OECD Health Statistics 2025
Definitions, Sources and Methods

Long-term care resources and recipients by facility ownership

Public LTC facilities
Recipients in public LTC facilities
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Private LTC facilities
- of which: for-profit private LTC facilities
- of which: not for-profit private LTC facilities
Recipients in private LTC facilities
- of which: recipients in for-profit private LTC facilities
- of which: recipients in not for-profit private LTC facilities
Beds in private LTC facilities
- of which: beds in for-profit private LTC facilities
- of which: beds in not for-profit private LTC facilities

Definition of long-term care

Long-term care (health and social) consists of a range of medical, personal care and assistance services that are provided with the primary goal of alleviating pain and reducing or managing the deterioration in health status for people with a degree of long-term dependency, assisting them with their personal care (through help for activities of daily living, ADL, such as eating, washing and dressing) and assisting them to live independently (through help for instrumental activities of daily living, IADL, such as cooking, shopping and managing finances).

[Note: This definition is consistent with the definition of long-term care (health and social) under the System of Health Accounts 2011 – HC.3 for the health component and HCR.1 for the social component].

Long-term care institutions herein refer to nursing and residential care facilities (HP.2) which provide accommodation and long-term care as a package. They refer to 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.

Public and non-public residential long-term care facilities refer to HP.2, under *the System of Health Accounts 2011* classification of health care providers.

Public long-term care facilities refer to facilities that are owned or controlled by a government unit or another public corporation (where control is defined as the ability to determine the general corporate policy).

Private for profit residential long-term care facilities refer to facilities that are legal entities set up for the purpose of producing goods and services and are capable of generating a profit or other financial gain for their owners.

Private not-for-profit residential long-term care facilities refer to facilities that are legal or social entities created for the purpose of producing goods and services, whose status

does not permit them to be a source of income, profit, or other financial gain for the unit(s) that establish, control or finance them.

Recipients herein refer to people receiving formal (paid) long-term care. People who receive formal (paid) long-term care in public long-term care institutions will be classified as recipients in public long-term care facilities. People who receive formal (paid) long-term care in private long-term care institutions will be classified as recipients in private long-term care facilities, and the number will be broken down between for-profit and not-for-profit according to the ownership status of the private facility where they receive care.

Beds herein refer to beds in long-term care facilities defined as above. Beds will be categorised as public or private (for-profit or not-for-profit) depending on the ownership of the facility.

Exclusion:
- Beds in hospitals (HP.1) dedicated to long-term care
- Beds in residential settings such as adapted housing that can be considered as people's home

Sources and Methods

Australia

Source: Aged care service list, Australian Government Department of Health and Aged Care.
https://www.gen-agedcaredata.gov.au/Resources/Access-data/2020/September/Aged-care-service-list
Coverage:
- Information on residential aged care services in Australia, subsidised by the Australian Government under the Aged Care Act 1997, including:
    - Residential aged care services (aged care homes)

Excluding:
- Services that provide Home Care Packages
- Transition Care
- Innovative Pool
- Multi-Purpose Services providing aged care
- Short Term Restorative Care.
- Services funded under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.

Methodology:
- Data for facilities and beds are collated from the annual aged care services list for 30 June of the reference year (for example, data for 2024 are as at 30 June 2024).
- Data are limited to the care type *Residential*
- Data are provided for using the following groupings by *organization type*:
    - Public – 'state government', 'local government
    - Private – 'private incorporated body', 'private non-incorporated body', 'publicly listed company', 'charitable', 'community based', 'religious', 'religious/charitable'
        - o Of which, for-profit – 'private incorporated body', 'publicly listed company', 'private non-incorporated body'
        - o Of which, Not-for-profit – 'charitable', 'community based', 'religious', 'religious/charitable'
- Data for recipients in LTC facilities are derived from the same data source as the LTCI measure reported elsewhere in OECD LTC data, and reflect recipients who accessed care over a financial year (e.g. 2023-24 financial year reported here as OECD year 2023), including those who were in care but departed before the end of the financial year, whereas data for beds and facilities are at 30 June of each year. Recipient counts therefore can exceed places counts for a given period.

- Note that minor changes in provider, facility or places counts may result in some years in relation to published Services Lists where services as listed are counted distinctly with unique (unpublished) identifiers but otherwise appear identical (e.g. shared name/address details).
- Places counts are derived from this same source but modified using the methodology employed for reporting Beds in Long-term Care Facilities (aka LTC beds), where total places are proportionally adjusted by the ratio of residents who have an estimated ADL long-term care need to total residents.
- From 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 computational method used here is changed compared to prior years as a result. Data are estimates for residential care places for all permanent residents excluding those who do not have an AN-ACC assessment. The number of beds is calculated by [Total operational places x (permanent AN-ACC residents/total residents)]. All data refer to 30th June of the time period examined.
- Data are for mainstream facilities that receive funding subsidies for individual care from the Australian Government only. Multipurpose Services and services receiving funding under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program are excluded.

Aged care environment:
- These data solely reflect the provision of long-term care through the Australian Government-funded residential aged care system. Caution should be exercised when comparing these data with LTC data from other jurisdictions that may include other, non-aged care, data.
- 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:
- Australia does not collect data on the numbers of beds in government-funded residential aged care facilities. Instead, approved providers of residential aged care services are allocated places that may be used for permanent (long-term) or respite (short-term) care. To provide data for this measure, an estimate of the number of beds is derived using this number of operational places in conjunction with the proportion of all residents who were permanent and assessed as having ADL-related care needs.
- Australian data for this measure only includes residential aged care facilities: other residential programmes or services, such as mental health and substance abuse facilities, are not included.

Break in time series in 2023: 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 as summarised above. A consequence of the change is that recipient counts from 2023 reflect direct counts of permanent residents by provider organisation type, whereas beforehand to align with OECD definitions an apportionment and estimation of these counts was necessary. This direct counting method is more precise and reflects that occupancy at not-for-profit private facilities tends to be higher on average than public (government) facilities, and for-profit private facilities.

Note: Data for 2022 appear down on previous years, however, in Australian data there is not an actual reduction in residential care places overall, there is a reduction in those places which we can relate to the OECD definition. The cause is multifactorial; permanent resident numbers were down a bit on prior years (COVID-19 being a likely contributing factor) but there was also a considerably higher number of permanent residents not having an ACFI appraisal. The have been some operational transitions over the period that could have contributed to this.

Austria

Data not available.

Belgium

Data not available.

Canada

Source: 1105 Business Register.
Coverage:
-The estimates include only facilities that operate with residential care as their primary activity. These facilities are classified to the Nursing and residential care facility industry (NAICS 623).
- NAICS 623 includes nursing care facilities, residential facilities for persons with an intellectual or developmental disability, a mental health or substance use condition, community care facilities for the elderly and other residential care facilities.
- Includes only facilities that are considered alive and have active tax accounts that generate revenue (Active establishments that meet the CBC criteria (incorporated, or employment>0, or revenue>30,000, or complex statistical structure)). "Active" businesses are those with current or recent filings through any these various tax programs.
Methodology:
- The estimates for facilities are extracted from a snapshot of the Business Register taken at the end of each calendar year. The Business Register is subjected to a fluctuating number of unclassified Business Number records, outstanding work and unassigned workloads. The Business Register is largely based on the Business Number (BN) which is collected and assigned by Canada Revenue Agency (CRA). Therefore, the quality of the data is dependent upon the quality of the information submitted by Canadian businesses when applying for their Business Number.
- Data are collected directly from survey respondents, extracted from administrative files and derived from other Statistics Canada surveys and/or other sources.
- Reference period: December 31st of each calendar year.

Chile

Data not available.

Colombia

Source: Special Registry of Health Service Providers (Registro Especial de Prestadores de Servicios de Salud - REPS).
Coverage:
2021: 30 registers were not declared by the health service provider.
2022: 30 registers were not declared by the health service provider.
- The information on facilities or care centers for long-term care for the periods for which information is available corresponds to the number of sites with enabled services of “Hospitalisation of chronic patients with ventilators” (133), and “Hospitalisation of chronic patients without ventilators” (134), see below, page 155 and 156, 157 and 160 of Resolution 3100 of 2019:

- Hospitalisation of chronic patients without ventilator - Intramural and extramural modalities at home and low and medium complexity

- Hospitalisation of chronic patients with fan - Medium complexity Intramural and extramural home-based modalities.

Methodology:
- Qualified health services with IPS provider class with service codes 133 and 134.
- The application for for-profit and not-for-profit institutions does not apply to public IPS.
Further information: https://prestadores.minsalud.gov.co/habilitacion.

Costa Rica

Data not available.

Czechia

Source: Ministry of Labour and Social Affairs.
Coverage:
- Data include the number of registered social services facilities classified under HP.2 (SHA methodology), i.e. homes for disabled persons, homes for the elderly, special regime homes and week care centres. Public facilities incl. these ones established by state and local self-government, private for-profit incl. joint-stock companies, limited liability companies, general partnerships and facilities est. by natural persons, private not-for-profit incl. church facilities, registered associations, public benefit companies, Czech Red Cross, Salvation Army, etc.
- Data on the number of facilities (number) are supplemented by the entire time series of data on capacities (beds) and recipients (recipients), in both cases it is always the status at the end of the monitored year. According to the relevant data source, the possibility of a more detailed breakdown of capacities and beneficiaries of "private facilities" into "for-profit" and "not-for-profit" has only been possible since 2014.
Methodology:
- LTC facilities classification is based on the *System of Health Accounts 2011*.
- The breakdown of social services according to legal form/organiser is based in internal division. It's not so obvious if it fits or is compatible with the required OECD division - public/private for-profit/private non-for-profit.

Denmark

Source: Danish National Health Data Authority's Nursing Home Data (Plejehjemsdata).
Coverage: Nursing homes opened on the 1st of January within the given year, 2018 onwards.
Methodology: Data on nursing homes have been collected from The Overview of Nursing Homes (www.plejehjemsoversigten.dk). Data on administrative addresses and type of ownership are collected. If the type of ownership is missing, an assessment has been made to determine the ownership. This can lead to uncertainties.

Estonia

Source: Ministry of Social Affairs. Annual statistical report on social welfare institutions. **National Institute for Health Development**. Annual report on health service providers.
Coverage:
- Responsibility for the provision of long-term care in Estonia is shared between the health care system and the welfare system. All nursing and residential care facilities (HP.2) which provide 24-hour LTC health services. HP.1 hospitals proving LTC services are excluded.
- LTC facilities: Changes that occurred during the year have not been taken into account, i.e. the legal entity is classified once according to the year-end status.
- Recipients: numbers during the year**.**
- Beds: for general care homes number of beds and places by the end of the year, rest – based on end-year number of service receivers.
Break in time series in 2021: For years 2010-2020, only HP.2.1 nursing care hospitals are included. Since 2021, social welfare institutions are also included.
Methodology: Institutions are counted once, based on the code of the business register, regardless of the number of locations of service provision.
Further information: www.tai.ee; www.tai.ee; https://sveeb.sm.ee/ and https://hveeb.sm.ee/ (in Estonian).

Finland

Source: Care and Services for Older People, Finnish Institute for Health and Welfare (THL).

Coverage:
- Units in institutional care and care in sheltered housing with 24-hour assistance for older people. Information on long term care for people with disabilities or people with mental health problems is not available.
- For-profit / not-for-profit: not available.
- **Methodology:** A unit-level survey will be sent to approximately 3,000 units twice a year.
- Data refer to metropolitan France and D.O.M. (overseas departments).
- Data refer only to "EHPAD" (Établissement d'hébergement pour personnes âgées dépendantes), i.e. assisted living facilities for elderly dependent people.

Further information:
2019: EHPA 2019, L'enquête EHPA 2019 - Les différentes phases de l'enquête, DREES Méthodes N° 6, see https://drees.solidarites-sante.gouv.fr/publications/drees-methodes/lenquete-ehpa-2019-les-differentes-phases-de-lenquete/.
2015: EHPA 2015, Les dossiers de la Drees n°20, September 2017, see https://drees.solidarites-sante.gouv.fr/publications/les-dossiers-de-la-drees/laccueil-des-personnes-agees-en-etablissement-entre.

Germany

Source: Federal Statistical Office, Statistics on long-term care 2023; Statistisches Bundesamt 2024, *Statistischer Bericht: Pflegestatistik 2023, Pflege im Rahmen der Pflegestatistik* , internal evaluations by the Federal Statistical Office.

Coverage:
- Long-term care facilities comprise all nursing homes (HP.2) which provide accommodation and long-term care as a package. Included are full-time stationary, short-term stationary and day/night care facilities. In this context, "Long-term care" is defined by the long-term care insurance act - Code of Social Security Legislation XI.
- Public LTC facilities in terms of the Nursing Care Statistics of the Federal Statistical Office are facilities, which are maintained by municipal institutions, independent of their type of undertaking. This includes municipal undertakings in private legal form (for example limited liability company ("GmbH"), community facilities as well as undertakings of the community administration ("Regiebetriebe"). Other public institutions are for example the federal government, a federal state ("Land"), a higher community organisation or a foundation of the public law.
- For-profit LTC facilities are defined as facilities that are maintained by private commercial institutions. They require a concession as a business enterprise according to §30 Trade Regulation Act ("Gewerbeordnung").
- Non-for-profit LTC facilities are facilities of the non-statutory welfare organisations (including the religious communities covered by the public law). These are the Arbeiterwohlfahrt, the Deutscher Caritasverband, the Deutsche Paritätische Wohlfahrtsverband, the Deutsche Rote Kreuz, the Diakonische Werk der Evangelischen Kirche in Deutschland and the Zentralwohlfahrtsstelle der Juden in Deutschland as well as the religious communities covered by the public law. Other non-for-profit facilities include those that are not associated with the six central organisations.
- General hospitals, mental health hospitals and prevention and rehabilitation facilities (HP.1) are excluded.

Methodology: Data are collected in a complete count every other year as at 15th December.
Further information: http://www.destatis.de or http://www.gbe-bund.de.

Greece

Data not available.

Hungary

Source: Hungarian Central Statistical Office (KSH, in Hungarian**) Social Yearbook**, data available from different tables and derived from administrative data collections.

Coverage:

- Permanent and temporary residential social institution: institutions providing continuous care on a permanent basis, day and night accommodation, nursing, care or rehabilitation for people who are in need of social support.
- The data did not included the homeless people temporary residential social institutions.

Methodology:

- The data reflect the status on 31st December.
- The legal classification of long-term care institutions is based on the regulation of Statistical Code and Nomenclature Elements of the Ministry of Public Administration and Justice Release 21/2012. (IV. 16.), which sets guidelines for classifying economic organisations by legal form. "Classification GFO" is a Hungarian classification prepared in connection with the business and other (for example social) registers.
- The GFO includes all legal forms, temporary or technical codes, The Classification of Legal Forms of Enterprises makes it possible to classify statistical units by legal forms. The Classification of Legal Forms of Enterprises contains legal form codes together with the respective denominations and legal references as well as their definition. The legal form code is part of the statistical identification code, within which it corresponds to the 13th–15th digits.

Further information: https://www.ksh.hu/gfo_eng_menu.

Iceland

Source: The Directorate of Health in Iceland.

Coverage: Nation-wide.

Methodology:

- Information on care homes from a database on licensed health care providers in Iceland, maintained by the Directorate of Health.
- The majority of care homes in Iceland are not-for-profit, privately owned and operated facilities. Funding is through contracts with Insurance Iceland, which is an institution responsible for the implementation of health insurance according to the Act on Health Insurance No. 112/2008 (https://www.government.is/library/04-Legislation/Act on Health Insurance No 112 2008 as amended 2018.pdf).Care homes operate under the Health Service Act No. 40/2007 (https://www.government.is/media/velferdarraduneyti-media/media/acrobat-enskar_sidur/Health-Service-Act-No-40-2007-as-amended-2016.pdf).
- Information on the number of residents is extracted from the Directorate of Health´s Register of Nursing Home Pre-Admission Assessments.

Further information: A list of care homes by health districts can be found at https://www.stjornarradid.is/verkefni/lif-og-heilsa/oldrunarmal/oldrunarstofnanir/hjukrunar-dvalar-og-dagdvalarrymi/#Tab0.

Ireland

Source: Fair Deal Scheme hosted by the **Nursing Home Support Scheme (NHSS)** in the **Health Service Executive** (https://www2.hse.ie/services/schemes-allowances/fair-deal-scheme/about/).

Coverage:

- Figures include long-term nursing and residential care facilities for older persons that have participated or are participating in the Fair Deal Scheme. The data provided include long-term residents in:
    - public nursing homes,
    - private nursing homes,
    - Section 38 and
    - Section 39 nursing homes.
- The Fair deal scheme is a national reimbursement scheme to the residents of nursing homes in Ireland aimed to alleviate financial hardship.
- Figures under the "Public LTC facilities/beds/recipients" headings include all HSE Public and Section 38 Nursing Homes in Ireland participating in the Fair Deal Scheme.
- Figures under the "Private LTC facilities/beds/recipients" headings include all Private and Section 39 Nursing Homes in Ireland participating in the Fair Deal Scheme.
- Figures exclude any private nursing homes not participant in the Fair Deal Scheme.
- Figures refer to number of facilities/beds/recipients as at end of December of each reference year.

- Figures for the number of facilities in 2024 are provisional as they are based as at a November 2024 cut-off, due to December 2024 data not being available at the time of data submission.
Methodology:
- Figures provided are sourced from administrative sources.
- Identification of "Private – for profit" and "Private – not for profit" long-term care facilities is not available.

Israel

Sources: Data are based on two data sources:
(a) **Summary Hospitalization Database**, collected routinely by the **Health Information Division in the Ministry of Health** which include all admissions to all in-patient institutions, hospitals (HP.1) and nursing care (HP.2).
(b) The Medical Institutions License Registry maintained by the Department of Medical Facilities and Equipment Licensing and the Health Information Division in the **Ministry of Health**.
Coverage: Data include beds in all LTC facilities in nursing and residential care facilities.
Methodology: End of year.
Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Italy

Sources:
For public and private facilities accredited with the NHS: **Ministry of Health - General Directorate of digitalisation, health information system and statistics - Office of Statistics**.
www.salute.gov.it/statistiche.
For private facilities not accredited with the NHS: **ISTAT, National Institute of Statistics**. Census of health and social residential care facilities. https://www.istat.it/it/archivio/7786.
Coverage:
- Public and private residential long-term care facilities. For-profit and Not-for-profit distinction is not available.
- The number of facilities is calculated by reference to the type of care provided (psychiatric care, care for the disabled, etc.) and not by reference to the address of the facility. For example, if a residential facility providing two different types of care is located at the same address, the number of facilities is 2.
Methodology: Private facilities not-accredited with the NHS are calculated considering the facilities not censused in the Ministry of Health data source, that meet the following criteria: they are private; they do not receive NHS funding; they have at least one unit of health personnel (doctors, nurses, rehabilitation personnel, socio-medical workers); the social protection function is 'Health care'; recipients are elderly (independent and non-independent), persons with disabilities, persons with psychiatric pathologies.

Japan

Source: Ministry of Health, Labour and Welfare, "Survey of Institutions and Establishments for Long-term Care".
Coverage:
- Data refer to a total capacity in "Long-term care and health service facilities for the elderly" and "Long-term care and welfare service facilities for the elderly".
Data for the total number of private facilities/recipients in private facilities/beds in private facilities represent to number of **not-for-profit** private facilities/recipients/beds. Data cover facilities which are welfare and healthcare facilities for the elderly requiring LTC. Since they are all not-for-profit facilities, zeros are filled in for all variables related to for-profit facilities.
Methodology:
2018: The survey methodology has changed to sampling from 2018, and the survey results are estimated values.

Korea

Source: National Health Insurance Service, Unpublished data.
Methodology: The public and private sectors are divided by the end of the year.

Latvia

Source: Ministry of Welfare, "Survey of the long-term social care and social rehabilitation services" (at the end of the year).
Coverage: HP.2.1 - Hospital-like LTC institutions, and HP.2.2 - State (and contractual organisation) long-term social care centers (excluding mental health day-care centers and group homes for mentally ill persons).
Methodology:
- For HP.2.2, the indicator "actual number of persons" is used, thus equating this indicator to beds in this type of nursing and residential care facilities (i.e. the number of recipients equals the number of beds).
- The definition on long-term nursing care facilities is not clearly applied in the country.
- From 2022, the HP.2.1 group is included.
- LTC care facilities (HP.2.1 and HP.2.2) are divided by ownership status using the National Institutional Sector Classification. S11 - private, S13 - general government sector.

Lithuania

Data not available.

Luxembourg

Source: Caisse nationale de Santé (CNS).
Coverage: The data cover all the LTC providers in Luxembourg. They are obligated to sign a convention with the CNS in order to provide care in Luxembourg.
Methodology: A selection is made in order to retain only the LTC facilities.

Recipients:
Coverage:
- Same as for the Long-term care recipients in institutions, with identification of the institution, and classification into public, for-profit private and not for-profit private.
- 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:
- Data refer to numbers as of 31st December every year.
Some homes for disabled persons were not previously considered in the data collection on LTC facilities. They are now all included under LTC facilities.
- In some homes for disabled persons (Établissement d'aides et de soins à séjour intermittent, ESI), the persons can live partly in the facility and partly at home (for example on weekends). All these persons are considered to be in an institution if they lived there in December of the concerned year (even if they were at home on 31st December).

Beds:
Source: Ministère de la Famille, de l'Intégration et à la Grande Région, Rapport d'activité 2023, see https://gouvernement.lu/fr/publications/rapport-activite/minist-famille-integration-grande-region/mfamigr/2023-rapport-activite-mfamigr.html.

Mexico

Data not available.

Netherlands

Source: Statistics Netherlands.
- Public facilities: There are no public LTC facilities in the Netherlands.
- Private LTC facilities:
    - **CBS General business Register** (acronym in Dutch: ABR): A coordinated register of business units (enterprises) classified by activity according to Dutch SBI 2008 and NACE. Information on legal forms of the enterprises is also included.
    - Data of insurance expense reports from **Vektis**, the organisation that registers statements of expenses related to the Long-term Care Act (acronym in Dutch: Wlz). The Wlz scheme is the national scheme that covers long-term care in the Netherlands.

- Recipients in private LTC facilities: Data of insurance expense reports from **Vektis**, the organisation that registers statements of expenses related to the Long-term Care Act (acronym in Dutch: Wlz). The Wlz scheme is the national scheme that covers long-term care in the Netherlands.
- Beds in private LTC facilities: **Databank DigiMV of the Ministry of Health, Welfare and Sport**, with digital annual reports (on financial and non-financial items) of enterprises and groups of enterprises financed or partly financed through the Health Care Insurance Act and/or the Long-term Care Act.

Coverage:
- The data include enterprises in NACE Rev. 2:
87.10 Residential nursing care activities
87.20 Residential care activities for mental retardation, mental health and substance abuse
87.30 Residential care activities for the elderly and disabled. Specifically SBI 87301 Homes for the non-mentally disabled and 87302 Nursing homes
- The data exclude enterprises in NACE Rev.2: 87.90 (Other residential care activities) as most enterprises in this class do not provide LTC as a main activity, such as temporary housing for persons who left their living environment due to material or psychological problems, and the reception of asylum seekers.
- Enterprises providing LTC from other NACE-classes are also not included as these enterprises do not provide residential LTC as a main activity.
- The number of recipients relates to recipients of institutional and home care 'in kind' under the Wlz-scheme. Not included are recipients of home care via cash benefits under the Wlz-scheme. Also not included are recipients of long-term care under the Health Insurance Act (nursing and personal care at home) or Social Support Act (other support for people at home).
- Beds for disabled include some beds that are not strictly LTC. These are mostly beds in epilepsy centers financed by ZVW (Zorgverzekeringswet).

Methodology:
- Private for-profit LTC facilities are defined as facilities that have the legal status of a private for-profit company (private limited company, general partnership or sole proprietorship) with residential LTC as a main activity (NACE classes 8710, 8720, 8730) that do not (partly) provide residential care.
In the Netherlands profit distribution is not permitted for providers of medical specialist care and providers of intramural care. But for some categories this restriction does not apply, e.g. dental care, general practitioner care and also for personal care, nursing care, social care, home cleaning as far as these are not provided combined with intramural care under the Wlz-scheme.
In the context of extramuralisation more and more care is provided at home. Also 24-hour care at home is provided 'in-kind' under the Wlz-scheme via a full home care package (VPT) or modular home care package (MPT) or cash benefits. Via a VPT of MPT one or more care providers will provide the same care and support at home as would be provided in an institution. Rent or mortgage is paid by the care-recipient on their own home. Homes for older persons with minimal nursing care are often realized via VPT, MPT and or cash benefits.
As stated before providers of home care (not combined with intramural care under Wlz-scheme) and of mentioned legal form are not prohibited in profit distribution and therefore classified as private for-profit residential LTC-facilities.
- Claims, recipients and beds from the Long-term Care Act (acronym in Dutch: Wlz) are linked to the CBS General Business Register (ABR).
- Based on legal form, NACE-class and information on kind of the provided care under the Wlz-scheme (intramural care or home care) the number of for-profit and the number of nonprofit LTC residential facilities is estimated. The recipients and beds were then derived for these groups.
- All data are rounded to the nearest multiple of 5.

Note: The methodology has changed compared to previous submission, where all private LTC facilities were classified as 'for profit'. The distribution for previous years has been revised through back-casting. The following method is applied. The distribution on the number of private enterprises 'for profit' and 'non profit' per legal form is set on the number of enterprises in previous years according to the CBS general business register.

New Zealand

Source: The ownership data are from the **Health New Zealand, June 2024 Survey of aged residential care providers**.
Coverage:
- Residents include short-term residents and some retirement village residents in beds certified for residential aged care who are not receiving long-term care residential aged care.
- Not-for-profit providers are those that are trusts or incorporated societies.

Norway

Source: Statistics Norway. Table: 09929: Nursing and care institutions and beds, by ownership (C), see https://www.ssb.no/en/statbank/table/09929. 2024 figures are preliminary.
Coverage:
- Includes residential long-term care institution under the responsibility of local government/municipalities.
- Does not include residential care in staffed housing accommodation in the home care service. This distinct part of municipal housing is usually used by persons who require help on a regular basis. Housing in this service is characterised by co-located dwellings or community dwellings with associated staff bases. In 2021, there were 2 273 such "residential bases" which serviced nearly 30 000 dwellings. In contrast to institution long-term stays, a larger share of residents served by residential bases are below 67 years.
- The dataset only includes **institutions/facilities** that are part of the public service, including private institutions that provide their services on behalf of the public service provision. Fully private institutions that are not part of the public service provision, where users seek the services on their own and pay for everything themselves, are not included.
- Regarding **beds**, there is no distinction between long-term and short-term beds in our data source (table 09929). The municipalities are asked questions about beds designated for long or short durations in KOSTRA-form 5, but actual usage may differ on a municipal level, depending on immediate demands. So far, Statistics Norway has not distinguished between short- and long- term beds by ownership. Theoretically, it would be possible, but as the number of designated private short-term beds is very small and uncertain, it is not recommended. SSB table 11875: 11875: Nursing and care services beds (M) 2015 - 2024. Statbank Norway (https://www.ssb.no/en/statbank/table/11875/)
- According to KPR user data for institutional stays (excluding respite care, day stays, and overnight stays), long-term residents account for 83%. This has remained nearly constant over the past 15 years (SSB table 11645: 11645: Users of care services per 31.12., by age and detailed service (M) (UD) 2009 - 2024. Statbank Norway (see https://www.ssb.no/en/statbank/table/11645?loadedqueryid=10091745&timetype=from&timevalue=2009). This also applies to childcare facilities (with only 2-300 users) in addition to nursing homes and retirement homes. Therefore, the figures on beds are largely confirmed by user data, at least at the national level.
- In the case of business transfer, there is some delay in the updating for ownership and these may not be recorded until the following year.
- In the years 2012 to 2016 between 1 and 4 institutions are categorised as "Other/unknown ownership". These institutions are not included in the reported figures.
Methodology: Data collected within KOSTRA (Municipality-State-Reporting), KOSTRA-form no. 5.
Further information: https://www.ssb.no/statbank/table/09929/.

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-30) The Annual Report on Psychiatric Inpatient Units
Coverage: Data refer to publicly and privately funded care.
Methodology:
- Data on facilities and beds as of December 31.
- Data on recipients refer to inpatients during a year.
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.

Portugal

Source: Ministry of Health - National Network for Integrated Continuous Care (RNCCI).
Coverage:
- National Network for Integrated Continuous Care (RNCCI) facilities.
- Private facilities supported by the Social Security are not included.
Methodology:
- Data obtained through SI RNCCI, paper-free on-line web-based system of data management for the National Network for Integrated Continuous Care (RNCCI).
- Data represents the distinct count the number of public and non-public residential long-term care facilities.
- Data collection does not include home care or day care.
- Beds and facilities: the reference period for the collection of statistics is the 31st of December of the year concerned.

Slovak Republic

Source: Registry of social service providers. Registration of social services takes place in self-governing regions, which keep the register in the **Information System of Social Services (IS SoS)**. The administrator of IS SoS is the **Ministry of Labour, Social Affairs and Family**.
Coverage: Residential social services such as social services homes, specialised facilities, residential homes for seniors, residential nursing facilities and rehabilitation centers.
Further information:
- The registry of social services is available at https://sos.mpsvr.gov.sk//pm//poskytovatel-sos.
- Data on recipients are only available in the Report on the Social Situation of the Population at https://www.employment.gov.sk/isp/. Note that the datasets are not currently publicly available.

Slovenia

Source: Association of Social Institutions of Slovenia, Ministry of Solidarity-Based Future.
Coverage:
- All institutions in Slovenia that provide institutional care for adults with mental health problems, adults with mental and physical disabilities and adults with physical and sensory disabilities who, due to their specific circumstances, are unable to live in their own home environment.
- Care and work centres (included from 2022): The care and work centres are for people with moderate, severe and profound mental and physical disabilities. The centres provide adapted forms of work under special conditions for people who are unable to live and work independently and need help with their care.
- Special social welfare institutions (included from 2022): Institutional care comprises all forms of assistance in an institution, in another family or in another organised form, which replace or supplement the functions of the home and the family for people with mental health problems, in particular housing, care, organised nutrition and health care.
Methodology:
- Number of institutions performing institutional care for adults (public homes for the elderly, private nursing homes, special institutions for adults) and children, adolescents and people up to 26 years of age.
- Data are at the end of the year (31.12).

Break in time series in 2022: Care and work centres and special social welfare institutions (HP.2) are included from 2022. Institutions included from the year 2022 are mainly for day care services, where no overnight accommodation is provided, thus no changes (increase) in bed capacity data.
Further information: https://www.ssz-slo.si/ and https://www.gov.si/en/policies/social-security/protection-of-persons-with-special-needs/.

Spain

Sources:
Ministry of Social Rights, Consumer Affairs and 2030 Agenda.
Instituto de Mayores y Servicios Sociales (IMSERSO). Ministry of Social Rights, Consumer Affairs and 2030 Agenda. Institute of Elderly People and Social Services.
Coverage:
- LTC data for long-term care residential facilities refer to all institutions that include people, whether or not they are recognised as beneficiaries of long-term care through the provision of the Autonomy System and the Prevention Unit.
- Since 2010, complete and published geographic coverage.
- Data prior to 2015 are not automated in HADASS (Social Services Data Automation Tool). Data between 2015 to 2021 are proportionated by HADASS.
Methodology:
- Data provided by Statistics of Social Services for Elderly.
- Data refer to December 31 of each year.
Break in time series in 2012 due to a change in methodology: inclusion in 2012 of Housing for the Elderly, which until then was not included.
Further information: Data source available at https://imserso.es/en/el-imserso/documentacion/estadisticas/servicios-sociales-dirigidos-personas-mayores-espana.

Sweden

Source: Survey 2022 "*Enhetsundersökningen om äldreomsorg och kommunal hälso- och sjukvård"* and Survey 2022 *"Öppna jämförelser – Enhetsundersökning LSS"* published by the **The National Board of Health and Welfare**.
Coverage:
- The two surveys is a national data source and cover public and private long-term care facilities. The surveys cover all long-term care units geographically located in the municipality that carry out interventions for people for whom they have follow-up responsibility. Data refer to recipients who have received care and services in facilities specified by the Act Support and Service to Certain Functionally Handicapped Persons (LSS) and according to the Social Services Act (SoL).
- The response rate for the two surveys was 86 and 79 percent. (six out of 290 municipalities did not participate in the surveys).
Methodology: The following information was requested:
Name of the facility
Name of the municipality
Name of the municipality and possibly the district where the service's local implementation office is geographically located,
Ownership status (private or public)
Company/organisation name
The company/organisation's registration number
Data provider's name
Data provider's e-mail address
Further information:
- Öppna jämförelser av daglig verksamhet och Bostad med särskild service, LSS - Socialstyrelsen (https://www.socialstyrelsen.se/statistik-och-data/oppna-jamforelser/socialtjanst/funktionsnedsattning/enhetsundersokning/).

- Öppna jämförelser av hemtjänst och särskilt boende - Socialstyrelsen (https://www.socialstyrelsen.se/statistik-och-data/oppna-jamforelser/socialtjanst/aldreomsorg/hemtjanst-och-sarskilt-boende/).

Switzerland

Source: Federal Statistical Office, Neuchâtel. Statistics of Medico-Social Institutions
Coverage:
- Data refer to both publicly and privately funded care recipients.
- Only long and short stay cases have been considered.
- Data refer to nursing homes as of December 31st each year.

Methodology: Number of nursing homes.

Türkiye

Source: Ministry of Family and Social Services.
Coverage: Data cover 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).

United Kingdom

Data not available.

United States

Source: CMS Certification and Survey Provider Enhanced Reporting (CASPER) nursing home file.
Coverage: Calendar years 2018, 2020 and 2022.
Methodology: US identification for profit, non-profit and long-term care facilities, see below.

Profit Long-term care
(03)FOR PROFIT - CORPORATION =Private; for-profit
(01)FOR PROFIT - INDIVIDUAL=Private; for-profit
(13)FOR PROFIT - LIMITED LIABILITY CORPORATION=Private; for-profit
(02)FOR PROFIT - PARTNERSHIP =Private; for-profit
Non-profit Long-term care
(04)NONPROFIT - CHURCH RELATED=Private; not for profit
(05)NONPROFIT - CORPORATION=Private; not for profit
(06) NONPROFIT - OTHER=Private; not for profit
Government Long-term care
(09)GOVERNMENT - CITY=Public
(10)GOVERNMENT - CITY/COUNT=Public
(08)GOVERNMENT - COUNTY=Public
(12)GOVERNMENT - FEDERAL=Public
(11)GOVERNMENT - HOSPITAL DISTRICT=Public
(07)GOVERNMENT - STATE=Public

Further information:
- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Public-Reporting.
- https://healthportal.pcghealthservices.com/Public/appendix2.pdf.
- https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/downloads/HHQICASPER.pdf.

NON-OECD ECONOMIES

Argentina

2021 to 2023:
Source: Federal Registry of Health Establishments.
Coverage:
- National.
- Socio-health facilities are included, such as Residential Facilities - Housing for the elderly; Facilities - Variable to long-stay housing with support for independent living; Facilities - Transitional housing with support for independent living.
Methodology:
- The Federal Registry of Health Establishments (REFES) was created by Resolution 1070/2009, which established that all health facilities, with or without hospitalisation, in the public and private sectors, supervised by the competent authority and in accordance with the regulations in force in each jurisdiction, would be included. The Federal Registry of Health Establishments (REFES) is based on Resolution 267/2003 and the subsequent Resolution 900E/2017, which define the basic categorisation criteria for establishments and beds, as classification guidelines. REFES is a federal regulatory registry; therefore, only information on establishments is included in accordance with the regulations in force in each jurisdiction. Updating and uploading data depends on each jurisdiction.

2014:
Source: Roqué, Mónica, Fassio, Adriana. **Ministerio de Desarrollo Social (2015)**. Residencias de Larga Estadía para Adultos Mayores en Argentina. Relevamiento y Evaluación.
Coverage: Survey covering 24 jurisdictions, i.e. Córdoba, Santa Fe, Entre Rios, La Pampa, San Juan, Mendoza, San Luis, Rio Negro, Chubut, Neuquén, Santa Cruz, Tierra del Fuego, Misiones, Chaco, Corrientes, Formosa, Salta, Tucumán, Jujuy, Santiago del Estero, Catamarca, La Rioja, Provincia de Buenos Aires y Ciudad de Buenos Aires.
Methodology: Caregivers trained through the Home Caregiver Training Course, CFE Resolution No. 149/2011.
Further information: https://www.algec.org/biblioteca/RESIDENCIAS_LARGA-ESTADIA.pdf.

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.

Croatia

Source: Croatian Institute of Public Health, National Register of Health Care Providers.
Coverage: Only health sector included, both public and private.
Data refer exclusively to the health sector, hence are narrower than those required by the definition as they do not include the social sector.
Methodology: SHA classification used.

Peru

Data not available.

Romania

Source: National Institute of Statistics (INS), Annual exhaustive survey on the activity of medical and healthcare protection network.
Coverage: Residential institutions for persons with disabilities and residential institutions for the elderly that employ healthcare personnel (provide inhouse healthcare services).

Methodology: The activity of medical and healthcare protection network is an annual exhaustive survey carried out by INS. Data are collected, through the SAN questionnaire, directly from the sanitary units with hospital beds, from residential units from the social protection network that provide healthcare services together with social care and employ healthcare personnel (institutions for persons with disabilities and institutions for the elderly), from the dialysis centres and in aggregated form from the county Departments of Public Health for the outpatient care providers.
Further information: See https://insse.ro/cms/en/content/activity-sanitary-and-healthcare-network-2022.