

OECD Health Statistics 2025

Definitions, Sources and Methods

Long-term care recipients in institutions (other than hospitals)

People receiving formal (paid) **long-term care** in institutions (other than hospitals).

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

Long-term care institutions refer to nursing and residential care facilities (HP.2) which provide accommodation and long-term care as a package. They include specially designed institutions or hospital-like settings where the predominant service component is long-term care and the services are provided for people with moderate to severe functional restrictions.

<p><u>Inclusion:</u></p> <ul style="list-style-type: none"> - 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. 	<p><u>Exclusion:</u></p> <ul style="list-style-type: none"> - Persons receiving long-term care in hospitals (HP.1) - 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)).
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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].

Sources and Methods

Australia

Sources:

From 2016 onwards: Department of Health and Aged Care administrative systems.

Report on the Operation of the Aged Care Act 1997, 2023-24 and earlier editions, available at <https://www.gen-agedcaredata.gov.au/resources/publications/2005/november/report-on-the-operation-of-the-aged-care-act>.

2014-15: 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 2023:

- **2023 onwards:** The Australian National Aged Care Classification (AN-ACC) funding model commenced on 1 October 2022, replacing the prior Aged Care Funding Instrument (ACFI). The 2023-24 financial year is the first full year of operation of the AN-ACC, represented here as the 2023 OECD reporting year. The computational method used here is changed compared to prior years as a result.
- The numbers reported are for older permanent residents (aged 65 years or over) in Australian Government-funded residential aged care facilities only. Permanent residents are provided a supported living environment and nursing care as appropriate irrespective of whether their care needs are for ADL or IADL tasks.
- The numbers of recipients of LTC in institutions with ADL needs reflects a distinct count of all personal residents, excluding respite (short-term) residential recipients. As at 30 June 2024, effectively all (>99.9%) of permanent residents had an AN-ACC assessment.
- Clients with unknown age or sex are excluded.

✂✂ Break in time series in 2022:

- **2022 onwards:** The Australian National Aged Care Classification (AN-ACC) funding model commenced on 1 October 2022, replacing the prior Aged Care Funding Instrument (ACFI). The computational method used here is changed compared to prior years as a result.
- The numbers reported are for older permanent residents (aged 65 years or over) in Australian Government-funded residential aged care facilities only. In AN-ACC, as for ACFI before it, residents are provided a supported living environment and nursing care as appropriate irrespective of whether their care needs are for ADL or IADL tasks.
- The numbers of recipients of LTC in institutions with ADL needs are determined by deriving the total numbers of permanent residents with an AN-ACC appraisal across the financial year, excluding any permanent residents without an AN-ACC appraisal and excluding respite (short-term) residential recipients.
- The 2022-23 financial year is the first (partial) year of operation of the AN-ACC, represented here as the 2022 OECD reporting year. As AN-ACC commenced partway through the reporting period, the proportions of permanent residents with an AN-ACC appraisal at 30 June 2023 (99.86%) was applied across the financial year to estimate the numbers of unique recipients across the year that would be included in this grouping.
- Clients with unknown age or sex are excluded.

✂✂ Break in time series in 2011:

- **2011 onwards:** The numbers reported are for older permanent residents (aged 65 years or over) in Australian Government-funded residential aged care facilities only. Residents are provided a supported living environment and nursing care as appropriate irrespective of whether their care needs are for ADL or IADL tasks.
- The numbers of recipients of LTC in institutions with ADL needs are determined by deriving the total numbers of permanent residents with an Aged Care Funding Instrument (ACFI) appraisal other than with a 'Nil' rating in each component, across the financial year. The numbers of recipients of LTC in institutions with IADL-only needs reflect the total numbers of permanent residents with an ACFI appraisal with a 'Nil' rating in each component, or no ACFI appraisal, across the 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.
- Ages of recipients are taken as of 30th June in the latter year of the time period (30th June 2022 for the 2021-2022 period represented here as 2022).
- Clients with unknown age or sex are excluded.

✂✂ Break in time series in 2007:

- Data for 2007-2010: From 20th March 2008, new appraisals of care needs of residential care recipients (to determine subsidy levels) have been through the Aged Care Funding Instrument (ACFI), which has components dealing with activities of daily living, behaviour, and complex health needs. Permanent residents with a 'Nil' rating in each component have been excluded, as have those with an RCS 8 rating. Data presented are a count of all eligible recipients during the financial year beginning in July and ending the following June.

Coverage:

- 2023: All appraisals of care needs for permanent residential care have been through the Australian National Aged Care Classification (AN-ACC).

- 2011: All appraisals of care needs of residential aged care have been through the Aged Care Funding Instrument (ACFI) and excludes permanent residents with a 'Nil' rating in each component.

Data up to 2006: **Australian Institute of Health and Welfare**. Residential Aged Care in Australia 2006-2007: a statistical overview, numerous annual editions from 1998-99 to 2007-2008. Also at www.aihw.gov.au.

- Data refer to care recipients in Australian government-accredited institutions providing residential aged care services.

Up to 2006-2007: Data are for all permanent residents with a Resident Classification Scale (RCS) category 1-7 on the basis that residents with an RCS category of 8 do not receive a basic care subsidy from the Australian Government and are therefore not considered to require assistance with activities of daily living. Residents with an RCS of 5-7 are included on the basis that the majority require assistance with activities of daily living.

- The AIHW data are sourced from **Department of Health and Ageing** administrative systems.

- Data refer to 30th June every year.

- Data exclude people receiving long-term care in institutions funded under the Commonwealth-State/Territory Disability Agreement (CSTDA, which generally caters for people aged under 65 years). In 2006-2007, there were 4813 CSTDA services users in large/small residential institutions or hostels.

- From 2005-2006, all Australian expenditure on residential aged-care facilities are classified to welfare services. Refer to Australia's notes on Expenditure on long-term nursing care (total, public, private) for more information.

🔴 Aged care environment:

- These LTC 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 includes permanent residents in residential aged care facilities. Recipients of short-term respite care in residential aged care facilities are not included. Other residential programmes or services, such as mental health and substance abuse facilities, are not included.

- Furthermore, residents in Australian Government-funded residential aged care facilities are not required to receive care for ADLs. Rather, the AN-ACC funding model, commencing from 1 October 2022, linked Government subsidy for care to the characteristics of the residential services and the residents that drive costs. To comply with the OECD LTC definition, in 2022 specifically, only permanent residents who have not received an AN-ACC appraisal are excluded from these data – noting this is a different treatment to historical reporting based on the prior Aged Care Funding Instrument (ACFI), see below. These data, therefore, represent an undercount of long-term recipients in residential aged care facilities in Australia.

Further notes on data:

- 1997 Aged Care Reform: The introduction of the Australian (federal) Aged Care Act 1997 resulted in the restructuring of the residential aged care system in Australia. As part of this reform, the previously separate categories of residential care, nursing homes (high care residents) and hostels (low care residents), were combined into a single category and referred to as Residential Aged Care Services (RACS). As a result of the movement to the single system RACS, the two previous data collection systems, the Nursing Home Payment System (NHPS) and the Commonwealth Hostel Information Payment System (CHIPS) were replaced on 1st October 1997 by a single system - the System for the Payment of Aged Residential Care (SPARC). Changes to administrative reporting requirements and the recording of client data in multiple systems during 1997 resulted in a discontinuity in the data series.

- Pre-1996 data: Public institutions care recipient data for the period prior to 1996 contain only nursing home data. No consistent data are available for hostels from this period.

Further information: Australian Government, Department of Health and Aged Care, <https://www.health.gov.au/topics/aged-care>.

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year
Australia	Government-funded residential aged care facilities.	N.a.	Current (AN-ACC): None. Effectively all permanent residents are covered by AN-ACC assessment and therefore align to OECD reporting groupings for ADL care. Historical (AN-ACC): The numbers of recipients of LTC in institutions with IADL-only needs reflect the total numbers of permanent residents with no AN-ACC appraisal, across the financial year. (ACFI): The numbers of recipients of LTC in institutions with IADL-only needs reflect the total numbers of permanent residents with an ACFI appraisal with a 'Nil' rating in each component, or no

			ACFI appraisal, across the financial year.
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Austria

Source: Statistics Austria: *Pflegedienstleistungsstatistik (Statistics on care services)*.

Coverage:

- Data available for Females, Males and Total, each for all ages, from 2013.
- Data refer to end of year.
- LTC in institutions includes inpatient services and short-term care in inpatient facilities.
- ✂ **Break in time series 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 for recipients in institutions correspond to the number of patients in homes for the elderly (*rustoorden voor bejaarden, ROB*) and care homes for the elderly (*rusten verzorgingstehuizen, RVT*).

https://atlas.ima-aim.be/info/metadatasPDF/METADATA_006_006_FR.pdf.

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) are corresponding to the number of persons aged 65+ (or 75+) residing in a nursing home and benefitting of the reimbursement of the daily fee (ROB/RVT), are not included persons in short stay or daycare.
- Data cover the population adhering to a sickness fund (99% of the total population).

Up until 2007: **National Institute for Health and Invalidity Insurance (RIZIV/INAMI)**.

Coverage: The figures for recipients in institutions are comprised of patients in homes for the elderly (*rustoorden voor bejaarden, ROB*) and care homes for the elderly (*rusten verzorgingstehuizen, RVT*).

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.
- 2014 data are unpublished estimates, using the billing data of residents in nursing homes.
- Data on recipients aged below 60 and aged 60 and over for years before 2004 are OECD estimates. The estimates are calculated by multiplying the total number of recipients for years before 2004 with the average percentage of recipients in the respective age groups in total recipients between 2005 and 2007 (98%). The average percentage is used since the proportion of recipients aged below 60 and aged 60 and over was constant between 2005 and 2007.
- Data generally refer to 30th June each year, except for 1994 and 2004, data refer to 31st December. For 1996, 2001, 2003 and 2005 to 2010 data refer to 31st March.
- Data on people receiving privately-funded care are not available.

Further information: <http://www.inami.fgov.be>.

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year

Belgium	- Nursing homes for the elderly - Homes for the elderly	N.a.	N.a.
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Canada

Sources:

2024: Estimates are based on growth rates reported in **Canadian Institute of Health Information's Continuing Care Reporting System (CCRS)** for 0-64 and 65+ for female and male.

2023: Estimates are based on growth rates reported in **Canadian Institute of Health Information's Continuing Care Reporting System (CCRS)** for 0-64 and 65+ for female and male. CCRS not available for 2023 for Total.

2022: Estimates for 2022 are based on 2021 Statistics Canada Alternative Dwelling Census and growth rate reported in **Canadian Institute of Health Information's Continuing Care Reporting System (CCRS)** for 0-64 and 65+ for female and male.

2021: **Statistics Canada**, 2021 Census of Population.

2017, 2018 and 2019: Estimates for 2017, 2018 and 2019 based on historical trend data by age and sex of service recipients in residential long-term care facilities in Newfoundland and Labrador, Ontario, Manitoba, Alberta, British Columbia and Yukon, as reported in the **Continuing Care Reporting System (CCRS) of the Canadian Institute for Health Information**.

2016: **Statistics Canada**, 2016 Census of Population.

2011-2013: **Statistics Canada**, Long-term Care Facilities Survey.

2013-2014 to 2015-2016 estimates based on the annual growth rate of service recipients reported in the Continuing Care Reporting System (CCRS) of the Canadian Institute for Health Information (CIHI).

Data until 2010-2011 outside of Quebec and until 2008-2009 in Quebec: **Statistics Canada**, Residential Care Facilities Survey.

Coverage:

Residential Care Facilities Survey

- Data from the Residential Care Facilities Survey cover people in facilities which have four beds or more and which are approved, funded or licensed by provincial/territorial departments of health and/or social services and where the principal characteristic of the predominant group of residents is aged, physically challenged, psychiatrically disabled or developmentally delayed. Facilities include homes for the aged, persons with physical disabilities, persons who are developmentally delayed, persons with psychiatric disabilities, persons with alcohol and drug problems, transients, young offenders and others. These facilities offer "Type I" care (supervision and/or assistance with activities of daily living and meeting psycho-social needs) or higher.

- Some of these facilities are maintained for chronically ill or disabled people who reside there more or less permanently. The other categories of residential care facilities provide shelter for a shorter period of time, often combined with a program of service. Data do not include recipients of long-term care in hospitals or residents in "Room and Board" type facilities.

Long-term Care Facilities Survey

- Data from the Long-term Care Facilities Survey cover people in facilities of four beds or more that are not part of a hospital and provide non acute health care to residents requiring at least some level of medical or professional nursing supervision. Excludes facilities providing "Type I" care (supervision and/or assistance with activities of daily living and meeting psycho-social needs). Excludes facilities in Quebec.

2016 and 2021 Censuses of Population

Population in the following 3 types of collective dwelling:

- *Nursing homes*: Also known as long-term care facilities, provide health care services including professional health monitoring and skilled nursing care and supervision 24 hours a day, 7 days a week, for people who are not independent in most activities of daily living.

- *Facilities that are a mix of both a nursing home and a residence for senior citizens*: Facilities for elderly residents that provide health care services to some residents (i.e., to residents that are not independent in most activities of daily living), but only support services/assisted services to other residents (i.e., to residents that are independent in most activities of daily living).

- *Residential care facilities such as group homes for persons with disabilities and addictions*: Residential facilities that provide accommodations with health care and/or social assistance services, such as counselling, supervision or custody, personal support or assisted living care, diagnosis or treatment. Generally, residential care facilities provide a level of care that is below that found in hospitals. Included are group homes or institutions for the physically disabled, treatment centres, group homes for children and youth, and group homes or institutions for people with psychiatric disorders or developmental disabilities. Excluded are facilities that accommodate elderly residents who require services, and facilities for persons who need shelter or assistance. These facilities have a separate collective type category. Private dwellings with foster children are also excluded and are still considered private dwellings.

Methodology:

- The Residential Care Facilities Survey data (until 2010-11) are a combination survey of self-completed mail-out/mail-back questionnaire outside of Quebec and administrative data from Quebec. Generally, only facilities which have four beds or more are surveyed. The exception is some composite reporting, where a head office reports on all of its residential care facilities, some of which may have fewer than four beds. For Quebec facilities, Statistics Canada received administrative data files from the Ministère de la Santé et des Services sociaux. These are obtained from public and private facilities through the M-30 system for financial data and from forms AS-478, AS-480, AS-484 and AS-485 for statistical data.

- The count of residents is at the end of the fiscal year shown (March 31st). In the data tables, the fiscal year 2010-2011 is noted as 2010 and therefore the count is at March 31st, 2011, and similarly for other data years.

- In 2011-2012, the Residential Care Facilities Survey was replaced by the Long-term Care Facilities Survey that excluded facilities providing “Type I” care (supervision and/or assistance with activities of daily living and meeting psycho-social needs). An estimation of service recipients by sex and age group in the excluded “Type I” care facilities was made for the years 2011-2012 and 2012-2013 based on trend data from previous years.

- Starting in 2013-2014, as both the Residential Care Facilities Survey and the Long-term Care Facilities Survey had been discontinued, estimates were made for all provinces based on the annual growth rate of service recipients reported in the Continuing Care Reporting System (CCRS) of the Canadian Institute for Health Information.

- Data for 1990-1991 to 2008-2009 (excluding 1994-1995 and 1995-1996) were available for all provinces including Quebec. Data for 2009-2010 to 2012-2013 were not available for Quebec. A Quebec estimate was made for these years based on the historical share of service recipients in Quebec.

- Total number of service recipients in Quebec was received by Statistics Canada from the Ministère de la Santé et des Services sociaux without a breakdown by age and sex. Service recipients by age and sex in Quebec were estimated by the Canadian Institute for Health Information in applying to the Quebec data the same percentage distribution by age and sex as in the rest of Canada.

- 2016 data by sex and age group are from the 2016 Census of population in 3 types of collective dwellings. Estimates for 2017, 2018 and 2019 were made in applying to the 2016 Census data the annual percentage changes, in 2017, 2018 and 2019, by age and sex of service recipients in residential long-term care facilities as reported in the **Continuing Care Reporting System (CCRS) of the Canadian Institute for Health Information** for six jurisdictions: Newfoundland and Labrador, Ontario, Manitoba, Alberta, British Columbia and Yukon. CCRS data were missing or incomplete for other jurisdictions. The six jurisdictions whose annual percentage changes were used in the calculation of the estimates include about two thirds of the Canadian population aged 65 and over.- The number of 0-17 years old service recipients is sourced or estimated as follows: 2003-2009 data are from Statistics Canada’s annual report *Residential Care Facilities* (Catalogue no. 83-237X); 2016 data are from Statistics Canada’s 2016 Census of Population in collective dwellings; 2010-2015 service recipients aged 0-17 data were estimated, for males and females respectively, based on the share of service recipients aged 0-17 out of service recipients aged 0-64 in the 2009 Residential Care Facilities Survey. 2017-2019 data were estimated, for males and females respectively, based on the share of service recipients aged 0-17 out of service recipients aged 0-64 in the 2016 Census of Population.

- 2021 data by sex and age group are from the 2021 Census of population in 3 types of collective dwellings: 1. Nursing homes, 2. Facilities that are a mix of both a nursing home and a residence for senior citizens, and 3. Residential care facilities such as group homes for persons with disabilities and addictions.

🔴 **Comparability of the 2021 Census data with the 2016 Census data:** While the collective dwelling concepts and classification in the 2021 Census have remained the same as in the 2016 Census, changes in

the collection and processing procedures of collective dwelling data as a result of the COVID-19 pandemic may have had an impact on the historical comparability. Consequently, caution must be used when making historical comparisons. In 2021, in the context of the COVID-19 pandemic, no Census employee was permitted to visit or enter most collective dwellings, especially those housing residents who are vulnerable to COVID-19, such as hospitals, nursing homes, long-term care facilities, or residences for senior citizens. Administrators of these facilities were required to complete a series of questions about their facility using the 2021 Census' Collective Dwellings electronic questionnaire.

✂✂ Break in time series in 2016: Census data on population in the following 3 types of collective dwelling were used: 1. Nursing homes, 2. Facilities that are a mix of both a nursing home and a residence for senior citizens, and 3. Residential care facilities such as group homes for persons with disabilities and addictions. The large increase in the numbers of service recipients in 2016 may be due to the inclusion of facilities that are a mix of both a nursing home and a residence for senior citizens.

✂✂ Break in time series in 2013-2014: Starting in 2013-2014, when the Long-term Care Facilities Survey (LTCFS) was discontinued, estimates were made for all provinces based on the annual growth rate of service recipients reported in the Continuing Care Reporting System (CCRS) of the Canadian Institute for Health Information.

✂✂ Break in time series in 2011-2012: In 2011-2012, the Long-term Care Facilities Survey (LTCFS) replaced the Residential Care Facilities Survey. The LTCFS excluded facilities providing "Type I" care (supervision and/or assistance with activities of daily living and meeting psycho-social needs). An estimation of service recipients by sex and age group in the excluded "Type I" care facilities was made for the years 2011-2012 and 2012-2013 based on trend data from previous years.

Further information: See Statistics Canada's webpage on the Residential Care Facilities Survey at <http://www5.statcan.gc.ca/olc-cel/olc.action?ObjId=83-237-X&ObjType=2&lang=en&limit=0>.

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year
Canada	Facilities which have four beds or more and which are approved, funded or licensed by provincial/territorial departments of health and/or social services and where the principal characteristic of the predominant group of residents is aged, physically challenged, psychiatrically disabled or developmentally delayed.	N.a.	N.a.

Chile

Data not available.

Colombia

Data not available.

Costa Rica

Source: Ministry of Health, based on quarterly information reported by each centre.

Methodology:

- Data include all LTC facilities for the population aged 65 years and over, which have legally requested a license to operate to the MoH, and are registered in the MoH database as active.
- Private LTC residences only.

Further information: www.ministeriodesalud.go.cr.

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year
Costa Rica	Private LTC residences for senior citizens (aged 65+ and over), both for profit and not-for-profit. Currently there are no public LTC facilities in Costa Rica.	N.a.	N.a.

Czechia

Source: Ministry of Labour and Social Affairs (calculation by the Institute of Health Information and Statistics of Czechia).

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 in institutions refer to the number of people receiving care allowances who stated 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, social services provided in residential health care institutions (about 2 % of all recipients of long-term care in institutions).
- This figure may serve only as an approximation of recipients of long-term care in institutions 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); it is for 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.

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year
Czechia	Homes for disabled persons, homes for the elderly, special regime homes, week care centres, residential health care institutions.		67719 (2021), 69804 (2022), 70710 (2023).


Denmark

Sources:

2011 onwards: **The Danish Health Data Authority.**


2007-2010: **Statistics Denmark.**

Coverage:

 2011 onwards: Data only include the elderly aged 65+ and 80+ in nursing homes.

Up until 2010:

- Data include people in nursing homes, protected housing and nursing housing.
- 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.
- Some municipalities report large deviations between housing from year to year, and the figures are consequently less reliable. The number of housing establishments and the number of persons cannot easily be compared, since they are compiled differently.

 **Break in time series in 2011** due to a change in source and coverage.

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year
Denmark	Nursing homes for the elderly (65+)	N.a.	N.a.

Estonia

Source: Ministry of Social Affairs. Annual statistical report on social welfare institutions. **National Institute for Health Development.** Annual statistical report on inpatient care. **Estonian Health Insurance Fund.** Statistics about the use of long-term nursing care services.

Coverage:

- Responsibility for the provision of long-term care in Estonia is shared between the health care system and the welfare system. Health care LTC services include inpatient nursing care and home nursing care services compensated by the health insurance system. From 2020, a nursing care service financed by the Health Insurance Fund was added to the institutional general care service provided outside the home. Inpatient nursing health care is provided by hospitals (HP.1) and since 2013 also by nursing care hospitals (HP.2.1).
- The share of nursing care hospitals (HP.2.1) in the provision of inpatient long-term nursing health care has been about 30% of the total number of patients.

- The concept of provision-integrated health and social services and person-centered approach is accepted, but not implemented yet. Service provision and data collection are split between health and social systems. Currently available data about persons receiving LTC include some overlaps between the systems.


Age-breakdown differs from the OECD guideline:

- In welfare institutions, the age group 0-64 includes persons aged 18-64 years old. In nursing care hospitals, there are only exceptional cases in the 15-19-years-old group. Substitute home services (child welfare institutions) are not included.

Methodology:

- Data are collected from social welfare institutions providing 24-hour LTC care services for adults (including services for mentally disabled persons).
- From 2019, the sources for 24-hour special care services for mentally disabled persons are **Ministry of Social Affairs welfare statistics** (service users financed 100% by local governments and/or persons themselves) and **Social Insurance Board registry data** (service users financed also by the state). Therefore, the proportion of men and women has also been adjusted. Previously, data were collected from a single source and were fully aggregated.

- Data include LTC inpatient cases from nursing care hospitals (HP.2).

 **Break in time series in 2013:** Since 2013, patients discharged from nursing care hospitals (HP.2) are included.

Further information: <https://sveeb.sm.ee/> and <https://hveeb.sm.ee/> (in Estonian), <https://tervisekassa.ee/> (in Estonian: <https://tervisekassa.ee/andmeparingud>), and <http://www.tai.ee>.

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year
Estonia	All institutions that provide 24-hour care services for LTC dependent adults, including HP.2 nursing care hospitals discharges since 2013.	No HP.1	No. In institutions, LTC recipients generally need both ADL and IADL services.

Finland

Source: Finnish Institute for Health and Welfare (THL).

Coverage:

- Data refer to the number of persons registered as clients in residential homes for older people and institutional care for people with intellectual disabilities (only residential homes, not other institutions) on 31st December of each year.
- Data include both publicly and privately financed units.

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 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 2023, 1.6% of recipients at home and 1.5% 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/>.
- Le Caignec, É. (dir.) (2024, octobre). L'aide sociale aux personnes âgées ou handicapées – Édition 2024. Paris, France: DREES, coll. Panoramas de la DREES-Social.

Germany

From 2019 onwards:

Source: **Federal Statistical Office**, Statistics on long-term care 2023; Statistisches Bundesamt 2024, *Statistischer Bericht: Pflegestatistik 2023, Pflege im Rahmen der Pflegeversicherung*, table 22421-02 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 receive permanent inpatient care or short-term inpatient care in residential care or nursing homes licensed under SGB XI according to HP.2.
- 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 in institutions; **Association of Private Health Insurance (PKV)**, Recipients of private long-term care in institutions, 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 receive full care or part-time care in residential care or nursing homes licensed under 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.

 **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).

Countries	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year

Germany	All private and public nursing and residential care facilities according to HP.2.	No long-term care in hospitals.	N.a.
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Greece

Sources

2019 and 2021: **Hellenic Statistical Authority. Social Care and Welfare Units/2021**, see <https://www.statistics.gr/en/statistics/-/publication/SHE27>.

2018: **National Organization for Health Care Provision in Greece (EOPYY)**.

Methodology:

- Data available for total LTC recipients in institutions, all ages.
- Data are under-estimated as they refer to recipients of institutionally-based LTC mainly financed by public funds.

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year
Greece	Public institutions providing inpatient care to disabled people. Non-governmental non-profit institutions providing care to disabled people. Private hospitals providing LTC services. NHS hospital providing LTC services.	N.a.	N.a.

Hungary

Source: **Hungarian Central Statistics Office (KSH, in Hungarian)**, Yearbook of Health Statistics.

Coverage: Data include people receiving care at homes for the elderly, homes for psychiatric patients, homes for disabled persons, homes for addicts, and from 2004 permanent homes for homeless persons.

Methodology:

- Long-term care in Hungary is provided within the framework of social and health services.
- 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.

Data are provided according to the status as of December 31 of each year.

Break in time series in 2004:

Up until 2003, the data did not included the permanent residential social institutions for homeless persons.

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>.

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year
Hungary	Home and temporary home for the elderly, Home and temporary home for psychiatric patients, Home and temporary home for disabled persons, Home and temporary home for addicts.	-	-

Iceland

Sources:

From 2011 onwards: **The Directorate of Health, Register of Nursing Home Pre-Admission Assessments.**

Before 2011: **Statistics Iceland.**

Data collection on the elderly:

Coverage:


- Data refer to long-term care recipients in public and private nursing homes and nursing wards in mixed institutions (in institutions of retirement and nursing, the retirement section is excluded).
- Data exclude long-term care patients in hospitals.

Methodology:

- The institutions are mostly publicly financed. Some recipients pay a share which is income-related, while some pay nothing.
- 1993-1995: The age-breakdown is sometimes different from the OECD guideline. The age group 0-64 refers to 0-65, and the age-group 65 to 66 years old and over.
- Data from 1996 onwards match the OECD guideline.

Data collection on the disabled:

Methodology: There has been a change in service for the disabled in recent years, and the number of those living in institutions has decreased. The number of disabled persons has been between 17 and 14 for the period 1999-2007.

 **Break in time series** in 2011 due to a change in source and methodology.

Further information: <http://www.statice.is/Statistics/Health,-social-affairs-and-justi/Elderly>.

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year
Iceland	Nursing homes and nursing wards in mixed homes		

Ireland

Sources:

From 2013: Health Service Executive, Nursing Home Support Scheme (NHSS).

Up to 2012: Department of Health, Annual Survey of Long-Stay Units.

Coverage:


From 2013:

- Data refer to long-stay beds for NHSS clients and savers in public units.
- The data provided include long-term residents in:
 - public nursing homes,
 - private nursing homes,
 - Section 38 and
 - Section 39 nursing homes.
- Data do not include nursing home residents who privately fully fund their own care.

Up to 2012:

- Data refer to both publicly and privately funded long-term care.
- Categories included:
 - Health Service Executive (HSE) Extended Care Unit: A facility run by the Health Service Executive. These institutions generally provide accommodation for older people who are in need of care for medical reasons.
 - HSE Welfare Home: A home run by the Health Service Executive. These institutions generally provide accommodation for older people who are in need of long or short-term care for medical or other reasons.
 - Voluntary Welfare Home: A home run by a charitable non-profit organisation in which patients are not maintained for the personal profit of the proprietors. This includes all welfare homes run by religious orders as well as homes run by lay charitable organisations. These institutions generally provide accommodation for older people who are in need of long or short-term care for medical or other reasons.
 - Voluntary Home for Older People: A home run by a charitable non-profit organisation in which patients are not maintained for the personal profit of the proprietors. This includes all nursing homes run by religious orders as well as homes run by lay charitable organisations.
 - Private Nursing Home: A home which is run as a private business for the care and maintenance of dependent persons. As the term implies, these are nursing homes established by private individuals or by companies in the private sector which are run on a profit-making basis.

Methodology:

 **Break in series in 2013.**

From 2013:

- Data in 2013 and 2014 refer to the cumulative total of long-term care recipients during the month of December in those years. Data from 2015 onwards refer to as at 31st of December for each reference year.
- Data only **include** those nursing home residents who are availing of the Nursing Homes Support Scheme (A Fair Deal), i.e. those subsidised by the State.
 - Data **exclude** Section 39 savers.
 - Data **exclude** Contract Beds: these are in private facilities.
 - Data **exclude** Subvention patients: these are in private facilities.
- Those nursing home residents who privately fully fund their own care are not included in the above data.
- Long-term residential care services in terms of the Nursing Homes Support Scheme are defined under the 2009 Nursing Homes Support Scheme Act.

Up to 2012:

- Data refer to 31st December every year.
- Data refer to residents in both long-stay and limited-stay beds.
- ❗ Figures refer to returns received from the Annual Survey of Long-Stay Units. Typically returns averaged 80% of institutions surveyed and as such, data should be considered as under-reported.
- Totals for all ages and for ages 65 years old and over and 80 years old and over, differ from the sum of males and females for those respective age groups in 2006, as the age of a very small number of patients was listed as "not stated" for this year only.

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year
Ireland	i) Health Service Executive (HSE) Extended Care units ii) HSE Welfare Homes iii) Voluntary Welfare Homes iv) Voluntary Homes for Older People v) Private Nursing Homes	20038 (2012). Refer to the number of patients as of 31 st December in the types of institutions listed across.	N.a.

Israel

Sources:

Data reported are based on combining two data sources:

(a) **Summary Hospitalisation Database**, collected routinely by the **Health Information Division in the Ministry of Health** which includes all admissions to all in-patient institutions, hospitals (HP.1) and nursing care (HP.2), but does not include data by age and gender.

(b) **Subsidised Nursing Home Admissions Database**, from the **Geriatric Division in the Ministry of Health** which includes data by age and gender for each person. The database covers patients who are subsidised by the Ministry of Health (70% of in-patients in all nursing care beds). The rest (30% of in-patients in all nursing care beds) are paid for mostly privately and/or through private or group-purchased nursing-home insurance; only a small minority is paid through other social programs.

Coverage: There are no cases of LTC recipients in institutions (other than hospitals) aged 0-17 years old.

Methodology:

- Nursing care is provided in specific departments, for persons characterised by moderate to severe functional restriction with stable medical conditions.
- Of the total nursing care beds, 85% are in facilities which are purely nursing homes (HP.2) and 15% are in hospitals (HP.1), mostly in special hospitals (HP 1.3) which are geriatric hospitals.
- The age and gender data available for 70% of patients in subsidised care were expanded for all nursing home patients.

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.

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year
Israel	Nursing care facilities and hospitals.	2060 in 2023, 1775 in 2022, 1435 in 2021, 1438 in 2020, 1587 in 2019, 1551 in 2018, 1514 in 2017, 1444 in 2016, 1512 in 2015, 1567 in 2014, 1314 in 2013, 1210 in 2012,	Unknown.

		1317 in 2011, 1240 in 2010, 1173 in 2009, 891 in 2008.	
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Italy

Sources:

For public and private facilities accredited with the NHS: Ministry of Health - Health Information System. Data available only for the total population (all ages).

For private facilities not accredited with the NHS: ISTAT, National Institute of Statistics. Census of health and social residential care facilities


Coverage:

 Data represent facilities providing health care services to aged people, patients with psychiatric diseases, disabled people, and people needing palliative care.

- Rehabilitation centers are excluded.

- Data for 2000-2017 differ from the definition, while data from 2018 onwards are compliant with the definition (both concerning the type of facilities considered and the inclusion of the entire private sector).

Data for 2000-2017 do not include private facilities not accredited by the National Health Service, while the 2018-2021 data include them.

 **Break in time series in 2018:** Data up to 2017 refer to all public and private residential care facilities accredited by the National Health Service; private facilities not accredited by the National Health Service are excluded. Since 2018 all residential care facilities are included (public and private, both accredited and non-accredited by the NHS).

Further information: <http://www.salute.gov.it/statistiche> (in Italian).

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year
Italy	Facilities providing health care services to aged people, patients with psychiatric diseases, disabled people, and people needing palliative care.	69101 in 2022.	N.a.

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. 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.

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 (1st April 2006) are deemed to be at the level of “care need” under the new programme and can receive care benefit rather than preventive care benefit which is the normal support provided to people at “support need” level under the revised programme.

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year
Japan	Welfare Facilities for the Elderly Requiring Long-Term Care (Kaigo Roujin Fukushi Shisetsu), Healthcare Facilities for the Elderly Requiring Long-Term Care (Kaigo Roujin Hoken Shisetsu), Sanatorium-Type Medical Care Facility for the Elderly Requiring Long-Term Care (Kaigo Ryouyugata Iryou Shisetsu), Integrated facility for medical and long-term care (Kaigo Iryoin)	N.a.	N.a.

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 in elderly care institutions. Inpatients in medical institutions are excluded from the recipients of long-term care insurance benefits.

Latvia

Source: **Ministry of Welfare**, “Survey of the long-term social care and social rehabilitation services” (at the end of the year).

Coverage: State (and contractual organisation) long-term social care centers, HP.2.2. providers (excluding mental health day-care centers and group homes for mentally-ill persons) according to the SHA 2011 methodology.

Deviation from the definition:

- Not all HP.2 institutions are covered. Until now the work on the list of HP.2.1 is going on. The definition on long-term nursing care facilities is not clearly applied in the country.

🔴 Data provided for the age groups 0-61, 62+ and 80+.

Further information:

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year

Latvia	State (and contractual organisation) social care centers (HP.2.2)	In 2022, 4907 persons have received short-term social care in hospitals (HP.1). These persons are excluded from HP.1 and HP.2 due to insufficient information. Besides, there are separate long-term care departments in hospitals financed by the Ministry of Welfare for persons with mental disorders. These persons are included in HP.2.2.	It is not possible to separate the long-term care recipients in institutions who need help with IADL because there is no such distribution in data collection questionnaire.
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Lithuania

Sources:

Information system SVEIDRA (National Health Insurance Fund):

Methodology:

- Nursing and palliative care services paid from the Compulsory Health Insurance Fund budget are provided in:
 - Nursing hospitals
 - General hospitals having nursing and palliative care departments
 - Primary health care centres having nursing and palliative care departments.
- Nursing services are compensated from the Compulsory Health Insurance Fund budget for a period no longer than 4 months per year per patient, additional time could be paid by the municipality and/or by the patient. Palliative care services are unlimited and fully compensated from the Compulsory Health Insurance Fund budget.

Survey of Social services – State Data Agency (Statistics Lithuania):

Methodology:

- Annual statistical survey on social services covers all institutions (except hospitals) providing care (social and nursing) services to persons of all age groups.
- In the statistical reports of the above-mentioned survey, information on sex and several age groups of recipients are available. Data on LTC recipients by single year are estimated by distribution of the data of the particular age group according to the structure of the population in that group.

Coverage:

- LTC recipients include:
 - Persons living in the care homes for children with disability;
 - Persons living in the care homes for adults with disability;
 - Persons living in care homes for the elderly.
- Care homes providing services that are not related to the health condition of the recipient (childcare homes, independent living homes, crisis centres, shelters for the homeless, etc.) are excluded.
- In 2023, the number of long-term care recipients receiving care at home experienced a more significant increase compared to the modest growth in the number of long-term care recipients in institutions.
- In 2020, the biggest decrease in the number of people receiving nursing and palliative care services was in health care facilities (nursing hospitals and nursing wards in general hospitals). This decrease was mainly due to changes in the provision of health services as a result of the COVID-19 pandemic.
- Aging population and increasing access to long-term care services have led to an increase in the number of recipients in institutions in 2019. The number of recipients of nursing and palliative care services increased the most in nursing hospitals (+17.7% for women and +10.1% for men), while the number of recipients of long-term care in care homes for the elderly and disabled persons grew less (about 5%).

Deviation from the definition: All long-term nursing and palliative care recipients are included in the LTC data. Hospitals in Lithuania (HP.1) cover various types of institutions with different structures and amount of services provided. Some of them have separate departments providing nursing and palliative care services (with no acute care), while all rules of provision and payment for these services are the same as in nursing facilities (HP.2). Nursing and palliative care is also provided in institutions attributed to HP.3: these are separately placed nursing hospitals acting as departments of the local primary health care centres. These nursing and palliative care services and recipients are also attributed to the LTC as the rules of provision and payment for services are the same.

Luxembourg

Source: Fichiers de la sécurité sociale. Data prepared by **General Inspectorate of Social Security (IGSS)**.

Coverage: Data only cover the recipients (resident and non-resident) of the long-term care insurance. Recipients of LTC in Luxembourg not affiliated to the Luxembourgish system are included.

Methodology:

- Preliminary results for 2024.

- Data refer to numbers as of 31st December every year.

Break in time series in 2021: The persons living partly at home and partly in an “Établissement d’aides et de soins à séjour intermittent (ESI)” are considered to be in an LTC facility as long as they live there in the month of December (not only on the 31st of December).

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.

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year
Luxembourg	HP.2.1 - HP.2.9	N.a.	Available in the SHA 2011 framework from 2013 onwards.

Mexico

Data not available.

Netherlands

Source: Centraal Bureau voor de Statistiek (CBS).

From 2022: Data from **Vektis**, the organisation that registers statements of expenses related to the Long-term Care Act (acronym in Dutch: Wlz).

2015-2021: 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).

Before 2015: Data from **CAK**, the organisation that executes the Exceptional Medical Expenses Act (acronym in Dutch: AWBZ).

Coverage:

- Data exclude recipients in hospitals in general, as hospitals have no designated long-term care beds; the number of LTC recipients who do not receive acute care in hospitals is not recorded.

- Data include nursing homes, homes for the elderly, homes for the handicapped and homes for people who need mental health care.

- Drawing the boundaries of institutional care is difficult. For example, it is difficult to draw a dividing line between long-term care recipients and other patients in mental hospitals. In addition, there is a large sector of homes for the elderly (other than nursing homes) with an unclear number of long-term care recipients.

From 2022:

- Wlz-LTC recipients of all ages in institutions are included.
 - Due to a system change, persons can no longer receive long-term mental health care under the Zvw as this has become available under the Wlz for a broader group since 2021.
 - Information on recipients aged 17 years and younger with long-term mental health care is not available since the administration of the Youth Act (Acronym in Dutch: JW) does not distinguish between different kinds of health care.
 - GGZC belongs to the SHA function Long-term social care.
- Since 2021: Due to policy change, long-term mental health care is available to a broader group of persons under the Wlz. This has contributed to an increase in LTC recipients from 2021 onwards.

2015-2021:

- Wlz-LTC recipients of all ages in institutions are included. In addition, recipients in institutions aged 18 years and older with Zvw funding for Long-term mental health care (acronym in Dutch: Zvw-GGZC) are included. Among the GGZC recipients aged 18 years and older, only those who receive GGZC care for the second year in a row are included in 2015.
- Information on recipients aged 17 years and younger with long-term mental health care is not available since the administration of the Youth Act (Acronym in Dutch: JW) does not distinguish between different kinds of health care.
- GGZC belongs to the SHA function Long-term social care.

Before 2015: Only recipients aged 18 years and older with AWBZ funding are included.


Methodology:


Since 2015: Wlz-LTC recipients in institutions are measured on the second Friday of November. Zvw-GGZC LTC recipients are measured during the year. They refer to those persons who are registered in the population register at that date.

2009-2014: LTC recipients in institutions are measured on the second Friday of November and refer to those persons who are registered in the population register at that date.

Before 2009: LTC recipients in institutions are measured on the last Friday before Christmas (end of the year), and refer to those persons who are registered in the population register that year.

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year
Netherlands	Nursing homes, homes for the elderly, homes for the handicapped, homes for people who need mental health care.	N.a.	Some specialised mental health care.

 **Break in time series in 2021:** From 2021, long-term mental health care is available to a broader group of persons under the Wlz. This care is partly provided in institutions and partly provided at home

 **Break in time series in 2015:** From 2015, long-term care in institutions 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.

❶ Policy changes and related changes in registrations have led to a sharp decrease in LTC care recipients in institutions. In addition, the registration of GGZC recipients in 2015 does not cover the total number of persons who receive this care. This registration will improve during the next years.

New Zealand

Sources:

Extract from **CCPS payment system (Client Claims and Payments System)**.

General Ledger codes 6640 (Residential Care: Rest Homes) and 6650 (Residential Care: Hospitals).

Payments by **DHBs** and the **Ministry of Health**.

❶ Coverage: People without a recorded gender are attributed in proportion to known female and male.

Methodology:

From 2013:

- People receiving services in June each year.
- CCPS does not record residents in rest home level care who pay the full cost themselves because they own assets above the means testing threshold (\$215,132 from 1st July 2013 to 30th June 2014 and increasing by the CPI each year).
- Residents in rest home level care paying the full cost themselves are estimated by applying the proportion of residents as in continuing care hospital level care who pay the maximum contribution.
- Before 2021, headcounts are overstated to the extent that both people who exit (mostly die) during the month and others who first enter are counted.

Before 2013:

- Bed-days attributed to calendar year by date of service (not date of payment).
- Bed-days divided by 365 to calculate average number of residents on any one day.
- CCPS does not record residents in rest home level care who pay the full cost themselves because they own assets above the means testing threshold (\$215,132 from 1st July 2013 to 30th June 2014 and increasing by the CPI each year). Residents in other levels of care who have assets over the threshold also pay the cost themselves, up to a limit known as the "maximum contribution".
- The proportion of residents in continuing care hospital level care who pay the maximum contribution is estimated by calculating the proportion of continuing care hospital level residents who pay at least the maximum contribution daily rate.
- Residents in rest home level care paying the full cost themselves are estimated by applying the proportion of residents in continuing care hospital level care who pay the maximum contribution.
- Residents in rest home level care paying the full cost themselves for each calendar year are calculated as the average of two financial years.
- The residents in rest home care paying the full cost themselves are attributed to age and gender categories in proportion to the age and gender of residents in CCPS aged 65 years old and over.
- The relevant data for estimates of residents paying the full cost themselves is available in the table below:

Self-paying residents assigned to 65-79 and 80+ in proportion					
Gender	F	F	M	M	Total
Age	65-79	80+	65-79	80+	
2006	718	3,211	577	994	5,500
2007	699	3,146	559	995	5,400
2008	663	2,999	539	999	5,200
2009	652	2,978	539	1,031	5,200
2010	652	2,973	529	1,047	5,200
2011	642	2,949	531	1,077	5,200

2012	655	2,979	549	1,118	5,300
2013	614	2,915	533	1,138	5,200
2014	638	2,985	539	1,191	5,350
2015	502	2,907	430	1,166	5,005
2016	403	3,008	336	1,238	4,984
2017	405	3,165	340	1,327	5,238
2018	378	3,302	322	1,403	5,404
2019	356	3,364	304	1,471	5,495
2020	523	3,522	455	1542	6,043

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year
New Zealand	Certified aged residential care facilities, not acute hospitals.	No long-term in acute hospitals.	22.9% were assessed as independent on the interRAI ADL Hierarchy Scale.

Norway

Sources:

From 2018 onwards: **The Municipal Patient and User Registry, Norwegian Directorate of Health.**

2007 to 2017: **IPLOS register.** National statistics produced by **Statistics Norway.**

Before 2007: **Statistics , Official Statistics of : Nursing and Care Statistics.** Annual survey of municipal services (KOSTRA).

Coverage: Full data coverage. Include all Norwegian municipalities and all institutions for elderly and/or disabled persons (both nursing homes and old people homes) and do not include any services given in hospitals.

Periodicity: From 2007, data are entered continuously locally, and submitted to Statistics Norway once a year. Statistics published on the status at the end of each year (December 31), as was the case before 2007.

Deviation from the definition:

- Recipients of short-term care in institutions care are included in the figures for recipients of long-term care in institutions.

🔴 Before 2007, age-breakdown is sometimes different from the OECD guideline, and data are available for the recipients of all ages and those below 67, aged 67 and over and aged 80 and over.

- 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 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 previous aggregated forms from each institution.

🔪 **Break in time series in 2018:** Break in the time series from 2018 onwards due to a new method for calculating the number of persons. Previously, persons that received care in multiple municipalities were counted several times. Under the updated method, all persons are counted only once.

Further information: <https://www.ssb.no/en/helse/helsetjenester/statistikk/sjueheimar-heimetenester-og-andre-omsorgstenester>.

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year
Norway	All institutions for elderly and/or disabled persons (both nursing homes and retirement homes).	Not included.	Data cannot be divided between long-term care and IADL.

Poland

Sources:

Ministry of Health, Report (MZ-29a) on the activity of long term care facilities i.e. chronic medical care homes, nursing homes, hospices and palliative care wards.

Statistics Poland, Report (PS-03) survey on social welfare facilities i.e. chronically ill with somatic disorders, chronically mentally ill, mentally retarded, and physically handicapped.

Institute of Psychiatry and Neurology, Report (MZ/Szp11-B) psychiatric statistical card.

Coverage: Data refer to publicly and privately funded care.

Methodology:

Deviation from the definition: Persons who need help only with instrumental activities of daily living (IADL), that is, receiving only long-term social care, are also included.

- Data refer to recipients on 31st December of each year.

Year (entire year)	Number of recipients (all ages)
2006	156 079 (estimation)
2018	203 387 (estimation)
2020	184 700
2021	190 578
2022	210 151
2023	218 351

2006-2010: Age-breakdowns differ from the OECD groups. Data are available for the recipients of all ages: those below 60, aged 60 and over, and aged 75 and over. Age breakdown follow the OECD groups from 2011 onwards (0-64, 65+ and 80+).

- Data on female age breakdown and male age breakdown are partly estimated (2006-2013).

- From 2014 onwards, data on female age breakdown and male age breakdown come from the Report (PS-03) survey.

Break in time series in 2023: 2023 data on female age breakdown and male age breakdown do not include addiction recovery centers (Monar centers), detoxification centers, regional centers of forensic psychiatry.

Break in time series in 2013: Since 2013, data also include addiction recovery centers and palliative care wards.

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year
Poland	- Chronic medical care homes, nursing homes,	- Number of long-term care patients in health	N.a.

	<p>hospices, social welfare facilities for chronically-ill with somatic disorders, chronically mentally ill, mentally retarded, physically handicapped, and regional centers of forensic psychiatry.</p> <p>- From 2013 are also included: addiction recovery centers (Monar centers), detoxification centers and palliative care wards.</p>	<p>resort hospitals and long-term care wards in hospitals in 2023 amounted to 133709 patients, 127207 in 2022; 91660 in 2021; 73410 in 2020, 143559 in 2019, 139696 in 2018, 131 800 in 2017, 124 645 in 2016, 134 547 in 2015, 133 577 in 2014, 142 411 in 2013, 180 600 in 2012; 176 100 in 2011, 178 600 in 2010, 210 400 in 2009 and 217 500 in 2008.</p> <p>- Data refer to entire year. - The number of patients on LTC wards in hospitals includes inter-ward patients transfers.</p> <p>Data sources: survey of the Ministry of Health, survey of Statistics Poland and administrative sources.</p>	
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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 health care 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: Ministry of Labour, Social Affairs and Family of the Slovak Republic, Information system RSD MIS.

Until 2021: Statistical Office of the Slovak Republic.

Coverage:

- Data on LTC recipients in institutions refer to Social services homes, specialised facilities, residential homes for seniors, and residential nursing facilities (including recipients in institutions with daily stay).

Methodology:

i Data collected from the Statistical Office of the Slovak Republic are broken down by age from 2018 onwards, but according to different age groups, i.e. 0-18 and 63+.
 - Until 2021, data for LTC recipients by gender are not collected by the Ministry of Labour, Social Affairs and Family.

✂ Break in series in 2022 due to a change in methodology: In 2022, the Social Services Information System has been launched and different types of methodology have been used in order to collect data on LTC recipients. Therefore, data for LTC recipients differentiated by age and gender have been collected only since 2022.

- Data on long-term care recipients in institutions include all the residential social services such as social services homes, specialised facilities, residential homes for seniors and residential nursing facilities.

✂ Break in series in 2018 due to a change in methodology: Since 2018, the recipients of social services in day care centres were reclassified from recipients of institutional facilities with accommodation to recipients in home care.

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year
Slovak Republic	Social service homes, specialised facilities, residential homes for seniors, and residential nursing facilities.	N.a.	N.a.

Slovenia

Sources: Statistical Office of the Republic of Slovenia (SURSTAT) and Social Protection Institute of the Republic of Slovenia.

Methodology: Data are prepared in accordance with the SHA 2011 methodology.

i 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).

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year
Slovenia	- Homes for elderly - Special social welfare institutions - Centres for protection and training	N.a.	N.a.

Spain

Sources:

Ministry of Social Rights, Consumer Affairs and 2030 Agenda.

Instituto de Mayores y Servicios Sociales (IMSERSO) (Institute of Elderly People and Social Service).

Coverage:

- Data refer to recipients in institutions, and cover only people recognised through the provision of the Autonomy System and the Unit Prevention (of any age). Note that the coverage for these data differs from the data on LTC beds in institutions, which refer to *all* people whether or not they are recognised as beneficiaries of long-term care through the provision of the Autonomy System and the Unit Prevention.
- 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 14th December, the Promotion of Personal Autonomy and Care for people in situations of dependency.
- Data refer to 31st December each year.

Further information: <https://imserso.es/documents/20123/173969/estsisaad20221231.pdf/9f19275d-e3c1-f9c8-bdbe-5ccf4a671693> (in Spanish).

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year
Spain	Public and private institutions for elderly people.	Only people recognised through the provision of the Autonomy System and the Unit Prevention. Further information at https://imserso.es/documents/20123/173969/estsisaad20221231.pdf/9f19275d-e3c1-f9c8-bdbe-5ccf4a671693 .	N.a.

Sweden

Source: National Board of Health and Welfare. National Register of Care and Social Services for the Elderly and Persons with impairments, National Register of Interventions in Municipal Health Care, National Register of Municipal Support and Service for Persons with Certain Functional Impairments. Yearbook of Health and Medical Care 2002.

Coverage:

- Data refer to recipients who have received care and services in institutions 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).
- Services of long-term care institutions in Sweden include both health care services, ADL and IADL services as a package. In the data provided, it is not possible to separate ADL and IADL services.

Methodology:

- The sum of men and women aged 65 years old and over does not add up to the total aged 65 years old and over in 2007, as there are 335 persons reported without personal numbers, and their gender is not known.
- The sum of men and women aged 0-64 and 65 and over does not match the subtotals from men and women in 2016, as gender information is missing for 18 individuals in institutions.

✂✂ Break in series in 2014: 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). There is also information on gender.

✂✂ Break in series in 2013: The data for recipients in institutions (other than hospitals) are collected as group data. Therefore there is no information on gender. Figures are preliminary.

✂✂ Break in series in 2010 due to new collecting methods. Information on recipients in institutions from 2010 is 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 have been moved from recipients in institutions to the long-term care recipients at home. For the years 1990 to 1998, respite care/short time stays are still included in the recipients in institutions.

✂ **Break in 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 long-term care institutions in the municipalities. The target population is persons of all ages with certain functional impairments requiring a lot of help with daily living.

Switzerland

Source: Federal Statistical Office, Neuchâtel. Statistics of Medico-Social Institutions.

Coverage:

- Data refer to persons staying in nursing homes on December 31st each year.
- Data refer to both publicly and privately funded care recipients.

✂ **Break in time series in 2006:** Break in time series related to the total revision of the full survey on Medical and Social Institutions. The type of institution considered has been slightly redefined with the criterium "nursing care" (ADL). The most visible change in the time series is in the age category 0 to 64 years old (+ 37%) in 2006, as there is a negative shift (-0,3%) among the population aged 65 years old and older.

Further information: Statistique des institutions médico-sociales, tableaux standards, T7A Nombre d'employés selon le type de formation,

<http://www.bfs.admin.ch/bfs/portal/fr/index/themen/14/03/02/data/01.html>.

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year
Switzerland	Recipients in nursing homes where care or aid to ADL is predominant. Residents in institutions providing predominantly residential facilities and IADL are excluded.	LTC in hospitals exists to a small extent and cannot be captured on a statistical basis.	N.a.

Türkiye

Source: Ministry of Family and Social Services. Unpublished data.

Coverage: Data cover persons with disabilities and the elderly residing in public institutions affiliated with the Ministry of Family and Social Services, or in private care centers (including the rest homes affiliated with other ministries or owned by foundations, municipalities or minorities).


Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year
Türkiye	Private or public institutions under the governance of the Family and Social Policies Ministry for	Not included.	Data for this breakdown do not exist.

	elderly and/or disabled persons.		
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United Kingdom

Source: Department of Health in England.

Coverage:

-  Data for England. No data available after 2004.
- Data include recipients of publicly-funded care from local authorities and the NHS as well as those receiving privately-funded services.

Methodology:

- Raw numbers for LTC recipients in institutions for England have been increased *pro-rata* to provide numbers for the UK, using the population data stored within the OECD Health database.
- It has not been possible to update those data since 2004.

United States

Source: Centers for Disease Control and Prevention/National Center for Health Statistics.

2020 and 2022: National Post-acute and Long-term Care Study (NPALS).

2016: National Study of Long-Term Care Providers, 2016, table 4, Appendix B. National Center for Health Statistics, Centers for Disease Control and Prevention.

2013-2014: Certification and Survey Provider Enhanced Reporting (CASPER) nursing home file.

2012: The Quality Improvement Evaluation System (QIES) replaced the Online Survey Certification and Reporting Database (OSCAR).

1995-2011: Health United States, 2012. Tables 109 and 110, Nursing homes, beds, residents and occupancy rates, by state: United States, selected years 1995-2012. Note: 1995-2008: Health United States, 2009 (and previous years) with Chartbook on Trends in the Health of Americans. Nursing homes, beds, occupancy, residents, by geography division and state: United States, selected years 1995-2008. Table 119. Cowles Research Group, 2008, and previous editions. Based on data from the Center for Medicare & Medicaid Service' Online Survey Certification and Reporting (OSCAR).

Coverage:

2014, 2016, 2020, 2022: All residents who were residing in a Medicare or Medicaid-certified nursing home on the last day of the third quarter of the corresponding year, regardless of payment source. Exclude residents whose last assessment during the third quarter of the corresponding year was a discharge assessment. The Minimum Data Set assessment records were used to create a profile of the most recent standard information for each active resident (available from: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Minimum-Data-Set-3-0-Public-Reports/Minimum-Data-Set-3-0-Frequency-Report.html>). Within the Minimum Data Set Active Resident Episode Table (MARET), CME Center for Medicare and Medicaid Services defined an active resident as "a resident whose most recent assessment transaction is not a discharge and whose most recent transaction has a target date (assessment reference date for an assessment record or entry date for an entry recorded) less than 150 days old."

2014 and 2016: Data not available for residential care communities In the USA, residential care communities provide facility-based care and include assisted-living residences, board and care homes, congregate care, enriched housing programs, homes for the aged, personal care homes, and shared housing establishments.

Estimation:

2014:

- The age-sex distribution derived from the MARET data were applied to the total number of residents derived from the CASPER file to get the number of residents in each age-sex category. The number of long-term care recipients in residential care communities is an NCHS estimate, derived from the residential care survey component of the NSLTCP.

2022:

The age-sex distribution derived from the MARET data were applied to the total number of residents derived from the CASPER file to get the number of residents in each age-sex category. The number by sex

and age categories is not available. The number of long-term care recipients in residential care communities is an NCHS estimate, derived from the residential care survey component of the NSLTCP.

Further information: <https://www.cdc.gov/nchs/npals/site.html>.

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year
United States	<p>“Residential care communities include assisted living and similar residential care places that are 1) licensed, registered, listed, certified, or otherwise regulated by the state to provide room and board with at least two meals a day, 2) provide around-the-clock on-site supervision, 3) help with personal care such as bathing and dressing or health-related services such as medication management, 4) have four or more licensed, certified, or registered beds. In the USA, these residences serve a predominantly adult population, must have at least one current resident, and are not licensed exclusively to serve severely mentally ill or intellectually or developmentally disabled populations.”</p> <p>Data for 2018 contain the count for residential care communities. Residential community care counts are not available before 2018 .</p> <p>Number of nursing home residents (all ages). U.S. nursing homes are defined as facilities with three or more beds that routinely</p>	N.a.	N.a.

	<p>provide nursing care services.</p> <p>- All nursing homes included in the survey were certified by Medicare or Medicaid, or both, or not certified but rather licensed by individual states as a nursing home. These facilities may be free-standing or nursing care units of hospitals, retirement centres, or similar institutions where the unit maintained financial and resident records, separate from those of the larger institution.</p>		
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NON-OECD ECONOMIES

Argentina

Data not available.

Bulgaria

Source: Ministry of Health, National Statistical Institute, National Centre of Public Health and Analyses.

Coverage: Hospices, Homes for medico-social care for children and Integrated care centres for children with disabilities and chronic diseases are included.

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year
BULGARIA	Hospices, Homes for medico-social care for children and Integrated care centres for children with disabilities and chronic diseases	No	No

Croatia

Data not available.

Peru

Data not available at the national level.

Further information:

Data available for the 8 LTC Facilities managed by the Gratitude Programme, called CEAPAM.

LTC recipients in institutions			
	0-64 years old	65 years and older	80 years and older
Females	13	121	117
Males	10	112	77
Total	23	233	194

Source: Standardised National Registry (RENE). Gratitude Program database, Ministry of Women and Vulnerable Populations.

Methodology: Nominal User Registry of each LTC Facility. See <https://mimp.gob.pe/omep/>.

Romania

Source: National Institute of Statistics (INS), Annual exhaustive survey on the activity of medical and healthcare protection network.

Coverage:

- Data include residents in institutions for persons with disabilities and institutions for the elderly that employ healthcare personnel (provide inhouse healthcare services).
- Disaggregation by age groups is not available.

Country	Types of institutions included in the data	Data on long-term care recipients in hospitals for the latest year	Data on long-term care recipients in institutions who need help only with IADL for the latest year
Romania	- Institutions for persons with disabilities - Institutions for the elderly	N.a.	N.a.

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<https://www.oecd.org/en/data/datasets/oecd-health-statistics.html>