

8. AGEING AND LONG-TERM CARE

8.5. Recipients of long-term care

The number of people receiving long-term care (LTC) services in OECD countries is rising, mainly due to population ageing and the growing number of elderly dependent persons, as well as the development of services and facilities in many countries.

Although long-term care services are delivered both to elderly people and younger disabled groups, the vast majority of LTC recipients are over 65 years of age. Among all LTC recipients, around 60% are women because of their higher life expectancy combined with a higher prevalence of disabilities and functional limitations in old age.

On average across OECD countries, over 12% of the population aged 65 and over were receiving some long-term care services at home or in institutions in 2011 (Figure 8.5.1). The number of LTC recipients as a share of the population aged 65 and over was the highest in Israel and Switzerland, with more than one-fifth of the population in that age group receiving long-term care. On the other hand, only about 1% of the population aged 65 and over in Poland receives formal LTC services, with most of them receiving them in institutions, although many more may receive informal care from family members at home. The use of long-term care services increases sharply with age. On average across OECD countries, 30% of the people aged 80 and over receive LTC services.

In response to most people's preference to receive LTC services at home, an important trend in many OECD countries over the past decade has been the implementation of programmes and benefits to support home-based care. In most countries for which trend data are available, the share of people aged 65 and over receiving long-term care at home in the total number of LTC recipients has increased over the past ten years (Figure 8.5.2). The proportion of LTC recipients at home is the highest in Japan and Hungary, with about 75% of LTC recipients receiving care at home. In Hungary, LTC in institutions has been restricted by budgetary constraints and stricter admission criteria. The share of home-based care recipients has also increased markedly in Sweden, Korea, France and Luxembourg. The share of home care recipients in France has increased from 40% to over 60%, as part of a multi-year plan to increase home nursing care capacity to 230 000 by 2025 (Colombo et al., 2011).

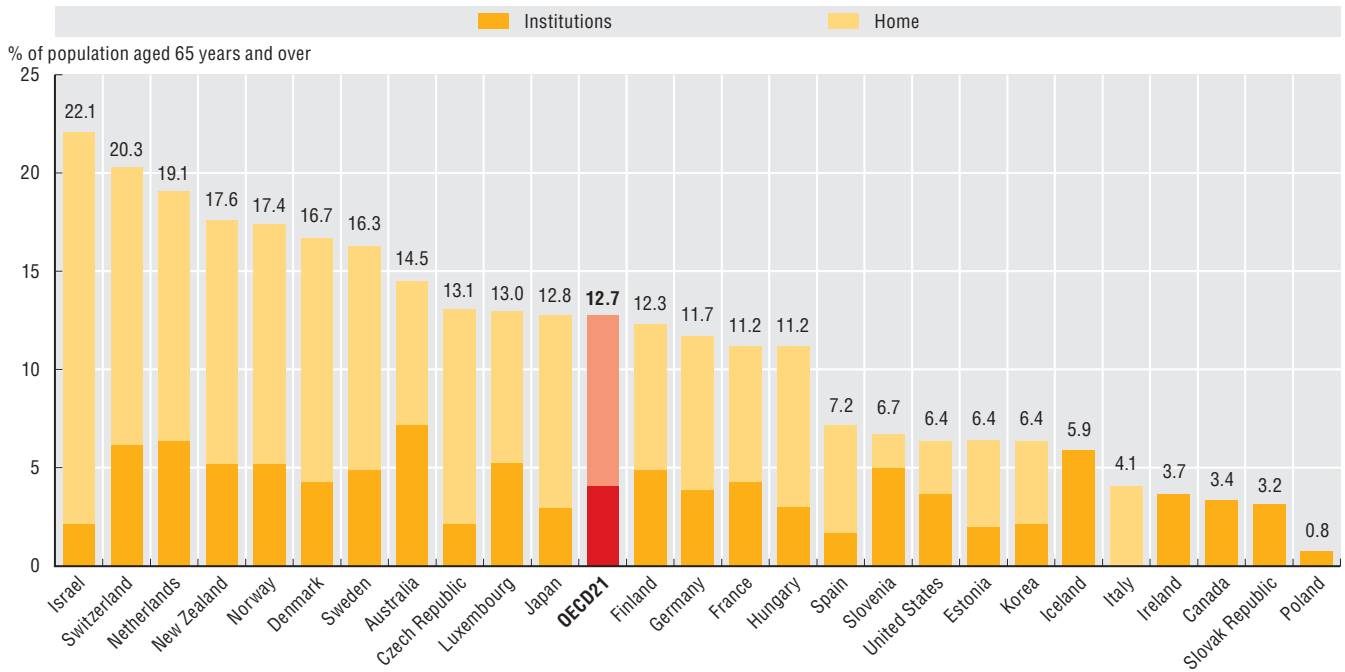
While the share of home-based care recipients has increased over the past decade in many OECD countries, the share has declined from 69% to 60% in Finland. The actual number of people receiving LTC at home has remained fairly stable, while the number of people receiving care in institutions has grown at a faster rate. This may be due to the fact that the intensity of care needs among the more elderly people has increased.

In the United States, only around 40% of LTC recipients receive care at home in 2009 (latest year available). This may partly reflect a traditional bias in supporting institutional-based care. Financial support to promote home-based care has only been implemented by certain states. Additional support or changes in incentives may be needed in the United States and in other countries to further encourage home-based care (Colombo et al., 2011).

Definition and comparability

LTC recipients are defined as persons receiving long-term care by paid providers, including non-professionals receiving cash payments under a social programme. They also include recipients of cash benefits such as consumer-choice programmes, care allowances or other social benefits which are granted with the primary goal of supporting people with long-term care needs. LTC institutions refer to nursing and residential care facilities which provide accommodation and long-term care as a package. LTC at home is defined as people with functional restrictions who receive most of their care at home. Home care also applies to the use of institutions on a temporary basis, community care and day-care centres and specially designed living arrangements. Concerning the number of people aged 65 and over receiving LTC in institutions, the estimate for Ireland is under-reported. Data for Japan underestimate the number of recipients in institutions because hospitals also provide LTC. In the Czech Republic, LTC recipients refer to recipients of the care allowance (i.e., cash allowance paid to eligible dependent persons). Data for Poland only refer to services in nursing homes. Data in Spain only refer to a partial coverage of facilities or services. In Australia, the data do not include recipients who access the Veterans' Home Care Program and those who access services under the National Disability Agreement, as it is currently unknown how many of these people could be included in LTC recipients. Australia does not directly collect data on whether clients or consumers of health and aged care services are receiving LTC and data are therefore estimated. With regard to the age threshold, data for Austria, Belgium, France and Poland refer to people aged over 60, while they refer to people over 62 in the Slovak Republic. This is resulting in a slight under-estimation of the share in these countries, given that a much smaller proportion of people aged 60-65 or 62-65 receive LTC compared with older age groups.

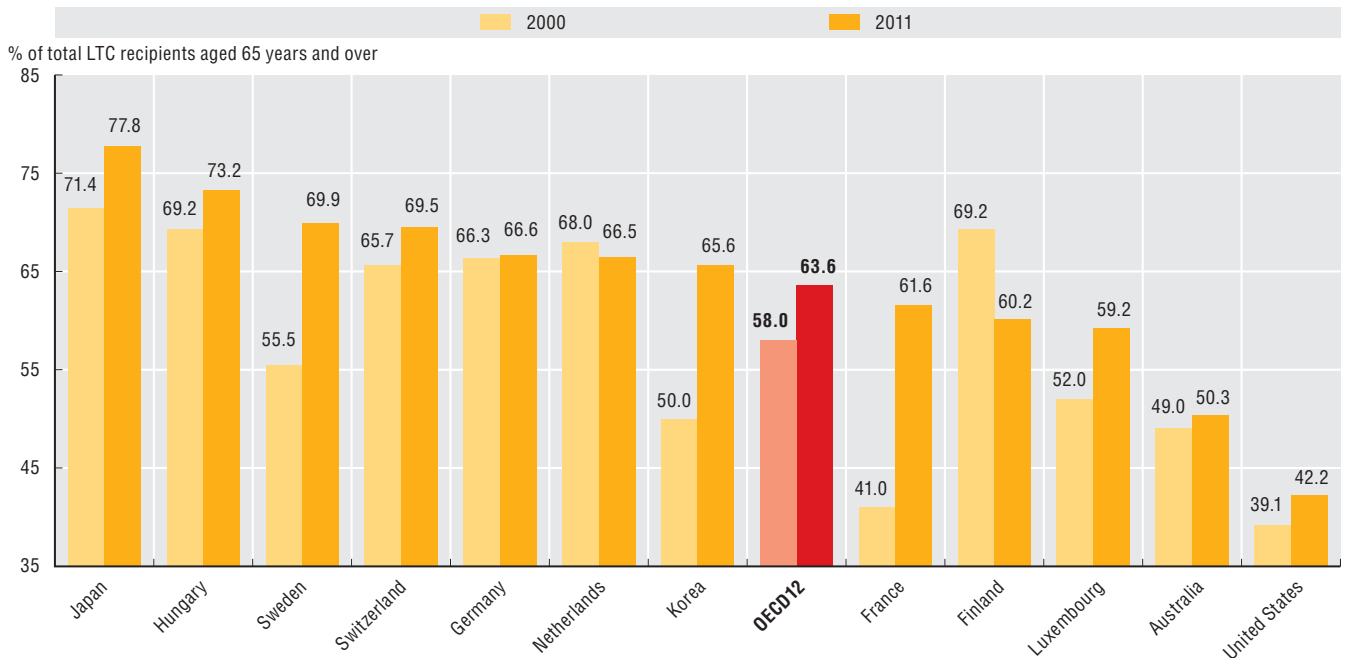
8.5.1. Population aged 65 years and over receiving long-term care, 2011 (or nearest year)



Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888932919327>

8.5.2. Share of long-term care recipients aged 65 years and over receiving care at home, 2000 and 2011 (or nearest year)



Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888932919346>



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