



OECD INSIGHTS ON THE LONG-TERM CARE WORKFORCE

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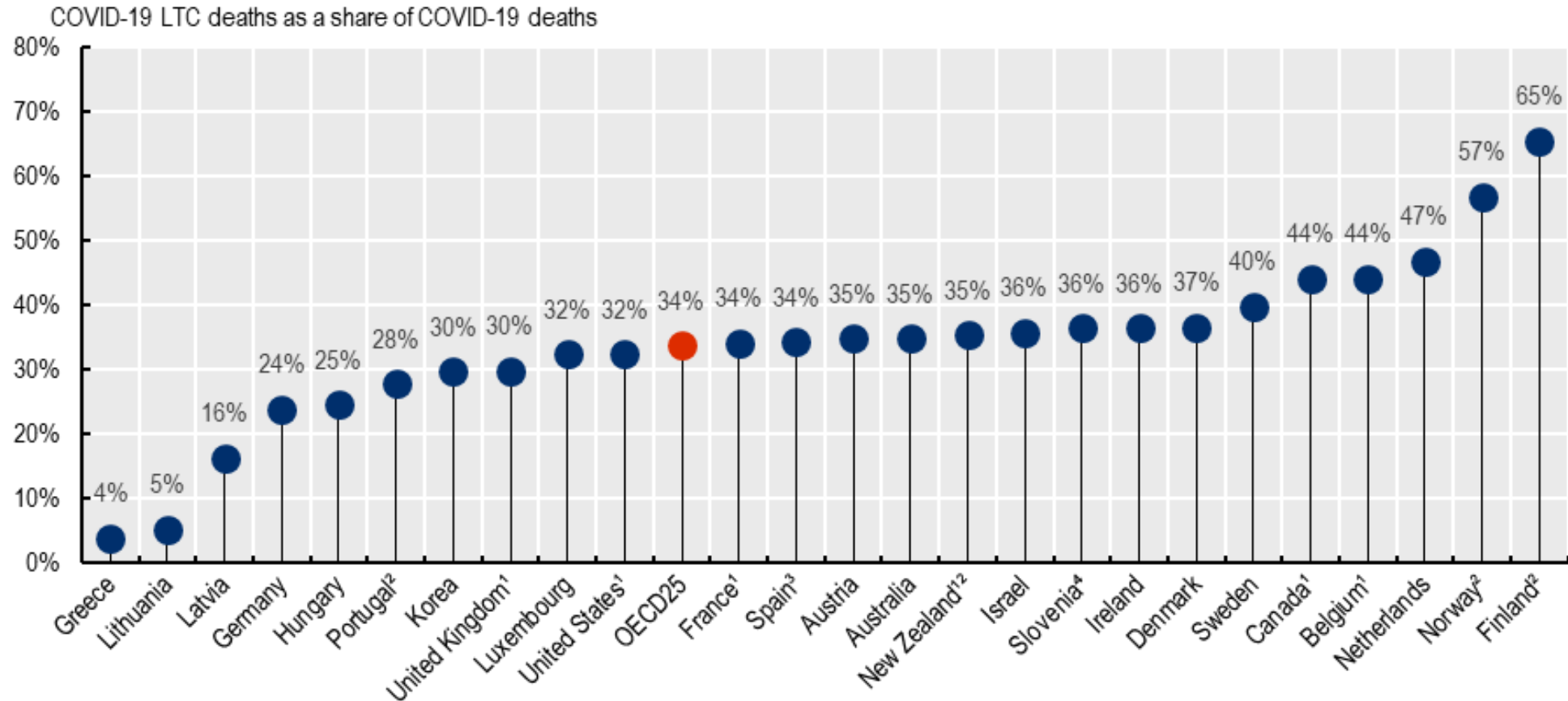
The OECD has worked a lot on carers in recent years



- ✓ LTC resilience chapter in “Ready for the next crisis? Investing in resilient health systems” - Q1 2023
- ✓ “Time to improve end-of-life care” - Q1/Q2 2023
- ✓ Social dialogue for informal carers (under the Global Deal, an OECD and ILO initiative) - Q1/Q2 2023
- ✓ Beyond Applause - 2023



A sizeable share of COVID-19 deaths has been in long-term care (LTC), bringing it under the spotlight



Find the graph in the **LTC resilience chapter** in “**Ready for the next crisis? Ready for the next crisis? Investing in resilient health systems**”, to be released in Q1 2023

Note: Data on cumulative deaths covers different periods: data cover up to May 2022 for eight countries or else up to 2021 for the remaining countries, except for Israel (2020). 1. Includes confirmed and suspected COVID-19 deaths. 2. Only includes deaths occurring within LTC facilities, not those occurring after transfer to hospitals. 3. Data come from regional governments using different methodologies, some including suspected deaths. 4. Slovenia includes deaths in nursing homes and social LTC facilities.

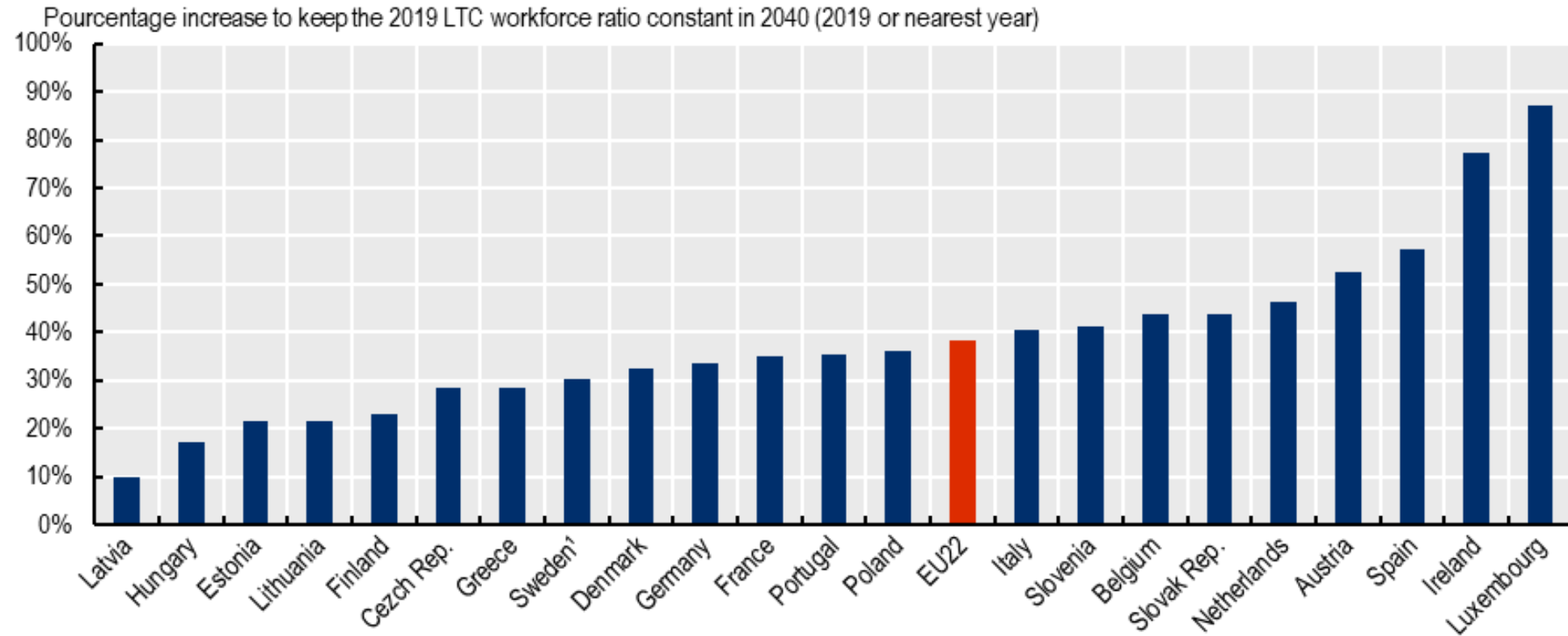
Source: LTC COVID website, complemented with European Centre for Disease Prevention and Control (ECDC) data and 2021 OECD Questionnaire on COVID-19 in LTC.



STRUCTURAL CHALLENGES ABOUT CARERS IN LTC



Shortages ahead in LTC workers



Find the graph in “**Integrating services for older people in Lithuania**”



Poor working conditions are common



Low pay predominates. The lack of career perspective does not help.



Part-time employment in LTC is twice the average OECD rate.



The average **tenure** is two-year lower in LTC than in the overall workforce



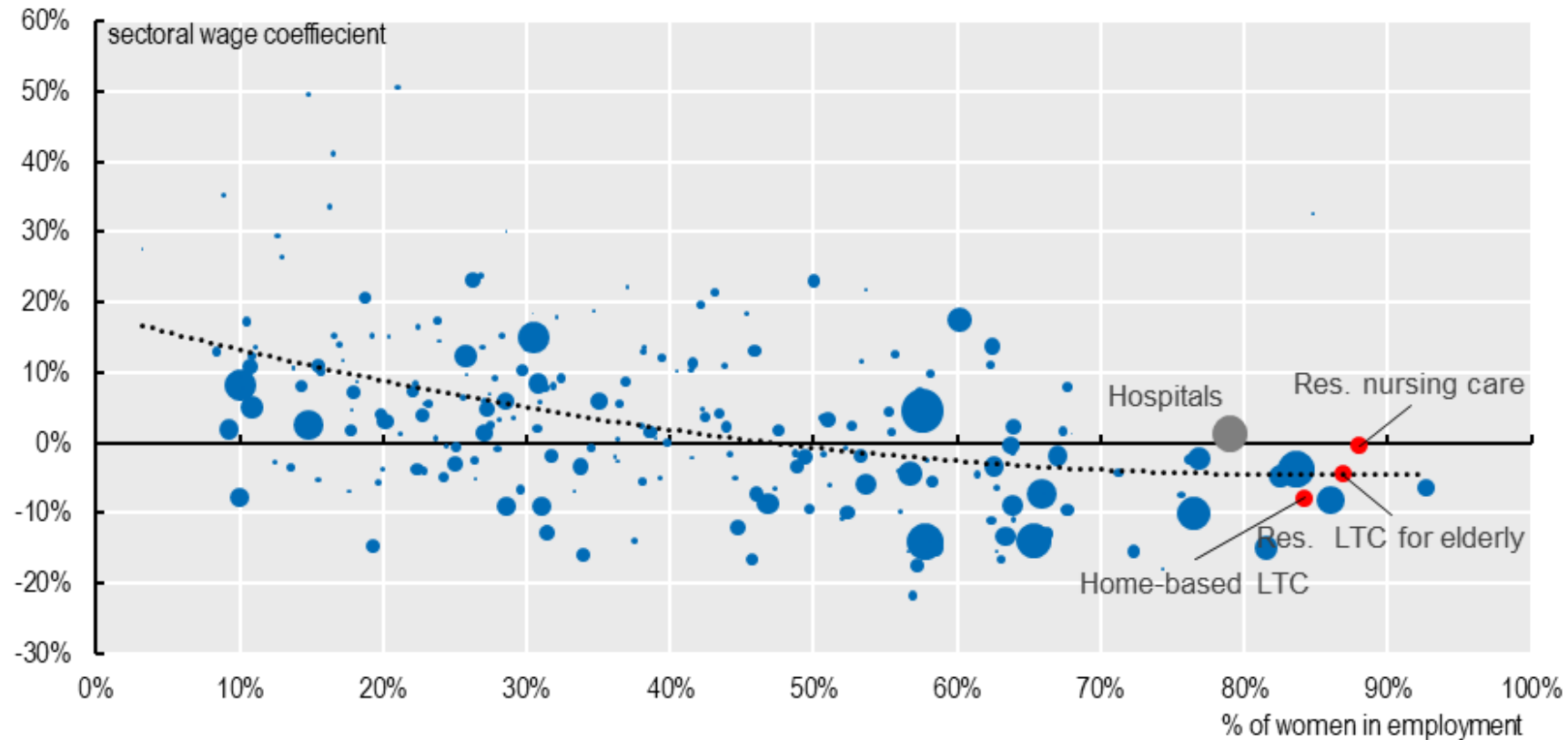
Migrant workers are important in many countries



- Over **15%** of LTC workers report work-related health problems
- Almost **65%** of LTC workers experience physical risk factors
- Over **45%** of LTC workers report exposure to mental well-being risk factors



Preliminary OECD work underlines the relation between gender inequalities and poor pay



Find the graph in “**Beyond Applause**”, to be released in 2023. Preliminary estimates.

Note: The area of the bubbles corresponds to the number of workers in a given occupation or sector. Sectoral wage coefficient are estimates from the model described in Box 2.2., Panel B. They show sectoral wages assuming that the structure of employment characteristics such as age, gender, education, tenure etc. is the same in all sectors. Coefficients of sectors from a wage regression for all workers were rescaled so that their average, weighted by the sectoral employment size, equals 0. The trends are polynomials of degree 2 fitted with minimum least square. The fitted equation for sectors: $y = 0.3084x^2 - 0.5337x + 0.1828$ is statistically significant at the 95% confidence level. Source: OECD calculations based on PIAAC data.



Most LTC workers have low entry requirements

Across OECD countries:

- Over **90%** of LTC workers are women
- About **70%-80%** of LTC workers are personal care workers

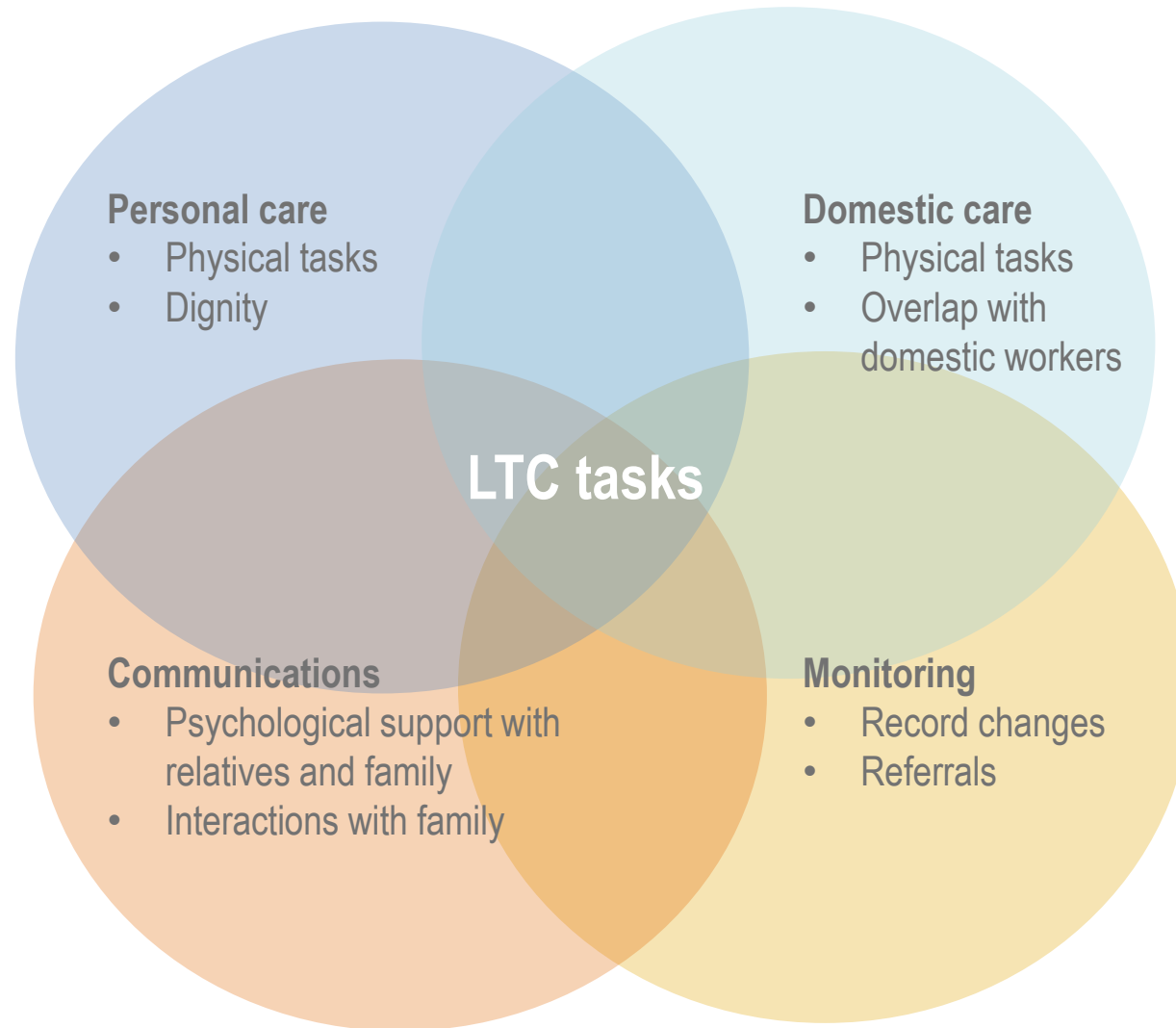
Personal care workers—Education requirements	
No minimum education level	Australia, Bulgaria, Estonia, France, Greece, Iceland, Israel, Japan, Korea, Norway, Romania, United Kingdom, United States
High school diploma	Belgium, Portugal, Slovenia
Technical degree after high school	Austria, Canada, Czech Republic, Estonia, Lithuania, Malta, Spain
Primary or intermediate vocational training	Finland, Hungary, Latvia, Luxembourg, Netherlands, Slovenia
Other	basic knowledge of Greek language in Cyprus, caregiver course/training in Croatia, 8-10 months of training in workplace in Finland, requirements vary across states in Germany

Find more data in “**Who cares? Attracting and retaining care workers for the elderly**”

Source: EU-Labour Force Survey and OECD Health Statistics 2018 (data refer to 2016 or nearest year).

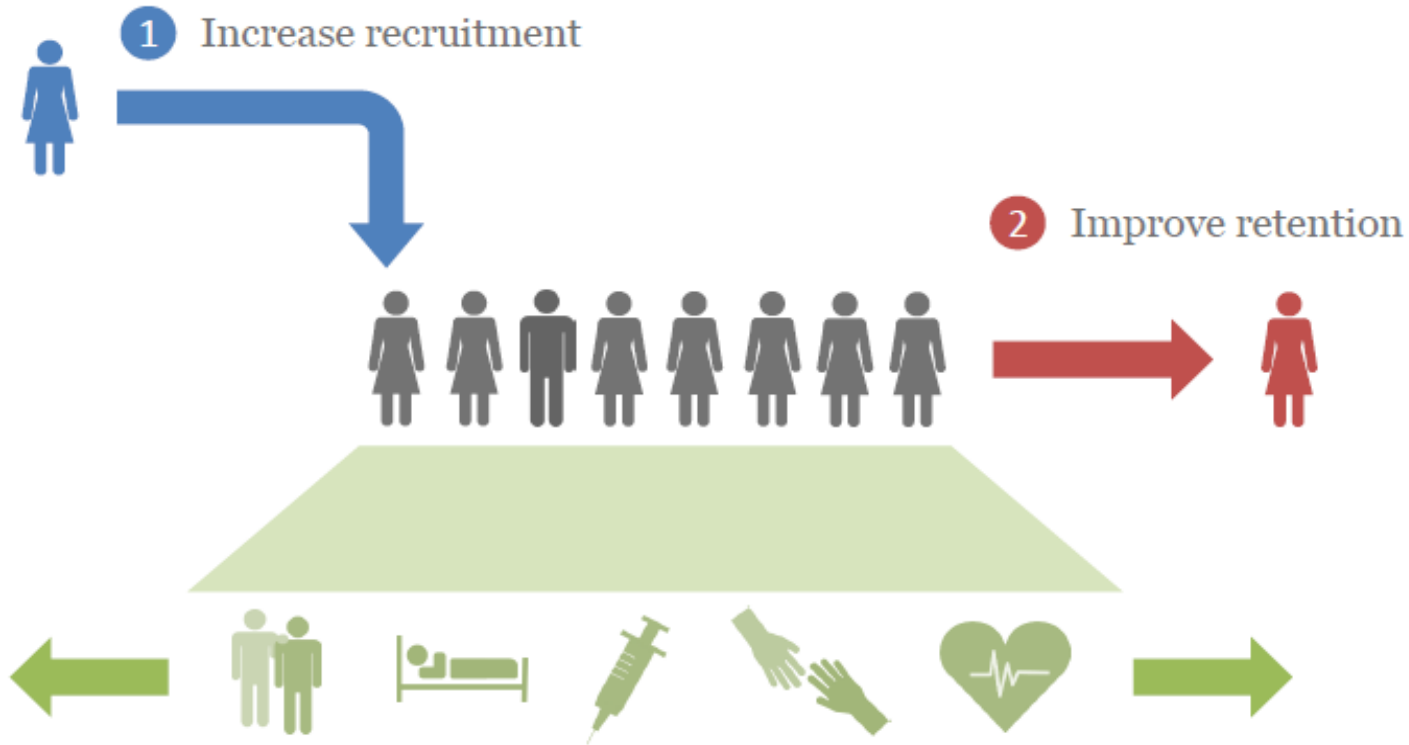


The tasks are more often complex than typically portrayed, but career pathing can be unclear





Four key areas of action to develop the LTC workforce



3 Improve productivity to do more with the same amount of staff

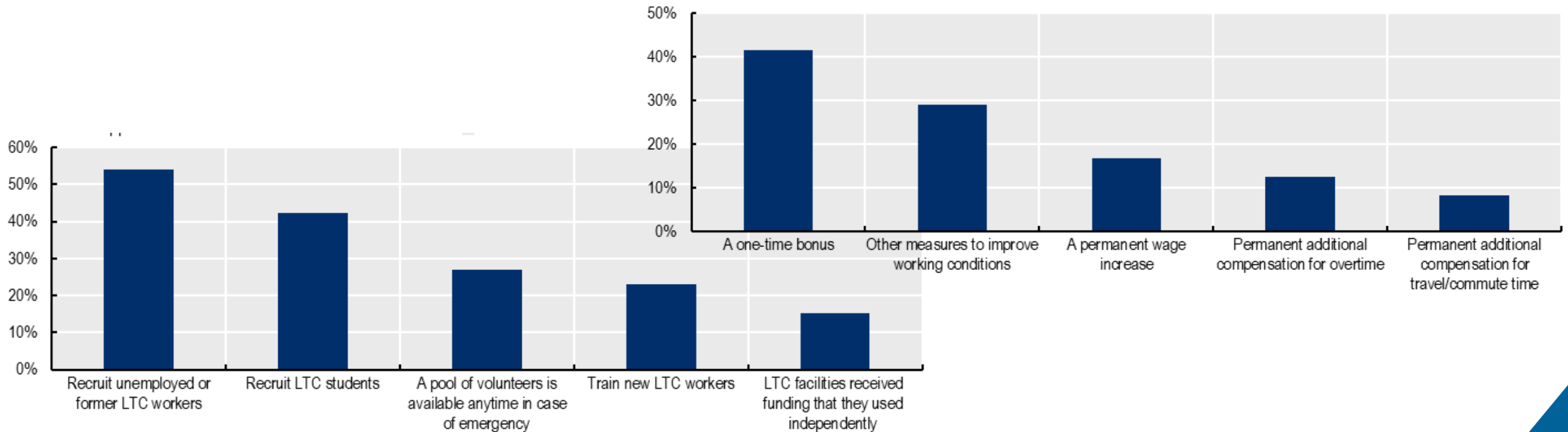
4 Improve coordination across workers and settings

5. *Support informal carers to develop home and community-based care*



The pandemic led to a slight shift in perception

- Previous to COVID-19, only half of the countries had recruitment efforts
- Virtually all OECD countries took at least one measure to recruit or retain LTC workers during the pandemic
- While invaluable, most of these measures were typically temporary and limited



Find the graphs in “COVID-19 in LTC: impact, policy responses and challenges”

Source: 2021 OECD Questionnaire on COVID-19 and LTC.



Key areas of action to develop the LTC workforce



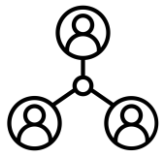
Improve retention

- Wage and other working conditions
 - Social dialogue
 - to develop career pathing (training and skills recognition)
 - to regulate better home care (despite concerns/fears that discussions could open a Pandora box)
-



Improve productivity

- Technology for the staff to reduce administrative burden
 - Telemedicine (COVID-19)
-



Improve coordination across workers and settings

- Integrate the health and social sides of long-term care benefits
 - Discharges from hospitals
-



Support informal carers to develop home and community-based care

- Provide adequate support
- Include them in social dialogue



Thank you

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- ✓ “Beyond Applause” - 2023



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