

Public consultation results

*Wednesday, 10th January 2024
(Vienna)*

- ✓ At the moment, we have received 10 answers from **8 countries**;
- ✓ **90%** from *Academia or higher education institutions* & 10% from *local administration*;
- ✓ Their expertise in the field of **care economy & social policies** is very good and excellent;
- ✓ Most participants answered that the **current share of public care funding** is NOT adequate and more needs to be done in each country
- ✓ 67% thinks that **co-payment** is an adequate policy tool
- ✓ 90% thinks that **public expenditure** on **childcare** should act both through in-kind benefits and cash.
- ✓ 80% thinks that public expenditure on **long-term care** should act through in-kind benefits and cash.
- ✓ Public help should **complement** or substitute informal care
- ✓ The level of care an elderly person receives from the public sector should NOT be linked to whether or not they have children
- ✓ As for the **current challenges** → "The increase of funding for nursing homes and home care will be disproportionately lower with respect to the demographic development" appears to be the likeliest outcome
- ✓ 80% agrees that the **future shortage** of informal family providers and workers in the care sector seems the main challenge

- ✓ The **adequate policies** to face this challenge could be: Improvements in working conditions and supervision (for paid workers), decent salaries, a controlled increase in migrant work force, monetary incentives combine work and family care giving; mandatory pensions, incentives to enlarge healthcare labor force/ further increase of retirement age; encourage individuals for self-investment for future care needs through personal savings;
- ✓ Experiences fostering **intergenerational collaboration**: Multigenerational housing arrangements are being tested in many countries
- ✓ Successful policies to improve the the care system: introduction of LTC insurance, integrated care projects, new job profiles, Buurtyorg (Netherlands), new needs assessment schemes, quality assurance measures; mandatory Quality indicators and standards setting; a healthy ageing
- ✓ **About data**: Interview surveys, more time-use studies, combination of expenditure diaries and time-use diaries.

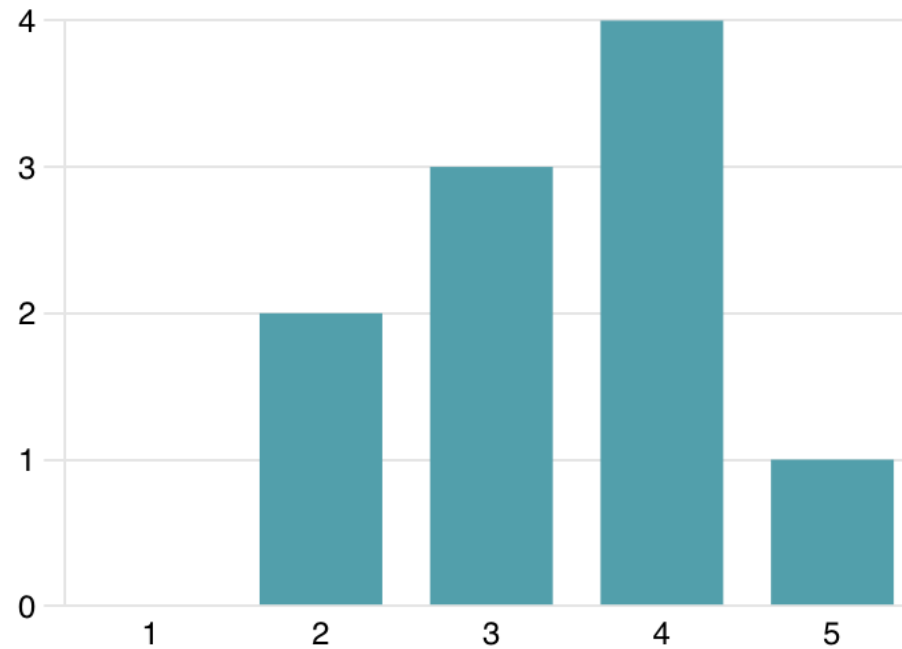
We have received answers from:

Austria **Germany**
Finland **Israel** **Spain**
Sweden **India** **Norway**

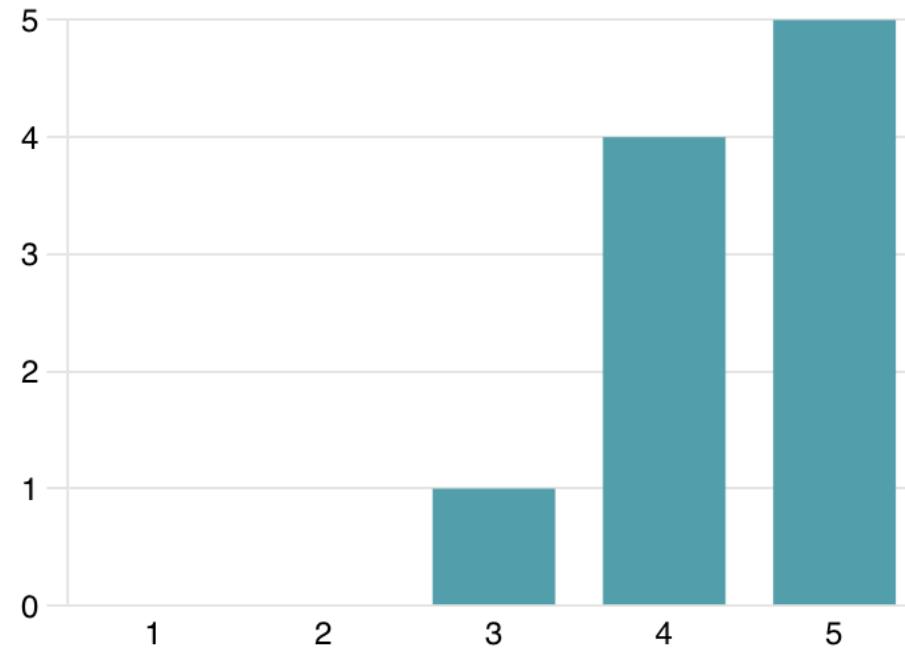
2 from Israel & Spain

90% from Academia or higher education institutions

How would you describe your expertise in the field of **care economy** (1: poor-5: excellent):



How would you describe your expertise in the field of **social policies** (1: poor-5: excellent)



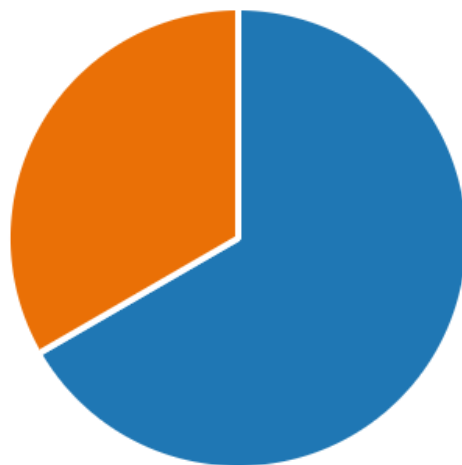
Do you think that the current share of public care funding is adequate?



No or more needed is the most repeated Word. One in Israel says yes. Spain mostly covered by family. Norway: No for complex reasons related to the division of work between state and municipalities

Yes: 67%

No: 33%

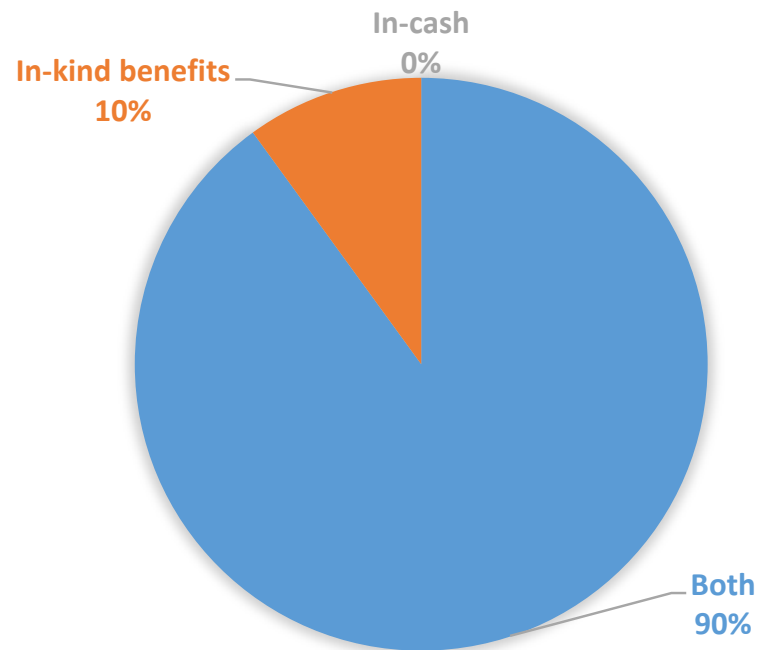


Long-term care (as well as child care) needs to be liberated from its legacies in means-tested social assistance schemes. Universal access to services in kind and in cash should become a general standard (except co-payment for cost of living, e.g. in a care home, as a percentage of income)

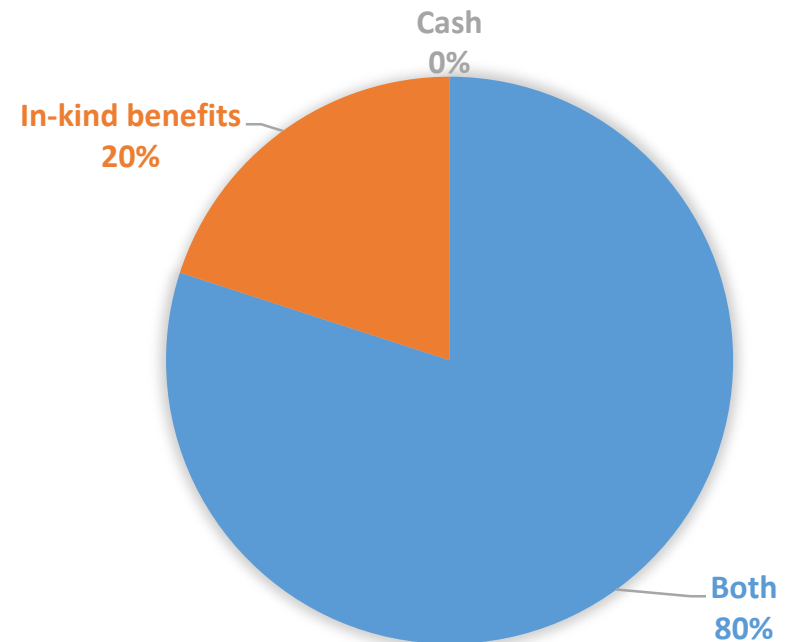
Income is the most repeated word.



Do you think public expenditure on **childcare** should act through:



Do you think public expenditure on **long-term care** should act through:



To what extent do you think that the current care provision mix (government, market, and family) is adequate? Also addressing the future up to 2030?



Not easy answer (calls for a political discussion in each country). “Adequate”?

- Some countries have even recently strengthened the role of family responsibilities in their constitution (e.g. Hungary, Moldavia)
- Others are moving away from social assistance rationales (e.g. Austria and Germany in certain areas)
- Others are experiencing the impact of a market-oriented governance (e.g. UK).
- Spain: low public => too much family

Also the "third sector" plays an important role in many countries (e.g. NL, Germany, Austria).

Children: Care early stage of working career => encourage to stay in the labor market

To what extent do you think it is better financing LTC recurring to general taxes or including it in social security with a compulsory contribution?



Not easy answer (differences by country)

- Compulsory (early in life) contribution to ensure a minimum for everyone. Taxes can complement
- Contribution gives visibility, but why not in other benefits (education, health,...)?

To what extent do you think government policies should consider informal care given? For example, by counting the time spent raising kids as contributed time, do you know any other policy in this direction? Would you recommend it?

professionalise care higher fertility fertility countries
 example mothers fertility public policy gender
 time position unpaid care **care time** care duties
 care insurance care work care/unpaid care poverty
 care workforce people without children informal caregivers

To what extent do you think government policies should consider informal care given? For example, by counting the time spent raising kids as contributed time, do you know any other policy in this direction? Would you recommend it?

- Recommendable; Controversial, but important issue to be discussed (unpaid care work and human capital investments); To the extent it levels off gender difference in care duties, and compensate the time off from the labor market; Not in high fertility countries (Israel); Italy new: mothers temporarily exempted of contributions.
- Informal care given by women is the current 'elephant in the room' on social and economic sustainability. Need to reduce the gender wage gap and to avoid care poverty (both poor coverage and old age poverty due to caregiving at working age). Most governments shy away (putting a price-tag on care would increase much public expenditure). Small steps are undertaken to: professionalise care, support informal caregivers and/or move them to the care workforce.
- In many countries, care is taken into account in tax deductions and reductions. In Germany, people without children (and without caring responsibilities) pay higher care insurance contributions. It would also be desirable to increase basic pensions for those who provide or have provided care.
- More flexible labour market regulations for parents, both men and women
- Instead of time raising kids counted as contributed time, retaining part-time position in the labour force would better contribute to skill-building

Do you think public help should complement or substitute informal care?

informal caregivers

Complement

care needs

level of care

Informal care

70% answered **Complement**

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Informal care

- Substitution is not an option (see Nordic countries in the 1980s)
- The state must provide a sufficiently broad and intensive basic level of care so that families receive sufficient basic support
- Incentives for informal caregivers to account for their time (possible to chose not to provide care)



Do you think that the level of care an elderly person receives from the public sector should be linked to whether or not they have children?



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Question implicitly meaning less if having children, lower need (not more as a “compensation”)

- No, but there should be some kind of compensation of parents.
- No: universal right; having children is not only a choice; with **incentives** for relatives to provide informal care, one could argue for a **points system** to incentivize certain sorts of things. e.g., someone who worked as a nurse or teacher should qualify for more support than someone who worked as a banker, or someone who never worked very much
- It should be linked with having children because it is consistent with India's Maintenance and Welfare of Parents and Senior Citizens Act, 2007

Do you know a specific policy to foster informal provision and at the same time female participation in the labor market?

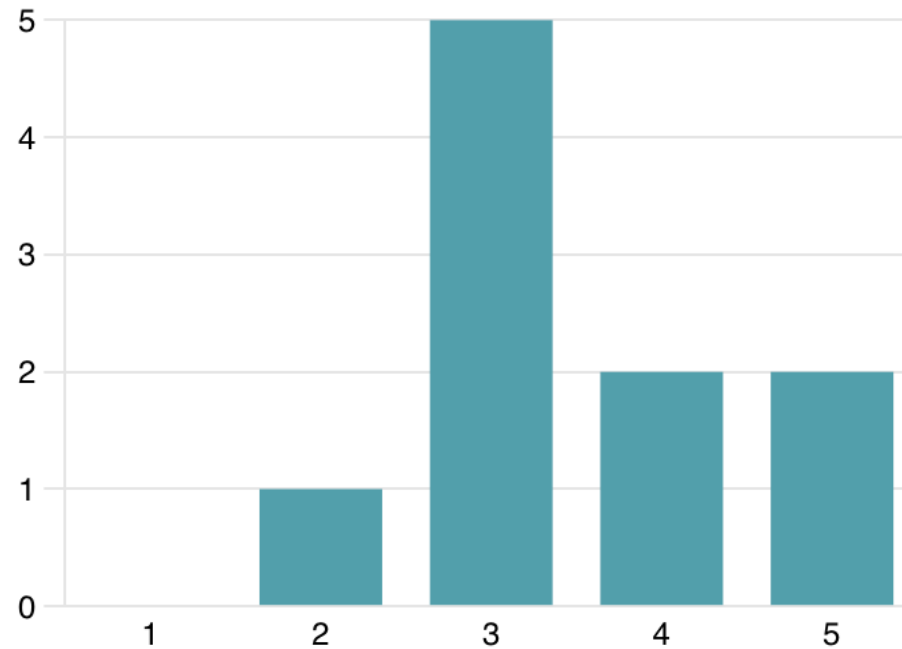
labour makets small children
informal carers parental leave months female high
programmes age children care leave
labour force labour market informal care leave arrangement
respite care eg parental leave force participation aim
participation of mothers



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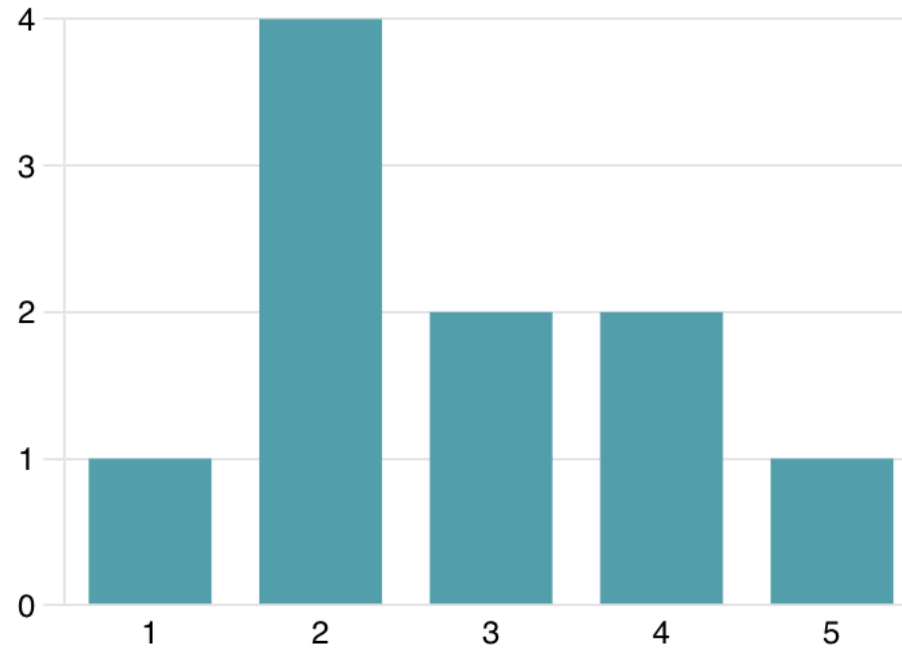
- All support measures for informal carers (care leave, respite care etc.) (parental leave) aim at improving opportunities to also participate in the labour market. Still not sufficiently, but this would include more awareness of employers and/or extended programmes to 'employ' informal carers.
- The Israeli approach: very high female labor force participation alongside TFR of around 3.0 children. Universal publicly funded childcare from age 3. Until age 3 it's under-regulated, which keeps down costs. The downside is that some of the informal care is not great quality.
- Israel: Unemployed women close to retirement age provide informal care in their communities. enlarging thier benefits from social security
- (India) Creche for children (6 months to 6 years) is an important public programme to facilitate female (working mothers) participation in labour makets.
- Yes: the daddy months in Germany. Families receive a few months extra paid parental leave, if the father goes on leave as well. Women tend to work part-time after becoming a parent and their labour force participation (mothers with small children) is higher compared to countries where the labour market is not so flexible.

Changes in family composition result in a gradual shift of home care costs towards the formal sector (market and government) (1: very low – 5: very high)



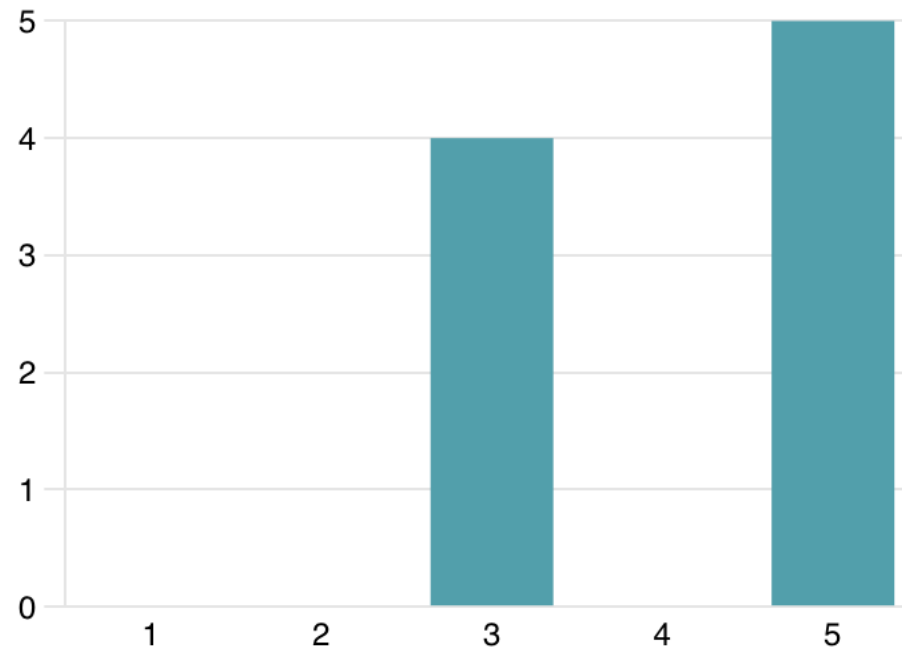
There is a decrease in household members' expectation and willingness to provide informal care:

(1: very low – 5: very high)

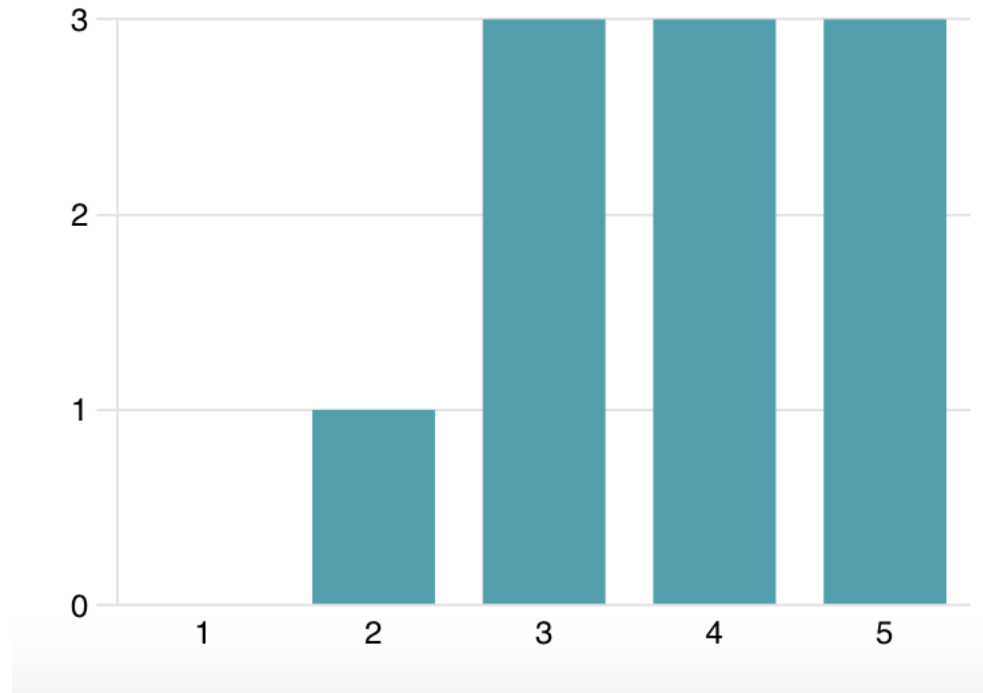


The increase of funding for nursing homes and home care will be disproportionately lower with respect to the demographic development:

(1: very low – 5: very high)



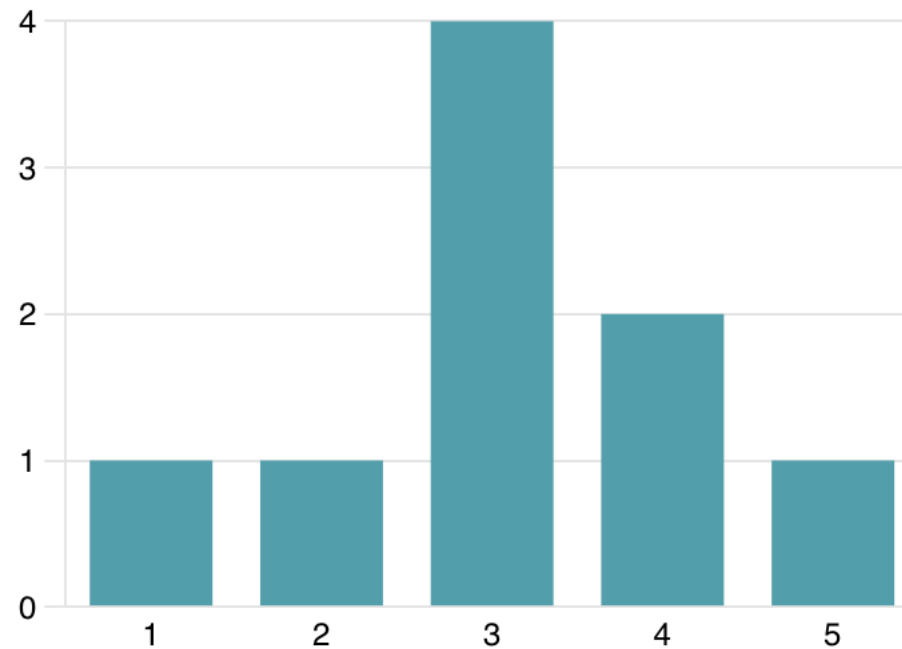
Technological advances will not reduce the informal and formal care needs of disabled individuals:



1: very low

5: very high

Higher public expectation that government will cover a larger share of care costs leads to pressure which result in a shift of funding from the individual to the government:



1: very low

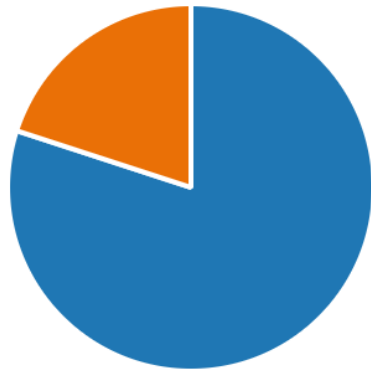
5: very high

Besides the ageing of population, the future shortage of informal family providers and workers in the care sector seems the main challenge.

Do you agree?

Yes: 80 %

No: 20 %



What would be the adequate policies to face this challenge?



Since the WELLCARE project aims to consider the whole lifecycle, could you think of any policy in this direction? Are you aware of any experiences fostering intergenerational collaboration (elderly homes interacting with early childhood school, students living with elderly, etc.)?



- Multigenerational housing arrangements are being tested in many places
- Yes: Elderly with children in Singapore and Israel (pilot), students with elderly in Israel.
- Children and youth volunteer to visit elderly as part of scouts or school programs (mandatory volunteering from grades 9-12 in Israel)
- Health care services at home (doctors, nurse), social services at home (social workers), technology, variety of support,

Do you know any successful policy to improve the wellbeing of caregivers in general, or of "sandwich-generation" caregivers (caring simultaneously children and elderly), in particular?

hefty share tax exemptions National insurance
flexible care workers labor market agreements with the Philippines
age migrant labor care labor share of the bill
help care providers bilateral labor agreements informal
market regulations medical need Sri

Based on your expertise and experience, can you indicate any action that could be considered as a success story for improving the care system?

assessment schemes succes story quality assurance mental
 Netherlands day care Quality indicators new
 Healthier aging personal care **Care** quality needs assessment
 aging is the key care projects job profiles personal budgets Buurtyorg
 LTC insurance indicators and standards

- Combination of expenditure diaries and time-use diaries, with the latter also including what the children were doing. They can also help (e.g., "go buy milk"; "tidy the living room") so important to look at their contributions, too
- Yes, this might be a problem. In time use surveys secondary activities are gathered, so robustness checks could be made using these activities. Alternative measures could be also made: for example using the total time when small children are present in the household as a caretaking time.

When collecting data to measure care, informal care appears usually as one of multiple tasks performed together with domestic chores. Hence, we might be underestimating the cost of giving care. How would you correct this, in the case of care given to children?

underestimating cost **present in the household** **small children**
childcare provision **use diaries** **time-use** **children**
robustness checks **total time** **Use Survey**
secondary activities **use studies** **household members** **household**
Interview surveys **living room** **standarts of care** **children and elderly**

When collecting data to measure care, informal care appears usually as one of multiple tasks performed together with domestic chores. Hence, we might be underestimating the cost of giving care. How would you correct this, in the case of care given to dependent elderly?



Thanks for your attention!