OECD Health Statistics 2024
Definitions, Sources and Methods

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 recipients at home

People receiving formal (paid) long-term care at home.
[Please refer to definition of formal long-term care in the long-term care (LTC) workers section]

Note: The services received by long-term care recipients can be publicly or privately financed.

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 persons who require help on a regular basis while guaranteeing a high degree of autonomy and self-control.

Inclusion:
- Persons who receive long-term care by paid long-term care providers, including non-professionals receiving cash payments under a social programme
- Recipients of cash benefits such as consumer-choice programmes, care allowances or other social benefits which are granted with the primary goal of supporting individuals with long-term care needs based on an assessment of needs.

Exclusion:
- Disabled persons of working age who receive income benefits or benefits for labour market integration without long-term care services
- Persons who need help only with instrumental activities of daily living (IADL), that is, receiving only long-term social care as defined under the Health Accounts questionnaire (HCR.1-Long-term care (social)).

Note: Rates for females, males and total population, for all ages and aged 65 and 80 years and older, are calculated based on the data series in the chapter Population age structure for both recipients in institutions and at home.

Sources and Methods

Australia

2016 onwards: **Department of Health** administrative systems.

2022-23 Report on the Operation of the Aged Care Act 1997, 1 July 2022-30 June 2023, available at https://www.gen-agedcaredata.gov.au/resources/reports-and-publications/2023/november/2022%E2%80%9323-report-on-the-operation-of-the-aged-care-act-1997.
2021-22 Report on the Operation of the Aged Care Act 1997, 1 July 2021-30 June 2022, available at https://www.health.gov.au/resources/publications/2021-22-report-on-the-operation-of-the-aged-care-act-1997?language=en.
2020-21 Report on the Operation of the *Aged Care Act 1997*, 1 July 2020-30 June 2021, available at https://www.health.gov.au/news/announcements/report-on-the-operation-of-the-aged-care-act-2020-21.
2018-19 Report on the Operation of the *Aged Care Act 1997,* 1 July 2018-30 June 2019, available at https://www.gen-agedcaredata.gov.au/www_aihwgen/media/ROACA/2018-19-ROACA.pdf.
2017-18 Report on the Operation of the *Aged Care Act 1997*, 1 July 2017-30 June 2018, available at https://www.gen-agedcaredata.gov.au/Resources/Reports-and-publications/2018/November/2017%E2%80%9318-Report-on-the-Operation-of-the-Aged-Care-A.
2016-17 Report on the Operation of the *Aged Care Act 1997*, 1 July 2016-30 June 2017, available at https://gen-agedcaredata.gov.au/Resources/Reports-and-publications/2017/November/2016%E2%80%9317_Report_on_the_Operation_of_the_Aged_Ca.
2014: **Department of Health** administrative systems. 2015-16 Report on the Operation of the *Aged Care Act 1997*, 1 July 2015-30 June 2016, and for earlier years, available at https://agedcare.health.gov.au/publications-and-articles/reports/report-on-the-operation-of-the-aged-care-act-1997.
2011-2013: **Department of Social Services** administrative systems.

Methodology:

Break in time series in 2018:

- HACC recipients aged 65 years and older in Western Australia migrated to the CHSP from 1 July 2018. These clients are now included in the numbers reported for older clients (aged 65 years old or over) in the CHSP program, and older HCP recipients from the Department of Health administrative systems.

Break in time series in 2017:

- There has been a change to the counting methodology used for 2017-18 due to a change in the collection of 'sex' data for CHSP recipients. 'Sex' now includes 'Male', 'Female', 'Intersex/Indeterminate', in addition to clients with an unknown sex. Given this change, total recipients for long term care recipients at home includes Males, Females and Intersex/Indeterminate. Recipients with an unknown sex are excluded.

Deviation from the definition in 2016.

Break in time series in 2016:

- There has been a change to the counting methodology used for 2016-17 due to comprehensive CHSP data that are now available to the Department of Health.
- The numbers reported are for older clients (aged 65 years old or over) in the CHSP program plus HACC recipients aged 65 years and older in Western Australia, and older HCP recipients from the Department of Health administrative systems.
- CHSP clients can receive Personal Care or Nursing Care, which are care specifically for ADLs, or a range of other types of assistance for IADLs. Both groups of clients access care on a long-term basis. Clients of the HACC program can receive Personal Care or Nursing Care, which are care specifically for ADLs, or a range of other types of assistance for IADLs. Both groups of clients access care on a long-term basis. Recipients of Home Care (previously CACP, EACH and EACHD packages) access care on a long-term basis and require assistance with ADLs.
- Ages of recipients are taken as at 30th June in the latter year of the time period (30th June 2017 for the 2016-2017 period represented here as 2016).
- **2015** data not available: The numbers of LTC recipients at home in this period are unable to be reported due to the transition from the Commonwealth HACC program to the Commonwealth Home Support Program (CHSP) from 1 July 2015. 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.
- Due to the implementation of a new data capture system for CHSP, data for 2015-16 cannot be provided, preventing estimation of the numbers of LTC recipients at home for this period.

Deviation from the definition in 2014:

- The numbers reported are for older clients (aged 65 years old or over) in the Commonwealth HACC program plus HACC recipients aged 65 years and older in Victoria and Western Australia, and older Home Care Package recipients from the Department of Health administrative systems.
- Clients of the HACC program can receive Personal Care or Nursing Care, which are care specifically for ADLs, or a range of other types of assistance for IADLs. Both client groups access care on a long-term basis.
- The numbers of recipients of LTC at home for ADL needs are determined by adding the numbers of unique Home Care package clients to the numbers of unique HACC clients receiving Personal Care or Nursing Care

across a financial year. The numbers of recipients of LTC at home for IADL-only needs reflect unique HACC clients receiving care other than Personal Care or Nursing Care across a financial year.
- Including numbers from each of these programs is likely to result in double counting, the magnitude of which cannot be estimated. However, numbers are not included for younger clients accessing these services, nor for flexible, whole of life care and support services encompassed by the National Disability Insurance Scheme (NDIS, which began a rollout from 1 July 2013) and the previous National Disability Agreement. These numbers are therefore considered to **underestimate the total number of long-term care recipients at home in Australia**.
- Ages of recipients are taken as at 30th June in the latter year of the time period (30th June 2015 for the 2014-2015 period represented here as 2014).
- Clients with unknown age or sex are excluded.

Deviation from the definition in 2013:
- The numbers reported are for older clients (aged 65 years old or over) in the Commonwealth HACC program plus HACC recipients aged 65 years and older in Victoria and Western Australia, and older Home Care Package recipients from the Department of Health administrative systems.
- Clients of the HACC program can receive Personal Care or Nursing Care, which are care specifically for ADLs, or a range of other types of assistance for IADLs. Both groups of clients access care on a long-term basis. Recipients of Home Care (previously CACP, EACH and EACHD packages) access care on a long-term basis and require assistance with ADLs.
- The Home Care Packages (HCP) programme 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) programmes. 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 numbers of recipients of LTC at home for ADL needs are determined by adding the numbers of clients of Home Care packages to the numbers of unique HACC clients receiving Personal Care or Nursing Care across a financial year. The numbers of recipients of LTC at home for IADL-only needs reflect unique HACC clients receiving care other than Personal Care or Nursing Care across a financial year.
- Ages of recipients are taken as at 30th June in the latter year of the time period (30th June 2014 for the 2013-2014 period represented here as 2013).

Break in time series in 2012:
- The numbers reported are for older clients (aged 65 years old or over) in the Commonwealth HACC program plus older recipients of CACP, EACH and EACHD packages. Clients of the HACC program can receive Personal Care or Nursing Care, which are care specifically for ADLs, or a range of other types of assistance for IADLs. Both groups of clients access care on a long-term basis. Recipients of CACP, EACH and EACHD packages access care on a long-term basis and require assistance with ADLs.
- The numbers of recipients of LTC at home for ADL needs are determined by adding the numbers of unique clients of CACP, EACH and EACHD packages to the numbers of unique HACC clients receiving Personal Care or Nursing Care across a financial year. The numbers of recipients of LTC at home for IADL-only needs reflect unique HACC clients receiving care other than Personal Care or Nursing Care across a financial year.
- Unique recipients across a financial year are determined by adding the numbers of recipients at the stocktake (30 June of the latter year) to the numbers of 'last' discharges from care during the financial year.
- Including numbers from each of these programs is likely to result in double counting, the magnitude of which cannot be estimated. However, numbers are not included for younger clients accessing these services, nor for flexible, whole of life care and support services encompassed by the National Disability Insurance Scheme (NDIS, which began a rollout from 1 July 2013) and the previous National Disability Agreement. These numbers are therefore considered to underestimate the total number of long-term care recipients at home in Australia.
- Clients with unknown age or sex are excluded.

2011 and earlier: The numbers provided are for clients in the HACC program (which is the largest and most widely available support program), who receive at least 53 hours of assistance in the course of a financial year or recipients of CACP, EACH and EACHD packages. Including numbers from each of these programs is likely to result in double counting, the magnitude of which cannot be estimated. However, numbers are not included from other care programmes for younger people, people with disabilities, and other population groups.

Aged care environment:
- These data solely reflect the provision of care through the Australian Government aged care system. Caution should be exercised when comparing these data with LTC data from other jurisdictions that may include other care types.

- In Australia the aged care system is separate from the health system. The aged care system has its own policies, legislation, funding and delivery arrangements. At the same time, there are close links between the two systems given the nature of the care provided by health professionals in the aged care system. Responsibility for policy and funding of aged care services rests with the Australian Government. Clients who are able to do so may be asked to provide a co-contribution towards the cost of their care.
- Aged care services range from basic assistance, such as the delivery of home meals and social support, to coordinated packages of tailored care to assist older people with complex care needs to stay in their own homes, through to residential care including for people who need 24 hour care and assistance with most activities of daily living. The level of care provided is based on on-going assessments of the person's care needs.
- There is also a range of short-term or intermittent aged care services that contribute to the effectiveness of longer term care, including by helping to delay the need to move to higher levels of care. These include services such as respite, physiotherapy and podiatry. Other care services help older people to transition out of hospital to their homes or to aged care, or from insecure housing to sustainable and affordable housing and access to home care and support.

Inclusions/exclusions:

-The OECD definition of LTC does not correspond with the aged care programmes provided by the Australian Government. Therefore, the data for Australian long-term aged care provided for this measure may not match data for Australian aged care programmes published elsewhere by the Australian Government.
- Australian data for this measure only include the HCP program and CHSP (or preceding historical programs) . Other home-based aged care programs, and other care programs, are not included.
- Furthermore, recipients of Australian aged care programs at home are not required to receive care for ADLs. In 2020-21, 335,2443 people aged 65 years of age or over received care for ADLs, whereas 645,855 received care for IADLs only. To fit the OECD definition of LTC, the latter group of care recipients is excluded from these data. These data therefore represent a substantial undercount of the number of older Australians receiving Australian Government long-term aged care services at home.

Austria

Source: Statistics Austria: *Pflegedienstleistungsstatistik* (Statistics on care services).
Coverage:
- Data available for Females, Males and Total, each for all ages, from 2013. The sum of females and males differs from the total due to missing data.

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.

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

Belgium

Sources:

2008 onwards: **Intermutualistic Agency (Intermutualistisch Agentschap (IMA)/Agence Intermutualiste (AIM)).**
Coverage: The figures correspond to the population benefitting of a prescription for home health care services on 31/3 of the year. https://atlas.ima-aim.be/info/metadataPDF/METADATA_006_005_FR.
Methodology:

Age-breakdowns differs from the OECD guideline as data are available for recipients of age 75+ are counted instead of 80+.
- Data refer to the situation on 31/3 of the year (week 13/14) Data cover the population adhering to a sickness fund (99% of the total population).

Break in time series in 2008 due to a change in source.

1994-2007: **National Institute for Health and Invalidity Insurance** (RIZIV/INAMI).
Methodology:

Age-breakdowns sometimes differ from the OECD guideline as data are available for recipients of all ages and those aged below 60, aged 60 and over, and aged 80 and over.
- Data generally refer to 30th June each year, except for 1994 and 2004, data refer to 31st December. For 1996, 2001, 2003, 2005 and 2007, data refer to 31st March.
- Data on people receiving privately-funded care are not available.

Canada

Sources:
Canadian Community Health Survey, Annual Component (CCHS), 2015/2016, **Statistics Canada**.
Public-Sector Expenditure and Utilization of Home Care Services in Canada: Exploring the Data (2007), National Health Expenditure Database, **Canadian Institute for Health Information**.
Coverage:
- 2015-2016 data available for ages 18+, by sex and age group.
- 2003 data: The paper provides estimates of the number of individuals receiving home care services per 1000 individuals. For total home care services, the number is 26.1 per 1000 population. For home healthcare the estimate is 16.1 per 1000. In 2003, the total population in Canada was of about 31640000, such that 31640 (31640000 divided by 1000) multiplied by 26.1 is equal to about 825805. Note that 16.1 divided by 26.1 is equal to about 60%.
Methodology:
2015-2016 data:
- 2015-2016 data are collected from the CCHS Annual Component. While the survey covers the population 12 years of age and older, the portion on homecare is only asked to respondents 18 years of age and older. The survey excludes persons living on reserves and other Aboriginal settlements, full-time members of the Canadian Forces, institutionalised populations, children in foster care, and persons living in the Quebec regions of Région du Nunavik and Région des Terres-Cries-de-la-Baie-James.
- The survey sample is approximately 65,000 persons per year. Person-based survey weights and bootstrapping methods are used to estimate Canada level statistics, rounded to the nearest 100.
- 2015-2016 data use a different definition than the OECD definition above. Survey respondents are asked if they receive home care services, including nursing care (dressing changes, preparing medications, V.O.N. visits), other healthcare services (physiotherapy, occupational or speech therapy, nutrition counselling), medical equipment services (wheelchair, pads for incontinence, help with using a ventilator or oxygen equipment), personal or home support (bathing, housekeeping, meal preparation), or other (transportation, meals-on-wheels). The respondents is not asked from where or whom these services are received, and therefore may include both formal and informal home care (through various organisations, family members or other), who may or may not be paid. In addition, the survey does not specifically ask if the respondents receive care at community centers or day cares, nor would it capture persons who are living in adapted or specially designed arrangements.
- The study provides estimates of home care utilisation for home health and home support. The National Population Health Survey (the three cycles of NPHS: 1994-1995, 1996-1997 and 1998-1999) and the Canadian Community Health Survey (the two cycles of CCHS: 2000-2001 [Cycle 1.1] and 2003 [Cycle 2.1]) were used. The NPHS and CCHS are cross-sectional surveys that collect information related to health status, healthcare utilisation and health determinants for the Canadian population.
- Trending analysis of utilisation data is done using the base period 1994-1995 and the end period 2003. Total number of home care users is estimated at the national and provincial or territorial level. Then, home care users are split between home health (nursing care, health services, medical equipment or supplies) and home support (personal care, housework, meals, shopping, respite care, other). For each cycle of the surveys, the sampling weight was used in order to make inferences at the population level possible. For a given respondent, this weight can be interpreted as the number of people the respondent represents in the population.
Break in time series in 2015: As a result of the 2015 redesign, the Canadian Community Health Survey (CCHS) has a new collection strategy, a new sample design, and has undergone major content revisions. With all these factors taken together, caution should be taken when comparing data from previous cycles to data released for the 2015 cycle onwards.

Chile

Source: National Survey of Socio-Economic Characterisation ("Encuesta Nacional de Caracterización Socioeconómica - **CASEN**").
Methodology:
- The number of people receiving long-term care at home was estimated using the number of people with some degree of dependency in the country. According to the definitions proposed by SENAMA (2010) and adopted by the Ministerio de Desarrollo Social (2018) for the CASEN survey, functional dependency is defined as follows:

Table 1. Definition and classification of people with care dependency

No dependency	Declares no difficulty in performing basic activities of daily living (BADL) and instrumental activities of daily living (IADL)

Mild dependency	1. Inability to perform one IADL, or 2. Permanent need for help in performing one BADL (except bathing), or 3. Permanent need for help in performing one IADL
Moderate dependency	1. Inability for bathing (BADL), or 2. Permanent need for help in performing two or more BADL, or 3. Permanent need for help in performing three or more IADL, or 4. Inability to perform one IADL and constant need for help in performing one BADL
Severe dependency	1. Inability to perform one BADL (except bathing), or 2. Inability to perform two IADL

Source: Villalobos Dintrans (2019).
Note: BADL: eating, bathing, moving, toileting, going to bed, dressing; IADL: going outside, shopping/ visiting physician, housekeeping, making calls.

- Using the definitions above, and considering the survey characteristics, people receiving LTC services at home have been identified as anyone who presents any degree of functional dependency (mild, moderate or severe). Results from the survey were expanded using the survey's expansion factor at regional level.
Further information:
- Ministerio de Desarrollo Social. CASEN 2017 – Situación de pobreza: Síntesis de resultados; 2018. See http://observatorio.ministeriodesarrollosocial.gob.cl/casen-multidimensional/casen/docs/Resultados_pobreza_Casen_2017.pdf.
- Servicio Nacional del Adulto Mayor [SENAMA]. Estudio Nacional de la Dependencia en Adultos Mayores; 2010. See http://www.senama.cl/filesapp/Estudio%20Nacional%20de%20Dependencia%20en%20las%20Personas%20Mayores.pdf.
- Villalobos Dintrans P. *Informal caregivers in Chile: the equity dimension of an invisible problem*. Health Policy and Planning. 2019; 34, 792-799. DOI: 10.1093/heapol/czz120.

Colombia

Data not available.

Costa Rica

Data not available.

Czechia

Source: Ministry of Labour and Social Affairs (calculation by the Institute of Health Information and Statistics of the Czech Republic).
Coverage:
- Data relate to the number of people who received care allowances in December of the respective year.
- Data on recipients of long-term care at home refer to the number of people receiving care allowances who did not state the following registered social care services in their application for care allowance: homes for disabled persons, homes for the elderly, special regime homes, week care centres and social services provided in residential healthcare institutions.
- This figure may serve only as an approximation of recipients of long-term care at home as care allowance is provided to persons with mixed needs for help with ADL and IADL (with ADL prevailing for most of the recipients).
Methodology:
- Act No. 108/2006 Coll. on Social Services that came into force in 2007 serves as a legal basis for the data collection. Based on this act, data on care allowances (characteristics of care recipients, characteristics of provider of care services and value of allowance) are available. The care allowance is provided to persons with recognised level of dependence on assistance from others (4 levels of dependence) and it is considered to serve for purposes of buying social care services.
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: Statistics Denmark.
Coverage:
- Data refer to recipients of personal care (both personal care and help on necessary practical duties) and non-divided permanent home help. They do not include those with temporary help care.
Methodology: The statistics are compiled on the basis of monthly digitalised data reports from municipalities. The monthly statistical coverage varies among municipalities. The number of recipients is estimated as an average of the months reported.

Estonia

Source: Ministry of Social Affairs. Annual statistical report on social welfare institutions. Data for LTC recipients at home from the Social Services and Benefits Registry. **Health Insurance Fund**. Statistics about the use of long-term nursing care home services.
Coverage:
- Data include disabled individuals who receive services from formally appointed personal carers and personal assistants in addition to the home nurse services. Since 2018 everyday life support service is implemented for persons with severe, profound or permanent mental disorder whom community living service or 24-hour special care service is not provided at the same time.
- Appointed caregiver's service is provided by local government, and defined by the Social Welfare Act: "*Curatorship of adults is intended for a person, who, due to mental or physical disability, needs assistance in the exercise of their rights and the performance of their obligations. The duties of a curator are determined by the local government upon the establishment of the curatorship. Curatorship is established and a curator is appointed only with the consent of the person under curatorship. The local government pays to the curator of an adult a support, the amount of which depends on the degree of severity of the disability of the person under curatorship and conditions established by the local government.*"
- Decrease in the number of service users (from 21079 persons in 2008 to 11114 in 2017) reflect wider use of other services instead of appointed personal carers.
Total recipients at home: The number of total recipients by age groups is not equal to the sum of females and males recipients by age groups for the period 2008-2016. Data about home nurse services users by age and sex are not currently available for the period 2008-2016 and therefore included only in the total number of LTC recipients at home without sex distribution. For the period 2008-2016, only service users of formally appointed personal carers and personal assistants are distributed by sex. Since 2017, data have been complemented with age-sex distribution for home nurse service recipients.
- Data about LTC service users based on service statistics and not integrated by person level. Data collection methods do not allow the combination of persons over LTC services. For an example based on EHIF data, in 2017 there was 7942 home nurse service users and 12387 independent inpatient nursing care service users, the total number of nursing care users was 18388, which means that 11% used both services.
- Personal carer 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.
- Up to 2009, the age group 0-64 for LTC recipients at home included persons aged 18-64 years old. Since 2010, the age group 0-64 is fully represented, including disabled children as LTC recipients at home.
Further information: https://sm.ee/sotsiaalvaldkonna-statistika (in Estonian).

Finland

2016 onwards:
Source: Register of Primary Healthcare Visits (Avohilmo), **Finnish Institute for Health and Welfare (THL)**.
Coverage:
- Long-term care recipients at home is the combined number of clients who receive regular home-help services or home nursing.
- Regular home-help is defined by at least six visits on a 60-day period.
1996-2015:
Source: November Long-term care census, **Finnish Institute for Health and Welfare (THL)**.
Coverage:
- Long-term care recipients at home is the combined number of clients who receive regular home-help services or home nursing on the day of the count (30th November) and those who are registered as clients on 31st December in housing service units with part-time assistance (staff on duty during daytime only). Clients in such units can be older people, people with intellectual disabilities, people with other disabilities or people with mental health problems.

- Data include both publicly and privately-financed units, with the private units accounting for a very small proportion.
- All data series have been recalculated to follow more precisely the OECD definition.
Break in time series in 2016 due to a change in source and methodology.

France

Source: Enquête Aide sociale, Direction de la recherche, des études, de l'évaluation et des statistiques (Drees), Ministère des Solidarités et de la santé.
Coverage:
- Data on home care recipients refer to the number of people receiving the "allocation personnalisée d'autonomie" (APA) in December.
- Age-breakdown differs from the OECD guideline, as data are available for recipients aged 60 years old and over. In December 2022, 1.6% of recipients at home and 1.6% of recipients in institution were between 60 and 64 years old. Some people do not use those benefits.
Methodology:
- Introduced in 2002, the APA is a universal programme designed to financially support people with long-term care needs at home or in institutions, but the amounts paid depend on the income and the degree of dependence of the recipient.
- This degree of dependence is measured by the "autonomy gerontological group iso resources" (AGGIR), an evaluation system based on 6 different levels (GIR 1 to GIR 6). Each GIR corresponds to a level of need for assistance with essential activities of daily living.
- Data refer to December every year.
Further information:
- https://data.drees.solidarites-sante.gouv.fr/explore/dataset/376_les-depenses-d-aide-sociale-departementale/information/.
- https://data.drees.solidarites-sante.gouv.fr/explore/dataset/les-beneficiaires-de-l-aide-sociale-departementale-aux-personnes-agees-ou-handic/information/.
- https://data.drees.solidarites-sante.gouv.fr/explore/dataset/apa-et-pch-montants-verses/information/.
- Leroux, I. (2022, décembre) L'aide et l'action sociales en France - Perte d'autonomie, handicap, protection de l'enfance et insertion - édition 2022 Paris, France : DREES, coll. *Panoramas de la DREES-social*.

Germany

From 2019 onwards:
Source: Federal Statistical Office, Nursing care statistics 2021; Statistisches Bundesamt 2022, Pflegestatistik 2021, Pflege im Rahmen der Pflegeversicherung - Deutschlandergebnisse, table 1.2 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).
- Recorded are only persons, who receive services according to SGB XI. General qualification for the registration as person in need of care is acknowledgement of the nursing care fund respectively of the private insurance company about the need of care and the assignment of the persons in need of care to the care degrees 1 to 5.
- In need of care according to SGB XI are those persons, who have health-related impairments of independence or abilities and therefore require help from others. They must be persons who are unable to independently compensate for or cope with physical, cognitive or psychological impairments or health-related stress or demands. The need of care must exist permanently, presumably for at least six months and with at least the severity specified in § 15 (§ 14 paragraph. 1 SGB XI).
- Data cover recipients who benefit from services funded by public and private sources.
- Data cover all persons in need of care who are cared for by home care services licensed under SGB XI and all persons in need of care who receive nursing care allowances for care helpers they have recruited themselves (§ 37 SGB XI).
- People who receive help exclusively for Instrumental Activities of Daily Life (IADL) are excluded.
Further information: http://www.destatis.de and http://gbe-bund.de.

Until 2018:
Sources: Federal Ministry of Health, Recipients of social long-term care at home; **Association of Private Health Insurance (PKV)**, Recipients of private long-term care at home, internal table; **Federal Statistical**

Office, internal evaluations by the Federal Statistical Office.
Reference period: Data are reported at the end of the year.
Coverage:
- Recorded are persons who receive services according to long-term care insurance act - Social Code XI (SGB XI). The general requirement for coverage is that a statutory long-term care insurance fund or a private insurance company has decided that a need for long-term care exists and has assigned the person in need of care to one of the care degrees from I to V (including cases of hardship). The persons in need of care according to SGB XI are those who have health-related impairments of independency or abilities and therefore need help from others. They must be persons who cannot independently compensate or manage physical, cognitive or psychological impairments or health-related burdens or needs. The need for long-term care must last permanently, presumably for at least six months and at least with the severity specified in § 15 (§ 14 Abs. 1 SGB XI).
- Data cover recipients who benefit from services funded by public and private sources.
- Data cover all persons in need of care who are cared for by home care services licensed under SGB XI and all persons in need of care who receive nursing care allowances for care helpers they have recruited themselves (§ 37 SGB XI).
- People with disabilities receiving services according to the long-term care insurance act (Social Code XI (SGB XI)) were assigned partly to the outpatient and partly to the inpatient sector in the data source.
- People who receive help exclusively for Instrumental Activities of Daily Life (IADL) are excluded.
- There is no double-counting.
Note: The increase in the number of benefit recipients at home aged 0-64 years old (total, females and males) from 2016 to 2017 is a consequence of the new version of the need for long-term care and the transition from three levels of care to five levels of care within the framework of the Nursing Legislation. As a result, dementia patients, as intended, receive more benefits from long-term care insurance.
Break in time series in 2019 due to a new source (data up until 2018 are based on statistics from various sources).
Further information: http://www.bmg.bund.de and http://www.pkv.de (in German).

Greece

Source: Hellenic Agency for Local Development and Local Government.
Methodology:
- Data available for total LTC recipients at home, all ages.
- 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.

Hungary

Source: Hungarian Central Statistics Office (KSH, in Hungarian**)**, Yearbook of Health Statistics.
Coverage: Data include people receiving domestic care, day homes for the aged, day homes for the disabled, psychiatric patients, addicted patients and special nursing homes.
Methodology:
- 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 following different breakdowns for the particular types of service. There are collections that contain data broken down by gender and different age groups, while other collections contain no breakdown at all.
- Itemised data on nursing care performed within the framework of health services is collected monthly by the Hungarian National Health Insurance Fund (OEP, in Hungarian).
- Data estimated for the total, female and male population aged 80+.
Note: In the global COVID-19 epidemic, the population over 65 is the most vulnerable age group. Restrictive measures were put in place in long-term care institutions in 2020 and admission closures were ordered during the critical period of the epidemic. The stricter admission procedure, visitation arrangements, and basic vulnerabilities provided a lot of encouragement to stay away from care. Many families took care of the need for care and nursing at home. Finally, death rates also contributed to a greater decline in the number of people receiving benefits.
Further information: http://statinfo.ksh.hu/Statinfo/themeSelector.jsp?page=2&szst=FSI&lang=en.

Iceland

Data not available.

Ireland

Data not available.

Israel

Source: National Insurance Institute, Research and Planning Administration.
Coverage:
- Data include people who have reached retirement age and receive a long-term care benefit according to the Long-Term Care Insurance Law and people under retirement age (adults aged 18 and over) who are eligible for a "Special Services Allowance".
- Children's Disability Allowance data from the National Insurance Institute are presented in the age group 0-17 years old.

Deviation from the definition: Data for the 0-17 age group were also added to the data of adults aged 18-64 (which have been presented in the age group 0-64), so data for the 0-64 age group include the younger LTC recipients since 2002 only. For the total population the historic data of age group 0-17 were added from 1999, but for females and males separately the historical numbers were added from 2002 only.
- Since 2017, those entitled to a long-term care allowance who are in the wards for independent elderly in nursing homes under the supervision of the Ministry of Welfare can receive a long-term care benefit, even if they do not actually reside in the community.
For now, these cases are not visible in the files the Authority for research and planning at the National Insurance Institute works with. Therefore, a situation may arise in which the person will appear both as a recipient of nursing services in the community and as a recipient of nursing services at the institution.
- From 2010 onwards, data also include wounded veterans who receive LTC care from the Ministry of Defense. Data from the Ministry of Defense refer to all age groups, except the younger LTC recipients (aged 0-17).
- Data on people receiving privately funded care are not available.
Methodology:
- According to the Long-Term Care Insurance Law, a long-term care benefit is given to people who have reached retirement age, are living at home and require the assistance of another person to perform routine tasks (dressing, eating, bathing, mobility in the home and continence) and to the elderly who require supervision at home for their own safety. Until October 2018, most benefits under this program included services aimed at assisting the beneficiaries in daily activities, in running the household and helping the family with care and supervision. Since November 2018, beneficiaries in the lowest level can choose to receive the entire benefit or some of it as a monetary benefit. Beneficiaries who are entitled to higher levels (2 through 6) can choose to receive some of the benefit in cash. Except to this reform, related changes have been recorded in definitions of determining the dependency. For example, more reliance on medical documents has been made and changes made recently in some aspects of the dependency assessment.
- The retirement age in Israel, up to 2004, was 65 for men and 60 for women. After 2004, the age of retirement was raised gradually and has now reached 67 for men and in 2017 will reach 64 for women.
- Persons under retirement age who are eligible for a Disability Allowance from the National Insurance Institute and require substantial aid from another person with the activities of daily living (dressing, eating, bathing, mobility in the home and continence) are eligible for a "Special Services Allowance", as are disabled persons who are not eligible for the Disability Allowance because they exceed the income test. In addition, persons who have reached retirement age and received a "Special Services Allowance" in the past can choose to continue to receive it rather than the benefits of the Long-Term Care Insurance Law.
- Children under working age who require substantial assistance performing daily activities compared to children their age (dressing, eating, bathing, mobility at home and control of bodily functions) and children who require constant supervision during all hours of the day, due to an inability to discern elements of danger to themselves or to others or those who have medical condition that needs immediate treatment, are eligible for Children's Disability Allowance from the National Insurance Institute.

Break in time series in 2017: From 2017, LTC recipients aged 80 years and older (females, males and total) also include data of wounded veterans who receive LTC care from the Ministry of Defense. These data were added to all age groups by gender from 2010 onwards (except for the 80+), and from 2017 were added also to the aged 80 years and older.

Breaks in time series in 2014:
- Up until 2013, for females and males, data for the age group 0-64 actually refer to those aged 18-64 years old. From 2014 onwards, data correctly refer to the 0-64 year-olds. For the total population, the entire time series

(i.e. from 1999 onwards) correctly refer to the 0-64 years old age group (time series revised in the 2020 edition of the database).
- Until 15.06.2014, long-term care benefits were provided to people who were limited in daily activities and who depended on others for most of their daily activities ,including: mobility at home, dressing, eating, washing and controlling secretions (ADL examination of 5 tasks); or to people who required supervision in order to avoid damage to themselves or to their surroundings. The committee which examines functional status has recommended to add another test of task performance (IADL), to be implemented as of 15.06.2014. The additional test includes another 6 functions: food preparation, using telephone or other appliances (such as a heater), housekeeping (such as cleaning or doing laundry), managing medications, shopping outside the house, managing finances. The 2014 data already include a number of people who have received benefits due to the changes made in the entitlement test.
Break in time series in 2010: From 2010 onwards, data also include wounded veterans who receive LTC care from the Ministry of Defense. These data were added to the following units by gender: all ages, aged 0-64 years old, aged 65 years and older. Data were not added to "aged 80 years and older" unit.
Break in time series in 2002: Children's Disability Allowance data from the National Insurance Institute are presented in the age group 0-17 years old. These data were also added to the data of adults aged 18-64 (which have been presented in the age group 0-64), so data for the 0-64 age group include the younger LTC recipients since 2002 only. For the total population the historic data of age group 0-17 were added from 1999, but for females and males separately the historical numbers were added from 2002 only.
Further information: http://www.btl.gov.il.
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: Ministry of Health - Health Information System, SIAD/Sistema informativo per il monitoraggio dell'assistenza domiciliare.
Coverage:
- Data refer to long-term care patients receiving health care services at home provided by the National Health Services, during the year. Long-term care recipients were selected in compliance with the definition of long-term care: the selection includes patients who are either long-term dependent or have severe cognitive or behavioral disorders or have been assessed as needing help with ADLs.
- Patients receiving privately financed care at home are excluded.
Break in time series in 2019: New data source used to provide data for long-term care recipients by gender and age. Data refer to heads, while data for previous years referred to cases.
Break in time series in 2007: Since 2007, recipients aged 65 years old and over do not include old people receiving palliative care at home.
Further information: http://www.salute.gov.it/statistiche (in Italian).

Japan

Source: Ministry of Health, Labour and Welfare, *Statistics of long-term care benefit expenditures*.
Coverage:
- Data refer to long-term care recipients who received care in March of the given year. The data are published in April of the same year.
- The survey data are compiled for each month, and monthly data are calculated using the individual identifier of recipients to avoid double-counting.
- Only the public institutions and homes are available.
- The latest data are for 2006: ever since the revised Long-Term Care Insurance Act was enacted in 2006, in-home care services are provided extensively and the number of service recipients has increased significantly. Many people receive services from different sources. Because of this multiple source of services, simple summation of numbers from the survey data could lead to a multiple count of the same recipients, therefore it is difficult to accurately count the number of recipients under the current system.
Methodology:
Total (all ages): The sum of total recipients by age groups is not equal to the total for all ages, for a few years. The total number of LTC recipients includes those who change their care level from "care need" to "support need" (this is milder than care need) during the month. Both levels of care are accounted for in the total number. In addition, people classified as "transitional care need" were also added to the total number until

February 2009. On the other hand, the numbers by age group do not include double counting nor do the number of "transitional care need" people.
- Transitional care need: People classified at the former "support need" level at the day of revision of the Long-term Care Act (April 1st, 2006) are deemed to be at the level of "care need" under the new programme and can receive care benefit rather that preventive care benefit which is the normal support provided to people at "support need" level under the revised programme.

Korea

Sources:
From 2008: **National Health Insurance Service**, Long Term Care Insurance Statistical Yearbook.
1990-2004: **Ministry of Health and Welfare**, Elderly welfare facilities and Guidelines for elderly welfare programme (not available in 2005-2007). Data available only for total LTC recipients aged 65 years and older.
Coverage:
- Only public sector data.
- Data include recipients of services such as visiting, nursing, and bathing services, long-term care services at home and day-and-night care services for the elderly.
- Professional care institutions for the elderly are excluded from the data.
- Inpatients in medical institutions are excluded from the recipients of long-term care insurance benefits.

Latvia

Source: Ministry of Welfare, "Survey of the social services and social assistance in counties/cities".
Deviation from the definition:
- Data are calculated taking into account the number of persons with disability, including mental and physical disability. The data source does not allow to split between ADL and IADL.
- The number of LTC recipients at home does not include:
    - those persons living in institutions on a temporary basis or attending day care centers;
    - recipients of cash benefits for care or disability;
    - persons received LTC services paid by National Health Service.

Note: The increase in the number of persons aged 0-17 years old in long-term home care from 2021 onwards is due to the availability of LTC home care services in Riga, specifically in the home care of children with disabilities.
Further information: The total number of persons receiving home care in 2021 was 16774, including 14303 at retirement age, and 2370 disabled persons.

Lithuania

Sources:
Social Security information system (Ministry of Social Security and Labour):
Methodology: Information on the recipients of the target compensation for nursing expenses (nursing allowance) is available in the Social Security information system. Entitlement to this benefit is based on the severe health condition and permanent need in nursing services of the person living in the household. Allowance is paid to the household's member taking care after the person, while the statistical data on LTC recipients by age and sex in this case is calculated for persons with disability who require help.
Coverage: Recipients of target compensation for attendance (assistance) expenses are excluded from the calculation because they receive help mainly with instrumental activities of daily living.
Survey of Social services – State Data Agency (Statistics Lithuania):
Methodology: Data on nursing, home help and social care services provided by the municipalities to persons with disability and elderly persons. Entitlement for this service is based on the dependency level and health condition of the person and provided by the team of social and nursing personnel.
Information system SVEIDRA (National Patient Fund):
Methodology: Information on recipients of nursing services provided at home and paid from the Compulsory Health Insurance budget are available in the information system SVEIDRA.
Coverage: These services are provided to patients with special permanent nursing needs and cover a range of medical manipulations such as assistance for those having tracheostomy or gastrostomy tube, injections, maintaining of a drip system, taking blood or urine for laboratory tests, electrocardiogram, prevention and treating wounds and bedsores.

Luxembourg

Source: Fichiers de la sécurité sociale. Data prepared by **General Inspectorate of Social Security (IGSS)**.
Coverage: Data only cover long-term care insurance recipients (resident and non-resident). Recipients of LTC in Luxembourg not affiliated to the Luxembourgish system are included.
Methodology:
- Preliminary results for 2023.
- Data refer to numbers as of 31st December every year.
- Data include recipients of Luxembourgish cash benefits for LTC abroad. The hypothesis is that they live at home. If they would live in an institution, they probably would get benefits in kind based on the system of the country they live in, and this system would be reimbursed by the Luxembourgish system (without appearing in the Luxembourgish data on LTC recipients).

Break in time series in 2018: Due to the reform of LTC in 2018, the residence of persons living partly at home and partly in an "Établissement d'aides et de soins à séjour intermittent" is known. Their residence on 31 December is considered. Before the reform, those persons were considered as living at home. This concerns mainly disabled persons.

Mexico

Source: National Institute of Statistics and Geography (INEGI). National Survey of Income and Expenditure of Households in Mexico for the years 2010, 2012, 2014 and 2016.
Methodology: Estimates by the Ministry of Health based on data published in the survey and referring to members of the household with any disability.
Methodology:
- Estimates include the number of household members who have selected one or several disabilities from the following activities:
    1. Walk, move, up or down
    2. Talk, communicate or chat
    3. Have any mental limitations
    4. Dress, bath or eat
    5. See, even wearing glasses
    6. Hearing, even using hearing aids
    7. Pay attention or learn simple things
- To calculate the number of long-term care recipients, data include the total population for which the presence of some of the categories of disabilities were reported. Secondly, those households that disbursement payments for nurses and staff for the care of patients, therapies, and so on were identified. Finally, those households that reported the existence of people who spent their time in the care of or care for children, the elderly, the sick, and the disabled.

Netherlands

Source: Statistics Netherlands.
Since 2015: Data from **Vektis**, the organisation that registers statements of expenses related to the Long-term Care Act (acronym in Dutch: Wlz) and the Compulsory Healthcare Insurance (acronym in Dutch: Zvw); and data from **SVB**, the organisation that registers persons who are receiving cash benefits which are granted with the primary goal of supporting individuals with Wlz funded care at home (acronym in Dutch: Wlz-PGB).
Before 2015: Data from **CAK**, the organisation that executes the Exceptional Medical Expenses Act (acronym in Dutch: AWBZ).
Coverage:
- Data exclude LTC recipients who only receive help with instrumental activities of daily living (IADL) (mainly household services like cleaning) and (as of 2015) with social assistance (like financial planning, help with contacts with the authorities) financed by the Social Support Act (acronym in Dutch: Wmo).

Since 2015: Wlz-LTC recipients at home and Wlz-PGB recipients of all ages are included (PGB = cash benefits to be used by the patient or client for buying help for themselves). In addition, recipients of all ages of Zvw personal care and nursing care at home are included (acronym in Dutch: Zvw-VV).
Before 2015: Only recipients aged 18 years and older with AWBZ funding are included. Excluded are persons who are receiving cash benefits which are granted with the primary goal of supporting individuals with AWBZ funded care at home.
Methodology:

Since 2015: Wlz-LTC recipients at home, Wlz-PGB recipients and Zvw-VV recipients are measured on the second Friday of November and refer to those persons who are registered in the population register at that date.
2009-2014: LTC recipients at home are people who are registered in the population register for the year under review, and have received LTC at home some time in that year.
Before 2009: LTC recipients at home are people who are registered in the population register at 1st January of the year, and have received LTC at home some time in that year (which could thus be just one month in a year for instance).
Break in time series in 2015: As of 2015, recipients at home with only long-term social care are excluded. From 2015, long-term care at home is publicly financed by different laws:
- the Long-term Care Act (acronym in Dutch: Wlz): it covers payments for medical, nursing, personal and social care for risks that are considered uninsurable and for which it is deemed necessary to be provided as in-patient care. - the Compulsory Healthcare Insurance (acronym in Dutch: Zvw): effective since 2006. Every resident is required to have health insurance.
Policy changes and related changes in registrations have led to a sharp decrease in LTC care recipients at home. Support that was previously funded by the AWBZ is now transferred to the Social Support Act (acronym in Dutch: Wmo).
Break in time series in 2011: Data include LTC recipients for nursing care and/or personal care (with activities of daily living, ADL), and/or accompaniment (e.g., help with planning for the day) from 2011. This has led to a sharp increase in the numbers of 0-64 year olds receiving LTC at home between 2010 and 2011.

New Zealand

Sources: Extract from **CCPS (Client Claims and Payments System), CMS (Contract Management System)** and **Oracle payment systems**.
General Ledger codes 6630 (Personal Care - Household Management), 6631 (Personal Care - Home Support), 6637 (Supported Living), 6645 (Community Residential Living), and 6690 (Community Health Services and Support).
Coverage:
Break in time series in 2020 due to a change of methodology: District health boards (DHB)-funded home support clients data during 2020 was obtained from DHBs rather than using the national payment system data (CCPS) because (1) payment arrangements during COVID-19 lockdown disrupted data collection and (2) because the CCPS payment system did not record individual clients for an increasing number of DHBs that had switched to bulk-funding of providers. For Ministry of Health disability clients, client numbers in February 2020 have been used, before data collection was disrupted by COVID-19.
Break in time series in 2013:
From 2013:
- People receiving services in June each year.
- Head counts are overstated to the extent that both people who exit home support services during the month and others who first enter are both counted.
- Numbers of people where the provider is paid through CMS are estimated using the people per expenditure ratio from providers paid through CCPS. This is done by increasing the CCPS numbers by the amount that DHB financial accounts show expenditure greater than recorded in CCPS. These calculations are first undertaken on June year, then calendar year is calculated as the average of two relevant June years. The last calendar year uses just the last June year.
- CMS payments as a proportion of CCPS payments have been increasing as shown below:

Payments through CMS as a percent of payments through CCPS								
2011	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**
39%	53%	70%	82%	92%	114%	148%	164 %	163 %

- Estimates of age and gender used the proportions calculated in CCPS.
- 0-17 years old: 2020 is the first year for which the Ministry of Health has provided data on those under the age of 18 who receive long-term care. The sources for this data are the same as listed above i.e. an extract from **CCPS (Client Claims and Payments System), CMS (Contract Management System)** and **Oracle payment systems**.
Before 2013:
- CCPS records unique clients receiving services at any time during the year. CMS and Oracle only record expenditure.

- In 2013, 36% of expenditure was through CMS and Oracle's payment systems. Clients using CMS or Oracle were estimated using an adjusted client/$ rate from CCPS for that year. The CCPS rate was reduced by 5% because DHBs using CMS have on average higher $/hr prices.
- Estimates of age and gender used the proportions calculated in CCPS.
People without a recorded gender are attributed in proportion to known female and male.
Methodology:
- No distinction is made between personal care (showering, dressing) and household management (cooking cleaning) because increasingly clients are receiving a combination of services.
Notes on hours compared to recipients:
- While total recipients fluctuated between 2008 and 2011, the number of hours has increased consistently, see table below.
- Home Support is increasingly being contracted on a 'package of care' basis, not on set hours. As such, updates on hours past the year 2013 have not been calculated.

Million hours of support at home	
2006	11.0
2007	11.7
2008	12.7
2009	14.0
2010	14.3
2011	14.7
2012	15.3
2013	16.2

Norway

Sources:
From 2018 onwards: **The Municipal Patient and User Registry, Norwegian Institute of Public Health (NIPH)**.
From 2007 onwards: **IPLOS register**. National statistics produced by **Statistics Norway**.
Before 2007: **Statistics Norway, Official Statistics of Norway: Nursing and Care Statistics**. Annual survey of municipal services (KOSTRA).
Coverage: Full data coverage; include all Norwegian municipalities.
Periodicity: Data are entered continuously at the local level and submitted to Statistics Norway once a year. Statistics published on the status at the end of each year (31st December), as was the case before 2007.
Deviation from the definition:
- Recipients of short-term care in institutions are included in the figures for recipients of long-term care in institutions and not included among the recipients of long-term care at home.
Before 2007, age-breakdown is sometimes different from the OECD guideline, and data are available for the recipients of all ages as well as those below 67, aged 67 and over and aged 80 and over.
Deviation from calculation method: No calculations.
Data on age groups missing for some of the recipients. Therefore, the figures for each age group do not add up to the total number of recipients.
Break in time series in 2018: There is a break in the time series between 2017 and 2018. An additional three long term care service-codes were added to the data for the 2024 OECD data collection. Figures from 2018 and onwards were adjusted according to this change.
Break in time series in 2007: There is a break in the time series from 2006 to 2007 due to new source (data on individual recipients, as opposed to the previously aggregated forms from each municipality).
Further information: http://www.ssb.no/pleie/.

Poland

Source: Ministry of Health. 2006 data only.
Coverage: Data refer to publicly and privately funded care.
Methodology:

- Data come from a survey which encompasses chronic medical care homes, nursing homes and hospices.
Age-breakdowns differ from the OECD guideline. Data are available for the recipients of all ages: those aged below 60, aged 60 and over, and aged 75 and over.
- Data refer to recipients on 31st December 2006. For the entire year 2006, the number of recipients is estimated to be 11484 persons of which 6167 are female (all ages and data by age group are not available).
- There are no data LTC recipients at home after 2006 due to insufficient data reliability.

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 healthcare within the National Network of Integrated Continuous Care (RNCCI).
- Private institutions supported by the Social Security are not included.
Methodology: Final data obtained through SI RNCCI, paper-free on-line web-based system of data management for the National Network for Integrated Continuous Care (RNCCI), that allows on-line registration of the evaluation made with the integrated bio-psychosocial tool, and the registration of data related to referrals from hospitals and primary care and admissions to RNCCI, that allow real time results, pertinent to management and for professionals.

Slovak Republic

Sources:
Since 2022: **Information system RS MIS**, Monetary allowance for care (data refer to recipients of care, not recipients of allowance) and monetary allowance for personal assistance.
Until 2021: Records of **Ministry of Labour, Social Affairs and Family** of the Slovak Republic 11- 01 (Home care provided by municipalities) and 7-01 (Home care provided by non-governmental organisations). And Record of the **Statistical Office of the Slovak Republic** No. Soc 1.
Methodology:
Data collected from the Statistical Office of the Slovak Republic are broken down by age from 2021 onwards, but according to different age groups, i.e. 0-18 and 63+.
Break in series in 2022 due to a change in methodology. In 2022, the Social Services Information System has been launched and different type of methodology has been used in order to collect data on LTC recipients. Therefore, data for LTC recipients differentiated by age and gender has been collected only since 2022.
- Data on long-term care recipients at home include recipients of social services at outpatient facilities such as social services homes, specialised facilities, facilities for seniors, day care centers, rehabilitation centers, recipients who receive social services at home by personal carers (non-residential social services) and those recipients who receive care at home by personal carers (receiving allowance for care) and recipient of allowance for personal assistance.

Slovenia

Sources: Statistical Office of the Republic of Slovenia (SURS) and **Social Protection Institute of the Republic of Slovenia**.
Methodology:
- Data are prepared in accordance with the SHA 2011 methodology.
- Data on recipients of community nursing care are estimated for all years from a survey conducted in 2012.
- Data on recipients of cash benefits are mostly from administrative sources.
Deviation from the definition: Data for LTC recipients aged 0-17 years old slightly deviate from the requested age group as national data refer to the age group 0-19 years old because of the absence of individual data (data are disaggregated into 5-year age classes).

Spain

Sources:
Ministry of Social Rights, Consumer Affairs and 2030 Agenda.
Instituto de Mayores y Servicios Sociales (IMSERSO) (Institute of Elderly People and Social Services).
Coverage:
- Data refer to recipients at home. Only people recognised through the provision of Autonomy System and the Unit Prevention (of any age).
- Data include publicly and privately funded recipients.

Methodology:
- Data provided by the **System Information System Care Unit**, established with the implementation of Law 39/2006, of December 14th, the Promotion of Personal Autonomy and Care for people in situations of dependency. This source will be used in subsequent years, and is available at https://imserso.es/documents/20123/173969/estsisaad20221231.pdf/9f19275d-e3c1-f9c8-bdbe-5ccf4a671693 (in Spanish).
- Data refer to 31st December each year.

Sweden

Source: The National Board of Health and Welfare. Statistics-Social welfare care and services for elderly persons 1990-2020. Care inputs for persons with impairments according to the Social Services Act and the Health and Medical Services Act 1990-2020. Statistics - LSS, Persons with Certain Functional Impairments - measures specified by LSS 1995-2020.
Coverage:
- Data refer to recipients who have received care and services at home specified by the Act Support and Service to Certain Functionally Handicapped Persons (LSS) and according to the Social Services Act (SoL), and the Health and Medical Services Act 1990 (HSL). Note: In 1994, the Act regarding Support and Service to Certain Functionally Handicapped Persons was enacted.
- Services of long-term care at home in Sweden include both ADL and IADL healthcare services as a package. In the data provided it is not possible to separate ADL and IADL services.
Methodology: For the year 1998, there are no data available on short-time stays nor on healthcare in LTC care at home. Comparability with other years is therefore limited.
Break in series in 2014 due to new collecting methods. In 2013, information on recipients in long-term care at home was based on group data because of difficulties with new collection methods. In 2014, the information is again based on individual data (including the person's national registration number). Also the Health and Medical Services Act (HSL) as well as the Social Services Act for recipients who receive care and services at home has increased, especially for recipients 65 years and older.
Break in series in 2007 due to new collecting methods. Information on recipients in long-term care at home is from 2007 based on individual data (including the person´s national registration number) instead of based on group data as before.
Break in series in 1999: From 1999, respite care/short time stays are included in the figures for recipients at home. Note that care/short time stays are included in the figures for all age groups including the age group for the 0-17 years old.
Break in the series in 1995 due to the new law the Act concerning Support and Service for Persons with Certain Functional Impairments (LSS 1993:387). The effect of the law was that a large number of people with functional impairments were moved from hospitals to their own living in their own flat in the municipalities. The new law also contains eight types of new services for persons with certain functional impairments living at home. The target population is persons of all ages with certain functional impairments requiring a lot of help with daily living.

Switzerland

From 2007 onwards:
Source: Federal Statistical Office, Neuchâtel, Community Nursing Statistics.
Coverage: Recipients are persons having received ADL and/or IADL services at least once during the year. Figures may therefore include recipients only with IADL.
Methodology: 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 the private organisations for profit and self-employed nurses, contracting or not contracting with social insurance.
Up to 2006:
Source: Office fédéral des assurances sociales, Berne. Statistique de l'aide et des soins à domicile (Spitex).
Coverage: Data refer to both publicly and privately-funded care recipients. These institutions are directly or indirectly financed up to 90% by social insurance or government subsidies.
Methodology:
- Annual survey of private organisations receiving subsidies from regional government or social insurance.
- The reference period is the entire year.
- A small minority of recipients may only get help for instrumental activities of daily living (IADL).

- Estimated coverage is between 90 to 99%.
Note: The increase in the number of LTC recipients at home aged 0-64 in the last few years is explained by an increase in providers (which correlates with the increase of recipients) of some types of services at home, which can be financed under the rules of Home Care.

Türkiye

Data not available.

United Kingdom

Source: Department of Health in England.
Coverage:
- Estimates are for England only. No data available after 2004.
- The sources include data from local authorities, the NHS and estimates on privately-funded services.
- Data include recipients from publicly and privately-funded home care.

United States

Source: U.S. Department of Health and Human Services/ Centers for Disease Control and Prevention/ National Center for Health Statistics.
2017: Centers for Medicare and Medicaid Services assessment data for discharged home health patients (OASIS-Outcome-Based Quality Improvement measures). Data file acquired by NCHS and prepared for National Study of Long-Term Care Provider, 2018.
The National Home and Hospice Care Survey (NHHCS), various years.
- National Study of Long-Term Care Providers (NSLTCP), 2016. Provided by CMS through their Outcome-Based Quality Improvement (OBQI) data system (https://www.cms.gov/).
- National Home and Hospice Care Survey: Annual Summary 1998. Selected Tables (2004).
- National Home and Hospice Care Survey: Annual Summary, 1996. Series 13, No. 141 (1999).
- National Home and Hospice Care Survey: Annual Summary 1994. Series 13, No. 126 (1997).
- National Home and Hospice Care Survey: Annual Summary 1993. Series 13, No. 123 (1996).
Coverage:
2017: All home health patients aged 18 and older who were reimbursed by Medicare or Medicaid and who were discharged at any time in 2017. Data do not include hospice patients, NSLTCP does not have individual-level data available to calculate counts by age and gender groupings. Counts exclude home health patients aged 0-17 as the counts were too small to report.
- Nationally representative sample of home health agencies and hospice agencies in the United States.
Data for total recipients at home do not add up for all ages and for the various age groups for 1996, 2000 and 2007, due to rounding to the nearest 100 and because the denominators may include a category of unknowns not reported in the data.
Estimation: The NHHCS is based on a probability sample of home health agencies and hospices. The survey includes all US agencies that are licensed or certified (Medicare or Medicaid).
- The National Home and Hospice Care Survey (NHHCS) is a continuing series of surveys of home and hospice care agencies in the United States. Information was collected about agencies that provide home and hospice care and about their current patients and discharges.
- Home health agencies and hospices are usually defined in terms of the type of care they provide. Home healthcare is provided to individuals and families in their place of residence for the purpose of promoting, maintaining, or restoring health or for maximising the level of independence while minimising the effects of disability and illness, including terminal illness. Hospice care is defined as a program of palliative and supportive care services providing physical, psychological, social, and spiritual care for dying persons, their families, and other loved ones. Hospice services are available in both home and in-patient settings.
- Data are collected through personal interviews with administrators and staff.
- Data are collected on referral and length of service, diagnoses, number of visits, patient charges, health status, reason for discharge, and types of services provided.
Note: The number of LTC recipients at home has been multiplied by more than 3 between 2014 and 2007. This increase is seen in the 2007 data from the Nation Home and Hospice Care Survey (NHHCS) and in the 2014 and 2016 NSLTCP. In United States, the home healthcare industry has seen rapid and notable growth in the last decade. The socio-demographic phenomenon of the aging baby boomer generation and the increasingly-favoured concept of “aging in place” may have fueled this growth, at least partly.
Further information:

- OASIS-OBQI: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits.
- National Home and Hospice Care Survey: Annual Summary 2000. Selected Tables (2002), http://www.cdc.gov/nchs/about/major/nhhcsd/nhhcshomecare3.htm.
- National Home and Hospice Care Data website, http://www.cdc.gov/nchs/nhhcs.htm#About%20the%20survey.
- Caffrey C, Sengupta M, Moss A, Harris-Kojetin L, Valverde R. *Home health care and discharged hospice care patients: United States, 2000 and 2007*. National health statistics reports; no 38. Hyattsville, MD: National Center for Health Statistics. 2011. Publication available at http://www.cdc.gov/nchs/data/nhsr/nhsr038.pdf.

NON-OECD ECONOMIES

Bulgaria

Source: Data extracted from **NSSI's register for pensions for the period 2008-2023**.
Coverage:
Persons with a permanent disability with an established type and degree of disability or a degree of permanently reduced working capacity with certain foreign assistance, children with 90 and over 90 percent type and degree of disability or degree of permanently reduced working capacity without certain external assistance, pensioners with a degree of disability over 90% who need permanent external care and receive a supplement to their pension.
Methodology: The data are monthly as of December 31.
Note: The data is not as comprehensive as possible, because in Bulgaria, persons in need of long-term care at home can receive help from different institutions at the same time, but there is no general register of persons receiving long-term care at home and given the different possibilities for LTC - a single person is possible to be counted to have received LTC more than once.
Further information: https://www.noi.bg/publikacii/statistika/pensii-statistika/.

Romania

Data not available.