

OECD Health Statistics 2025

Definitions, Sources and Methods

Long-term care formal workers: Working conditions (Head counts)

Long-term care workers are individuals who provide care **to long-term care recipients (all ages)**. This new module aims to collect information on LTC workers' working conditions, by education level and by contractual status:

- By education level:

Total formal LTC workers: Low education (ISCED 0-2)

Total formal LTC workers: Medium education (ISCED 3-4)

Total formal LTC workers: High education (ISCED 5-8)

Total formal LTC workers: All education levels

- By part-time/full-time employment:

Total formal LTC workers: Part-time employment

Total formal LTC workers: Full-time employment

Total formal LTC workers: Total part-time and full-time employment

- By temporary/permanent employment:

Total formal LTC workers: Fixed-term employment

Total formal LTC workers: Permanent employment

Total formal LTC workers: Total temporary and permanent employment

Data show the share of formal LTC workers by education level, by part-time or full-time status, and by temporary or permanent employment status, in the corresponding Total formal LTC workers.

Data should include all formal LTC workers in institutions and at home and cover the normal working age population.

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].

1) **LTC formal workers by education level**

There are three education levels considered. As per the *International Standard Classification for Education (ISCED) 2011*, the lower education level refers to the level 0 to 2 (early childhood education, primary education, lower secondary education), intermediate

education level to levels 3 and 4 (upper secondary education, post-secondary non-tertiary education) and higher education level to levels 5 to 8 (short-cycle tertiary education, bachelor's degrees, master's degrees, doctoral degrees).

2) LTC formal workers by contractual status

For most European countries estimates are calculated mainly using microdata from Labour Force Surveys to complement the current data collection. Labour Force Surveys are conducted by national statistics institutions (and harmonised by Eurostat for European countries except for the UK) every year. They supply data on professions, working conditions, unemployment situations, education and sociodemographic characteristics.

ⓘ Caution is needed when interpreting cross-country variations. The tasks undertaken by workers under similar occupation codes may vary from one country to another, although the variations tend to be more important with the more granular data.

ⓘ The size of the samples in EU-LFS when using ISCO 4-digit codes can question the robustness of results for a number of countries, hence the Secretariat proposes to use ISCO 3-digit codes instead of ISCO 4-digit codes. This would imply a small overestimation (e.g. midwives not working in hospitals).

The industry code of the EU-LFS is based on the **Nomenclature Statistique des Activités Économiques dans la Communauté Européenne (NACE)**, the industry standard classification system used in the EU. The occupation codes of the EU-LFS are based on **the International Standard Classification of Occupations (ISCO)**, the International Labour Organization classification for organising information on jobs. Note that a revision of ISCO codes in 2011 produced an important methodological break, which prevents any interpretation of time series prior to 2011.

Note for European countries:

Data for several European countries have been prefilled by the OECD Secretariat using data from **Labour Force Surveys (LFS)**. Note that the code D indicates a low sample size.

Industry code (NACE)		Occupation code	
At home	Institutions	Nurses	Personal carers
88 Social work activities without accommodation	87 Residential care activities	222 Nursing and midwifery professionals	532 Personal care workers in health services
		322 Nursing and midwifery associate professionals	

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.

Reference period:

2023: Survey participants were asked to provide information relevant to the first fortnightly pay period in March 2023.

2020: Survey coverage was as at the month of November in 2020.

2016: Providers submitted data with a key reference period as at the last fortnight (pay period) of November 2015. Data were collated across June to October 2016 to provide a comprehensive snapshot of the national aged care workforce as at that time.

2012: Providers submitted data with a key reference period as at the last fortnight (pay period) of November 2011. Data were collated, weighted and analysed across January to March 2012 to provide a comprehensive snapshot of the national aged care workforce as at that time.

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.
- Note that the head count data disaggregated by education level provide the best available fit of collected data to the OECD definition. The data collected in the Survey did not include response categories able to

group any head counts into the Low Education (ISCED 0-2) grouping. In addition, educational level was reported as not known for around 132,000 PCWs and as such these counts could not be categorised into any OECD grouping. Accordingly, data provided for LTC workers for 2023 by educational level groupings do not sum to the total LTC worker head count figure.

i 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.

***✂* 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). 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 CHSP was introduced by the Australian Government to provide streamlined access to home support 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.

- Head counts are estimated from weighted data, and may count staff multiple times when individual staff are working in multiple settings (residential and/or home care and/or home support) and when working across multiple separate aged care providers. This can include staff working multiple part-time care delivery roles, which may add up to a full-time equivalent position – these double-counts cannot be controlled for in these counts for OECD reporting.

i **This collection of data is not comparable in content or scope to prior data collections, 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 in this collection may not precisely match reporting by Australia elsewhere.

- The 2020 Aged Care Workforce Census included questions for the qualifications of Personal Care Workers (PCWs) only, and did not include other workers, and the questions concerned the attainment or current studying towards an Australian Certificate III in a relevant care qualification (such as Certificate III in Aged Care), or higher. While this Certificate III would correspond to the ISCED Higher Education (5+) levels as used in OECD reporting, the question coverage is not sufficient to answer the question directly.

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 (CACP), 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.
- The 2016 National Aged Care Workforce Census and Survey collected detailed data on the qualifications and specialisations held by aged care workers, with workers able to nominate all relevant qualifications held (not just the highest), but the collated survey data are not available in a format to enable categorisation into ISCED-based OECD groupings.
- The 2016 National Aged Care Workforce Census and Survey final report included sufficient data points to enable estimations to be formed as to categorisation of all in-scope workers into permanent vs. fixed term employment categories, and into full time versus part time employment categories. Note that the final report and available data provide rounded/confidentialised figures where applicable which may affect estimations that have been prepared.

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.
- The 2012 National Aged Care Workforce Census and Survey, like the 2016 iteration, had sufficient data to estimate worker employment categories but not categorisation of qualifications into ISCED-based groupings.

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 National Aged Care Workforce Census and Survey available at <https://gen-agedcaredata.gov.au/Resources/Reports-and-publications/2017/March/The-aged-care-workforce,-2016> (includes key 2012 data in addition).

Austria

Source: EU-LFS.

Breaks in time series in the Austrian LFS:

- in **2021:** changes in definition of employed persons.
- in **2018:** shift of graduate nurses from Major Group 3 to Major Group 2.

Belgium

Source: EU-LFS.

Canada

Sources:

- LTC workers by education level and temporary/permanent employment: **Statistics Canada, Labour Force Survey** (nurses and personal carers).
- LTC workers by part-time/full-time employment: **Health Workforce Database, Canadian Institute for Health Information** (nurses) and **Statistics Canada, Labour Force Survey** (personal carers) for 2010-2024.

Coverage: Data for the following provinces and territories are not included, as data are not applicable, do not exist, or are not reported due to data quality issues: P.E.I. - RNs (2021-2022) and NPs (2021), New Brunswick - LPNs (2019, 2021), Quebec - RNs and NPs (2022), Manitoba - RNs & NPs (2019-2022), Yukon - NPs (2012), Yukon - LPNs (2017 to 2022), Northwest Territories - LPNs (2021) and Nunavut - LPNs (2010 to 2023).

- For Quebec nurses in 2023 the data source is “L'étude des crédits 2023-2024 ministère de la santé et des services sociaux (secrétariat aux aînés)”.

🔴 Starting in 2023, CIHI revised its methodology for imputing missing values in data for 2023 and subsequent years. As a result, this change may have an impact on the data for previous years. Therefore, those data should be used with caution.

Chile

Data not available.

Colombia

Data not available.

Costa Rica

Data not available.

Czechia

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

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).

🔴 **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.

Denmark

Source: EU-LFS.

Estonia

Source: Statistics Estonia: Employment Register, Population Census, Estonian Education Information System.

Coverage:

- NACE: 87, 88 and ISCO: 222, 322, 532

- All ages (not only 17-64)

- Since 2019, employers must enter the job title, workplace location and working hours of employees into the employment register, hence data are available from this source since 2019 only.

Methodology:

- LTC workers are identified by cross-referencing industry codes and occupation codes.

- Data on LTC formal workers are given at the end of November (as of 30th November of the reference year).

- There are no data available for long-term care formal workers by contractual status.

LTC formal workers by education level (Census + Education Information System linked to Employment Register): Three ISCED education levels are considered (0-2, 3-4, 5-8).

❶ The sum of education levels does not correspond to the total number due to unknown education levels.

LTC formal workers by part-time/full-time employment (Employment Register): Part-time job is typically a form of employment that carries fewer hours per week than a full-time job.

❶ The sum of full-time and part-time employees does not correspond to the total number due to missing data on working hours.

Further information: <https://www.stat.ce/en>.

Finland

Source: EU-LFS.

France

Source: EU-LFS.

Germany

Source: EU-LFS.

Greece

Source: EU-LFS.

Hungary

Sources:

Total formal LTC workers by education level and by part-time/full-time employment: **National Statistical Data Collection Programme (NSDCP) questionnaire:**

-1207: Report on certain basic- and day care, questionnaire

-1202: Operating figures for long- and short-term residential social institutions.

Total formal LTC workers by temporary/permanent employment: **EU LFS**, data for 2010-2017 (data extracted and calculated by the OECD Secretariat).

Coverage:

- Questionnaires ensuring full coverage of basic- and day care providers and long- and short-term residential social institutions.

- The long-term care workers (total number of nurses and personal carers) are individuals who provide care to long-term care recipients (all ages).

- Data include the number of long-term care workers in the formal care sector at homes for the aged, homes for psychiatric patients, homes for disabled children, homes for disabled adults, and homes for addicts, and long- and short-term residential social institutions.

- Home care includes the following forms of care:

- Home care: basic social and health services 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.

- Daycare centers for the elderly: provide day care for elderly people who are partially capable of looking after themselves and in need of social and mental support, and enable them to maintain social relations, satisfy basic hygiene needs and to get daytime meals upon request.

- Daycare centers for disabled, psychiatric, addicted patients: enable 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 hygiene needs and to get daytime meals upon request.

- Institutional care includes the following forms of care:

- Permanent and temporary residential social institutions: 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.

Notes:

In the case of persons employed full-time with a split job, the data is entered broken down by working hours.

Methodology:

- Long-term care in Hungary is provided within the framework of social and healthcare services.
- The Hungarian Central Statistics Office (KSH, in Hungarian) collects annual aggregate data on assistance provided within the framework of social service. The data collections contain data with different breakdowns for the particular types of service.
- Data are provided according to the status as of December 31 of each year.

Iceland

Source: EU-LFS.


Ireland

Source: EU-LFS. Estimates provided by the **Department of Health**.

Coverage: The EU-LFS surveys the private working-age resident population in Ireland on a quarterly basis.

Methodology: The following selection criteria to the LFS quarterly data was applied from 2016 onwards:

- LFS Quarters 2016-2023.
- Population aged 17-64 years old.
- Data are based on persons in employment.
- NACE code = 87 & 88, ISCO = 222, 322 & 532.
- Annual figures are based on the average of 4 quarters in each reference year.

 Figures may not tally to total due to unreliable/low estimates/counts in classifications such as “Other”, “Unknown” or “Not Stated”.

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.

Educational level (ISCED 2011) codes:

ISCED 0-2: 244 100 030 010

ISCED 3-4: 354 353 344 343

ISCED 5-8: 860 760 660 550

All education levels: include unknowns

Extent of work (part-time/full-time employment):

Usually full-time worker - 15 years old or older who usually works 35 working hours or more per week (including preparation hours)

Usually part-time worker - 15 years old or older who usually works 1-34 working hours per week (including preparation hours)

Type of contract/agreement (employees and cooperative members) (temporary/permanent employment):

There is a job tenure – tenure or a contract for an unlimited period, including renewable contracts

There is no job tenure – includes: contract for a limited period, internship, other training program, as requested.

Total temporary and permanent employment: include unknowns

Methodology:

- Data match the OECD definition.

- Total temporary and permanent employment: data include unknowns.
- Permanent employment: unlimited time contracts include renewable contracts.
- By temporary/permanent employment: data cover employees and co-operative members.

Further information: For Labour Force Survey additional definitions please see https://www.cbs.gov.il/he/publications/doclib/2022/1861/intro2_e.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

Source: EU-LFS.

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 categories: 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 Facilities for the Elderly Requiring Long-term Care (Kaigo Ryouyougata Iryou Shisetsu), Home-visit Nursing Care Stations (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 age group. Data cover all ages.
- Head count data include the number of people who work at two or more establishments or occupations (i.e. leading to double counting problems). Specifically, the data are the total number of full-time and part-time staff.
- 🔪 **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.

Korea

LTC formal workers by education level: Data not available.

LTC formal workers by contractual status - part-time/full-time employment:

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

Coverage: Only public institutions are included in the analysis.

Methodology:

- LTC formal workers: Qualified nurses (professional nurses and associate professional nurses) who are providing long-term care services at home and in institutions.
- LTC formal workers: Qualified personal carers who are providing long-term care services at home and in institutions.
- Formal LTC workers: Sum of full-time workers and part-time workers:
- Full-time workers: number of workers doing more than 160 hours per month.
- Part-time workers: number of workers doing less than 160 hours per month

LTC formal workers by contractual status - temporary/permanent employment: Data not available.

Latvia

Source: EU-LFS.

Coverage:

- Employed persons (age 17-64), ISCO codes 222, 532 and NACE groups 87 and 88.
- In 2022 and 2023, the LFS results are extrapolated to the population that includes citizens of Ukraine who have received temporary protection in Latvia and live in private households.

Methodology: Accordingly, EU- LFS methodology.

Note: The information on some indicators do not meet the criteria for publishing, hence some cells are left empty. In 2022 the LFS results are extrapolated to the population that includes citizens of Ukraine who have received temporary protection in Latvia and live in private households.

Lithuania

Source: EU-LFS.

Luxembourg

LTC formal workers by education level

Source: Caisse nationale de Santé (CNS).

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.

Methodology:

- Different professions are enumerated in the collective bargaining agreement (“convention collective de travail CCT SAS”) of the health sector. This classification is used to make the distinction between low, intermediate and high education levels as follows:

Tableau des professions par carrière

Carrière	Profession et qualification minimale requise
C1 <i>low</i>	Professions administratives, logistiques et technique sans qualification
	Professions artisanale et manuelle sans qualification
C2 <i>low</i>	Aide socio-familiale
	Professions administratives, logistiques et techniques avec 5 ^{ème} ESC (ou équivalent) ou 5 ^{ème} ESG et 2 années d'expérience
	Professions artisanales et manuelles (CCP)
C3 <i>low</i>	Aide-soignant
	Auxiliaire économe / Auxiliaire de vie
	Éducateur-instructeur
	Professions artisanales et manuelles avec DAP (CATP)
	Professions administratives, logistiques et techniques avec DAP (CATP)
	Professions administratives, logistiques et techniques avec brevet de maîtrise *
C4 <i>intermediate</i>	Professions administratives, logistiques et techniques avec 3 ^{ème} ESC ou 3 ^{ème} ESG ou certificat de fin d'études de l'enseignement moyen
	Éducateur diplômé
	Éducateur-instructeur avec certificat de fin d'études secondaires classiques ou de fin d'études secondaires générales
	Ingénieur technicien
C5 <i>high</i>	Professions administratives, logistiques et techniques avec certificat de fin d'études secondaires classiques ou de fin d'études secondaires générales
	Infirmier diplômé
	ATM de laboratoire
C5* <i>high</i>	Professions administratives, logistiques et techniques avec BTS
	ATM en chirurgie
	ATM de radiologie
	Infirmier anesthésiste
	Infirmier en pédiatrie
C6 <i>high</i>	Infirmier psychiatrique
	Sage-femme
	Assistant d'hygiène sociale
	Assistant social
	Diététicien
	Éducateur gradué
	Ergothérapeute
	Infirmier hospitalier gradué
	Kinésithérapeute
	Laborantin
	Orthophoniste
	Pédagogue curatif
	Psychomotricien
Professions administratives, logistiques et techniques avec Bachelor	
Professions socio-éducatives avec Bachelor	
Professions de santé avec Bachelor	
C7 <i>high</i>	Professions administratives, logistiques et techniques avec Master
	Professions de santé avec Master
	Professions socio-éducatives avec Master

*Primes prévues à l'article 27 à prendre en compte

➊ Following the definition of LTC workers (nurses+personal care workers (caregivers)) and the classification of workers in the education level, **only the categories *low* (≥ personal care workers) and *high* (≥ nurses) are present in the data for Luxembourg**. As such, the data are therefore exactly identical to the data reported for Long-term care workers: formal sector (<http://stats.oecd.org/wbos/fileview2.aspx?IDFile=25781359-6878-43ee-aa97-561f408756b6>).
- Head count data are estimates. Data are provided on an annual average FTE basis.

LTC formal workers by part-time/full-time employment and by temporary/permanent employment
Source: EU-LFS.

Mexico

Data not available.

Netherlands

Source: EU-LFS.

New Zealand

Source: 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**.

Methodology:

- 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 aligns 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 our 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.

Norway

Source: Statistics Norway. Statistics on health-care personnel. See www.ssb.no/hesospers_en/ (http://www.ssb.no/hesospers_en/).

Reference period: 3rd week of November.

Coverage:

🔴 This dataset encompasses primary employment within the healthcare sectors of Norway, represented by NACE codes 86, 87 and 88.1. It specifically includes employees who work in patient- and user-oriented roles, identified using occupational codes (ISCO-08). The identification of formal workers in long-term care is facilitated using KOSTRA functions, which are specific classifications within the KOSTRA (Municipality-State-Reporting) system. KOSTRA is a tool used in Norway for gathering, processing, and disseminating statistics about municipal and county-level activities.

- The specific KOSTRA functions used in this context include:

- 234: Provision and activation services for the elderly and people with disabilities
- 253: Institutional health and care services
- 257: Home services - personnel base linked to housing communities/co-located care homes
- 258: Home services - ambulatory services and more

- Starting from 2022, the employment register includes a variable specifying whether the employment relationship is permanent or temporary.

🔴 **Methodology:** Note that the totals for education level and temporary/permanent employment are higher than their components, because the totals include personnel with missing value in the classification variable

(i.e., the data *Total temporary and permanent employment* exceeds the sum of *Fixed-term employment* and *Permanent employment*).

Poland

Data not available.

Portugal

Source: Ministry of Health - National Network for Integrated Continuous 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:

- Data for “LTC formal workers by education level” follow the Portuguese version of the international classification ISCED-2011, published by resolution No. 343/2017, of May 2.
- Levels of education in ISCED-2011:

Education level	ISCED-2011		
	#	Designation	Portuguese version
Low education (ISCED 0-2)	0	Early childhood education	Educação pré-escolar
	1	Primary education	Ensino básico 1.º ciclo
			Ensino básico 2.º ciclo
2	Lower secondary education	Ensino básico 3.º ciclo	
Medium education (ISCED 3-4)	3	Upper secondary education	Ensino secundário
	4	Post-secondary non-tertiary education	Ensino pós-secundário
High education (ISCED 5-8)	5	Short-cycle tertiary education	Ensino superior - curso técnico superior profissional
	6	Bachelor's or equivalent level	Ensino superior - bacharelato
			Ensino superior - licenciatura de 1.º ciclo de Bolonha
	7	Master's or equivalent level	Ensino superior - licenciatura pré-Bolonha
			Ensino superior - mestrado pré-Bolonha
			Ensino superior - mestrado integrado de Bolonha
	8	Doctoral or equivalent level	Ensino superior - mestrado de 2.º ciclo de Bolonha
Ensino superior - doutoramento de 3.º ciclo de Bolonha			
		Ensino superior - doutoramento pré-Bolonha	

- 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 yet 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.

Slovak Republic

Source: EU-LFS.

Slovenia

Source: EU-LFS.

Spain

Source: EU-LFS.

Sweden

Source: EU-LFS.

Further information: Note that there are no available registry national data to confirm the stratification on education level or contractual status.

Switzerland

Source: EU-LFS.

Türkiye

Source: EU-LFS.

United Kingdom

Source: EU-LFS.

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.

- Data include Long-term health workers who supply services for activities of daily living (ADL) and instrumental activities of daily living (IADL).

- Data include employed and self-employed individuals.

Long-term care workers codes:

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

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."

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.

- Unknowns are excluded from the denominators’ population.

Educational level:

- Low educational levels (i.e., ISCED 0-2) include those who never attended school, attended kindergarten only, and those who have completed up to 9th grade.
- Medium educational levels (i.e., ISCED 3-4) include those who have completed 10th-12th grade, including those who received a high school diploma or GED.
- High educational levels (i.e., ISCED 5-8) include those who have attended some college or more.

Full-time and part-time status: Usual hours worked per week for the past 12 months. If greater than or equal to 40 hours, then the individual was considered to be working full-time. Less than 40 hours were considered part-time.

Methodology:

- The ACS is an ongoing survey that provides annual demographic, social, economic, and housing data. 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.

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

NON-OECD ECONOMIES

Argentina

Data not available.

Bulgaria

Source: EU-LFS.

Methodology: Data extracted according to the new LFS IESS2021 regulation, via the dedicated new Data extraction tool.

Further information: All information on the survey (survey questions, user’s guide, additional information on the data) can be found at <https://ec.europa.eu/eurostat/web/lfs>.

Croatia

Source: EU-LFS.

Peru

Data not available.

Romania

Source: EU-LFS.

Methodology: Data received from Eurostat on 24 June 2023. Data extracted according to the new LFS IESS2021 regulation, via the dedicated new Data extraction tool.

Further information: All information on the survey (survey questions, user's guide, additional information on the data) can be found at <https://ec.europa.eu/eurostat/web/lfs>.

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