Cross-cutting introduction on long-term care (Table XII)

In a society with an increasing life expectancy, the provision of long-term care for older people has gained importance. A wide variety of measures in the field of social protection and health-policy have been introduced. In the past some forms of long-term care support were provided via residential poor law accommodation or through special provisions in legislation on invalidity or old-age pensions, today long-term care is seen as being worthy of distinct attention – but the character of policy response is very varied. Whereas some Member States (in particular those with Beveridge-oriented systems of social protection) have aligned long-term care to existing health care (without leading to complete integration) and personal social services (with an increasingly unclear borderline), some Bismarck-oriented welfare states have created an explicit social insurance system, recognising long-term care as a separate risk.

The need for long-term care or status of dependency can be defined along four dimensions: physical, mental, social or economic. In general, dependency relates to the need for continuing assistance for persons who need long-term care due to disability, chronic health conditions, sickness, trauma or injury, who are limited in their ability to look after themselves and therefore unable to live independently and who rely on the help of others to carry out day-to-day tasks, including assistance with mobility, personal hygiene, meal preparation and routine household tasks. A variety of daily activities are thereby taken into account by an ADL (Activities of Daily Living) index used to define the level of dependency. In some instances, however, the level of dependency has to be assessed according to a prescribed scale so that eligibility for support may be assessed. Factors to be taken into account when determining this threshold for entitlement to benefit are often the minimum numbers of hours of care needed per week or per month. Although dependency affects in particular people of older age, age is not the only criterion for this state. It is rather the increase in physical dependency that accompanies age, which is of importance.

In all countries there will be varying conditions applying to entitlement and these may include the specification of a qualifying period, a means/asset test, a prescribed minimum level of dependency and age conditions. In some countries the evaluation of a claim may be assigned to either medial or social care specialist rather than left to the determination of a generalist social security administrator.

Cross-cutting introductions to MISSOC Tables

Long-term care implies in principle the acquisition of personal help, either through assistance in kind (provision of services) or in cash, allowing the persons concerned to buy the required services on the market. Family members could play an important role here. As providing long-term care does not necessarily require medical skill, this type of care is often left to relatives, spouses and children being the main providers (informal caregivers). The presence of family relatives might also impact upon the possibility of being eligible for formal care.

Cash benefits are, certainly in most of the Beveridge-oriented countries, means-tested or asset-tested and also dependency-related. In more Bismarck-oriented countries, services are usually unrelated to income, means or assets, avoiding reference to social assistance. The extent to which people in need have to pay for or contribute to the costs of the services provided, also differs considerably. Many countries however provide for combined benefits. In different systems benefits may also be provided directly to (and for) the carer to compensate for otherwise lost income.

The types of protection vary greatly, not least due to the historical roots. Whereas in some countries responsibility clearly lies with the public sector, in other countries more attention is paid to private support, in particular the role of the family or to the not-for-profit sector. The latter countries have more or less extended maintenance obligations within the family.

The services provided show a huge variety of permanent residential and semi-residential services (e.g. nursing homes, service flats, old-age homes, housing for disabled, etc.), temporary residential and semi-residential services (day care, general hospitals, rehabilitation homes, etc.) and home care services (home help services, cleaning services, domestic help, meals-on-wheels, paramedical care, home improvements, telecommunication services and so on).

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