Aide informelle dans les pays de l’OCDE, un état des lieux

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Why is it important to support carers?

- They supply the bulk of caring and a decline in their supply implies potential additional costs.

- Most care-recipients prefer having a family carer.

- Caring is associated with negative health and work consequences for carers, which are reduced by adequate support.
Informal sector remains the dominant supplier of care

Percentage of the population reporting to be informal carers providing help with ADL

Source: OECD estimates based on HILDA for Australia, BHPS for the UK, SHARE for other European countries, and HRS for the US.
Women are the backbone of the system

- Close to 2/3 of family carers are women
- They typically care for close relatives such as parents (36%) or spouses (32%)
- But more men become carers at older ages (66% women between 50-64, 60% women for 75+)
Carers provide limited hours of care

Source: OECD estimates based on HILDA for Australia, BHPS for the UK, KLoSA for Korea, SHARE for other European countries, and HRS for the US.
Caring leads to lower employment

A 1% increase in hours of care is associated with a reduction in the employment rate of around 10%

*, **, *** statistically significant at the 10%, 5%, and 1% level, respectively. Effect of being a caregiver on the probability of employment – Dynamic probit Results
Caregiving leads to reduced working hours

- The reduction is most important in Southern Europe
- Low caring responsibilities (<10 hrs/week) do not impact working hours
- The impact is stronger for co-residential care
- Flexible working hours attenuate the reduction.
Stopping work is more likely for informal carers than switching to part-time work

Effect of caregiving on Non-employment

Effect of caregiving on Part-time work
Informal caregivers have more mental health problems…

… especially at high levels of caring

Relative prevalence (1 corresponds to non-carers)
Caring has an impact on work effort and mental health

- For those involved in high intensity care (e.g., more than 20+ hours a week) caring associated with:
  - Reduced rates of employment and hours worked.
  - Negative impact on mental health.

- With population ageing, a greater share of carers might become involved in high intensity care, especially older carers providing care to a spouse.

- Without the adequate support, this could have an impact on the quality of care they can provide.
Helping carers combining care and work

Leave from work
- Available roughly in 2/3 of OECD countries
- Paid care leave restricted only in less than half of OECD countries
- Paid leave remains restricted: in ¾ of the countries it is short (up to 1 month) or for terminal illness
- More restrictive and less generous than parental leave to take care of children:
  - Parental leave is more predictable and limited in duration
  - Identification of carers is difficult.
Helping carers combining care and work (2)

Flexible work schedule

- Statutory rights to work part-time in half of OECD countries (compared to 8/10 in case of caring for children)
- Similar to leave from work, less widespread and easier for employers to refuse than for parental leave.
- Has shown to be effective in attenuating a reduction in working hours associated with caring
- Should be suitable for those who need to vary their hours or who do not want to reduce work hours but work more flexibly.
Improving carer’s well-being

Respite care

- Offer a break from caring duties and are the most widely available form of support for carers
- Improves satisfaction/happiness of carers while effectiveness in terms of mental health outcomes is mixed (mainly for day care)
- But, uneven provision and financing across countries
- Most often families are the main funders of respite care, although some countries provide full financial support (Denmark) or legal entitlement (Germany)
- Need more flexible services?
Improving carer’s well-being (2)

- **Counselling, training**
  - Some countries, e.g., Sweden promote comprehensive and integrated counselling systems.
  - But often relying on voluntary and local (small-scale) services.

- **Coordination**
  - One-stop-shop can inform carers of available services, and care managers provide useful advice.
  - Difficult to identify carers and direct them to appropriate help; nurses and GP can play a key role.
Compensating and recognising carers

- Carer’s allowances: cash benefits to carers
  - Remuneration (similar to a low wage) to carers who become “employees” of the municipality in Nordic countries
  - Benefit paid to carers who earn less than a certain income from work per week

- Design issues of carer’s allowances
  - Difficulties in targeting carers (eligibility criteria): defining primary carers and carer’s effort
  - And in setting appropriate compensation levels: mean-tested vs. hourly rate of home helper
Cash benefit to the care-recipient to compensate family carer

- Exist in most OECD countries that have public LTC benefits, with only a few countries having only in-kind services (AUS, HUN, JPN, MEX, NZL)

- Cash benefits to the care-recipient avoid having to define who the primary caregiver is

- And make it easier to link compensation to need

- But might not always be used for the carer.
Financial support to carers should not be the only option

- Trade-offs between incentives for family caring and inappropriate use of cash benefits or unregulated grey markets
- Trapping family carers into low-paid roles
- Discourage the emergence of formal provider markets
Conclusion

- Care-giving have important effects on employment and health outcomes, especially for intensive care.

- Targeted policies towards carers are essential, given demographic and cost pressures.

- Cash benefits are not the only policy option to support carers and there should be a range of services and policies, in addition to the coordination between formal and informal care systems.
For more information

- OECD (forthcoming, May 2011), *Help Wanted? Providing and Paying for Long-Term Care, Paris*

- [www.oecd.org/health/longtermcare](http://www.oecd.org/health/longtermcare)