

WEBINAR



¿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)

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PANELISTAS



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Economista sénior y líder del equipo de atención a largo plazo, OCDE



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Moderadora:
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Consultora de la División de Protección Social y Salud, Banco Interamericano de Desarrollo

Antes de comenzar...



40 minutos



15 minutos



Preguntas
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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

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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



Agenda

In this presentation, I will walk you through

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



This project is funded by DG EMPL of the European Commission



Definitions What is social protection for old age LTC?

Long-term care in old age		No public action	Probable outcomes
Activities of daily living Getting in and out of bed, getting dressed, bathing, eating. Instrumental activities of daily living Doing laundry, getting groceries, cooking, cleaning. Social activities Going out for a walk, meeting friends, going to the movies. More than 1/3 of over 65s report limitations in daily activities, and more than 10% currently receive LTC.	Option A	Finding and paying for professional services or informal help a private responsibility .	Risk of catastrophic out-of-pocket spending and poverty, unmet needs , opportunity costs of unpaid informal care.
		Social protection	Probable outcomes
	Option B	Risk-pooling used to fund support through public services and benefits in-kind or in-cash, including for informal carers.	Reduced out-of-pocket spending and risk of poverty, compensation of informal care, fewer unplanned hospital admissions.

We focus mainly on monetisable or financial social protection



Objective Is social protection for old age LTC effective?

Some of the best data we have is on total public LTC spending, but

- Is that spending protecting those who need LTC and face large costs?
- How can adequate protection and financial sustainability be balanced?
- How do public social protection systems compare across the OECD?

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

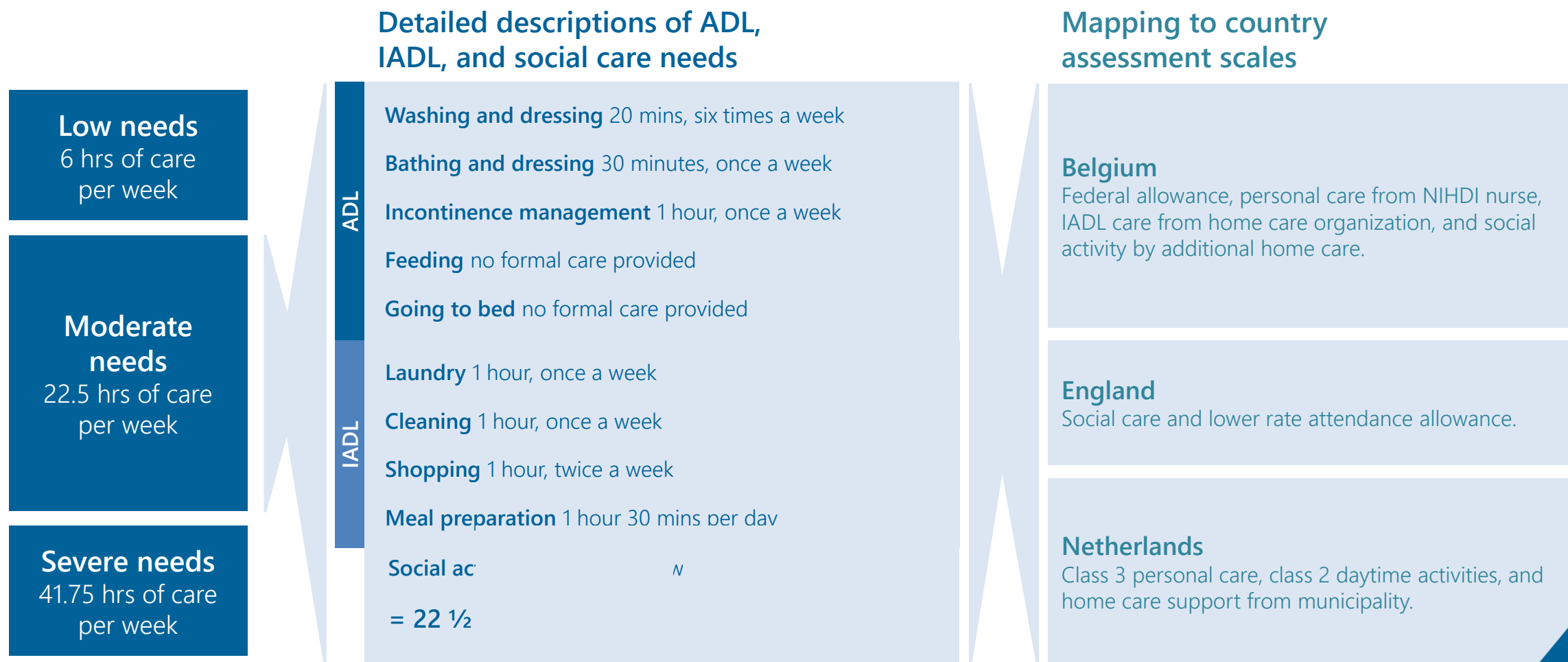


Approach Typical cases of long-term care needs

	Formal home care	In/formal home care	Informal care	Institutional care
Low needs 6 hrs of care per week	Scenario 1			
Moderate needs 22.5 hrs of care per week	Scenario 2	Scenario 4a Partly provided by spouse	Scenario 4c 100% provided by spouse	
		Scenario 4b Partly provided by child	Scenario 4d 100% provided by child	
Severe needs 41.75 hrs of care per week	Scenario 3			Scenario 5



Approach Typical cases of long-term care needs





Approach Overview of project phases

Phase 1 of project 2014-16



Questionnaire sent to all OECD and EU countries

Data collected

Cost of care

Public support

Scenarios

Needs 5 "typical cases"

Income Low, median and high

Assets None, or very high assets

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

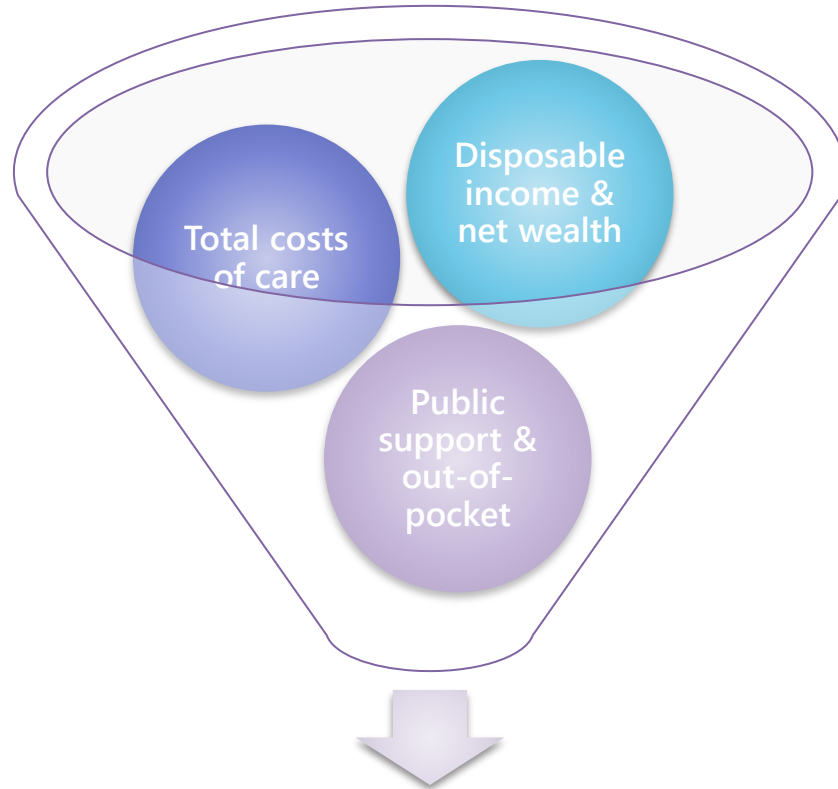


Population-level indicators of net effect of public social protection systems for LTC





Findings of phase 2 The key indicators



Many dimensions...

Needs
Settings
Carers
Periods
Incomes
Wealth
Types of wealth

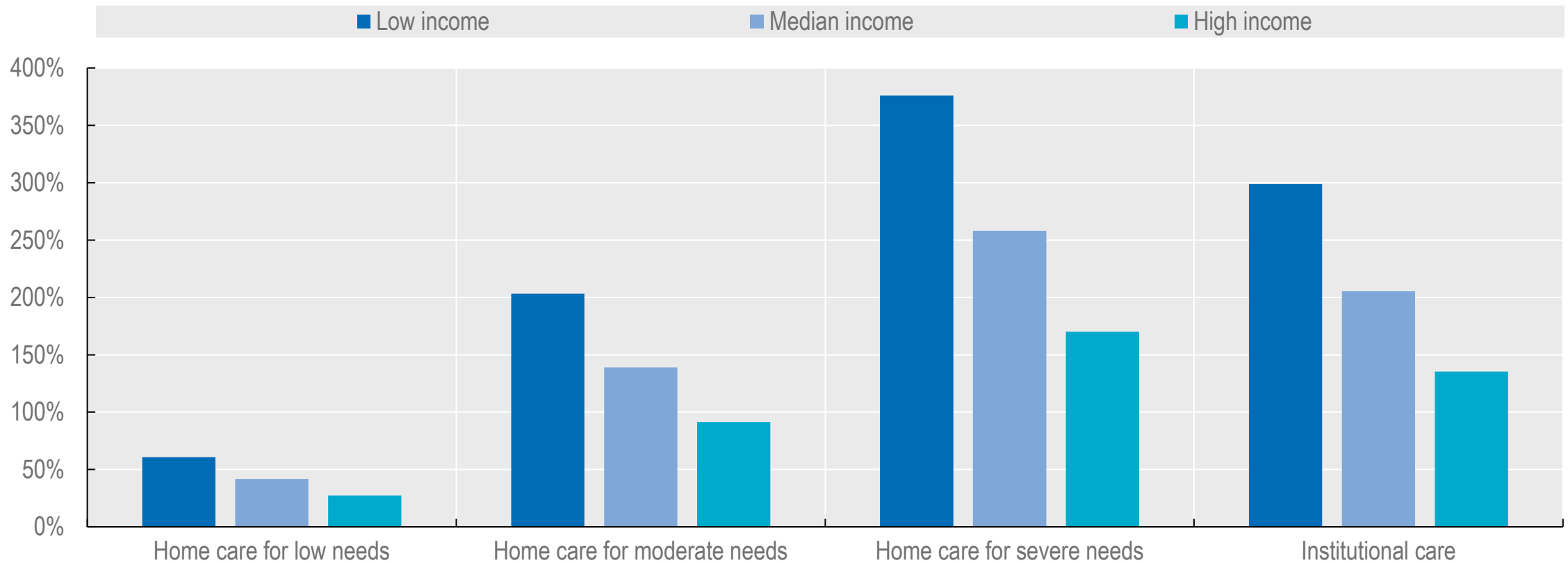
...many estimates

Net disposable income after LTC costs, public support and out-of-pocket costs



Findings of phase 2 Costs of care

The cost of one week of LTC as a share of disposable income in old age

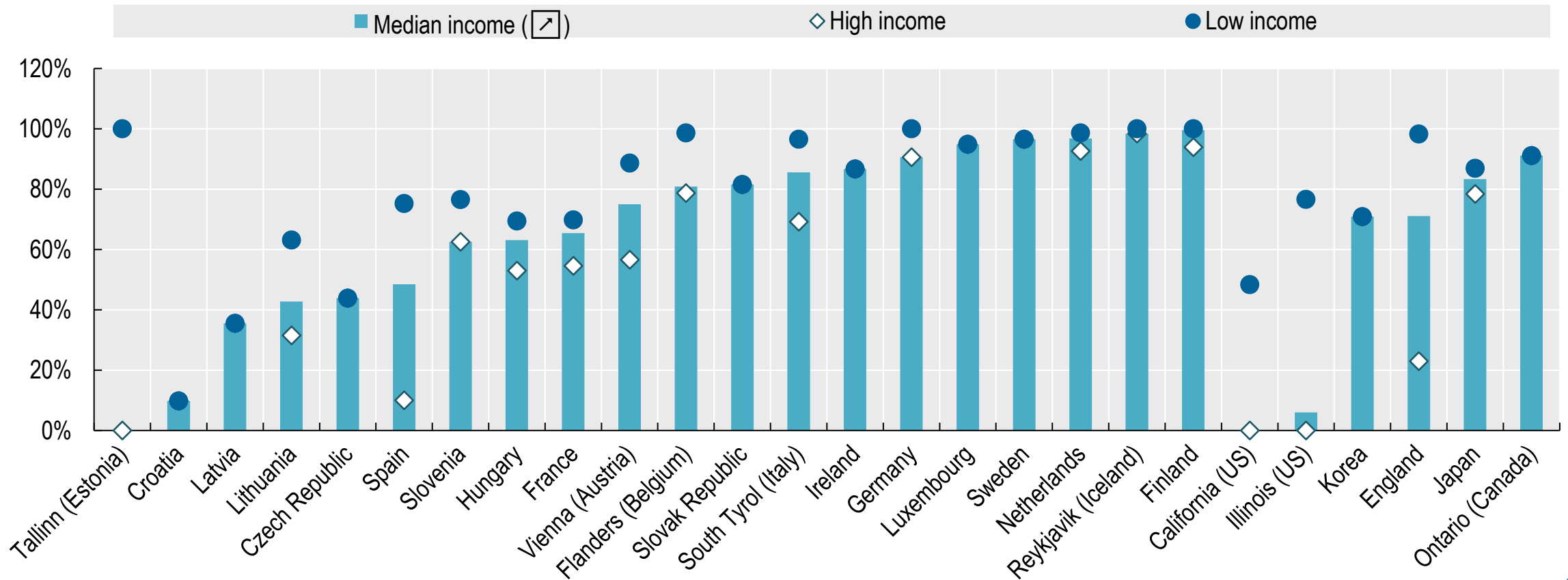


Percentages are simple averages of 26 countries and regions in the OECD/EU28. Low, moderate and severe needs correspond to 6.5, 22.5 and 41.25 hours of care per week, respectively. Low income is the 20th percentile of income and high income is the 80th percentile of income, both among people of retirement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

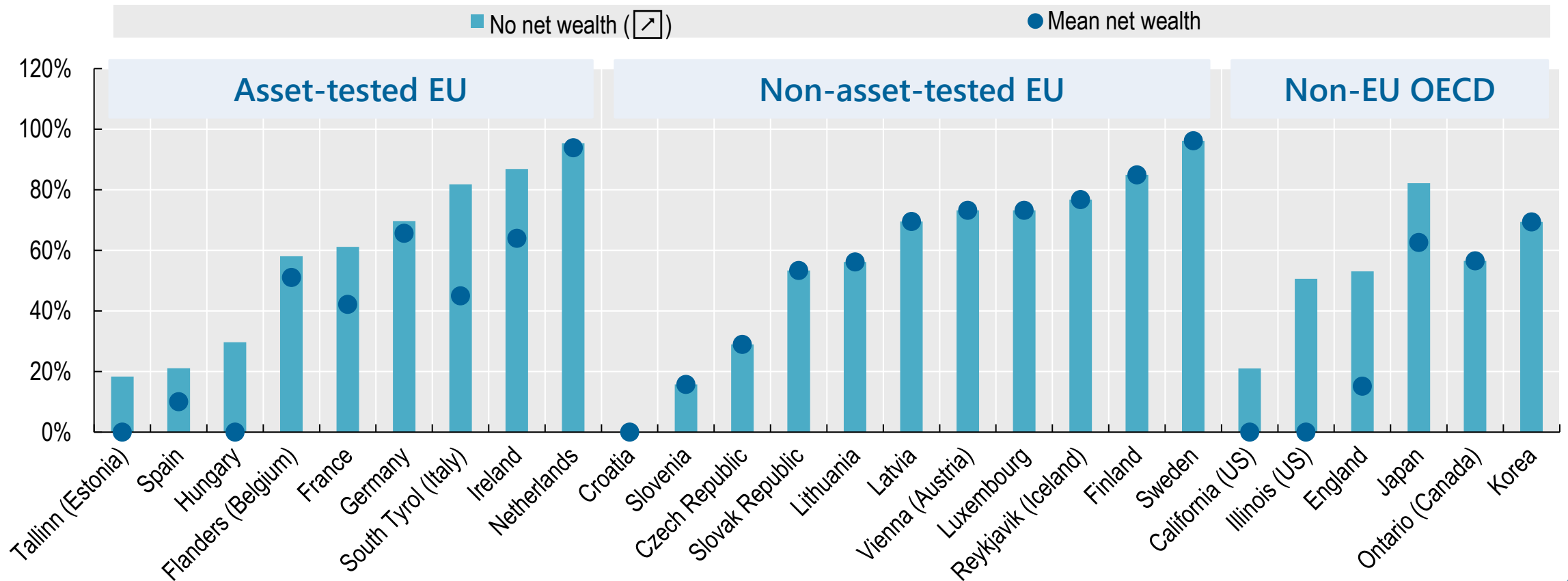


Low income is the 20th percentile of income and high income is the 80th percentile of income, both among people of retirement age or older. Care recipients have no net wealth.



Findings of phase 2 Public support, by assets

Share of institutional care costs met by public social protection, for moderate needs and different assets

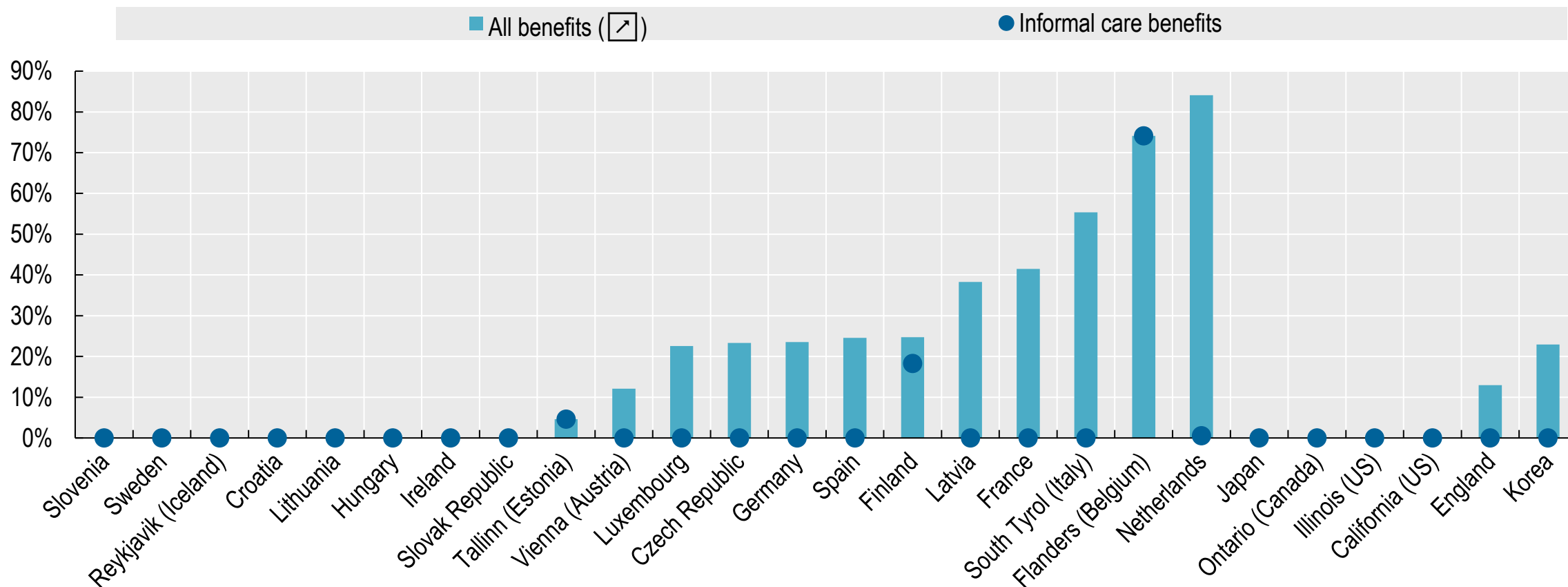


Care recipients earn a median income (among people of retirement age or older). Mean net wealth for over 65 year olds is sourced from the OECD WDD. For countries with no net wealth data (Czech Republic, Iceland, Croatia, Lithuania) it is assumed mean net wealth is 17 times the median income (based on 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

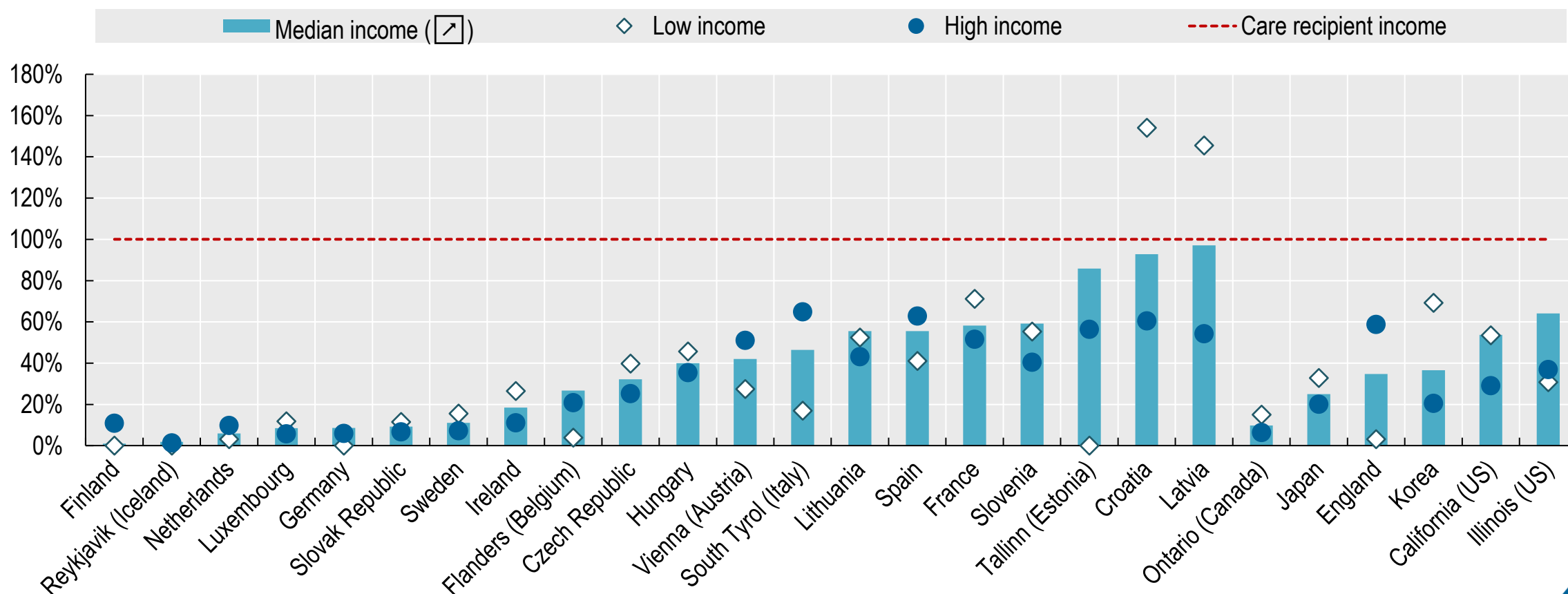


Average wage in the economy adjusted to 22.5 hours = average annual wage / average hours actually worked * 22.5 hours. Care recipients earn half of the median income (all ages) and have mean net wealth. Same assumptions on mean wealth (regarding missing data and types of assets) as in previous slides. 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

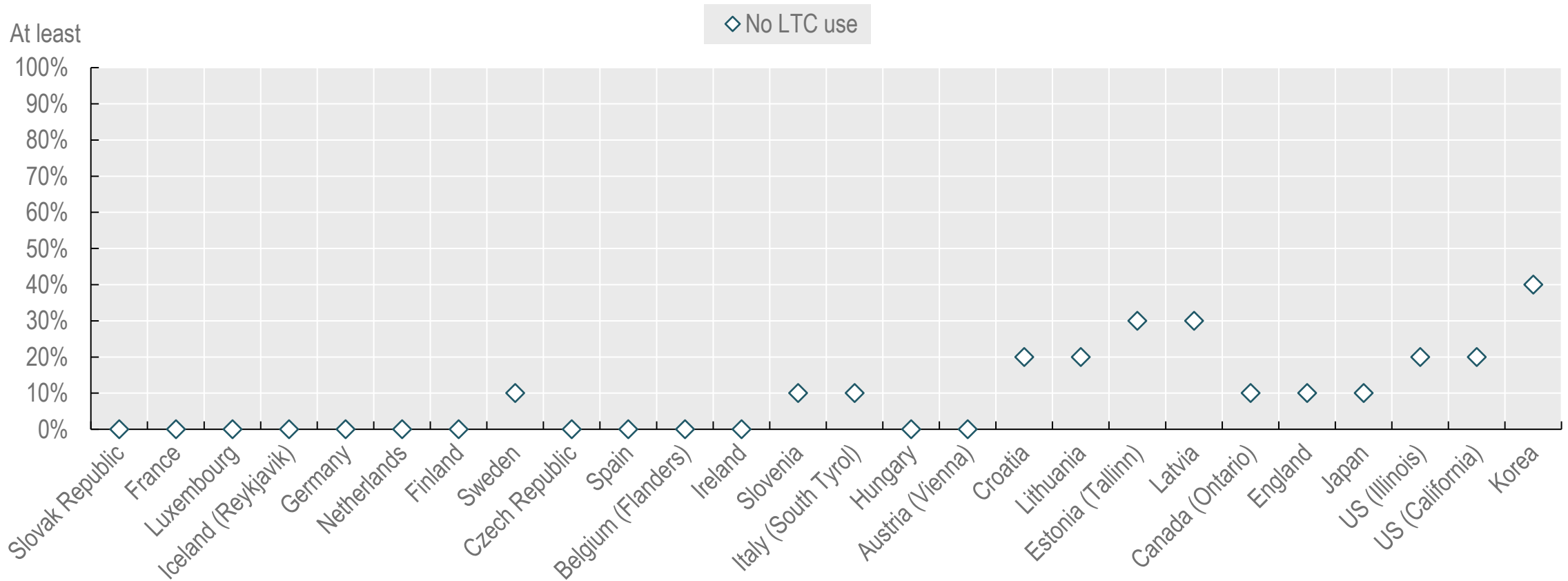


Low income is the 20th percentile of income and high income is the 80th percentile of income, both among people of retirement age or older. Care recipients have no net wealth.



Findings of phase 2 Net income & risk of poverty (1)

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

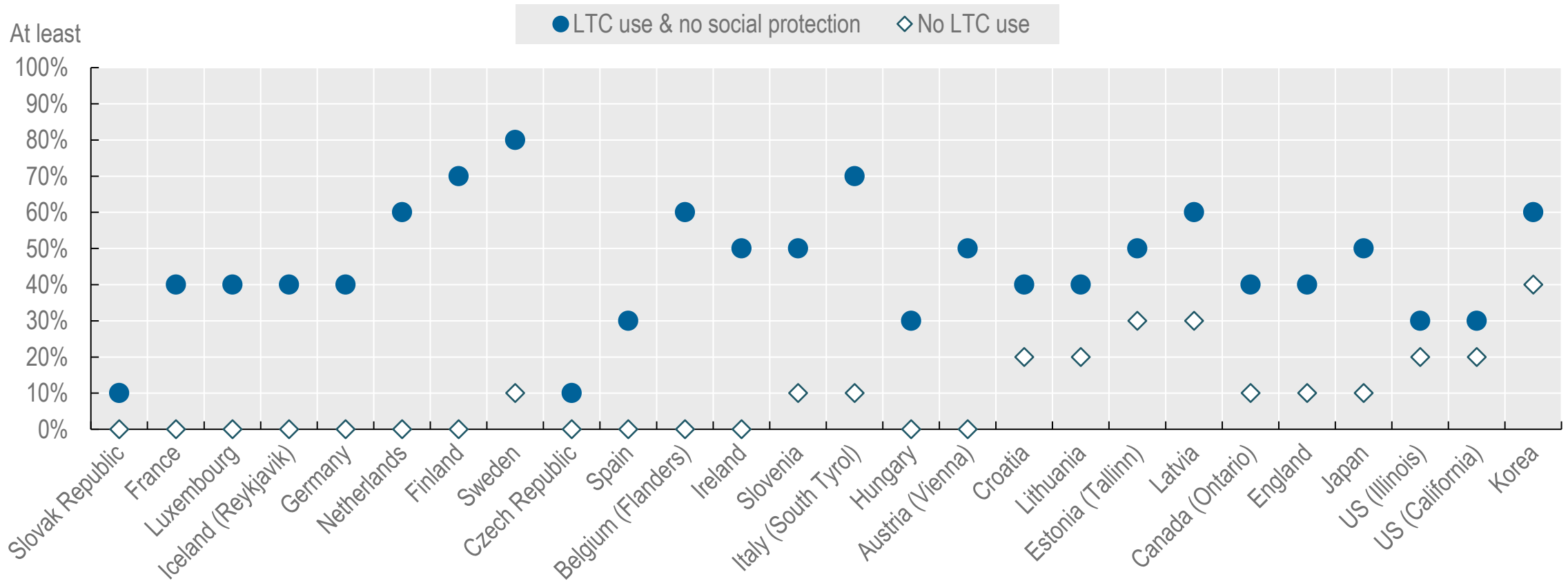


Care recipients have no net wealth. Low needs correspond to 6.5 hours of care per week.



Findings of phase 2 Net income & risk of poverty (2)

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

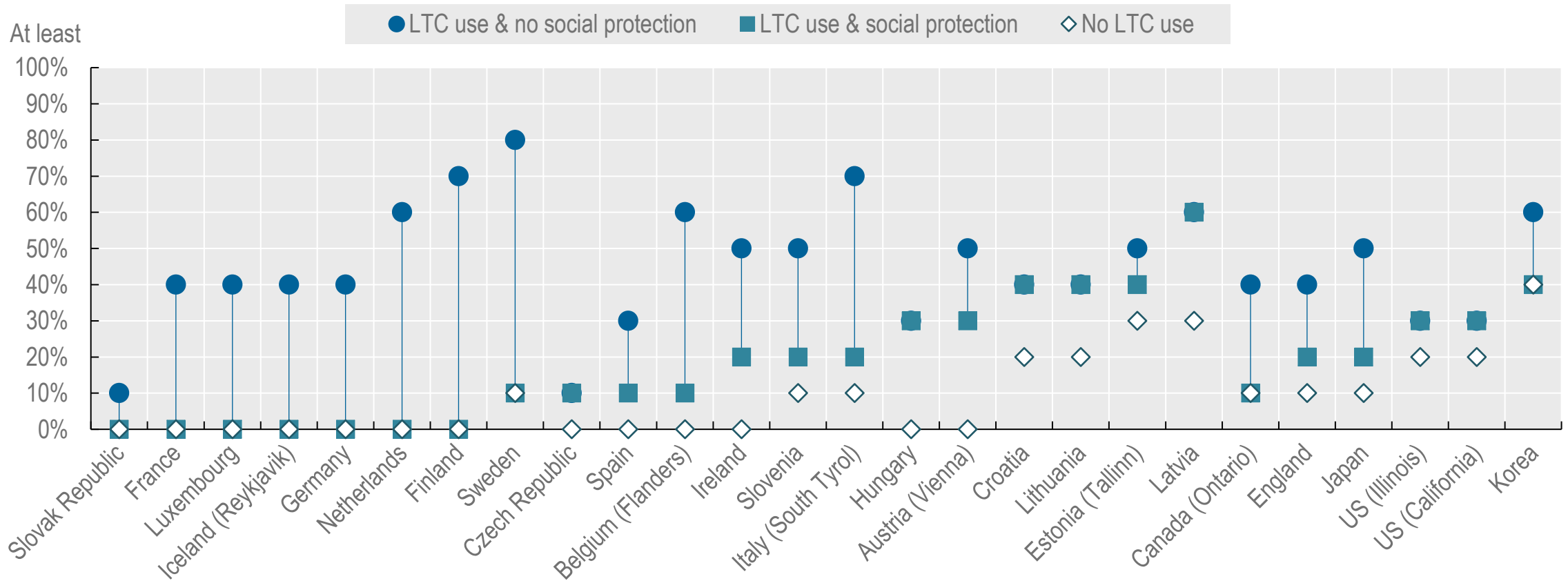


Care recipients have no net wealth. Low needs correspond to 6.5 hours of care per week.



Findings of phase 2 Net income & risk of poverty (3)

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

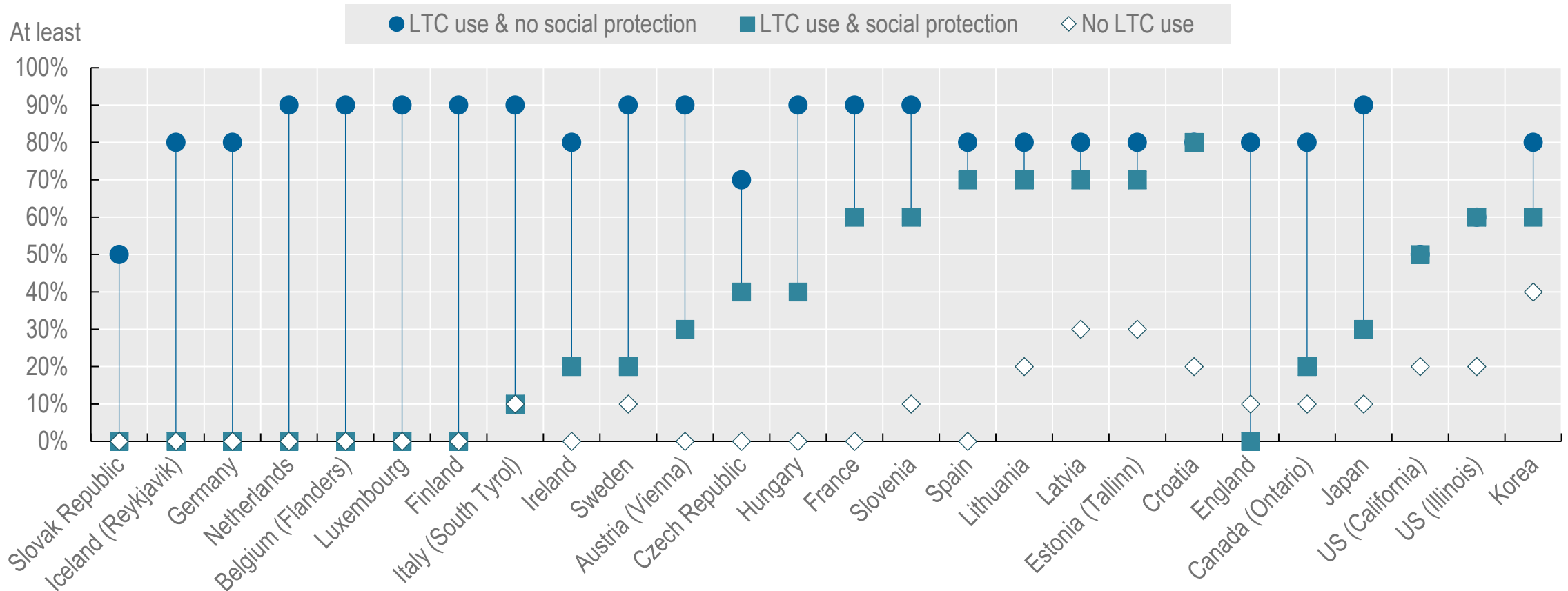


Care recipients have no net wealth. Low needs correspond to 6.5 hours of care per week.



Findings of phase 2 Net income & risk of poverty (4)

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

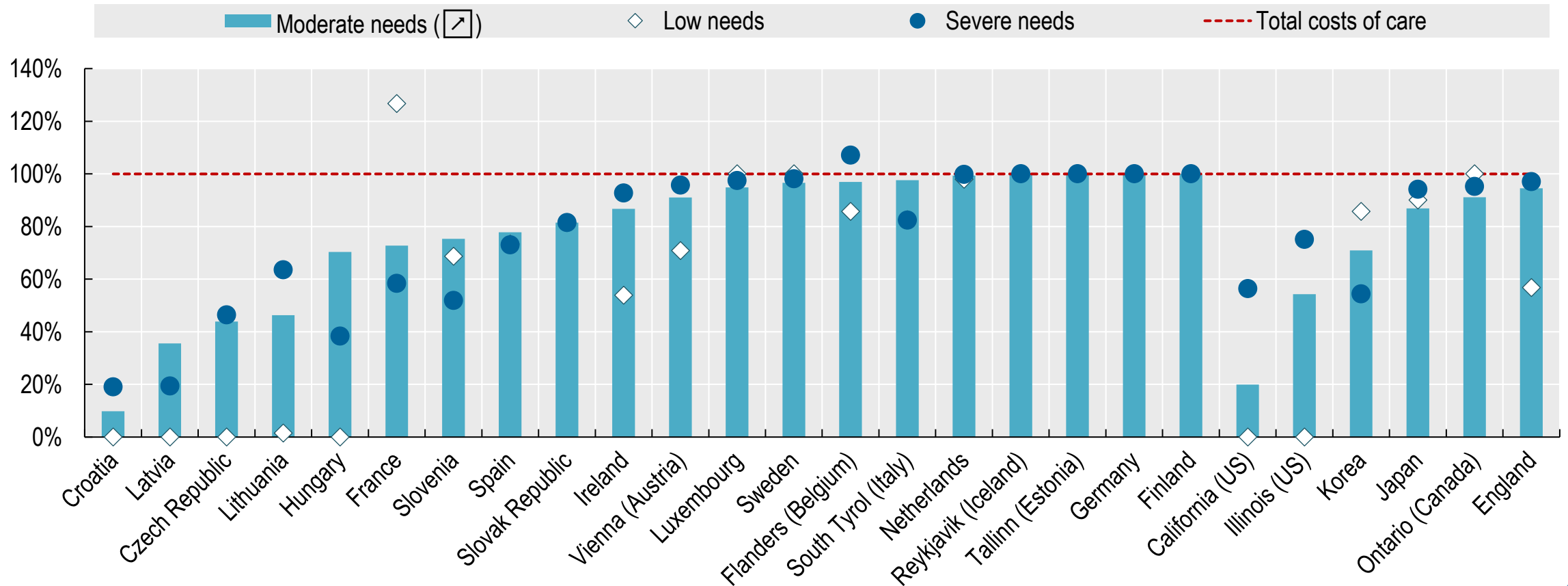


Care recipients have no net wealth. Moderate needs correspond to 22.5 hours of care per week.



Findings of phase 2 The economically vulnerable

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



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

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



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)



Implications Strengths, limitations and next steps

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

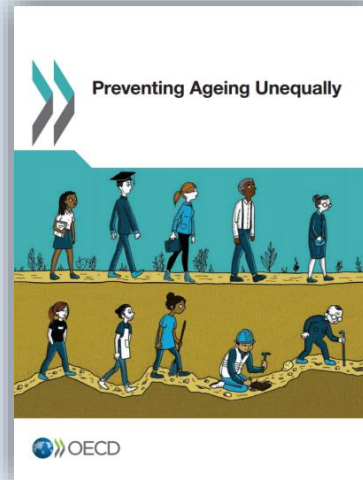
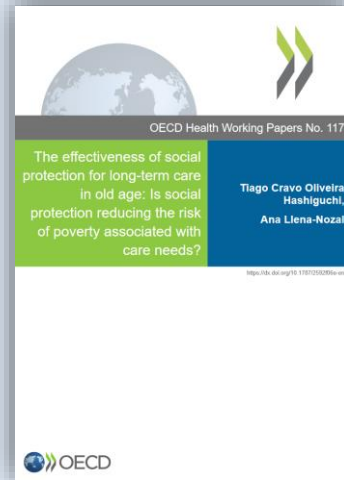
- Assumption that families and friends cannot contribute to costs of care
- Regional variation in costs, access, eligibility and even level of support
- Intermediate care (assisted living) is not included in the scope

Phase 3 is using surveys of ageing to **quantify population-level impact**



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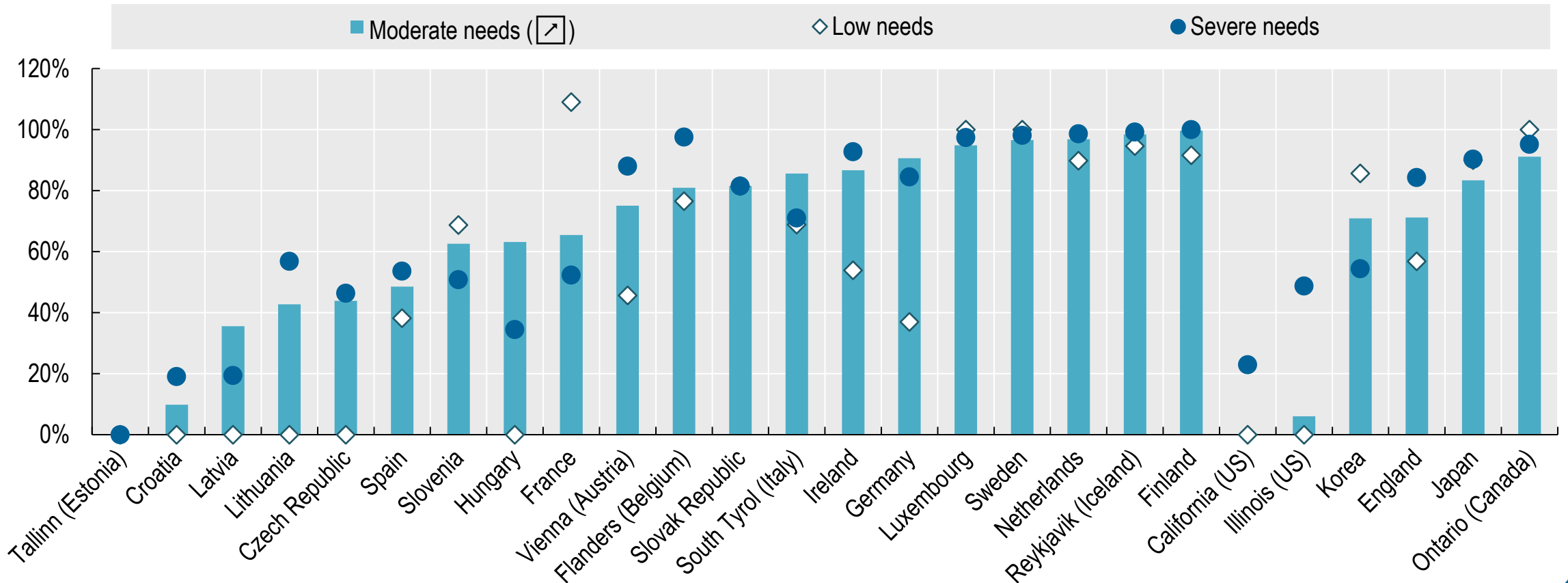
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Findings of phase 2 Public support, by needs

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



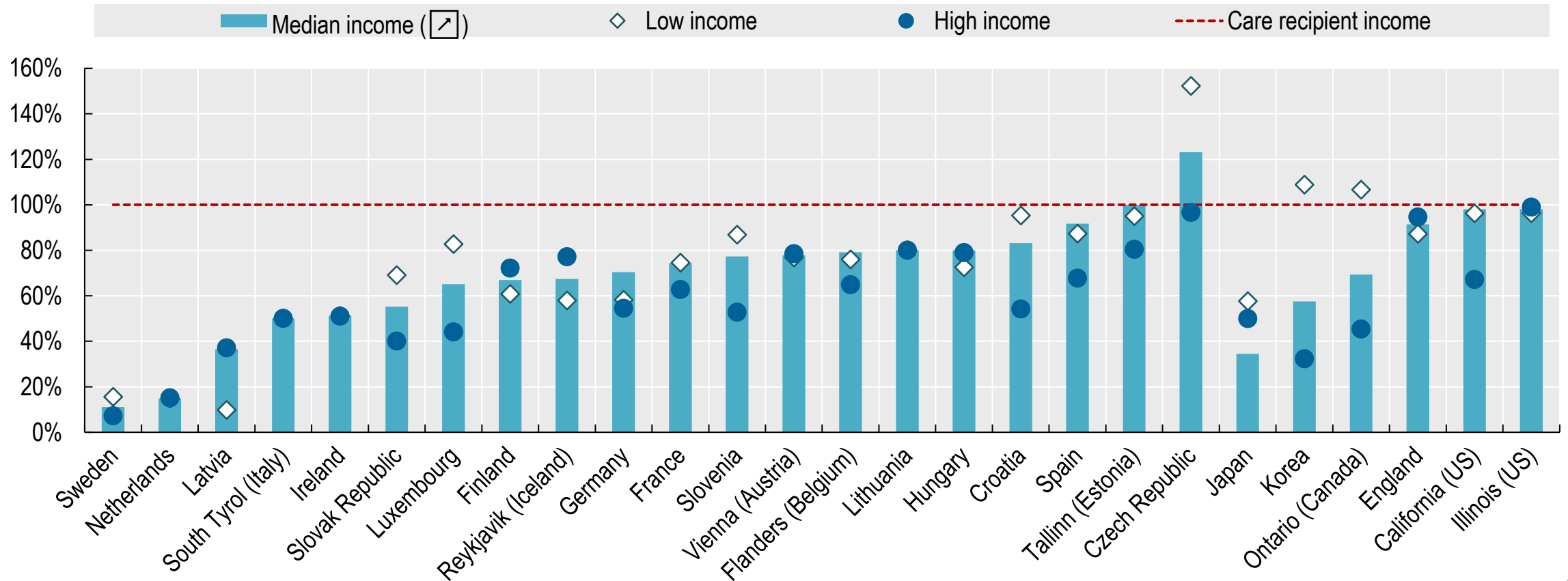
Care recipients earn the national median income among people of retirement age or older and have no net wealth.
Low, moderate and severe needs correspond to 6.5, 22.5 and 41.25 hours of care per week, respectively.

Non-EU/EEA (and in all subsequent slides)



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

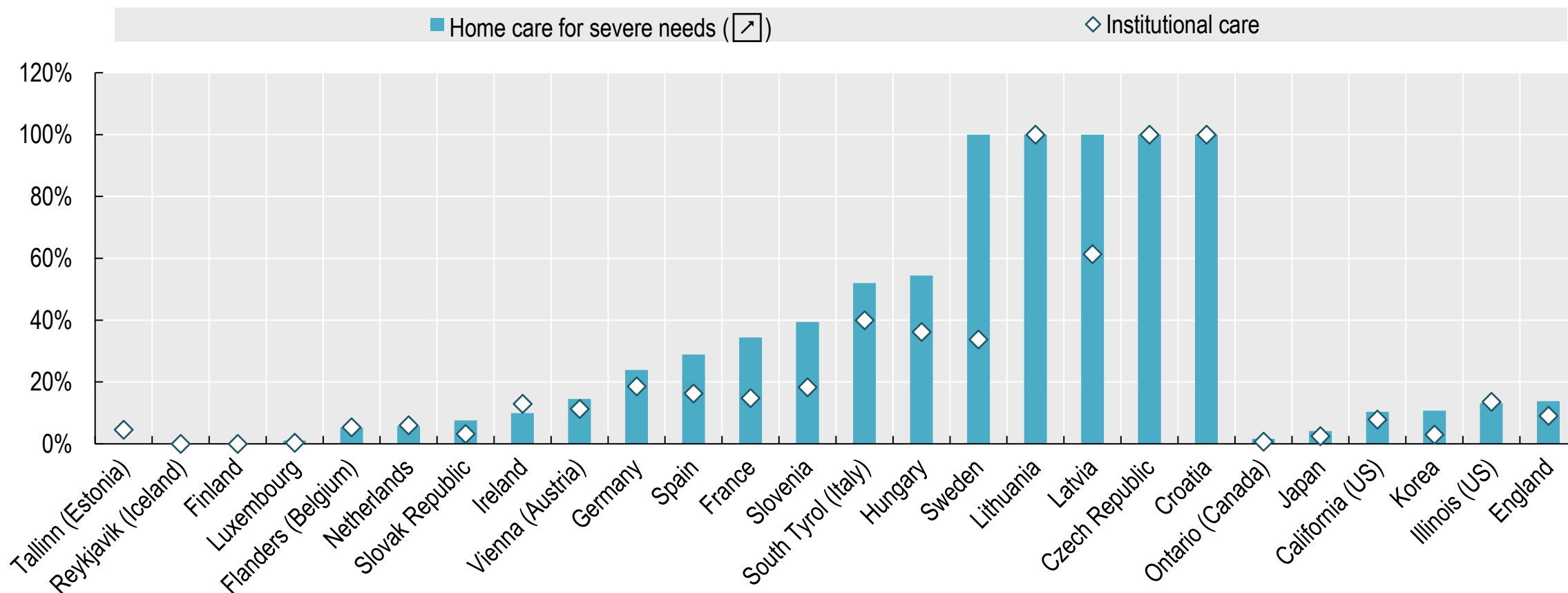


Low income is the 20th percentile of income and high income is the 80th percentile of income, both among people of retirement age or older. Care recipients have no net wealth.



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.

WEBINAR



Developing an Effective Long-term Care Workforce



Presentadora: Ana Llana-Nozal

Senior Economist Directorate for Employment,
Labour and Social Affairs, OECD

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DEVELOPING AN EFFECTIVE LONG-TERM CARE WORKFORCE

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

16 June 2020, IDB Webinar



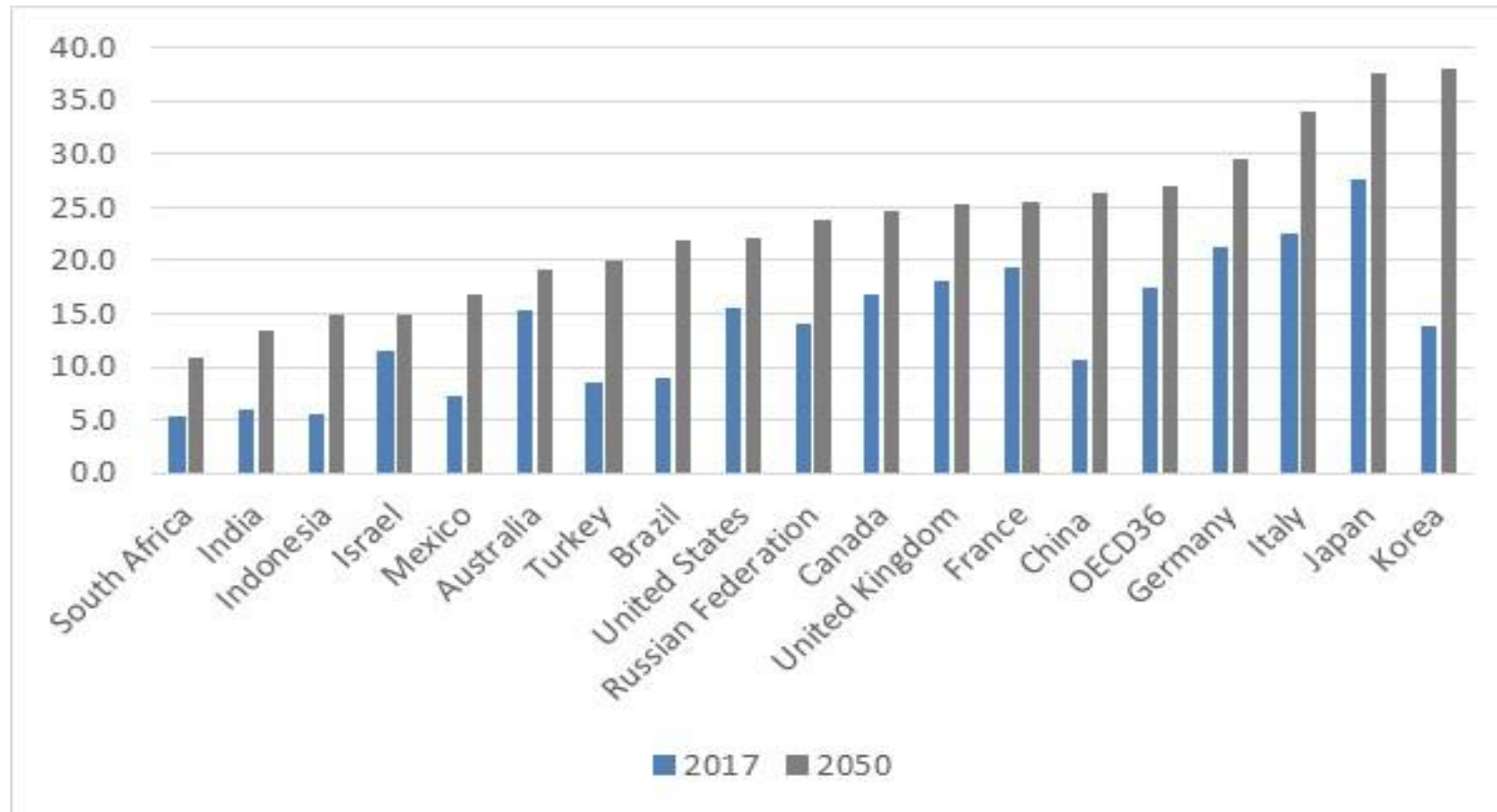
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from Noun Project

WORKERS ARE IMPORTANT FOR LONG-TERM CARE QUALITY



Countries worldwide are ageing rapidly

Share of the population aged over 65, 2017 and 2050

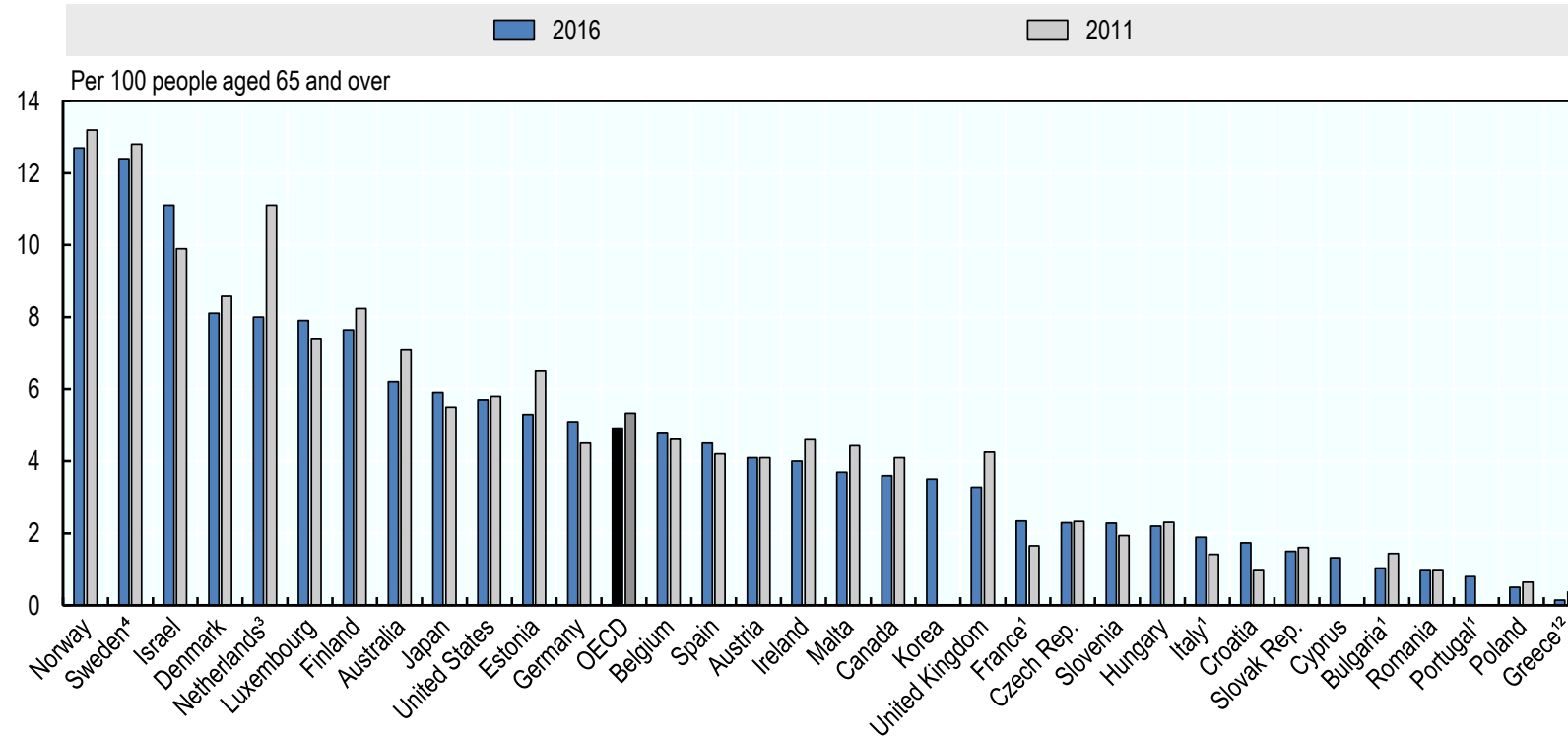


Source: OECD Health Statistics 2019



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**

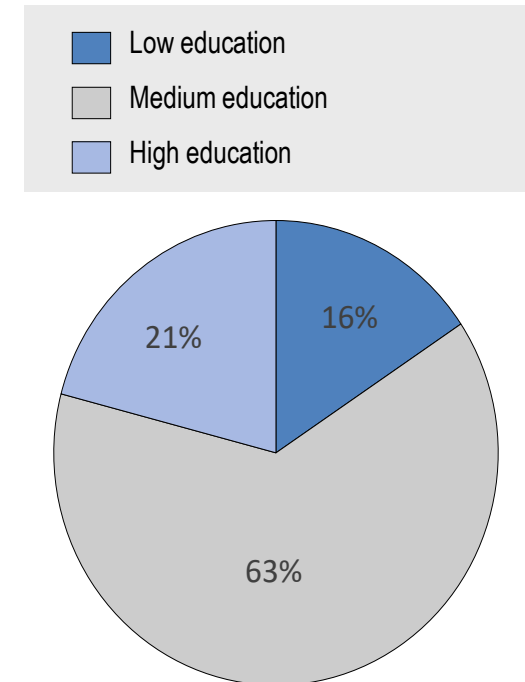
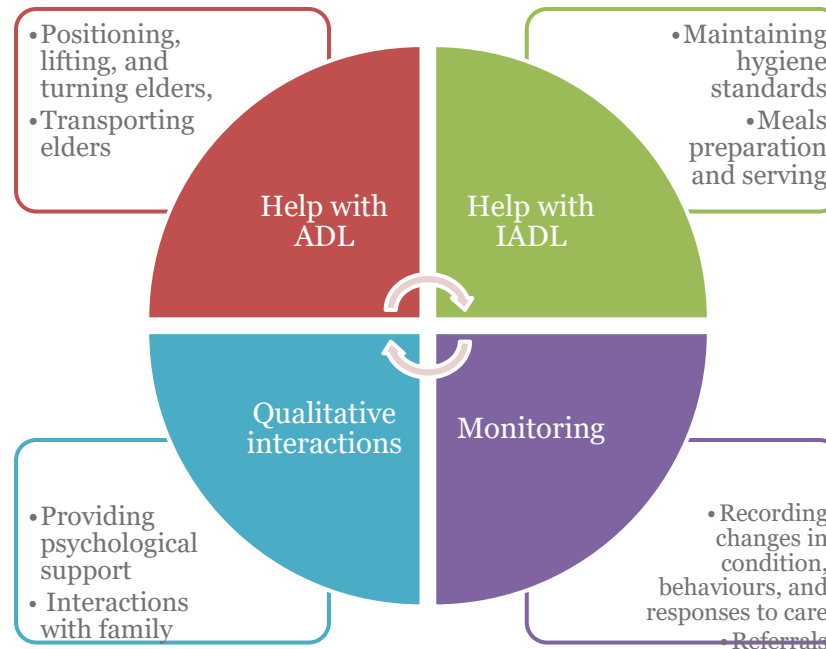


Low pay and **high rates of health risks at work**
Recruitment and retention of staff is a challenge.
Tenure is two years lower than average.

- 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



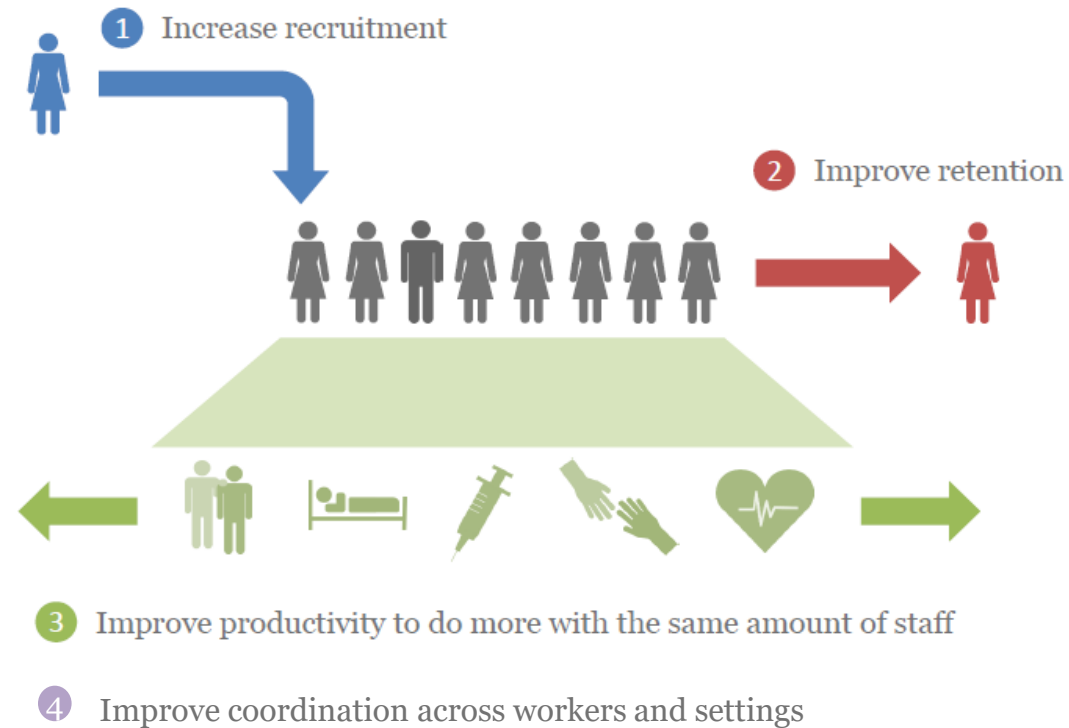
Source: OECD Long-term Care Workforce Questionnaire, 2018.



POLICY OPTIONS







Four key areas of action to develop the LTC workforce





Only half of the countries have recruitment efforts

Measures	Examples of countries implementing these measures
 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	Australia, Estonia, Germany, Japan, Netherlands, Norway, Romania, United Kingdom
 Improving image among young workers and students with “Proud to Care” and “Care Ambassadors” initiatives	Australia, Belgium, Netherlands, Portugal, United Kingdom
 Providing financial support and perseverance grants for LTC education to train unemployed people or caregivers willing to get licenses or certification	Cyprus, Germany, Israel, Japan, Netherlands, Romania
 Targeting the recruitment of men into the LTC workforce	Germany, Norway, the United Kingdom, and Hungary

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

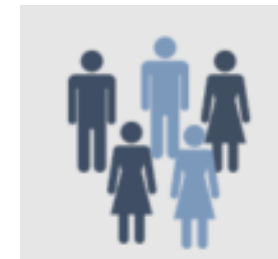
- Welfare technology, particularly assistive technology, to supplement or replace time spent with workers
- Develop individuals capacities for self-care
- Care models focusing on reablement and prevention

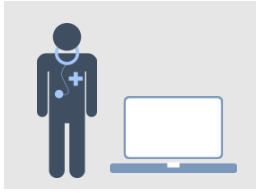


2

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**

*Eg. Care plans
(Belgium)*



Thanks for listening



Email me

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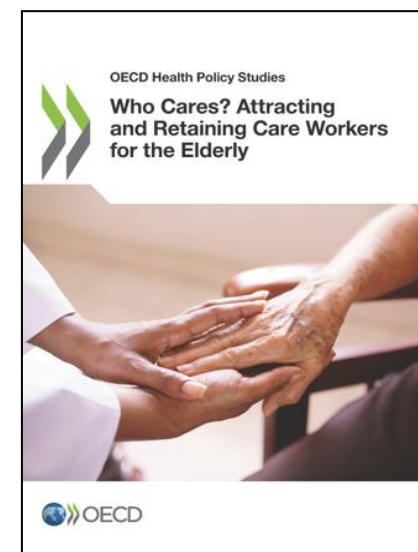
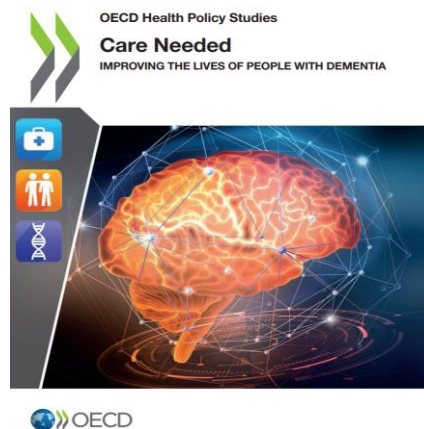
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