DECENT WORK FOR PAID CARE WORKERS IN ARMENIA

An In-Depth Analysis of Working Conditions, Labor Rights, and Legal Frameworks

International Labour Organization

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Disability Rights Agenda

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Aim

Enhance the understanding of the working conditions and labor rights of paid care workers in Armenia. This understanding supports national efforts to promote decent work and develop a skilled workforce capable of facilitating the deinstitutionalization of persons with disabilities, while incorporating the perspectives of care users and organizations of persons with disabilities (OPDs).

Objectives

1. Assess the legal and regulatory framework
2. Understand the socio-economic profile
3. Evaluate access to social protection and rights
4. Explore perceptions of disability rights
5. Incorporate perspectives of care service users
6. Provide evidence-based policy recommendations

Methodology

RESEARCH DESIGN

Qualitative approach integrating in-depth interviews and focus group discussions with paid care workers, service users, and stakeholders.

LITERATURE & LEGAL REVIEW

Analysis of national and international standards, legal frameworks, and prior studies on care work and labor rights.

ETHICAL CONSIDERATIONS:

Confidentiality, informed consent, and participant well-being were prioritized throughout the study.

Clarification of Terminology

CARE WORK

Activities and relations involved in meeting the physical, psychological, and emotional needs of those requiring care or support.

PAID CARE WORK

Care work performed for profit or pay in public, private, or self-employment settings.

CARE WORKERS

Broad category of workers delivering health, social, and educational services across varying skill levels and sectors.

INSTITUTIONALIZATION

System characterized by shared care assistants, limited autonomy, isolation from community life, and rigid routines, often leading to loss of personal choice.

DEINSTITUTIONALIZATION

Transition process restoring autonomy, choice, and control to individuals, replacing institutional care with inclusive, community-based services and support systems.

COMMUNITY-BASED CARE

All care services allowing older persons or persons with disabilities to live outside institutional settings, including in-home care and day center support.

Structure of Care Services in Armenia

INSTITUTIONAL CARE

- Dominates care provision for children, adults with disabilities, and the elderly.
- Includes state-run and private facilities, with limited oversight of private providers.
- Specialized institutions serve individuals with mental health or intellectual disabilities

COMMUNITY-BASED CARE

- Expanding but ambiguously defined in legislation.
- Includes home care services, day care centers, and small group homes.
- Growing demand but limited access due to long waiting lists and resource constraints.

RECENT DEVELOPMENTS

- Introduction of personal assistance services in 2024, partially implemented due to planning challenges.

Deinstituti onalization in Armenia

Gradual closure of some child-focused institutions, especially those for children without disabilities.

Challenges

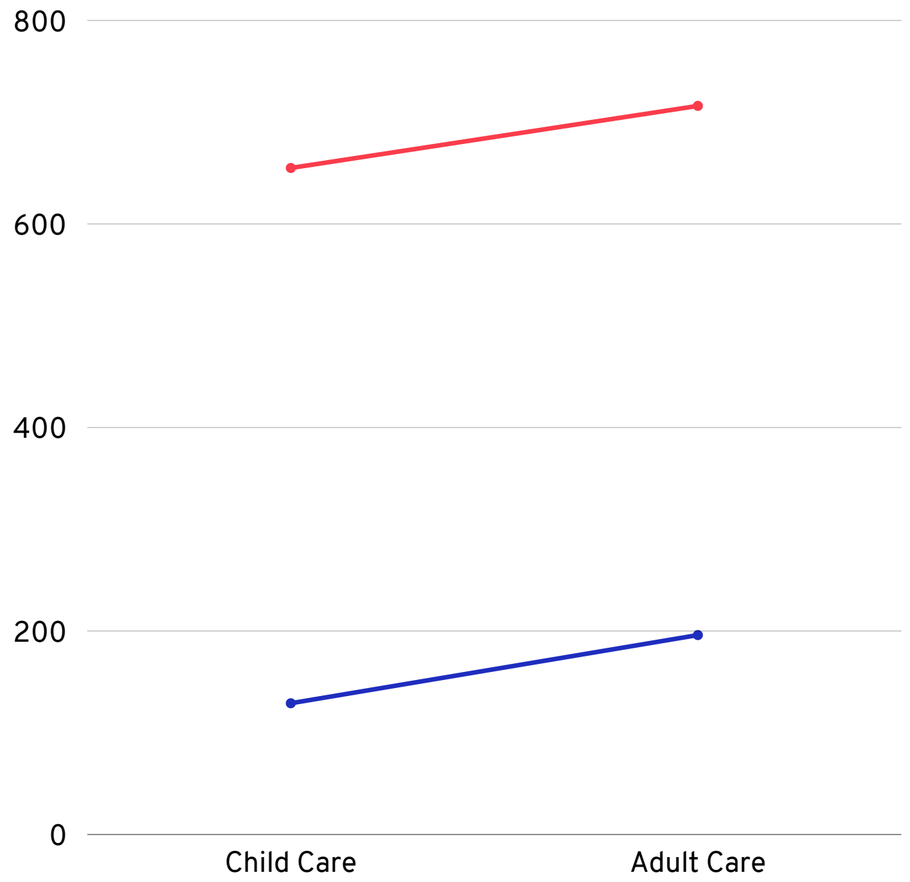
- No comprehensive strategy or vision guiding the deinstitutionalization process.
- Past closures lacked planning, leaving care workers without support or alternative employment options.

Impact on Care Workers

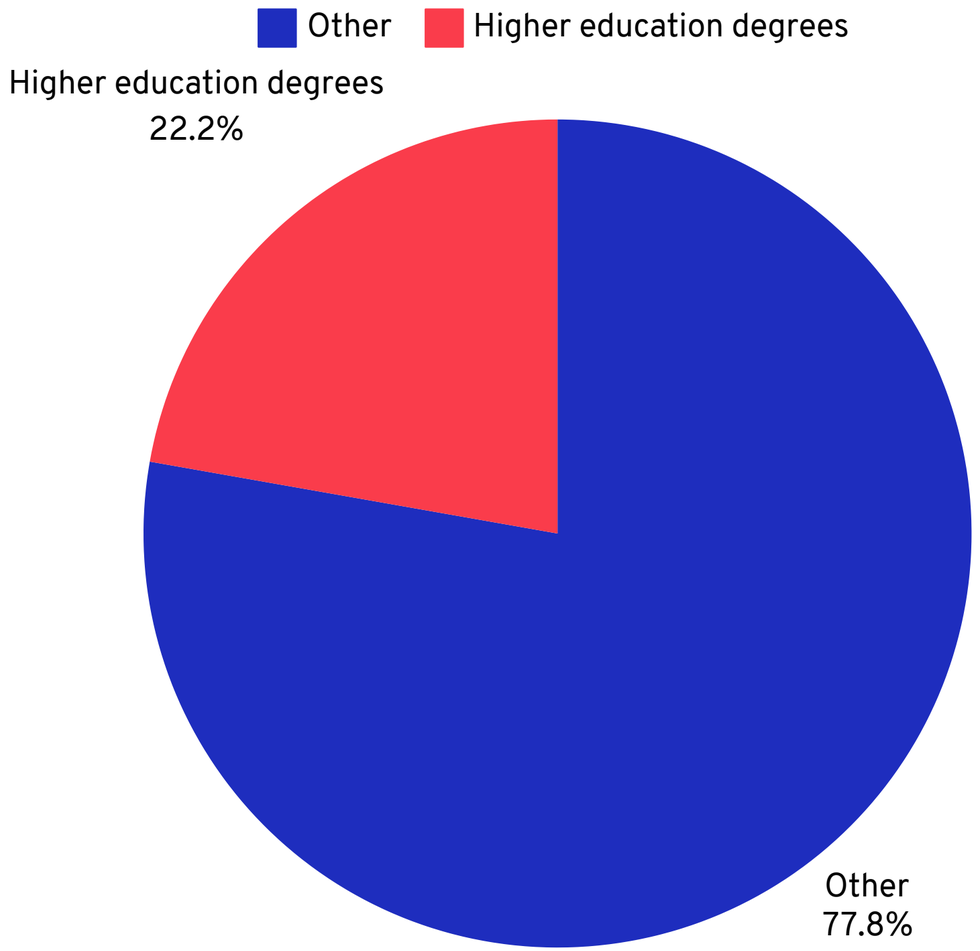
- Employment instability and uncertainty about future roles in community-based care.
- Skepticism and resistance toward deinstitutionalization due to inadequate communication and support mechanisms.

Socio-Economic Profile of Care Workers

- Predominantly female workforce, especially in state-run institutions.
- Significant representation of women in junior medical and caregiving roles.



- High levels of educational qualifications, particularly in state-run facilities.
- Specialized roles (e.g., psychologists, educators) often require higher education degrees.



User-to-Employee Ratios

0.79 children per employee

State Orphanages

1.52 children per employee

Non-State Orphanages

1.31 residents per employee.

State institutions

3.12 residents per employee

Non-state institutions

Key Challanges

- High turnover rates due to job insecurity and limited career advancement.
- Significant gender disparity in caregiving roles, with men underrepresented.
- Pay gaps between administrative and direct care roles, despite frontline workers’ critical responsibilities.

With this salary and workload, why would any young person want to come to work here? We barely work because we have no other choice. It's more of a convenient option, close to home.

State Care Worker, 41

- Long hours with frequent unpaid overtime, particularly for nursing staff.
- Irregular shifts and lack of compensation for extended work hours.
- Limited leave entitlements, with workers often reluctant to take time off due to understaffing.

“We often end up staying longer than our shift, especially if something comes up with the children. There's no extra pay for that, but we do it because they need us. Who else should do that?

State care worker from an orphanage

Advocacy

- Inactive unions in state institutions.
- Private institutions often discourage unionization, reducing workers’ ability to advocate for rights.

Who should defend our rights? We work all day, that should be the job of others who have the time.

Care worker from an NGO

Harassment and Safety Concerns

Sexual Harassment

- Reports of harassment by residents, particularly elderly men, in adult care facilities.
- Cases often dismissed by management as behavior linked to age or cognitive issues.

Lack of Procedures

- No formal mechanisms to report or address workplace harassment.
- Workers discouraged from speaking up, leaving incidents unresolved.

Safety Risks

- Inadequate heating in some facilities, requiring workers to perform tasks in unsafe conditions.
- Outdated equipment, such as laundry machines, increasing physical strain on workers.
- Inconsistent implementation of safety protocols, including fire alarms and evacuation training.

Readiness for Community-Based Care

- Most care workers are unfamiliar with the concept of deinstitutionalization.
- Often associated only with the closure of institutions rather than transitioning to community-based models.

- Strongly influenced by a medical model of disability, perpetuating stereotypes.
- Terms such as “burden” and “mentally retarded” reflect outdated and stigmatizing attitudes.
- Past closures of institutions without adequate planning have led to skepticism.
- Workers doubt whether deinstitutionalization efforts prioritize quality care over cost savings.
- Fear of unemployment due to the shift from institutional to community-based care.
- Uncertainty about roles and responsibilities in new care models.
- Limited belief in the readiness of communities to support persons with disabilities.

Perspectives of Service Users

- Prolonged institutionalization leads to isolation and disconnection from society.
- Many individuals enter institutions due to poverty, family issues, or lack of housing.
- Services are infrequent (e.g., one or two visits per week) and insufficient to meet needs.
- Home-care recipients feel vulnerable and fear future institutionalization as health declines.
- Strong desire for alternatives to institutionalization.
- Limited access to comprehensive, community-based services prevents full independence.

Right now, I can still get by, and my neighbors help out when they can. But if I lose that, the only place left for me is an institution, and that really scares me. I've lived on my own for so long, I don't know how I'd handle being around so many people I don't know, without my own space.

Elderly woman with chronic health
conditions receiving home-care service

Perspectives of OPDs

- OPDs are largely disconnected from care institutions, reducing advocacy and oversight capacity.
- Disbandment of public monitoring groups has further restricted civil society engagement.
- Lack of financial, human, and knowledge-based resources limits OPD efforts.
- Advocacy strategies are influenced by reliance on state funding for service provision.
- OPDs highlight the need for dialogue with care workers to bridge gaps in understanding deinstitutionalization.
- Training for care workers on CRPD principles and inclusive practices is a priority.

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It is essential to educate people on basic topics such as what disability is and the importance of growing up in a family. I don't blame them for their lack of knowledge because they have only experienced institutional care in Armenia and are unaware of any alternative.

Representative from an OPD in Yerevan

Legal Analysis Overview

ILO 5Rs

1. Recognize: Value care work.
2. Reduce: Minimize unpaid care burdens.
3. Redistribute: Share care responsibilities equitably.
4. Reward: Ensure fair wages and protections.
5. Representation: Amplify workers' voices through unions and policymaking.

Legal Analysis Overview

Progress in Legislation

- Recent amendments to the Labor Code reflect alignment with international standards, such as anti-discrimination and occupational safety measures.

Gaps in Enforcement

- Weak regulatory oversight in private and community-based care settings.
- Limited labor inspections, requiring prior notice, reduce accountability.

Fragmentation

- Inconsistent protections between state-run and private care services.
- Limited support for female workers, such as maternity accommodations in private care.

Legal Gaps and Compliance Challenges

Contractual and Financial Insecurity

- High prevalence of temporary contracts undermines job stability and access to benefits.
- Funding dependencies in NGO-driven care services lead to annual contract renewals.

Discrimination and Pay Gaps

- Persistent gender pay gap and limited anti-discrimination measures.
- Workers with disabilities face barriers to accessing reasonable accommodations.

Workplace Safety and Harassment

- No formal policies to address violence and harassment, leaving workers vulnerable.
- Poor maintenance of safety protocols, such as fire alarms and evacuation training.

Licensing and Regulation

- Absence of a unified licensing framework for care services, including home care providers.
- Lack of regulatory clarity hinders oversight and standardization across the sector.

Policy Recommendation #1

Revise current legislation to provide clear definitions for community-based care, in line with international frameworks such as the UN CRPD. This will address the current ambiguity and ensure that community-based services prioritize independent living and social inclusion for persons with disabilities. These revisions should reflect the CRPD’s emphasis on supporting people in their own homes and communities rather than institutions.

Policy Recommendation #2

Establish a unified licensing and regulatory framework for all types of care services, including state-funded and private care providers, home care services—in alignment with the ILO’s 5R Framework for Decent Care Work guidelines. This system should set minimum standards for service quality, staff qualifications, decent working conditions, health and safety. Regular inspections and audits must be mandated to ensure compliance and improve the accountability of care institutions and service providers.

Policy Recommendation #3

Develop and implement a national strategy that sets specific goals, timelines, and actions for transitioning from institutional to community-based care services, while enhancing public and social care infrastructure. This strategy should focus on closing large and small institutions while expanding alternatives such as personal assistance, home care, and family-based care. The strategy should align with international human rights standards, ensuring that persons with disabilities can live independently and fully participate in their communities. It should also emphasize the state's primary role in funding, regulating, and maintaining high standards of quality, safety, and health for both care workers and service users, including adequate resource allocation and policy frameworks. The strategy could consider partnerships with public and private entities, cooperatives, and social and solidarity economy (SSE) organizations to provide quality care, invest in sustainable infrastructure, and offer training and employment opportunities.

Policy Recommendation #4

Introduce comprehensive anti-discrimination legislation that explicitly protects care workers and service users from discrimination based on disability, gender, ethnicity, age, or any other status. The law should establish clear procedures and mechanisms for enforcement, including creating or empowering an equality body to handle complaints. Additionally, specialized units within the labor inspection body should be tasked with addressing discrimination and harassment in the care sector, ensuring swift, fair, and effective resolutions.

Policy Recommendation #5

Amend labor laws to explicitly include provisions protecting the rights of migrant care workers. These provisions should ensure that migrant workers enjoy the same rights, benefits, and protections as local workers, including access to healthcare, social protections, and fair wages. Data on migrant care workers should be systematically collected and monitored to ensure that their contributions to the care sector are recognized and that their labor rights are upheld.

Policy Recommendation #6

Develop and implement policies and standards to create attractive, inclusive workplaces for all care workers, ensuring fair and adequate remuneration in line with the principle of equal pay for work of equal value, along with comprehensive labor and social protections. These policies should support mental well-being, ongoing skills development, and gender-equitable support, making care work a desirable and sustainable career choice for both men and women.

Policy Recommendation #7

Require all employers in the care sector to develop, implement, and enforce policies that prevent violence and harassment including gender-based violence and sexual harassment, and broader forms of discrimination. These policies should include clear reporting mechanisms, support for victims, and strict penalties for perpetrators. Employers should be held accountable for maintaining a safe and healthy working environment free from violence and harassment, with regular oversight by relevant authorities to ensure compliance.

Strategies for improving working conditions and labor rights

- Regular Risk Assessments: Conduct workplace assessments to address physical, emotional, and health risks in caregiving.
- Gender-Specific Policies: Implement maternity leave, safety accommodations, and flexible work options for women.
- Strengthened Labor Inspections: Ensure frequent, unannounced inspections to enforce compliance with labor laws.
- Anonymous Reporting Mechanisms: Establish platforms for care workers to report labor violations without fear.
- Awareness Campaigns: Educate workers about their labor rights using diverse communication channels.
- Employer Training Programs: Train employers on health, safety, and equitable workplace practices.
- Tailored Health and Safety Plans: Require employers to develop and update safety protocols for caregiving risks.

Recommendations for Workforce Development and Community-Based Care in Line with CRPD

- Certification Programs
- Specialized Training
- Financial Support
- Care Networks
- Support Services
- Mentorship Programs
- Integrated Policies:
- Worker Inclusion in Policy-Making
- Inclusive Employment
- Awareness Programs

Thank you!

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