

3. RECONCILIATION OF WORK AND FAMILY LIFE

3.4. Service Provision

Please describe the different types of formal or paid care provisions for elderly/other adult dependent persons

Austria	
Main types of providers (private profit making, private non-profit, etc.)	Not mentioned
Typical service provision	<p>* These provisions are for people of any age:</p> <ol style="list-style-type: none"> 1. care at home-Outpatient care: <ul style="list-style-type: none"> • "home help", • qualified caregiver, • visitation service, • organised neighbourhood help, • mobile therapeutic services, • family help, • counselling of relatives • lending of nursing aids and appliances, • laundry and cleaning services, • repair service, • transport service • Personal assistance 2. Semi-institutional care: Accommodation in semi-institutional care e.g. day homes 3. Institutional care: Accommodation in institutional care, e.g. nursing home. 4. Other benefit: Consultation, Information. <p>Cash benefits (care allowance): and Possibility of grant of benefits to a person in need of care or their relatives from the Support Fund for funding 24-Hour Care at Home from care level 3. Since 1.1.2004 there is the possibility that a close relative of a person in need of care entitled to at least Care Level 4 of the long-term care allowance under the Federal Long-Time Care Benefits act is in principle entitled to a financial grant from the support Fund if she/he has been the primary carer of the person in need of care for at one year and is temporarily prevented from rendering care due to illness, holidays or for other important reasons. The grant is to contribute towards the costs of professional or private substitute care arising due to the unavailability of the primary care-giver.</p>
Number of hours provided	Not mentioned

Council of Europe Family Policy Database

www.coe.int/familypolicy/database



Any recent changes in policy or provision	Not mentioned
---	---------------

Azerbaijan

Main types of providers (private profit making, private non-profit, etc.)	The state elderly care institutions (totally 7) are rendering their services on a non-paid basis.
Typical service provision	Elderly people live in these institutions and are provided with food and place to sleep all the time they stay there.
Number of hours provided	24h/7 days a week
Any recent changes in policy or provision	Not mentioned

Belgium

Main types of providers (private profit making, private non-profit, etc.)	Not mentioned
Typical service provision	
Number of hours provided	
Any recent changes in policy or provision	

Council of Europe Family Policy Database

www.coe.int/familypolicy/database



Bosnia and Herzegovina	
Main types of providers (private profit making, private non-profit, etc.)	BD: Two private and profit accommodation for care
Typical service provision	Not mentioned
Number of hours provided	BD: 24
Any recent changes in policy or provision	Not mentioned

Bulgaria	
Main types of providers (private profit making, private non-profit, etc.)	Not mentioned * All the pre-filled information was erased
Typical service provision	Not mentioned * All the pre-filled information was erased
Number of hours provided	Not mentioned
Any recent changes in policy or provision	Not mentioned

Croatia	
Main types of providers (private profit making,	Most social services in Croatia are provided within the social welfare system (Ministry of Health and Social Welfare). The first steps in the decentralization of social services have been taken following the enactment of the Social Welfare Act in 1997 and the Act on Amendments to the

Council of Europe Family Policy Database

www.coe.int/familypolicy/database



private non-profit, etc.)	<p>Social Welfare Act in 2001. Since the beginning of 2002, therefore, the founding and financing of homes for the elderly and the infirm has been transferred to the counties. Counties and other local units can open social welfare homes and institutions, such as aid or care centres. In addition, the new law enables the non-government sector (both profit and non-profit organizations) to open social welfare institutions.</p> <p>In the year 2006, there were 206 state and non-state social welfare homes. More than a half of them were homes for the elderly and infirm: 112 (41.1% county-owned and 58.9% established by profit and non-profit organizations). There were also 22 homes for persons with physical and mental disabilities (18 state-owned).</p>
Typical service provision	<p>Social welfare homes and institutions, such as aid or care centres, offer accommodation and other services to the people using their centre.</p> <p>In the year 2006, there were 24,281 persons in social welfare homes, 13,263 where elderly and infirm persons (54.6%) and 3,729 persons with physical and mental disabilities (15.3%). There were 603 beneficiaries of aid and care centres services.</p> <p>Among the alternative forms of social services, the most widespread are foster care and the provision of small housing units and centres or clubs for persons with special needs. In the year 2006, there were 1,338 foster families for elderly and infirm with 3,724 beneficiaries.</p>
Number of hours provided	Permanent accommodation, weekly accommodation, temporary accommodation, full day accommodation, half-day accommodation, short-time accommodation and organized residence.
Any recent changes in policy or provision	After legal amendments in 2001, some social service decentralization did take place (primarily in those services aimed at the elderly and infirm persons) and opportunities opened up for the private profit and non-profit sectors to enter this area.

Cyprus

Main types of providers (private profit making, private non-profit, etc.)	State, non-governmental voluntary sector and private.
Typical service provision	<p>Home care:</p> <ul style="list-style-type: none"> • The State (Social Welfare Services) employs home carers to undertake housework and provide personal care (e.g. dressing, personal hygiene, shopping, visit to the doctor) to recipients of public assistance in need of care. • Persons entitled to public assistance may receive a care allowance [described in our response to question 2.3. i)] and purchase home care provided by an individual or a non-governmental or private organisation. Where a recipient of public assistance is not in a position to manage his/her monthly public assistance allowance (including the care allowance) due to a mental disability, then another person is designated to do this. Welfare Officers of the Social Welfare Services are responsible for safeguarding that appropriate financial management is exercised for the beneficiary concerned.

Council of Europe Family Policy Database

www.coe.int/familypolicy/database



	<p>Day care</p> <ul style="list-style-type: none"> • The State (Social Welfare Services) provides day care facilities in public residential homes where recipients of public assistance may attend for a number of hours during the day. • Day care services e.g. day care, occupational therapy and recreation are also provided by non-governmental organisations, which are subsidised by the Government, a limited number of local authorities and private providers. • Standards of operation for day care centres are regulated by legislation. <p>Residential care</p> <ul style="list-style-type: none"> • Public assistance recipients are also eligible for residential care in State, community and private Homes for older persons and persons with disabilities. • Standards of operation are regulated by legislation.
Number of hours provided	The frequency of home care, day care and residential care is based upon individual needs.
Any recent changes in policy or provision	A draft law is being prepared which provides for the regulation of standards of home care.

Czech Republic	
Main types of providers (private profit making, private non-profit, etc.)	Long-term care is not ensured by a single system, but it is partially included in the health care system under the responsibility of the Ministry of Health (Ministerstvo zdravotnictví), and in the social services system run by the Ministry of Labour and Social Affairs (Ministerstvo práce a sociálních věcí) (MOLSA). Each of these systems has its own legal regulations, independent criteria of accessibility and quality, and a different method of financing. Apart from the state guaranteed systems, long-term care and support is also provided by family members and other close persons and volunteers.
Typical service provision	<p>Home social assistance is provided in the recipient's home by professional providers:</p> <ul style="list-style-type: none"> • personal assistance, • domiciliary service, • emergency assistance, • respite care etc. <p>These services usually include assistance with the handling of common self-care acts, hygiene, food, running a household, mediating contacts with the social environment and others according individual contract. Nursing home care is provided by professional social providers in:</p> <ul style="list-style-type: none"> • Homes for Disabled Persons • Homes for the Elderly • Special Regime Homes <p>These services include provision of accommodation and food, assistance with the handling common self-care acts, hygiene, mediating contacts with the social environment, social therapeutic activities, assistance with asserting rights and others according individual contract.</p>
Number of hours	The duration of the provision of this care varies, usually from 4 to 8 hours per day. There are institutions providing day-care for elderly people, for children and adults with disabilities, also for

Council of Europe Family Policy Database

www.coe.int/familypolicy/database



provided	other people in need such as homeless people (the kind of services provided are derived from the recipient's needs - usually a combination of social care, physiotherapy, ergotherapy, counselling, etc.).
Any recent changes in policy or provision	Not mentioned

Denmark

Main types of providers (private profit making, private non-profit, etc.)	No information
Typical service provision	Homes or special apartments for disabled or elderly persons. <ul style="list-style-type: none"> - Domestic help - Personal hygiene. - Assistance to a person to maintain his/ her capacities (rehabilitation). - In some cases accompanying persons (for persons who are severely disabled the accompanying service includes 15 hours monthly). - Adaptation of the dwelling and provision of special equipment. - Replacement and relief of a person who is providing care to his/ her partner or a close relative at home. - Care of a person in need of long-term care (if necessary around the clock work). - Some of these services are also applicable to disabled children
Number of hours provided	No information
Any recent changes in policy or provision	No information

Estonia

Main types of providers (private profit making, private non-profit, etc.)	<p>The purposes of social welfare are to provide assistance to persons or families in preventing, eliminating and relieving difficulties in coping, and to assist persons with special social needs in social security, development and integration into society.</p> <p>The main objective of providing care services is to help a person in his/her own home for as long as possible. Persons staying in a social welfare institution are guaranteed care appropriate to their age and condition. Social welfare institutions are for example day centres, support homes, shelters, substitute homes, general care homes, social rehabilitation centres, special care homes etc.</p>
---	--

Council of Europe Family Policy Database

www.coe.int/familypolicy/database



COUNCIL OF EUROPE CONSEIL DE L'EUROPE

	<p>Care services can be divided into community care services (supporting a person in his/her own home) and institutional services (taking care for a person residing in a welfare institution).</p> <p>Community care comprises home services, housing services, day care in welfare institutions, and other (integrated) services that support the elderly and their families and help the elderly cope as independently as possible in their homes. In addition to services informal caregivers and/or family members (family care) are supported by means of caregiver's allowance. Additionally, family members that participate in caretaking receive training, counselling and guidance.</p> <p>Home services - services provided for person in his/her home in order to help him/her cope in familiar surroundings. Local governments determine the list of home services and the conditions and procedures of their provision.</p> <p>Housing services - municipalities are required to provide housing for persons and families who cannot afford adequate housing and, where necessary, provide for social housing. Municipalities also assist persons who have difficulties with independent living (with moving around, self-service, communication, etc) to adjust the dwelling to their needs or find more suitable housing.</p> <p>Care in family - the care of a person in a suitable family that he or she is not part of. Care in family is based on a written agreement between the municipality and the caregiver. This service is mainly used in the case of children. It is uncommon for adults to receive care in families not their own.</p> <p>Care in welfare institutions - a welfare institution is an institution that operates during the day or round-the-clock and provides the persons staying there with appropriate care according to their age and condition, including treatment, nursing, raising and development: - a daytime welfare institution is an institution where only daytime care is provided to help the care-receiver to cope independently and/or support family members; - a round-the clock welfare institution is an institution that accommodates persons who are not capable of living independently due to their special needs or social situation and who can not be helped by other social services or assistance.</p> <p>Since 2005 local governments grant and pay caregiver's allowance to a caregiver or guardian of a disabled person at the age of 18 years or older (caregiver's allowance was previously paid by the state via its agencies). Seeing that 2/3 of people with disabilities are in retirement age then caregiver's allowance is one of the most important measures in supporting informal care. Caregiver's allowance is also paid in the case of family members whose care load exceeds the load of the family's regular way of life. The aim of the allowance is on the one hand to help to reimburse the care related costs, on the other hand to alleviate the families' care burden and enable family members to be engaged in paid employment.</p>
<p>Typical service provision</p>	<p>Administration and provision of social services is the duty of the local government. Local governments may provide supplementary social services. For example, many local governments provide transportation services, laundry and sauna services, personal assistance, etc.</p> <p>Local governments may provide social services by themselves or outsource the services from private or non-profit organisations.</p>
<p>Number of hours provided</p>	<p>Official statistics are available on the number of service users and service providers by age groups and sex. Also, statistics on service providing institutions and service financing are available. Official statistics in social welfare services are published on Ministry of Social Affairs website www.sm.ee/sveeb and www.sm.ee/hveeb.</p>

Council of Europe Family Policy Database

www.coe.int/familypolicy/database



<p>Any recent changes in policy or provision</p>	<p>The long term care reform has been initiated with the purpose to organise an integrated system of providing various health care and social welfare services. With the reform in long term care system adults efforts are being made to move towards an individual-centred and integrated service provision. The objective is to achieve an arrangement in which one organisation has the right to provide both welfare and nursing care services.</p>
--	--

Finland	
<p>Main types of providers (private profit making, private non-profit, etc.)</p>	<p>Not mentioned</p>
<p>Typical service provision</p>	<p>Notes: applies to all dependents regardless of age. Municipalities provide home nursing, home services and services for the disabled (transport services, personal assistant, house alteration). Support for informal care. Municipalities provide special housing according to need of care.</p>
<p>Number of hours provided</p>	<p>Varies depending to need of care.</p>
<p>Any recent changes in policy or provision</p>	<p>No</p>

France	
<p>Main types of providers (private profit making, private non-profit, etc.)</p>	<p>Rank-ordering of the bodies caring for dependent adults is not possible, although the various modes of organisation of this provision can be described: home care associations, public services providing home care, public or private sheltered housing, public residential facilities for dependent elderly persons, non-profit private establishments, profit-making establishments, public hospitals, non-profit private hospitals, profit-making private hospitals, etc.</p>
<p>Typical service provision</p>	<p>The different forms of provision are as follows: Home help for elderly persons unable to perform certain tasks of everyday life (housework, shopping, meals, administrative formalities... Home helps operate in a professional framework, with due regard to the elderly person's choice of lifestyle, and they work in liaison with family and other home help providers such as the personal physician, nurse and social worker... It is usually delivered by associations and much less so by profit-making organisations.</p>

	<p>These associations and organisations are officially certified. They ensure regular personalised monitoring of people's situation. They may also offer other suitable services such as tele-alarms and meals on wheels.</p> <p>Home nursing services: all care administered at home by the medical operative of the home nursing services is covered by a medical prescription and fully financed by health insurance. They allow hospitalisation or institutionalisation to be forestalled or postponed, or conversely enable patients to return home more quickly and under better conditions after hospitalisation.</p> <p>Homes for dependent elderly persons - Établissement d'hébergement pour personnes âgées dépendantes (EHPAD): an establishment is classed as an EHPAD when it has signed a tripartite agreement with the département council and the competent health insurance authority for the département (DDASS) authorising it to accommodate dependent elderly persons. Some establishments have not yet signed a tripartite agreement but meet the EHPAD criteria (information to families, respect for residents' rights, residential amenities, organised activities, assistance with day-to-day living, end of life care and companionship, etc.). They may accordingly be classed as "medically oriented establishments". An establishment is so regarded when it has the capability to cope with the residents' deterioration in state of health and loss of self-reliance.</p> <p>All these criteria are set out in the establishment's scheme comprising two sections, a design for life and a schedule of care. The scheme is signed between the establishment and the resident.</p> <p>Rural homes for the elderly (Maisons d'accueil rurales pour personnes âgées - MARPA are present in municipalities with fewer than 2,000 inhabitants. They are small living units with under 25 places. Inmates have personal access to the outside world and direct access to the communal rooms. They are meant for comparatively non-dependent self-reliant persons.</p> <p>A comparable system ("domicile institution") exists for persons with disabilities.</p>
<p>Number of hours provided</p>	<p>EHPAD residents receive continuous attention (round the clock).</p>
<p>Any recent changes in policy or provision</p>	<p>Law of 30 June 2004 on solidarity for the self-reliance of the elderly and disabled.</p> <p>The law institutes a vigilance and alert system in each département. This system is intended to enable the medical and social services to act on the basis of the information gathered by the municipal authorities from elderly or disabled persons in cases of exceptional risk from climatic or other causes.</p> <p>A day of solidarity is instituted to fund new actions for the self-reliance of elderly or disabled persons.</p> <p>Law of 11 February 2005 on disabled persons' equal rights and opportunities, participation and citizenship.</p> <p>Its main features are comprehensive accessibility for all realms of social life (education, employment, built environment, transport, etc.); right to compensation for the effects of disability; participation and proximity, effected through the creation of the département centres for persons with disabilities.</p>

Council of Europe Family Policy Database

www.coe.int/familypolicy/database



Germany	
Main types of providers (private profit making, private non-profit, etc.)	Not mentioned
Typical service provision	
Number of hours provided	
Any recent changes in policy or provision	

Greece	
Main types of providers (private profit making, private non-profit, etc.)	In Greece, care for the elderly is provided through the Elderly Care Units, which are either profitable or non-profitable, and also through the Day Care Centres of the Elderly (KIFI) and through the KAPI (Open Protection Centres of the Elderly). In addition, there is the programme "Aid at Domicile" and the housing assistance programme, which aims to help the elderly to live in their own home for as long as possible.
Typical service provision	<p>In particular, the care of the elderly provided in Greece is as follows:</p> <p>The Elderly Care Units can be established and operated by charitable associations, the Orthodox Church or the local authorities and, in this case, they are non-profitable, or they can be established by individuals (and, thus, they are profitable). The decisions for their establishment and operation are issued by the Directorate of Social Welfare of each responsible Prefecture of the country, which is also responsible for controlling and operating them and their provided services, through the social consultants appointed in each Prefecture.</p> <p>The Ministry of Health and Social Solidarity, in the frame of its social policy, has contracted with private Elderly Care Units for the provision of some beds, in order to care for indigent elderly who cannot be served by state institutions due to lack or insufficiency of beds. The cost of these beds is covered by the national budget.</p> <p>The Day Care Centres of the Elderly in urban and suburban areas accommodate during the day older people who cannot look fully after themselves (due to physical difficulties, dementia, etc.), and the members of their family work or face serious social or economic problems or health problems and they are not able to respond to the care of the elderly. The Day Care Centres of the Elderly are established and operated by municipal enterprises, joint municipal enterprises, municipal business associations of local authorities and, also, by private non-profitable entities. They cooperate with local organizations providing social services such as health units and the Welfare Directorates of the Prefectures of the country providing social services.</p>

Council of Europe Family Policy Database

www.coe.int/familypolicy/database



	<p>The Open Protection Centres of the Elderly (KAPI) are open programmes involving the elderly over 60 years without socio-economic criteria, in order to integrate and socialize all members of the community. They provide all forms of organized recreation, medical care, physiotherapy treatment, occupational therapy, social work, provision of hospital care and all kinds of material and moral services to the elderly.</p> <p>The Programme "Aid at Domicile" is part of the primary social care services, providing nursing care, social care services and domestic assistance to older people who live alone continuously or at certain times of the day and cannot sufficiently take care of themselves, and also to disabled people who face situations of isolation, exclusion or family crisis. Its aim is to support and care for the elderly in their home, to enhance the quality of their life, to inform the society and to attract volunteers. It's implemented under the responsibility of the Local Authorities in municipalities throughout the country, primarily in remote mountainous and island areas.</p> <p>A housing allowance, in the form of rental fee, is paid to lonely uninsured and financially weak elderly over 65 years and in older couples who are uninsured and it's been proved that they lack a house. The programme is implemented by the Directorate of Social Welfare of the Prefectures of the country.</p>
Number of hours provided	The Elderly Care Units supply the elderly with their services continuously, as long as they live there. The Day Care Centres of the Elderly provide their services several hours a day, so as to help the family to care for the elderly. Finally, the programme "Aid at Domicile" provides services usually on a weekly basis.
Any recent changes in policy or provision	There have been some legislative changes, but in fact they have not affected the structures of care and the provided services for the elderly.

Hungary

Main types of providers (private profit making, private non-profit, etc.)	(8) Institutional care: Social institutions are run by local governments and non-governmental organizations. Basic and special social services are organized by local governments. Institutional long-term care consists of benefits in-kind. Social institutions are financed by the state budget, however, benefits are, as a general rule, provided on the basis of co-payment with certain exceptions.
Typical service provision	(8) Home care: Personal social services are social basic services (szociális alapszolgáltatások), social catering, domestic care, domestic care due to signal (jelzőrendszeres házi segítségnyújtás), family care, village service, supporting service, community care for psychiatric patients and addicts, street social work (utcai szociális munka) and day care Specialised day care is provided for: <ul style="list-style-type: none"> • disabled people, • elderly people, • psychiatric patients, • addicts, • homeless.

Council of Europe Family Policy Database

www.coe.int/familypolicy/database



COUNCIL OF EUROPE CONSEIL DE L'EUROPE

	Special institutional care is provided by long- and short-term residential homes, rehabilitating institutions for the disabled, the elderly, psychiatric patients, addicts, homeless people.
Number of hours provided	Day care: the typical providing hours 6 hours/day, it is available 5, 6 or 7 days in a week, but typically 252 days/year. Domestic care: max. 4 hours/day. Homes: persistent service.
Any recent changes in policy or provision	No

Iceland

Main types of providers (private profit making, private non-profit, etc.)	Publicly provided service, run by state and municipalities.
Typical service provision	(13) According to the act on Affairs of the Elderly geriatric service is split in to two parts: open geriatric service and institutional service. The open geriatric service is home care services, service centres, day-care centres and serviced apartment. The institutions for elderly are according to the act: homes for the elderly and nursing homes.
Number of hours provided	Not mentioned
Any recent changes in policy or provision	(14) It has recently been proposed that the municipalities take over full responsibility for all care of the elderly in 2012.

Ireland

Main types of providers (private profit making, private non-profit, etc.)	Not mentioned
Typical service provision	Home Care: <ul style="list-style-type: none"> • Public health nursing; • home help and meals-on-wheels services;

Council of Europe Family Policy Database

www.coe.int/familypolicy/database



COUNCIL OF EUROPE CONSEIL DE L'EUROPE

	<ul style="list-style-type: none"> • physiotherapy, occupational therapy, and chiropody services; • hospital services, including assessment and rehabilitation; respite care. <p>Day care centres providing services such as midday meal, a bath, physiotherapy, occupational therapy, chiropody, laundry and hairdressing services.</p> <p>Persons who have very limited means may receive free nursing home care in a state owned nursing home.</p>
Number of hours provided	Not mentioned
Any recent changes in policy or provision	Not mentioned

Italy	
Main types of providers (private profit making, private non-profit, etc.)	<p>The main objectives of the social and health care services for the elderly are to strengthen individual autonomy, to prevent dependence and to keep individuals within their families and in their homes as much as possible, by providing qualified assistance in hospitals, residential centres or at home when needed.</p> <p>The services are organized as a network in order to guarantee the continuity of care and personal relations.</p> <p>The Services for the assistance to the elderly, set up by all the local health authorities, must coordinate social and health care assistance to the elderly and to their families.</p> <p>Voluntary organizations and the associations of relatives play a very important role in integrating the public services.</p>
Typical service provision	<p>Assistance at home: social and health care assistance provided at home, based on an individual programme elaborated by the local Geriatric Assessment Unit.</p> <p>Carer's allowance: grant given to families (or cohabitants) who take it upon themselves to care for a dependent elderly person at home.</p> <p>"Casa protetta" (sheltered housing): residential structure for the elderly who are no longer self-sufficient and who cannot stay in their homes.</p> <p>"Residenza sanitaria assistenziale" (special housing for the elderly): residential structure for the elderly who are not self-sufficient and who suffer from chronic diseases requiring constant treatment. These structures provide more health care assistance than in sheltered housing.</p> <p>Day centre: semi-residential structure which provides assistance and carries out rehabilitation and socialization programmes in the daytime.</p> <p>"Appartamenti protetti" (sheltered flats): this is an experimental initiative which only exists in some areas. The elderly (either living alone or with their spouse) who are only slightly dependent live in a flat which is connected to essential services, such as health monitoring and help in doing the chores or other daily activities (taking a bath, preparing meals, doing the laundry). This type of service helps people stay in a family-like environment and manage their lives autonomously.</p>

Council of Europe Family Policy Database

www.coe.int/familypolicy/database



COUNCIL OF EUROPE CONSEIL DE L'EUROPE

Number of hours provided	Not mentioned
Any recent changes in policy or provision	Not mentioned

Latvia

Main types of providers (private profit making, private non-profit, etc.)	Day centres are run by municipalities or NGOs. Day centres for people with mental disabilities are partly financed by state. Long-term care institutions are run by state and municipalities.
Typical service provision	<p>Care by a trained person, or someone to perform housework as well as delivery of the free meals. Semi-stationary care is provided for various groups – care and possible involvement in physical and mental activities is provided to elderly, disabled with physical disorders, people with mental disorders, persons after serious and continuous diseases. Persons with mental disabilities who do not need care in institutions are eligible for the care in group houses (flats).</p> <p>For persons with mental disabilities who live in long term care institutions and are expected to be able to live outside institutions, short term rehabilitation in half-way homes is provided.</p> <p>Fulltime care is provided by long-term social care institutions for:</p> <ul style="list-style-type: none"> - Child care centres for orphans - provide the necessary care for orphans and children deprived from parental care up to 2 years of age and for children with physical and mental development problems up to 4 years of age; - Specialized children social care institutions - provide care for disabled children with severe mental disorders from age of 4 years up to 18 years of age; - Long-term specialized state social care centres are social care institutions for severely mentally handicapped adult persons; - Long-term specialized state social care centre for adult persons with impaired vision is a social care and rehabilitation institution.
Number of hours provided	The number of hours that the recipient may attend the institution and any specialized services are set by the municipalities according to agreements with care institutions. Elderly and disabled people can receive day care in day care centres no more than 8 hours per day and no more 5 days per week or temporary short-term social care in stationary social care institutions or at home no more than 30 days.
Any recent changes in policy or provision	Not mentioned

Council of Europe Family Policy Database

www.coe.int/familypolicy/database



Lithuania	
Main types of providers (private profit making, private non-profit, etc.)	Not mentioned
Typical service provision	<p>In 2006 the new Law on social Services was approved and Social Services Catalogue made changes in classification of social services, titles of some services.</p> <p>The following social services are provided for elderly people:</p> <ul style="list-style-type: none"> - general social services: information, consulting, mediation, representation, catering, provision of necessary clothes, footwear, special transport, personal hygiene and other general services. - special social services are divided into two groups: social care (when there is no need for permanent constant care of specialists) and social work (when there is need for permanent constant care of specialists). Social care includes assistance at home, maintenance and development of social skills, settlement in individual residential premises, assistance benefits, crisis management assistance. Social work includes daily care at daily centres and homes, long-term care at nursery homes, short-term (respite) care at nursery homes. <p>In 2000 Law on Transport Privileges was approved, it provides persons over 70 years to get privileges for tickets for interurban and interurban public transport.</p>
Number of hours provided	Not mentioned
Any recent changes in policy or provision	Not mentioned

Luxembourg	
Main types of providers (private profit making, private non-profit, etc.)	<p>Il existe 6 services d'aides à domicile et 7 services de soins à domicile qui couvrent tout le territoire national et sont à atteindre 24/24 heures.</p> <p>Il existe également des structures d'accueil pendant la journée des personnes âgées.</p> <p>Le Ministère de la Famille et de l'Intégration garantit depuis l'introduction de l'assurance dépendance en 1999 l'accès aux aides et soins aux personnes âgées qui le requièrent, mais qui ne relèvent pas du champ d'application de l'assurance dépendance et qui n'ont pas les ressources nécessaires pour s'acquitter du prix d'équilibre, qui s'élevait en 2008 à : 53,42 EUR par heure pour les réseaux d'aides et de soins et à 51,40 EUR par heure pour les centres semi-stationnaires, à partir de mars 2008.</p> <p>Une convention a été signée avec 5 prestataires de services de maintien à domicile.</p> <p>La participation de l'utilisateur aux frais d'une heure d'aides et de soins à domicile varie en fonction de son revenu net mensuel. Les différents tarifs sont revus annuellement en fonction de l'évolution de la valeur monétaire et de l'indice du coût de la vie.</p> <p>On compte 3 grands réseaux. Alors que la Fondation « Stéftung Hëllef Doheem », le réseau HELP (se compose de 3 associations sans but lucratif : Doheem versuergt, Syrdall Heem et Muselheem) ont des centres d'intervention à travers tout le pays, le réseau Camille opère davantage au Sud du pays. En outre, ces prestations à domicile sont offertes également par des petits réseaux d'aides</p>

Council of Europe Family Policy Database

www.coe.int/familypolicy/database



	<p>et de soins à domicile ou par des professionnels de santé indépendants, assurant ces mêmes soins aux personnes dépendantes. Toute personne qui nécessite des aides et/ou soins à domicile peut librement contacter un des réseaux existants.</p> <p>La fondation «STÉFTUNG HÉLLEF DOHEEM». Offre les services suivants: Aide et soins à domicile, Aide au Ménage, Secher Doheem / Téléalarme, Foyers de jour, Fin de Vie / Soins Palliatifs Assistance, Conseil et Soutien, Infirmier de Liaison, Dispensaires, Cours/Formations</p> <p>Le réseau HELP Les services connexes et les services spécialisés, Aide à domicile, Soins à domicile, Conseils et soutien, Tâches domestiques, Accueil du jour, Services de proximités, Autres prestations offertes par l'Assurance dépendance.</p> <p>Le réseau Camille offre: Actes de soins, Actes de soutien, Tâches domestiques, Entretien du linge, Entretien du logement, Courses, Aide et intervention rapide en cas de sortie de l'hôpital, Service de télévigilance, téléalarme, Garde d'animaux, Repas à domicile, Accompagnement de fin de vie Les structures d'accueil pour personnes âgées:</p> <p>SERVIOR, établissement public, avec 18 établissements et 1.600 lits occupés avec 1.500 employés le haut de l'échelle, suivie par l'association Homes pour personnes âgées de la Congrégation des Franciscaines de la Miséricorde Asbl qui possède 6 établissements avec environ 600 lits, Zitha Senior avec 150 lits, Croix Rouge et Maredoc Asbl avec chacun une centaine de lits.</p>
<p>Typical service provision</p>	<p>(1) Il y a deux grandes catégories de prestataires dans le cadre de l'assurance dépendance : les prestataires du milieu stationnaire et les prestataires intervenant à domicile</p>
<p>Number of hours provided</p>	<ul style="list-style-type: none"> • Pour le milieu stationnaire, on citera les établissements d'aides et de soins qui sont les institutions qui hébergent de jour et de nuit, les personnes dépendantes en leur apportant les aides et les soins dont elles ont besoin. On y distingue les établissements à séjour continu et les établissements à séjour intermittent. - Les établissements à séjour continu hébergent les personnes de jour et de nuit et leur assurent l'intégralité des aides et soins dont ils ont besoin. - Les établissements à séjour intermittent sont des structures qui hébergent de jour et de nuit, principalement des personnes handicapées. Dans les établissements à séjour intermittent, il est cependant possible que la personne dépendante interrompe son hébergement, pour une durée plus ou moins longue, de façon régulière ou irrégulière, et séjourne dans un domicile privé. Dans ce cas, la personne dépendante a droit aux prestations prévues pour les établissements, lorsqu'elle séjourne à l'établissement et aux prestations du maintien à domicile lorsqu'elle se trouve à domicile. • Pour le domaine du domicile, on citera les réseaux d'aides et de soins. Ils regroupent plusieurs services tels que l'aide à domicile et les soins à domicile et assurent leur coordination de façon à apporter aux personnes dépendantes l'ensemble des aides et soins dont elles ont besoin. Pour les activités de soutien en groupe, ils peuvent recourir à la collaboration d'un centre semi-stationnaire. Les centres semi-stationnaires accueillent les personnes dépendantes, soit durant le jour, soit durant la nuit et leur assurent les aides et soins. Actuellement, au Luxembourg, il existe uniquement des centres semi-stationnaires accueillant les personnes dépendantes durant la journée.
<p>Any recent changes in policy or provision</p>	<p>Not mentioned</p>

Malta	
Main types of providers (private profit making, private non-profit, etc.)	The day care centres are state run and the state. There are also various private for profit homes for the elderly opening up.
Typical service provision	Home care help provides assistance to persons in need. It offers help of a personal and light domestic nature in order to allow older persons and/or persons with special needs, to continue living in their community in as much of an independent manner as is feasibly possible. It also provides respite and support for informal carers, and averts/delay demand for long-term stay residential care. Benefits in-kind available as home care include: <ul style="list-style-type: none"> • meals on wheel service, • handyman service, • home care help, • incontinence service, • community nurse service. There are thirteen day care centres that open daily from 8.30am to 4.00pm. Occupational therapy is offered in these centres. One central institution for permanent elderly residents, supplemented by seven regional residences, and twelve Day Care Centres. A central mental institution that provides treatment and care for mentally impaired persons who need psychiatric treatment.
Number of hours provided	Not mentioned
Any recent changes in policy or provision	Not mentioned

Moldova	
Main types of providers (private profit making, private non-profit, etc.)	Not mentioned
Typical service provision	Not mentioned
Number of hours provided	Not mentioned

Council of Europe Family Policy Database

www.coe.int/familypolicy/database



Any recent changes in policy or provision	Not mentioned
---	---------------

Monaco	
Main types of providers (private profit making, private non-profit, etc.)	Pour les personnes âgées : Fondation Hector Otto : Résidence Charles et Marcelle Bellando de Castro et Résidence Jean et Juana Giaume.
Typical service provision	Not mentioned
Number of hours provided	Not mentioned
Any recent changes in policy or provision	<p>Création en 2006 d'un Centre de Coordination Gérontologique placé sous l'autorité de la Direction de l'Action Sanitaire et Sociale et chargé :</p> <ul style="list-style-type: none"> - d'administrer le réseau de santé gérontologique ; - d'accueillir, d'écouter et d'informer les personnes âgées et leur famille ; - d'effectuer l'évaluation gérontologique des personnes âgées ; - de promouvoir les actions d'éducation du patient âgé et de sa famille ; - de mettre en place les actions de santé publique destinées aux personnes âgées ; - d'organiser la formation des professionnels du réseau ; - d'évaluer les besoins médico-sociaux nécessaires pour répondre à la demande de prestations des personnes âgées.

Netherlands	
Main types of providers (private profit making, private non-profit, etc.)	<p>On 1 January 2007 the Social Support Act (Wet maatschappelijke ondersteuning, WMO) came into force in all municipalities in the Netherlands. Under the Act, the municipalities are now responsible for setting up social support. The introduction of the Act creates an opportunity to improve service provision to citizens and clients.</p> <p>The WMO is the result of broader policy, emphasising individual responsibility in health care, both on the insurance side and the provision of care side. As part of this concept, a new basic health insurance scheme for the entire population was established. The WMO is part of this reform and introduces a new scheme for all Dutch citizens covering care and support in cases of protracted illness, invalidity or geriatric diseases. The Act also covers welfare policy.</p> <p>Participation The aim of the Social Support Act is to promote participation in all facets of society, whether or not with help from friends, family or acquaintances, by means of a coherent policy in the field of</p>

Council of Europe Family Policy Database

www.coe.int/familypolicy/database



COUNCIL OF EUROPE CONSEIL DE L'EUROPE

	<p>social support and related areas.</p> <p>Municipalities now have the opportunity to develop a coherent policy on social support and welfare along with other related matters. The WMO abolishes various rules and regulations for disabled people and the elderly, replacing the Services for the Disabled Act (WVG), the Social Welfare Act and parts of the Exceptional Medical Expenses Act (AWBZ).</p> <p>The Ministry of Health, Welfare & Sport defines the framework within which each municipality makes its own policy, based on the composition and demands of its population. The Social Support Act can provide social services such as:</p> <ul style="list-style-type: none"> - assistance in running a household; - assistance in mobility in and around the dwelling; - assistance in using means of transport for local mobility; - support in meeting other people and, in so doing, forming social ties; - support of informal care helpers and volunteer workers. <p>People have to get in touch with the department at the municipality that deals with the WMO</p> <p>There are two possibilities: the municipality or the organisation that takes care of this on behalf of the municipality makes sure that people either get the help they need, or receive a personal budget (persoonsgebonden budget, PGB) and can themselves decide where and how much help they "buy".</p>
<p>Typical service provision</p>	<p>Home care includes the nursing, care, guidance and counselling required by the insured individual at home in connection with illness, recovery, disability, old age, death or a psychosocial problem. It also includes the loan of nursing equipment for a maximum period of 26 weeks.</p> <p>Day-care in a nursing home is available to those with physical or mental disorders for which all the necessary care is not available in their own environment.</p> <p>Nursing-home care and care in a home for the physically disabled includes medical help and treatment, care and nursing provided by the home and the associated rehabilitation, physiotherapy and occupational therapy.</p> <p>Costs are paid by social insurance, but there is an income-related contribution.</p> <p>The Exceptional Medical Expenses Act (AWBZ) is a national insurance scheme for long-term care. This scheme is intended to provide the insured with long-term continuous care which involves considerable financial consequences, such as care for disabled people with congenital physical or mental disorders.</p> <p>Everyone who meets the criteria set out in the legislation is automatically insured and consequently obliged to pay the statutory contribution. Generally speaking this means that everyone who resides legally in the Netherlands and non-residents who are employed in and therefore liable for income tax in the Netherlands are insured.</p> <p>The Act is implemented by healthcare insurers. People who are insured under the Act and have taken out compulsory health insurance with a care insurer are automatically registered for entitlements under the AWBX. The healthcare insurers delegate various responsibilities – in particular the contracting of healthcare providers, the collection of client contributions and the organisation of regional consultations – to regional healthcare offices. Before a person can qualify for care under the AWBZ, it is necessary to establish whether care is really required and, if so, what type of care and how much care is needed. This needs assessment is made by an independent organisation responsible for determining impartially, objectively and thoroughly what care is required. The client then has the choice of receiving his/her entitlement as care in kind, or in the form of a personal care budget; a combination of the two is also possible. For most types of care under the AWBZ, clients above the age of 18 are required to make a personal contribution towards the costs. The size of this contribution depends partly on the client's age, taxable income and domestic circumstances.</p> <p>The entitlements that exist under the EMEA have been defined in terms of functions. Six broadly-defined functions create considerable freedom for arranging indicated care in consultation with a care provider. They are:</p>

Council of Europe Family Policy Database

www.coe.int/familypolicy/database



COUNCIL OF EUROPE CONSEIL DE L'EUROPE

	<ul style="list-style-type: none"> • personal care: e.g. help with taking a shower, bed baths, dressing, shaving, skin care, going to the toilet, eating and drinking; • nursing: e.g. dressing wounds, giving injections, advising on how to cope with illness, showing clients how to self-inject; • supportive guidance: e.g. helping the client organise his/her day and manage his/her life better, as well as day-care or provision of daytime activities; • activating guidance: e.g. talking to the client to help him/her modify behaviour or learn new forms of behaviour in cases where behavioural or psychological problems exist; • treatment: e.g. care in connection with an ailment, such as serious absent-mindedness; • accommodation: e.g. some people are incapable of living independent lives but may require sheltered housing or continuous supervision in connection with serious absent-mindedness. In some cases a client's care requirements may be too great to address in a home environment, making admission to an institution necessary.
Number of hours provided	This depends on the assessment of the type of social services needed.
Any recent changes in policy or provision	No information / policies available

Norway

Main types of providers (private profit making, private non-profit, etc.)	Long-term care is a municipal responsibility. However, some municipalities have contracted out the provision of services to private sector providers.
Typical service provision	<p>Home care: Practical assistance and/or care at home according to the need, carried out by municipal home services assistants and/or nurses. Home nursing and personal assistance are free of charge. Limited cost-sharing charges for other home services.</p> <p>Nursing homes: Provided in municipal nursing home. For long term nursing home care the patient must pay 75% of income above NOK 6,000 (€ 731) and up to the Basic Amount (Grunnbeløpet) of NOK 62,892 (€ 7,662), 85% of any exceeding income up to the full cost of a nursing home place (as calculated for the municipality in question). Property and capital assets are left untouched.</p>
Number of hours provided	Not mentioned

Any recent changes in policy or provision	Not mentioned
---	---------------

Poland

Main types of providers (private profit making, private non-profit, etc.)	<p>Within the system of social assistance, long-term care for elderly is provided in form of:</p> <ul style="list-style-type: none"> - care services at the place of residence and in support centres, - specialized care services at the place of residence and support centres, - permanent, day and night care in different types of social assistance houses (long term care facilities).
Typical service provision	<p>The provision of those services constitutes tasks of public social assistance institutions of various levels. However, they can also be delegated by local authorities to other entities (profit and non-profit), on the basis of legally specified proceedings.</p> <p>Social assistance system offers a wide range of community services, delivered at the person's place of residence. Forms and duration of community services depend on the individual needs, however usually it takes 4-6 hours daily. Additionally, people with mental disabilities or mentally ill are provided with special forms of daily support, such a community houses of self-help.</p> <p>A person requiring care 24 hour a day due to age, illness or disability, which cannot be provided in form of care services at the place of residence and in daily support centres, is entitled to be placed at the social assistance house.</p> <p>There are different types of social assistance houses (long term care facilities) and depending on the group of people in need of assistance, they are divided into houses for:</p> <ul style="list-style-type: none"> - elderly people, - people with chronic somatic diseases, - people with chronic mental diseases, - intellectually disabled adults, - intellectually disabled children and young people, - physically disabled people. <p>People living in social assistance houses are provided with all day care services, except for medical services that are assured on general basis. Sometimes nurse in social assistance houses is delivered by public health services, however, generally, nurses are employed and paid by social assistance institutions.</p>
Number of hours provided	See previous question
Any recent changes in policy or provision	Not mentioned

Portugal

Main types of providers (private profit making, private non-profit, etc.)	<p>Before the April Revolution (1974) residential care was the only available social service to meet the dependency of the elderly with no family or informal networks to care for them.</p> <p>The 1976 Constitution formally recognized the need to develop social policy and services for elderly persons. It specifically mentions that services such as day-care centres and home-based</p>
---	--

private non-profit, etc.)	services should be created.
Typical service provision	Thus, in the '80s and '90s, different kind of supports and answers to the situation of dependent elderly persons developed. They were characterised by a greater diversity, in order to face the heterogeneity of needs, as well as by a tendency to deinstitutionalization, due to the negative perceptions often associated with residential care. A better articulation between formal and informal support was also stressed, emphasizing their complementarities. And, last but not least, a better articulation between the various services engaged in the care for elderly, both at the level of social and health responses was emphasized in order to improve the quality and suitability of the services (Pimentel, 2006).
number of hours provided	<p>Nowadays, different kinds of services and facilities are available for the elderly: day-care centres, home-based services, residential care, nursing-homes (long-term and palliative care) for highly dependant persons, but also "protected flats" and family accommodation (Acolhimento familiar). These last two solutions are still very poorly developed.</p> <p>The offer in services and facilities for the elderly is mainly based on non-profit-making institutions (1) (subsidized by the State) that assume the role of a social solidarity network, but also, in a less important way, they are based on public and private profit-making institutions.</p> <p>Looking in more detail at the three main services available (home-based services, day-care centres and residential care):</p> <p>a) Home-based care services: until 1974 only a few institutions delivered this kind of services (not even 15) according to the Carta social (2) (2000). And it is between 1975 and 1985 that a first significant development occurred with 139 institutions beginning to deliver home-care services. However, it is above all after 1986 that the increase in home care services is more pronounced: in 10 years, from 1986 to 1995, 748 institutions opened up (on average 74.8 new institutions per year) and then in only three years, from 1996 to 1998, more than 367 institutions began to deliver home-care services.</p> <p>The increase in services has continued since 1998, leading in 2004-2006 to the building up of more than 344 new institutions providing home care services, which represents a mean of 114.6 per year.</p> <p>Initiated in the 80s, but really developed in the 90s, it consists mainly of social responses offering individualised and personalised care at the person's own home when she/he can not manage alone, temporarily or permanently, to ensure basic needs and/or daily activities (Dispatch normative 62/99, 12th de November).</p> <p>The number of users also evolved considerably from 20'568 users in 1992 to 24'934 in 1994, 30'645 in 1998. And in 2006 70'450 persons benefited from those services.</p> <p>Some local health centres provide public domiciliary services but they are very few in comparison with the offer of the private non-profit-making sector, financially supported by the State (payment depends on family income). Among the services, meals, cleaning, laundry and personal care (through 1-2 hour visits by personnel) are the most usual, but permanent care at home is not provided.</p> <p>Private profit-making services are also available and often more accurate in meeting the needs of the elderly and their care. They offer occasional care, home helpers for part/all of the day or 24 hours care for highly dependent elderly persons. But they are expensive services.</p> <p>b) Day-care centres: they address the needs of elderly people with low or medium dependency and offer a variety of daily care services, roughly from 9 to 5 on week days. Day-care centres began to develop in an experimental way in the mid '70s, with the aim of keeping a person in his/her own socio-familial context for as long as possible and to offer an alternative to homes for the elderly (Carta Social, 2000). The latter weren't always the most adequate response and moreover imply an important financial investment. Between 1986 and 1995 day-care centres increased steadily (+ 55% from the previous period of 1975-1985).</p> <p>The number of centres increased during the 90s as well as the number of users: 11'370 users in 1987, 27'967 in 1992 and (36'110) 36'328 in 1998. In 2006, those centres welcomed 41'507 elderly.</p> <p>On the whole, these establishments are mainly provided by the private non-profit-making sector which has agreements with the social security centres. This was true in 1998 as well as in 2004 (representing respectively 99.3% and 94.5 % of all the day-care centres).</p> <p>c) Residential care: they offer support through collective accommodation, meals, health care, and leisure time activities.</p>



	<p>In the early '80s only 2% of the 65 and over had a place in residential care. However, since then a significant increase in the number of residential care units created by the solidarity network appeared: 32 residential homes per year between 1986 and 1995 and 45 residential homes per year between 1996 and 1998, bringing the coverage rate up to 3.4% in 1998. The number of institutions for residential care continued to increase between 1998 and 2006, from 1'181 to 1'572, with the number of places passing from 49'059 to 63'087.</p> <p>During the same period the users also increased from 47'129 to 61'313. Nevertheless, although the number of places increased, there still are places missing due to the increasing number of elderly. Nowadays they are still long waiting lists, in particular for the low-cost non-profit institutions where families pay according to their means.</p> <p>Among the three services, residential care has the highest proportion of structures provided by private profit-making institutions (it applies to 30% of them) and this has remained constant between 1998 and 2004.</p> <p>Considering the coverage rates of equipments for the elderly, in terms of residential homes and day-care centres, although the number of institutions, the capacity as well as the users increased during this period (from 1998 to 2006), it didn't induce a strong increase of the respective coverage rates (in 2006 the coverage rates for elderly persons over age 65 were as follows: 3.4 for residential care; 3.3 for day care centres; and 4.3 for home-based care services). In fact, the latter have remained constant between 1998 and 2006. Between 1998 and 2004 it is possible to see a slight increase in coverage rates, but this is no longer the case between 2004 and 2006. During this period, on the contrary, a slight decrease appeared, specifically for the 75 and older (3). Therefore, it seems that in spite of an important investment both in terms of residential care and day-care centres, these efforts are not sufficient to reach out to the needs of a growing population of 65 and older.</p> <p>Notes:</p> <ol style="list-style-type: none"> 1. The institutions called "Instituições Particulares de Solidariedade Social" (IPSS) emerge from the initiative of private individuals or associations, they are non-profit-making and underline a social solidarity aim. Once they are recognised by the State they may apply for subsidizing. 2. The "Social Map" (Carta social) is the publication of data concerning the network of social services and facilities existing in Portugal. This data-base and the annual report are an important source of information as well as a help for policy making. 3. The only coverage rate which shows an increase is the one for home-based services (from 2.6 to 4.3% between 1998 and 2006).
<p>Any recent changes in policy or provision</p>	<p>At present, various public programmes promote and stimulate the development of services provision:</p> <ul style="list-style-type: none"> - The Government created a National Plan for Social Inclusion (PNAI) (2003-2005; 2006-2008) which aims are to expand home-based care services for dependent elderly persons (not only to increase the offer of services but also to extend the opening hours to longer periods during the day and 7 days a week). The aims are to develop social equipments and services (institutional care, home-based care and day-care centres) with 19'000 new places (until 2009). <p>More recently a major development occurred with the creation of the Network of continuous integrated care (Rede de cuidados continuados integrados) (Decree Law n°101/2006). Its objective is to implement an integrated and continuous offer of health-care and social support in order to promote the autonomy of dependent persons, including the elderly. The issue is to promote the person's autonomy and to strengthen families' competences and involvement, prioritizing the opportunity for the elderly to remain at home. This network is made up of public and private institutions providing care to dependant persons (not only elderly persons): community services, hospitals, health-care centres, ambulatory units. It also places particular emphasis on the setting up of hospitals for long term and palliative care. The network will be built up progressively until 2016. Between 2006 and 2007 several nursing homes for highly dependent persons were set up, with 2718 places created in 2006-2007. The number of places is expected to increase to 5000 by the end of 2008 (PNAI 2006-2008).</p> <p>The need to improve the quality of care has also been underlined as a central issue these last years. It results from the poor quality of care, especially in residential care/nursing home, which has been a constant trend in public debate and policy over the last decade. This has led to different governmental programmes, not only to increase the number of places but also to create</p>

	systematic inspection and to improve the quality of nursing home.
--	---

Romania

Main types of providers (private profit making, private non-profit, etc.)	The public and private social service providers.
Typical service provision	<p>Handicapped person:</p> <p>This category benefit from the following type of services: home care services, community and day care services, residential centres.</p> <p>The typology of the residential centres is the following:</p> <ul style="list-style-type: none"> - centres for care and assistance; - centres for rehabilitation and recuperation; - centres for occupational therapy; - centres for preparing the person for an independent life; - centres respiro/crisis centres; - centres for community services and training; - protected shelters. <p>In the day care centre and residential centres, the social services will be provided in an integrate approach with medical, educational, housing, employment services, so on.</p> <p>A person with a severe disability shall be entitled to a personal assistant, based on a social, psychological and medical assessment. The personal assistant shall have the following rights:</p> <ol style="list-style-type: none"> 1. a base salary determined according to the legal provisions on the wages of the social workers with high school education working in the social assistance institutions financed from the State budget, other than the ones with beds, as well as a seniority bonus and other additional bonuses provided by law; 2. a work schedule which shall not exceed an average of 8 hours a day and 40 hours a week; 3. an annual paid vacation, according to the legal provisions applicable to the staff working in public institutions; 4. free urban transportation; 5. inter-urban transportation. <p>The adults with severe or advanced disabilities who do not own a living area, do not earn any revenues or make revenues below the average of the national salary can benefit from care and protection provided by a professional personal assistant. The provision of care and protection services to adults with severe or advanced disabilities by a professional personal assistant shall be subject to a decision adopted by the assessment commissions for adults with disabilities from the county level and from the districts of Bucharest.</p> <p>Amounts required to cover the monthly expenses on food, equipment, accommodation, sanitary items, as well as the housing expenses shall be granted for each adult with a severe or advanced disability attended by a professional personal assistant.</p> <p>While providing care and protection services to adults with severe or advanced disabilities, professional personal assistants shall benefit from the following rights:</p> <ul style="list-style-type: none"> - a base salary determined according to the legal provisions on the wages of the social workers with high school education working in the social assistance institutions financed from the State budget, other than the ones with beds, as well as a seniority bonus and other additional bonuses provided by law; - a bonus of 15% of the base salary for special working conditions and mental stress;

	<p>- a bonus of 15% of the base salary during the period where he/she provides care and protection to at least two adults with severe or advanced disabilities;</p> <p>- a bonus of 25% of the base salary during the period where he/she provides care and protection to an adult with a severe or advanced disability with HIV/AIDS.</p> <p>- counselling and support from the specialists of the directorates general for social assistance and child protection at the county level, and at the local level for the districts of Bucharest, respectively, or from the social service providers, with a view to fulfilling their obligations related to the care and protection of adults with severe or advanced disabilities;</p> <p>- reimbursement of the inter-urban transportation and accommodation expenses, in case the travel takes place to the interest of the adult with a severe or advanced disability, under the conditions set for the staff working in the State-funded sector;</p> <p>- free urban transportation.</p> <p>Elderly persons:</p> <p>The type of services provided for elderly persons are: home care services and residential services.</p> <p>1. Services delivered at home can be:</p> <p>a) social services concerning, in principal, the person care, prevention of the social marginalization and support for social reintegration, judicial and administrative counselling, support for payment of same services and current obligations, the cleaning and administrate the house, help for the housekeeper, cooking (Law no.17/2000, art.8, lit.a);</p> <p>b) socio– medical services concerning, in principal, help for doing the personal hygiene, readaptation of the physical and psychical capacity, the adaptation of the housing at the person's needs and involvement in the economic , social and cultural activities, and also the temporary care in days centres, night shelters or in other specialized centres (Law no.17/2000, art.8, lit.b);</p> <p>c) medical services like consultations and stomatology care, administration of the medicaments, delivery of the sanitary materials and medical device (Law no.17/2000, art.8, lit.c).</p> <p>The care of an elderly person in the family is realised principally in rural areas, where the tradition and moral values are keeping in a higher proportion. For the persons who deliver care to the elderly at home, an Order of the ministry of labour, social solidarity and family no.392/2000 was promoted to approve the Methodology for accreditation of the person that deliver care at home to the elderly. In conformity with this Order, temporary or permanent home care for the elderly person can be realising, only with their consent by an accreditation person, named caregiver or by a legal person with attributions in the field, working with qualified staff.</p> <p>2. The residential care of the elderly persons, respective hostels, represent an exceptionally measure to social assistance, taking into account the priorities criteria (Law no.17/2000, art.16).</p> <p>The hostels current and capital expenses are assured from the local budget and from the subsidies granted from the state budget. The hostels for elderly people are organized, with the approval of the organization that is financing, accordingly to the conditions they have, with the hostels may develop self-financing activities for improvement the quality of the food.</p> <p>The persons who dispose of a proper income and are cared in the hostels, have the obligation to pay a contribution, established on basis of the average monthly cost for maintenance. These contributions represent 60% from the personal monthly incomes, without exceeding the average monthly cost for maintenance approved. The obligation concerning the payment of the contribution is established by a payment agreement, signed by the elderly person that will be maintain in the hostels, and if this person is without the legal capacity of exercising the civil rights by the legal representative. The obligation concerning the payment of the contribution can be established, in exceptionally cases, by judicial decision. In situation when the elderly person don't have any income or the income is less then the average monthly cost for the maintenance, the payment of the contribution is, integral paid, by the husband/wife, relatives children or parents. If the person accommodated in hostels or those legal representative don't have the money the monthly contribution will be supported by the institution's budget.</p> <p>No home care cash benefits. No semi stationary care cash benefits. No nursing home care cash</p>
--	---

Council of Europe Family Policy Database

www.coe.int/familypolicy/database



	benefits.
Number of hours provided	Not mentioned
Any recent changes in policy or provision	In present is a draft of law regarding the social protection of the elderly person. The project law will introduce a dependency benefit for financing health care services, not only in residential system but especially at homes. The benefit will be given in full amount which is different depending on the dependency level and on the place (at home, in day or residential centres) on the basis of testing incomes. Also, the law project suggests a compulsory insurance for long term health care and the collected funds will insure the necessary amount for financing the dependency benefits.

Russian Federation

Main types of providers (private profit making, private non-profit, etc.)	Social services activities can be carried out by governmental and non-governmental social services organizations, including individuals providing private social services.
Typical service provision	<p>The right to the social services is granted to elderly citizens, i.e. men over 60, women over 55, and disabled people who need other people's permanent or temporary assistance due to their partial or complete loss of ability to satisfy their main everyday needs on their own as a result of limited ability to minister to themselves and (or) to move.</p> <p>The decision on providing social services is made by local social security authorities. The forms of social services provided to elderly and disabled citizens are as follows:</p> <ol style="list-style-type: none"> 1) social services at home (including social and medical care); 2) semi-institutional social services at day (night) care facilities of social service institutions; 3) institutional social services in residential social service institutions (boarding houses, rest homes and other social service institutions irrespective of their name); 4) emergency social services; 5) social consultation services.
Number of hours provided	The number is not set by any document.
Any recent changes in policy or provision	Not mentioned

Council of Europe Family Policy Database

www.coe.int/familypolicy/database



Serbia	
Main types of providers (private profit making, private non-profit, etc.)	The right to support for help and care of another person, which is in authority of Republic of Serbia, has been given under the article 2.3 of this questionnaire. Local self government, by its decisions, embeds conditions and the way of implementation of the right to help at home and daily abode and clubs for elderly. Main types of service providers in Republic of Serbia for elderly and other mature supported / un-independent people are non-profit service providers (the state).
Typical service provision	Help at home – women assisting elderly: hygiene nourishing, hygiene of users and the home; food preparation; acquisition of medicines and other needed things.
Number of hours provided	Two hours per day for one user and 3-4 hours per day for two and more users per household. Service of help at home is not provided on Saturday and Sunday and during public holidays.
Any recent changes in policy or provision	Increased duration from one to two days.

Slovakia	
Main types of providers (private profit making, private non-profit, etc.)	Not mentioned
Typical service provision	Home care: Attendance services to help with personal hygiene, housework, delivery and preparation of meals, laundry, escort, interpretation for the deaf and reading for the blind. Semi-stationary care: Semi-stationary care is provided in social services facilities. It is provided as day care or weekly care (with patients returning home during the weekend).
Number of hours provided	Not mentioned
Any recent changes in policy or provision	Not mentioned

Slovenia	
<p>Main types of providers (private profit making, private non-profit, etc.)</p>	<p>The law states that rightful users of services provided by Homes are citizens of the Republic of Slovenia with permanent residence in Slovenia, and foreigners with residence permit for Slovenia. Admission, relocation or dismissal is accomplished by Homes in agreement with rightful claimants or their representatives. In the end of 2006 there were 16.594 places in 78 Homes in Slovenia and Special Institutions at 88 locations, which comprises: 12.904 places in public Homes for the Elderly (in 54 institutions), 2.047 places in private Homes for the Elderly (18 institutions with concession contract), 1.643 places in Special Institutions for adults (6 institutions). In admission process the resident and the Home define the range and type e.g. the suitable category of care and particularities of service by an agreement, based on a special regulation. Care expenses are paid by residents themselves or by their families and local communities. The prices must be set according to special methodology rules and accepted by competent authorities of Home management. They should be also approved by the Ministry in charge of Social Affairs. Health services in Homes are provided by compulsory health insurance scheme. The prices of health services are set every year in an agreement between the Home and Institute for Health Insurance of Slovenia, which covers the service expenses. The prices of these services are set by management organs of Homes.</p> <p>According to law, Homes can also engage in so called market activities, and assign profit to improving conditions for their basic services. Activities of Homes are observed and monitored by: Ministries in charge of social and health care, Health Inspection, Health Insurance, Court of Auditors. Homes must also have internal and external audits of operation. Any complaints against services of Homes can be managed through responsible bodies of Homes and the Ministry in charge of Social Affairs. Homes are striving to offer their residents good, professional care, nursing and help to make their lives better within limitations they have due to old age and health conditions. They are trying to be open institutions that are closely connected with society in its narrow and broad sense (Association of Social Institutions of Slovenia).</p>
<p>Typical service provision</p>	<p>The main activity of Homes is institutionalized form of care for the elderly. The Social Protection Law defines them as part of public services and a form of institutionalized care providing social as well as nursing services for suppressing personal distress and problems of people above 65 and those who cannot live at home due to old age, poor health or other reasons. Institutionalized care according to the law covers all forms of help in an institution, other family or any other organized form that serve as a replacement for or supplement of functions of a home or family of an elderly person. Help in particular involves housing, organized meals and care, and health service. Homes for the elderly can perform other activities beside basic services. Basic services cover the following:</p> <ul style="list-style-type: none"> • admission and residence in single rooms, double bed rooms or rooms with more beds, • taking care of rooms and linen, • organized meals, appropriate to health condition, and technical supply, • personal help, social care and nursing, • health care and medical rehabilitation, • basic and specialist medical service which is provided by health care centres or private physicians in homes. <p>Services within basic duties of Homes are standardized. Positive deviations from standards are permissible since they provide better living conditions, while negative deviations are not. Any deviations affect the price of services.</p> <p>There are many additional activities of Homes which can include the following:</p> <ul style="list-style-type: none"> • various additional nursing or other services for residents that are not a part of standardized range of individual category of care, • daily care for the elderly who live at home; includes nursing and medical services, • nursing and medical care for residents at protected apartments,

Council of Europe Family Policy Database

www.coe.int/familypolicy/database



	<ul style="list-style-type: none"> • providing suitable nutrition and medical care and other forms of help for an individuals and a families at home, • services of social care at home for elderly or other persons, • cooperation with other similar organizations, associations and individuals engaging in various forms of activities for the elderly outside their homes, • providing other services, especially for the elderly in their home environment. <p>Long-term benefits in kind (Home care and institutional care) are based on residence. Public social services are carried out by Social Work Centres (Center za socialno delo) and Homes for elderly (domovi za starejše). The scheme is financed through social security contributions and national and municipal budgets.</p> <p>Day care is usually performed within old people's homes, private institutions on a basis of concession contract or work permit and welfare employment centres.</p> <p>Organized locally, provided within the public service network by the Social Work Centres (Centre za socialno delo), old people's home and special institutions for home care. Services of home care are: personal care (help with feeding, clothing...), house work (cleaning, cooking...), social control (supervision of personal safety), social assistance in the field of interpersonal relations (different groups) and medical services provided on the basis of legislation on health care (home visits, treatment and home nursing and in social care institutes).</p> <p>Person entitled to institutional care has also the right to choose a family assistant (družinski pomočnik) instead.</p> <p>Day care centres are organized locally and include the following services: protection, food supply, health care, social integration, entertainment, transport.</p> <p>Organized public nursing home institutions for elderly, disabled adults and children:</p> <ul style="list-style-type: none"> • Old people's homes provide care for elderly and home care for individuals and families. • Residence homes for mentally and physically disabled adults provide a special form of institutional care for mentally and physically disabled adults. • Welfare employment centres provide care and organize employment for mentally and physically disabled adults. • Institutions for training severe and profound mentally disabled children.
Number of hours provided	Home care is available for a maximum of 4 hours per day or 20 hours per week.
Any recent changes in policy or provision	Not mentioned

Spain	
Main types of providers (private profit making, private non-profit, etc.)	Public Services through Regional and local Social Services Private sector
Typical service provision	Home help services (Servicio de Ayuda a Domicilio) Local Day Centres

Council of Europe Family Policy Database

www.coe.int/familypolicy/database



	Residencies: public and private. Public residencies are offered by Regional Authorities.
Number of hours provided	Not mentioned
Any recent changes in policy or provision	Through the new Law of Dependency of 2007 it is being developed a wider system of attention to elderly, children and adult persons that need support from others. The system involves local and regional authorities.

Switzerland

Main types of providers (private profit making, private non-profit, etc.)	<p>Pour les soins pris en charge et l'organisation du système sanitaire, cf. la contribution suisse au MISSOC-Info 2/2006 sur les soins de longue durée en Europe: http://ec.europa.eu/employment_social/spsi/missoc_info_fr.htm</p> <p>Pour les aspects statistiques, cf. Office fédéral de la statistique, Statistique des hôpitaux 2006 et Statistique des institutions médico-sociales 2006, http://www.bfs.admin.ch/bfs/portal/fr/index/themen/14.html et Office fédéral des assurances sociales, Statistique de l'aide et des soins à domicile 2006, http://www.bsv.admin.ch/dokumentation/zahlen/00095/00440/index.html?lang=fr</p>
Typical service provision	Not mentioned
Number of hours provided	Not mentioned
Any recent changes in policy or provision	Not mentioned

Turkey

Main types of providers (private profit making, private non-profit, etc.)	Not mentioned
---	---------------

Council of Europe Family Policy Database

www.coe.int/familypolicy/database



Typical service provision	Not mentioned
Number of hours provided	Not mentioned
Any recent changes in policy or provision	Not mentioned

Ukraine

Main types of providers (private profit making, private non-profit, etc.)	Not mentioned
Typical service provision	Not mentioned
Number of hours provided	Not mentioned
Any recent changes in policy or provision	Not mentioned

United Kingdom

Main types of providers (private profit making, private non-profit, etc.)	<p>From local authority statistics of care arranged for older people in residential homes in England, 57 per cent are in the independent sector, 9 per cent are in local authority staffed homes and 35 per cent are in nursing homes.</p> <p>In Scotland, 74 per cent of residential care is provided by the private sector, 12 per cent by the voluntary sector and 14 per cent by the local authority or national health service.</p> <p>In England and Wales, most people will be expected to pay towards the costs of their accommodation and personal care in a care home from their income and capital. Similarly there are means-tested charges for home care. The exception is care that is provided by the National Health Service. In Scotland, personal care is provided free by the state, although 'hotel' charges in care homes such as accommodation, food and utilities are still charged for as is support other than personal care.</p>
---	--

Council of Europe Family Policy Database

www.coe.int/familypolicy/database



	<p>Physically disabled people, mental health etc. http://www.scotland.gov.uk/Publications/2007/11/26142330/0</p> <p>During the survey week in September 2007: 78 per cent of the total contact hours of home care were provided by the independent sector (England).</p>
Typical service provision	<p>At 31 March 2007, community based services were provided to 646,000 over-65s and 376,000 18-64 year olds in England. Of the community based services provided to those 65 and over, the most common was home care, followed by equipment and adaptations, professional support (e.g. occupational therapy), day-care and meals. For under-65s, the most common was professional support, then day care, home care, and equipment and adaptations. Approximately 40,000 people, mostly disabled people aged 18-65, were receiving direct payments to organise their own support and care.</p> <p>Estimated number of clients receiving community based services by service type and age, at 31 March 2007.</p> <p>* See the questionnaire for data on: Estimated number of clients receiving community based services by service type and age, at 31 March 2007.</p>
Number of hours provided	<p>During the survey week in September 2007, 31 per cent of households receiving home care received intensive more than 10 contact hours and 6 or more visits during the week. The average number of contact hours per household in 2007 was 11.6</p>
Any recent changes in policy or provision	<p>Not mentioned</p>