# Recipients of long-term care

As people age, they are more likely to develop disabilities and need support from family, friends and long-term care (LTC) services. As a result, while LTC services are delivered to younger disabled groups, the majority of LTC recipients are older people. On average across the OECD, 13% of people over 65 receive long-term care (Figure 11.13). The proportion of over-65s receiving long-term care varies from 2% in Portugal and 6% in Estonia to more than 20% in Israel and Switzerland.

People aged over 80 make up on average more than half of all LTC recipients, and almost two-thirds of LTC recipients in Japan, Denmark and Australia (Figure 11.14). As populations age, demand for LTC services is likely to increase – although this effect may be partially offset by improving health in old age. Nonetheless, a significant number of younger disabled people require long-term care, making up as many as a third of all LTC recipients in Norway, Slovenia and the Netherlands.

While population ageing is a significant driver of the growth in LTC users over time, it explains relatively little of the cross-country variation. For example, Israel has one of the youngest populations in the OECD but a greater than average proportion receiving LTC. A more important driver is the availability of publicly funded LTC services. However, data for people receiving care outside of public systems are more difficult to collect and may be underreported, meaning that figures for countries that rely more heavily on privately-funded care may be artificially low. Cultural norms around the degree to which families look after older people may also be an important driver of the utilisation of formal services (see indicator on "Informal carers").

In response to most people's preference to receive LTC services at home, many OECD countries have implemented programmes and benefits to support home-based care, in particular for older people. In most countries for which trend data are available, the proportion of LTC recipients aged 65 and over receiving long-term care at home has increased over the past ten years (Figure 11.15), with particularly large increases in Portugal and Sweden. In Portugal this reflects an expansion of home care services from a very low level in 2005. In Sweden it results from a deliberate policy to reduce institutional care capacity and encourage community care (Colombo et al., 2011).

While the proportion of LTC recipients living at home has increased over the past decade in most OECD countries, it has declined significantly in Finland and Estonia. In Finland, this has not been driven by an increase in traditional institutional care. Instead, there has been an increase in the use of "service housing" – where older people move into specially adapted houses where 24/7 care is available. Although this is classified as institutional care, it allows more independence and autonomy than a traditional care institution. In Estonia, there has been a significant increase

in the use of institutional care, but there has been an even larger decrease in the number of "curators" appointed by local government to care for people at home.

#### Definition and comparability

LTC recipients are defined as persons receiving longterm care by paid providers, including nonprofessionals 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. Data for Poland, the United States, Ireland, Canada, the Slovak Republic, Iceland and Belgium are only available for people receiving long-term care in institutions, so the total number of recipients will be underestimated. In Estonia, data on recipients of home care refer only to those who have a "curator" appointed by local government. Other social services, without a personal care component, are not included in the data. It is possible that some of the decrease in recipients reflects the replacement of curators with these other services.

Data on LTC services is difficult to collect in many countries and there are some known limitations of the figures. Data for some countries refer only to people receiving publicly-funded care, while other countries include people who are paying for their own care. Data from France and the Czech Republic refer to the number of people claiming care benefits, which may not correspond directly to the number receiving services. Some countries use different age categories: instead of reporting people aged 65 and over, Belgium reports those aged 60 and over and Iceland those aged 66 and over.

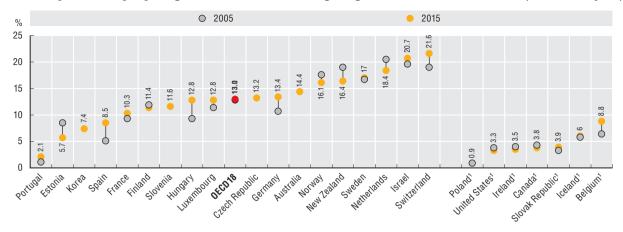
#### References

Colombo, F. et al. (2011), Help Wanted? Providing and Paying for Long-Term Care, OECD Publishing, Paris, http://dx.doi.org/10.1787/9789264097759-en.

Muir, T. (2017), "Measuring Social Protection for Longterm Care", OECD Health Working Papers, No. 93, OECD Publishing, Paris, http://dx.doi.org/10.1787/a411500a-en.

206 HEALTH AT A GLANCE 2017 © OECD 2017

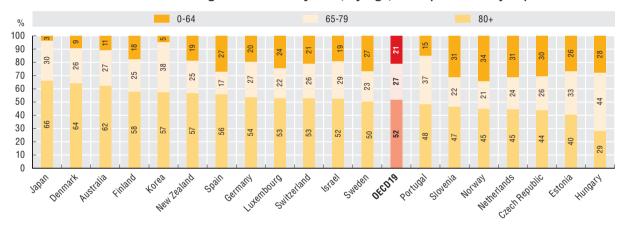
#### 11.13 Proportion of people aged 65 and over receiving long-term care, 2005 and 2015 (or nearest year)



1. These values include only recipients of long-term care in institutions. Source: OECD Health Statistics 2017.

StatLink http://dx.doi.org/10.1787/888933605882

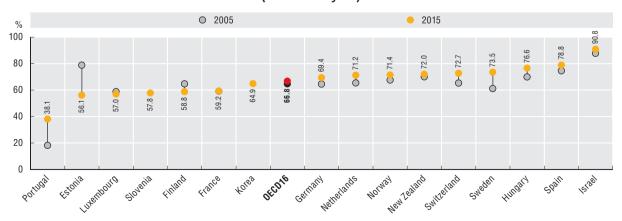
11.14 Share of long-term care recipients, by age, 2015 (or nearest year)



Source: OECD Health Statistics 2017.

StatLink http://dx.doi.org/10.1787/888933605901

11.15 Share of long-term care recipients aged 65 years and over receiving care at home, 2005 and 2015 (or nearest year)



Source: OECD Health Statistics 2017.

StatLink http://dx.doi.org/10.1787/888933605920



# From: Health at a Glance 2017 OECD Indicators

## Access the complete publication at:

https://doi.org/10.1787/health\_glance-2017-en

### Please cite this chapter as:

OECD (2017), "Recipients of long-term care", in *Health at a Glance 2017: OECD Indicators*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/health\_glance-2017-77-en

This work is published under the responsibility of the Secretary-General of the OECD. The opinions expressed and arguments employed herein do not necessarily reflect the official views of OECD member countries.

This document and any map included herein are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.

You can copy, download or print OECD content for your own use, and you can include excerpts from OECD publications, databases and multimedia products in your own documents, presentations, blogs, websites and teaching materials, provided that suitable acknowledgment of OECD as source and copyright owner is given. All requests for public or commercial use and translation rights should be submitted to rights@oecd.org. Requests for permission to photocopy portions of this material for public or commercial use shall be addressed directly to the Copyright Clearance Center (CCC) at info@copyright.com or the Centre français d'exploitation du droit de copie (CFC) at contact@cfcopies.com.

