¿Quién cuida?
Cómo desarrollar recursos humanos y la protección social para la atención a la dependencia

Presentado por Ana Llena Nozal y Tiago Cravo Oliveira

16 DE JUNIO - 2020 | 10:00 AM (EST)
PANELISTAS

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WEBINAR

The Effectiveness of Social Protection for Long-term Care in Old Age

Presentador: Tiago Cravo Oliveira Hashiguchi

Health Policy Analyst at the Directorate for Employment, Labour and Social Affairs, OCDE
THE EFFECTIVENESS OF SOCIAL PROTECTION FOR LONG-TERM CARE IN OLD AGE

Tiago Cravo Oliveira Hashiguchi, Health Policy Analyst
Directorate for Employment, Labour and Social Affairs

16 June 2020, IDB Webinar
1. **Definitions** social protection, long-term care (LTC) in old age
2. **Objective & approach** is social protection for LTC in old age effective?
3. **Methods** analytical framework; typical cases of needs; data sources
4. **Findings to date** key indicators; adequacy, equity & efficiency
5. **Implications** policy implications; strengths and limitations; ongoing work
## Definitions

**What is social protection for old age LTC?**

<table>
<thead>
<tr>
<th>Long-term care in old age</th>
<th>No public action</th>
<th>Probable outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activities of daily living</strong>&lt;br&gt;Getting in and out of bed, getting dressed, bathing, eating.</td>
<td>Finding and paying for professional services or informal help a <strong>private responsibility</strong>.</td>
<td>Risk of <strong>catastrophic out-of-pocket</strong> spending and poverty, <strong>unmet needs</strong>, opportunity costs of unpaid informal care.</td>
</tr>
<tr>
<td><strong>Instrumental activities of daily living</strong>&lt;br&gt;Doing laundry, getting groceries, cooking, cleaning.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Social activities</strong>&lt;br&gt;Going out for a walk, meeting friends, going to the movies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>More than 1/3 of over 65s report limitations in daily activities, and more than 10% currently receive LTC.</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

We focus mainly on monetisable or financial social protection.
To answer these questions we need to estimate the costs that older people face and the benefits and services they receive, across the range of LTC needs, and for any level of income and wealth.

There are disparate views over what constitutes a LTC need, who is/should be eligible for care, how much care users pay, and how to fund public support for care.
## Approach

Typical cases of long-term care needs

<table>
<thead>
<tr>
<th>Low needs</th>
<th>Moderate needs</th>
<th>Severe needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 hrs of care per week</td>
<td>22.5 hrs of care per week</td>
<td>41.75 hrs of care per week</td>
</tr>
</tbody>
</table>

### Scenario 1
- **Formal home care**
- **In/formal home care**
- **Informal care**
- **Institutional care**

### Scenario 2
- **Formal home care**
- **In/formal home care**
- **Informal care**
- **Institutional care**

### Scenario 3
- **Formal home care**
- **In/formal home care**
- **Informal care**
- **Institutional care**

### Scenario 4
- **Scenario 4a** Partly provided by spouse
- **Scenario 4b** Partly provided by child
- **Scenario 4c** 100% provided by spouse
- **Scenario 4d** 100% provided by child

### Scenario 5
- **Institutional care**
Social activity 1 hour, twice a week = 22 ½ hours per week

Laundry 1 hour, once a week

Cleaning 1 hour, once a week

Shopping 1 hour, twice a week

Meal preparation 1 hour 30 mins per day

Washing and dressing 20 mins, six times a week

Bathing and dressing 30 minutes, once a week

Incontinence management 1 hour, once a week

Feeding no formal care provided

Going to bed no formal care provided

Laundry 1 hour, once a week

Cleaning 1 hour, once a week

Shopping 1 hour, twice a week

Meal preparation 1 hour 30 mins per day

Social activity 1 hour, twice a week = 22 ½ hours per week

Typical cases of long-term care needs

**ADL**
- Washing and dressing 20 mins, six times a week
- Bathing and dressing 30 minutes, once a week
- Incontinence management 1 hour, once a week
- Feeding no formal care provided
- Going to bed no formal care provided

**IADL**
- Laundry 1 hour, once a week
- Cleaning 1 hour, once a week
- Shopping 1 hour, twice a week
- Meal preparation 1 hour 30 mins per day

**Mapping to country assessment scales**

**Belgium**
Federal allowance, personal care from NIHDI nurse, IADL care from home care organization, and social activity by additional home care.

**England**
Social care and lower rate attendance allowance.

**Netherlands**
Class 3 personal care, class 2 daytime activities, and home care support from municipality.

Detailed descriptions of ADL, IADL, and social care needs

<table>
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<tr>
<th>Low needs</th>
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<td>6 hrs of care per week</td>
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</table>
## Approach: Overview of project phases

### Phase 1 of project 2014-16
- Questionnaire sent to all OECD and EU countries
- **Scenarios**
  - Needs: 5 “typical cases”
  - Income: Low, median and high
  - Assets: None, or very high assets
- **Data collected**
  - Cost of care
  - Public support

### Phase 2 of project 2016-19
- New questionnaire sent out using responses in Phase 1
- **Understanding** of rules that govern eligibility and levels of LTC benefits
- **Distributions** of incomes and assets of older people
- **Detailed models** of net effect of public social protection systems in defined typical cases

### Phase 3 of project 2020-21
- New questionnaire sent out using responses in Phase 2
- **Matching** typical cases of LTC needs with population needs reported in SHARE
- **Rules** governing level of public support depending on incomes and assets of older people
- **Population-level indicators** of net effect of public social protection systems for LTC
Findings of phase 2: The key indicators

- Total costs of care
- Disposable income & net wealth
- Public support & out-of-pocket

Many dimensions...
- Needs
- Settings
- Carers
- Periods
- Incomes
- Wealth
- Types of wealth

...many estimates

Net disposable income after LTC costs, public support and out-of-pocket costs
The cost of one week of LTC as a share of disposable income in old age

Percentages are simple averages of 26 countries and regions in the OECD/EU28. Low, moderate and severe needs correspond to 6.5, 22.5 and 41.25 hours of care per week, respectively. Low income is the 20th percentile of income and high income is the 80th percentile of income, both among people of retirement age or older.
Findings of phase 2: Public support, by income

Share of home care costs met by public social protection, for moderate needs and different incomes

Low income is the 20th percentile of income and high income is the 80th percentile of income, both among people of retirement age or older. Care recipients have no net wealth.
Share of institutional care costs met by public social protection, for moderate needs and different assets

Care recipients earn a median income (among people of retirement age or older). Mean net wealth for over 65 year olds is sourced from the OECD WDD. For countries with no net wealth data (Czech Republic, Iceland, Croatia, Lithuania) it is assumed mean net wealth is 17 times the median income (based on the average ratio between mean net wealth and median income across OECD countries for which both data are available). It is assumed 52% is primary residence and 48% is other assets (based on average across OECD).
Findings of phase 2 Public support, for informal care

Public support for adult child providing 22.5h of care per week, as share of average wage in economy

Average wage in the economy adjusted to 22.5 hours = average annual wage / average hours actually worked * 22.5 hours. Care recipients earn half of the median income (all ages) and have mean net wealth. Same assumptions on mean wealth (regarding missing data and types of assets) as in previous slides. Only financial support for informal caregivers is included here.
Findings of phase 2 Out-of-pocket spending (1)

Share of care user’s disposable income spent on out-of-pocket costs of home care, for moderate needs for different incomes

Low income is the 20th percentile of income and high income is the 80th percentile of income, both among people of retirement age or older. Care recipients have no net wealth.
Care recipients have no net wealth. Low needs correspond to 6.5 hours of care per week.
Care recipients have no net wealth. Low needs correspond to 6.5 hours of care per week.
Findings of phase 2  Net income & risk of poverty (3)

Proportion of old age population in relative income poverty, home care for low needs

Care recipients have no net wealth. Low needs correspond to 6.5 hours of care per week.
Care recipients have no net wealth. Moderate needs correspond to 22.5 hours of care per week.
Findings of phase 2: The economically vulnerable

Care recipient earns 50% of the population-wide median income (the relative income poverty line) and has no net wealth. Moderate needs correspond to 22.5 hours of care per week.
Findings of phase 2  Cost-sharing mechanisms

Many forms of cost-sharing in **home care**

<table>
<thead>
<tr>
<th>User contributions</th>
<th>Examples of countries/regions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed</td>
<td>Ireland, Luxembourg, Flanders (Belgium), Hungary, Slovenia</td>
</tr>
<tr>
<td>Means-tested</td>
<td>Flanders (Belgium), Croatia, England, Tallinn (Estonia), Finland, France, South Tyrol (Italy), Reykjavik (Iceland), Japan, Latvia, Lithuania, Netherlands, Slovenia, Spain, Sweden</td>
</tr>
<tr>
<td>Needs-tested</td>
<td>Flanders (Belgium), Croatia, France, Germany, Spain</td>
</tr>
<tr>
<td>Ceilings</td>
<td>Vienna (Austria), Flanders (Belgium), Japan, Korea, Netherlands, Spain, Sweden</td>
</tr>
<tr>
<td>IADL &gt; ADL</td>
<td>Vienna (Austria), Flanders (Belgium), Ontario (Canada), France, Ireland, Japan, Lithuania, Luxembourg and the Netherlands</td>
</tr>
</tbody>
</table>
Implications

Main takeaways

Public social protection systems are essential, but there are potential gaps

• Without social protection, out-of-pocket costs push most older people into income poverty
• Even with public social protection, in many places some older people could fall into poverty
• Older people may spend down their assets to pay for shortfalls in public support
• Adult children providing care for a parent are often poorly compensated
• Safety nets for the income and asset poor are often missing or inadequate
• Gaps in social protection may push the income poor into asset poverty
• Asset poor older people only have their income to pay for out-of-pocket costs

A societal debate is needed to balance technical solutions (e.g. targeted universalism) and politically acceptable solutions (e.g. financing)
This project is generating new estimates to inform debate and future work ...

- Common analytical framework to ensure comparability of results across countries
- New insights into variation/heterogeneity in public social protection within/between countries
- Assisting the Commission and member states in identifying/filling data gaps

... but there are challenges and gaps

- Assumption that families and friends cannot contribute to costs of care
- Regional variation in costs, access, eligibility and even level of support
- Intermediate care (assisted living) is not included in the scope

Phase 3 is using surveys of ageing to quantify population-level impact
Find out more and get in touch

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Follow us on Twitter @OECD_social

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ana.llenanozal@oecd.org
Findings of phase 2 Public support, by needs

Share of home care costs met by public social protection, for different needs & median income

Care recipients earn the national median income among people of retirement age or older and have no net wealth. Low, moderate and severe needs correspond to 6.5, 22.5 and 41.25 hours of care per week, respectively.
Findings of phase 2 Out-of-pocket spending (2)

Share of care user’s disposable income spent on out-of-pocket costs of institutional care, for different incomes

Low income is the 20th percentile of income and high income is the 80th percentile of income, both among people of retirement age or older. Care recipients have no net wealth.
Findings of phase 2: Asset depletion

Share of initial wealth depleted after 9 years of LTC, older person at risk of poverty with mean net wealth

Period of care lasts for 9 years (6 years in home care for low needs, 1 year in home care for moderate needs and 2 years in either home or institutional care for severe needs; based on averages for men and women from Kingston et al (2017)). Care recipients earn 50% of the population-wide median income (the relative income poverty line) and have mean net wealth at the start of the simulation. Same assumptions on mean wealth (regarding missing data and types of assets) as in previous slides.
Developing an Effective Long-term Care Workforce

Presentadora: Ana Llena-Nozal

Senior Economist Directorate for Employment, Labour and Social Affairs, OECD
DEVELOPING AN EFFECTIVE LONG-TERM CARE WORKFORCE

Ana Llena-Nozal, Senior Economist
Directorate for Employment, Labour and Social Affairs

16 June 2020, IDB Webinar
WORKERS ARE IMPORTANT FOR LONG-TERM CARE QUALITY
Countries worldwide are ageing rapidly

Share of the population aged over 65, 2017 and 2050

Source: OECD Health Statistics 2019
Stagnation in the numbers of LTC workers in the OECD

Number of LTC workers per 100 individuals aged 65 and over, in 2011 and 2016 (or nearest year)

Notes: 1-Data were calculated based on ISCO 3 digit and NACE 2 digit. 2-Data must be interpreted with caution, as sample sizes are small. 3-The decrease in the Netherlands is partly due to a methodological break in 2012, but also reforms (see Box 2.1).
Source: EU-Labour Force Survey and OECD Health Statistics 2018, with the exception of the Quarterly Labour Force Survey for the United Kingdom and the Current Population Survey (ASEC-CPS) for the United States; Eurostat Database for population demographics.
Low quality jobs and low retention

90% of Care workers are **women**

Four in five are low-skilled personal care workers.

Migrant workers represent one-quarter of workers

40% work **part-time**

**Low pay** and **high rates of health risks at work**

Recruitment and retention of staff is a challenge.

Tenure is two years lower than average.

- More than 60% of LTC workers report being exposed to physical risk factors at work, and are subject to stressful behaviour from care recipients.
- Many experience high demand but low autonomy and support.
LTC requires complex tasks while workers are not always skilled

- Help with ADL
  - Positioning, lifting, and turning elders
  - Transporting elders

- Help with IADL
  - Maintaining hygiene standards
  - Meals preparation and serving

- Qualitative interactions
  - Providing psychological support
  - Interactions with family

- Monitoring
  - Recording changes in condition, behaviours, and responses to care
  - Referrals

Source: OECD Long-term Care Workforce Questionnaire, 2018.
POLICY OPTIONS
Four key areas of action to develop the LTC workforce

1. Increase recruitment
2. Improve retention
3. Improve productivity to do more with the same amount of staff
4. Improve coordination across workers and settings
Only half of the countries have recruitment efforts

<table>
<thead>
<tr>
<th>Measures</th>
<th>Examples of countries implementing these measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruiting from the traditional pool (making sure people return to the sector or prevent early retirement), with “Job Winner” or “Get back to work” initiatives</td>
<td>Australia, Estonia, Germany, Japan, Netherlands, Norway, Romania, United Kingdom</td>
</tr>
<tr>
<td>Improving image among young workers and students with “Proud to Care” and “Care Ambassadors” initiatives</td>
<td>Australia, Belgium, Netherlands, Portugal, United Kingdom</td>
</tr>
<tr>
<td>Providing financial support and perseverance grants for LTC education to train unemployed people or caregivers willing to get licenses or certification</td>
<td>Cyprus, Germany, Israel, Japan, Netherlands, Romania</td>
</tr>
<tr>
<td>Targeting the recruitment of men into the LTC workforce</td>
<td>Germany, Norway, the United Kingdom, and Hungary</td>
</tr>
</tbody>
</table>

(Source: OECD LTC workforce survey 2018.)
Increasing retention in LTC

Improve working conditions
- Ensure decent wages
- Strengthen collective bargaining and social dialogue
- Allow more choice on work schedules
- Increase safety at work

Increasing care quality by providing training
- Improve the geriatric expertise of nurses
- Provide career perspectives
- Flag experience and prior learning recognition
- Improve continuous on-the-job training
Support LTC workforce productivity

1. Do same with less workers
   - Welfare technology, particularly assistive technology, to supplement or replace time spent with workers
   - Develop individuals capacities for self-care
   - Care models focusing on reablement and prevention

2. Do same at lower costs
   - Task delegation, e.g. from nurses to personal care workers
Support elderly appropriately if they get sick

Improve coordination of care for older adults closer to their homes

*E.g. Integrated Community Care (Japan)*

Improving hospital experience and discharge

*E.g. Hospital at home in France*

Promote coordination between formal and informal care

*E.g. Care plans (Belgium)*
Thanks for listening

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Preguntas y Respuestas
Panorama de Envejecimiento y Atención a la Dependencia

Muchas Gracias

https://www.iadb.org/panorama-de-encejecimiento
El trabajo del cuidado durante la emergencia COVID-19 y en la fase de reactivación

Servicios integrados de atención a la dependencia en tiempos de COVID-19