

8. AGEING AND LONG-TERM CARE

8.7. Long-term care workers

The provision of long-term care (LTC) is a labour-intensive activity. Formal LTC workers are defined as paid workers, typically nurses and personal carers, providing care and/or assistance to people limited in their daily activities at home or in institutions. Formal long-term care is complemented by informal, usually unpaid, care by family and friends, which accounts for a large part of care for older people in all OECD countries (see Indicator 8.6).

Relative to the population aged 65 and over, Norway and Sweden have the largest number of LTC workers, and Italy the lowest share (Figure 8.7.1). The organisation of formal care also varies across OECD countries. Care providers work mainly in institutions in the United States, Denmark, Switzerland, Canada and the Czech Republic, even though most recipients may receive care at home in some of these countries (see Indicator 8.5). People working in LTC institutions often attend to people with more severe limitations. Conversely, most formal LTC workers provide care at home in Estonia, Israel, Korea and Japan.

Most LTC workers are women and work part-time. Over 90% of LTC workers are women in Canada, Denmark, the Czech Republic, Ireland, Korea, New Zealand, the Slovak Republic, the Netherlands, Norway and Sweden. Foreign-born workers also play an important role in LTC provision, although their presence is uneven across OECD countries. While Germany has very few foreign-born LTC workers, in the United States nearly one in every four care workers is foreign-born. In other countries, foreign-born workers represent a large share of people providing home-based services, including LTC services. This is the case, for instance, in Italy where about 70% of people providing services at home are foreign-born (Colombo et al., 2011). The recruitment of foreign-born workers to provide LTC at home or in institutions can help respond to growing demand, often at a relatively low cost. But the growing inflows of LTC workers coming from other countries have raised some issues in certain countries, such as the management of irregular migration inflows and paid work which is undeclared for tax and social security purposes.

Employment in the LTC sector still represents only a small share of total employment in OECD countries, averaging just over 2% across all OECD countries. However, this share has increased over the past decade in many countries, with the broadening of public protection against LTC risks and increased demand stemming from population ageing. In Japan, the number of LTC workers has more than doubled since the implementation of the universal LTC insurance programme in 2000, while there was a slight decrease in total employment in the economy over this period. Employment has also increased in the LTC sector in Germany and, to lesser extent, in Denmark and Norway (Figure 8.7.2).

On average, close to 30% of formal LTC providers are nurses, while the other 70% are personal care workers (who may be called under different names in different countries – nursing aides, health assistants in institutions, home-

based care assistants, etc.). Many countries are looking at possibilities to delegate some of the tasks currently provided by nurses to lower-skilled providers to increase the supply of services and reduce costs, while ensuring at the same time that minimum standards of quality of care are maintained. One of the common approaches to ensure quality of services in OECD countries has been to set educational and training requirements for personal care workers. Still, these requirements vary substantially across OECD countries resulting in various qualifications level among personal care workers, especially where home-based care is concerned (OECD/European Commission, 2013).

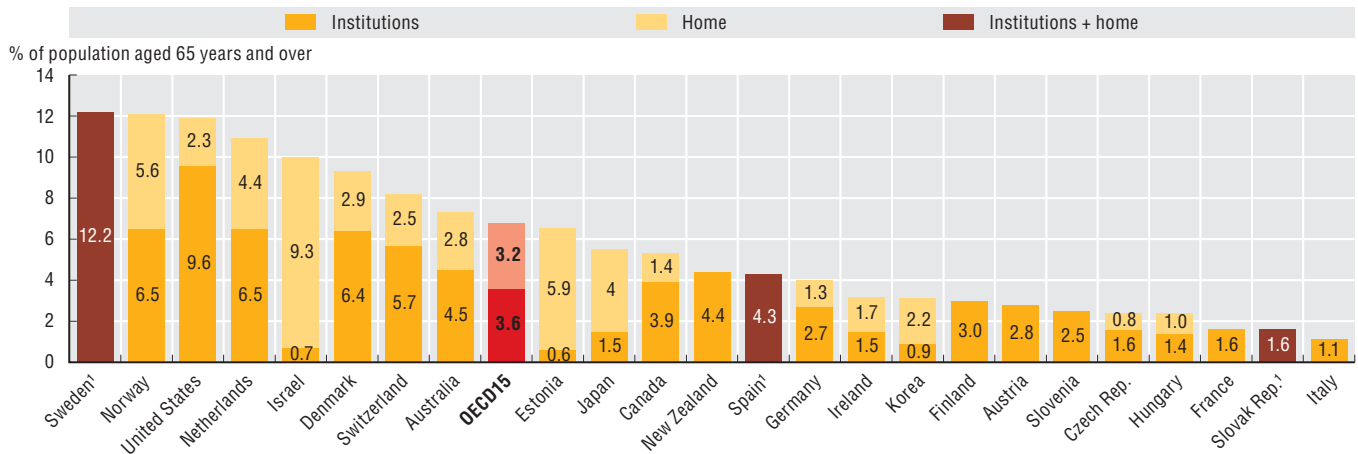
Given population ageing and the expected decline in the availability of family caregivers, the demand for LTC workers as a share of the working population is expected to at least double by 2050. A combination of policies is needed to respond to this, including policies to improve recruitment (e.g., encouraging more unemployed people to consider training and working in the LTC sector); to improve retention (e.g., enhancing pay and work conditions); and to increase productivity (e.g., through reorganisation of work processes and more effective use of new technologies) (Colombo et al., 2011; European Commission, 2013).

Definition and comparability

Long-term care workers are defined as paid workers who provide care at home or in institutions (outside hospitals). They include qualified nurses (see definition under Indicator 3.7) and personal care workers providing assistance with ADL and other personal support. Personal care workers include different categories of workers who may have some recognised qualification or not. Because they may not be part of recognised occupations, it is more difficult to collect comparable data for this category of LTC workers. LTC workers also include family members or friends who are employed under a formal contract either by the care recipient, an agency, or public and private care service companies. The numbers are expressed as head counts, not full-time equivalent.

The data for Germany exclude elderly care nurses, and persons declared to social security systems as caregivers, resulting in a substantial under-estimation. The data for Italy exclude workers in semi-residential long-term care facilities. The data for Japan involve double-counting (as some workers may work in more than one home). The data for Ireland refer only to the public sector. The data for Australia are estimates drawn from the 2011 National Aged Care Workforce Census and Survey, and underrepresent the numbers of people who could be considered LTC workers.

8.7.1. Long-term care workers as share of population aged 65 and over, 2011 (or nearest year)

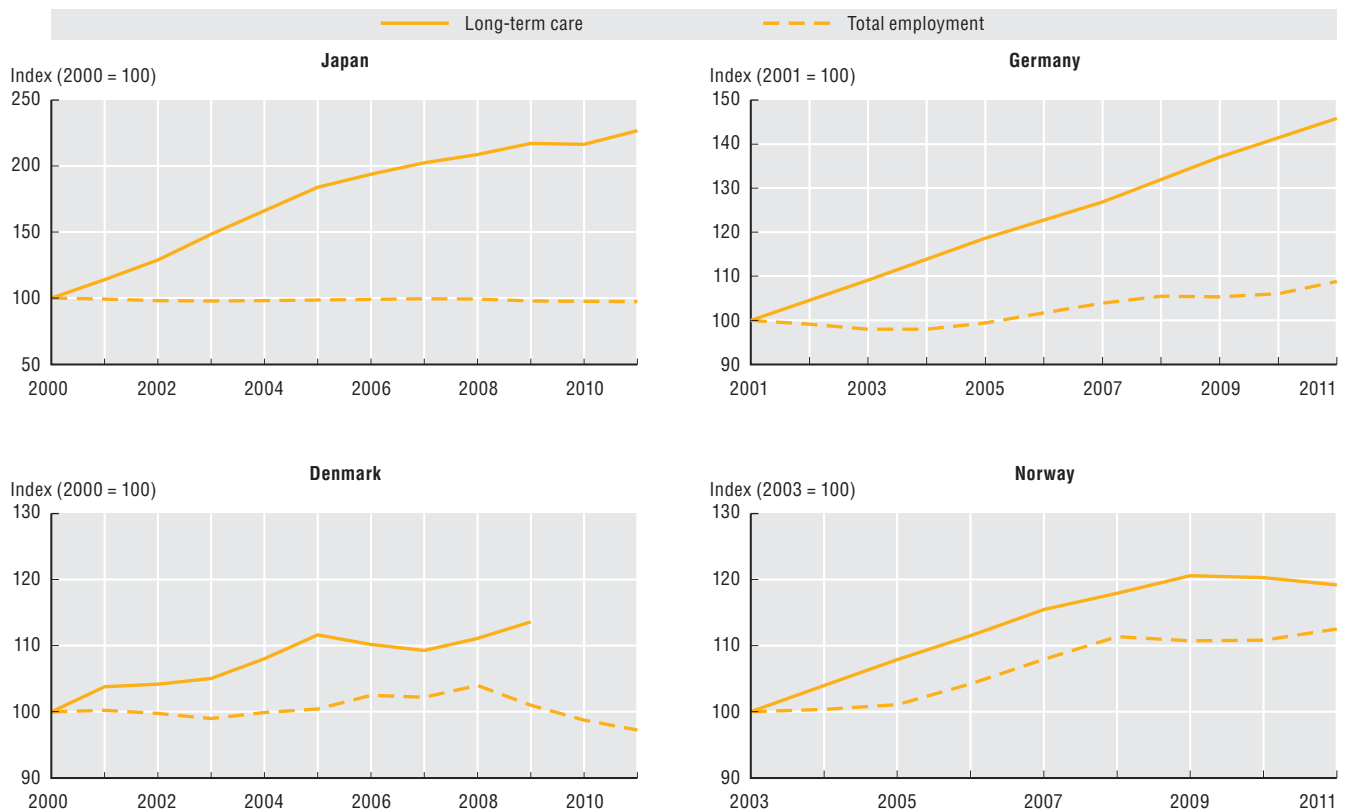


1. In Sweden, Spain and the Slovak Republic, it is not possible to distinguish LTC workers in institutions and at home.

Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888932919422>

8.7.2. Trends in long-term care employment and total employment, selected OECD countries, 2000-11 (or nearest year)



Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888932919441>



From:
Health at a Glance 2013
OECD Indicators

Access the complete publication at:
https://doi.org/10.1787/health_glance-2013-en

Please cite this chapter as:

OECD (2013), “Long-term care workers”, in *Health at a Glance 2013: OECD Indicators*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/health_glance-2013-77-en

This work is published under the responsibility of the Secretary-General of the OECD. The opinions expressed and arguments employed herein do not necessarily reflect the official views of OECD member countries.

This document and any map included herein are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.

You can copy, download or print OECD content for your own use, and you can include excerpts from OECD publications, databases and multimedia products in your own documents, presentations, blogs, websites and teaching materials, provided that suitable acknowledgment of OECD as source and copyright owner is given. All requests for public or commercial use and translation rights should be submitted to rights@oecd.org. Requests for permission to photocopy portions of this material for public or commercial use shall be addressed directly to the Copyright Clearance Center (CCC) at info@copyright.com or the Centre français d'exploitation du droit de copie (CFC) at contact@cfcopies.com.