



Key Insights & Proposed Solutions From the Future of Care and the Caregiving Workforce: Lessons and Insights from the COVID-19 Experience

An Expert Workshop Co-Hosted by the Organisation for Economic Co-operation and Development, the Global Coalition on Aging and Home Instead

21 October 2021



Key Insights

More investment in the long-term care (LTC) workforce is needed to meet the growing demand due to population ageing. These investments should be aimed at ensuring suitable levels of trained staff, with decent working conditions, while prioritising safety and care quality.

The COVID-19 crisis has put the spotlight on the LTC sector, highlighting the challenges to securing an adequate workforce, in particular:

The LTC sector was generally ill-prepared to tackle a health emergency: just over half of OECD countries had guidelines on infection controls in LTC before the pandemic. Lack of preparedness with insufficient staffing hampered early intervention and efficient infection prevention and control.

Paid caregivers continue to face challenging working conditions which lead to low retention rates in the sector and create barriers to ensuring a sufficient number of workers.

The care profession should be better valued for its contributions to families, communities, society and the economy, and caregivers need to be better equipped to do their work well to ensure quality care.

The workshop discussion and related analyses suggest three top priorities for growing the care workforce to meet current and future care needs:

- 1. Shift public perceptions of the care workforce** by way of external awareness campaigns and by way of internal transformation of the care sector itself. Such campaigns coupled with recruitment incentives can help to attract more workers into the sector.
- 2. Develop standards around training and quality**, recognising there are different levels of care but a universal demand for quality.
- 3. Improve the current realities for many care workers** within the sector by enhancing working conditions and utilizing fit-for-purpose technology to achieve efficiencies.



Ageing shouldn't come as a surprise.”

Teena Gates, journalist and family caregiver

On 21 October 2021, the Organisation for Economic Co-operation and Development (OECD), the Global Coalition on Aging (GCOA) and Home Instead co-hosted a virtual expert workshop on the topic: [“The Future of Care and the Caregiving Workforce: Lessons and Insights from the COVID-19 Experience.”](#) The workshop brought together more than 100 leaders, including representatives from approximately 20 OECD member states, the foremost leaders in long-term care research, advocacy organisations, representation of labour, NGOs, global institutions, and the global business community to discuss the challenges of growing the care workforce in response to unprecedented demand brought by the ageing demographic shift.

This global shift is characterized by (a) the exploding number of older adults already exceeding 1 billion over 60 and reaching 2 billion by mid-century and (b) the parallel trend of the older population now outnumbering the younger population in countries across the OECD. The experts sought potential solutions to bolster caregiving as an admired profession of the future, understanding that planning now is necessary to ensure future demand can be met.



COVID-19 taught us many lessons in health systems resilience, not least that our long-term care workforce is of incredible value to maintain the health of older people, especially in their homes. We must grow and support today's caregiving workforce to ensure that quality care can be assured for all of us in the future.”

Francesca Colombo, Head, Health Division, OECD

All participating in the workshop recognised the historic shift in age demographics—demonstrably visible during the COVID-19 pandemic—that has led to the profound structural imperative to increase our capacity to care in order to meet our 21st-century health and economic needs and moral obligations.



Impact of Population Ageing on Long-Term Care

Across OECD member countries on average, the share of the population aged 65 and over is projected to continue increasing in the coming decades, rising from 17% in 2019 to 27% by 2050. While the rise in the population aged 65 and over has been striking across OECD countries, the increase has been particularly rapid among the oldest group—people aged 80 and over. Between 2019 and 2050, the share of the population aged 80 and over will double on average across OECD member countries, from 5% to 10%. At least one in 10 people will be 80 and over in nearly half (18) of these countries by 2050, while in five (Portugal, Greece, Italy, Korea and Japan), more than one in eight people will be 80 and over.¹ This ageing demographic shift is also combined with a parallel trend of the older population now outnumbering the younger population in countries across the OECD.

As the number of older adults increases around the world, especially those over 80—with many OECD countries experiencing the age population shift first—the demand for care is far outpacing supply. As people live longer and care needs expand and evolve over time, the demand for a robust, skilled and growing caregiving workforce is also on the rise.



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Of course, the demand for increasing our capacity to care also represents a powerful push for smart investments in the sector, including applications of innovative technology. Home care is already one of the fastest growing sectors of OECD economies, and as it represents the explosive growth of the \$17 trillion-dollar silver economy, we will see much more even in the short term.”

Michael Hodin, CEO, Global Coalition on Aging

Current and Future Status of the Caregiving Workforce

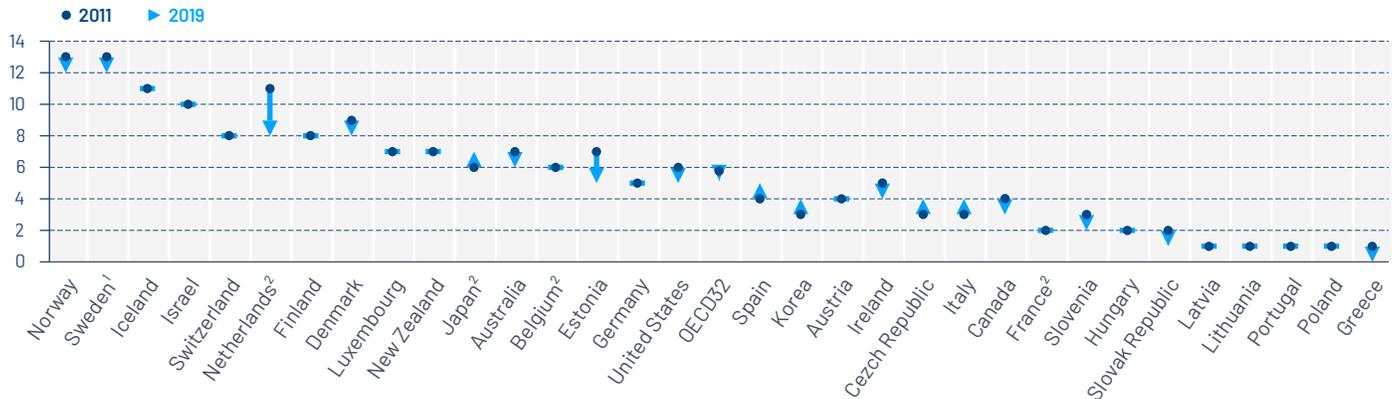
Workers in the long-term care (LTC) sector provide support for the activities of daily living, such as bathing, feeding and supporting mobility. They can also support meal preparation, manage medications, and keep one's environment safe. They are increasingly becoming the front lines of more effective monitoring of health deterioration and therefore earlier detection that could lead to earlier diagnosis and access to interventions, including prevention strategies.

**Caregiving
Workforce
Terminology**

In this report, the caregiving workforce or long-term care (LTC) workforce refers specifically to those whose paid job it is to care for older adults.

Massive Caregiver Shortage

In more than half of OECD countries, population ageing has been outpacing the growth of the LTC supply. The LTC workforce has stagnated or declined, even in countries where the LTC supply is much higher than the OECD average (such as Norway and Sweden).



Note: 1. Data for Sweden cover only public providers. 2. Break in time series.
Source: OECD Health at a Glance, 2021.



The COVID pandemic caught the LTC sector off guard. Absent countries making major changes and addressing financing, we are left with very fragmented and complex systems in which there is no clear system of responsibility and no effective communication channels. We need positive multilateral agreement on where we are and what we are doing.”

Adelina Comas-Hererra, Assistant Professorial Research Fellow, Care Policy and Evaluation Centre, London School of Economics & Political Science

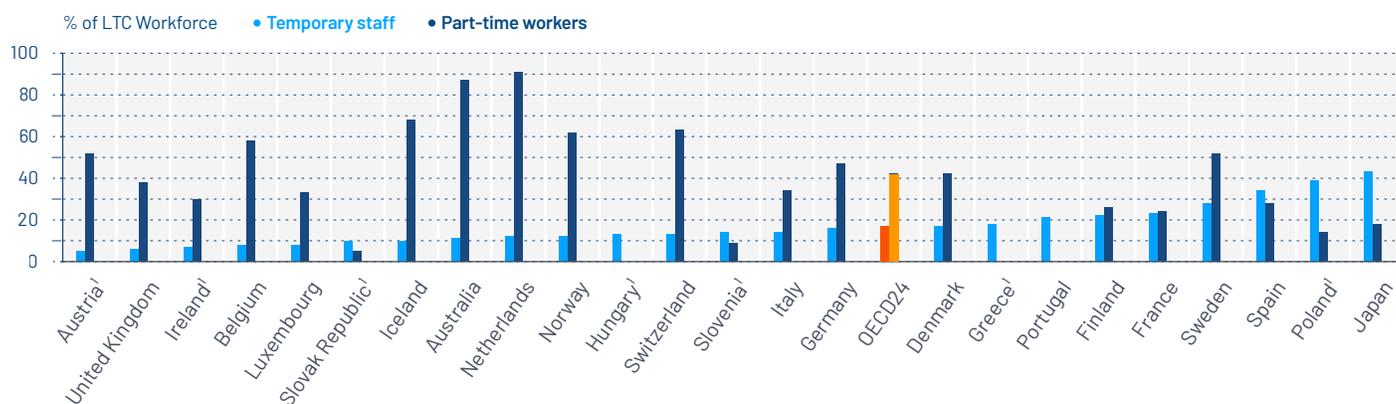


Across OECD countries, the number of care workers needed to maintain the current ratio of caregivers to older people will need to increase by 60% by 2040. That is equal to a needed supply of 13.5 million new workers.² In some countries, including the UK, efforts have been made to attract and recruit care professionals. UK's Department of Health & Social Care's campaign begun in May 2020 issues a call to "Care for others. Make a difference." Just half of OECD countries had made any efforts to recruit workers to the care field between 2011 and 2019, but since the COVID-19 pandemic, the overwhelming majority of OECD countries have taken initial steps.³ There are also many examples of effective private-sector approaches to recruiting professional caregivers. Again, steps should be taken to understand what is working in the private sector with respect to recruiting the care workforce with the goal of consistently integrating those approaches across government and other sectors.

And yet, the care workforce is not growing sufficiently to meet demand. Instead, the sector faces major challenges—many brought clearly into focus during the COVID-19 pandemic.

Challenging Employment Model

The workshop examined some of the difficulties growing and improving the LTC sector, which always existed but were revealed during the COVID-19 pandemic. The pandemic also brought focus to challenging working conditions, pay misaligned with the value and quality of the work, lack of career pathing, and inadequate access to training. Non-standard employment (including part-time and temporary work) is common in the LTC sector. This tends to affect women disproportionately as, on average, women hold about 90% of the jobs in the LTC sector. For instance, 42% of LTC workers worked part time in OECD countries in 2019. Part-time work is particularly widespread among personal carers and home-based workers. Temporary employment is also common, contributing to job insecurity in the sector. About 17% of LTC workers held a temporary contract in OECD countries in 2019. Shares were about 40% or above in Japan and Poland, while they were below 10% in Australia, the United Kingdom, Ireland, Belgium and Luxembourg. However, nearly one-quarter of care workers have zero hours contracts in the UK. Workers under this type of contract typically have less access to training, do not always have benefits such as paid annual leave, suffer from low job security and have less access to social protection. Lack of continuity in staffing also affects quality of care (OECD, Health at a Glance, 2021).⁴



Note: 1. Small sample sizes: data should be interpreted with caution.
 Source: OECD, Health at a Glance, 2021.

Less than one-quarter of LTC workers held tertiary education across OECD countries in 2019. This can be explained by the fact that personal care workers represent 70% of the LTC workforce on average in OECD countries, and up to 90% in a few countries (Estonia, Switzerland, Korea, Israel and Sweden). At least 11 OECD countries do not require personal care workers to hold minimum education levels. Even so, LTC involves spending significant time delivering more complex tasks than basic care. Personal care workers do not always have sufficient knowledge and training, which can affect the quality of care delivered. There are also private-sector companies, not-for-profit organisations and other stakeholders that have measures in place, including training, career pathing and other benefits that help to ensure a high-quality care experience, not only for the care recipient but also for the care professional.

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

Note: Bulgaria and Romania are not OECD countries.

Source: Rocard, E., P. Sillitti and A. Llana-Nozal (2021), "COVID-19 in long-term care: Impact, policy responses and challenges", OECD Health Working Papers, No. 131, OECD Publishing, Paris, <https://doi.org/10.1787/b966f837-en>.

The Image Problem

Too often the long-term care sector is perceived as low-skilled when in fact, the technical and soft skills needed to perform caregiving work require a high level of emotional intelligence, interpersonal and communication skills, flexibility to quickly act in emergencies, grit and determination, and physical and emotional fortitude. Altering the narrative to recognize that caregiving is a profession—and those that work in it are in fact care professionals—requires external communication as well as internal transformation. Consider how society approached and perceived professions from nursing to childhood educators—today two highly regarded workforces made professional with high-level standards that draw from and inform training and operations in very impactful ways to emphasize the value of the work they do—not only for patients and children, but also for society as a whole. Demonstrating this value required long-term shifts—shifts, which for the caregiving workforce, can begin taking place now.



In care we need to break down the stereotypes that this is a female role with no training needed. We need to show the career pathway and to provide training to show development.”

Adrian Durtschi, Head of UNICARE, Global Union

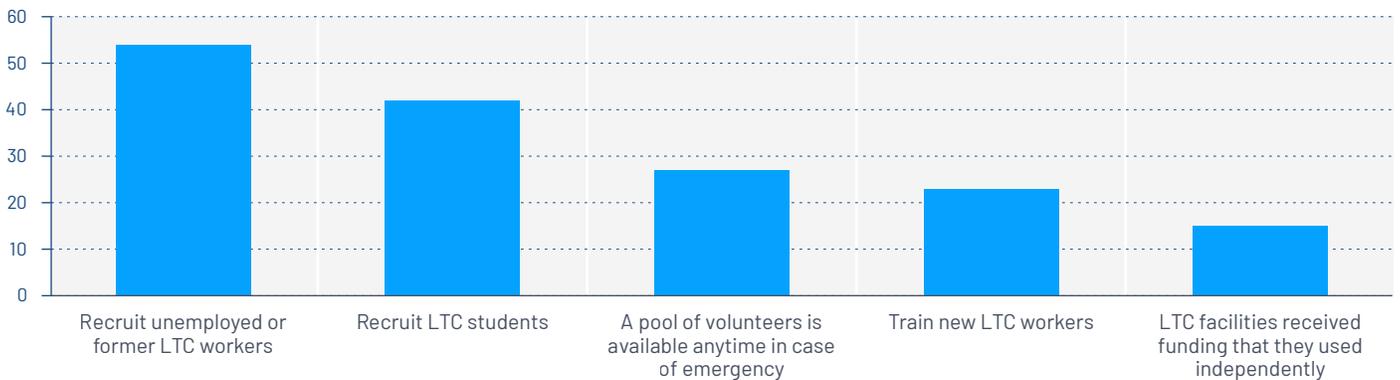
There are governments, not-for-profit organisations and private-sector employers who are addressing these issues in a way that elevates the caregiving profession, but more needs to be done to study models that work and integrate those approaches consistently. All of this requires urgent attention from governments, not-for-profit organisations and private-sector employers, and other sectors in collaboration. The OECD's Beyond Applause programme is aimed at recognising that the caregiving workforce and quality care must be closely linked.



Hidden Heroes

The pandemic showcased the heroism of long-term care workers, who provided essential care to older people, at great risk to care recipients, to themselves and to their loved ones. Sickness and isolation due to COVID-19 accentuated pre-existing staffing shortages. Since the start of the pandemic, nearly all surveyed OECD countries have introduced measures to recruit LTC workers or provide funds to LTC facilities that they could use independently, including to recruit staff. Over half of surveyed countries provided financial help to LTC facilities to recruit unemployed or former LTC workers, and about 40% of countries supported the recruitment of LTC workers. Around 90% of surveyed countries prepared rapid response teams, either at the national or subnational level, to counteract staff shortages. Rapid response teams have supported continuity of care in LTC facilities during the crisis by providing help to overwhelmed facilities.

Public support to LTC facilities



Source: Rocard, E., P. Sillitti and A. Llana-Nozal (2021), "COVID-19 in long-term care: Impact, policy responses and challenges," OECD Health Working Papers, No. 131, OECD Publishing, Paris, <https://doi.org/10.1787/b966f837-en>.

Despite efforts to boost staff during the pandemic, challenges persist. Higher LTC staffing rates were strongly associated with lower LTC death rates as of May 2020; similarly, reducing staff movements has been key to reduce viral spread, as workers have often been one of the key vectors for introducing the virus into LTC facilities. Addressing staff to resident ratios and occupational health and safety for LTC workers appear to be a necessity going forward.

System Fragmentation

COVID-19 has magnified the impact of poor care integration when attempting to protect older care recipients. In 2019, between 36% and 88% of the primary care providers in 11 OECD countries reported not coordinating care frequently with social care or other community care services (Doty et al., 2020).⁵

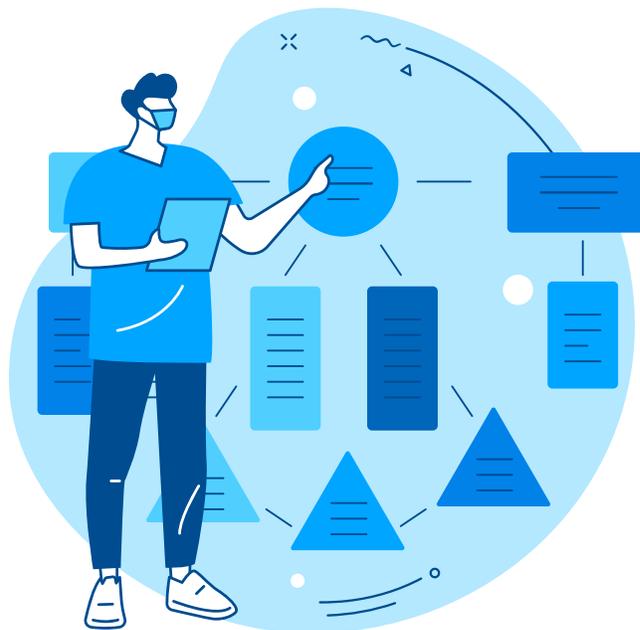


Looking ahead, we should also reconsider models of care to rethink the size of facilities, quality of care and promote home-based care.”

Stefano Scarpetta, Director, Employment, Labour and Social Affairs, OECD

COVID-19 demonstrates the advantages of integrated care practice during a pandemic—and generally. Most hospitalised home-based LTC recipients with COVID-19 are older people confronting multiple other risks. Given their health and disability status, some might choose palliative care rather than curative care, yet limited in-person contact with caregivers and overwhelmed hospital staff made identifying what matters to older adults and aligning care plans with their preferences and values particularly difficult.

Care is sometimes jeopardised among hospitals, primary health and social care and the pandemic has exacerbated the need of co-ordination to facilitate adequate care provision. Twenty-four OECD countries reported having implemented measures to improve care co-ordination, including the deployment of medical staff to LTC facilities to treat LTC residents with COVID-19, measures to cover the extra-cost of COVID-19 residents in LTC facilities and co-ordination plans across health settings.



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We need an external transformation. We are coming into the largest demographic shift of its kind, and home is the only scalable place to take care of ageing adults. With the huge displacement of workers due to AI and automation, caregiving should be emerging as a new and desired profession. But for that to happen we need to bring together people across sectors so we can make it a career of choice.”

Jeff Huber, CEO Emeritus, Home Instead, Chief Brand Officer,
Home Instead, an Honor Company

Ageing Safely

The pandemic also emphasized the safety of ageing in place. As described in the previous section of this report, long-term care facilities struggled to keep the virus under control, far too many lives were lost simply because the system was not prepared with adequate training, equipment, staffing or for the pressures that came with a global pandemic. Across the OECD, 40% of total COVID-19 deaths were in long-term care facilities as of February 2021.⁶ And while older people living at home certainly faced challenges including social isolation and distance from healthcare providers, technology and care workers were able to bridge many of the gaps. In the United States, from the beginning of the pandemic, home care workers were deemed essential in all 50 states, alongside doctors, nurses and first responders.⁷



What's working in the UK is value-based recruitment. Instead of looking for skills and experience, look for those with synergistic values and then train and develop them within the sector.”

Simon Bottery, Senior Fellow, Social Care, The King's Fund

Even though there were great risks in the work, the need for care was greater—a trend acknowledged through the lens of age-demographics and clearly reflected in the 2021 launch of the Decade of Healthy Ageing by the United Nations and World Health Organisation, where reform of long-term care is recognised as one of four core focus areas.



Key Insights from the Workshop

The LTC sector was generally ill-prepared to tackle a health emergency: just over half of OECD countries had guidelines on infection controls in LTC before the pandemic. Lack of preparedness with insufficient staffing hampered early intervention and efficient infection prevention and control.

The COVID-19 pandemic highlighted the frailties of the traditional healthcare and long-term care ecosystem and has helped identify needed solutions. First, the LTC sector was ill-prepared to tackle an emergency, putting tens of millions of older people and care workers at risk. There was a lack of guidelines and sufficient knowledge by staff on how to manage infections and maintain safety and hygiene standards. Secondly, to further these challenges, this sector was not prioritised or coordinated with the healthcare sector during the initial stages of the pandemic. This fragmentation led to slow policy responses where early intervention and the recognition of care professionals as essential workers proved to be key factors in effective COVID and overall care management.

Paid caregivers continue to face challenging working conditions which lead to low retention rates in the sector and create barriers to ensuring a sufficient number of workers.

Paid caregivers are professionals and should be recognised and respected as such. Too often this care is described as “low skilled” when in fact it requires a great diversity of skills and capabilities. In addition to the previously mentioned qualities and skills, it also takes training, a positive attitude and grit to be successful as a care professional, handling a wide range of needs across the care spectrum. And looking to the future, including drawing from the COVID-19 experience, it is increasingly evident that the caregiving workforce is an essential component of the professional healthcare sector and social sectors, and both sectors need to emphasise the pursuit of healthier ageing and care provision while balancing the fiscal sustainability of public systems.

The care profession should be better valued for its contributions to families, communities, society and the economy, and caregivers need to be better equipped to do their work well to ensure quality care.

By keeping ageing individuals as healthy and independent as possible for as long as possible, caregivers provide much-needed respite for family caregivers, enrich lives and communities, and can play a role in mitigating ballooning health care expenditures. As caregiving is critical for not only disease management but also prevention and early detection, we need to reframe the discussion from “economic drain” to the “care economy,” which creates jobs and adds value across society.

Further, by enhancing quality and quality standards across the sector, more workers will see it as a desirable career option in addition to fulfilling social purpose. If quality and the care workforce can become synonymous—aided by enhanced training, improved working conditions, and better respect—then the workers, the care recipients and the broader healthcare system will all win.

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I feel that we were at fault as that the cost of ageing care was fixed as opposed to value-based and didn't emphasize how important this is as an economic sector. We haven't really addressed the issue for sustainability or taken into account beyond the simple financial sustainability for governments. We need to have a care system that can meet the needs of society.”

Adelina Comas-Hererra, Assistant Professorial Research Fellow, Care Policy and Evaluation Centre, London School of Economics & Political Science



Proposed Solutions

- 1. Shift public perceptions of the care workforce** by way of external awareness campaigns and by way of internal transformation of the care sector itself. Central to this will be to tell the powerful caregiver stories that emerged during the COVID-19 experience—as well as those from before COVID—which can showcase the best of the profession to help define the future of the profession.

Even with such efforts, we cannot shift perceptions if we do not improve training and quality. We also must promote the value of caregiving to society and create career path opportunities. This will go a long way toward attracting and retaining care workers.

The experts at the workshop agreed that this shift can begin only when those closest to the sector stop referencing professional care jobs as “low skilled.” In *Building the Caregiving Workforce Our Aging World Needs*, GCOA and Home Instead call for “a new public narrative that will change perceptions on a massive scale. Clear messages about the rewards of caregiving—the expertise and specialised training caregivers bring to the role, the exceptional service and value they provide to care recipients, and the professional and ethical standards they uphold in their everyday work.”⁸ For instance, in the United Kingdom, CarersUK hosts an annual Carers Week and Carers Rights Day to raise awareness of caregiving, highlight the hidden nature of this work, and call attention to the need for change across the sector.⁹ Also, Home Instead’s Champions of Aging program brings university students passionate about social change to learn more about the field of ageing, whether as a future profession or simply as advocates for ageing with dignity and respect.¹⁰ This is the near future we aspire to achieve.



Standards are part of pathway towards better recognition and remuneration of caregivers.”

John Beard, Professor, ARC Centre of Excellence in Population Ageing Research (CEPAR), University of New South Wales; Former Director of Ageing and Life Course, World Health Organization

It’s a good fit for me because I was blessed with a very loving heart, and if I see somebody in need or struggling, I’m compelled to do something to help them. In this work, every single day, every client that I see, their need is profound, and I can make a difference in their life.”

Bill Glover, care professional, Home Instead

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Develop standards around training and quality, recognising there are different levels of care but a universal demand for quality. With a minimum set of quality standards and training to meet those standards, the care workers can have assurance that their work is indeed professional and care recipients and their loved ones can be assured that quality defines the work of a care professional. Standards will also help pave a pathway towards better recognition and pay for caregivers.



- 3. Improve the current realities for many care workers** within the sector by enhancing working conditions and utilizing fit-for-purpose technology to achieve efficiencies. There is no “silver bullet” to easily solve for challenges across much of the care workforce, but instead employers—government and private-sector—must take action to address worker health, work-life balance, better scheduling, autonomy, worker pay, and career pathing. Technology has an important role to play in data collection, skills-matching, scheduling and training, which together can lead to higher productivity and improve compensation commensurate with the value of the care provided and overall higher job satisfaction.



Next Steps

The OECD, GCOA and Home Instead are committed to advancing the dialogue and global leadership that recognises caregivers, elevates these workers as professionals, and encourages improvements in the sector, driven by quality and training standards. We call on leaders across governments, charities, private sector, academia research organisations, and global institutions to join in our efforts to improve the caregiving workforce and the sector as a whole to ensure it can meet the needs of ageing OECD societies.

For more information about our initiatives to build the caregiving workforce of the future, please contact:

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We have an opportunity to build forward better. We have to move beyond the applause, offering training and improving the conditions...and also improving the perception of care as a valued part of the healthcare ecosystem.”

Stefano Scarpetta, Director, Employment, Labour and Social Affairs, OECD

Endnotes

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Note by Turkey

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Note by all the European Union Member States of the OECD and the European Union

The Republic of Cyprus is recognised by all members of the United Nations with the exception of Turkey. The information in this document relates to the area under the effective control of the Government of the Republic of Cyprus

About GCOA

GCOA represents a cross-section of global business including technology, pharmaceuticals, healthcare, home care, financial, transportation, and consumer sectors. We engage global institutions, policymakers, and the public to drive debate on, create, and promote innovative policies and actions to transform challenges associated with the ageing of the global population into opportunities for social engagement, productivity and fiscal sustainability.

About Home Instead, an Honor Company

Home Instead, Inc. and its parent company, Honor, are expanding the world's capacity to care. With the world's largest home care network and the most advanced care platform, Honor and Home Instead are revolutionizing care for older adults, their families, and Care Professionals. Home Instead, Inc. is the premier home care franchisor through its network of independently owned and operated Home Instead franchise businesses. Combined, the network has more than 100,000 Care Professionals across 13 countries, meeting the growing needs of millions of older adults and their families worldwide.

For more information, visit joinhonor.com and homeinstead.com.

About OECD

The Organisation for Economic Co-operation and Development (OECD) is an international organisation that works to build better policies for better lives. Our goal is to shape policies that foster prosperity, equality, opportunity and well-being for all. We draw on 60 years of experience and insights to better prepare the world of tomorrow.

Together with governments, policy makers and citizens, we work on establishing evidence-based international standards and finding solutions to a range of social, economic and environmental challenges. From improving economic performance and creating jobs to fostering strong education and fighting international tax evasion, we provide a unique forum and knowledge hub for data and analysis, exchange of experiences, best-practice sharing, and advice on public policies and international standard-setting.

