PRESS RELEASE

European comparison: the Netherlands spends less than average on home care, but more on less intensive forms of care.

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- Total spending on home care in 2010 was proportionately slightly lower in the Netherlands (2.2% of GDP) than the average in 16 European countries¹ (2.5%). Dutch spending on institutional care is however well above the European average (2.6% versus 0.8%).
- People aged over 50 living independently in the Netherlands experience relatively few health impairments, often have a partner, are well educated and have a high income compared with their European peers.
- 90% of Dutch over-50s living at home have a family network, the same percentage as in the other European countries in this study. However, the family network in the Netherlands more often comprises a partner, whereas in other countries it more often consists of children.
- The percentage of Dutch over-50s living independently who receive paid or unpaid care was the same in 2011 as the average in all 16 European countries, at an estimated 65%. People in the Netherlands receive more paid care (10% versus 7%) and less unpaid care (61% versus 67%) than elsewhere.
- A relatively high proportion of people with slight health impairments receive paid home care in the Netherlands. There are consequently relatively more users of paid home care in the Netherlands than elsewhere, but the average 'care intensity' of home care clients is lower.
- There is a good deal of overlap between unpaid and paid care in the Netherlands: Dutch over-50s with a care need often receive both types of care.

These are among the main conclusions in the SCP report Who cares in Europe? A comparison of long-term care for the over-50s in sixteen European countries, published on 2 June 2014. In the report, researchers Debbie Verbeek-Oudijk, Dr Isolde Woittiez, Dr Evelien Eggink and Dr Lisa Putman compare the status of long-term care among the independently living in the Netherlands with that in 15 other

¹ The countries are Austria, Belgium, Czech Republic, Denmark, Estonia, France, Germany, Hungary, Italy, the Netherlands, Poland, Portugal, Slovenia, Spain, Sweden and Switzerland.
European countries. Data for the study were drawn from the Survey of Health, Ageing and Retirement in Europe (SHARE). The report was produced partly at the request of the Dutch Ministry of Health, Welfare and Sport.

Long-term care in the Netherlands and 15 other European countries
Long-term care is provided to people who need support in their daily functioning for an extended period due to disability or ill health. In the Netherlands and Scandinavia, the provision of this care is often a government responsibility, while in Southern and Eastern Europe long-term care is a responsibility of the recipient’s family. Dutch public spending on long-term care is accordingly higher, at 4.8% of GDP, than in almost all other European countries (average: 3.4%). This is caused mainly by the above-average Dutch expenditure on residential care (2.6% versus 0.8%); Dutch spending on home care is actually slightly lower than the average. Over the next few decades, Dutch public spending on long-term care is projected to rise more than in countries such as Germany and Italy, where population ageing is already well advanced, with a high proportion of people already aged over 65 and over 80.

Under current and proposed care policy, countries with a high proportion of publicly funded care are increasingly focusing on informal care, while countries where the emphasis is on informal care are seeking to make publicly funded care provisions better and more accessible. Two policy trends occur in all the countries studied here: care is increasingly being provided in the home setting, and local authorities are being given more responsibility for the provision of long-term care.

Low risk of long-term care utilisation by independently living Dutch older persons
Whether or not people make use of long-term care depends partly on risks associated with their individual characteristics. There are very wide differences here between the countries on average, with older persons in the Netherlands facing relatively low risks: just over half of Dutch over-50s (55%) living at home experience health impairments, compared with an average of two-thirds (67%) in the European countries studied. The share of single persons among Dutch over-50s is also low (29%). The Netherlands achieves an average or good score on two other risk factors, namely having a low education level and a low income.

Family network often present, but vulnerable in the Netherlands
Some 90% of Dutch over-50s living independently have a family network, the same as in most other countries. That network more often consists of a partner in the Netherlands, while in other countries it mainly consists of the children. In principle, this makes the networks of Dutch over-50s more vulnerable, because the chance that a partner will require care increases as they grow older. In addition, partners or children may be unable for other reasons to provide care at the required moment: they may work full-time, have young children, live a long way away from their parents or have health problems themselves. The proportion of independently living Dutch over-50s with someone in their family network who does not have any of these impediments to providing care is slightly higher (70%) than the average in the 16 countries studied (67%).

Paid and unpaid homecare
An estimated 64% of independently living Dutch over-50s were receiving paid or unpaid care in 2011, comparable with the average in the 16 European countries studied (65%). Utilisation of paid care is relatively high in the Netherlands (as in
other Northern and Central European countries) at 10%, but unpaid care is less common than in Southern and Eastern Europe. Roughly six out of ten Dutch over-50s receive unpaid help (in two out of ten cases provided by someone living in their household), compared with approximately 70% in Southern and Eastern Europe. This higher figure is probably due to the fact that more unpaid help is available in these countries (because of generations living together) and that there are fewer opportunities to access publicly funded care.

**Home care: lower expenditure, lower care intensity but more users in the Netherlands**

Dutch spending on home care is lower than the average in the 16 European countries studied. Several factors play a role here. A relatively high proportion of older people in the Netherlands receive care in a residential institution. They are often people with more severe health problems, and as a result the average care need of older persons still living at home is lower in the Netherlands. This lower ‘care intensity’ reduces the costs of home care. On the other hand, more people in the Netherlands with less severe health problems receive paid home care: for example, 7% of Dutch over-50s with slight disabilities were receiving paid care in 2011, compared with just 1% in Germany where, as in the other countries, the care need of people with slight disabilities is met by the informal sector. If the target of delivering more care in the home setting in the future is realised, the average intensity of home care will increase. This combination of more and more intensive home care, coupled with an increase in the number of older persons in need of care, is likely to result in rising costs of non-residential care.

**Lots of overlap between paid and unpaid homecare in the Netherlands**

As in the other European countries studied, more unpaid than paid care is delivered in the Netherlands. On the other hand, Dutch over-50s with a care need more often receive both paid and unpaid care. This overlap implies that the two forms of care complement each other in the Netherlands, something that broadly offers two advantages. First, the pressure on the long-term care system is reduced because informal carers deliver some of the care that would otherwise have to be publicly funded. Second, it reduces the risk of the pressure on informal carers becoming too high, and offers respite in situations where this is in danger of happening. The overlap between paid and unpaid care does however also come at a cost, and in the future a sensible balance will need to be struck between paid and unpaid care.

SCP publication 2014/9, *Who cares in Europe?, A comparison of long-term care for the over-50s in sixteen European countries*, The Hague, Netherlands Institute for Social Research; SCP, May/June 2014, ISBN 978 90 377 0681 9, price € 20,00. The publication is available from booksellers, including online, or may be ordered from the website [www.scp.nl](http://www.scp.nl)

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