

Thirty Successful Experiences of Redistribution, Reduction,  
Recognition, Remuneration and Representation in Care Work

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# National Integrated Care System (SNIC), Uruguay

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**Country and/or location of implementation:** Uruguay

**Instances and/or legal framework responsible for its implementation:** National Integrated Care System, in coordination with the Ministry of Social Development, the Uruguayan Institute for Children and Adolescents, the National Public Education Administration, and the Social Security Bank.

In Uruguay, care is both a right and a social function guaranteed by Law no. 19.353, (sanctioned in 2015). The Care System was created with the purpose of developing a model of care responsibilities shared between families, the State, the community, and the market. It is a set of actions that seek the comprehensive development, autonomy, and welfare of the population in a situation of dependency, that is, those who need the help of other people to perform activities of daily living. It involves the fostering of personal autonomy, care, and assistance to these people.

[...] In the 2015–2020 period, the target populations have been early childhood (children under three years of age), people over 65 years of age in a situation of dependency, and people with disabilities in a situation of dependency. Another key population is that of caregivers, with the Care System focusing on their valorization, the recognition of caregiving as paid work, and encouragement for their professionalization (Ministry of Social Development, n.d.).

By conceiving caregivers—whether paid or unpaid—as the target population of the policy, the Uruguayan care policy has taken an innovative approach in this area (Pérez de Sierra, 2021).

The National Care System (SNIC in Spanish) includes new services, the coordination and expansion of existing services, and the regulation of caregivers. It also involves a communication strategy aimed at an urgent cultural change to eliminate the sexual division of labor and the relegation of caregiving tasks to the private sphere, with the social and gender inequalities this entails. It seeks to promote social co-responsibility in care tasks between the State, the community, the market, and families, including, within these, men (National Care Board, 2015, p. 11). Its objectives are the following:

1. To promote a model of comprehensive care services based on articulated policies, comprehensive programs, and actions for the promo-

tion, protection, timely intervention and, whenever possible, recovery of the autonomy of people in a situation of dependency.

2. To promote the articulated and coordinated participation of public and private providers of care services and benefits.
3. To promote the optimization of public and private care resources, including the use of human, material, and financial resources, accounting for existing and future capacities.
4. To promote the regulation of all matters related to the provision of public and private SNIC services.
5. To professionalize care tasks through the promotion of education and training of people who provide care services, encouraging their continuous professional development, interdisciplinary teamwork, scientific research, and promoting the active participation of workers and people in a situation of dependency.
6. To promote the change of the current sexual division of labor, integrating the concept of gender and generational co-responsibility as a guiding principle.
7. To promote territorial decentralization, looking to address the specific needs of each community and territory, establishing agreements and joint actions with Departmental and Municipal Governments when appropriate (*Law No. 19,353 dated 08/12/2015 Creation of the National Integrated Care System (SNIC), 2015*). As for its principles and guidelines, they are:

- The universality of the rights to care, services and benefits.
- Progressiveness in implementation and access.
- Articulation and coordination of care policies with a view to improving the population's quality of life.
- Equality, continuity, timeliness, quality, sustainability, and accessibility of services and benefits.
- Comprehensive quality.
- Permanence of dependent persons in their own environment.
- Inclusion of gender and generational perspectives.
- Promotion to overcome the cultural division of labor and the distribution of care tasks among all actors in society.
- Solidarity in financing and sustainability. (*Law No. 19,353 dated 08/12/2015 Creation of the National Integrated Care System (SNIC), 2015*).

**Figure 2. Early childhood services and benefits**

Timely experiences	Assistance to carers of people with disabilities and children under one year of age with parenting guidelines. This work is coordinated with INAU and proximity programs. This service accompanies increased attention in day care centers.
INAU Care Centers	Daily care for children from zero to two years of age through CAIF Centers and Official INAU Centers. Services of 20 and 40 hours per week.
Socio-educational Inclusion Scholarships	Grants for the daily care of children belonging to families participating in proximity and/or social protection programs. These scholarships are granted to privately managed early education centers.
Union and company centers	Care centers in or near commercial and/or industrial centers under private public management.
ANEP Care Centers	Day care for three year old children, based on ANEP's increased coverage of kindergartens.
Attention to children from zero to one year old	Includes openings at BIS, CSE, Day Centers, Home Care, and Community Care.

**Source:** Image from the National Care Board, 2015.

According to the National Care Plan 2015-2020 prepared by the National Care Board, the SNIC is articulated in five components:

8. **Services:** To increase coverage and raise the quality of care services for early childhood, the elderly, and people with disabilities; providing households with a corresponding care alternative.
9. **Training:** To offer training in care work that allows for educational development and the development of labor careers for the people involved.
10. **Regulation:** To strengthen institutional capacities and promote their continuous improvement, from a human rights perspective, to guarantee the quality, efficacy, and efficiency of the SNIC.
11. **Information and know-how management:** To produce and manage timely and relevant policy information to inform decision-making and goal achievement.
12. **Communication:** To promote public recognition of the right to care as part of a communications strategy for cultural transformation towards co-responsibility for care (National Care Board, 2015).

**Figure 3. Services and benefits for people in situations of dependency**

Personal assistants	Subsidy for people in a situation of severe dependency, which consists of a monetary transfer to pay for hours of personal assistance.
Telecare	Home care for people in a situation of moderate or mild dependency, which aims to ensure timely and personalized referral for the different emergencies a person may experience.
Day Centers	The Day Center is a social resource with a strong community base, aimed at the care and maintenance of the autonomy of elderly people in a situation of moderate and mild dependency who live at home, and intended to support family caregivers.
Permanent Care Centers	Permanent Care Support Program: Provides an economic transfer to cover fees in private centers, which can be used to resolve situations of high socioeconomic complexity and severe dependency.

**Source:** Image from the National Care Board, 2015.

Regarding benefits and services, there is an important focus on early childhood care services. These are:

- Care + Quality: promotion of improvements in early childhood services. Credit line for private kindergartens.
- Socio-educational Inclusion Scholarships (BIS): care and education services for children from zero to two years old (three years old in some exceptions) belonging to families participating in the Family Accompaniment programs of the Ministry of Social Development and the Uruguayan Institute for Children and Adolescents (INAU), residing in areas with an insufficient supply of these services.
- Community Care Homes: early childhood care services provided by an authorized caregiver, who works at home or in an authorized community space.
- Care solutions for children of students: Care spaces for the children of students are socio-educational services close to educational centers of the National Public Education Administration (ANEP).
- Education and Care Centers of unions and companies (“SIEMPRE Centers”): co-responsibility agreement between the private actor (company, union, or educational center), the community, and the State. These are spaces for children, facilitating the integration of their mothers and fathers into the labor market.
- Early Childhood Care Centers (CAPI): environments for the care and education of children from three months to three years of age.

- Child and Family Care Centers (CAIF): a proposal for quality and comprehensive care for children from zero to three years of age and their families. Publicly funded but managed by non-governmental organizations.
- Initial education from the Council of Initial and Primary Education: promotes a comprehensive education that fosters the social inclusion of boys and girls, as well as knowledge of themselves, their family environment, the community, and the natural world. Children from three to five years old and their families.
- Leave policies: maternity leave is 14 weeks at 100% salary for the care of the newborn child in the private sector. At the end of the maternity leave, a parental care subsidy is available, which consists of a reduction of the working day (part-time) and can be taken by the mother or father (alternately) until the baby is six months old. The Social Security Bank (BPS) covers 100% of the payment of the reduced hours. Paternity leave for private employees covered by the BPS is 13 days. In the case of the central administration, it is 10 continuous days. In all cases, it implies paid leave (Care System, 2020a).

The available services for people experiencing dependency are:

- Care + Quality: promotion of the improvement of private homes and residential homes. Credit line for residential homes and homes for people over 65.
- Day Centers: comprehensive care for people over 65 years of age.
- Telecare at home: allows people over 70 to notify their family, neighbors, or medical service of any incident occurring at home.
- Personal assistants: provides care and personal assistance for daily activities in the lives of people in a situation of severe dependency.
- Long-stay centers.
- Personal assistants: provides care and personal assistance for daily activities in the lives of people in a situation of severe dependency.
- There is also "The Care Portal", which is an interactive platform designed for citizens, technical teams, and service providers working within the system's framework. It can be accessed by telephone, at the Mides Territorial Offices, or through the online application process available on the website [sistemadecuidados.gub.uy](http://sistemadecuidados.gub.uy).

Regarding the results of the SNIC implementation and based on available information, 80,000 families were reportedly reached. The Care Portal has received 160,000 entries since its creation in April 2016 (Care System, 2020c). In the area of early childhood care, coverage was planned for 86,000 children

aged zero to three years who will be able to access care services in 2021, which means an increase of 53% of care in this age group. In 2015 it stood at 57,500 children served. The latest report notes the education and care coverage in the following groups was:

- Three year olds: 85%
- Two year olds: 58%
- Under two year olds: 39% (Care System, 2020b)

A total of 79 CAIF centers were built, 96 were expanded, and two new CAPI centers were opened. In addition, there are bids for centers to be opened soon: 44 public kindergartens (through the Public-Private Participation modality) and 61 CAIF centers (42 through the Public-Private Participation modality).

One innovation is the SIEMPRE Centers, with a total number of 11 in existence. In addition, there are six care spaces for the children of high school students. On the other hand, 5,000 children were able to access privately managed centers through the Socio-educational Inclusion Scholarships; and 19 community care homes are in operation (Care System, 2020).

Regarding services for dependent persons, 6,125 people have personal assistants while 4,681 people work as Personal Assistants. Furthermore, 1,533 people can make use of the telecare service at home, provided by five authorized companies. Additionally, 343 Long-Stay Centers have been authorized or are in the process of being authorized. There are also 12 new Day Care Centers that provide care to 229 people (Care System, 2020c, pp. 13-15).

The training component for caregivers is one of the central axes of the SNIC. The results reported in this component were: 3,000 people per year participate in courses or careers in early childhood care, of which 1,650 have graduated from basic training. The training offer has been expanded: 4,100 people by the end of 2019 have participated in dependency care courses. 21 training institutions have been set up. In addition, 150 people have been able to validate their previous knowledge on the subject, and over 350 workers from long-stay centers have been certified and qualified as caregivers in the system. 105 graduates continued their training with specialization courses (Care System, 2020c, p. 17).

Given this is the implementation of a comprehensive care system at the macro level, there are many challenges and pending tasks. Pérez de Sierra (2021) identifies the major issue in the first period of implementation of the SNIC in Uruguay between 2016 and 2020 as the labor regulation of care work, linked to one of the guiding axes of public policy: transforming the current sexual division of labor and reorganizing care from the perspective of gender equality. The author explains there was a lack of agreement among the actors involved in the National Care Board on how to advance in the labor regulation of this sector.

On the other hand, the Plan itself points out “several challenges[,] and a key one is the setup and rollout of the System” (National Care Board, 2015, p. 41). For example, Tatiana Martínez (cited by UN Women, 2017), one of the educators of the childcare centers, points out that:

At first, we were the ones who had to go out and look for the children and let the neighborhood know we were here. Nowadays, it is the families who come to see if there are vacancies. Another center is already being set up in the neighborhood, thanks to the demand created.

Another challenging aspect is financing. Patricia Cossani (cited by Ferreira, 2019), who was part of the National Care Secretariat, points out:

There are a lot of challenges ahead, but this was a period that we are now ending, where we vastly expanded the coverage of services, but there is still a long way to go and there is a big discussion that has to do with the financing of the system which, until now, has been financed by the State. But it is true that it is not possible to expand the system and reach all the people by these means, so we have to put our heads together and consider whether it is necessary to make co-payments, whether it is necessary to create a fund, to find a way to be able to continue expanding the system. We are very happy with the process and we look forward to all the challenges that lie ahead, and we are waiting for this year to end to see how the process will continue.

Regarding the budget, this is entirely public and is expected to increase gradually for the next five year period (2020-2025) in the deployment of a wide range of benefits and services. Meanwhile, more than half the budget is being allocated to early childhood (National Care Board, 2015, p. 40). This incremental budget amounts to 3.0848 billion pesos which represents 0.2%

of the current Gross Domestic Product. And it is divided as follows among its components: 62% of the cost corresponds to Early Childhood, 35% to Dependency Care, and 3% to Training (Salvador, 2019, pp. 30-31).

Regarding the deconstruction of gender roles in caregiving tasks, male participation remains low. Ferreyra (2019) explains that those who apply to work as personal assistants for the SNIC are 90% women (Cardozo Delgado & Martínez Echagüe, 2017).

The creation and implementation of the National Integrated Care System in Uruguay is definitely a milestone in the history of social achievements in the region. As we have seen, this is a comprehensive policy that places care as a pillar of well-being. Its objective is a true cultural transformation in how a society should manage the care we all need throughout our life cycle. And it does so from a systemic approach, seeking to professionalize tasks of care in order to give them a hierarchy, fair recognition, and remuneration. This policy, to a greater or lesser extent, has a positive impact on all dimensions of care work and its recognition, redistribution, and reduction. It also ameliorates the representation of caregivers, and ensures fair and dignified remuneration for those who do care work.

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