and management, it is recommended to strengthen the clarification of roles within the program. Additionally, there is a need for initiatives that reinforce the care approach as a right and raise awareness among all stakeholders involved.

It is also essential to facilitate technical advisory spaces for PAs in legal matters, administrative management, and psychosocial support. Another point to address is improving the management of leave through collaborative strategies between cooperatives to ensure substitute PAs are available. A final area of focus is the strengthening of cooperatives' administrative and financial management. Continuous follow-up evaluations of the cooperative model are also recommended to monitor progress and identify areas for ongoing improvement.

Regarding working conditions for PAs, it is proposed—similarly to the individual modality—to consolidate support teams and ensure the effective implementation of personalized care plans. In the collective modality, it is also seen as necessary to promote greater involvement of PAs in cooperative management.

In the area of training and capacity building, strategies must be developed that respond to the needs and interests of the PA population. There is potential for partnerships with training institutions in various regions, as well as opportunities from national public institutions. Strengthening the Care for Dependent Persons course is also highlighted as essential to meet existing demand. It is further recommended to create training opportunities for all other actors involved in the program, beyond the personal assistants. These sessions should provide information about roles and responsibilities and address key topics such as gender perspective and the recognition of care work.

Finally, under the axis of recognition, social value, and redistribution of care work, the importance of reinforcing the dissemination and promotion of the PA program—particularly the collective modality—is emphasized. Publicizing “success stories” of the collective model to the general public is recommended. Moreover, initiatives that foster greater social recognition of care work are seen as key, particularly those that emphasize the role of PAs and the social function of caregiving. These initiatives should also consider the use of local media.

Lastly, it is important to define a workstream aimed at improving the redistribution of care responsibilities within families. Deepening discussions around co-responsibility is seen as crucial in order to clarify a roadmap for future actions that promote a more equitable distribution of caregiving duties.

## Cross-Cutting Recommendations

- It is essential to plan future strengthening and improvement actions for the program in a comprehensive manner, recognizing the challenges of both modalities, and understanding that currently, individual modality pairings represent more than 98%. A priority is to improve the situation of workers who are not part of cooperatives.
- Emphasis should be placed on ensuring that future efforts are anchored in the Care Advisory Committee, which is a key entity in advising care policy.
- Strategies should be developed to strengthen inter-institutional mechanisms, enabling collaboration with stakeholders who were not part of the pilot but whose participation in the program is considered relevant.
- Efforts must be made to incorporate a gender perspective in all phases of the program—design, implementation, monitoring, and evaluation—through coordination with relevant sectors and stakeholders.