

The labour market and demand for care

Recommendations produced by the Council for Public Health and
Health Care to the Minister of Health, Welfare and Sport

Zoetermeer, 2006

Executive summary

Investment plan

The political parties have yet to make this an electoral issue, which is hard to understand, because *someone* is going to have to care for Alzheimer's sufferers within our society. The number of people with dementia will double over the coming decades, while the number of professional care workers is set to halve. The pressing question therefore is: how do we make the caring professions attractive and ensure that they remain attractive? If things continue as they are, there will soon be no young people entering the sector. Politicians, you have to wake up to this issue! You have to invest.

From: *Op weg naar het Alzheimer-paradijs* (On the way to Alzheimer Heaven), a column by Stella Braam, which may be read on www.rvz.net

Ministerial commission

Stella Braam's heartfelt plea, above, provides a concise and compelling summary of the background to this report. The demand for care is growing: the number of people with dementia alone is set to rise from 175,000 in 2002 to 412,000 by 2050; the number of stroke patients is forecast to increase from 118,000 in 2000 to 152,000 by 2020. However, the growth in the number of professional people able to provide the necessary care lags far behind.

Without intervention, there will be serious labour shortages in the health care professions, particularly in the personal and supportive care sector. At the request of the ministers of Health, Welfare and Sport, this report by the Council for Public Health and Health Care (RVZ) therefore focuses on the problems in that sector, and on possible solutions.

What are the problems?

At present, supply and demand are reasonably well matched, but labour shortages are anticipated even in the short term. Economic growth brings problems for the care sector. Researchers have forecast that, given a continuation of present trends, we will ultimately reach the point where nearly one in four school-leavers needs to enter the caring professions if the demand for care is to be met.

Looking further ahead, even greater problems are foreseen. This is not merely an example of the familiar phenomenon of cyclical short-

age and surplus: a structural contraction of the workforce is taking place. There are simply fewer people in the labour pool.

At the same time, the demand for care is growing. Unless a cure is discovered for Alzheimer's disease (presently an unlikely prospect), each of the 412,000 people expected to develop this condition alone will require an average of two years' intramural care, preceded by five years of support in their home environment, including considerable lay care and home care.

It is therefore very important to consider what can be done immediately to prevent serious labour shortages, both in the near future and further ahead. Is sufficient use being made of the scope that exists for limiting the demand for professional care and for securing an adequate labour supply?

Demand-side issues

Many people are making use of lay care, reducing the demand for professional care. Nevertheless, more professional carers are required. The question is, how can labour participation be encouraged without affecting the supply of lay care? Appropriate policies for addressing this issue are not yet in place.

Prevention is a very effective means of reducing the demand for care. Considerable public health benefit could be secured, for example, by the widespread treatment of blood pressure. However, prevention is not yet really seen as a labour market policy instrument. Furthermore, insufficient use is being made of promising labour-saving technologies.

Supply-side issues

The personnel implications of therapies and care concepts, such as small-scale housing, need to be examined more carefully: how many carers does a particular therapy or concept require, and are the personnel available? Furthermore, the number of people willing to work in the sector is influenced by career prospects and the image of the professions in question. In many cases, there is room for improvement in both respects.

The scope for maximizing productivity has by no means been fully utilized to date. However, securing improvement is more difficult in the care sector than in the cure sector. Not only is the measurement of productivity more challenging, but also greater uncertainty exists regarding the product and the standard upon which it is based. Providing a drink that contains all necessary nutrients takes much less time than feeding someone, one mouthful at a time. And providing

nursing home residents with ‘nappies’ is less time-consuming than labour-intensive training on incontinence management. But which options are preferable? What standard of care do we actually wish to see?

What action is required?

Action is required both within the care sector and beyond. There are many ways in which demand can be reduced and the labour supply increased; the report contains numerous recommendations. The availability and user-friendly nature of domotics and domestic ICT mean that such technologies have considerable potential for reducing the labour-intensity of care provision. It is therefore important to invest in these fields. Also, the Council advises bringing the cost of supporting lay care within the relevant care funding system.

Five priorities for action are identified:

1. Focus on prevention

With a view to reducing the demand for care, priority should be given to establishing a national blood pressure management programme. ICT can be used to mitigate the associated labour implications.

2. Develop the market for personal services

The demand for personal and supportive care can be controlled by developing a market for personal services (odd-job services, garden maintenance, etc). This would make it easier for people to retain their independence. With the development of such a market in mind, the government and social partners should create an environment in which new, flexible forms of employment can flourish.

3. Facilitate labour market participation through the availability of childcare

The labour supply can be increased by enabling more people to work more hours. However, that is a complex undertaking. If all care workers continued working until the age of sixty-five, this would increase the labour supply by 14 to 22 per cent. That would be helpful, but is not sufficient to prevent a labour shortage. Furthermore, it would not be easy to achieve. Much of the work is physically demanding, and the Equal Treatment in Employment (Age Discrimination) Act makes it more difficult to introduce rules that relieve the burden on older carers.

The best route to increasing both female labour market participation and the availability of lay care is to increase the provision of affordable childcare. Childcare should be available free of charge to people working at lower levels in the care sector (up to scale FWG = Functie Waardering Gezondheidszorg, a job rating system in health care).

In due course, childcare should become a universal provision, funded from the general exchequer. This forms the Council's third recommendation.

4. Increase productivity by smart building design

A new approach to nursing home design could have major benefits in terms of increased productivity. Provisional calculations suggest that operating costs could be reduced by 11 per cent, primarily through investment in ICT and domotics. Further research is required.

5. Introduce quality standards

Although it is important to raise productivity, quality must not be allowed to fall below a defined level. The Council therefore recommends that the government at least lays down the standards of responsible care in order to ensure safety (using, for example, medication errors, malnutrition and decubitus as indicators).

The Council's five priority recommendations to the government are supplemented by an appeal to all parties active in the field.

6. Appeal to parties active in the field

Commitment is required not only from the government, but also from employers' and employees' organizations. These organizations need to pursue a pro-active policy and take steps to ensure that employment terms and conditions make working in the care sector more attractive.

And what if serious labour shortages nevertheless develop?

The Council is unsure whether the care sector's labour market problems can ultimately be fully resolved. And, if a serious shortage does develop, in spite of the efforts to prevent it, then quality will inevitably have to be sacrificed.

This implies the revision of established standards and the acceptance of unorthodox solutions, such as:

- hiring helpers for care-dependent parents;
- admission of elderly people to nursing homes in parts of the country when shortages are less acute;
- using computer links to check from work on the condition of a relative at home or in a nursing home.