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Social dialogue in welfare services



Employment relations, labour market and social actors in the care services

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CARE SERVICES AS A LABOUR MARKET.

WHAT COMPARATIVE DATA TELL US ABOUT THE WORKING CONDITIONS AND INDUSTRIAL RELATIONS IN CARE SERVICES

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1. Introduction

Comparative data on care services are relatively scarce. We have information on coverage rates of these services (more accurate in the case of ECEC less in relation to LTC) and on expenditure, only limited information on the labour force and labour market conditions and practically no comparative data on industrial relations. Let us look more in details at the various types of information.

2. Services' coverage rates and expenditure

Childcare services' coverage rates and expenditure

Eurostat provides regularly information on children's coverage in ECEC, distinguishing between services for the very young (up to 2 years old) and 3-5 years old children (mostly kindergarten) (table 1). Formal childcare from 3 years to minimum compulsory school age covers in the EU slightly less than 90% of children and the coverage rate increased over time: it was around 75% in 2005 in the whole EU-28 and it reached in 2019 87%. The situation is more diversified when we look at services for the very young. The average EU-28 coverage rate was 35% in 2019 and it had increased from 22% in 2005. Not only the coverage but also the intensity of childcare grew over time: children attended in 2019 services for an average of 28 and 31 weekly hours respectively in services for children under 3 and from 3 years to minimum compulsory school age. In 2005 these values were respectively equal to 24.3 and 27.6 hours. An average of 28 hours per week is approximately equal to 5.6 hours on a Monday-to-Friday week. The increase in coverage and in intensity has been matched by a higher public expenditure level: public expenditure on childcare was equal to 0.38% of the GDP in 1995 and it went up to 0.73% in 2015 (it was

already 0.58% in 2005, data not reported in the table). In 2015 the expenditure was equal to 477 US dollars (PPP) on a per child base.

Table 1 *Children in formal childcare by age group over time: coverage, intensity and expenditure (% over the population of each age group; public and private formal childcare; v)*

	Coverage rate				Average usual weekly hours in early childhood education and care services				Public expenditure on childcare		
	Children under 3		Children from 3 years to minimum compulsory school age		Children under 3		Children from 3 years to minimum compulsory school age		In per cent of GDP		Per child (USD PPP)
	2005	2019	2005	2019	2005	2019	2005	2019	1995	2015	2015
EU-28	22.4	35.1	75.2	86.8	24.3	28.0	27.6	31.0	0.4	0.7	4.700

Source: OECD Social Expenditure Database and Eurostat online database (indicator: ILC_CAINDFORMAL)

This overall view changes depending on the country (see table A.1 in the appendix for country data). In order to avoid the discussion on single countries' data, we have performed a cluster analysis on the variables reported in table A.1.

Table 2 reports the results of the cluster analysis. There are four groups of countries:

- a) *Countries with a high investment level on ECEC services*; the three Scandinavian countries belong to this group and are characterized by high coverage rates, intensity (in terms of hours of care provided) and public expenditure (both in terms of GDP and per children);
- b) *Countries with a medium-high investment level on ECEC services*; Finland and most Continental European countries (excluding Austria and Switzerland) belong to this second group; it is interesting to notice that, compared to two decades ago, there has been and it is still ongoing a process of convergence among the countries belonging to this cluster; in particular, Germany, which had traditionally a medium-low level of intervention in this field, has strongly invested in the last 15 years (data not reported in the tables);
- c) *Countries with a medium-low investment level on ECEC services*; this cluster is the most heterogeneous in geographical terms; Anglo-Saxon countries, Southern European ones, two Continental ones (Austria and Switzerland) belong to this group, as well as the Baltic states, Hungary and Slovenia; a lower coverage rate, especially for children under 3 years, and public expenditure levels distinguish this group from the previous one;

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d) *Countries with a low investment in ECEC services*; the rest of CEE countries (Poland, Romania, the Czech Republic, Slovakia and Bulgaria) find themselves in a situation of low coverage rates (also in services for children from 3 years to minimum compulsory school age) and public expenditure.

Table 2 *Children in formal childcare by group of countries (% over the population of each age group; public and private formal childcare; 2019 or latest available data)*

	Coverage rate		Average usual weekly hours in early childhood education and care services		Public expenditure on childcare	
	Children under 3	Children from 3 years to minimum compulsory school age	Children under 3	Children from 3 years to minimum compulsory school age	Per child (USD PPP)	In per cent of GDP
Countries with a level of investment in ECEC:						
High	58.3	92.1	33.5	34.7	10467	1.39
Medium-high	47.5	93.2	28.6	30.7	6060	0.89
Medium-low	34.8	87.2	29.5	31.4	3209	0.59
Low	10.3	74.5	29.0	32.1	2366	0.52

High investment: Sweden, Denmark, Norway

Medium-High investment: Finland, France, Belgium, Netherlands, Germany

Medium-low investment: UK, Ireland, Switzerland, Austria, Italy, Spain, Portugal, Greece, Baltic States, Hungary, Slovenia

Low investment: Czech Rep., Slovakia, Poland, Romania, Bulgaria

Among these results, it is important to highlight a specificity of the third cluster just described. Within this cluster there are countries where the level of expenditure is much lower than the coverage rate especially for children under 3: for example, this is the case of Spain and, to a lesser extent, of the UK. How can we interpret these partially different results between services' expenditure and coverage? First, we have to keep in mind that the coverage data include both public and private provision, whereas the expenditure data refer only to public intervention. Second, there might be a trade-off in some countries between coverage rate and working conditions: ECEC services are based practically on purely labour-intensive tasks and, therefore, expenditure goes mostly to pay the personnel. Therefore, a high coverage rate and a medium-to-low expenditure could hide low salaries or not very good working conditions. We will come back on this point later on in the present contribution.

Long-term care coverage and expenditure

Also LTC services and public expenditure increased over the last two decades, and it is higher than the expenditure for ECEC services. Practically, following an approach defined as “aging in place”, there was

a light decrease in residential care availability (both in terms of LTC beds and beneficiaries) in exchange of an increase in home care provision.

Table 3 *Long-term care over time: coverage and expenditure (% over the population 65+)*

	N° of LTC beds in residential institutions (as a share of 65+ population)		Persons 65+ receiving care in an institution (as a share of 65+ population)		Persons 65+ receiving care at home (as a share of 65+ population)		Persons 65+ receiving care at home or institutional care (as a share of 65+ population)		Persons 65+ receiving LTC cash benefits (as a share of 65+ population)		LTC (healthcare and social care) expenditure as a share of the GDP	
	2005	2018	2005	2018	2005	2018	2005	2018	2005	2015	2005	2018
EU-28	4.7	4.5	4.4	4.3	8.0	9.9	12.3	14.2	n.a.	10.1	1.2	1.5

Sources: for Austria Statistik Austria (2020); for Belgium Pacolet and De Wispelaere (2018); for Greece Dimitri et al. (2018); for Romania Pop (2018); for the UK Glendinning (2018); for Germany, Switzerland, Sweden, Denmark and Norway OECD online database; all other countries and data on expenditure from Eurostat online database (indicator: ICHA11_HC)

Again, as for childcare, also LTC is very diversified in the EU (table A.2 in the appendix).

We have performed also in this case a cluster analysis on the variables showed in table A.2. In this case we have basically again four different models (table 4):

- *Countries with a relatively high public investment on LTC*; the Nordic countries, and the Netherlands belong to this cluster, characterized by very high public expenditure and coverage rates through services;
- *Countries with a relatively medium-high public investment on LTC*; France, Belgium, Finland, Germany, and Switzerland belong to this cluster, characterized by medium-high public expenditure and coverage rates through services, but also often with an important role played by cash transfers;
- *Countries with a relatively medium public investment on LTC*; this is the case of most of the remaining Western European countries (UK, Ireland, Austria, Spain, Italy) and the Czech. Republic and Slovenia; in many of these cases along with a medium level of services' diffusion, cash benefits' programmes are employed;
- *Countries with a relatively low public investment on LTC*; all other CEE countries, plus two Southern European ones (Greece and Portugal) belong to this group; LTC expenditure and coverage rates are both very low.

There are two other comments that can be made on the clusters and their characteristics. First, all three clusters, but the low investment one, are partially similar in terms of residential care coverage. Second, the medium-high and the high clusters share a similar home care and residential care coverage. Third, these two latter clusters differ in terms of, on one hand, cash benefits' diffusion (practically absent in the high investment cluster), on the other hand, the level of public expenditure, much higher in the

Scandinavian countries. These two last characteristics could play an important role when we look at LTC as a care market. High LTC investment countries provide services to a similar coverage level than medium-high investment countries, but they spend much more resources on care. We will see if such choice can contribute to provide better jobs and working conditions to those employed in this field.

Table 4 *Persons 65+ receiving formal long-term care by type of care provided by country cluster (2018)*

Countries with a level of investment in LTC:	N° of LTC beds in residential institutions (as a share of 65+ population)	Persons 65+ receiving care in an institution (as a share of 65+ population)	Persons 65+ receiving care at home (as a share of 65+ population)	Persons 65+ receiving care at home or institutional care (as a share of 65+ population)	Persons 65+ receiving LTC cash benefits (as a share of 65+ population)	LTC (healthcare and social care) expenditure as a share of the GDP
Low	2.2	3.1	2.4	5.6	9.1	0.5
Medium	4.1	4.2	5.9	10.1	11.3	1.4
Medium-High	5.7	4.7	11.4	16.0	9.4	2.4
High	5.6	4.6	11.5	16.0	0.5	3.7

Low investment: Greece, Portugal, Bulgaria, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia

Medium investment: UK, Ireland, Austria, Spain, Italy, Czech. Rep., Slovenia

Medium-High investment: Finland, France, Belgium, Germany, Switzerland

High investment: Norway, Sweden, Denmark, Netherlands

Long-term care and formal childcare coverage and expenditure: a general typology

It is important to compare the countries' clustering on both childcare and LTC. The scheme 1 reports where the various countries belong to. There are five different profiles that can be ordered in terms of investment level:

- a) *Countries with a high public investment in both fields*: these are the three Scandinavian countries;
- b) *Countries with a medium-high public investment in both fields*: this is the closest group to the previous one and it is composed by Finland and the main continental countries (excluding Austria and Switzerland); the Netherlands are a complicated case to assess given that they have a high level of coverage in LTC and a medium-high in childcare
- c) *Countries with a medium-low public investment in childcare and medium one in LTC*; most of the remaining Western European countries belong to this group, including Switzerland, which is partially an outlier (with a medium-high investment on LTC and medium-low in childcare);
- d) *Countries with a medium-low public investment in one policy field and low in the other*: two Southern European countries (Greece and Portugal) and several CEE ones belong to this group (the Czech Republic, Hungary and the Baltic states);

- e) *Countries with a low public investment in both fields:* these are four CEE states (Romania, Bulgaria, Poland and Slovakia).

Scheme 1. *Public childcare and long-term care: how the EU countries position themselves*

		LTC cluster			
		Low investment	Medium investment	Medium-High investment	High investment
Childcare cluster	Low investment	Romania Bulgaria Poland Slovakia	Czech. Rep.		
	Medium-Low investment	Greece Portugal Estonia Hungary Latvia Lithuania	UK Ireland Austria Spain Italy Slovenia	Switzerland	
	Medium-High investment			Finland France Belgium Germany	Netherlands
	High investment				Norway Sweden Denmark

3. *Employment and working conditions*

Childcare

Table 5 shows the relative presence of academic staff in ECEC services, distinguishing between nurseries (early childhood educational development) and kindergarten (pre-primary education) (see table A.3 in the appendix for country-level data). In high investment countries not only many children receive formal childcare, for many hours per week, but they are also followed more closely: the ratio of pupils to teachers and academic staff is 5.5 in nurseries and 9.0 in kindergarten. In medium-high investment countries there is an overall lower coverage and only a similar ratio in nurseries, but not in kindergarten. An even bigger change takes place when looking at the other two clusters, where a (medium-)low investment in ECEC services is matched by a worse ratio pupils/teachers compared to the Scandinavian countries in both levels of early childhood education and especially in early childhood educational development.

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Table 5 *Human resources in childcare services: a general view (2019)*

	Coverage rate		Average usual weekly hours in early childhood education and care services		Ratio of pupils and students to teachers by education level		
	Children under 3	Children from 3 years to minimum compulsory school age	Children under 3	Children from 3 years to minimum compulsory school age	Early childhood education	Early childhood educational development	Pre-primary education
Countries with a level of investment in ECEC:							
EU-28	35.1	86.8	28.0	31.0	11.5	n.a.	13.2
High	58.3	92.1	33.5	34.7	7.3	5.5	9.0
Medium-high	47.5	93.2	28.6	30.7	15.4	4.9	14.6
Medium-low	34.8	87.2	29.5	31.4	12.7	12.4	14.8 (11.9)*
Low	10.3	74.5	29.0	32.1	13.5	27.8	13.4

High investment: Sweden, Denmark, Norway

Medium-High investment: Finland, France, Belgium, Netherlands, Germany

Medium-low investment: UK, Ireland, Switzerland, Austria, Italy, Spain, Portugal, Greece, Baltic States, Hungary, Slovenia

Low investment: Czech Rep., Slovakia, Poland, Romania, Bulgaria

* Data in parenthesis if the UK is excluded

Source: Eurostat online database [indicator: EDUC_UOE_PERP04]

A further information provided by Eurostat relates to the type of institution that teachers belong to. The data cover all EU countries only for pre-primary education (table 6.1) and provide information to a limited set of countries in relation to early childhood educational development institutions (table 6.2). Not all countries provide detailed information on the type of private provider.

In pre-primary education there is in the EU a welfare mix with a prevalent presence of direct public provision (around 77% of teachers work in such environment) and the rest in private institutions. The role of public provision is prevalent everywhere, especially in low ECEC investment countries (87%). However, there is a high within-cluster differentiation, as table A.4 in the appendix shows. In particular, there are three countries where only a minority of teachers are employed by the state (9% in the UK, 35% in Germany, 47% in Belgium) and other two (Portugal and Norway) where teachers in public institutions are just slightly more than those in private ones (55-56%).

Table 6.1 *Distribution of teachers by type of institutions in pre-primary education (2019)*

Countries with a level of investment in ECEC:	% public	% Private government dependant institutions	% Private government independent institutions	Total
EU	76.9	34.1		100.0
High	73.0	25.8	1.2	100.0
Medium-high	70.5	28.0	1.5	100.0
Medium-low	76.2	15.5	8.3	100.0
Low	87.3	2.9	9.8	100.0

Source: Eurostat online database [indicator: EDUC_UOE_PERP04]

Even if data are not available for many countries in relation to early childhood educational development institutions, the pattern of teachers' distribution by type of institutions is similar to the one found for pre-primary education, with one important difference: a broader role of pure private provision, not funded by governments (table 6.2).

Table 6.2 *Distribution of teachers by type of institutions in early childhood educational development institutions (2019)*

Country cluster		% public	% Private government dependant institutions	% Private government independent institutions	Total
High investment	Denmark	94.1	5.9	0.0	100.0
	Norway	55.3	44.7	0.0	100.0
	Sweden	79.0	21.0	0.0	100.0
Medium-high investment	Germany	27.6	72.4		100.0
Medium-low investment	Austria	38.5	61.5		100.0
	Hungary	75.5	2.3	22.2	100.0
	Latvia	87.6	0.0	12.4	100.0
	Lithuania	93.8	0.0	6.2	100.0
	Slovenia	93.9	6.0	0.1	100.0
	Spain	53.9	12.8	33.3	100.0
	United Kingdom	4.6	83.1	12.3	100.0
Low investment	Romania	87.8	0.0	12.2	100.0

Among the (Scandinavian) high ECEC investment countries Sweden and Denmark have systems predominantly public, whereas Norway has a large private contracted-out provision (45%). Practically, there is no pure private provision. In the rest of Europe the situation changes. In Germany the large majority of teachers work for private institutions (72% - a share even higher than the one found in pre-primary education). A similar situation applies to Austria (62% of teachers in private institutions). In Spain 33% of teachers work for purely private institutions, 22% in Hungary. It is interesting to notice that the UK has mostly a private contracted-out system.

Another important information provided by Eurostat refers to teachers working part-time in pre-primary education (table 7 on the aggregate; table A.5 in the appendix for single countries' information). Around a quarter of pre-primary education teachers work part-time in the EU. There is variation among the four different clusters and, in some cases, even within them. High ECEC investment countries show a similar situation to the EU average. Medium-high investment countries are split in two: on one hand, the Netherlands and Germany have a very high share of part-time teachers, on the other hand, Belgium and especially France have a much lower percentage. The French data is in line with the one found in medium-low investment countries (especially if the UK case is excluded from this latter cluster). In low investment countries on average almost every teacher in pre-primary education works full-time.

Table 7 *Teachers working part-time as % of all teachers in pre-primary education by country cluster (2019)*

Countries with a level of investment in ECEC:	% part-time
EU	25.1
High	26.2
Medium-high	45.4 (Netherlands: 69.6; Germany: 60.4; Belgium: 37.8; France: 13.9)
Medium-low	21.9 (14.3)*
Low	5.0

* In parenthesis the percentage if the UK is excluded

Source: Eurostat online database [indicator: EDUC_UOE_PERD05]

One last information on workers' condition in ECEC services is provided by OECD. It calculates salaries only for pre-primary teachers (table 8 on the aggregate; table A.6 in the appendix for single countries' information). Data are not available for all countries in relation to pre-primary education salaries, but the information on primary education salaries can help to have an idea of salaries also in pre-primary education.

Pre-primary education salaries are in Europe around 12% lower than those offered in primary education and 17% lower than the ones in upper secondary school. Annually a teacher with at least 15 years of experience receives 39552 USD (PPPs). Scandinavian countries pay not only more than this average (around 45000 USD), but the salaries offered are closer to the ones in primary and secondary education. Medium-high investment countries pay relatively less (around 38000 USD) and these salaries are quite lower than the ones offered in other school levels (around 24% less than in primary education). However, table A.5 shows that these average data are the results of two very different situations: in the Netherlands, Belgium and, presumably, Germany the salaries are high (and even higher than in Scandinavia), whereas they are much lower in Finland and France. Medium-low ECEC investment countries spend less than the previous two groups (on average 33103 USD), but also in this case there is a high intra-cluster

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variability: in Switzerland, the Anglo-Saxon countries, Spain and presumably Austria the salaries are relatively high (even higher than in most Scandinavian countries), whereas they are lower in Italy, Portugal and Slovenia and very low in Greece, Hungary and the Baltic countries. The last cluster (low ECEC investment countries) shows very low salary levels in comparative terms with the other clusters, but low salaries seem a problem that affect the whole education system (in relative terms pre-primary salaries are only 12% lower than primary education ones).

Table 7 *Annual statutory teachers' salaries in public institutions by ECEC country cluster (equivalent USD converted using PPPs for private consumption; salary after 15 years of experience) (2018 or latest available year)*

Countries with a level of investment in ECEC:	Annual statutory teachers' salaries			Pre-primary education salaries as a % of teachers' salaries in:	
	Pre-primary education	Primary education	Upper secondary general education	Primary education	Upper secondary general education
EU	39552	44748	48893	88.4	82.9
High	45120	51063	54714	88.6	82.9
Medium-high	38398	55785	65437	75.7	65.0
Medium-low	33103	46647	51492	76.8	70.9
Low	22313	25115	25115	87.6	87.6

Source: OECD online Dataset: Teachers' statutory salaries

Long-term care

Eurostat and the OECD provide data on the labour force in LTC. Table 8 confirms the hypothesis that the real difference between the medium-high investment cluster and the high investment one has to do with workers' relative presence (see table A.7 in the appendix for country level data). The similar services' coverage hides huge differences in terms of workers employed: they are practically twice in the high investment countries (11.0 LTC workers per 100 people aged 65+) compared to the medium-high investment ones (6.0) and are relatively many more compared to the medium-low and low investment countries.

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Table 8 *Human resources in Long-term care: a general view (2018 or most recent year)*

Countries with a level of investment in LTC:	Persons 65+ receiving care at home or institutional care (as a share of 65+ population)	Number of LTC workers per 100 people aged 65+
EU-28	14.2	3.8
Low	5.6	1.6
Medium-low	10.1	3.2
Medium-High	16.0	6.0
High	16.0	11.0

Who are the workers employed in LTC formal provision? There are three profile of workers: doctors (GPs - where available - geriatricians), nurses and personal carers. The first group is relatively not too diffused. Data are scarce but some information provided by the OECD on some countries, belonging to different LTC investment clusters, can provide some hints on the two latter profiles (table 9). One characteristic typical of high LTC investment countries is the relative high share of personal carers (compared to nurses) among the employed. In Sweden 94% of LTC workers are personal carers, 84% in Denmark, around 70% both in Norway and the Netherlands. This is not the case in medium-high LTC investment countries, where the relative distribution of employed is more balanced between nurses and personal carers. In these two clusters, the presence of nurses alone is not too different (data not reported in the table): what changes is the stronger investment in professional care workers in the high investment countries.

Table 9 *Human resources in Long-term care: composition by profession and function (2018 or most recent year)*

Cluster		Total number of formal LTC workers (nurses and personal carers) per 100 people aged 65+	Composition by profession (in percent of total LTC workers)			Composition by function (in percent of total LTC workers)		
			Nurses	Personal carers	Total	Workers at home	Workers in institutions	Total
High investment	Norway	12.5	32.0	68.0	100.0	n.a.	n.a.	100.0
	Sweden	12.1	5.8	94.2	100.0	n.a.	n.a.	100.0
	Denmark	7.9	16.5	83.5	100.0	41.8	58.2	100.0
	Netherlands	7.9	29.1	70.9	100.0	39.2	60.8	100.0
Medium-high investment	Switzerland	8.2	61.0	39.0	100.0	36.6	63.4	100.0
	Germany	5.2	53.8	46.2	100.0	38.5	61.5	100.0
Medium investment	Austria	4.1	n.a.	n.a.	100.0	34.1	65.9	100.0
	Ireland	3.9	25.6	74.4	100.0	23.1	76.9	100.0
Low investment	Hungary	1.9	94.7	5.3	100.0	42.1	57.9	100.0
	Slovakia	1.3	15.4	84.6	100.0	53.8	46.2	100.0
	Portugal	0.8	37.5	62.5	100.0	12.5	75.0	100.0

Source: OECD online Dataset: Long-Term Care Resources and Utilisation

Further information on the working conditions in this sector are provided by the OECD in a recent research. First, *LTC workers are among the lowest-paid and earn much less than those working with similar qualifications in other parts of the health care sector*: the Slovak Republic, Estonia, Portugal, Italy, Germany, the UK, Finland and Belgium were included in the OECD analysis on this issue and in all of them the median hourly wages were lower in the LTC sector than in hospitals (see table A.8 in the appendix). The median hourly wage for LTC workers across 11 EU countries was EUR 9 per hour, compared to EUR 14 for hospital workers in the same occupation.

Second, *low wages in some countries are explained by the fact that certain parts of the sector are not fully covered by regulations on wage agreements or fall under special regulations*. In the United Kingdom, the Low Pay Commission has flagged social care as a sector of concern due to non-compliance with the national minimum wage. In England, between 9% and 13% of care jobs are estimated to pay below the national minimum wage, mostly because of unpaid time, which includes travelling time, training time and “on-call” hours (Gardiner, 2015; Rubery et al., 2015). In France, the wage agreements for home-based LTC workers, established in 2010, set a gross minimum wage that is now below the national minimum wage (EUR 1 452.6 per month and EUR 1 521.22 per month respectively in 2019) (El Khomri, 2019). Cost-cutting measures in countries facing LTC system financing constraints can also lead to downward pressure on wages in the formal LTC sector, or lower employment. This is, for example, the case in the Netherlands, where a 2015 reform transferred the LTC insurance budget management to municipalities, which are now in charge of paying LTC workers mostly for household tasks such as cleaning and cooking. The reform was associated with a EUR 0.5 billion budget cut (Maarse and Jeurissen, 2016), which decreased substantially the funds allocated to municipalities, to the detriment of the workforce and employers. It led municipalities negotiating lower tariffs with LTC providers. Providers of domestic help complain that this has led to lower prices per hour for services, resulting in providers going bankrupt, layoffs, low wages and temporary contracts and/or contracts for short hours.

Third, because the jobs involving the same types of worker (i.e. nurses and personal carers) in LTC pay less, *workers tend to leave the sector to work in hospitals as opportunities arise*. Similarly, there are more promotion opportunities in the hospital sector than in LTC. OECD estimates for Europe show that tenure is low in the LTC sector, two years lower than in the overall working population (see tables 10 for a synthesis and A.9 in the appendix for country data). On average the median tenure in this field is 5 years and it gets up to 6 only in the countries that invest less in LTC services. The exceptions are the Netherlands and Norway, where the average tenure rates in the LTC workforce (11 and 10 years respectively) are 1 year higher than in the overall working population. Since 2011, both countries have implemented a comprehensive strategy to develop their LTC workforces, involving policies to improve co-ordination,

retention, prevention and use of technology, as well as recruitment programmes targeting new groups of workers, which may explain in part why tenure is higher.

Table 10 *Median tenure of LTC workforce (years; 2016 or nearest year)*

Countries with a level of investment in LTC:	Median tenure (years)
EU-28	5
Low	6
Medium-low	4
Medium-High	4
High	5

Fourth, *non-standard employment (e.g. shift, part-time or temporary work)* is more common in the LTC sector than in other sectors (see tables 11 for a synthesis and A.10 in the appendix for country data). Around 45% of LTC workers in the EU work part time. This is twice the average rate in the economy. Given that low hourly wages, annual income can be particularly low, especially for personal care workers. The share of temporary employment is high in the LTC sector compared with the hospital sector (and with the average in the economy). Almost 20% of LTC workers have a temporary contract, a much higher share than in the hospital sector (11%). This situation reduces job security and career prospects among workers. 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. On average, half of LTC workers engage in shift work across in the EU.

In particular, part-time jobs and working shifts are strongly spread in high LTC investment countries, whereas temporary contracts are quite common in low LTC investment countries.

Undeclared work employment is also a concern in the LTC workforce. Undeclared workers are often irregular migrant workers hired privately by households. In the United States, there is also a so-called grey market, where consumers hire and pay LTC workers under the table; this is estimated to include about 300 000 personal care workers, or an additional 20% (Osterman, 2017). In Spain and Italy, the widespread undeclared status of workers can lead to abusive situations, including long working hours and low wages, and a lack of training opportunities (Casanova, Lamura and Principi, 2017). Undeclared workers in LTC are often migrants, and guaranteeing fair working conditions for migrant workers is a major challenge.

Table 11 *LTC workers and non-standard employment as a share of total workers in the sector (2016 or nearest year)*

	Part-time	Working shifts	Temporary contracts
EU-28	45	49	19
Low	n.a.	41	34
Medium-low	42	62	15
Medium-High	45	48	16
High	65	56	16

Fifth, a large body of evidence suggests that shift work is associated with a wide range of health risks, such as anxiety, burnout and depressive syndromes (Saint-Martin, Inanc and Prinz, 2018).

More than 60% of LTC workers report in the EU being exposed to physical risk factors at work. Among physical health problems, those related to musculoskeletal conditions, such as back pain when lifting patients and bending over a bed while providing care, are widespread. In addition, on average under half (46%) of LTC workers are exposed to mental well-being risk factors, which generate high psychological stress. They may be subject to stressful behaviour from care recipients, in particular from people with dementia who might exhibit aggressive behaviour. Some LTC workers report suffering from violence and harassment, or threats thereof. Many have also experienced severe time pressures and constraints, an overload of work and reduced opportunities to use their professional skills and knowledge. Care workers often have high caseloads and limited time with patients, which generates a feeling of frustration and overload. At the same time, workers report that they do not always have the autonomy to meet patient needs, and have high administrative and reporting requirements. In a number of countries, care work has become increasingly standardised, generating a heavier administrative burden and a feeling of lack of control. In the EU 14% of LTC workers reported work-related health issues on average, compared to 11% of hospital-based workers (see tables 12 for a synthesis and A.11 in the appendix for country data). In comparison, 5% of people across all 28 EU countries reported experiencing work-related health problems in the past 12 months, showing that in most countries LTC workers face larger risks than the overall population. LTC workers have a higher risk than hospital workers of experiencing accidents at work leading to injuries. Risks are more spread in medium-high and high LTC investment countries.

Table 12 LTC workers: work accidents and health problems caused by work (2013)

	<i>Share of workers reporting physical or mental health problems caused by work in the previous 12 months (%)</i>	<i>Share of workers reporting one accident at work resulting in injury in the previous 12 months (%)</i>
EU-28	14.2	5.2
Low	8.6	4.1
Medium-low	13.6	4.7
Medium-High	19.2	8.1
High	18.0	6.8

Seventh, *in many countries, personal care workers' tasks go well beyond helping with activities such as washing, lifting out of bed and feeding – so-called activities of daily living (ADL)*. Personal care workers' activities can cover four main functions: i) providing assistance with activities of daily living (ADL) such as getting dressed and feeding; ii) helping with elderly people's instrumental activities of daily living (IADL) such as cooking; iii) communicating with care recipients and their families; and iv) performing health care monitoring. Helping older people perform their ADL still represents the core of what personal care workers do: their six most common tasks are centred on ADL and instrumental activities of daily living (IADL) provision. *In addition, personal care workers are also involved in health condition monitoring, participating in the implementation of care plans and maintaining records of health status and response to treatment.* The identification of distress situations is a central aspect of their monitoring role, as they are often the first professionals to encounter patients in distress. Providing psychological support through conversation is the third most common task reported for personal care workers. This task requires soft skills – for example, when talking about death with informal care providers (see table A12a in the appendix).

A few countries seem to strictly limit the range of personal care workers' tasks. This is the case in Norway, where tasks mostly involve ADL support provision and verbal communication. Meanwhile, a larger group of countries (including, for instance, Belgium, Sweden and the Czech Republic) report that personal care workers perform all the listed tasks, and seem to have developed a model of LTC provision where they play a more comprehensive role. In Sweden, for instance, they commonly provide medications.

Eighth, *nurses in LTC are in charge of four main functions: health care provision, health care monitoring, care co-ordination and communication with families. The bulk of nurses' tasks involve providing health care, including medication administration and health status monitoring* (see table A12b in the appendix). In more than three-quarters of EU countries, nurses working in the LTC sector can be involved in case management tasks, which often involve the management of complex interactions between the older person, families and care professionals. Nurses play a central role in care co-ordination in most EU countries, often bridging health

and social care provisions. Their common activities are associated with the updating, monitoring and record-keeping of care recipients' health status; co-ordination and supervision of care recipients' care plans; and interactions with care recipients, family caregivers, care providers and health care professionals. Supervising and co-ordinating care with other health care professionals is the most frequent co-ordination task provided by nurses. *Both personal care workers and nurses are also heavily involved in communication tasks, especially providing psychological support, as they are usually one of the principal people interacting with the person being cared for. The role of nurses in LTC across EU countries is more homogeneous than that of personal care workers.*

Ninth, *most LTC workers do not have sufficient geriatric care knowledge, understanding of safety procedures or caring needs after hospital discharge, stress management skills or soft skills.* They could also usefully be equipped with skills to manage chronic diseases and complex needs such as dementia. Communication and soft skills are usually not taught in general training, but LTC workers increasingly need to master these skills. At the same time, nurses are in some cases overqualified for some of the basic tasks they perform, frequently providing help with personal care in addition to health care.

Tenth, across EU countries, *63% of LTC workers have a high school diploma or attended vocational schools, while 15% have lower education and 22% higher education* (see tables 13 for a synthesis and A.13 in the appendix for country data). The situation is relatively similar in various parts of Western Europe.

Table 13 *Composition of the LTC workforce by education level (2016 or nearest year)*

	Low	Medium	High	Total
EU-28	15	63	22	100
Low	n.a.	n.a.	n.a.	100
Medium-low	18	58	24	100
Medium-High	7	72	21	100
High	14	69	17	100

Less than half of the surveyed countries require that personal care workers hold a minimum education level. Among those that do, it varies from vocational training (Hungary, the Netherlands and Latvia) to a high school degree (Belgium and Sweden) or a technical degree after high school (Estonia). Less than half of the surveyed countries require personal care workers to pass or hold a licence or a certificate showing that they have sufficient competencies and skills. On-the-job training is not sufficiently available in LTC.

The lower education levels among personal care workers drive down the overall LTC workforce. Not surprisingly, nurses have higher education levels than personal care workers: almost half of nurses have high education levels. In contrast, almost 70% of personal care workers have medium levels of education and 17% have low education levels. *The education differences between nurses and personal care workers are*

particularly large in some countries. In Sweden and Belgium, for instance, more than 80% of nurses participating in the LTC workforce have a high education, compared to less than 20% of personal care workers. *The educational levels of nurses in the LTC sector do not seem to be different from those of nurses working outside the sector* (OECD, 2016).

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Appendix

Table A.1 *Children in formal childcare by age group over time (% over the population of each age group; public and private formal childcare; 2019 or latest available data)*

	Coverage rate		Average usual weekly hours in early childhood education and care services		Public expenditure on childcare		
	Children under 3	Children from 3 years to minimum compulsory school age	Children under 3	Children from 3 years to minimum compulsory school age	Per child (USD PPP) Children under 3	Per child (USD PPP) Children from 3 years to minimum compulsory school age	In per cent of GDP
Austria (a)	22.7	87.2	23.5	24.0	4.500		0,51
Belgium	54.4	98.6	30.0	34.0	1.700	8.900	0,82
Bulgaria	19.6	88.5	38.4	38.5	n.a.		n.a.
Czechia (a)	6.3	79.4	25.3	30.0	2.300		0,44
Denmark (a)	66.1	91.4	33.9	34.4	9.300		1,23
Estonia (a)	31.8	94.2	33.4	37.4	3.300		0,76
Finland	38.3	88.2	32.9	34.0	7.700	6.600	1,13
France	50.0	94.6	31.0	32.0	7.200	7.600	1,32
Germany	29.8	89.5	32.0	31.0	3.600	7.700	0,60
Greece	32.4	94.1	27.1	28.6	n.a.		n.a.
Hungary	16.9	91.4	35.1	36.5	1.000	5.700	0,73
Ireland (a)	37.7	95.1	22.0	25.0	2.500		0,32
Italy	25.7	91.0	29.0	33.0	1.200	6.300	0,56
Latvia	28.3	83.1	39.0	38.4	1.400	4.700	0,76
Lithuania	26.6	82.1	37.0	37.6	1.100	6.200	0,79
Netherlands	64.8	95.1	17.0	22.4	3.800	5.400	0,60
Norway	55.6	88.4	35.0	36.0	11.800	11.000	1,33
Poland (a)	10.1	61.3	34.1	33.9	2.500		0,61
Portugal (a)	52.9	92.6	38.2	38.8	2.100		0,38
Romania	14.1	74.8	17.3	22.0	n.a.		n.a.
Slovakia	1.4	68.7	30.0	36.0	800	3.700	0,50
Slovenia (a)	46.9	95.6	36.8	36.7	2.400		0,49
Spain	57.3	98.3	26.5	28.8	300	5.300	0,50
Sweden	53.1	96.5	31.7	33.6	14.300	7.300	1,60
Switzerland	34.2	59.8	19.0	19.0	n.a.		n.a.
UK	38.6	69.6	17.0	24.0	900	6.400	0,65

(a) data cannot be disaggregated by educational level

Source: OECD Social Expenditure Database and Eurostat online database (indicator: ILC_CAINDFORMAL)

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Table A.2 *Persons 65+ receiving formal long-term care by type of care provided by country cluster (2018)*

Country	N° of LTC beds in residential institutions (as a share of 65+ population)	Persons 65+ receiving care in an institution (as a share of 65+ population)	Persons 65+ receiving care at home (as a share of 65+ population)	Persons 65+ receiving care at home or institutional care (as a share of 65+ population)	Persons 65+ receiving LTC cash benefits (as a share of 65+ population)	LTC (healthcare and social care) expenditure as a share of the GDP
Austria	4.6	4.0	5.6	9.6	22.5	1.5
Belgium	6.9	5.6	7.2	12.8	12.2	2.3
Bulgaria	n.a.	0.5	0.3	0.8	4.0	0.01
Czech Rep.	3.6	4.4	4.5	9.0	12.1	1.5
Denmark	3.6	3.9	11.0	14.9	0.5	3.7
Estonia	3.9	4.0	5.3	9.3	26.6	0.7
Finland	4.5	3.2	13.2	16.3	16.7	2.5
France	5.6	4.8	6.2	11.1	0.3	2.4
Germany	5.0	4.1	13.1	17.2	8.5	2.1
Greece	0.2	Below 1	Below 1	1.0	0.0	0.2
Hungary	4.5	8.5	2.4	10.9	0.0	0.6
Ireland	4.7	3.3	6.8	10.1	n.a.	1.5
Italy	1.9	3.1	4.5	7.6	10.8	0.9
Latvia	3.8	1.7	2.4	4.0	2.4	1.1
Lithuania	1.3	9.5	8.6	18.1	6.6	0.5
Netherlands	7.3	6.0	11.2	17.2	0.2	3.9
Norway	4.5	4.1	11.2	15.3	0.5	3.6
Poland	1.2	1.1	1.5	2.6	16.3	0.4
Portugal	n.a.	1.3	0.6	1.9	n.a.	0.9
Romania	n.a.	0.4	0.3	0.7	14.7	0.4
Slovakia	5.0	4.0	2.3	6.3	11.2	0.03
Slovenia	5.3	7.2	7.0	14.1	6.9	1.2
Spain	4.4	2.6	7.7	10.4	4.3	0.9
Sweden	7.0	4.3	12.4	16.7	0.5	3.4
Switzerland	6.4	5.6	17.1	22.7	n.a.	2.5
United Kingdom	4.4	5.0	5.2	10.2	n.a.	2.3

Sources: for Austria Statistik Austria (2020); for Belgium Pacolet and De Wispelaere (2018); for Greece Dimitri et al. (2018); for Romania Pop (2018); for the UK Glendinning (2018); for Germany, Switzerland, Sweden, Denmark and Norway OECD online database; all other countries and data on expenditure from Eurostat online database (indicator: ICHA11_HC)

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Table A.3a *Early childhood educational development teacher-children ratio*

Cluster	country	Ratio
High investment	Denmark	3.4
	Sweden	5.1
	Norway	8.0
Medium-High investment	Germany	4.9
Medium-low investment	Austria	9.2
	Spain	9.4
	United Kingdom	31.4
	Slovenia	5.7
	Latvia	7.3
	Lithuania	10.2
	Hungary	13.9
Low investment	Romania	27.8

Table A.3b *Pre-primary education teacher-children ratio*

Cluster	country	Ratio
High investment	Denmark	6.8
	Norway	13.9
	Sweden	6.3
Medium-High investment	Belgium	14.5
	Finland	9.4
	France	23.3
	Germany	9.4
	Netherlands	16.2
Medium-low investment	Austria	13.6
	Greece	10.2
	Hungary	12.4
	Italy	12.2
	Latvia	9.4
	Lithuania	10.3
	Portugal	15.9
	Slovenia	9.3
	Spain	14.2
	United Kingdom	40.6
Low investment	Bulgaria	12.3
	Czechia	13.1
	Poland	14.9
	Romania	15.1
	Slovakia	11.8

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Table A.4 *Distribution of teachers by type of institutions in pre-primary education (2019)*

	% public	% Private government dependant institutions	% Private government independent institutions	total
Austria	67.8	32.2		100.0
Belgium	47.1	52.8	0.1	100.0
Bulgaria	97.0	0.0	3.0	100.0
Denmark	93.9	6.1	0.0	100.0
Finland	88.6	11.4	0.0	100.0
France	89.4	10.6	0.0	100.0
Germany	34.8	65.2		100.0
Greece	93.4	0.0	6.6	100.0
Hungary	88.4	7.5	4.1	100.0
Italy	76.2	0.0	23.8	100.0
Latvia	93.8	0.0	6.2	100.0
Lithuania	96.9	0.0	3.1	100.0
Netherlands	92.7	0.0	7.3	100.0
Norway	55.3	44.7	0.0	100.0
Poland	68.0	3.2	28.8	100.0
Portugal	56.0	25.7	18.3	100.0
Romania	92.7	0.0	7.3	100.0
Slovakia	91.7	8.3	0.0	100.0
Slovenia	93.9	5.9	0.2	100.0
Spain	69.8	26.5	3.7	100.0
Sweden	80.3	19.7	0.0	100.0
Switzerland	92.3	7.7		100.0
United Kingdom	9.3	65.4	25.2	100.0

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Table A.5 *Teachers working part-time as % of all teachers in pre-primary education by country cluster*

	%
Austria	41.7
Belgium	37.8
Bulgaria	0.0
Czechia	n.a.
Denmark	47.4
Estonia	12.3
Finland	n.a.
France	13.9
Germany	60.4
Greece	n.a.
Hungary	2.6
Ireland	0.0
Italy	13.6
Latvia	56.6
Lithuania	24.2
Netherlands	69.6
Norway	30.2
Poland	19.3
Portugal	n.a.
Romania	0.6
Slovakia	0.1
Slovenia	3.7
Spain	16.4
Sweden	31.1
Switzerland	73.6
United Kingdom	82.9

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Table A.6 *Annual statutory teachers' salaries in public institutions (equivalent USD converted using PPPs for private consumption; Salary after 15 years of experience) (2018 or latest available year)*

	Annual statutory teachers' salaries			Pre-primary education salaries as a % of teachers' salaries in:	
	Pre-primary education	Primary education	Upper secondary general education	Primary education	Upper secondary general education
European Union	42602	47103	51395	90.4	82.9
Austria	n.a.	53952	61927	n.a.	n.a.
Czech Republic	23671	26425	26425	89.6	89.6
Denmark	49466	57859	62537	85.5	79.1
Finland	34050	43345	50023	78.6	68.1
Flemish Comm, (Belgium)	54902	54902	70519	100.0	77.9
French Comm, (Belgium)	52980	52980	68057	100.0	77.8
France	38173	38173	39814	100.0	95.9
Germany	n.a.	77638	88893	n.a.	n.a.
Greece	26782	26782	26782	100.0	100.0
Hungary	20890	20890	23211	100.0	90.0
Ireland	n.a.	62179	62781	n.a.	n.a.
Italy	37735	37735	42227	100.0	89.4
Lithuania	24799	32102	32102	77.3	77.3
Netherlands	64867	64867	77936	100.0	83.2
Norway	41633	48481	53029	85.9	78.5
Poland	27879	27879	27879	100.0	100.0
Portugal	43681	43681	43681	100.0	100.0
Slovak Republic	15389	21040	21040	73.1	73.1
Slovenia	41848	43415	43415	96.4	96.4
Spain	48760	48760	54408	100.0	89.6
Sweden	44261	46850	48576	94.5	91.1
Switzerland	70396	74594	97160	94.4	72.5
England (UK)	51520	51520	51520	100.0	100.0
Scotland (UK)	47761	47761	47761	100.0	100.0

Source: OECD online Dataset: Teachers' statutory salaries

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Table A.7 *Rate of LTC workers per 100 elderly and total number of LTC workers in 2016 (or nearest year)*

	Rate
Austria	4.1
Belgium	4.8
Bulgaria	1.0
Czechia	2.3
Denmark	8.1
Estonia	5.3
Finland	7.6
France	2.3
Germany	5.1
Greece	0.1
Hungary	2.2
Ireland	4.0
Italy	1.9
Latvia	n.a.
Lithuania	n.a.
Netherlands	8.0
Norway	12.5*
Poland	0.5
Portugal	0.8
Romania	1.0
Slovakia	1.5
Slovenia	2.3
Spain	4.5
Sweden	12.4
Switzerland	8.4*
United Kingdom	n.a.

* OECD data; the rest are data from the Eurostat

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Table A.8 *Median hourly gross earnings of LTC workers (2014 or nearest year)*

Austria	n.a.
Belgium	15 (17)*
Bulgaria	n.a.
Czechia	n.a.
Denmark	n.a.
Estonia	4 (5)*
Finland	14 (16)*
France	12
Germany	11 (17)*
Greece	7
Hungary	n.a.
Ireland	n.a.
Italy	9 (14)*
Latvia	4
Lithuania	n.a.
Netherlands	n.a.
Norway	n.a.
Poland	n.a.
Portugal	4 (6)*
Romania	n.a.
Slovakia	3 (5)*
Slovenia	n.a.
Spain	n.a.
Sweden	n.a.
Switzerland	n.a.
United Kingdom	13 (23)*

Source: OECD (2020)

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Table A.9 *Median tenure of LTC workforce (years; 2016 or nearest year)*

	Years
Austria	5
Belgium	7
Bulgaria	6
Czechia	6
Denmark	3
Estonia	4
Finland	3
France	7
Germany	4
Greece	8
Hungary	6
Ireland	4
Italy	4
Latvia	3
Lithuania	n.a.
Netherlands	8
Norway	5
Poland	7
Portugal	5
Romania	6
Slovakia	6
Slovenia	7
Spain	4
Sweden	5
Switzerland	3
United Kingdom	3

Source: OECD (2020)

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Table A.10 *LTC workers and non-standard employment as a share of total workers in the sector (2016 or nearest year)*

	Part-time	Working shifts	Temporary contracts
Austria	60	70	n.a.
Belgium	60	20	9 (2)*
Bulgaria	n.a.	28	38
Czechia	n.a.	60	11 (5)*
Denmark	54	16	20 (10)*
Estonia	n.a.	57	n.a.
Finland	22	75	22 (18)*
France	27	19	17 (11)*
Germany	50	63	18 (16)*
Greece	n.a.	48	n.a.
Hungary	n.a.	27	n.a.
Ireland	40	50	7 (4)*
Italy	28	68	16 (5)*
Latvia	n.a.	n.a.	n.a.
Lithuania	n.a.	n.a.	n.a.
Netherlands	94	58	12 (10)*
Norway	58	77	12 (9)*
Poland	n.a.	42	39 (10)*
Portugal	n.a.	60	24 (9)*
Romania	n.a.	30	n.a.
Slovakia	8	38	8
Slovenia	n.a.	82	15 (11)*
Spain	n.a.	43	36 (32)*
Sweden	56	70	26 (9)*
Switzerland	65	63	16 (15)*
United Kingdom	38	60	6 (3)*

* Data in parenthesis refer to the hospital sector

Source: OECD (2020)

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Table A.11 *LTC workers: work accidents and health problems caused by work (2013)*

	<i>Share of workers reporting physical or mental health problems caused by work in the previous 12 months (%)</i>	<i>Share of workers reporting one accident at work resulting in injury in the previous 12 months (%)</i>
Austria	35 (18)*	4 (6)*
Belgium	16 (10)*	4 (4)*
Bulgaria	5 (7)*	n.a.
Czechia	10 (4)*	1 (1)*
Denmark	11 (12)*	6 (7)*
Estonia	12 (7)*	2 (2)*
Finland	38 (35)*	12 (10)*
France	17 (16)*	13 (8)*
Germany	n.a.	n.a.
Greece	6 (13)*	5 (2)*
Hungary	7 (6)*	n.a.
Ireland	3 (4)*	4 (5)*
Italy	11 (10)*	4 (5)*
Latvia	n.a.	5
Lithuania	n.a.	n.a.
Netherlands	n.a.	n.a.
Norway	17 (15)*	6 (5)*
Poland	17 (14)*	n.a.
Portugal	8 (10)*	4 (7)*
Romania	5 (2)*	n.a.
Slovakia	n.a.	2 (4)*
Slovenia	18 (8)*	5 (3)*
Spain	11 (8)*	5 (3)*
Sweden	26 (32)*	8 (7)*
Switzerland	18 (17)*	4
United Kingdom	7 (8)*	5 (5)*

* Data in parenthesis refer to the hospital sector

Source: OECD (2020)

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Table A.12a *Tasks performed by LTC personal care workers (2018)*

	Positioning, lifting and turning elderly people	Transporting elderly people (via wheelchairs, movable beds and/or motor vehicles)	Assisting care recipients with personal hygiene, feeding and dressing	Maintaining elderly people's environmental hygiene standards	Planning, purchasing, preparing or serving meals	Scheduling and accompanying elderly people on errands	Preparing care recipients for examination or treatment	Providing oral medications to care recipients	Providing psychological support through conversation and reading aloud	Managing interactions between family caregivers and health practitioners	Maintaining records of care and changes in condition or behaviour	Maintaining records of responses to care and treatment	Reporting concerns or providing referrals to health or social services	Implementing care plans established by health professionals
Australia	•	•	•	•	•	•	•	•	•		•	•	•	•
Austria	•	•	•	•	•	•	•	•	•		•	•	•	•
Belgium	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Bulgaria	•	•	•	•	•	•	•	•	•		•	•	•	•
Canada	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Cyprus	•	•	•	•	•	•	•	•	•		•	•	•	•
Czech Republic	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Estonia	•	•	•	•	•	•	•	•	•		•	•	•	•
Germany	•	•	•	•	•	•	•	•	•		•	•	•	•
Hungary	•	•	•	•	•	•	•	•	•		•	•	•	•
Iceland	•	•	•	•	•	•	•	•	•		•	•	•	•
Israel	•	•	•	•	•	•	•	•	•		•	•	•	•
Japan	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Korea	•	•	•	•	•	•	•	•	•		•	•	•	•
Latvia			•	•	•	•	•	•	•		•	•	•	•
Lithuania	•	•	•	•	•	•	•	•	•		•	•	•	•
Luxembourg	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Malta	•	•	•	•	•	•	•	•	•		•	•	•	•
Netherlands	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Norway	•	•	•	•	•	•	•	•	•		•	•	•	•
Romania	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Slovenia	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Sweden	•	•	•	•	•	•	•	•	•	•	•	•	•	•
United Kingdom	•	•	•	•	•	•	•	•	•	•	•	•	•	•
United States	•	•	•	•	•	•	•	•	•	•	•	•	•	•

Note: Poland did not provide information for personal care workers. Dots indicate that personal care workers commonly provide the task.

Source: OECD LTC workforce survey (2018).

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Table A.12b *Tasks performed by LTC nurses (2018)*

	Providing psychological support through conversation and/or reading aloud	Answering questions from care recipients and families	Monitoring responses to treatment or a care plan	Monitoring care recipients' physical activity or nutrition habits	Monitoring care recipients' pain and discomfort	Updating information on care recipients' condition and treatments received in record-keeping	Developing and implementing care plans for treatment of care recipients	Referring care recipients and families to health professionals	Supervising and co-ordinating care of care recipients	Administering medications and other treatments, including first aid	Cleaning wounds and applying surgical dressings and bandages	Planning and providing care, including personal care
Australia	•	•	•	•	•	•	•	•	•	•	•	•
Austria	•	•	•	•	•	•	•	•	•	•	•	•
Bulgaria	•	•	•	•	•	•					•	
Canada	•	•	•	•	•	•	•	•	•	•	•	•
Cyprus	•	•	•	•	•	•	•	•	•	•	•	•
Czech Republic	•	•	•	•	•	•		•	•	•	•	•
Estonia	•	•	•	•	•	•	•	•	•	•	•	•
Germany	•	•	•	•	•	•	•	•	•	•	•	•
Hungary	•	•	•	•	•	•	•	•	•	•	•	•
Iceland	•	•	•	•	•	•	•	•	•	•	•	•
Israel	•	•	•	•	•	•	•	•	•	•	•	•
Korea	•	•	•	•	•	•	•	•	•	•	•	•
Latvia	•	•	•	•	•	•		•	•	•	•	•
Lithuania	•	•	•	•	•	•	•	•	•	•	•	•
Luxembourg	•	•	•	•	•	•	•	•	•	•	•	•
Malta		•	•	•	•	•	•	•	•	•	•	•
Netherlands	•	•	•	•	•	•	•	•	•	•	•	•
Norway	•	•	•	•	•	•	•	•	•	•	•	•
Poland	•	•	•	•	•	•	•	•	•	•	•	•
Romania			•	•	•	•	•		•	•	•	•
Slovenia	•	•	•	•	•	•		•	•	•	•	•
Sweden	•	•	•	•	•	•	•	•	•	•	•	•
United Kingdom	•	•	•	•	•	•	•	•	•	•	•	•
United States	•	•	•	•	•	•	•	•	•	•	•	•

Note: Japan did not provide information for nurses. Dots indicate that personal care workers commonly provide the task.
Source: OECD LTC workforce survey (2018).

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Table A.13 *Composition of the LTC workforce by education level (2016 or nearest year)*

	Low	Medium	High	Total
Austria	12	73	15	100
Belgium	8	62	30	100
Bulgaria	18	62	20	100
Czechia	1	90	9	100
Denmark	10	78	12	100
Estonia	n.a.	n.a.	n.a.	n.a.
Finland	4	76	20	100
France	2	67	31	100
Germany	12	81	7	100
Greece	3	52	45	100
Hungary	n.a.	n.a.	n.a.	n.a.
Ireland	18	42	40	100
Italy	35	47	18	100
Latvia	n.a.	n.a.	n.a.	n.a.
Lithuania	n.a.	n.a.	n.a.	n.a.
Netherlands	13	69	18	100
Norway	n.a.	n.a.	n.a.	n.a.
Poland	n.a.	n.a.	n.a.	n.a.
Portugal	62	28	10	100
Romania	n.a.	n.a.	n.a.	n.a.
Slovakia	3	85	12	100
Slovenia	n.a.	n.a.	n.a.	n.a.
Spain	25	50	25	100
Sweden	20	60	20	100
Switzerland	n.a.	n.a.	n.a.	n.a.
United Kingdom	15	57	28	100

Source: OECD (2020)