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Is LTC workforce a concern?

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Caring for elderly parent costs £132,500

The price of caring for an elderly parent stands at a massive £132,500, it has been revealed

| By Myra Butterworth, Personal Finance Correspondent | T |
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Last Updated: Friday, March 6, 2009, 12:28

Government urged to reverse stance on carers

JASON MICHAEL

Age Action has today called on the Government to reverse its decision to scrap the national strategy for carers.

After a meeting with carers earlier in the week, Minister for Social and Family Affairs Mary Hanafin said the economic downturn meant it would be difficult for the Government to commit to any advances in services and supports for carers in the home

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HEALTH CARE Live-in care

Google

Federal program recruits immigrants to fill worker shortage

Last Updated: Wednesday, May 13, 2009 | 3:16 PM ET CBC News



The federal Live-In Caregiver Program has been operating for 17 years. It was designed to address a labour shortage of Canadians willing to do full-time work as caregivers caring for children, the elderly, and the disabled

Workers applying for a temporary work visa under the Live-In Caregiver Program are required to live in their employer's home and work full-time hours providing care. The program is one of three ways for immigrants to achieve permanent resident status in Canada.

The program has come under scrutiny recently because of allegations that Liberal MP Ruby Dhalla mistreated three women hired under the program to look after her mother. Immigration Minister Jason Kenney has said the program needs reform to prevent abuse.

Here's a look at who live-in caregivers are, what they are and are not required to do, and how their rights compare to those of permanent Canadian workers.





Is LTC workforce a priority? (1 to 5, with 5 highest priority)

- Fiscal/ financial sustainability of LTC systems 4.8
- Quality of LTC services, home care arrangements 4.4
- Coordinating health and social care systems 4
- Encouraging informal care and LTC workers 3.5-4
- Encouraging migration on LTC workers 1.5









The demand side...







Demographic projections Share of the over 80 years old



Source: OECD Labour and Demographic database



No general pattern of improvement in health/disability status of the elderly

Falling disability: Denmark, Finland, Italy, Netherlands, US.

Stable disability: Australia, Canada.

Rising disability: Belgium, Sweden

Source: Lafortune and Balestat, 2007, OECD HWP 26





The supply side...







<u>Informal</u> sector remains the dominant supplier of care

10 times more in the Netherlands and in the US
40 time more in Italy
60 times more in the Czech Republic



Source: OECD Pilot data collection



Caring is overwhelmingly a female responsibility



Source: OECD estimates based on HILDA for Australia, BHPS for the UK, SHARE for other European countries, and HRS for the US.





Percentage of

Largest share of informal carers belong to middle-age groups





Carers provide limited hours of care



... but: when it involves intensive caring, it may have consequences for

Health status/mental health of the carer

Labour market participation, especially of women and older workers



Slightly lower labour market participation for informal carers (aged 50-64)



... and fewer hours of work

Source: OECD estimates based on HILDA for Australia, BHPS for the UK, SHARE for other European countries, and HRS for the US.





Supply of <u>formal</u>LTC workers

Full-time equivalent long-term care workers per 1000 population, 2007



Source: OECD Health Data 2009

1.2006.



An indicator of quality or productivity?

Ratio of LTC nurses and caregivers in institutions per recipients over 65 2007



UCDE

1. 2006. 2. 2005. 3. 2003. 4. pilot data - includes all ages. Source: OECD Health Data 2009



LTC workers: A Snapshot

- Predominantly women (up to 90%)
- Diverse educational backgrounds
 - low in Hungary and Spain, and high in Australia, Canada, Denmark and Netherlands
- Middle-aged in some countries (e.g., Australia and Canada)
- But younger in others (France, Japan, Netherlands, Spain, Sweden and United Kingdom)





Will there be a shortage of LTC workers?

The present:

- Vacancy rates are already high in Austria, Finland, Japan, Netherlands and USA
- Retention difficulties, high turnover, low pay

In future:



Share of working-age population in OECD and EU countries, 1960-2050



Source: OECD Demographic and Labour Force Database,



Will there be a shortage of LTC workers?

The present:

- Vacancy rates are already high in Austria, Finland, Japan, Netherlands and USA
- Retention difficulties, high turnover, low pay

In future:

- Fewer people of working age
- More women work
- Decline in size of low-skilled workforce





Policies to match demand with supply





1. Reliance on migrants?

- More than 20% of formal LTC workforce in Australia, Canada and the US are migrants...
- ...and the numbers are increasing (e.g., Canada, Germany, Greece, Italy, NL, USA)
- EEC are source countries. Foreign-born account for a low share of low-educated labour force;
- Managed migration schemes or simplified labourmarket test (e.g., AUT, CAN, FIN, ITA, JPN, ESP, D, UK)
- "Unmanaged" migration (informal sector): Aut, It, Gr OECD (



Inter OECD migration of <u>health</u> professionals



Inflows of LTC care workers from EEC is increasing in Germany, Austria, Italy, Greece.





2. Better domestic recruitment strategies?

- Target underrepresented groups (unemployed, social assistance beneficiaries, drop-outs, retired, Fr, Fin, Swe) \rightarrow few, effectiveness unclear
- Improvements of supply and quality via training
 → some (little) in Czech Rep., Slovakia, Poland;
 other OECD
- <u>BUT</u> retention is VERY low (turnover between 20 to 50%) -> salary? working conditions? image?





3. Productivity: Use the existing workforce more efficiently

- Redefine skill-mix and job tasks
 - Care work assistant in Netherlands
 - Nurse aids in US have a greater role (medication, wounds, catheter)
- ICT and LTC
 - More efficient organisation
 - Better co-ordination of care
 - Remote monitoring (e.g., Czech Republic)

OCDE

OECD

But cost-effectiveness is not demonstrated

CODE 4. Encouraging co-ordination between formal and informal care systems

<u>Financial benefits</u> (carer allowances, guaranteed income/tax and pension credits during care leave)

<u>Non-financial</u> (respite care, care leave, counselling and short-stay care services)





To conclude

- Balancing paid care with employment
- Cash cash for care schemes: good for choice and stimulate informal caring, but may encourage unregulated care markets and discourage employment
- Extent of substitution or integration of formal and informal care depend upon cultural attitudes and system incentives
- Staffing ratios: quality versus productivity?





To conclude

- LTC cost in EEC and lower-income OECD countries low but projected to catch up to EU average (around 1.5% of GDP).
- By 2050, Total LTC spending expected to at least double in OECD, raising the question of affordability and financial sustainability.
- Can improvements in staff productivity help?
- Some of the initiatives under discussion (e.g., targeting informal carers), delayed by the crisis





www.oecd.org/health/longtermcare

