



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

Conférence Aidants, 8 février 2011

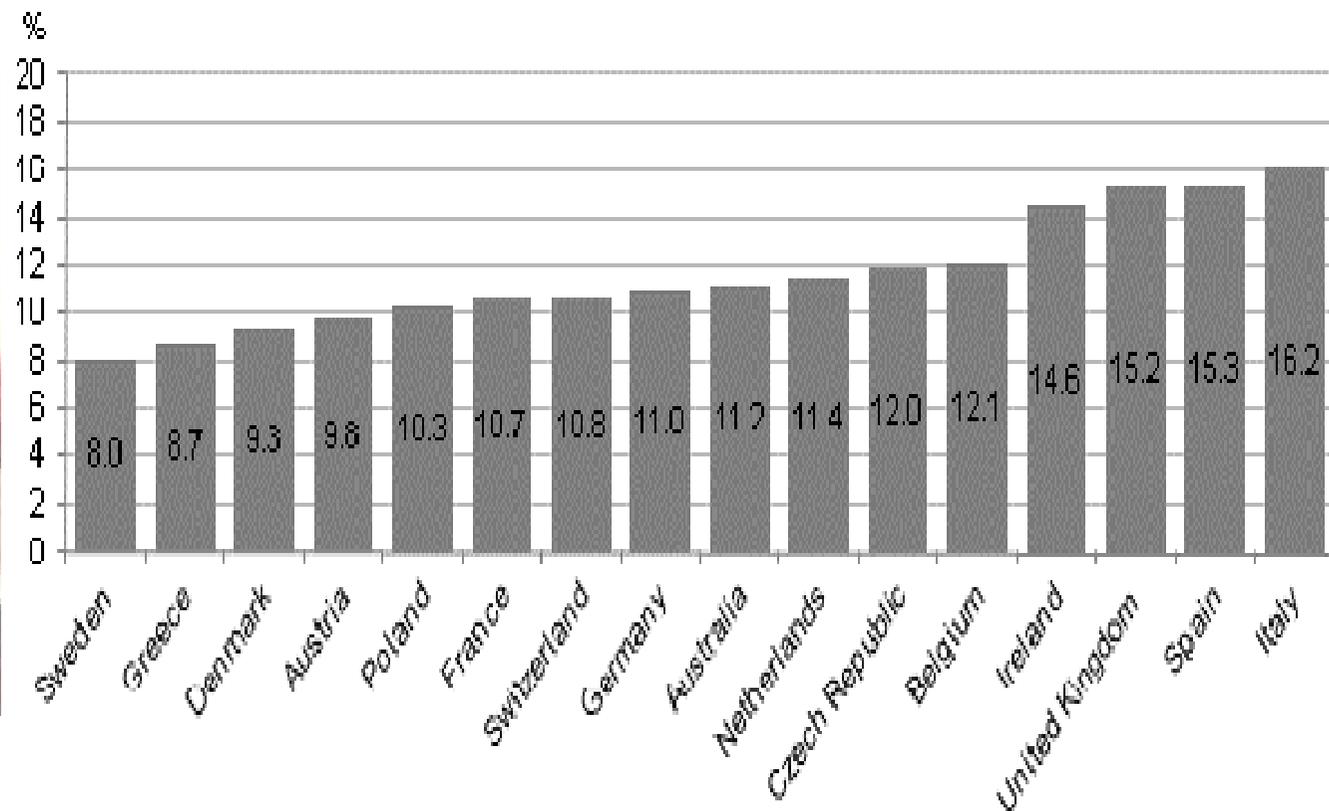
Ana Llana-Nozal, OCDE

## 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

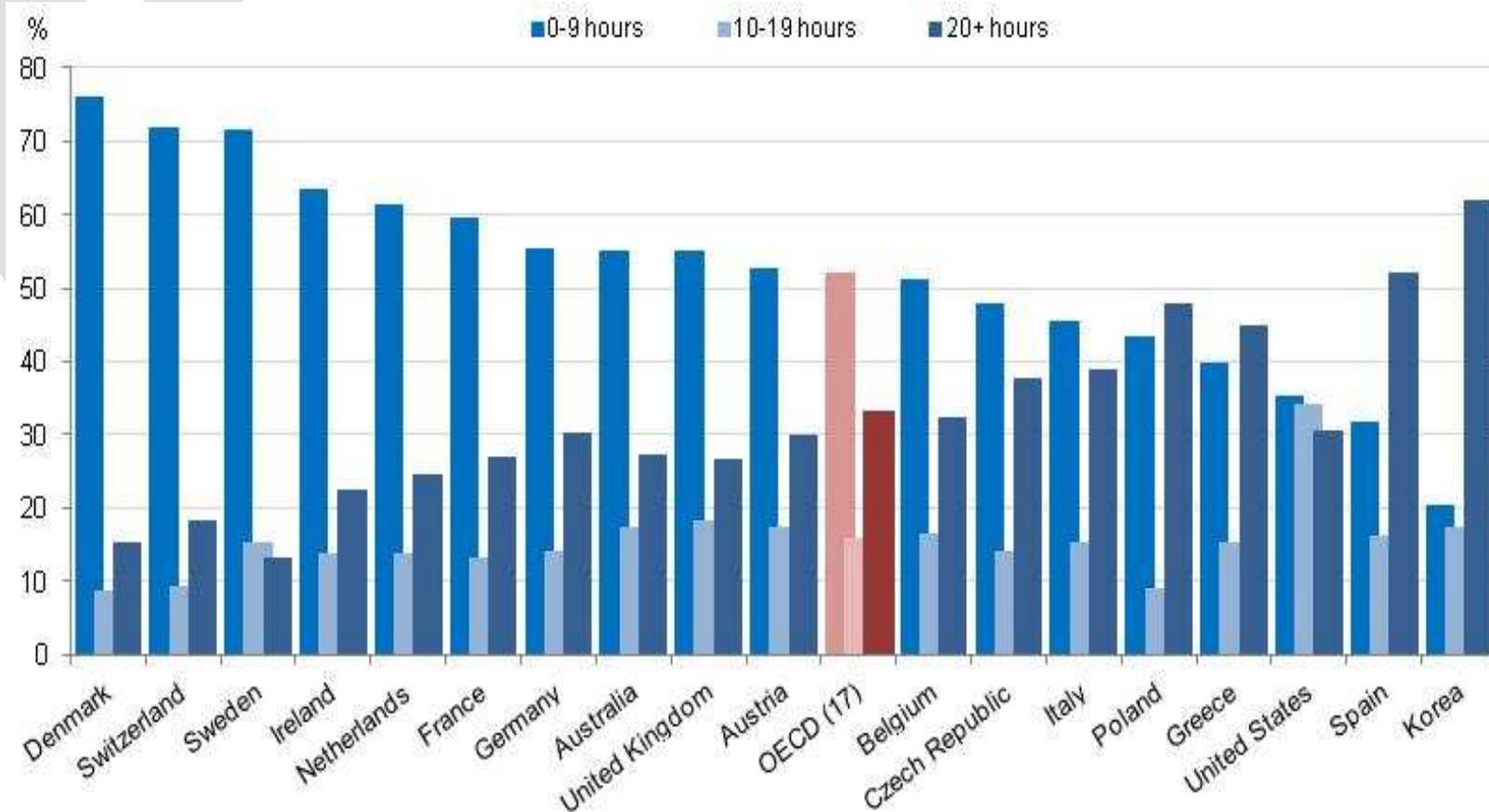


Source: OECD estimates based on HILDA for Australia, BHPS for the UK, SHARE for other European countries, and HRS for the US.

# 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+)

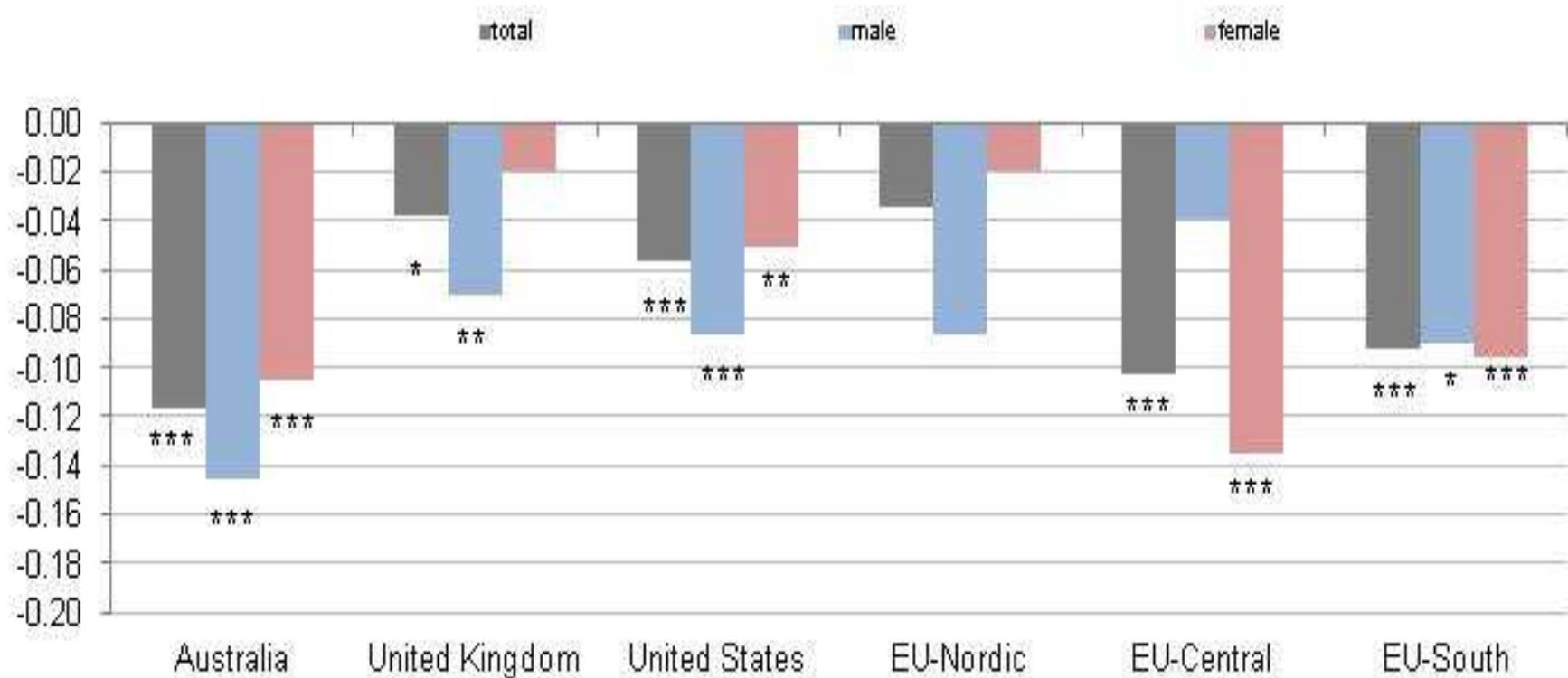
# Carers provide limited hours of care



Source: OECD estimates based on HILDA for Australia, BHPS for the UK, KLoSA for Korea, SHARE for OECD other European countries, and HRS for the US. **5** OCDE

# Caring leads to lower employment

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



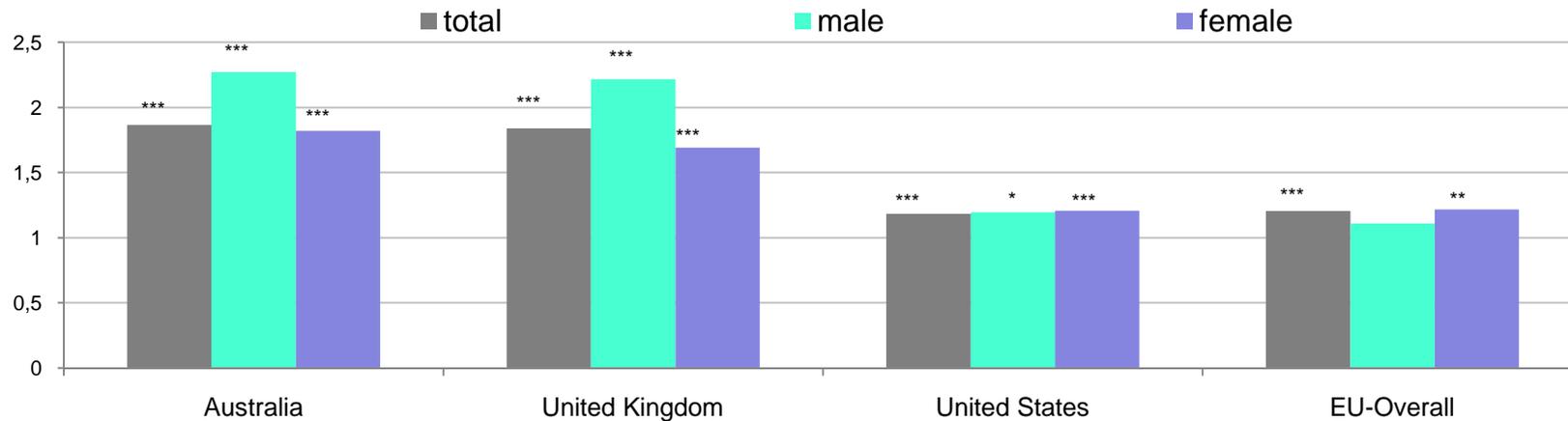
\*, \*\*, \*\*\* statistically significant at the 10%, 5%, and 1% level, respectively. Effect of being a caregiver on the probability of employment –Dynamic probit Results

## Caregiving leads to reduced working hours

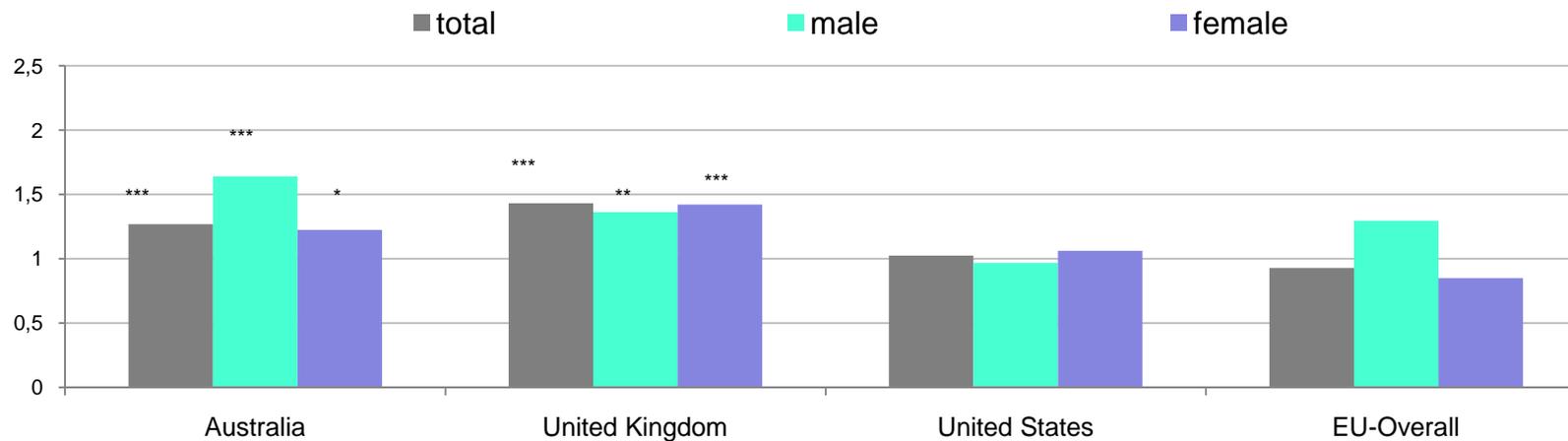
- The reduction is most important in Southern Europe
- Low caring responsibilities (<10 hrs/week) do not impact working hours
- The impact is stronger for co-residential care
- Flexible working hours attenuate the reduction.

# Stopping work is more likely for informal carers than switching to part-time

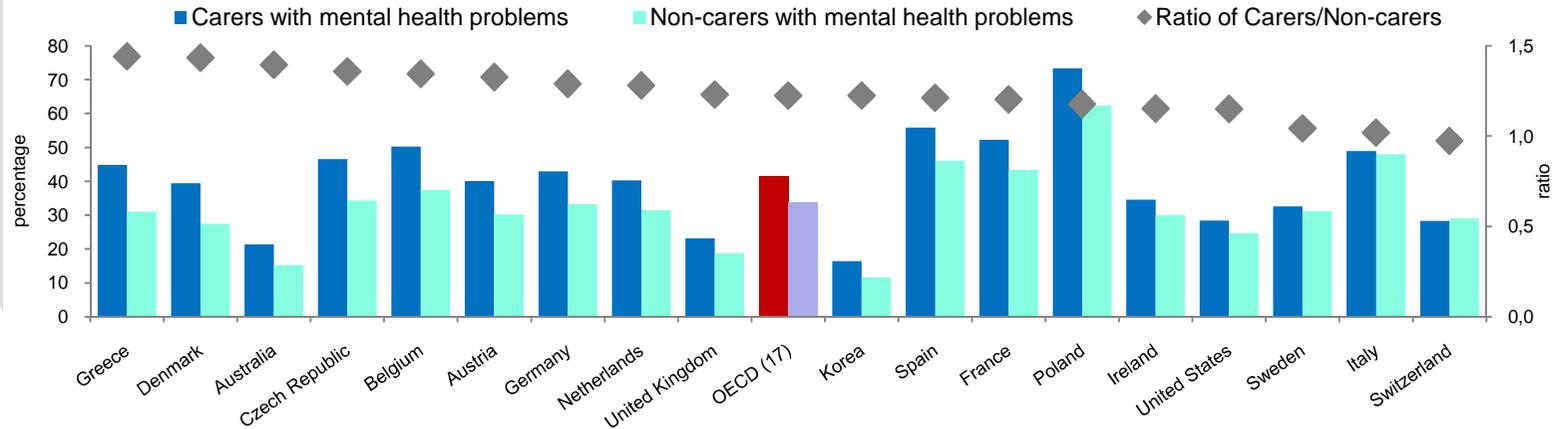
Effect of caregiving on Non-employment



Effect of caregiving on Part-time work

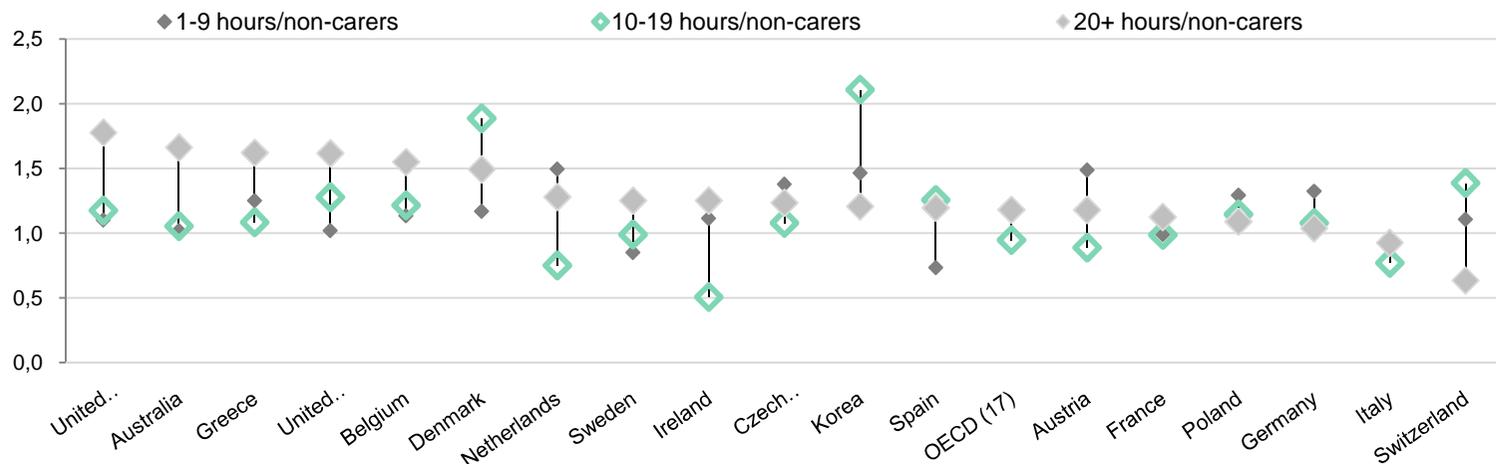


# Informal caregivers have more mental health problems...



... 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 work.
  - 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  $\frac{3}{4}$  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 eg. Sweden promote comprehensive and integrated counselling system
- 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: means-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)