

OECD Health Statistics 2025

Definitions, Sources and Methods

Long-term care workers: formal sector (Head counts and FTE)

Long-term care workers are individuals who provide care to **long-term care recipients** (all ages).

Formal LTC workers include the following occupations and categories:

1) Nurses, as defined by the ISCO-08 classification (2221 for **Professional nurses** and 3221 for **Associate professional nurses**), providing long-term care in private homes or in LTC institutions (other than hospitals)).

<p>Inclusion:</p> <ul style="list-style-type: none"> i) Persons who have completed their studies/education in nursing and who are licensed to practice (including both professional nurses and associate/practical/vocational nurses); ii) Salaried and self-employed nurses delivering services at home or in LTC institutions (other than hospitals); iii) Foreign nurses licensed to practice and actively practising in the country; iv) Nurses providing long-term care to patients affected by dementia and/or Alzheimer's disease. 	<p>Exclusion:</p> <ul style="list-style-type: none"> i) Students who have not yet graduated; ii) Nursing aids/assistants and care workers who do not have any recognised qualification/certification as a licensed nurse; iii) Nurses working in administration, research, and in other posts that exclude direct contact with the patients; iv) Unemployed nurses and retired nurses; v) Nurses working abroad; vi) Nurses providing social services; vii) Psychiatric nurses.
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2) Personal care workers (caregivers) include formal workers providing LTC services at home or in institutions (other than hospitals) and who are not qualified or certified as nurses. As per the definition in the ISCO-08 classification (5322 for Home-based personal care workers and 5321 for Personal care assistants), personal care workers are defined as people providing routine personal care, such as bathing, dressing, or grooming, to persons who are in need of such care due to effects of ageing, illness, injury, or other physical or mental conditions, in private homes and or in institutions (other than hospitals).

<p>Inclusion:</p> <ul style="list-style-type: none"> i) Nursing aids/assistants and care workers providing LTC services, who do not have any recognised qualification/certification in nursing; ii) Family members, neighbours or friends employed (i.e., under a formal contractual obligation and/or declared to social security systems as caregiver) by the care recipient, or person/agency representing the care recipient, and/or by public care services and 	<p>Exclusion:</p> <ul style="list-style-type: none"> i) Informal caregivers receiving income support or other cash payments from the care recipient as part of cash programmes and/or consumer-choice programmes, but who are not formally employed, or paid for, by the care recipient (or person/agency representing the care recipient, including providers/organisations, such as public social care services and private care service companies); ii) Unemployed and retired caregivers;
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private care service companies, to provide the care services to the person in need for care.	iii) Caregivers working abroad; iv) Caregivers in assessment teams employed to evaluate care needs and other persons employed in administrative positions; vi) Social workers/community workers.
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Definition of long-term care

Long-term care (health and social) consists of a range of medical, personal care and assistance services that are provided with the primary goal of alleviating pain and reducing or managing the deterioration in health status for people with a degree of long-term dependency, assisting them with their personal care (through help for activities of daily living, ADL, such as eating, washing and dressing) and assisting them to live independently (through help for instrumental activities of daily living, IADL, such as cooking, shopping and managing finances).

[Note: This definition is consistent with the definition of long-term care (health and social) under the System of Health Accounts 2011 – [HC.3](#) for the health component and [HCR.1](#) for the social component].

Long-term care settings

- **Long-term care at home** is provided to people with functional restrictions who mainly reside at their own home. It also applies to the use of institutions on a temporary basis to support continued living at home - such as in the case of community care and day care centres and in the case of respite care. Home care also includes specially designed or adapted living arrangements (for instance, sheltered house) for persons who require help on a regular basis while guaranteeing a high degree of autonomy and self-control, and supportive living arrangements.

- **Long-term care institutions** herein refer to nursing and residential care facilities ([HP.2](#)) which provide accommodation and long-term care as a package. They refer to specially designed institutions or hospital-like settings where the predominant service component is long-term care and the services are provided for people with moderate to severe functional restrictions.

<u>Inclusion (for LTC institutions):</u> - Nurses and personal carers providing LTC services in nursing and residential care facilities (HP.2) dedicated to long-term nursing care (HC.3).	<u>Exclusion (for LTC institutions):</u> - Nurses and personal carers providing LTC services in institutions used on a temporary basis to support continued living at home - such as community care, day care centres and respite care - Nurses and personal carers providing LTC services in specially designed or adapted living arrangements for persons who require help on a regular basis while guaranteeing a high degree of autonomy and self-control (defined as home). - Nurses and personal carers providing LTC services in hospitals (HP.1).
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i Full-time equivalent data are usually calculated on the basis of the standard or normal working time in the country. See details by country in the metadata below.

Sources and Methods

Australia

Sources:

2023: **Australian Institute of Health and Welfare (2024) 2023 Aged Care Provider Workforce Survey: Report.** AIHW, Australian Government.

2020: *2020 Aged Care Workforce Census Report.* Canberra: **Australian Government Department of Health and Ageing.**

2016: **National Institute of Labour Studies, 2016.** *The Aged Care Workforce, 2016.* Canberra: Australian Government Department of Health and Ageing.

2012: **National Institute of Labour Studies, 2012.** *The Aged Care Workforce, 2012.* Canberra: Australian Government Department of Health and Ageing.

2007 and earlier: **National Institute of Labour Studies, 2008.** *Who cares for older Australians? A picture of the residential and community based aged care workforce, 2007.* Adelaide: Commonwealth of Australia.

Coverage:

- Data refer to workers in residential aged care homes and those providing in-home aged care services in the community.
- 'Nurses' includes professional nurses (nurse practitioners and registered nurses in Australia) and Associate professional nurses (enrolled nurses in Australia).
- 'Personal care workers' are defined as workers, other than licensed nurses, who provide personal care to residents as a core part of their job. This grouping in Australia includes personal care workers, personal care assistants, assistants in nursing and domestic support staff. These employees provide routine personal care services to people in a range of health care services or in a person's home.
- Data do not include allied health workers.

Methodology:

🚫 Deviation from the definition in 2012, 2016, 2020 and 2023: Data are only available for LTC workers in the aged-care industry and include workers of all ages.

✂️ Break in time series in 2023:

2023:

- Data are sourced from the 2023 Aged Care Provider Workforce Survey commissioned by the Australian Government Department of Health and Aged Care. The Survey provides information on the size, composition and characteristics of the aged care workforce in residential and in-home care settings.
- The 2023 Survey captures information across 5 service care types; residential aged care services (RACS), the Home Care Packages (HCP) Program, the Commonwealth Home Support Programme (CHSP), and for the first time, the Multi-Purpose Services (MPS) Program and the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program.
- Unlike the previous 2020 Aged Care Workforce Census, the 2023 data collection was conducted using a survey design, with data collected at the service rather than the provider level. Services were asked to provide information relevant to the first fortnightly pay period in March 2023. The survey responses received were cleansed, assured, weighted and validated, such that the final figures represent all of Australia's aged care sector.
- Estimates of LTC workers in institutions reflect weighted survey responses from Australian residential aged care homes funded by the Australian Government. Residential aged care is for senior Australians who can no longer live independently at home. The Australian Government funds residential aged care to make it more affordable and accessible.
- Estimates of LTC workers at home reflect weighted survey responses from HCP, CHSP, MPS and NATSIFAC services, all of which receive funding from the Australian Government. HCPs support older people with complex needs to stay at home. Approved aged care service providers work with care recipients to plan, organise, and deliver HCPs. The CHSP provides entry-level support for older people who need some help to stay at home. Service providers work with them to maintain their independence and keep them as well as possible. The MPS Program combines Australian Government funding for aged care services with state and territory health services. This means small rural and remote communities can offer flexible aged care services that meet the needs of their community. The NATSIFAC Program is funded to provide culturally appropriate aged care to older Aboriginal and Torres Strait Islander peoples. The service providers in this program deliver a mix of aged care services, mainly in rural and remote areas.
- All data reported here include only formal long-term care workers classified as nurses or personal care workers (PCWs) who were directly employed by service outlets and thus exclude agency staff, sub-

contractors, self-employed contractors and those employed under other brokered arrangements. However, FTE estimates are available only for all worker classifications, including indirectly employed nurses and PCWs.

❗ Note that the head count data disaggregated by gender include valid response categories for “Other” and for “Unknown” (nb. “Unknown” does not mean data are missing). Accordingly, data provided for Male and Female LTC workers for 2023 do not sum to the total LTC worker head count figure.

❗ Data for the year 2023 are not comparable in content or scope to prior years, and the counting methodology is different. These data therefore represent a break in series and cannot be compared directly to prior years. To meet OECD definitions as closely as possible, data reported for the year 2023 may not precisely match reporting by Australia elsewhere.

Further information: 2023 Aged Care Provider Workforce Survey Report is available at:

<https://www.gen-agedcaredata.gov.au/resources/publications/2024/december/2023-aged-care-provider-workforce-survey-report>.

Supplementary material and data tables to the 2023 Survey Report: <https://www.gen-agedcaredata.gov.au/resources/access-data/2024/august/2023-aged-care-provider-workforce-survey-supplementary-materials>.

More information about Australia’s aged care programs: <https://www.health.gov.au/topics/aged-care>.

✂ **Break in time series in 2020:**

2020:

- Estimates of long-term care workers in residential aged care facilities are based on a survey of Australian residential aged care homes funded by the Australian Government. Data refer to workers directly employed by service outlets and thus may not include agency staff, sub-contractors, self-employed contractors and those employed under other brokered arrangements.

- Estimates of long-term care workers providing care in-home are based upon surveys of service outlets receiving funding from two Commonwealth programs, the Home Care Packages (HCP) program and the Commonwealth Home Support Program (CHSP). The HCP program was introduced on 1 August 2013, replacing the Community Aged Care Package (CACAP), Extended Aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACHD) programs. A range of services can be provided under a HCP, including care services, support services, clinical services and other services to support a person living at home. The HCP provides similar types care to the former CACAP, EACH and EACHD programmes and as such does not represent a break in time series. The CHSP was introduced by the Australian Government to provide streamlined access to services through the consolidation of four former Commonwealth-funded aged care home support programs: the Commonwealth Home and Community Care (HACC) program, the Day Therapy Centres (DTCs) program, and the National Respite for Carers Program (NRCP).

- These data only include formal LTC workers employed in an Australian Government-funded aged care service.

❗ Data for the year 2020 are not comparable in content or scope to prior years, and the counting methodology is different. These data therefore represent a break in series and cannot be compared directly to prior years. To meet OECD definitions, data reported for the year 2020 may not precisely match reporting by Australia elsewhere.

Further information: 2020 National Aged Care Workforce Census Report available at <https://gen-agedcaredata.gov.au/Resources/Reports-and-publications/2021/October/2020-Aged-Care-Workforce-Census-Report>.

2016:

- Estimates of long-term care workers in residential aged care facilities are based on a survey of Australian residential aged care homes funded by the Australian Government. Data refer to workers directly employed by service outlets and thus may not include agency staff, sub-contractors, self-employed contractors and those employed under other brokered arrangements.

- Estimates of long-term care workers providing care in-home are based upon surveys of service outlets receiving funding from two Commonwealth programs, the Home Care Packages (HCP) program and the Commonwealth Home Support Program (CHSP), and the Home and Community Care (HACC) program in Western Australia. The HCP program was introduced on 1 August 2013, replacing the Community Aged Care Package (CACAP), Extended Aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACHD) programs. A range of services can be provided under a HCP, including care services,

support services, clinical services and other services to support a person living at home. The HCP provides similar types care to the former CACP, EACH and EACHD programmes and as such does not represent a break in time series. The CHSP was introduced by the Australian Government to provide streamlined access to services through the consolidation of four former Commonwealth-funded aged care home support programs: the Commonwealth Home and Community Care (HACC) program, the Day Therapy Centres (DTCs) program, and the National Respite for Carers Program (NRCP).

- These data only include formal LTC workers employed in an Australian Government-funded aged care service.


Further information: 2016 National Aged Care Workforce Census and Survey available at <https://agedcaredata.gov.au/Resources/Reports-and-publications/2017/March/The-aged-care-workforce.-2016>.

2003-2012:

- Estimates of long-term care workers in residential aged care facilities are based on a survey of Australian residential aged care homes funded by the Australian Government. Data refer to workers directly employed by service outlets and thus may not include agency staff, sub-contractors, self-employed contractors and those employed under other brokered arrangements.

- Estimates of long-term care workers providing care in-home are based upon surveys of service outlets receiving funding from a defined set of six Commonwealth programs. These programs are the Community Aged Care Packages (CACPs) program, the Extended Aged Care at Home (EACH) and EACH Dementia (EACH-D) packages programs, the Home and Community Care (HACC) program, the Day Therapy Centres (DTCs) program, and the National Respite for Carers Program (NRCP). Data refer to workers directly employed by service outlets and thus may not include agency staff, sub-contractors, self-employed contractors and those employed under other brokered arrangements.

- These data only include formal LTC workers employed in an Australian Government-funded aged care service.

 Data for long-term care workers providing care at home are not available for 2003.

Method used for Full-Time Equivalent (FTE) calculation: A FTE employee was calculated as working at least 70 hours over a two week period.

Further information: 2012 National Aged Care Workforce Census and Survey:


<https://www.dss.gov.au/ageing-and-aged-care-publications-and-articles-ageing-and-aged-care-reports/2012-national-aged-care-workforce-census-and-survey-the-aged-care-workforce-2012-final-report>.

Austria

Source: Statistics Austria: *Pflegedienstleistungsstatistik* (Statistics on care services).


Coverage:

- Data available only for Total (nurses and personal carers) from 2010, and for Total females and males (nurses and personal carers) from 2013.

 The sum of females and males differs from the total due to missing data.

- Data refer to end of year.

- LTC at home includes outpatient services, semi-inpatient services and alternative living facilities. LTC in institutions covers inpatient services and short-term care in inpatient facilities.

 **Break in 2017:** In 2017, large parts of alternative living facilities in Vienna were reclassified as inpatient services.

Method used for Full-Time Equivalent (FTE) calculation: Not available.

Belgium

Source: Plancad Nurse 2004-2009, a crossing data procedure between 3 data sources:

- National register of health professional (Ministry of health)
- National Institute for Health and Invalidity Insurance
- Datawarehouse workmarket.

Project from the Health Professionals Planning Commission. See publication: *Infirmiers sur le marché du travail, rapport final sur le couplage des données PlanCad pour l'art infirmier*, Cellule de planification de l'offre des professions des soins de santé, 2014, 82 pages, available at

<http://www.health.belgium.be/eportal/Healthcare/Consultativebodies/Planningcommission/index.htm>.

Method used for Full-Time Equivalent (FTE) calculation: Data available for Nurses only. The ETP calculation comes from the datawarehouse workmarket (nurses are essentially salaried).

Canada

Sources:

2022 and 2023: Estimates are produced using growth rates reported in **Statistics Canada's Labour Force Survey** (Personal carers).

2021: **Statistics Canada**, 2021 Census of Population, and **Statistics Canada**, 2006 Census of Population, 2011 National Household Survey and 2016 Census of Population, for the data on personal care workers at home and in LTC institutions.

Canadian Institute for Health Information, Health Workforce Database, for the data on nurses at home and in LTC institutions starting in 2005.

Coverage:

- 2016 Census data refer to the following occupations in 2016, based on the National Occupational Classification (NOC) 2016: 3413 nurse aides, orderly and patient service associates.
- 2011 National Household Survey data refer to the following occupations in 2011, based on the National Occupational Classification (NOC) 2011: 3413 nurse aides, orderly and patient service associates.
- 2006 Census data refer to the following occupations in 2006, based on the National Occupational Classification for Statistics (NOC-S): D 312 Nurses, orderlies and patient service associates. The breakdown between males and females was unavailable in 2006. The breakdown from the 2011 National Household Survey was applied to 2006.
- In all three years, data refer to the personnel working in the following settings, based on the North American Industry Classification (NAICS): 6216 home health services and 623 nursing and residential care facilities.
- 6216 Home health care services is defined as the industry comprised of establishments primarily engaged in providing skilled nursing services in the home, combined with a range of other home services such as personal care services, counselling, occupational and vocational therapy, dietary and nutritional services, speech therapy, audiology, medical equipment and supplies, medications and intravenous therapy.
- 623 Nursing and residential care facilities is defined as the sector comprised of establishments primarily engaged in providing residential care combined with either nursing, supervisory or other types of care as required by the residents. In this sector, the facilities are a significant part of the production process, and the care provided is a mix of health and social services, with the health component being largely nursing services.
- Estimated head counts of personal care workers in the intercensal years 2007 to 2010 and 2012 to 2015 as well as in the postcensal years 2017, 2018, 2019 and 2020 based on trends in the Census data.
- ❗ Data on nurses from CIHI's Health Workforce Database for long-term care at home refer to registered nurses, nurse practitioners and licensed practical nurses with either home care agency as place of work (primary employer) or home care as area of responsibility. Nurses who provide short-term home care are also included as they cannot be identified separately, resulting in an overestimation of nurses providing long-term care at home. Nurses who indicated home care as their area of responsibility but long-term care as their place of work are included under long-term care institutions rather than under long-term care at home.
- For both long-term care at home and in long-term care institutions, 2019 and 2020 counts of registered nurses and nurses practitioners were unavailable for Manitoba. The 2018 count was used as an estimate of the 2019 and 2020 counts for that province.
- CIHI's data on nurses in long-term care institutions refer to registered nurses and licensed practical nurses in nursing homes/long-term care facilities. For more information regarding collection and comparability of data, see the *Nursing in Canada, 2020: Methodology Notes* on CIHI's website at <https://www.cihi.ca/sites/default/files/document/nursing-in-canada-2011-2020-meth-notes-en.pdf>.

Chile

Data not available.

Method used for Full-Time Equivalent (FTE) calculation: Not available.

Colombia

Data not available.

Costa Rica

Data not available.

Czechia

2011 onwards:

Source: Czech Statistical Office (CZSO), Labour Force Survey (LFS).

Coverage: Data are estimates for persons aged 17-64 years old.

Methodology:

- The following codes are used:

- ISCO 2221 (General nurses with specialisation), 3221 (General nurses without specialisation), 5321 (Nurses and social service workers in residential care), 5322 (Nurses and social service workers in the field of ambulatory and outreach services and home care)
- NACE 87 (Residential social care services) and 881 (Outpatient or outreach social services for the elderly and disabled).

- Limitations to the data collection: Data on the place of work and conversion to full-time work are not available.

✂ **Break in time series in 2022** due to a change in calculation. To calculate the weights, the state of the population based on the Census of Population, Houses and Apartments 2021 is used, followed by the demographic balance. The 2021 Census led to a break, with the decrease of about 200 000 persons.

✂ **Break in time series in 2011** due to a change in source and methodology.

2009:

Sources:

Ministry of Labour and Social Affairs. Statistical Reports on Social Services (data on selected social care services).

Institute of Health Information and Statistics of Czechia, Survey on health personnel (data on institutes for long-term patients, hospices and agencies of home health care services).

Calculation: **Institute of Health Information and Statistics of Czechia.**

Coverage:

- **Providers:** providers of selected social care services (institutions: homes for disabled persons, homes for the elderly, special regime homes, week care centres; outpatient and field services: personal assistance, domiciliary service, respite care, day care centres), institutes for long-term patients, hospices and agencies of home health care services.

- **Type of contracts:**

- Head counts: employees on payroll and employers (contractual workers are not included);
- FTEs: employees on payroll, employers and contractual workers.

- The following occupations are considered to be providing LTC services: **nurses** - general nurses; **caregivers** - auxiliary nurses and social care workers (direct care and home care activities). Some other occupations that may be considered as LTC occupations have not been included: medical assistants, ambulance attendants, social care workers (basic educative non-pedagogic activities, activities under the supervision of social work professionals).

- Some health care workers included may not only provide LTC but also higher levels of health care services. Social care workers included usually provide a combination of services related to ADL and IADL.

Methodology:

- Data on workers working in health care establishments relate to the end of year; data on workers in social care services relate to the whole year (i.e. all workers working in the respective year are included).

- Double counting of LTC workers (only head counts) working in more than one health or social establishment.

Method used for Full-Time Equivalent (FTE) calculation: 40 hours per week used as a full-time equivalent.

Further information: Some information in English on social services and care allowance is available in http://www.mpsv.cz/files/clanky/7033/leaflet_on_social_services.pdf.

Denmark

Source: BVR register, The Danish Health Data Authority and Statistics Denmark.

Methodology:

- The BVR register describes movements of health personnel in the Danish labour market. The BVR register is controlled by The Danish Health Data Authority and Statistics Denmark.

Method used for Full-Time Equivalent (FTE) calculation: Not available.

Estonia


Source: Ministry of Social Affairs. Annual statistical reports on social welfare institutions and local governments.

Data for personal carers at home from the Social Services and Benefits Registry. **National Institute for Health Development.** Annual report on practising health personnel.

Coverage:

- Responsibility for the provision of long-term care in Estonia is shared between the health care system and the welfare system. Health care services include inpatient nursing care, geriatric assessment service and home nursing care service. Since 2020 institutional general care service provided outside the home include nursing care services. The welfare system provides long-term care in welfare institutions, day centre service, home care and housing service, and other social services.

- Data for LTC workers and LTC recipients at institutions include data from welfare system - institutions which provide institutional welfare services for adults in general care homes and homes for adults with special mental needs. Providers of substitute home services (child welfare institutions) are not included.

 **Break in time series in 2013:** In the health system, nurses and personal carers working in LTC nursing care hospitals (HP.2 according to the SHA 2011) have been included starting in 2013. In 2013 previous long-term care hospitals (HP.1) were reorganised into long-term nursing care hospitals providing independent inpatient nursing care.

- Nurses: All nurses have completed their studies in nursing and are licensed to practice. The activity of nurses in social welfare institutions until 2019 mainly consists in monitoring the health condition and medication of the LTC recipients and providing ADL services, not so much in providing health services. Health care services for the long-term care recipients in social welfare institutions are provided by family doctors and home nurses, similarly as for patients in private households. Home nurses are included in LTC workers, and the number of home nurses has increased from 29 in 2009 to 276 in 2019. Home nurse services are compensated by the Health Insurance Fund. Starting from 2020, institutional general care service provided outside the home include nursing care services compensated by EHIF, which has increased the number of nurses in LTC.

- Personal carers in institutions: The long-term care services to persons in the social welfare institutions are mainly provided by personal care workers; activity supervisors/client workers (by ISCO-08 3412 Social Work Associate Professionals) are excluded from personal carers in institutions. Personal care workers are specially trained. Personal carers in nursing care hospitals (HP.2) are included since 2013.

- Personal carers at home: A person who provides assistance, guidance or monitoring for disabled person. The caregiver is formally appointed by the local government. Many of these formal caregivers are family members.

Since 2010 LTC personal carers at home include the paid caregivers for disabled children. Unpaid caregivers are excluded. Personal carers include personal assistants.

Methodology:

- Data are collected annually from local governments and social welfare institutions that provide care services for LTC dependent adults (including mentally disabled persons) and from inpatient health care providers.

- Data on LTC formal workers are given at the end of the year (as of 31st December of the reference year).

- 2019-2021 estimates for nurses and personal carers by gender are provided based on Statistics Estonia data derived from of the Employment Register.

Full-time equivalent: From 2008 onwards, since there is no data for full-time equivalent LTC caregivers at home, all formal caregivers working at home are estimated as full time equivalent, i.e. one individual equals to one FTE position. All other formal workers FTE of social welfare and health system workers is counted based on the actual workload.

Method used for Full-Time Equivalent (FTE) calculation: The normal working time in Estonia is 40 hours a week.

Further information: Social Welfare Act at

<https://www.riigiteataja.ee/en/eli/ee/516012018001/consolide/current>; and Health Services Organisation Act at <https://www.riigiteataja.ee/en/eli/ee/508012018001/consolide/current>.

Finland

Sources:

2021 onwards: Care and Services for Older People, Finnish Institute for Health and Welfare (THL).

Coverage:


- Include only personnel and units in services for older people. Information on long-term care for people with disabilities or people with mental health problems is not available. The Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons (980/2012), section 20 (Personnel), regulates minimum staffing levels and professions included when calculating minimum staffing levels in institutional care and care in sheltered housing with 24-hour assistance for older people.

- Data reported include the following professions included in the minimum staffing levels for the groups below:

1. Nurses: registered nurses and other nursing associate professionals (mostly qualifications and studies in universities of applied sciences)
1. Personal carers: practical nurses and other personal care workers (mostly qualifications and studies in vocational education and training)
1. Other professions included in minimum staffing levels (many of them have some qualifications in social and health care). Note those are not included in the data reported, due to interpreting the OECD definitions that way.

Methodology: A unit-level survey will be sent to approximately 3,000 units twice a year. The units report the direct and indirect working hours of the different professional groups for a three-week follow-up period.

Method used for Full-Time Equivalent (FTE) calculation: Not available.

 **Break in time series in 2021** due to a change in source and methodology.

1995-2000-2005: Statistics Finland, “Care and Services for Older People 2005”.

Coverage:

- Data refer only to LTC workers in institutions, in particular those who work in residential homes.

- Data include the following categories of occupations: practical nurses, home care assistants, personnel working with clients and assistant nurses.

- Data exclude workers either in the sheltered housing for older people or in health centre in-patient care.

Methodology: The data collection in Finland cannot detail the personnel data according to the mode of care.

Method used for Full-Time Equivalent (FTE) calculation: Not available.

France

LTC workers at home:

2002: “Les services infirmiers de soins à domicile et l’offre de soins infirmiers aux personnes âgées (2002)”.

LTC workers in institutions:

Enquêtes EHPA: Enquêtes sur les établissements de soins de longue durée de 2003, 2007, 2011, 2015 and 2019 (surveys).

2019: EHPA 2019, L'enquête EHPA 2019 - Les différentes phases de l'enquête, DREES Méthodes N° 6, see <https://drees.solidarites-sante.gouv.fr/publications/drees-methodes/lenquete-ehpa-2019-les-differentes-phases-de-lenquete>.

2015: EHPA 2015, Les dossiers de la Drees n°20, September 2017, see <https://drees.solidarites-sante.gouv.fr/publications/les-dossiers-de-la-drees/laccueil-des-personnes-agees-en-etablissement-entre>.

2011: EHPA 2011 data, available from Excel files at data.drees, table P1, category "Psychologue, personnel paramédical ou soignant". Detailed data on personnel.

2007: DT n°142 February 2010, table B1, p. 38, "Psychologue, personnel paramédical ou soignant". Data expressed in numbers.

2003: DT Série Stat n°106, table B17, p. 36. Data expressed in numbers, corrected to be aligned to the 2007 data.

Coverage:

- Data on LTC workers in institutions include the personnel working in the following settings:

- 1) Nursing homes: provide nursing and personal care on a continuous basis.
- 2) Long term care facility: provide medical care to residents who require further assistance.
- 3) Temporary settings/respice care: provide assistance to older people on a temporary basis.
- 4) Experimental institutions: provide care based on a therapeutic purpose to a limited number of residents, in order to improve independence of residents.

- Data refer to metropolitan France and D.O.M. (overseas departments).

Methodology: Data collected from both surveys do not allow for data broken down by gender, by country of origin (native/foreign), by formal/informal sector or data in full time equivalent.

Method used for Full-Time Equivalent (FTE) calculation: Data about head counts and FTE are provided directly by each institution. The statutory working time is usually 35 or 39 hours per week.

Germany

Source: Federal Statistical Office, Statistics on long-term care 2023; Statistisches Bundesamt 2024, *Statistischer Bericht: Pflegestatistik 2023, Pflege im Rahmen der Pflegeversicherung*, table 22411-08 and 22412-08 and internal evaluations by the Federal Statistical Office.

Reference period: Data are collected every other year as of 15th December.

Coverage:

- In this context, "Long-term care" is defined by the long-term care insurance act - Social Code XI (SGB XI).

- The formal sector covers all persons who are employed by nursing care facilities (outpatient nursing care facilities or nursing and residential care facilities) and partly or exclusively render services according to SGB XI.

- Formal long-term care workforce includes qualified nurses and personal care workers.

Long-term care at home:

- According to § 71 I SGB XI outpatient nursing care facilities are autonomous-operating facilities under the permanent responsibility of a nurse, who takes care of attendance and housekeeping for persons in need of care.

- Outpatient nursing care facilities which are allowed for care through utility supply contract according to § 72 SGB XI or operate in the right of continuance pursuant to § 73 III, IV SGB are also recorded.

- Included are outpatient care facilities in all sectors (public, not-for-profit and private).

Long-term care institutions:

- According to § 71 II SGB XI nursing and residential care facilities are autonomous operating facilities under the permanent responsibility of a nurse, where persons in need of care receive full or part-time care (day care/night care).

- Nursing and residential care facilities which are allowed for full or part-time care through utility supply contract according to § 72 SGB XI or operate in the right of continuance pursuant to § 73 III, IV SGB are also recorded.

- Included are nursing and residential care facilities (HP.2) in all sectors (public, not-for profit and private).

Nurses:

- Data comprise all professional nurses providing LTC services at home (body-related care and care according to § 36 II, 3 SGB XI, assistance in housekeeping and nursing care service management) or in nursing and residential care facilities (body-related and social care, additional attendance according to § 43b, SGB XI and additional nursing staff according to § 8 VI, SGB XI and § 84 IX, SGB XI).
- Included are nurses with the following professional qualifications (note: if the person employed has more than one training qualification, nursing care statistics asks for highest professional qualification): State-approved nurse for the elderly, Nurse, Paediatric nurse, Degree in nursing science granted by a college or university (note: degree in nursing science granted by a college or university alone does not allow responsible activity. It requires a degree in a nursing profession and several years of occupational experience).
- Nurses predominantly working in administration or in other posts not in direct contact with the patients are excluded.
- Students who have not yet graduated are also excluded.

Personal care workers (caregivers):

- All formal workers who provide LTC services at home (body-related care and care according to § 36 II, 3 SGB XI, assistance in housekeeping and nursing care service management) or in nursing and residential care facilities (body-related and social care, additional attendance according to § 43b SGB XI and additional nursing staff according to § 8 VI, SGB XI and § 84 IX, SGB XI) and who are not defined as nurses are included, i.e. nursing assistants, remedial therapists, physiotherapists, trained housekeeper and employees without completed vocational qualification.
- Formal workers predominantly working in administration or in other posts not in direct contact with the patients are excluded.
- Persons in the domestic environment who are considered in Germany as “Pflegepersonen” or “pflegende Angehörige” not employed on a commercial basis are also not included. They are allocated into the informal sector.
- Care statistics were completely reorganised in Germany in 1999. Therefore, comparable data are not available before 1999.
- Due to shortages in staff there were no processed data from the statistics of nursing care facilities available for Bremen at the reporting date for the nursing care statistics 2009. However, to produce a complete federal result, the results for Bremen were estimated: to the added results of the other 15 federal states a surcharge of round about one percent was added (separately calculated for the outpatient and the inpatient field). The factor is the share of Bremen of the Germany result from 2007.

Method used for Full-Time Equivalent (FTE) calculation: The number of FTE is calculated by adding the full and appropriate proportion of part-time occupied employees on basis of the standard working time (i.e. contractual working time of a full-time employee).

Further information: <http://www.destatis.de>; <http://www.gbe-bund.de>.

Greece

LTC workers at home:

Source: Hellenic Agency for Local Development and Local Government.

Methodology:

- Data available for formal LTC workers at home, for 2017 and 2019-2022.
- Data are under-estimated as they refer only to recipients of Home Care programs run by local authorities. A few NHS hospitals and some private hospitals as well as private companies are also providing home care.

Further information: https://www.eetaa.gr/en_pages/index_en.php?tag=en_home.

LTC workers in institutions:

Source: Hellenic Statistical Authority. Social Care and Welfare Units/2021, see <https://www.statistics.gr/en/statistics/-/publication/SHE27>.

Methodology:

- Data available for total LTC workers in institutions, all ages, for 2019 and 2021.

Hungary

Source: Hungarian Central Statistical Office (KSH, in Hungarian) Social Yearbook, data available from different tables and derived from administrative data collections.

Coverage:

- Home care includes the following forms of care:

- Domestic care: basic social and health service provided to persons being unable to care for themselves in their home as well as to psychiatric patients, disabled persons and addicts who, due to their condition, need help in performing the tasks necessary for independent life.
- Day home for the aged: provides day care for elderly people who are partially capable of looking after themselves and in need of social and mental support, and enables them to maintain social relations, satisfy basic hygienic needs and to get daytime meals upon request.
- Day home for disabled, psychiatric, addicted patients: enables disabled or autistic people over three years of age living in their own homes and not needing supervision to find daytime shelter, maintain social relations and satisfy basic hygienic needs and to get daytime meals upon request.

- Institutional care includes the following forms of care:

- Permanent and temporary residential social institution: institutions providing continuous care on a permanent basis, day and night accommodation, nursing, care or rehabilitation for people who are in need of social support.

Methodology:

- From 2018, the data reflect the status on 31st December.
- 2013-2017: Data represent the average annual number of internal employees.

Method used for Full-Time Equivalent (FTE) calculation:

- The data reflect the status on 31st December.
- The number of formal workers engaged in long-term care in full time equivalent is calculated on the basis on the actual working hours per week and by dividing full time hours (40 or 36 hour depending on the position held):

$$FTE = \frac{\text{weekly actually working hours}}{40 \text{ (or 36)}}$$

Note: Only the number of part-time employees is equalised. The number of full-time employees – regardless of overtime – counts as 1 FTE, but in the case of persons employed full-time with a split job, the data is entered broken down by working hours.

🔪 Breaks in time series in 2013 and 2018:

- From 2013 to 2017, data represent the average annual number of LTC workers.
- Until 2018, data included the LTC workers who worked in temporary homeless residential social institutions.

Iceland

Data not available.

Ireland

Source: Health Service Personnel Census.

Coverage:

- Data cover directly-funded health and social care services (Health Service Executive plus Social Care Agencies) in the areas of social care and mental health.
- Grant-funded (Section 39) and privately-funded services together with private nursing home services provided through the Nursing Homes Support Scheme (<http://www.hse.ie/eng/services/list/4/olderpeople/nhss/nhss.html>) are not included in the dataset.
- Data are based on the numbers/whole-time equivalents employed in the relevant grades directly employed in the Public Health Service. Personnel providing day care services are included under "workers in institutions". Although in some cases those should be classified under "workers at home", they cannot be separated out in the data.

- "Workers at home" only include Healthcare Support Assistants (formerly called home helps) and exclude personnel providing day care services.

Methodology:

Nurses and personal carers in directly-funded services:

- Nurses data estimates based on the number (headcount) of nurses employed in the **Social Care (Older persons & Disabilities) and Mental Health Divisions** care group of the Health Service Personnel Census.

Method used for Full-Time Equivalent () calculation: Not available.

🚫 **Deviation from the definition:** Nurses providing care at home are not included.

Notes:

🚫 Home help: Changes in employment status resulted in large increases in formal sector home-helps in 2009 (personal carers at home). Home helps are now referred to as Healthcare Support Assistants.

- Psychiatric nurses are excluded from the Mental Health figures.

🚫 Information is best-fit and for guidance only, as data are not fully comparable due to methodology changes over time.

- Data for all years were revised in light of the improved methodology above, in particular the inclusion of disability and mental health care groups.

Note: Historical figures for FTC long-term care workers at home and in institutions have been restated in 2019 to reflect up-to-date HSE organisation and grade structures.

✂️ **Break in series in 2013:**

- 'Care interns' have been reclassified as Healthcare assistants, and as such historical figures for personal carers in long-term institutions from 2013 onwards have been revised to reflect this.

- Historical figures from 2013 onwards have been revised to include 'graduate nurses' working in social care. Graduate nurses are classified as staff nurses.

Israel

Source: Data based on the **Labour Force Survey** which is conducted routinely by the **Central Bureau of Statistics**.

Coverage: Data include persons who had worked for at least one hour during a week before the survey, for pay, profit or other consideration.

Methodology: Data match the OECD definition.

✂️ **Breaks in time series in 2012 and 2013:**

- From January 2012, the **Central Bureau of Statistics** has made a transition from a quarterly system of measuring labour force characteristics to a new and improved system that better suits the latest international recommendations on employment and unemployment: the Monthly Labour Force Survey. Therefore the 2012 data refer to the entire labour force (including those who are in compulsory or permanent military service), and not to the civilian labour force as it was before.

- 2012: In addition to the transition to a monthly survey, a new Standard Industrial Classification of Economic Activities based on ISIC was implemented in 2012 as well as a new Standard Classification of Occupations based on ISCO-08. The numbers for **2012** are still reported according to the previous classifications, but the numbers for **2013** are based on the new classifications.

Method used for Full-Time Equivalent (FTE) calculation: 40 hours per week used as a full-time equivalent.

Further information:

http://www.cbs.gov.il/publications/labour_survey04/labour_force_survey/answer_question_e_2012.pdf and http://www.cbs.gov.il/publications12/economic_activities11/pdf/e_print.pdf.

Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Italy

LTC workers at home: Data not available.

LTC workers in institutions:

Source: Istat Survey on "Residential Care Institutions". Annual census of Residential Care Institutions, both private and public.

Coverage: The survey is a census of all health and social residential care institutions.

Methodology:

- The LTC workers are selected taking into account only the institutions that report to have as social protection function "socio-health" and as level of health services "middle or high".
- Weights are used to overcome the missing data. The response rate varied from 67% in 2009 to 79% in 2019.

Further information: <https://www.istat.it/it/archivio/7786>.

Japan

Source: Ministry of Health, Labour and Welfare, *Survey of Institutions and Establishments for Long-term Care*.

Coverage:

- The survey is a nation-wide survey which covers every establishments as of October 1st of the given year in the following category: Welfare Facilities for the Elderly Requiring Long-Term Care (Kaigo Roujin Fukushi Shisetsu), Healthcare Facilities for the Elderly Requiring Long-Term Care (Kaigo Roujin Hoken Shisetsu), Sanatorium-Type Medical Care Facility for the Elderly Requiring Long-Term Care (Kaigo Ryouyougata Iryou Shisetsu), Home-Visit Nursing Care Station (Houmon Kango Station), Home Care Service Establishments (Kyotaku Service Jigyousho).
- Japan is trying to transfer the function of long-term care beds in hospitals to long-term care facilities. The "Sanatorium-Type Medical Care Facility for the Elderly Requiring Long-Term Care (Kaigo Ryouyougata Iryou Shisetsu)" is one of the transitional provisions and it accepts patients with low medical care needs. In fact, it is a medical facility established under the Medical Care Act but it is assigned by the Prefectural Governor under the Long-Term Care Insurance Act to provide service for people with care needs (according to the 'Terms of Reference' of the source survey).

Methodology:

- 2018: The survey methodology has changed to sampling from 2018, and the survey results are estimated values.
- The survey does not regularly collect data by sex. 2003 was an exception, and no such survey is planned in the future.
- Head count data include number of people who work at two or more establishments or occupations (i.e. it involves double counting problems). Specifically, the data are the total number of full-time and part-time staff.

Method used for Full-Time Equivalent (FTE) calculation: $FTE = \frac{\{\text{staff working hours for one week}\}}{\{\text{regular working hours for one week set by the establishment}\}}$. In case the person works only a few days in a month: $\frac{\{\text{staff working hour for one month}\}}{\{(\text{regular working hour for one week set by the establishment}) \times 4\}}$.

🔪 Break in time series in 2018: Integrated Facility for Medical and Long-term Care (*Kaigo Iryoin*, i.e. facilities that provide both medical and long-term care) are included from 2018 onwards.

🔪 Break in time series in 2009: Due to a methodological change in the way of disseminating and collecting the questionnaire, the collection rate of the survey has changed in 2009.

Korea

Source: National Health Insurance Service, Long Term Care Insurance Statistical Yearbook.

Methodology: The numbers of *Total (nurses and personal carers) LTC workers in institutions* are the same in head counts and FTE up until 2013, as the statistics are derived from the number of workers who are registered on the national LTC insurance. Since the registered workers are considered full-time, the numbers of head counts and FTE are the same.

Coverage:

- Only public sector data.
- LTC formal workers - Total nurses (at home and in institutions): Qualified nurses (professional nurses and associate professional nurses) who are providing long-term care services at home and in institutions.

- LTC formal workers - Total personal carers (at home and in institutions): Qualified personal carers who are providing long-term care services at home and in institutions.
- Formal LTC workers, FTE: Sum of full-time workers and full-time equivalent part-time workers:
 - Full-time workers: number of workers doing more than 160 hours per month.
 - Full-time equivalent part-time workers: total hours done by all part-time workers for a month, divided by 160.

Break in time series in 2014:

- From 2014: Institutions to support continued living at home - such as day care centers - are included in LTC at home.
- Until 2013: Institutions to support continued living at home - such as day care centers - are included in LTC institutions.


Method used for Full-Time Equivalent (FTE) calculation: 40 hours a week.

Latvia

Source: Ministry of Welfare, “Survey of the long-term social care and social rehabilitation services” (at the end of the year).

Coverage:

- Data only available for **Formal LTC workers in institutions, FTE**.
- State (and contractual organisation) long-term social care centers, HP.2.2 providers (excluding mental health day care centers) according to the SHA 2011 methodology.
- Nurses and caregivers in the HP.2.2 excluding other medical personnel (occupational therapists, physiotherapists, masseurs and speech therapists).

 **Deviation from the definition:** Not all HP.2 institutions are covered. Until now the work on the list of HP.2.1 is going on. The definition on long-term nursing care facilities is not clearly used in the country.

Further information:

- There were 127 institutions providing long-term social care services: 12 state social care centers, 15 local government and other organisation social care centres for children and 100 local government and other organisation social care centres for adults in 2022. Since there are difficulties to set boundaries between long-term care (health) and long-term care (purely social) according to ADL and IADL, or use the definitions on medical or nursing care, analyses were made on other indicators, for instance, the number of persons with disabilities in these institutions or the number of medical and caregivers’ personnel (as a share from all employees in the institutions).
- Data include all expenditure of HP.2.2 - provided services into HC.3.1 as a package and assuming that HP.2.2 provides services of long-term care (health) excluding day-care centers and group homes for mentally-ill persons. Following this assumption, data on long-term care recipients in institutions and formal LTC workers in institutions (HP.2.2) are provided. In 2022, the total number of nurses working in LTC institutions was 550 and the total number of caregivers was 3176.

Lithuania

Data not available.

Luxembourg

Source: Caisse nationale de Santé (CNS).

Fichiers de la sécurité sociale. Data prepared by **General Inspectorate of Social Security (IGSS).**


Coverage:

- Data cover the workforce of long-term caregivers as notified by the institutions and care networks and refer to the negotiation of the monetary value of an hour of assistance and care.
- Data provided cover all beneficiaries of long-term care, e.g. persons needing a minimum of 3.5 hours of care per week.
- Data on nurses include occupations such as head nurses, nurses, anesthetist nurses, psychiatric nurses. Psychiatric nurses are excluded.
- Data on caregivers include caregivers and social family caregivers.

- The types of institutions included in the data are homes for the aged (“centres intégrés pour personnes âgées”) and nursing homes (“maisons de soins”) - HP.2.1, as well as mental health and substance abuse facilities - HP.2.2, and homes for handicapped persons (“ESI, établissement d’aides et de soins à séjour intermittent”) - HP.2.9.

Methodology:

- Head count data are estimates.
- Data are provided on an annual average FTE basis.
- Note that data have been revised in the 2025 edition of the database for the year 2021 onwards in order to determine the split between male and female workers. Another source provides data used by LTC providers with information about gender and some qualifications (nurses and some types of personal carers, but not all). However those data also include employees working for the health care sector, and not for the LTC sector. Those data are used to determine the split between males/females for the identified nurses and personal carers, and applied to the data concerning the LTC sector from the Caisse nationale de Santé CNS.
Method used for Full-Time Equivalent (FTE) calculation: Details not available. A person is included in the count for FTE for the year considered as long as their wage is paid by their employer. But when they are sick for a longer period or during pregnancy leave, their wage is paid by the National Health Insurance, and they are not considered in the FTE count anymore.

 **Break in time series in 2021:** Some homes for disabled persons were not previously considered in the data collection on LTC facilities but were included in the data for LTC home care. They are now all included under LTC facilities. Data are updated from 2021 onwards.

Mexico

Sources:

Formal LTC workers at home (Head counts), Personal carers: OECD Questionnaire on LTC Workforce and Financing 2009-2010.

National Income and Consumption Survey 2008 (Encuesta Nacional de Ingresos y Gastos de los Hogares - ENIGH).

Methodology:

- Individuals report this activity as their main economic activity. They are categorised according to the Mexican Occupational Classification as “Individuals taking care of the elderly, the sick or children in specific houses, without being nurses”.
- The ENIGH is a nationally representative survey conducted by the National Institute of Statistics and Geography of Mexico (Instituto Nacional de Estadística y Geografía - INEGI) that takes place in every two years.

Method used for Full-Time Equivalent (FTE) calculation: Not available.


Further information: Questionnaires, methodology, interviewer manuals and results for the period 1984-2008 (2008 being the latest survey year available) available at

http://www.conapo.gob.mx/mig_int/series/METADATOSVI2.PDF,

<http://www.inegi.gob.mx/inegi/default.asp> and <http://www.inegi.org.mx/inegi/default.aspx?s=est&c=10205> (all in Spanish).

Netherlands

Source: Labour Force Survey.

 **Break in time series in 2012:** From 2012 onwards, figures are based on the LFS. Starting in 2012, the LFS classifies the occupations directly according to ISCO 2008. Before 2012, occupations were first classified according to a national classification and afterwards mapped to ISCO. In the Dutch LFS, the work that the interviewed person does is first described, and then classified. In the case of LTC workers, this means that persons can be regarded as ‘practising’ personal care workers.

Coverage:

- Data cover ISCO 08 classes 2221 (professional nurses), 3221 (associate professional nurses), 5321 (health care assistants), 5322 (Home-based personal care workers) and 5320 (health and personal care workers that cannot be assigned to a specific category), but only those within NACE/ SIC industry classes 87 (residential care activities) and 88 (social work activities without accommodation - this class includes several home care institutions in The Netherlands).

- LTC Personal care workers at home: ISCO 5322 within NACE/SIC 87 or 88. LTC Nurses at home: ISCO 2221 + 3221 within SBI (NACE with a 5th digit as subclass) 88101. LTC workers in institutions are calculated as the difference between the total and the LTC workers at home.

- As the LFS is a complex sample survey, the figures are subject to sampling errors. Figures of less than 15000 persons are not published, unless it is a breakdown of a total that is 15000 or more (e.g. breakdown of gender), hence the 2012 value for Nurses at home is not published.

Up until and including 2011:

Nurses: Data based on **BIG register** (register of (para)-medical professions) and **SSB database** (micro-integrated database of Statistics Netherlands with data from municipal register, tax register, social security, business register).

Coverage: Data cover parts of NACE 8531 (nursing homes, residential care for the handicapped and residential care for the elderly), and NACE 8532 (day care for the handicapped and home care).

Personal carers: Data based on **Labour Force Survey** and on the estimation of nurses above (Total LFS data ISCO-88 codes 2230, 3231, 5132 and 5133 crossed with SIC 853, minus the number of nurses as based on the BIG register and SSB database. The reason for this is that the number of nurses according to the LFS already overestimates the number of registered nurses, and the estimation based on the BIG register is therefore considered a better one. However, the total of the LFS for nurses and personal carers reflects the numbers correctly. For employment in the LFS, the ILO definition of employment has been used, instead of the national definition).

Workers at home: The above figures crossed with NACE 8532 (and with the subclass of home care in the case of the BIG register).

Method used for Full-Time Equivalent (FTE) calculation: Not available.

New Zealand

Sources:

Total personal carers at home and in institutions:

2019-2023: Based on surveys conducted in recent years to track the implementation and outcomes of the Support Workers Pay Equity Settlement Act 2017. These surveys collect data from service providers contracted by **Health New Zealand**.

2018: From **DHB Ministry of Health survey of providers**, March 2019 latest fortnight wage sheets.

Nurses: Nurses Council practicing certificate data from **Healthworkforce NZ**.

Formal LTC workers at home (Head counts) - Total (nurses and personal carers), Nurses, Personal carers:

2011: Caring counts: Report of the Inquiry into the Aged Care Workforce. The New Zealand Human Rights Commission's inquiry in the aged care workforce (May 2012). <http://www.hrc.co.nz/eo/caring-counts-report-of-the-inquiry-into-the-aged-care-workforce/>.

2009: Aged Residential Care Service Review (ARCSR) - published by Grant Thornton NZ in September 2010.

<http://www.dhbshareservices.health.nz/Site/Health-of-Older-People-/ARC-Review.aspx>.

Formal LTC workers in institutions (FTE): Total (nurses and personal carers):

2009 and 2011: Aged Residential Care Service Review (ARCSR)- published by Grant Thornton NZ in September 2010. <http://www.dhbshareservices.health.nz/Site/Health-of-Older-People-/ARC-Review.aspx>.

Formal LTC workers at home (FTE): Total (nurses and personal carers):


2011: Caring counts: Report of the Inquiry into the Aged Care Workforce. The New Zealand Human Rights Commission's inquiry in the aged care workforce (May 2012). <http://www.hrc.co.nz/eo/caring-counts-report-of-the-inquiry-into-the-aged-care-workforce/>. And **Aged Residential Care Service Review (ARCSR)**- published by Grant Thornton NZ in September 2010.

<http://www.dhbshareservices.health.nz/Site/Health-of-Older-People-/ARC-Review.aspx>.

2006: Census 2006, Statistics New Zealand.

Methodology:


Total personal carers (at home and in institutions):

- The carer numbers reported for 2019-2023 do not represent the total number of carers in New Zealand. Instead, they are based on surveys conducted in recent years to track the implementation and outcomes of the Support Workers Pay Equity Settlement Act 2017.
 - These surveys collect data from service providers contracted by Health New Zealand. They cover a two-week period and include data on carers' qualification levels, hours worked, and employment status (casual or non-casual). However, they do not include information on carers' gender, age, or whether they provide long-term or short-term care.
 - Additionally, not all Health New Zealand contract holders invited to participate in the Support Worker Workforce Data survey completed it. The data presented here reflect only the responses received.
 - The qualification data collected align with the Support Workers Pay Equity Settlement Act 2017, which determines support worker pay rates. Some carers held higher qualifications - such as Bachelor's or Master's degrees - recognised as equivalent to NZ Health and Wellbeing Certification Level 4. However, details on their actual education levels were not collected. Instead, providers were only asked to report carers' pay equity qualification levels, not their full educational background.
 - Regarding work settings, only HCSS (Home and Community Support Services) support worker headcounts are reported as home-based workers. However, some support workers in the Aged Residential Care (ARC) and Disability Support Services (DSS) sectors also provide care in patients' homes. Since data do not specify whether care was provided at home or in a facility, the number of ARC and DSS support workers who delivered home-based care cannot be determined.
-  **Break in time series in 2019** due to a change in data source and methodology.

2009: A comprehensive national survey of the aged residential care industry was conducted to determine the current state and baseline costs within the sector. There were 389 responses from aged residential care facilities, with the 360 useable surveys, representing about 61% of all beds operated in New Zealand.

2006:

- Census data are point in time. The data refer to 7 March 2006. The Ministry of Health does not collect data on those working in long-term care in NZ. This is largely because much of this care is contracted to private providers, so MoH does not have a centralised administrative data set.
- Detailed occupational data is hard to come by. Statistics NZ's Household Labour Force Survey only provides broad occupational data (not in line with the OECD definition). The Census is the only comprehensive detailed source of occupation available from Statistics NZ. The Ministry requested a special data extraction from Statistics NZ of 2006 Census data for occupation crossed with industry in order to produce the data required for this indicator.

 A number of issues with the quality of the data provided need to be noted:

- 1) Data relate to the paid workforce only.
- 2) The Census data was not designed specifically to measure Long Term Care Workers. Therefore a number of assumptions were made to calculate/adapt the data provided. For this reason the data should be interpreted with caution. This is particularly so for nurses as it was often difficult to ascertain from the Census occupational categories if nurses were involved in long term or more acute care. It is suspected that there has been an undercount for nurses working in long term care.
- 3) It should also be noted that, for example, a significant proportion of nurses were coded to the "not elsewhere classified category" making it difficult to ascertain the type of work engaged in (i.e. long-term or short-term care). This will have affected the accuracy of the data.
- 4) Because of the detailed level of breakdowns required to calculate some of the data requested, a number of cells were suppressed/confidentialised by Statistics New Zealand. This means that some of the detailed breakdowns provided do not add up to the total (this is the case for the 2006 grand total for nurses and personal carers). This is notable in the qualifications data provided for the pilot data collection. Also note that nurses working in home care often work across preventative, short term and long-term care. Therefore, it cannot be assumed that these nurses work full-time in long term care.

Method used for Full-Time Equivalent (FTE) calculation: A Full Time Equivalent is one full time employee or two part time employees. Full-time is 30 hours or more. Part-time is less than 30 hours.

Norway

Source: Statistics Norway, Register-based statistics on employment of health care personnel.

Coverage: Data include Residential long-term care (HP 2), Providers of Home health care services (HP3.5) and instrumental (IADL). Personnel in IADL cannot be excluded from the LTC workforce.


Methodology:


- The information is based on several registers. The main sources for register-based statistics about health care personnel are the Register for Health Care Personnel, administered by the Directorate of Health and Social Welfare and the Register of Highest Completed Education (BHU), managed by Statistics Norway.
- From 2015, the source for information on the employment of employees and self-employed is the new data source “A-ordningen”, where one electronic message serves the data needs for three national agencies. The methodology is however identical as for the previous period.
- For the period 2009-2014, information on the employment of employees and self-employed is taken from the National Insurance Administration's Register of Employees, the “End of the Year Certificate Register”, the Register of Tax Forms administrated by the Directorate of Taxes, the Central Register of Establishments and Enterprises and various registers of salaries for employees in municipal and public sector.
- The register-based personnel statistics, which is the main source for these figures, have been updated with a new and better method for calculating the number of self-employed persons. New figures have been published for the period 2015-2019. The main difference is that the Labour force survey (LFS) (<https://www.ssb.no/en/arbeid-og-lonn/statistikker/aku/>) no longer determines the total level of the number of self-employed persons. This gives a few more self-employed and thus a small increase in the number of employees in total.

Reference period: 3rd week of November.

Nurses: For the period 2009-2014, nurses are reported by education. For this period, it is therefore not possible to exclude nurses working in administration, research, and in other posts that exclude direct contact with the patients. For the period from 2015 onwards, the methodology for identifying 'nurses' has been revised to consider both educational background and current occupation in the register extraction criteria. Consequently, individuals with a nursing qualification who are employed in roles not involving direct patient contact are excluded from the data. For all periods, psychiatric nurses providing long-term care at home or in LTC institutions are included.

Personal care workers (caregivers): For the period 2009-2014, personal care workers (caregivers) with no health-related education are not included. For the period from 2015 onwards, all personal care workers (ISCO-08 Classifications 5322 and 5421) are included, regardless of their education, in accordance with the register extraction criteria. For all periods, personnel with social education are included as personal care workers.

 **Break in time series in 2018** for the total number of nurses and personal carers in FTE. Statistic Norway has adopted a new method providing better information on settled percentage of full-time equivalent (FTE) personnel in 2018. The new method has consequences for contractual hours FTE, and the change from 2017 to 2018 cannot be interpreted as an actual change.

 **Break in time series in 2015** due to a change in methodology and coverage.

Method used for Full-Time Equivalent (FTE) calculation:

- For the period 2009-2014, FTE data are calculated as contracted man-hours divided by full-time working hours in the reference week. For this period, all working contracts in the range of 32-40 hours are defined as full-time in order to account for shift workers. From 2015 onwards, FTE data are calculated based on the employment percentage stated in the work contract, which accounts for shift work.

Further information: http://www.ssb.no/hesospers_en/. Read more about the data source “A-ordningen” here <https://www.altinn.no/en/a-ordningen/>.

Poland

Data not available.

Portugal

Source: Ministry of Health - National Network for Integrated Care (RNCCI).

Coverage:

- Data refer only to the human resources of the institutions that provide health care within the National Network of Integrated Continuous Care (RNCCI).

- Private institutions supported by the Social Security are not included.

Methodology:

- Registration in SI RNCCI may cause data discrepancies, as the rules for registering professionals have been changed, with the aim of incorporating the criteria of the OECD's annual request and achieving greater accuracy in the information.

- 2024 data subject to updates, as the collection methods are in transition.

✂ **Break in time series in 2024:** Up until 2023, data were collected directly from teams and units. From 2024 onwards, data are collected from the registration of RNCCI professionals in the Network's information system (SI RNCCI). The registration in the system began in December 2024.

Method used for Full-Time Equivalent (FTE) calculation: FTE calculated on the basis of 35 working hours per week, for all years.

Slovak Republic

Sources:

LTC workers in institutions:

Since 2022: **Ministry of Labour, Social Affairs and Family of the Slovak Republic**, Information system RSD MIS.

Until 2021: Records of **Ministry of Labour, Social Affairs and Family of the Slovak Republic** No. 1-02, Citizens' Social Situation Reports.

LTC workers at home:

Since 2022: **Ministry of Labour, Social Affairs and Family of the Slovak Republic**, Information system RSD MIS.

Until 2021: Records of **Ministry of Labour, Social Affairs and Family of the Slovak Republic** No. 11-01 (Home care provided by municipalities) and 7-01 (Home care provided by non-governmental organisations).

Coverage:

- In the Slovak Republic, formal long-term care at home is provided only by personal carers. Until 2021, there are no data for nurses providing formal LTC at home, and data for the total number of LTC nurses and personal carers include nurses in institutions and personal carers both at home and in institutions. Since 2022, data are available according to the OECD definition, owing to the launch of the Social Services Information System.

🔴 Data on formal long-term care in institutions include nurses and personal carers in social services institutions, such as social services homes, specialised facilities, residential homes for seniors, residential nursing facilities. LTC services in hospitals and its workers are not included.

🔴 Data on formal long-term care at home include nurses and personal carers in outpatient facilities such as social services homes, specialised facilities, facilities for seniors, day care centers, rehabilitation centers and those recipients who receive social services at home by personal carers (non-residential social services).

🔴 Nurses in chosen types of social service institutions can provide nursing care (medical nursing help) from January 1, 2009.

- Data on formal long-term care at home for 2022 include nurses and personal carers who provide care at recipients' homes or at outpatient facilities such as social services homes, specialised facilities, facilities for seniors, or rehabilitation centers (non-residential social services).

🔴 Data on total formal long-term care workers broken down by gender include only LTC formal workers at home until 2021.

✂ **Break in series in 2022** due to a change in methodology. In 2022, the Social Services Information System has been launched and different types of methodology have been used in order to collect data on LTC workers, hence contributing to higher data.

✂ **Break in series in 2018** due to a change in methodology. Since 2018, the recipients of social services in day care centres were reclassified from recipients of institutional facilities with accommodation to recipients in home care. The same applies for the reclassification of people employed there.

Method used for Full-Time Equivalent (FTE) calculation: Normal working time in the country (8.5 hours/day). **Further information:** <https://www.employment.gov.sk/isp/>.

Slovenia

Source: Statistical Office of the Republic of Slovenia (SURS), Persons in Employment Survey, based on the Employment Statistical Register.

Spain

Source: Tesorería General de la Seguridad Social.

Coverage:

- Data available for the total number of nurses and personal carers (females, males and total).
- Number of persons affiliated with Social Security or Social Services Activity for the following sectors: 8710, 8720, 8731, 8732, 8811 and 8812.
 - 8710: Asistencia en establecimientos residenciales con cuidados sanitarios,
 - 8720: Asistencia en establecimientos residenciales para personas con discapacidad intelectual, enfermedad mental y drogodependencia con cuidados sanitarios,
 - 8731: Asistencia en establecimientos residenciales para personas mayores,
 - 8732: Asistencia en establecimientos residenciales para personas con discapacidad física,
 - 8811: Actividades de servicios sociales sin alojamiento para personas mayores,
 - 8812: Actividades de servicios sociales sin alojamiento para personas con discapacidad.

Method used for Full-Time Equivalent (FTE) calculation: Not available.

Sweden

Source: Swedish Association of Local Authorities and Regions (SALAR), Personnel statistics.

Coverage: Data represent only the public providers.

Methodology: In 2016, 20% of beds in long term care for the elderly were provided by private companies (but publicly financed). In 2008, approximately 91% of long-term care was run by local authorities, with 9% run by private companies.

Method used for Full-Time Equivalent (FTE) calculation: Not available.

Switzerland

LTC workers in institutions:

Source: Federal Statistical Office, Neuchâtel. Statistics of Medico-Social Institutions.

Coverage:

- Data on LTC workers in institutions include only personnel working in nursing homes. Data exclude LTC personnel providing care to disabled people.
- Nursing and residential care facilities (HP.2) or long-term nursing care (HC.3), without residential facilities for handicapped (including substance abuse) persons (HP 2.2).

Methodology: Data reflect the state on 31st December.

Further information: Statistique des institutions médico-sociales, tableaux standards, T7A Nombre d'employés selon le type de formation,

<http://www.bfs.admin.ch/bfs/portal/fr/index/themen/14/03/02/data/01.html>.

LTC workers at home:

Sources:

From 2007 onwards: Federal Statistical Office, Neuchâtel, Community Nursing Statistics.

Up to 2006: Office fédéral des assurances sociales, . Statistique de l'aide et des soins à domicile (Spitex).

Methodology:

- Data reflect the state on 31st December.
- Annual full survey of public and private non-profit organisations receiving subsidies from regional government or/and contracting with social health insurance.

✂ Break in time series in 2010: The survey is extended to private, for-profit organisations and self-employed nurses, contracting or not contracting with social insurance.

Method used for Full-Time Equivalent (FTE) calculation: Original data collected in the surveys for nursing homes and community nursing organisations.

Türkiye

Source: Ministry of Family and Social Services. Unpublished data.

Coverage: The data regarding LTC workers in the formal sector cover nurses and care-givers employed in public institutions that provide residential care service to persons with disabilities and the elderly, affiliated with the General Directorate of Services for Persons with Disabilities and the Elderly.

Method used for Full-Time Equivalent (FTE) calculation: Not available.

United Kingdom

Nurses: Data not available.

Personal Carers:

Sources: Calculated by NHS Digital for the UK using data from:

- England: National Minimum Data Set for Social Care Staff - Supplied by Skills for Care (SfC).
- Northern Ireland: The Department for Health, Social Services and Public Safety in Northern Ireland (DHSSPSNI), and Human Resource Management System/Human Resource, Payroll, Travel & Subsistence System.
- Wales: Health Statistics Team, Welsh Assembly Government - Staffing Data Collection Form.
- Scotland: General Register Office for Scotland, Annual Reports.

Method used for Full-Time Equivalent (FTE) calculation: Not available.

Coverage: Data cover all full and part time staff directly employed by Local Authority Social Services Departments.

Methodology:

- Data are from 30th September annually.
- Data for Wales prior to 2005 have been calculated using a *pro rata* percentage of the UK total.
- 🔪 **Break in series in 2012:** In May 2016, extra care housing and supported living main services were recoded from 'residential' to 'domiciliary'. This will have altered the job numbers for Formal LTC workers in Institutions and Formal LTC works at home for previous reporting years. Figures from 2012 onwards will now take this reclassification into account and have been updated appropriately. From 2012 onwards, data only include those with job roles detailed as Senior Care Worker, Care Worker and Other Care-Providing Job Role. All other job roles have been excluded from this count. These figures only take into account those individuals directly employed by councils.

🔪 **Break in series in 2009:** Pre-2009 data only include England and Wales, post-2009 data are full UK coverage.

Note: Sharp changes in the data series are due to on-going restructures, outsourcing to the independent sector, and redundancies, in response to national and local policy changes and fiscal/budgetary restraints in local government.

Further information: NHS Digital at <http://content.digital.nhs.uk/home>.

Northern Ireland:

Coverage:

- Data for personal carers at home for Northern Ireland include domiciliary carers employed by Health & Social care only. It has not been possible to provide 2014 data for Northern Ireland due to issues with the recorded whole-time equivalent of these staff. Therefore 2014 figures are estimates based on 2013 data for NI.

Data cover the statutory sector only, independent sector data are not available.

- It is not possible to provide the number of nursing assistants providing long-term care.

Scotland:

Source: Figures are estimates of the numbers of personal carers, based on the 31st December 2015 Annual Return information submitted by Local Authority/Health Board, Private and Voluntary services that were registered with the Care Inspectorate at this time. Data from this collection are published by the Scottish Social Services Council in *Scottish Social Service Sector: Report on 2015 Workforce Data*, an official statistical report published on 31 August 2016.

Coverage:

- Scotland's 2016 and 2017 figures are estimates based on their 2015 figure.
- 'Care at home' covers the following active registered services: (i) Adult Day Care Centres, (ii) Housing Support Services that are combined with Care at Home Services, and (iii) non-combined Support Service Care at Home Services.

- 'Care institutions' cover Care Homes for Adults active registered services.
 - 'Personal carers' are defined as those with job function classifications C2, C3, or C4, excluding C4A (social workers) and C4E (registered nurses). See the core minimum data set (CMD5) for further details.
- Estimation:** The figures provided have been derived from an analysis of the job functions of the employee-records submitted by services. To account for the non-response of some employee data, the resulting job-function proportions have been applied to overall estimates of numbers of staff in each type of service. The reported figures have been rounded to the nearest 1000.
- Further information:** <http://data.sssc.uk.com/data-publications/22-workforce-data-report/128-scottish-social-service-sector-report-on-2015-workforce-data> and <http://data.sssc.uk.com>.

United States

Source: U.S. Department of Commerce/ Census Bureau. American Community Survey (ACS). Unpublished data.

Coverage: Nationally representative sample of the U.S. civilian non-institutionalised population.

Nurses: U.S. occupation recode 3130 before 2013; 3255 (Registered Nurses), 3500 (Med-Licensed practical and licensed vocational nurses), and 3258 (Nurse Practitioners).

Personal care workers: U.S. occupation recode 3600 before 2014; 3601, 3603, 3605 (Nursing, Psychiatric, and home health aides), and 4610 before 2014; 3602 (Personal and home care aides).

- The ACS combined industry and occupational classifications. Data are aggregated for "nursing, psychiatric, and home health aides."
- Include Long term health workers that provide services for activities of daily living (ADL) and instrumental activity of daily living (IADL).
- Include employed and self-employed individuals.

Employed: This category includes all civilians who either (1) were "at work," that is, those who did any work at all during the reference week as paid employees, worked in their own business or profession, worked on their own farm, or worked 15 hours or more as unpaid workers on a family farm or in a family business; or (2) were "with a job but not at work," that is, those who did not work during the reference week but had jobs or businesses from which they were temporarily absent due to illness, bad weather, industrial dispute, vacation, or other personal reasons. Excluded from the employed are people whose only activity consisted of work around the house or unpaid volunteer work for religious, charitable, and similar organisations; also excluded are all institutionalised people and people on active duty in the United States Armed Forces.

Unemployed: All civilians were classified as unemployed if they (1) were neither "at work" nor "with a job but not at work" during the reference week, and (2) were actively looking for work during the last 4 weeks, and (3) were available to start a job. Also included as unemployed are civilians who did not work at all during the reference week, were waiting to be called back to a job from which they had been laid off, and were available for work except for temporary illness.

- Unknowns are excluded from the denominators' population.

Methodology:

- The ACS is an ongoing survey that provides data every year of the current demographic, social, economic, and housing information about America's communities. Approximately, three million households across the U.S. are surveyed each year and the topics covered reflect those covered by the Census 2000 long form: demographic (e.g. education, citizenship, native/foreign born), housing, social, and economic characteristics (e.g. hours worked). Beginning in 2005, the ACS has replaced the census long-form questionnaire that was sent out at the Census 2000.
- 2005 is the first year of full ACS implementation. 2020 data are based on PUMS experimental weights. Due to the impact of the COVID-19 pandemic, the Census Bureau changed the 2020 American Community Survey (ACS) release schedule. Instead of providing the standard 1-year data products, the Census Bureau released experimental estimates from the 1-year data. This includes a limited number of data tables for the nation, states, and the District of Columbia. More information about the experimental weight used by the Census can be found at <https://www.census.gov/programs-surveys/acs/data/experimental-data/2020-1-year-pums.html>.
- The data collection operation for housing units (HUs) consists of three modes: mail, telephone, and personal visit.

Estimation: Percent estimates were weighted to represent the U.S. civilian non-institutionalised population for each time period.

Method used for Full-Time Equivalent (FTE) calculation: Usual hours worked per week for the past 12 months. If greater than or equal to 40 hours, then the individual was considered working full-time.

Further information: ACS website, <http://www.census.gov/acs/www/>.

NON-OECD ECONOMIES

Argentina

Total personal carers:

Source: National Registry of Home Caregivers, Ministry of Human Capital.

Coverage: 24 jurisdictions surveyed, including Córdoba, Santa Fe, Entre Ríos, La Pampa, San Juan, Mendoza, San Luis, Río Negro, Chubut, Neuquén, Santa Cruz, Tierra del Fuego, Misiones, Chaco, Corrientes, Formosa, Salta, Tucumán, Jujuy, Santiago del Estero, Catamarca, La Rioja, Provincia de Buenos Aires and City of Buenos Aires.


Methodology: Caregivers trained through the Home Caregiver Training Course are included. Resolution CFE N° 149/2011. Data available for the year 2024.

Further information: <https://www.argentina.gob.ar/capital-humano/familia/registro-nacional-de-cuidadores-domiciliarios>.

Bulgaria

Source: NSI, Exhaustive annual survey.

Coverage: All nurses (2221), medical orderlies/ sanitarians (5321), and since 2023 caregivers (5321), practicing on a basic labour contract in health establishments, classified in H.P.2 (hospices, Homes for medico-social care for children and Integrated care centres for children with disabilities and chronic diseases) are included.

 **Break in time series in 2023** due to a change in coverage (data include caregivers since 2023).


Further information: Decrease from 2013 onwards: As part of the implementing measures of the National Strategy "Vision for Deinstitutionalization of Children in Bulgaria" in 2013, homes for medico-social care have started to close, and the number of personnel has been decreasing since. As of 31.12.2022, 25 out of 29 homes have already been closed.

Croatia

Source: Croatian Institute of Public Health, National Register of Health Care Providers.

Coverage:

- Only health sector included, both public and private.

 Data refer exclusively to the health sector, hence are narrower than those required by definition as they do not include the social sector.

Methodology: SHA classification used.

Peru

Data not available at the national level.

Further information:

Data available for the 8 LTC Facilities managed by the Gratitude Programme, called CEAPAM.

Total (nurses and personal carers): 256 (202 females and 54 males).

Source: Standardised National Registry (RENE). Gratitude Program database, Ministry of Women and Vulnerable Populations.

Methodology: Nominal User Registry of each LTC Facility. See <https://mimp.gob.pe/omep/>.

Romania

Source: National Institute of Statistics, annual exhaustive survey on the activity of medical and healthcare protection network.

Coverage:

- Data for formal LTC workers in institutions (residential homes for the elderly and residential homes for persons with disabilities), nurses and personal carers (head counts).

• Data include professional and associate professional nurses, as well as all ancillary medical staff (medical assistants, masseurs, stretcher bearers, bathing personnel, gypsum operative, mud-bath personnel, laundresses, ambulance drivers, cleaning personnel etc.).

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<https://www.oecd.org/en/data/datasets/oecd-health-statistics.html>