

Access to long-term care

Across OECD countries, an average of 11.5% of people aged 65 and over received LTC, either at home or in LTC facilities, in 2021 (Figure 10.12). More than 20% of people aged 65 and over received LTC services in four OECD countries (Lithuania, Israel, Switzerland and Germany), while fewer than 4% received LTC services in eight countries (Canada, the Slovak Republic, Ireland, Japan, Portugal, the United States, Poland and Latvia). Cultural norms around the degree to which families look after older people may also be an important driver of the use of formal services (see section on “Informal carers”).

Many people in need of LTC care wish to remain in their homes for as long as possible. In response to these preferences – and the high costs of facility-based LTC – many OECD countries have developed services to support home-based care for older adults. Between 2011 and 2021, the proportion of LTC recipients who received care at home increased slightly, from 67% to 69% (Figure 10.13). Increases were particularly large in Australia, Switzerland, Finland, Korea and Germany. In Australia, reforms expanding financing for aged care and increasing the number of home care packages available led to increases in the number of recipients. In Germany, reforms in 2017 led to increasing numbers of recipients due to the introduction of a new assessment system (with lower entry barriers) which significantly expanded the range of persons entitled to long-term care insurance benefits.

While the proportion of LTC recipients living at home has increased over the past decade in most OECD countries, it has declined significantly in Estonia, where there has been an increase in the availability of institutional general care, and the number of added home service users has increased at a slower pace compared to 24-hour services in the social welfare system. In Lithuania, an ageing population and increasing access to LTC services have led to an increase in the number of recipients in institutions. In Switzerland, the increase in the number of LTC recipients at home in the last few years is explained by an increase in providers (which correlates with the increase in recipients) of some types of home services.

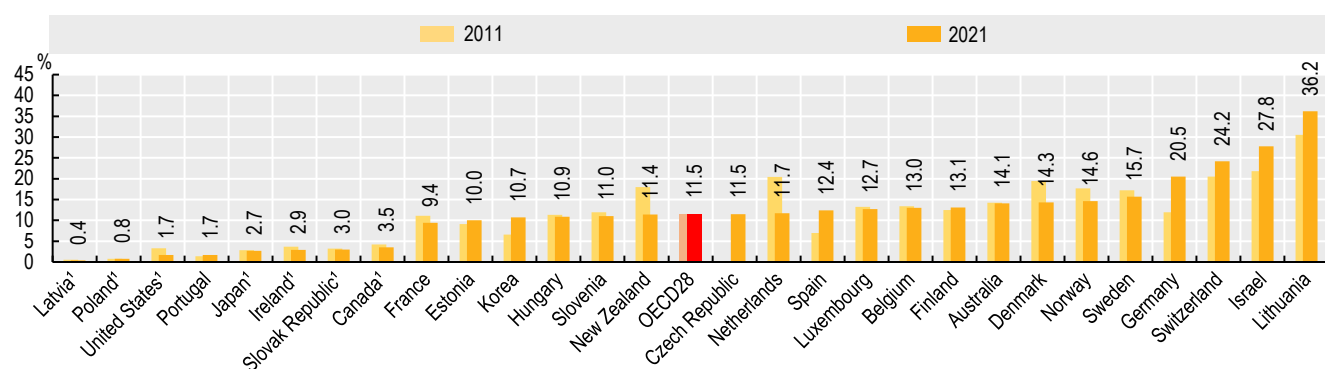
Even where people live with limitations in activities of daily living (ADL) and in instrumental activities of daily living (IADL), they may not always receive sufficient formal LTC support. Among people aged 65 and over across 22 European countries, half of individuals living at home with at least one ADL or IADL limitation – and nearly two in five (37%) people living with three or more ADL/IADL limitations – reported that they either did not receive sufficient informal LTC help, or did not receive formal LTC support (Figure 10.14).

Definition and comparability

LTC recipients are defined as people receiving LTC from 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 granted with the primary goal of supporting people with LTC needs. LTC can be delivered in facilities (institutions) or at home. LTC institutions refer to nursing and residential care facilities that provide accommodation and LTC 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 Latvia, Poland, the United States, Japan, Ireland, the Slovak Republic and Canada are only available for people receiving LTC in institutions, so the total number of recipients will be underestimated. For the Slovak Republic, even though data was available for LTC recipients at home in 2021, only data for institutions was used to ensure comparability with 2011.

Data on LTC services are 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. Because data on people receiving care outside public systems are more difficult to collect and may be underreported, figures for countries that rely more heavily on privately funded care may be artificially low. For the indicator on unmet LTC needs, the data relate to the population aged 65 and over, based on wave 8 of the Survey of Health, Ageing and Retirement in Europe (SHARE), referring to 2019 and 2020. It is important to highlight that the COVID-19 pandemic may have affected the field work conducted for the survey in 2020. While there is no internationally accepted definition of unmet LTC needs, SHARE facilitates estimation of the share of older people reporting limitations in daily activities (ADL and IADL) who did not receive formal home care or sufficient informal care. Data for Portugal represent only the activity observed in institutions within the National Health Service. Private institutions supported by the Social Security are not included.

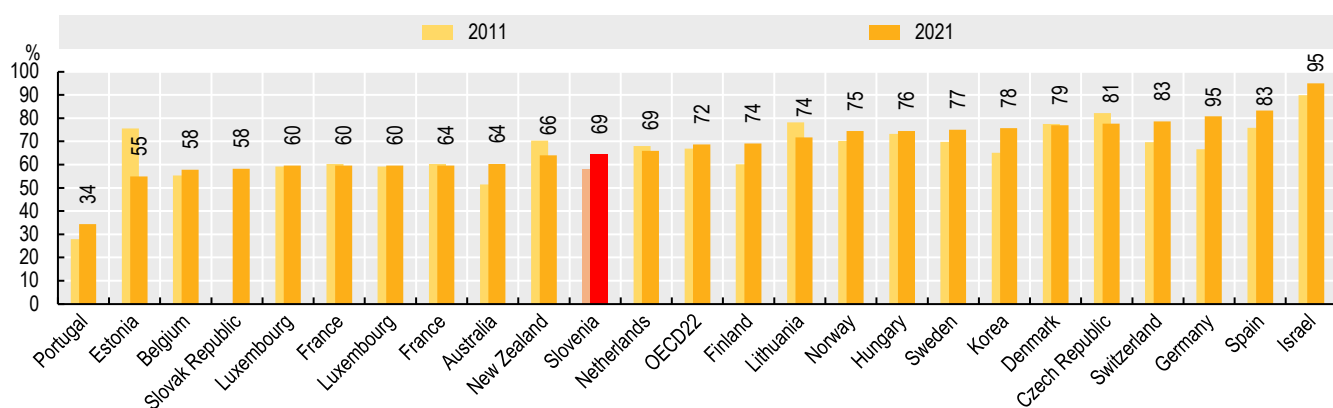
Figure 10.12. Share of adults aged 65 and over receiving long-term care, 2011 and 2021 (or nearest year)



1. These values include only recipients of long-term care in institutions. Data for the United States, Slovenia, New Zealand, the Netherlands and Belgium refer to 2020.
Source: OECD Health Statistics 2023.

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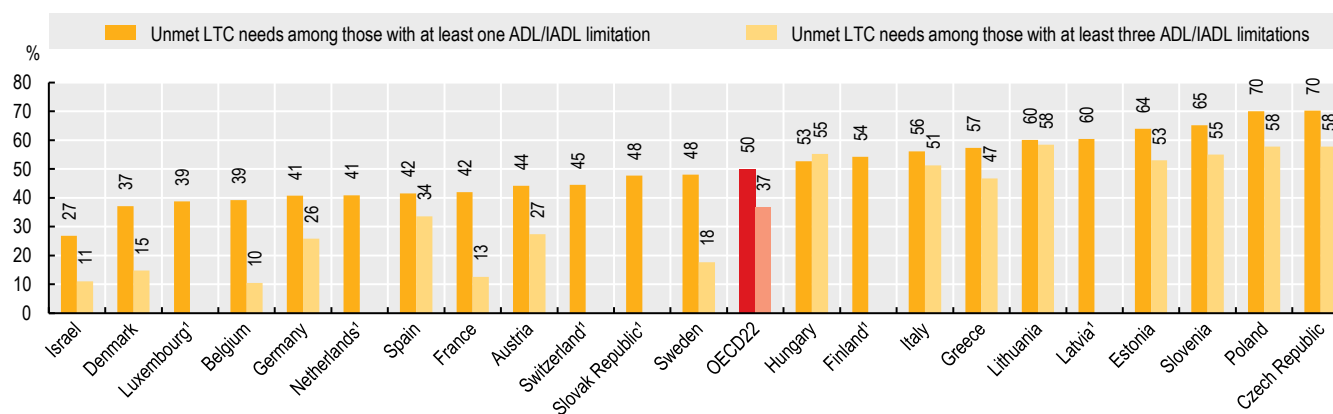
Figure 10.13. Long-term care recipients aged 65 and over receiving care at home, 2011 and 2021 (or nearest year)



Source: OECD Health Statistics 2023.

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Figure 10.14. Unmet long-term care needs among people aged 65 and over living at home, 2019-20



1. Low sample size.
Source: SHARE, wave 8 (2019-20).

StatLink <https://stat.link/87r2m5>



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