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Comparative Assessment of Long-term Care System Generosity: Mapping Benefits and Inclusiveness Internationally

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Abstract

Long-term care is a comparatively young but increasingly important social policy field. However, international comparative data on the topic are (still) scarce. Addressing this gap, this paper introduces a comprehensive framework for gauging LTC system generosity and presents our corresponding novel data, the Long-Term Care Benefits dataset (LTCB). Building on previous discussions in welfare research, we conceptualise generosity by means of two dimensions that depict the distribution and variety of LTC benefits: scope of benefits (what is provided and how much of it) and inclusiveness (who is entitled and eligible). More specifically, our resulting LTC generosity framework outlines 17 in-kind, cash and regulatory benefits for people in need of care as well as caregivers, plus criteria measuring benefit levels and the conditions that (potential) beneficiaries need to fulfil. In a second step, we applied the framework while collecting de jure information from laws and secondary sources on these different aspects of LTC system generosity. Covering a sample of 40 countries, our empirical analysis of the LTCB data finds that in-kind benefits are the most common benefit type and means-related co-payments are the most prevalent form of cost-sharing for LTC services. We also find great variety in the number and kind of eligibility criteria employed within and across countries, which also implies LTC system fragmentation. Furthermore, in line with welfare state research, inclusiveness in LTC is stricter in liberal welfare states than in Nordic countries. While our novel dataset offers the most comprehensive and systematic de jure data collection on LTC benefits so far, it also has several limitations, such as missing (standardised) data on the level of benefits and its limited information on the (de facto) relevance of benefit schemes and recipients.

Zusammenfassung

Die Langzeitpflege ist ein vergleichsweise junger, aber zunehmend wichtiger Bereich der Sozialpolitik. Allerdings sind internationale Vergleichsdaten zu diesem Thema (noch) rar. Um diese Lücke zu schließen, stellt dieser Beitrag einen umfassenden Rahmen zur Bewertung der Großzügigkeit von Langzeitpflegesystemen vor und präsentiert unseren entsprechenden neuen Datensatz „Long-Term Care Benefits" (LTCB). Aufbauend auf früheren Diskussionen in der Sozialforschung konzipieren wir Großzügigkeit anhand von zwei Dimensionen, die die Verteilung und Vielfalt der Leistungen der Langzeitpflege beschreiben: Umfang der Leistungen (was wird in welchem Umfang bereitgestellt) und Inklusivität (wer ist anspruchsberechtigt). Konkret umfasst unser daraus resultierender Bewertungsrahmen zur Großzügigkeit von Langzeitpflegesystemen 17 Sach-, Geld- und regulatorische Leistungen für pflegebedürftige Menschen sowie informelle Pflegekräfte, zusätzlich zu Kriterien zur Messung der Leistungshöhe und der Bedingungen, die (potenzielle) Leistungsempfänger erfüllen müssen. In einem zweiten Schritt haben wir diesen Rahmen angewendet und dabei de jure Informationen aus Gesetzen und sekundären Quellen zu diesen verschiedenen Aspekten der Großzügigkeit von Langzeitpflegesystemen gesammelt. Unsere empirische Analyse der LTCB-Daten, die eine Stichprobe von 40 Ländern umfasst, zeigt, dass Sachleistungen die häufigste Leistungsart und einkommensabhängige Zuzahlungen die gängigste Form der Kostenbeteiligung für LTC-Leistungen sind. Wir stellen auch eine große Vielfalt hinsichtlich der Anzahl und Art der Anspruchsvoraussetzungen innerhalb und zwischen den Ländern fest, was ebenfalls auf eine Fragmentierung des LTC-Systems hindeutet. Darüber hinaus ist die Inklusivität in der Langzeitpflege in liberalen Wohlfahrtsstaaten enger gefasst als in den nordischen Ländern, was mit der Forschung zum Wohlfahrtsstaat im Einklang steht. Unser neuartiger Datensatz bietet zwar die bislang umfassendste und systematischste Sammlung von De-jure-Daten zu Langzeitpflege-Leistungen, weist jedoch auch einige Einschränkungen auf, wie z.B. fehlende (standardisierte) Daten zum Leistungsniveau und begrenzte Informationen zur (De-facto-)Relevanz von Leistungssystemen und Leistungsempfängern.

Contents

1 Introduction

In light of demographic aging in many parts of the world, the need for long-term care (LTC) is growing (World Health Organization [WHO], 2015). For instance, in Europe, the region with the highest proportion of older people, projections for the European Union (EU) forecast a 24% increase in the number of people with LTC needs, from 30.8 million in 2019 to 38.1 million in 2050 (Social Protection Committee [SPC] & European Commission [EC], 2021, pp. 30-31). Depending on personal preferences, but also the type and severity of physical and cognitive impairment, loss of intrinsic capacity can be handled in many different ways: Family members or others from the person's social network can assist with daily living activities, domestic care workers may be hired, home care services can provide care, or those affected can relocate to small- or large-scale facilities with continuous professional attendance.

However, as for other social risks, there are limits to organising LTC purely privately: without sufficient public intervention, substantial social risks arise, both for people in need of care and caregivers (e.g. Barr, 2012; Rothgang, 2009; WHO, 2024; Eggers & Grages, 2023; Brimblecomb et al. 2018). For persons who need LTC there is both the risk of financial hardship and unmet LTC needs. For instance, out-of-pocket expenditures for LTC increase the likelihood of impoverishment (Del Pozo-Rubio et al., 2019; Muir 2017). Lack of financial resources, but also other factors, can in consequence lead to unmet care needs and personal, practical and socio-emotional care poverty, diminishing health and well-being (Kröger, 2022, p. 26). As regards familial caregiving, there are, on the one hand, issues related to a lack of financial resources and social protection. Care work often leads to a reduction of paid employment (Moussa, 2018), leading not only to a direct reduction in income but also the prospects of future earnings, to reduced pension claims and diminished coverage in other social protection systems (Bothfeld, 2012; Frericks, 2022). Lack of caregivers own income might also increase intra-familial financial dependencies, for instance, on the wage-earning spouse. On the other hand, caregiving (in certain settings) can also exert negative impact on well-being and health, in particular mental health (Kaschowitz & Brandt, 2017; Longobardo et al., 2023).

Public LTC systems can potentially offer collective social protection to diminish these social risks (Brimblecombe et al., 2018; Kröger, 2022, pp. 195-197). To date, around 50 countries globally have established some kind of national-level, public LTC system, defined as entitlements to at least one directly LTC-related social benefit (Fischer et al., 2023). Yet, as these schemes are highly heterogeneous across multiple characteristics such as institutional design, population coverage, or level of resources spent (e.g. Ariaans et al., 2021; Frisina Doetter et al., 2023; Riedel et al., 2016), it is unlikely that they are all similarly well equipped to address the risks associated with care needs and caregiving. The generosity of the welfare policy, that is the amount and distribution of social benefits (de Carvalho et al., 2024), is one key characteristic telling us who is "protected" and how strongly against social risks and is consequently an essential topic in social policy research (Otto, 2018; Øverbye, 2021). Yet there is currently very little data on the generosity of LTC schemes, which would allow us to assess the aspects of coverage, eligibility, types and level of benefits across countries. Addressing this research gap, in this paper we set out to a) introduce an elaborate framework of LTC system generosity and b) present our corresponding novel dataset.

We pose the following research questions: How can the generosity of LTC systems be conceptualised and measured comparatively? How do countries' LTC systems compare empirically in terms of benefits and their inclusiveness? Of the different possibilities to operationalise generosity (Otto, 2018; van Oorschot, 2013) our analysis concentrates on the widespread "social rights" or "entitlement" approach. This means we are focusing on assessing de jure information on benefit design, entitlement and eligibility, that is formal, legal access regulations in contrast to de facto access and availability measured, e.g. in terms of expenditure or number of recipients. While our legal focus cannot capture the actual benefit coverage

it enables us to analyse "political commitments that have materialized during policy formulation", shedding light on "processes of social recognition" (Leisering, 2019, pp. 141-142). Covering 51 countries globally with LTC systems (Fischer et al., 2023) for the year 2019, our novel Long-Term Care Benefits dataset (LTCB) aims to offer the first comprehensive and detailed mapping of what and who LTC systems cover by way of providing country-comparative, (semi-)standardised information coded from laws and secondary sources. In doing so, we include not only the common major benefits for care recipients such as residential care, home care, or cash allowances but also a range of in-kind, cash and regulatory benefits aimed at family caregivers. As the construction of the dataset is still ongoing, the empirical section of this working paper analyses 40 countries as a sub-sample of the case population.

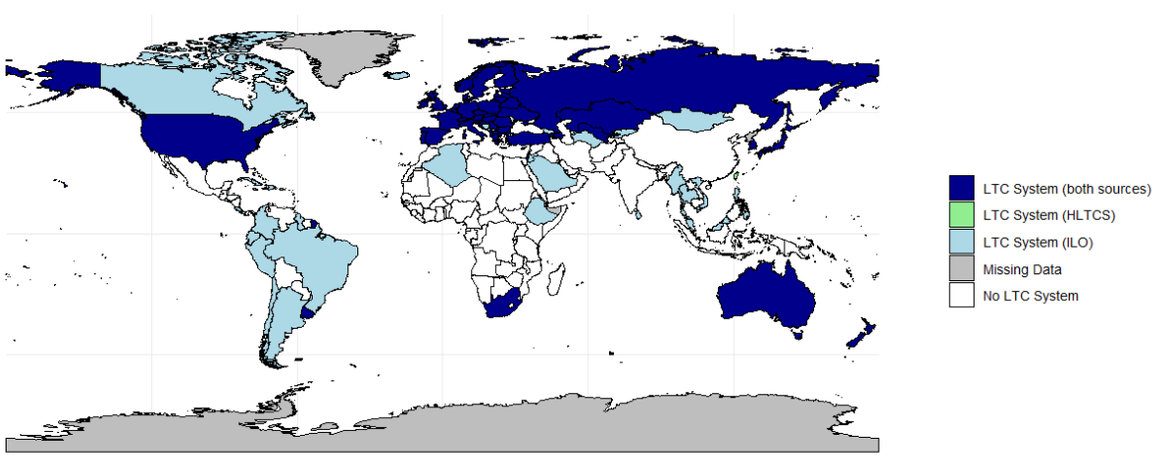
The paper proceeds by, firstly, reviewing existing comparative LTC datasets to highlight the current state of the art and its limitations. Secondly, we discuss our definition of generosity and present our LTC generosity framework. Thirdly, we outline our methodology and research process for constructing the LTCB. Subsequently, we descriptively analyse selected aggregate indicators and discuss them in light of previous comparative social and long-term care policy research. The final section summarises the main findings and discusses contributions and limitations of our framework and dataset.

2 Review of comparative data on LTC

Compared to other social policy fields, international comparative data on LTC are severely limited, even within Europe as the best-mapped region (see also Campbell et al., 2016; Verbakel et al., 2022). As regards data which focus on (de jure) LTC policies and regulations, there are several (semi-)standardised data collections. The International Labour Organization's (ILO) Global Care Policy Portal offers seven multinomial variables on the legal existence and funding of different types of statutory LTC benefits globally for 2021 (Addati & Cattaneo, 2022); however, the sources and definitions behind this novel data are not clearly documented.[1] Similarly, the Historical Long-term Care Systems Dataset (HLTCS) offers binary information on the existence of (different types of) LTC systems in countries worldwide and additionally incorporates a cross-temporal perspective including the introduction date of the first law contain-

1 ILO Global Care Policy Portal https://webapps.ilo.org/globalcare/

Figure 1. Existence of LTC systems worldwide as measured by two different data sources



Source: HLTCS; ILO 2021

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ing entitlements to LTC benefits for each country (Fischer et al., 2023).[2] Interestingly, both sources come to disparate conclusions about the existence of LTC systems: The ILO data find that 91 out of 179 countries have systems, while the HLTCS identifies 51 out of 167 countries investigated.[3] Both datasets find that large parts of Europe and former USSR countries have LTC systems while large parts of Africa and Southern Asia do not, and one main discrepancy is the prevalence of LTC systems in South America. Figure 1 highlights all countries with LTC systems as indicated in both datasets. To generate the LTCB presented in this paper, we chose to rely on the HLTCS sample of 51 countries.

Turning to more detailed data on policies and benefits, the (bi)annual comparative tables on LTC produced by the Mutual Information System on Social Protection (MISSOC) and the Mutual Information System on Social Protection of the Council of Europe (MISSCEO) provide detailed descriptions by country experts on statutory social policy for LTC, including, for instance, descriptions of persons covered and eligibility criteria as well as different types of benefits for persons in need of care and caregivers.[4] The advantage of these data is their continuous updating, comprehensiveness and detail; the downside for comparing countries is the lack of standardisation and comparability (see also Verbakel et al., 2022). Another promising new project on LTC policy data is the Gateway to Global Aging Data, which offers detailed reports on cash benefits, in-kind benefits, 24-hour care benefits and service vouchers.[5] While the reports are much more detailed than the MISSOC/MISSCEO tables and also incorporate a cross-temporal perspective on major reforms, they face the same problem in offering no standardised variables for direct cross-country comparison. Additionally, the Multilinks Database on Intergenerational Policy Indicators provides data on the design of cash-for-care schemes in 30 European countries (Multilinks, 2011); however, this is only available for 2004 and 2009.

As regards data on de facto LTC generosity, international organisations such as the Organisation of Economic Co-operation and Development (OECD), WHO and the EU (via Eurostat) produce some data on LTC expenditure and care recipients.[6] Based on the definitions and categories of the System of Health Accounts (OECD et al., 2011), they provide international LTC expenditure data on different kinds of financing schemes and sub-functions. While country coverage of this data has increased in the past years, it is still very limited for most variables and in many cases only health-related LTC expenditure, not total LTC expenditure, is available.[7] Nor do existing expenditure data offer spending breakdowns on different LTC benefit types and schemes. Figure 2 provides an overview of total, public and private health-related LTC expenditure as a percentage of gross domestic product (GDP) for the 51 countries covered by the LTCB dataset. Countries' expenditures range from almost zero (e.g. Armenia, Kazakhstan) to about 3% of GDP in Norway, Sweden and the Netherlands. Private expenditure is particularly high in Switzerland, Germany and the UK.

De facto data on LTC provision and utilisation is even more limited than financing data. In addition to – mostly European – comparative survey data

2 Historical Long-Term Care Systems Dataset as part of the Global Welfare State Information System (WeSIS): https://wesis.org/indicators/categorize?category=Health+and+long-term+care#Long-term%20care

3 As there is no documentation of the definitions and sources employed to construct the ILO dataset the reasons for the disparities remain speculative. Potentially, the ILO dataset might include regional LTC schemes or have less strict definitions on what constitutes a statutory benefit.

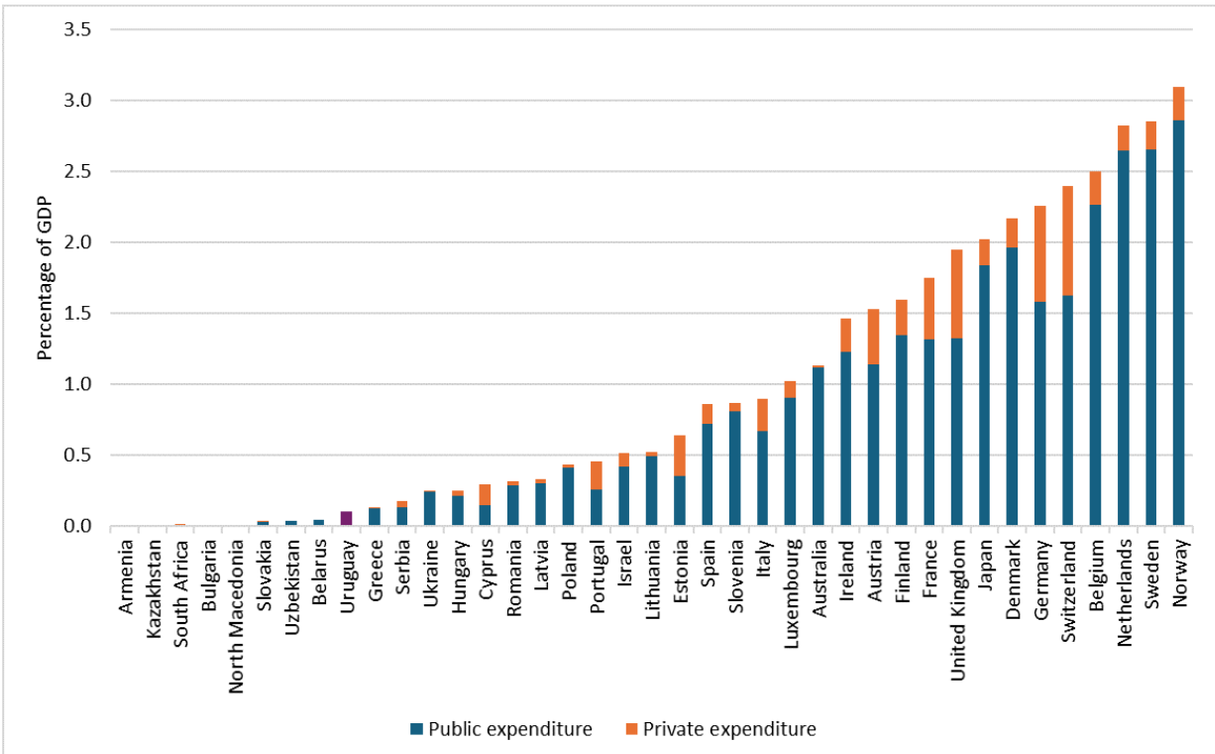
4 MISSCEO: https://www.coe.int/en/web/european-social-charter/missceo-comparative-tables; MISSOC: https://www.missoc.org/missoc-database/comparative-tables/

5 Gateway to Global Aging Data, Long-Term Care Policies: https://g2aging.org/ltc/long-term-care. As of January 2025, the platform offers reports on 13 countries and many US states.

6 Sources of datasets: Eurostat, expenditure for selected health care functions by health care financing: https://doi.org/10.2908/HLTH_SHA11_HCHF; OECD Data Explorer, health expenditure and financing: https://data-explorer.oecd.org/; WHO Global Health Expenditure Database: https://apps.who.int/nha/database/Select/Indicators/en

7 For 2019, data from WHO, OECD and Eurostat combined offer data for about 70 countries for the most-covered variable of total health-related LTC expenditure.

Figure 2. Health-related public and private LTC expenditure, 2019



Notes: Total missing data for: Albania, Azerbaijan, Croatia, Czech Republic, Kosovo, New Zealand, Russia, Singapore, South Korea, Taiwan, Turkey and the United States. Data for Uruguay is total expenditure without split into public/private. Private expenditure data missing for: Armenia, Belarus and Uzbekistan; data points for other years than 2019: Data for public and private expenditure for Kazakhstan for 2018; Data for total, public and private expenditure for Serbia for 2021; Data for total, public and private expenditure for Ukraine for 2020; Data for total and public expenditure for Uzbekistan for 2018.

Source: Global Welfare State Information System [WeSIS], 2024

on LTC need, receipt and informal provision (e.g. SHARE – Survey of Health, Ageing, and Retirement in Europe, EHIS – European Health Interview Survey), the OECD dataset on Long-term Care Resources and Utilisation offers the most comprehensive statistical dataset on care provision, including beds in residential LTC facilities, number of LTC recipients and workers.[8] Depending on the specific indicators, the data cover about 15 to 35 countries.

Summing up, while there are new developments in international comparative data both as regards de jure and de facto data, the overall availability of datasets is still very limited both in geographical and temporal scope and in terms of indicators. Cross-country data on who receives which types of benefits and to what extent is largely lacking, often non-transparent and difficult to compare directly. Our novel LTCB dataset aims to contribute to improving standardised, comparative LTC data with regard to the de jure regulation of benefits.

3 The concept of generosity in social and LTC policy

The concept of "generosity", as we understand it, describes who receives which social benefits under which conditions and to what extent.[9] These

8 OECD Data Explorer, long-term care resources and utilisation: https://data-explorer.oecd.org/

9 The term generosity is not used consistently in social policy research. While many researchers use it as the overarching concept to describe the extent of public welfare provision as we do here, e.g. Otto (2018); Eggers et al. (2020); Scruggs/Ramalho Tafoya (2022), others use the term to refer to single aspects, mainly the material

questions are of longstanding and great interest in comparative welfare state studies, where measures of generosity describe and classify countries or explain differences in the "size" of their welfare state (see e.g. Kuitto, 2018; Otto, 2018). Traditionally, this research concentrates mainly on work-related cash benefits in fields such as unemployment and pensions, which is also the focus of major datasets measuring generosity of social rights, that is, the Social Citizenship Indicator Program (SCIP) and the Comparative Welfare Entitlements Dataset (CWED) (Bolukbasi et al., 2021). Naturally, this focus influences how generosity has been discussed, with wage replacement rates, duration of benefit receipt, eligibility criteria and coverage being crucial elements of social transfer generosity (Scruggs & Ramalho Tafoya, 2022). However, these categories are not necessarily useful or applicable to other social policy fields and types of benefits, including LTC (Ranci et al., 2019, p. 554). We, therefore, take a step back to discuss and propose how generosity can be conceptualised irrespective of the social policy field and subsequently, in a second step, operationalise it specifically for LTC.

Although not always explicitly discussed, generosity can best be described in a multidimensional fashion, similar to many social science concepts (Goertz, 2006, p. 30). Previous studies discussing the concept in the context of social policy, health care, or LTC specifically, normally portray generosity with two or three dimensions that vary by content.[10] Our conceptual framework for social policy generosity combines and structures existing approaches by constructing a three-level concept whose (sub-)dimensions on the 2nd and 3rd level are connected with the logical AND (Goertz, 2006; see Figure 3).

Our basic concept on the 1st level is generosity. The 2nd level details the two dimensions which make up generosity: the personal dimension, which we term inclusiveness, plus the material dimension, called scope of benefits (see also Böhm, 2016, pp. 20-22; de Carvalho et al., 2024; Grages et al., 2021; Ranci et al., 2019; Toth, 2019, p. 519f.; van Hootegem et al, 2024, p. 523; for a review see Table A1 in the Appendix).[11] This conceptualisation with two necessary dimensions entails that the extent of inclusiveness and the scope of benefits jointly and equally determine the overall level of generosity. Consequently, we would only consider a social policy in its totality as highly generous if both the granted amount and the extent of the covered population are both high. The two-dimensional conceptualisation makes it possible to analytically differentiate not only the overall extent of generosity but potentially assess different types of (semi-)generosity (e.g. high scope of benefits/low inclusiveness and vice versa).

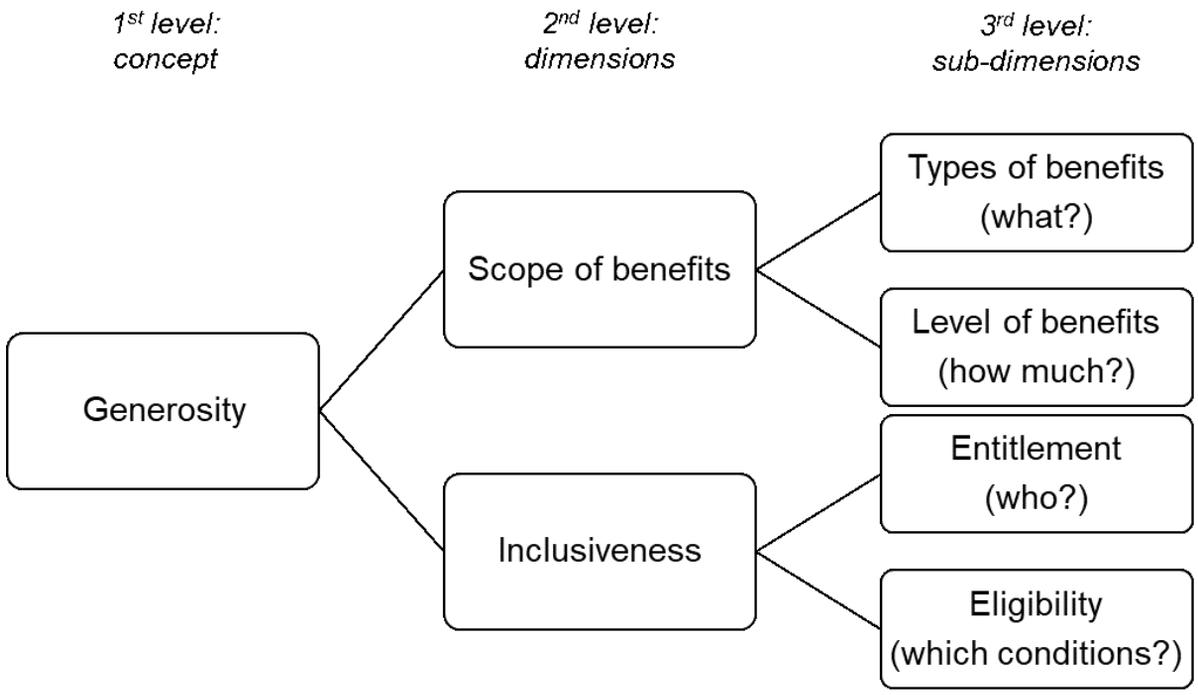
Each of these 2nd level dimensions is, in turn, made up of sub-dimensions further specifying their characteristics on the 3rd level of the concept. Regarding the scope of benefits, particularly for complex and/or service-based policy fields like LTC, health care or childcare policy, it is important to draw attention to the question of which benefits or benefit types are actually covered by the public scheme (types of benefits). Yet, to study generosity, it is similarly important to investigate what level of benefit is received, for instance, in terms of monetary value, extent of private co-payment or duration/time, depending on the specific programmes (level of benefits) (Colombo et al., 2011, p. 230; Toth, 2019, p. 519; WHO, 2010, p. 15). Inclusiveness is often described in terms of entitlement and eligibility, although their distinction is blurry (see also Leisering, 2019, pp. 170-171). Whereas entitlement refers to the question of who generally has a right to social benefits, e.g., based on citizenship, residence, insurance membership or employment status, eligibility describes the specific conditions or situation in which benefits are granted, such as age, economic situation, health status, etc. (Blank, 2011, pp. 50–57; Dobrotić & Blum,

dimension (how much?) e.g. Ranci et al. (2019); Toth (2019); see also Otto et al. (2021: 239).

10 Not all of these studies employ the term generosity but use different terms such as inclusiveness, social rights, or coverage to denote the overarching concept, e.g. Dobrotić/Blum (2019); Leisering (2019: 61); Toth (2019). Table A1 in the appendix provides a summary of all the reviewed studies.

11 The terms generosity, inclusiveness and scope of benefits are employed in line with the terminology suggested by the Collaborative Research Centre 1342 "Global Dynamics of Social Policy".

Figure 3. Conceptualisation of Social Policy Generosity



Source: Authors' depiction

2019, pp. 262–265).[12] Our concept of generosity consequently combines existing approaches in a comprehensive and flexible way. Figure 3 visualises the concept.

4 Introducing the LTC generosity framework

Building on the abovementioned overarching definition of generosity we now operationalise our framework for analysing generosity in the field of LTC. The structuring and content of the LTC generosity framework were developed through an iterative inductive-deductive process. On the one hand, country descriptions of the 51 existing LTC systems, as presented in gray and academic literature, were analysed to identify prevailing benefit schemes, their definitions and recurring eligibility conditionalities for targeting. On the other hand, we relied on our substantive knowledge plus existing (comparative) conceptualisations and descriptions in the LTC literature to systematise and define the types and criteria. The following sections provide an overview of the LTC generosity framework structured by the four sub-dimensions types of benefits, level of benefits, entitlement and eligibility criteria.[13]

12 In addition to the proposition for separating entitlement and eligibility presented above, Clasen and Clegg (2007) offer a somewhat different, three-dimensional framework for conditionality (in our terms inclusiveness). They distinguish the "conditions of category" as the main condition/risk of the benefit under study (LTC needs in our case), the "conditions of circumstance" which describe all additional characteristics to be fulfilled by an individual and the "conditions of conduct" referring to certain behaviours which the recipient must perform. As the condition of conduct is largely irrelevant for LTC, we do not make use of this framework.

13 It is important to acknowledge that the single elements of the framework are in many instances not independent of each other. For instance, there are certain types of benefits which are more strongly linked to specific inclusiveness criteria such as care leave and employment. Also, certain measures of the level of benefits such as the relevance of co-payments are only important for specific benefits (in this case, in-kind benefits). These interdependencies have to be considered when analysis the data.

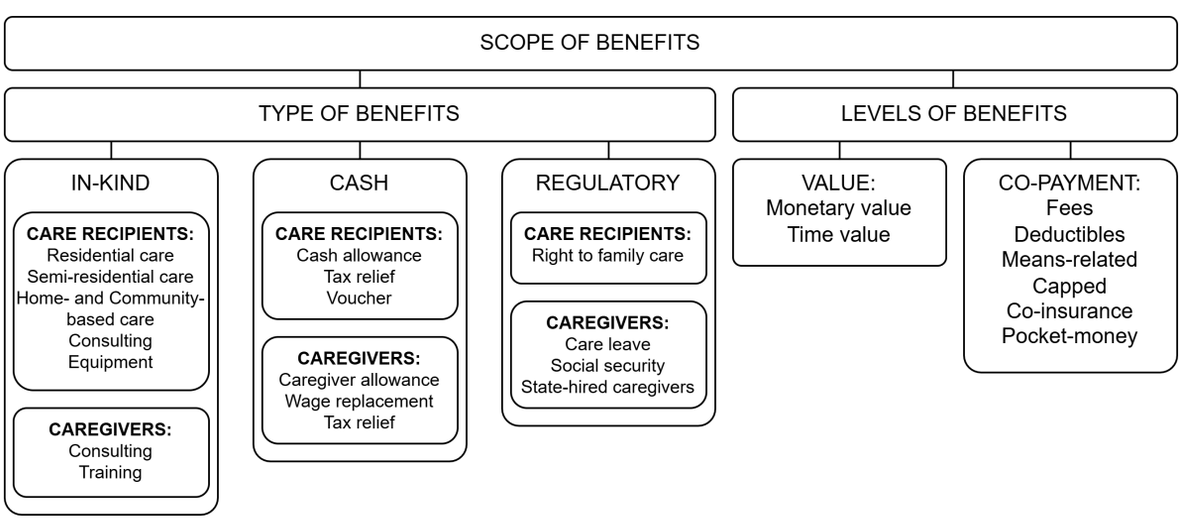
4.1 Scope of benefits

Figure 4 presents the material dimension of the LTC generosity framework, scope of benefits. It specifies the different kinds of benefits that can be present in LTC systems as well as information on the benefit amount and cost-sharing mechanisms. In the next section we outline the three overarching types of benefits followed by a discussion of specific benefit types for persons in need of LTC (care recipients) and persons providing care to relatives or other people they are close to (caregivers).

4.1.1 Types of benefits

In our framework, we distinguish three overarching benefit types – in-kind, cash and regulatory – which subsume a total of 17 specific types of LTC benefits for LTC recipients and caregivers. Looking at the literature on welfare policies and benefits (i.e. Arksey & Kemp, 2008; Colombo et al., 2011; Currie & Gahvari, 2008; Da Roit & Gori, 2019; Daly, 2002; Kaufmann, 2012; Le Bihan et al., 2019; Matsaganis, 2018; Peng & Yeandle, 2017; Riedel & Kraus, 2016; Timonen et al., 2006; Yeandle, 2017), different views on the broader and overarching types of benefits exist. Both in-kind benefits comprising the provision of goods and services and cash-based benefits as monetary benefits are commonly defined as types of social benefits (see Barr, 2012; Bettio & Plantenga, 2004; Currie & Gahvari, 2008; Daly, 2002; Glennerster, 2017; Kaufmann, 2012; Matsaganis, 2018). More significant disagreements in the literature can be found when dealing with benefits not based on goods, services or monetary provisions. Despite the considerable number of authors presenting arguments on the inclusion of a more rights-based, regulatory type of benefit (see Benish & Levi-Faur, 2020; Bettio & Plantenga, 2004; Daly, 2002; Kaufmann, 2012; Levi-Faur, 2014; Yeandle, 2017), no clear-cut definition is available. Overall, it can be argued that two perspectives can be applied to the regulatory type of benefit. From a broad perspective, regulatory benefits could be viewed as an overarching category comprising all benefits, including cash transfers and services. In contrast, a narrower approach would argue for identifying a separate set of benefits influencing normative and legal relationships and providing unique benefits based on modifying rights and legal statuses. This last approach is followed in this project, resulting in the final inclusion and sorting of benefits into three principal benefit types – in-kind, cash and regulatory benefits – within the generosity framework.

Figure 4. Scope of benefits dimension of the LTC generosity framework



Source: Authors' depiction

These were then defined in line with the work of de Carvalho et al.(2024, p. 11), as follows:

1. In-kind benefits: Schemes providing goods and/or services addressing beneficiaries' risks and LTC needs.
2. Cash benefits: Direct or indirect monetary transfers to people needing LTC, family caregivers or households to compensate for care services.
3. Regulatory benefits: Legal interventions to influence behaviour by establishing rights and duties of individuals and corporate actors that address risks or needs related to LTC.

In what follows we outline in more detail specific in-kind, cash and regulatory LTC-related benefits, both for care recipients and care givers. While in the framework we distinguish benefits addressing care recipients and caregivers, it is important to note that this categorisation is not clear-cut in some instances such as respite care (care services for the care recipient with the aim to enable a break from care provision for caregivers) or the line between cash allowances and caregiver allowances. Table A2 in the Appendix also summarises the definitions of all benefits.

4.1.1.1 Benefit types targeting care recipients

First, we differentiate between three common in-kind care services which address health and social care needs: *Residential care, semi-residential care and home- and community-based care (HCBC)*. Residential and semi-residential care are provided in institutions, where accommodation of different durations is available as well as nursing, supervision, and tending to the personal needs of care recipients (Colombo et al., 2011). In contrast, HCBC specifically refers to benefit schemes which offer formal care and support either as domiciliary care or within the community, meaning a nearby separate location (Timonen, 2008). Such services can for instance be meals on wheels, home nursing, or daycare centres. In turn, residential and semi-residential care can be distinguished by the duration that accommodation is provided, which is theoretically indefinite in residential care and limited to a specific shorter time span for semi-residential care, such as in the case of respite care. Generally, residential care, semi-residential care, community care and home care are difficult to disentangle conceptually and empirically (see also Colburn et al., 2022; Timonen, 2008). For instance, the scholarship on LTC benefits is divided on whether home care and community-based services should be considered separate benefits, and definitions of what falls under home care or community-based care might vary from country to country (WHO, 2016). Similarly, the boundaries between community care and semi-residential care are unclear and defined differently (see EC, 2021b; MISSOC, 2024). Our decision to use three categories is based on finding a practicable solution for drawing a distinction while recording differences as well as possible.

Additionally to care services, we include two other in-kind benefits for people in need of LTC to capture LTC benefits in a more encompassing manner: providing *equipment* and organising *consulting*. Providing equipment refers explicitly to the provision and installation of specific devices, equipment and home modifications aimed at improving recipients' quality of life. Consulting services aim to provide information on care benefits and settings and dealing with changing life circumstances in light of care needs.

Moving on to cash benefits for care recipients, *cash allowances* are widespread and much discussed in the LTC literature, with a large and varied debate on their impact on and significance for LTC systems, people's behaviour, and national finances (see Da Roit & Gori, 2019; Da Roit & Le Bihan, 2010, 2019; Mahoney et al., 2002; Matsaganis, 2018; Ungerson, 1995; van den Berg & Hassink, 2008 among others). The central idea behind these benefits is to assist people in organising or purchasing care solutions through publicly funded monetary transfers (Da Roit & Gori, 2019; Da Roit & Le Bihan, 2010). While in most cases the rationale behind these schemes is to provide support to households impacted by the costs of care, cash-for-care benefits can also be linked to the principle of freedom of choice, enabling care recipients to choose the form of care, the provider and, in some cases, even how to spend the

money received (Matsaganis, 2018). This notion can be based on both the rationale of individual rights and empowerment as well as economic principles, constructing care recipients as consumers, who are modelled to rationally calculate the maximum utility of their care choices (Southerton, 2011). However, concerning the latter, navigating different care options can lead to misunderstandings and be complex for individuals with physical and cognitive limitations, as well as their family members (Whitlatch & Menne, 2009).

Secondly, even though they are rarely discussed or elaborated in the scholarship, there are *tax relief* benefits connected to LTC, which we subsume under the cash benefits category. Tax relief is an indirect form of financial assistance which can be seen as an attempt to increase awareness of LTC risks and even stimulate demand for private LTC insurance (Colombo et al., 2011). In our definition, we include the four types of tax alleviation presented by Sinfield (2007): income not being subjected to income tax (tax relief), deductions from the tax bill reducing tax liability (tax credit), resources obtained through some tax relief (tax benefit), and relief given against gross income, also reducing taxable income (tax allowance).

Furthermore, cash benefits can take the form of *vouchers*. These are a special case given their nature as quasi-monetary benefits that can be used to purchase services and that, consequently, include characteristics of in-kind and cash benefits alike (Colombo et al., 2011; Mahoney et al., 2002; Matsaganis, 2018; Steuerle, 2000). Despite this ambiguity, due to the strong relevance of the quasi-monetary nature of the benefit and the absence of a direct service provision, voucher schemes are characterised as cash benefits within our framework.

Finally, we identified one regulatory benefit for care recipients, which addresses the *right to family care* irrespective of a specific provision of in-kind or monetary benefits. This type of "benefit" establishes, either by law or in the constitution, a more or less binding care duty on family members towards relatives in need of care, also referred to as "filial responsibility" (Kääriäinen et al., 2024; Ross, 2008; Sketchley & McMillan, 2013).

4.1.1.2 Benefit types targeting caregivers

In addition to persons in need of care, informal/family caregivers are a second group that can be addressed by LTC policy, making LTC benefit arrangements highly complex. Looking at in-kind benefits, while informal caregivers might also benefit from formal in-kind services for the person they care for (e.g. respite care, see above), our demarcation line on the identification of the addressee of the different schemes looks explicitly at who receives it. Still, some in-kind benefits are directly aimed at informal caregivers, namely *consulting*, including advice, counselling, psychological support, and *training* and knowledge transfer services.

In contrast, cash benefits constitute the main category of benefits for caregivers. We distinguish three types: *caregiver allowances*, *wage replacement* and *tax relief* benefits. In contrast to cash allowances paid to people in need of care, caregiver allowances are defined as monetary transfers directly providing financial resources to carers. In our framework, we additionally include wage replacements as an independent, more specific form of monetary caregiver support because it comes with the specific intention of supporting the group of employed carers by replacing potential wage losses resulting from care work (Colombo et al., 2011; Fry et al., 2011; Singleton & Fry, 2015). Moreover, as for care recipients, we add tax reliefs as an indirect cash benefit to encourage and alleviate informal caregiving (Colombo et al., 2011).

Finally, while there are few regulatory benefits for care recipients, this type is a far more important category for caregivers' social protection. We distinguish three types: *Long-term care leave* schemes, the possibility for informal caregivers to receive a care-related public employment contract (*state-hired caregiver*) and the receipt of *social security* benefits/credits. The most widespread is long-term care leave, meaning absence from the workplace to provide care to relatives or otherwise socially close persons needing LTC (Schmidt et al., 2016). The design of care leave schemes is very heterogeneous, for instance, regarding short-term vs. long-term leave duration, and the existence and level of payment (Euro-

pean Foundation for the Improvement of Living and Working Conditions [EUROFOUND], 2016; Schmidt et al., 2016). If a payment is connected to LTC leave, the payment might, for instance, come in the form of a wage replacement, whose details are then captured under the section of the framework addressing cash benefits. In addition to care leave, transforming informal care work into formal work can occur through a formal contract conforming to the standard employment relationship (Eggers et al., 2021, 2024). We term this policy "state-hired caregiver". Thirdly, there are regulatory benefits aimed at recognising care work as a social risk and subsequently providing social protection by enrolling informal caregivers in social security/insurance programs (Colombo et al., 2011; Frericks, 2022; Frericks et al., 2014), such as health insurance, long-term care insurance, unemployment insurance or pension schemes.

4.1.2 Level of benefits

In addition to different types of benefits, the "level of benefits" is crucial for assessing generosity. Depending on the benefit form, this framework dimension encapsulates different important characteristics, such as the temporal and monetary value of benefits or cost-sharing between public benefits and private co-payments that recipients (or their household/family) have to additionally pay themselves.

Our framework captures both the monetary and the time value for benefits where applicable. For most types of benefits, their monetary value is a good indicator for assessing the benefit amount. While this is straightforward for cash benefits (see e.g. Ranci et al., 2019 for a comparison of cash allowances), the value of in-kind benefits and, partially, regulatory benefits (e.g. pension credits), can also be compared. Furthermore, the temporal dimension is particularly relevant for assessing

Table 1. Types of co-payments for LTC benefits

Type	Definition and example
Co-insurance	Co-payment is defined as share of total cost (potentially with maximum cap). *Example: Care recipient pays 10% of residential care cost.*
Fee	Co-payment is a fixed sum per benefit/service (unit). *Example: Caregiver pays € 10 per hour of training.*
Deductible	Co-payment up to defined lump sum threshold, which has to be paid by benefit recipient before public cost coverage starts. *Example: Care recipient pays € 100 for home care, cost exceeding this amount are covered by benefit.*
Capped benefit	Amount of public benefit is defined, co-payment covers the residual between defined benefit and actual cost. *Example: Public payment of € 1500 per month for residential care. If residential care costs € 2500, care recipient needs to pay € 1000 as co-payment.*
Means-related payment	The co-payment amount is based on the care recipient's economic means, that is, based on their income and or/assets (potentially with maximum cap). Can be based on individual care recipient, household or include (certain) family members. *Example: Person with monthly income of € 1000 pays €0 co-payment, person with € 1000–€ 1500 income pays € 100 co-payment etc.*
Pocket money	Care recipient has to pay all their income to finance the benefit but can keep a predefined amount of money ("pocket money") for themselves. *Example: Care recipient receives a pension of € 1500/month and pays all except € 200 personal allowance for residential care. If residential care place costs € 2500, the public benefit covers the remaining € 1200.*

Source: Authors' compilation

the generosity of several LTC benefits. For in-kind benefits such as respite care, home care or a training course, both the number of hours/days which can be received (how long) and the number of recurrences (how often) are important measurements. Sometimes, time is even used to assess and calculate the amount of support services generally, as in the Austrian LTC system (Trukeschitz et al., 2022). The 'time value' both in terms of length and recurrences is also important for regulatory benefits, specifically, LTC leave. However, it has to be noted that – also due to the different characteristics of the benefits – it is difficult to find suitable cross-benefit measurements or possibilities of aggregation. While the time and/or monetary value of benefit types can mostly be captured, a metric to compare them jointly necessitates more research, especially with regard to regulatory benefits, which are crucially related to rights and only partially to money and time.

While the monetary value of benefits shines a light on how some schemes might alleviate the financial risk that care constitutes for an individual or a household, this perspective needs to be complemented with the requirement on private co-payments for recipients of in-kind benefits. While the existence, level and design of co-payments need to be considered in context with other information on the level of benefits, it provides an important complementary measure of financial risk in the system, highlighting the financial burden placed on benefit recipients (Wouterse et al., 2022). Co-payments required of care recipients can take very different forms. To our knowledge, there is no comprehensive classification of co-payments applied in LTC. Based on our literature review as well as Paris et al. (2016) and Colombo et al. (2011), we present a novel classification of six types of co-payments for in-kind LTC benefits. We differentiate co-insurance, fees, deductibles, capped benefit, means-related payment and pocket money. Table 1 presents a definition and example for each. Additionally, for residential care in particular, it is important to assess the extent to which the costs for accommodation and food (sometimes called "hotel costs") are included in the benefit or paid privately (Muir, 2017; Simmons et al., 2020).

4.2 Inclusiveness

Turning to inclusiveness, Figure 5 presents a summary of entitlement and eligibility criteria applied to care recipients, caregivers and both groups jointly.[14] We explain them in more detail in the following sections. Similarly to the types of benefits, inclusiveness criteria can focus on characteristics of the person needing care or of the caregiver.

4.2.1 Entitlement

Similar to other social policy benefits (e.g. Blank, 2011, p. 55), we identified up to four entitlement criteria that can be relevant for determining access to LTC benefits. For care recipients, residence in a country, citizenship, or (social) insurance membership/enrolment[15] can function as the basis for entitlement. For caregivers, employment status can function as an alternative fourth basis. To capture entitlement, we construct a multinomial entitlement indicator specifying one of these three/four options. As it is possible that several of them apply simultaneously (e.g. if residence is itself a criterion for being insured), we follow a hierarchical order for coding entitlement: Insurance trumps employment (only for caregivers) trumps citizenship trumps residence.

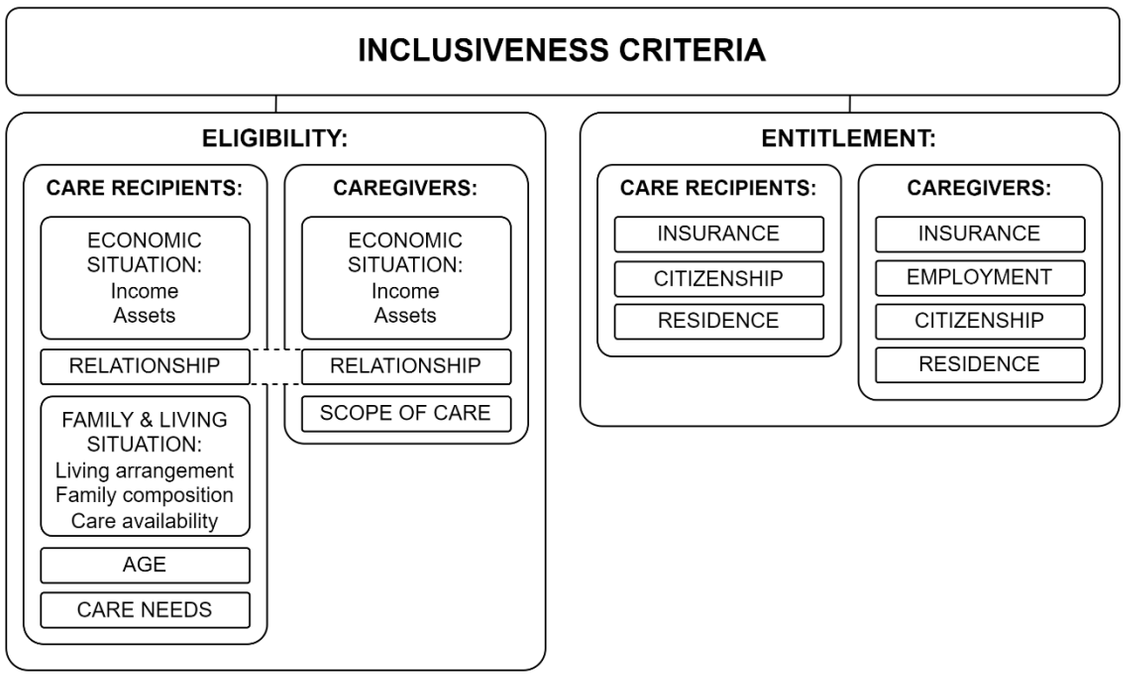
4.2.2 Eligibility

In addition to entitlement, we identified four (groups of) eligibility conditions relevant for care recipients and two conditions for caregivers, plus one pertaining to their relationship. Relevant criteria for care recipients are care needs, age, economic situation and family and living situation. The respective

14 It is important to note that even if benefits address one of the two groups, inclusiveness criteria for the other group can still be applied. For example, the dependency level or the age of a person in need of care could be criteria applied in benefits addressing caregivers.

15 Regarding insurance, it is important to note that in countries with established LTC insurance schemes, like Germany or Japan, this assessment type requires a potential recipient to be insured against LTC risks; however, in other countries, benefit receipt can be linked to other forms of insurance, like health care or pension insurance.

Figure 5. Entitlement and eligibility criteria for caregivers and care recipients



Source: Authors' depiction

framework is displayed in the left part of Figure 5. Firstly, the "condition of category" (Clasen & Clegg, 2007) as the fundamental concept establishing who should receive LTC benefits is the presence of LTC needs (Ranci et al., 2019). The definition of the need for LTC is usually the existence of care dependency and need for support with daily activities typically based on physical impairments and, in some cases, cognitive limitations. Countries vary widely on how they assess care needs and there is no internationally harmonised definition (Brugiavini et al., 2017; EC, 2021; Oliveira Hashiguchi & Llena-Nozal, 2020) which makes comparison both necessary and challenging.

Secondly, another commonly applied conditionality is age. This criterion often differentiates benefits directed at older persons in need from those available more generally to all people with disabilities requiring care. The most widespread threshold is usually set at 65 years and above (Büscher et al., 2011). Still, there are examples of countries establishing this limit at the current retirement age, thus having a shifting threshold depending on the most recent legal frames.

Thirdly, an essential set of variables often relevant to determining eligibility and applicable to both care recipients and caregivers is their economic situation (e.g. Büscher et al., 2011). This is usually controlled through means-testing, which assesses the income and/or assets available to the person in need, their household, or family (Colombo et al., 2011; Muir, 2017). Our operationalisation of a potential recipient's economic situation distinguishes income and asset/wealth testing.

Fourth, family and living situation also play a central role in many LTC systems, but have so far not been systematically conceptualised or researched in relation to eligibility for benefit schemes. In particular in countries where the family has the duty, by law, to care for relatives in need, such criteria could be relevant. More specifically, benefit receipt can be tied to three (interacting) conditions: Firstly, family composition: does the person in need of care have a family, e.g. a spouse, children or even more distant relatives? Secondly, living arrangements: what is their living or household situation, does the person reside alone or with other persons? Thirdly, care availability: does the person already receive (informal), privately organised care or is no support available?

For caregivers, we include two eligibility criteria, scope of care and economic situation. An influential criterion often applied to define eligibility for benefits targeting this group is the amount of

care work they provide, referred to as scope of care. This is usually calculated in hours per day or week provided to a person in need. Furthermore, means-tests of income and/or assets as explained above can also be relevant for caregivers. Lastly, the relationship between care recipient and caregivers functions as an eligibility criterion for some LTC benefits. For instance, some caregiver benefits are limited to persons who are legally (close) relatives of the care recipient (see e.g. Heymann et al., 2024 for care leave).

5 Construction of the long-term care benefits dataset

This section outlines in detail the construction of the LTCB, including the population of cases covered, data sources and quality assessment, indicators and procedure for data collection and composite indicators.

5.1 Case population

The LTCB covers all countries with at least 500,000 inhabitants that had established a national-level LTC system under public responsibility by 2019. We define the establishment of such a LTC system as the formal adoption of a nationwide law containing entitlements to LTC benefits (de Carvalho & Fischer, 2020), be it as a distinct LTC benefit scheme or benefits as part of the health care system, the social assistance system or similar. Based on research by Fischer et al. (2023), the LTCB consequently provides data on 51 countries with LTC systems (see section 2). It is important to note that local or regional benefits were excluded from the collection.[16] As such, the data collection process focused strictly on benefits regulated at the national level. When dealing with fragmented systems (either at the regional or municipal level), if an eligibility condition was indeed established based on national legislations, but its standards varied regionally, we acknowledged the implementation of the criterion but did not collect each variation thereof. On the other hand, if the application of specific criteria was limited to only some regions or municipalities, the criterion was not reported.

As the construction of the dataset is still ongoing, the empirical section of this working paper analyses 40 countries as a sub-sample of the case population. The initial published version of the LTCB provides data for 2019, taking 31 December 2019 as the reference date. As the project started in 2022, 2019 was chosen as the most recent year not affected by potential changes caused by the COVID-19 pandemic. When data sources were unavailable for this year, the closest later or earlier year possible was chosen.

5.2 Data sources

Information on long-term care inclusiveness and scope of benefits was extracted from national laws and government documents establishing and regulating each system and from (predominantly English-language) academic and gray literature addressing the topic.

In terms of literature, the data collection was built on a large project literature database on LTC globally, which was established in 2018 and continuously updated and enlarged.[17] In addition to country-specific and academic publications, the database also includes comparative publications by international organisations, and datasets and report series such as the reports on long-term care systems by the European Social Policy Network (ESPN), comparative tables compiled by the Mutual Information System on Social Protection (MISSOC) and Mutual Information System on Social Protection of the Council of Europe (MISSCEO). In addition to the existing literature database, ad-

16 As an exception, in the case of the United Kingdom where LTC systems differ across England, Northern Ireland, Scotland, and Wales, we collected data for England as the most populous nation.

17 Originally, the literature database was compiled by systematic keyword searches with long-term care and respective synonyms plus country names in Google and Google Scholar. Over the years, additional country-specific and comparative literature was added.

Table 2. Reliability scale

Rating	Cases
High reliability	Information is contained in an official law or comparable legislative document in force at the analysed time point.
	Information is consistent across at least three different sources, with two of them being either an independent, uncorrelated scientific publication (e.g., academic papers and chapters in books) and/or official government-related sources (e.g., ministry websites, government reports and bulletins).
Medium reliability	Information is consistent across at least three different sources, none of which is either a law, a scientific publication or an official government-related source.
	Information is consistent across less than three different sources, with at least one of them being a scientific publication or an official government-related source.
Low reliability	Information is consistent across less than three different sources, none of which is either a law, a scientific publication or an official government-related source.

Source: Authors' compilation

ditional publications and websites were searched and added if necessary during the data collection process.

The primary source for data collection was, if available, original laws containing regulations on LTC benefits. These legal texts were identified by the following steps: 1) systematically screening the global LTC literature database using the software MAXQDA for specific keywords referring to legal texts (keywords: "Law", "Decree", "Law No.", "No."). In this step, 1011 references were identified for the entire sample of 51 countries. 2) Excluding duplicates and matches that did not provide information on specific laws or decrees. This step resulted in 722 references. 3) Collection of the identified laws from online repositories and national gazettes in the original version and/or English translation. Of the identified legislative documents, 446 could be retrieved. 4) During the country-by-country data collection process, additionally identified relevant laws and versions of laws from 2019 were added to the list and retrieved. This resulted in a final list of 537 laws (as of 7 January 2024). 5) In cases where official translations of laws were not available and the language was not covered by the project team, the texts of the laws were machine translated into English with DeepL.

5.3 Data quality assessment

Data collection included a reliability assessment based on the underlying source(s) for each data point. We employed two parameters: the type of source and information triangulation between different sources. Three different reliability levels were identified depending on the combination of these factors: high, medium and low reliability. Table 2 specifies the three different levels.

Two codes were applied in cases of missing data. On the one hand, if the information could not be retrieved despite reasonable effort, the missing data were coded as "not available". Otherwise, if an indicator was deemed irrelevant to the benefit being observed due to reasons related to its configuration, the data for the indicator were labelled "not applicable". However, if a clear statement on an indicator was not available but sufficient reliable sources and information on the system were available to exclude its relevance, coders were

given the option to include their own triangulated assessment as a reason for the decision. In these cases, the missing eligibility criteria or benefits had a reliability level set at "Medium".

5.4 Indicators

Based on the LTC generosity framework presented above, we developed a set of indicators and a template for initial country-by-country data collection. This included a) metadata on the law sources employed, b) binary information on the existence of the 17 different types of benefits c) for each benefit scheme binary information on the presence of inclusiveness criteria as well as categorical and text summary indicators detailing the scope of benefits and inclusiveness.[18] The data collection and indicator template is structured on the benefit level: For each single benefit scheme present in a country, we collected the criteria for the scope of benefit and inclusiveness separately as these differ across the country and different types of benefits. Furthermore, in one country there might even be several (overlapping) benefits of the same type, e.g. two residential care schemes rooted in different legislation, in which case we then recorded both. The list and definition of all original indicators and the data collection template tables are available in the Appendix (Tables A3-A18).

In a second step, to generate country comparative data from our raw benefit level data, we developed aggregate indicators. Details on the calculations performed for these indicators aggregating quantitative raw data can be found in Table A19 in the Appendix. The first group of aggregate indicators addresses the number and variety of both single benefit schemes and our pre-defined benefit types. Secondly, as regards level of benefits, we analysed several indicators on the prevalence and types of co-payments for LTC services. For the inclusiveness dimension, a set of aggregate indicators summarises the maximum number, average and standard deviation of eligibility criteria across benefits in a country. We omit an analysis of entitlement criteria as the corresponding de jure information is difficult to interpret substantively. The further analysis zooms in on the relevance and construction of specific eligibility criteria: Age, means-tests and family and living conditions. Lastly, we take a differentiated look at the variance in different eligibility criteria across different types of benefits.

18 Detailed information was collected for 11 of the 17 benefit types excluding equipment provision, tax relief, consulting and training.

6 Empirical analysis

This section presents and discusses selected aggregate indicators from the LTCB on the country level. As a preliminary analysis, it covers 40 countries. Following our LTC generosity framework, we cover both the scope of benefits and inclusiveness. We compare our empirical findings to earlier LTC and social policy data and classifications whenever possible.

6.1 Scope of benefits

Regarding the first dimension of our framework, scope of benefits, we first look at the presence of the different pre-identified types of benefits followed by an analysis of the number of single benefit schemes. Subsequently, we present the LTCB data on the use and type of co-payments for service benefits.

6.1.1 Number and variety of LTC benefits

The first group of indicators we analyse here specifically addresses types of benefits. The information is presented to provide a clear overview of the variety of benefits according to the three overarching benefit types (in-kind, cash and regulatory) and the total number of individual schemes existing in a country for each category of recipients. Of particular interest is the information on whether specific benefits target caregivers and whether in-kind, cash or regulatory benefits are equally

Table 3. Presence of in-kind, cash and regulatory benefit types in a country, split by care recipients and care givers

Country	Year of LTC system introduction	Care Recipients			Caregivers		
		In-kind (Max. 5)	Cash (Max. 3)	Regulatory (Max. 1)	In-kind (Max. 2)	Cash (Max. 3)	Regulatory (Max. 3)
Albania	2016	4	1	0	0	0	0
Armenia	2006	4	1	0	0	1	0
Australia	1997	4	1	0	1	2	1
Austria	1993	2	1	0	1	1	2
Azerbaijan	2014	4	1	0	1	0	0
Bulgaria	1998	4	2	0	2	1	3
Croatia	1997	5	1	1	1	1	2
Cyprus	1991	3	1	0	1	0	1
Czech Republic	1988	4	1	0	0	1	1
Denmark	1958	5	1	0	2	1	2
England	1948	5	1	0	2	1	1
Estonia	1995	5	1	1	1	1	2
Finland	1966	5	2	0	2	1	1
Germany	1961	5	1	0	2	2	2
Greece	1998	3	2	0	0	1	0
Hungary	1993	4	0	1	1	1	2
Ireland	1970	5	0	0	2	3	1
Italy	1980	5	2	0	1	0	1
Kazakhstan	2008	4	0	1	2	0	2
Kosovo	2005	3	0	1	1	0	0
Latvia	1997	5	1	0	2	0	1
Lithuania	1996	4	1	1	2	0	2
Luxembourg	1989	5	1	0	1	0	2
Netherlands	1967	4	1	0	2	0	1
New Zealand	2004	2	1	0	0	1	0
Norway	1964	5	1	0	2	1	1
Portugal	1989	3	1	0	2	3	1
Romania	2000	5	2	1	2	1	2
Serbia	1966	5	1	1	1	0	1
Singapore	2002	4	1	1	1	2	0
Slovenia	1992	5	1	0	1	2	1
South Africa	2004	5	1	0	2	0	0
South Korea	1981	5	3	0	2	1	1
Spain	2006	4	2	0	0	0	1
Sweden	1956	4	0	0	1	1	1
Taiwan	1997	5	1	0	2	2	0
Ukraine	2003	4	2	1	0	1	0
Uruguay	2015	4	0	0	0	0	0
USA	1965	1	0	0	0	0	0
Uzbekistan	2015	5	1	1	1	0	0

Sources: Authors' compilation, LTCB; LTC system introduction dates from HLTCS (see Fischer et al., 2023)

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distributed or a skewed ratio appears within a system. These indicators mainly depict the variety of available benefits and the architecture of the LTC system.

Table 3 provides an overview of the number of benefit types identified in the LTC framework of each country split by in-kind, cash and regulatory benefits for care recipients and caregivers. While three countries do not offer any benefits for caregivers, all countries offer at least one (in-kind) benefit aimed at care recipients. Overall, countries offer, on average, 5.43 benefit types for care recipients ranging from a minimum of 1 (United States) to a maximum of 8 benefits (South Korea, Romania). For caregivers, there are on average 2.95 benefit types offered, ranging from 0 (Albania, Uruguay, United States) to 6 (Portugal, Ireland, Germany, Bulgaria) different types of benefits.

One main outcome is the comparatively high prevalence of in-kind benefits, with all five types of in-kind benefits for care recipients being provided in 18 countries and both in-kind benefits for caregivers in 16 countries. In contrast, cash benefits are less likely to be available in their entire range. Although cash benefits for people in need of care were rarely unavailable within the countries included in our study, with only 9 of them not providing any monetary or quasi-monetary support, cash benefits targeting caregivers were not available in 16 countries. Moreover, only 5 countries report neither a cash benefit scheme for people in need of care nor for caregivers.

Regulatory benefits are also less common than in-kind benefits. While these are overall slightly more widely spread than cash benefits for caregivers, there are many countries that have not adopted measures such as care leave, social security benefits for caregivers or formal employment for informal caregivers. Overall, only one country (Bulgaria) offers the full spectrum of all three regulatory benefits for caregivers and another 10 offer two types.

An interesting result is the relationship between types of benefits and the general development of the LTC system. In particular, countries whose LTC system was established at a historically earlier point in time (Fischer et al., 2023, see Table 3) tend to offer a broader variety of benefit types. This can be interpreted as an indication that older LTC systems have had more time and opportunities to adapt to changing needs through the introduction of different schemes to address different population needs. In particular, juxtaposing the existence of regulatory benefits with LTC system introduction dates, reveals that recently established systems are less likely to cover this type of LTC benefit.

Examining the number of individual benefit schemes in more detail can provide more information. Figure 7 presents the number of different benefit schemes at the national level sorted by type of benefit.[19] For instance, while Denmark offers exactly one residential and HCBC scheme, Estonia has 6 different residential LTC benefits and 7 HCBC benefits. Figure 7 shows that most countries in our sample have more in-kind benefit schemes, such as residential care or HCBC, than cash benefit schemes. Of course, there are exceptions, like Cyprus, New Zealand and Croatia, where, in contrast, the number of cash allowance schemes is comparatively high. However, it is important to note that this is a pure de jure perspective, and without information on usage and benefit take-up, categorising such countries as cash-centred is problematic.

From the perspective of benefits offered by multiple countries, residential care schemes are a ubiquitous type of benefit. However, care at home or in the community, while available as a type of benefit in slightly fewer countries, is the benefit that exhibits the highest number of different benefit schemes across countries. This could result from the fact that our categorisation and definition of the benefit includes both schemes providing care at home and in community settings, like daycare, rather than separating them into distinct benefits. Also, because of the high variation in the benefits available within home- and community-based care schemes, in-kind benefits account for the highest share. Lastly, while cash benefits are widespread overall, monetary support measures are significantly less widespread when the transfers

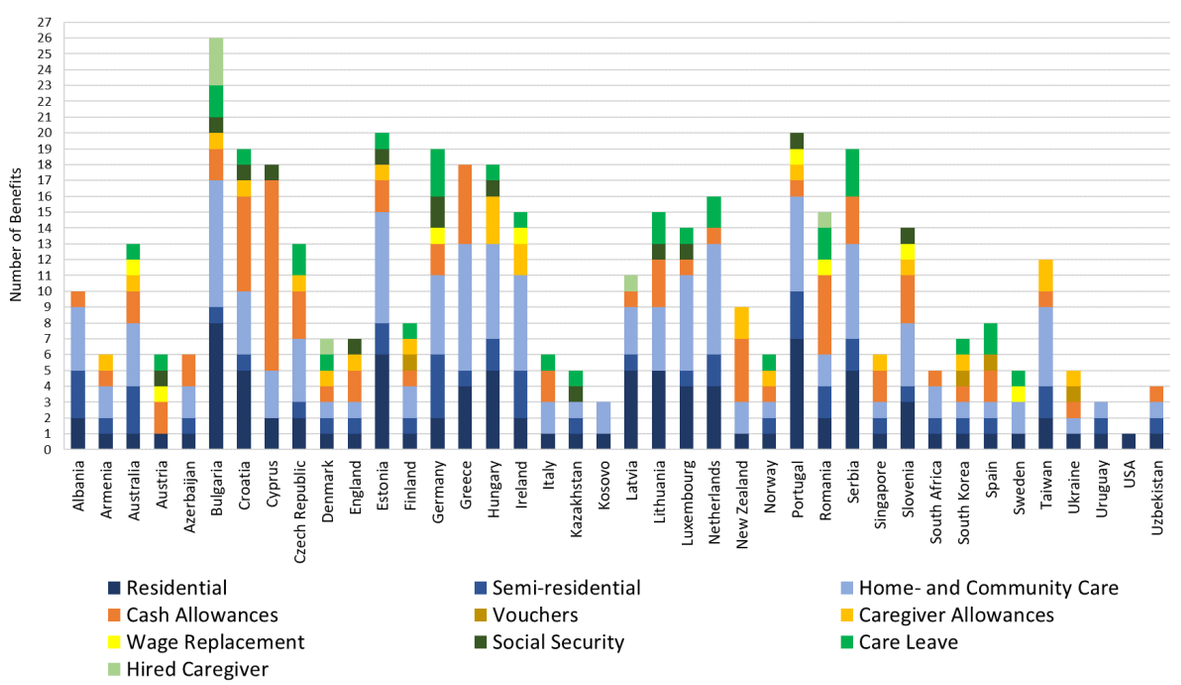
19 Certain types of benefits are omitted from this analysis as the LTCB only offers data on their general presence but not more detailed data on single benefit schemes: equipment, consulting, training, tax relief, right to family care.

target caregivers in comparison to cash benefits for care recipients. Overall, about 17 countries offer neither caregiver allowances nor alternative forms of support like wage replacements.

Engaging with earlier LTC system classifications, we can compare our data on cash benefits to the clustering of countries' LTC systems presented by Kraus et al. (2010), which to our knowledge is one of the few specific studies including a reference to the presence of a particular type of benefit as an indicator for categorising countries' LTC systems. The authors arrive at four clusters of LTC system models within Europe using variables on care provision, organisation and financing, including the availability of cash benefits and their role. The results from our data collection share some parallels with Kraus et al.'s (2010) findings. In particular, the low number of cash benefit schemes available in Denmark, Estonia, Germany, the Netherlands and Sweden (see Figure 6) aligns with their grouping in a cluster where cash benefits play a minor role (Kraus et al., 2010). Yet, some minor differences emerge when comparing the LTCB to Kraus et al.'s data. The latter report Bulgaria, Denmark, Hungary, Romania and Sweden as not providing cash benefits. Yet, our data suggest otherwise, with Hungary and Sweden being distinctive as they provide cash benefits that target caregivers only. However, this discrepancy could also stem from the ten-year gap between the two data sources. On the other hand, the comparison with the clusters for which Kraus and colleagues report cash benefits as playing a medium to higher role shows less consistency with our results. For the countries classified in these clusters and included in our sample (Austria, England, Finland, Hungary, Italy, Slovenia and Spain), the LTCB does not support such an assessment as the number of cash benefit schemes does not constitute a share significantly higher or even above that of in-kind benefits. Nonetheless, relying simply on the data on cash benefit availability does not provide a full picture of their relevance in a system. As Kraus et al. (2010) point out, it can be a weak indicator vis-á-vis information like the take-up rates or even the average cash benefit paid and, more generally, their value.

One further significant insight from analysing the types of benefits concerns the role of family care. In particular, the data on the benefits available allows a complementary assessment of the importance of caregivers in a country, at least in terms of the existence and variety of legally-es-

Figure 6. Number of single LTC benefit schemes offered in a country by benefit type



Source: Authors' depiction, LTCB

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tablished support structures. For instance, Bettio and Plantenga's (2004) seminal classification of care regimes includes an Index of Informal Care Intensity, which we can compare to the LTCB data. This exercise finds similarities in schemes targeting caregivers in central and northern European countries, but not for southern European countries (Greece, Portugal, Spain) and also fails to find any in single cases like Ireland or the Netherlands. Again, with this comparison we also have to bear in mind that the data points for both studies lie about 15 years apart.

Expanding on this perspective, the data on types of benefits also allow us to provide an initial understanding of how familialistic a system can be. In this context, a familialistic system would be one in which policy decisions are tailored around the assumption that family members will be responsible for providing care. On the other hand, a more defamilialistic system would aim to remove family responsibility through the provision of publicly subsidised support schemes or through measures backing the provision of care through the market (Esping-Andersen, 1999; Leitner, 2003). From this perspective, different types of familialism have been identified (see e.g. Eggers et al., 2020; Leitner, 2003; Leitner & Lessenich, 2007; Saraceno, 2010, 2016; Saraceno & Keck, 2010, 2011). Our data on the availability of different types of benefits particularly fit with the classification of the familialisation and defamilialisation continuum provided by Saraceno (2016). In her framework, summarised in Table 4, there are five types: familialism by default, prescribed familialism, supported familialism, supported defamilialisation through the market and defamilialisation through public provision.

Linking types of benefits with Saraceno's types (see Table 4), our data allow us to provide an initial de jure assessment of familialism in LTC systems across countries. For example, data on the existence of a right to family care (Croatia, Estonia, Hungary, Kazakhstan, Kosovo, Lithuania, Romania, Serbia, Singapore, Ukraine and Uzbeki-

Table 4. Saraceno's patterns of familialisation expressed through our data

Pattern	Description	Data correspondence
Familialism by default (unsupported familialism)	No or very scarce publicly provided alternatives to family care. No or very scarce financial support for the family members in need.	*Absence or scarcity of any LTC benefits*
Prescribed familialism	A civil law prescribes financial or care obligations within the generational chain and kinship networks.	*Presence of:* Right to family care
Supported familialism	Direct or indirect (via taxation) financial transfers are available to help family members uphold their financial and/or caring responsibilities.	*Presence of:* Caregiver allowances Wage replacements Tax reliefs (Care leave) (Social Security)
Supported defamilialisation through the market	Cash benefits, vouchers or tax deductions are available to help buy services on the market. The state or local government funds services via the market instead of providing them directly.	*Presence of:* Cash allowances Tax reliefs Vouchers
Defamilialisation through public provision	Care is performed by public or publicly financed and regulated services.	*Presence of:* Service-based benefits (any)*

Note: * Here service-based benefits refer to residential care, semi-residential care, and home- and community-based care schemes.

Source: Authors' compilation, based on Saraceno (2016)

stan) would categorise these countries as showing patterns in line with prescribed familialism. At the same time, the extensive presence of publicly provided care services and cash allowances in some of them (Croatia, Czech Republic, Estonia, Lithuania, Romania, Serbia) also highlights the presence of patterns of defamilialisation either through public provision or through the market. In Hungary, evidence for supported familialism and patterns of defamilialisation through public provision appear simultaneously in the presence of caregiver allowances rather than cash allowances. Similar observations have been made for familialism in Hungarian family and childcare policies (Szelewa & Polakowski, 2008). With some exceptions, most countries tend towards different degrees of including measures to support defamilialisation, either mainly through the market (Croatia, Cyprus, Greece and Romania are good examples) or through the presence of services indicating public provision.

6.1.2 Co-payments for LTC services

Addressing one aspect of the level of benefits, the second set of aggregate indicators focuses on co-payments for in-kind benefits. More specifically, these data show the number and share of residential, semi-residential and HCBC schemes requiring additional out-of-pocket payments from the recipients plus the prevalence of different types of co-payments. Overall, these indicators on co-payments provide information about the likelihood and forms of co-payments in the whole country and for different benefit types. This information also offers insights into how strongly LTC policy provides (financial) social protection for persons with care needs.[20]

The shares are calculated by dividing the number of benefit schemes presenting co-payment obligations for all service benefits and for each benefit type (residential care, semi-residential care, HCBC) by the total number of in-kind benefits. Furthermore, an additional indicator set also focuses on the different types of co-payments, checking for the national-level application of each of the six types identified by the framework and also providing a detailed overview of the variation in approaches found in residential, semi-residential and home- and community-based care schemes.

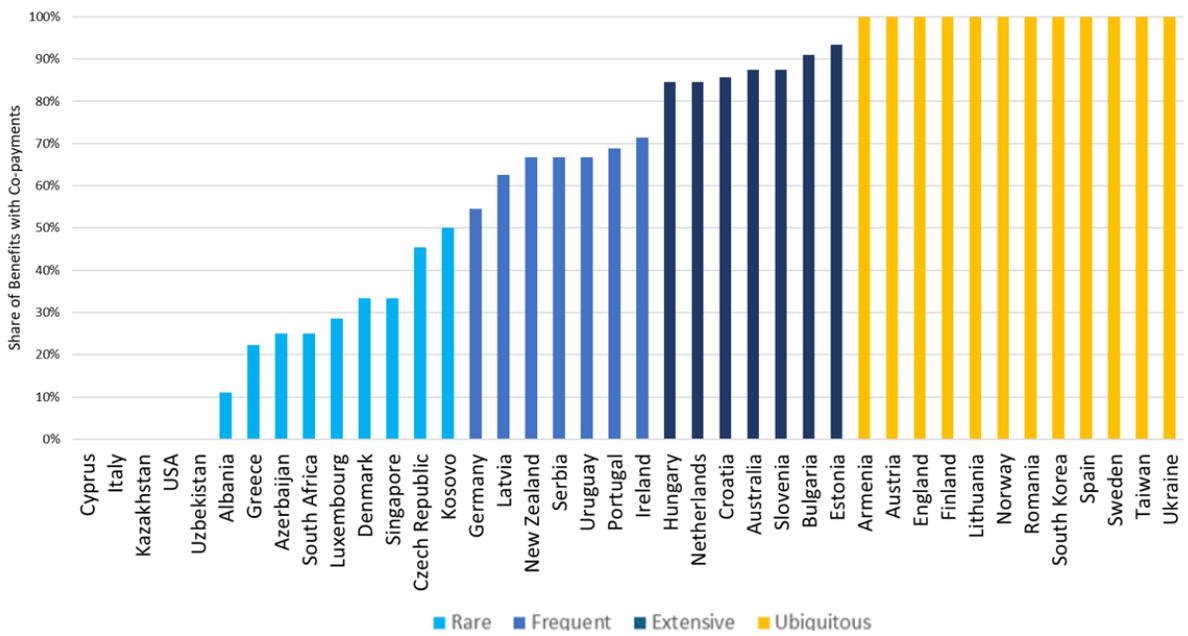
First, Figure 7 shows how widespread co-payments for service-based benefits are across countries by displaying the share of all service benefits combined (residential, semi-residential, HCBC) that require them. Based on the share of benefits requiring cost sharing from the recipients, four groups can be identified. First, among the 14 countries requiring no co-payments for less than 50% of their in-kind benefits, and therefore classified as countries where this requirement is "rare", only 5 required no contributions in any benefit.[21] Contrariwise, 26 countries included out-of-pocket payments in the majority of their in-kind benefits. Of them, 7 did so in up to 75% of benefits and are therefore categorised as systems in which co-payments are "frequent". Further 7 countries presented even higher shares and were labelled as countries with "extensive" co-payment diffusion. Finally, 12 countries were classified as having "ubiquitous" cost sharing due to the requirement applying across all LTC services available. Overall, the data clearly show that co-payments are generally a common and central component of LTC services.

As co-payments are private out-of-pocket expenditure, one could assume that in countries where a high number of benefits require them, private LTC expenditure might also be high. However, looking at the latter in terms of share of GDP (WeSIS, 2024, see Figure 2), no consistent and significant relationship between private LTC expenditure as a share of GDP and the share of benefits requiring co-payments could be found.

20 As outlined in section 4.1.2., co-payments are not the only relevant indicator for measuring the level of benefits. We focus on co-payments only here because we could not collect comparable data on monetary and time value across benefits and countries.

21 This observation gains further significance when considering that Italy and the USA are characterised by a strong fragmentation at the regional and state levels, respectively. This fragmentation implies that the absence of information on co-payments might be connected to the fact that regional governance units can determine whether benefit recipients need to contribute to receive a benefit.

Figure 7. Share of service-based benefits requiring co-payments



Source: Authors' depiction, LTCB

There is neither a relationship at the general level across all observed benefits nor at the level of single benefits.

A more comprehensive perspective on whether the relevance of co-payment is central to all types of in-kind benefits can be estimated by looking at the share of benefits requiring co-payments for each service-based benefit type separately. The data presented in Table 5 highlights that financial contributions from recipients are more common for residential care schemes than for other in-kind benefits. This might be related to the fact that residential care benefits entail the most comprehensive services, sometimes including even board and room, making them also generally more expensive than other in-kind benefits.

Next, we look more in detail on different types of cost-sharing applied for service benefits countries. Table 6 lists any of the six types (plus "other") of co-payments (see section 4.1.2.) applied in the country and specifies for each of them whether they are present in residential care, semi-residential care and/or HCBC services.[22] The results show that means-related co-payments are the most common approach: More than half of our country sample has a least some service benefits with means-related co-payments. This confirms the predominance of this approach to cost-sharing already hinted at by Barber et al. (2021) and by Oliveira Hashiguchi and Llena-Nozal (2020) in their research covering 9 and 25 nations and sub-national territories, respectively. Looking at the countries with means-based payments (e.g. Australia, Croatia, Greece, Sweden), no clear regional or welfare state-type pattern emerges. Generally, the high frequency of this kind of payment could indicate that LTC systems are (still) often rooted in social assistance logic (see also Simmons et al., 2020). The second most common type of co-payment is fees, which are present in 10 countries, while other types of co-payments are not required very frequently.

A further main insight from Table 6 is that some countries (e.g. England, Estonia, Netherlands) require a variety of co-payments types. For instance,

22 Despite being applicable to most cases, it is important to point out that the six different types of co-payments we developed in our framework cannot always adequately capture existing kinds of co-payments empirically. These cases are classified as "other" in Table 6. One example is the case of Taiwan, which applies a care needs-based approach. This combines aspects of means-related payments and co-insurance with the result of the needs assessment.

Table 5. Share of service-based benefit types in a country requiring co-payments

	Co-payment shares*		
Countries	Residential Care	Semi-residential Care	Home- and community-based Care
Albania	50%	Unknown	Unknown
Armenia	100%	100%	100%
Australia	100%	100%	75%
Austria	100%	NA	NA
Azerbaijan	100%	Unknown	Unknown
Bulgaria	100%	100%	86%
Croatia	100%	100%	100%
Cyprus	0%	NA	0%
Czech Republic	100%	100%	50%
Denmark	100%	Unknown	0%
England	100%	100%	100%
Estonia	83%	100%	100%
Finland	100%	100%	100%
Germany	100%	50%	40%
Greece	33%	NA	17%
Hungary	100%	100%	67%
Ireland	100%	100%	60%
Italy**	Unknown	Unknown	Unknown
Kazakhstan	0%	Unknown	Unknown
Kosovo	100%	NA	Unknown
Latvia	40%	NA	100%
Lithuania	100%	NA	100%
Luxembourg	50%	0%	0%
Netherlands	75%	50%	100%
New Zealand	100%	NA	50%
Norway	100%	100%	100%
Portugal	43%	67%	100%
Romania	100%	100%	100%
Serbia	40%	NA	100%
Singapore	0%	100%	0%
Slovenia	100%	100%	75%
South Africa	100%	Unknown	Unknown
South Korea	100%	100%	100%
Spain	100%	100%	100%
Sweden	100%	NA	100%
Taiwan	100%	100%	100%
Ukraine	100%	NA	100%
Uruguay	100%	0%	100%

	Co-payment shares*		
Countries	Residential Care	Semi-residential Care	Home- and community-based Care
USA**	Unknown	*NA*	*NA*
Uzbekistan	Unknown	Unknown	Unknown

Note: * In this table, results marked as 0% arise from data sources explicitly stated the absence of co-payment requirements. "Unknown" represents cases in which data sources indicated neither the presence nor the absence of co-payments, resulting in missing data, but with a likelihood of no co-payment. Cases presenting contradicting sources were also marked as "Unknown"; ** Regional fragmentation is strong in Italy and the USA. Regulations on co-payments might differ at different governance levels.
NA = Benefit not available.

Source: Authors' compilation, LTCB

Estonia applies fees for residential and HCBC schemes as well as co-insurance and means-related payments for all three types of service benefits. The relevance of this lack of consistency in a system can also be used as a proxy for the complexity and internal fragmentation present in a LTC system. With regard to the degree of variation in co-payment types across benefits types, residential and HCBC schemes apply a broader spectrum of cost-sharing approaches. Only one type of our framework was not found empirically: deductibles.

6.2 Inclusiveness

We now turn to take a closer look at the second framework dimension, which is the regulation of inclusiveness for (formally) accessing LTC benefits. Our analysis here focuses on eligibility criteria, omitting entitlement as it is difficult to interpret the role of the entitlement indicator in restricting inclusiveness. We first take a bird's eye perspective on the cumulative presence of eligibility criteria and then turn to look more closely at specific conditionalities.

Table 6. Types of co-payments applied in service-based benefits by residential care, semi-residential care and HCBC

Countries	Types of Co-payments	Applied to:		
		Residential Care	Semi-residential Care	Home- and Community-based Care
Albania	Fee	X	-	-
Armenia	*Other*	X	X	X
Australia	Fee	-	X	X
	Means-related	X	-	X
Austria	Capped benefit	X	NA	-
Azerbaijan	Fee	X	-	-
Bulgaria	Means-related	X	X	X
Croatia	Means-related	X	X	X
Cyprus	*None*	-	NA	-
Czech Republic	Co-insurance	X	X	X
Denmark	Means-related	X	-	-
England	Fee	-	X	X
	Means-related	X	X	X
	Pocket money	X	-	-

Countries	Types of Co-payments	Applied to:		
		Residential Care	Semi-residential Care	Home- and Community-based Care
Estonia	Fee	X	-	X
	Co-insurance	X	X	X
	Means-related	X	X	X
Finland	Means-related	X	X	X
Germany	Capped benefit	X	-	-
	Pocket money	X	X	X
Greece	Fee	-	NA	X
	Means-related	X		-
Hungary	Means-related	X	X	X
Ireland	Fee	-	X	X
	Means-related	X	-	-
Italy	*None*	-	NA	-
Kazakhstan	*None*	-	-	-
Kosovo	Means-related	X	NA	-
Latvia	Means-related	X	NA	X
Lithuania	Co-insurance	-	NA	X
	Fee	-		X
	Means-related	X		X
Luxembourg	*Other*	X	-	-
Netherlands	Deductible	-	-	X
	Capped benefit	-	-	X
	Means-related	X	X	X
New Zealand	Means-related	X	NA	X
Norway	Means-related	X	X	X
Portugal	Means-related	X	X	X
Romania	Means-related	X	X	X
Serbia	Fee	-	NA	X
	Means-related	X		-
Singapore	Co-insurance	-	X	-
Slovenia	Means-related	X	X	X
South Africa	Fee	X	-	-
South Korea	Co-insurance	X	X	X
Spain	Means-related	X	X	X
Sweden	Means-related	X	NA	X
Taiwan	Means-related	X	X	X
	Other	X	-	-
Ukraine	Means-related	X	NA	X
Uruguay	Means-related	-	-	X
USA	*None*	-	NA	NA
Uzbekistan	*None*	-	-	-

Note: "X" represents the application of a specific type of co-payment to at least one of the types of benefits specified by the columns. The "-", on the other hand, means that the cost-sharing approach is not applied for that benefit. "NA" means that the benefit type is not available in the country.

Source: LTCB, authors' compilation

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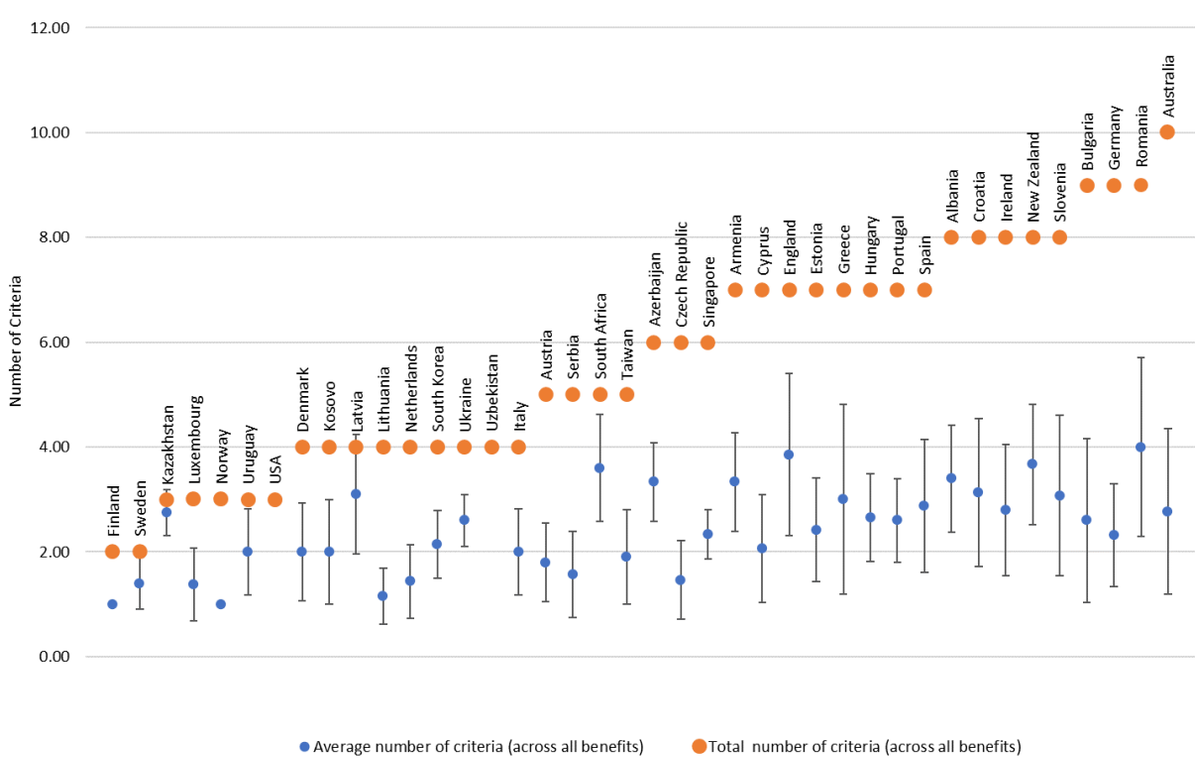
6.2.1 Number of criteria applied to determine eligibility

The first aggregate indicator on inclusiveness provides information about the number of eligibility criteria used across all LTC benefits in a country. Figure 8 presents three pieces of information: the average number of eligibility criteria used, the standard deviation, and the total number of eligibility criteria used across all types of benefits. These indicators are calculated based on the eligibility data available on each type of benefit identified in the system. For example, Finland applies only two eligibility criteria across all of its benefits, with an average of one criterion applied to each benefit regardless of type. Furthermore, the absence of a standard deviation in the country implies that all benefits applied only one criterion. Providing information on the strictness of (de jure) benefit accessibility, the average shows whether benefits in a country typically require numerous controls. The standard deviation allows us to see whether different types of benefits and schemes in a country are constructed similarly or vary in their inclusiveness regulations, with a higher standard deviation highlighting more internal variation in the criteria used. Finally, the maximum number of criteria applied overall shows a system's level of bureaucratic complexity. From this perspective, a country applying multiple criteria will appear more complex to navigate from a de jure perspective, as it requires various assessments and controls to establish eligibility for a benefit. It is important to note that, while the number of eligibility criteria applied in a system and for a specific benefit does provide a general idea of the strictness of

Figure 8. Average number, standard deviation and maximum number of inclusiveness criteria applied across all LTC benefits in a country



Note: The average number of eligibility criteria applied across all benefits in a country was calculated on the basis of the benefits that our data collection provided information on. If a benefit scheme was identified but no details were available on how eligibility was determined, this benefit was excluded from the calculation of the averages. Similarly, if only information on the entitlement prerequisites (insurance, employment, citizenship and residence) were available but no details on further eligibility criteria, the benefit was also excluded from calculating the average number of eligibility criteria applied.

Source: Authors' depiction; LTCB

defining the target population, it can only capture certain aspects of inclusiveness. That is, the number of eligibility criteria provides an indication on how many different conditions have to be fulfilled to access LTC benefits. Complementary, the definition and restrictiveness of each criterion itself (e.g. how restrictive is the care needs definition) is also important for assessing generosity. However, this goes beyond our initial analysis here because it is difficult to standardise and compare.

The results presented in Figure 8 show that the average number of eligibility criteria applied within countries ranges from 1 to 4 (out of 11 possible), with most countries applying about 2 to 3 criteria. While Finland, Norway and Lithuania only apply about one criterion on average (mostly care needs), England, Uzbekistan and Romania apply about four. For most countries (except Finland, Norway, the USA and Uzbekistan), there is considerable variance in how many criteria are applied across benefit schemes; on average, across all countries, the standard deviation is 0.89.[23] Greece and Romania have the highest internal variance in the criteria applied. Looking at the maximum number of criteria applied overall, most countries apply at least 4, and half have at least 6 criteria across their benefits. The highest number of criteria are found in Germany, Bulgaria, Romania and Australia.

In contrast to the number of benefit types analysed above, there appears to be no significant correlation between the year an LTC system was established and the average or total number of eligibility criteria applied. However, classical theories of grouping and analysing countries in social policy research, as well as a more detailed look at the eligibility to different types of benefits might provide a more conclusive interpretation.

Previous research on welfare states and care regimes characterises the Nordic countries in particular as rather "universalist" (Anttonen & Sipilä, 1996; Esping-Andersen, 1990; Leichsenring, 2021; Szebehely & Meagher, 2018). This perspective is also evident in our findings where, as expected, countries like Sweden, Finland, Denmark and Norway as well as the Netherlands figure among the countries applying a low number of requirements for defining eligibility both across all benefits as well as in detail for both residential and home- and community-based benefit schemes. In contrast, "liberal" welfare states like England, New Zealand and the USA have comparatively high numbers of average inclusiveness criteria, which is in line with the expectation that social policy "entitlement rules are [...] strict" in these regimes (Esping-Andersen, 1990, p. 26). However, interestingly, previous LTC system classifications do not discern a strong Anglo-Saxon cluster overall (Fischer, 2021, p. 16).

Looking at the restrictions applied to single benefit types, we find that there are more residential care schemes which apply only one criterion for residential care than is the case for HCBC schemes. Still, on average across the 40 countries, HCBC schemes apply 2.5 criteria and residential schemes 2.8 criteria. Data on cash benefits tend to show a lower number of criteria applied than for services, with the highest values being comparatively lower than those identified for service-based schemes. For benefits targeting caregivers, which include a smaller spectrum of inclusiveness criteria (6 instead of 7)[24], the average number of criteria applied rarely surpasses three. Among them, care leave schemes represent the lowest entry level, where only one eligibility criterion is applied besides standard entitlement prerequisites in 8 of 21 countries offering this type of benefit.

At the international level, considering the whole sample, no significant and noticeable pattern emerges in contrasting inclusiveness data on in-kind and cash benefits. We can, however, find diverse patterns at the national level. For example, in the case of Romania, in-kind benefits have the highest number of criteria to determine eligibility, whereas a significantly lower number of controls

23 In the case of the USA this comes from the fact that there is only one benefit available at national level.

24 While the framework identifies only economic situation means-testing (income- and asset-related), and scope of care as eligibility criteria unique to caregivers, the relationship criterion is also relevant for benefits targeting specifically informal caregivers. Moreover, care needs and age of the person in need are also relevant aspects defining eligibility, even though the benefit does not target them but a person caring for them.

are applied for cash allowances and care leave. A similar but opposite trend is observable in Denmark, with benefits targeting caregivers appearing more exclusive than in-kind benefits targeting people in need of care. Other countries (e.g., Spain, Croatia, Bulgaria) show a similar picture in which it seems that it would be "easier" to be eligible for caregiver benefits and, as such, these systems facilitate the take-up of measures supporting what Saraceno (2016) calls "supported familialism", while solutions falling under defamilialisation, either via market measures or via publicly funded benefits, are more strictly regulated. These patterns for Denmark – rather defamilialistic – and Spain – rather familialistic – also confirm earlier analyses of familialism in care policies (Eggers et al., 2020; León & Pavolini, 2014).

The results on Italy are an interesting case in this context. Saraceno (2016) presents the country as one whose policies tend to fall between "familialism as default" and "supported familialism". However, looking at the data on the number of conditionalities attached to the benefits regulated at the national level, care leave is among the most strictly regulated, whereas cash allowances and in-kind benefits at home or in institutions apply fewer eligibility conditionalities, pointing rather towards "supported" defamilialisation both through market and public provision. While it needs to be borne in mind that many benefits in Italy also exist on the regional level, looking at (de)familialisation from the perspective of inclusiveness can provide additional insights.

6.2.2 Benefit-based variations in the application of eligibility criteria

The results addressed in this section provide an overview of the different types of eligibility criteria being applied to determine access to the different overarching types of LTC benefits. Table 7 presents the average number of inclusiveness criteria used for in-kind, cash and regulatory benefits for care recipients and caregivers. As shown, the need for care is the most consistently applied criterion in benefits targeting care recipients. Even in the rare cases where the care needs criterion is not applied to all benefit schemes within a country, most countries still check for the condition in at least 75% of their LTC benefits regardless of whether the benefit targets caregivers or people in need of care. This result was indeed expected considering that the need for care is broadly presented as one of the cornerstones on which deservingness for LTC benefits is built (see Brugiavini et al., 2017; Ranci et al., 2019). Still, an interesting outcome on this conditionality comes from the difference in relevance based on the type of benefit considered. In particular, its relevance and usage decrease significantly when looking at regulatory benefits. This change can be explained by the fact that regulatory benefits tend to address caregivers more often than care recipients and more exclusively than cash benefits. As a matter of fact, within the sampled countries, the most recurring criterion applied in regulatory benefits is the degree of relationship existing between caregivers and the person for whom they provide care. This also turned out to be the second most recurring criterion for cash benefits targeting caregivers too. In turn, from a comparative perspective, the scope of care, here representing the intensity of care provided in terms of time, appears to be less influential in determining eligibility to benefits for caregivers than the relationship between caregivers and care recipients.

Looking at the data on the relevance of scope of care compared to family and living criteria in both regulatory and cash benefits, our data suggest that the possibility of having someone who can provide informal care (e.g., care availability and family composition) is a widespread assessment to determine eligibility for support measures targeting people in need of LTC. On the other hand, however, for the people providing informal care, the amount of care provided (scope of care) is a less influential criterion in defining eligibility for support schemes.

As shown in Figure 9 in the following section, age limitations rarely apply extensively. Yet, looking at the relevance of age across types of benefits, the application rates for in-kind benefit schemes are significantly higher than for cash or regulatory benefits. Finally, while in some countries means-testing was a more recurring criterion than care needs in either in-kind (e.g. Albania, England

Table 7. Share of in-kind, cash and regulatory benefits which apply specific eligibility criteria

Country	In-kind				Cash							Regulatory				
	Care recipient				Care recipient				Caregiver			Care recipient		Caregiver		
	needs	age	means	family	needs	age	means	family	means	scope	relationship	needs	age	means	scope	relationship
Albania	88.89%	11.11%	100.00%	77.78%	100.00%	0.00%	100.00%	100.00%	-	-	-	-	-	-	-	-
Armenia	75.00%	100.00%	0.00%	75.00%	100.00%	0.00%	100.00%	50.00%	100.00%	0.00%	0.00%	-	-	-	-	-
Australia	100.00%	62.50%	25.00%	0.00%	100.00%	75.00%	25.00%	50.00%	100.00%	100.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%
Austria	100.00%	0.00%	0.00%	0.00%	100.00%	0.00%	50.00%	33.33%	0.00%	0.00%	100.00%	100.00%	0.00%	0.00%	0.00%	100.00%
Azerbaijan	100.00%	100.00%	0.00%	100.00%	50.00%	100.00%	50.00%	50.00%	-	-	-	-	-	-	-	-
Bulgaria	90.91%	27.27%	63.64%	81.82%	66.67%	33.33%	50.00%	33.33%	100.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	33.33%
Croatia	100.00%	66.67%	50.00%	66.67%	71.43%	14.29%	85.71%	42.86%	0.00%	0.00%	100.00%	100.00%	0.00%	0.00%	50.00%	50.00%
Cyprus	100.00%	0.00%	60.00%	60.00%	100.00%	18.18%	36.36%	18.18%	-	-	-	0.00%	0.00%	0.00%	0.00%	0.00%
Czech Republic	100.00%	0.00%	0.00%	0.00%	100.00%	25.00%	33.33%	33.33%	0.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	50.00%
Denmark	100.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	100.00%	0.00%	100.00%	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%
England	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	50.00%	50.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%
Estonia	100.00%	0.00%	73.33%	13.33%	66.67%	33.33%	50.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%
Finland	100.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	0.00%	0.00%	0.00%	100.00%
Germany	100.00%	0.00%	45.45%	45.45%	100.00%	0.00%	50.00%	0.00%	0.00%	100.00%	100.00%	100.00%	0.00%	20.00%	40.00%	60.00%
Greece	77.78%	66.67%	66.67%	44.44%	40.00%	60.00%	60.00%	20.00%	-	-	-	-	-	-	-	-
Hungary	100.00%	46.15%	15.38%	92.31%	100.00%	0.00%	0.00%	0.00%	0.00%	33.33%	100.00%	50.00%	0.00%	0.00%	0.00%	50.00%
Ireland	100.00%	28.57%	57.14%	14.29%	100.00%	33.33%	-	-	66.67%	100.00%	0.00%	100.00%	0.00%	0.00%	100.00%	0.00%
Italy	100.00%	66.67%	0.00%	0.00%	100.00%	50.00%	50.00%	0.00%	-	-	-	100.00%	100.00%	0.00%	0.00%	100.00%
Kazakhstan	100.00%	100.00%	0.00%	100.00%	-	-	-	-	-	-	-	50.00%	0.00%	0.00%	0.00%	50.00%
Kosovo	50.00%	50.00%	0.00%	50.00%	-	-	-	-	-	-	-	-	-	-	-	-
Latvia	100.00%	0.00%	100.00%	75.00%	100.00%	0.00%	0.00%	0.00%	-	-	-	100.00%	0.00%	0.00%	0.00%	0.00%
Lithuania	100.00%	0.00%	0.00%	11.11%	100.00%	0.00%	0.00%	0.00%	-	-	-	33.33%	0.00%	0.00%	0.00%	33.33%
Luxembourg	100.00%	0.00%	0.00%	14.29%	100.00%	0.00%	0.00%	100.00%	-	-	-	-	-	0.00%	0.00%	0.00%
Netherlands	100.00%	0.00%	0.00%	30.77%	100.00%	0.00%	0.00%	100.00%	-	-	-	0.00%	0.00%	0.00%	0.00%	100.00%
New Zealand	100.00%	66.67%	66.67%	66.67%	83.33%	33.33%	100.00%	25.00%	0.00%	50.00%	100.00%	-	-	-	-	-
Norway	33.33%	0.00%	0.00%	0.00%	50.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Portugal	100.00%	12.50%	75.00%	0.00%	66.67%	0.00%	100.00%	0.00%	50.00%	50.00%	100.00%	0.00%	0.00%	0.00%	100.00%	100.00%
Romania	100.00%	0.00%	100.00%	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	0.00%	100.00%	66.67%	0.00%	0.00%	0.00%	100.00%
Serbia	77.78%	22.22%	33.33%	0.00%	100.00%	33.33%	0.00%	0.00%	-	-	-	33.33%	0.00%	0.00%	0.00%	66.67%
Singapore	0.00%	0.00%	100.00%	0.00%	100.00%	66.67%	50.00%	0.00%	100.00%	0.00%	0.00%	-	-	-	-	-
Slovenia	100.00%	50.00%	87.50%	25.00%	100.00%	0.00%	33.33%	33.33%	50.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	100.00%
South Africa	100.00%	100.00%	25.00%	100.00%	100.00%	100.00%	-	-	-	-	-	-	-	-	-	-
South Korea	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	0.00%	50.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Spain	100.00%	33.33%	100.00%	0.00%	100.00%	0.00%	100.00%	33.33%	-	-	-	100.00%	0.00%	0.00%	0.00%	100.00%
Sweden	100.00%	0.00%	0.00%	0.00%	100.00%	0.00%	-	-	0.00%	0.00%	100.00%	100.00%	0.00%	0.00%	0.00%	100.00%
Taiwan	100.00%	33.33%	33.33%	0.00%	100.00%	100.00%	-	-	50.00%	0.00%	50.00%	-	-	-	-	-
Ukraine	100.00%	100.00%	0.00%	100.00%	100.00%	66.67%	50.00%	50.00%	0.00%	0.00%	0.00%	-	-	-	-	-
Uruguay	66.67%	66.67%	33.33%	0.00%	-	-	-	-	-	-	-	-	-	-	-	-
USA	100.00%	100.00%	0.00%	0.00%	-	-	-	-	-	-	-	-	-	-	-	-
Uzbekistan	100.00%	100.00%	0.00%	100.00%	-	-	-	-	-	-	-	-	-	-	-	-

Note: "-" indicates "not applicable" as in these cases, the specific benefits are not present so inclusiveness criteria could not be collected. Although not represented in the table, Romania was the only case where family and living criteria are applied to determine eligibility for regulatory benefits targeting caregivers.
Source: Authors' compilation; LTCB

and Singapore with the last two applying no care needs criterion at all) or cash benefits (e.g., Croatia, Greece, New Zealand and Portugal), in most countries, only a minority of benefit schemes apply means-testing (see also Figure 10 for a national perspective). More specifically, looking at the relevance of this criterion at the benefit level, means-testing was largely applied in support measures like in-kind benefits and cash benefits, while it was almost absent in regulatory benefits, which can be explained by the fact that these benefits are not linked to monetary flows.

6.2.3 LTC BENEFITS AIMED AT OLDER PERSONS

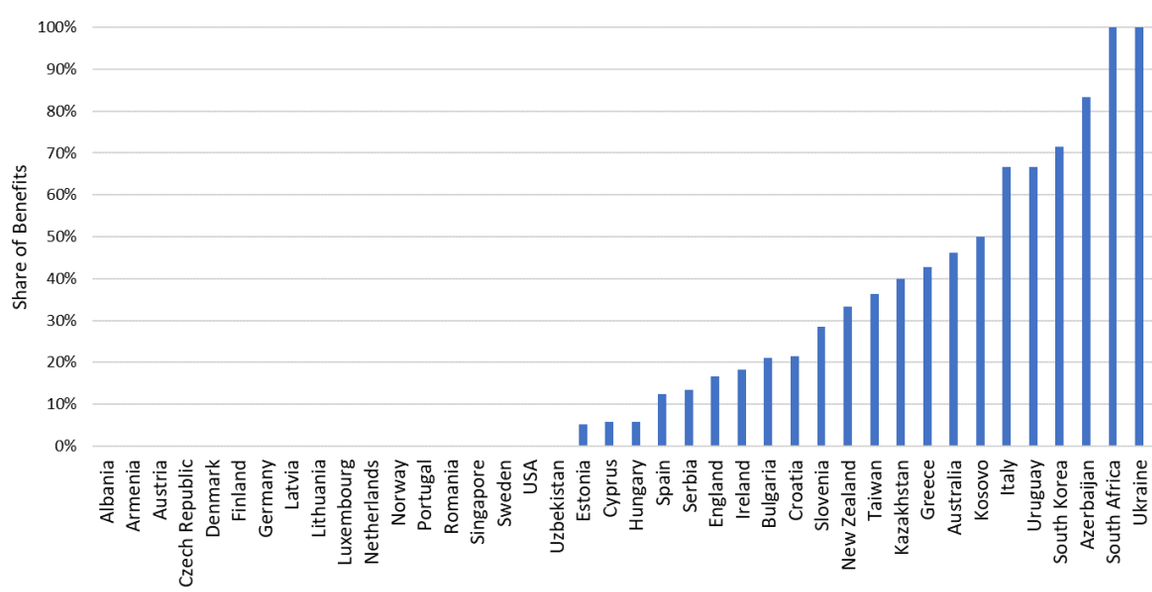
After a general overview of the number of criteria applied, we now turn to analyse specific eligibility criteria in more detail. Age is one criterion often used to define eligibility to benefits for persons in need of LTC. Analysing the age criterion not only allows us to underline the relevance of age as a decisive eligibility criterion but also helps us understand how encompassing the LTC system is in the countries examined. For example, a country where age is not a relevant criterion and everyone can access support does not show any fragmentation on paper between care for older persons and younger persons with disabilities. Figure 9 displays benefits specifically targeting older persons, defined as aged 60 or above, or caregivers providing care to someone aged 60 or above, as a share of total benefits.

Support measures explicitly targeting older persons and their families are not widespread. Almost half of the countries (e.g. Armenia, Czech Republic, Germany, Singapore) do not offer any LTC benefits linked to old age as an inclusiveness criterion, indicating that these schemes are accessible to the whole (adult) population. While the other 22 countries sometimes use old age as a conditionality, only six consider age for more than 50% of their LTC benefit schemes (among them Ukraine and South Africa, where 100% of benefits are dependent on age). Considering possible explanations for these results, we found neither a significant relationship with the maturity of the LTC system nor a correlation with the percentage of the population aged 65 and above. On the contrary, many of the countries with a large older population, i.e. more than 20% are aged 65 or older (e.g., Germany, Portugal, Finland, Latvia), do not apply any age-related targeting.

6.2.4 MEANS-TESTING

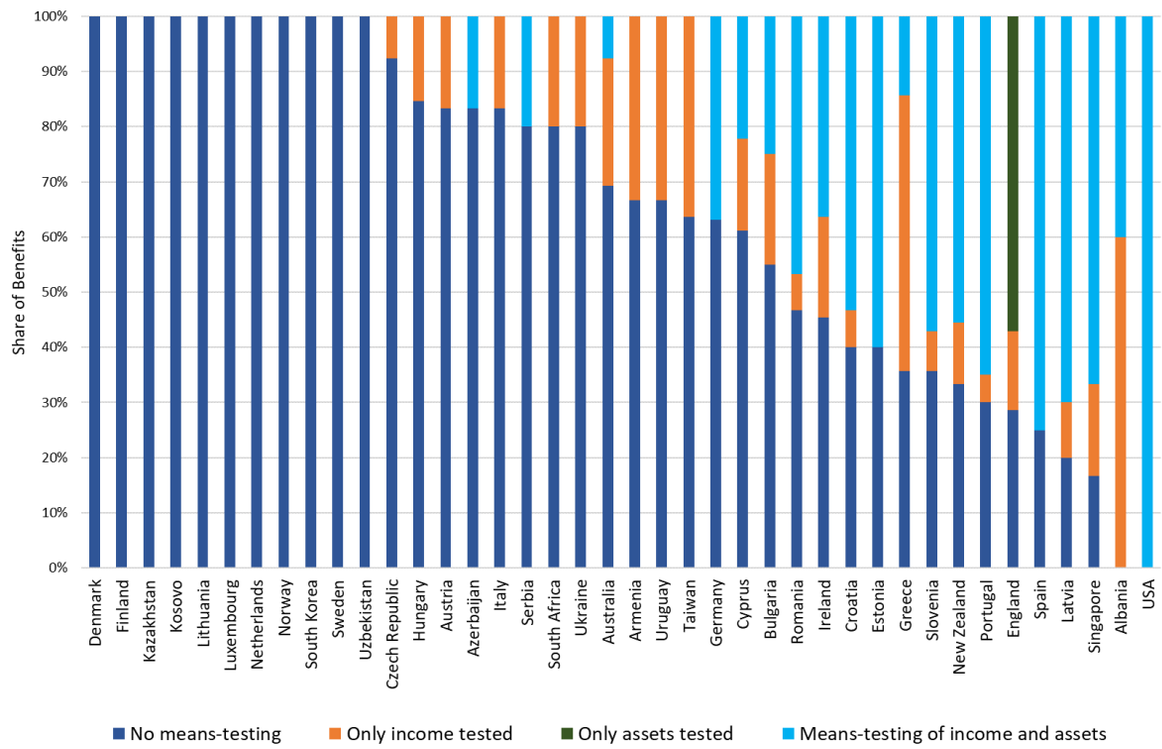
Testing for economic means is another common conditionality for LTC benefits. Figure 10 presents the share of LTC benefits whose receipt is tied to

Figure 9. Share of LTC benefits aimed at (caregivers of) older people only



Source: Authors' depiction; LTCB

Figure 10. Share of LTC benefits applying different kinds of means-testing as an inclusiveness criterion



Source: Authors' depiction, LTCB

means-testing and differentiates between the absence of means-tests, only income tests, only asset tests, and income and assets tests simultaneously. Across our sample, 11 countries reported no means-testing for any of their benefits, indicating that most countries have at least some benefit schemes where economic criteria are considered (see also Muir, 2017, albeit for a different sample). To provide a practical example, in the case of Germany, only 7 of the 19 identified benefit schemes (36,84%) applied means-testing for both income and assets as a criterion to define eligibility for said support scheme (be it in-kind, cash, or regulatory) (light blue bar in Figure 10). The remaining benefits in Germany did not consider available income or assets as a criteria defining eligibility (dark blue bar in Figure 10). In Albania, on the other hand, all identified benefits included a means-testing to define eligibility. However, in this case, an internal differentiation is visible as only 4 of the 10 schemes apply a means-testing of both income and assets to determine if a person in need is eligible for the benefit (light blue bar in Figure 10), whereas the remaining 60% of the schemes control only income values to do so (orange bar in Figure 10). Overall, the data show also that cases with only asset tests are rare (only in England, dark green bar in Figure 10), and most means-testing considers both income and assets.

Comparing the LTCB data to Ariaans et al.'s (2021) LTC system classification, which also incorporates means-testing, we find congruence in 13 of the 18 cases included in both study samples. Discrepancies are, for instance, evident in Ireland and Latvia, where the LTCB data show a substantial presence of means-testing, but Ariaans et al. (2021) coded them as not having any means-testing. The opposite is the case for Luxembourg and the Netherlands.

Moreover, and as expected from welfare state theory, means-testing is common in countries with "liberal" welfare regimes such as England, the USA and New Zealand (Esping-Andersen, 1990; Isakjee, 2017). Similarly, at the other end of the spectrum, countries belonging to the Nordic "social-democratic" regimes like Sweden, Norway, Finland and Denmark, rarely apply means-testing, as expected from a welfare regime grouping

based on a more universal provision of benefits (Isakjee, 2017).

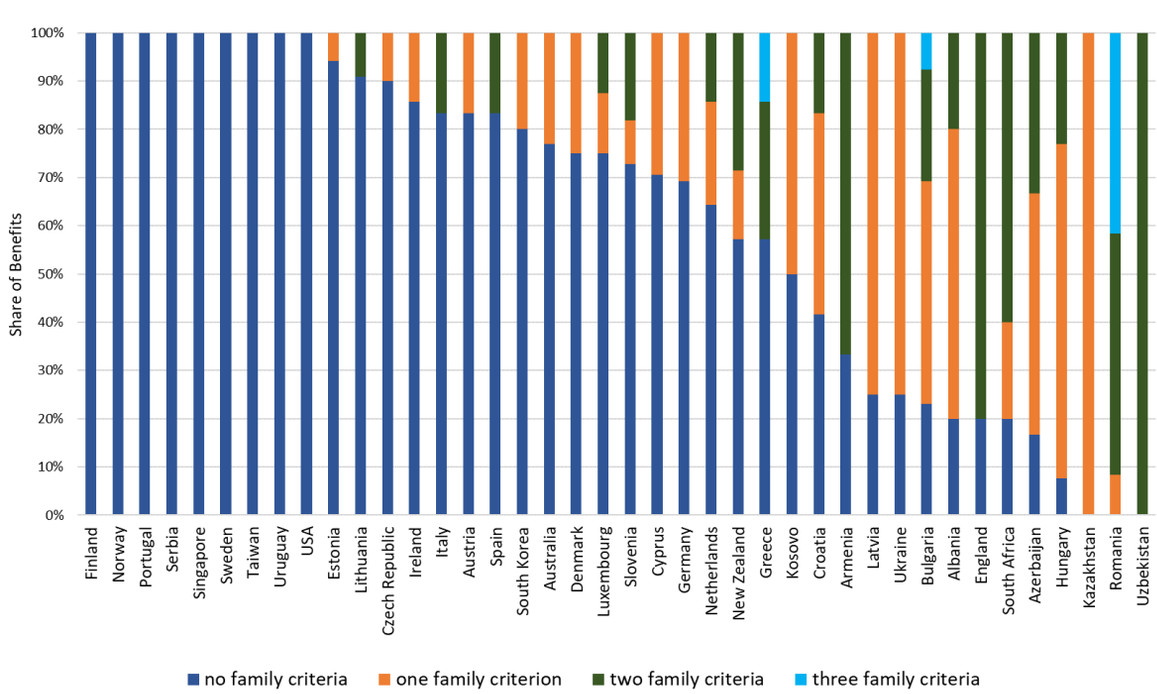
6.2.5 *Family and living situation as an eligibility criterion*

Our next set of aggregate indicators analyses the relevance of the family and living situation for determining inclusiveness. These criteria address whether the family composition of the person in need, their living circumstances and the availability of care are relevant in determining eligibility for LTC benefits. Consequently, Figure 11 depicts the share of benefits for care recipients applying either none, one, two or all three of these three criteria (in any possible combination).

What is clearly visible from Figure 11 is that in most countries, the majority of benefits do not consider family and living criteria to determine eligibility. However, at the same time, more than three-quarters of the sample apply at least one of these criteria. This means that, while less discussed than means-testing in the literature, aspects related to family and living situations are indeed relevant criteria in the policy field of LTC. Most common are cases where one of the three criteria is applied, while cases where all three criteria are relevant are rare, with Bulgaria being the only country where this happens. In this unique case, all three criteria are applied only to a single cash allowance benefit, while for other benefits, care availability, sometimes in combination with family composition, which is intended to mean the availability of someone in the condition to care for the person, is checked. Other interesting examples include Kazakhstan and Uzbekistan, where the former controls for family composition in every benefit for people in need. In contrast, the latter also controls whether the person in need lives alone. Yet, the most frequently used criterion across all countries and benefits was the availability of informal care. The relevance of these types of criteria can be further contextualised through the comparison with other data sources and research focusing on the relevance of familial roles in care and the familialisation of care.

According to van Vlimmeren et al. (2017), European countries can be clustered on the basis on the cultural relevance of family and gender roles: They identify two groups by looking at the relevance of a duty to care in the clusters. The influence of this duty in defining fundamental fami-

Figure 11. Share of LTC benefits assessing family and living situation criteria



Source: Authors' depiction, LTCB

ly values is low in the cluster containing Western countries. In the second cluster, a care duty is more relevant. By juxtaposing the countries clustered in these two groups with our data on the relevance of family- and living-oriented eligibility criteria, we can see that there is a congruence between the countries belonging to Van Vlimmeren et al.'s cluster of Western countries and those reporting a lower share of benefits with these eligibility criteria in the LTCB. On the other hand, there were some discrepancies about the countries clustered by van Vlimmeren et al. (2017) where family care duties were considered as a more substantial component of family values. In particular, most of these countries belong to two commonly used geographical groups: Southern European countries (Italy, Portugal, Greece, Cyprus, and one could also include Serbia in this group as a South-Eastern European country) and countries in Central and Eastern Europe (Luxembourg, Estonia, Czech Republic, and Slovenia). These countries, despite being clustered in a group with a higher relevance of family care duties, still have low shares of criteria concerning family and living conditions being used to determine eligibility in the LTCB. This might indicate some differences in translating cultural values into the policy field or hint at a change in the direction of LTC policy away from the culturally-based familialism that is (traditionally) present in some of these countries.

Bringing together the observation on the relevance of family and living conditions with the data on the benefits available for caregivers could offer an additional perspective on familialism. However, there is no substantial correlation between utilising any combination of criteria on family and living conditions and the existence of benefits aimed at caregivers such as caregiver allowances or care leave.

7 Discussion and conclusion

This working paper presented a detailed framework for assessing LTC system generosity and, building upon this framework, the novel original LTCB dataset. In the empirical section, we presented major country-level aggregate indicators on the two generosity dimensions of scope of benefits and inclusiveness, and related our findings – as far as possible with limited LTC data (see Section 2) – to previous country-comparative social policy and (long-term) care research. From this analysis, we can summarise several main insights. As regards types of benefits, among the three overarching types of LTC benefits, in-kind benefits including care services constitute the most prevalent types and the highest number of single schemes across countries. In comparison, we find numerically fewer and less variety in types of cash benefits. Furthermore, cash benefits are more common for care recipients and regulatory benefits are more common for caregivers. On the topic of public-private cost-sharing, the LTCB finds – in line with other research (Barber et al., 2021; Muir, 2017; Simmons et al., 2020) – that co-payments are a central component of LTC service benefits overall. Focusing on the form of these private direct payments, we find that the majority are means-related payments. Co-payments are most commonly found for residential care schemes. This is remarkable as residential care is often the most expensive kind of service, and we can thus tentatively assume that co-payments for this type of service are considerable (for certain groups of persons) in many countries. Unfortunately, data on the level of co-payments could not be adequately collected and standardised when constructing the LTCB to confirm this assumption empirically (see also below).

Turning to the main findings on inclusiveness, our analysis shows that countries apply, on average, one to four eligibility criteria for formally accessing LTC benefits and normally display variation in the specific number across different benefits. The empirical analysis confirmed that all eligibility criteria identified by our framework are indeed relevant for a significant number of benefit schemes. For care recipients, assessing care needs is – as expected – very common, followed by considering economic means and criteria related to their family and living situation and, lastly, biological age. For caregivers, we find that the relationship criterion, which regulates which (semi-)informal carers can receive benefits based on their (family) relation-

ship with the care recipient, is most often applied. For both the number of eligibility criteria applied overall and for the presence of means-tests, we find considerable congruence between the LTCB data and existing welfare and care regime classifications: Nordic countries apply fewer inclusiveness criteria and less means-testing, indicating higher accessibility, while Anglo-Saxon countries generally apply more criteria and means-testing for their LTC benefits.

Lastly, several indicators in our analysis – the prevalence of different types of benefits and their respective inclusivity – speak to the concept of (de)familialism. Interestingly, our de jure analysis yields multifaceted and, in some cases, unexpected results in this regard. For instance, when looking solely at the legal presence of benefit types, Serbia exhibits patterns in line with both Saraceno's (2016) prescribed familialism (presence of the right to family care) and defamilialisation through public provision (all types of in-kind benefit for care recipients are present). The first pattern in particular is confirmed by de facto data, which for Serbia show that while many LTC benefits are available de jure, their take-up is very low and "eldercare is predominantly provided by families" (Perišić & Pantelić, 2021, p. 339). On a theoretical level, this observation also underlines Eggers et al.'s (2020) conceptualisation of defamilialism and familialism as two independently varying categories for analysis. Despite these caveats, a standardised, de jure-based analysis of (de)familialism in LTC policies provides the opportunity to compare a large set of countries beyond the typically studied examples and to study how familialism manifests in practice at the level of LTC benefit design and policy (which can then additionally be juxtaposed with more information on care preferences and practices).

To sum up, our novel LTCB data contribute significantly to LTC research in several ways. Being based on extensive desk research and, whenever possible, directly on the text of laws, it offers very comprehensive and detailed data on all LTC benefits plus their characteristics within countries. In addition to the raw data on the benefit level, we also constructed macro-level data which can be used to compare countries (with some limitations, see below). The comparatively large sample size of 51 countries covered (prospectively) by the dataset (currently 40 countries) is also remarkable when compared to most country comparative studies and data on LTC. Furthermore, owing to the detailed framework and specification of indicators for data collection, the data are comparable and (semi-)standardised across countries. These features are an advantage of the LTCB compared to the MISSOC/MISSCEO data tables, which offer less fine-grained benefit type categories and are less standardised and comparable due to the data collection method being based on expert inputs. The standardisation also sets our data apart from more report-like collections such as the Gateway to Global Aging or European Social Policy Network (ESPN) report series.

In terms of content, our framework and data also offer some new and previously neglected perspectives on LTC. Firstly, in addition to persons in need of LTC, we place an equal focus on benefits for caregivers as a large group that are/can also be addressed by LTC policies. This perspective is often underrepresented in LTC research, for instance in research on work-care reconciliation (Kröger & Yeandle, 2014). The category of regulatory benefits has proven particularly useful for analysing social policies for this group. Secondly, while the relevance of co-payments has been highlighted previously, our framework is, to our knowledge, the first to categorise types of co-payments in LTC systems. While our six types are certainly not perfectly developed yet, they can be built upon in further research. Thirdly, by thoroughly systematising entitlement and eligibility for LTC we showed which inclusiveness criteria are relevant in this field – also compared to other social policy fields, which show many differences. While previous LTC research has pointed out the relevance of age, needs-tests and means-tests, family and living criteria have been, to our knowledge, only rudimentarily conceptualised and investigated comparatively so far. Similarly, criteria specifically relevant to caregiver benefits, such as the scope of care and the caretaker-caregiver relationship, have rarely been discussed.

While making significant contributions, the LTCB is also limited in several ways. The main lim-

itation is that the empirical data cannot fully live up to the promise of the framework in assessing LTC system generosity. While the LTCB's aggregate indicators capture aspects of both dimensions of generosity, scope of benefits and inclusiveness, data on the level of benefits in particular is severely missing, with information on the presence and type of co-payments the only information that was sufficiently available to standardise and aggregate on the country level. While the raw, benefit-level data contain partial information such as the value of cash allowances, formulas for calculating co-payments or the number of home care hours granted, there are, a) many gaps in these indicators and b) the data is so complex that it cannot (easily) be aggregated. Therefore, the LTCB is lacking crucial information on the material dimension of how much LTC is publicly covered. Without sufficient comparable data on this aspect, an overarching assessment of generosity is currently impleaded as the concept of generosity necessitates information on both dimensions, inclusiveness and scope of benefits. In future research, this problem could at least be partially addressed by focusing on a specific type of benefit (e.g. residential care) and/or a smaller set of countries to make the production of comparable data on level of benefits more feasible (e.g. similar to Ranci et al.'s, 2019 work on cash allowances in six countries). For instance, it could be helpful to work with country experts to collect and calculate this information. One concrete possibility to generate more comparable data on both generosity dimensions is the use of fictional personal profiles (so-called vignettes) whose eligibility and level of benefits are assessed across countries.

A further disadvantage of the LTCB is its sole focus on de jure data, completely omitting de facto accessibility and take-up. While the de jure perspective is important for analysing the (political) design decisions of LTC benefits and provides a rough indication of how broad the scope of benefits and how restrictive inclusiveness are, the data does not detail which and how many people receive which benefits in practice. Therefore, it is important to also analyse the complementary perspective of de facto LTC data such as expenditures and the number of benefit recipients, which are only partially influenced by legal regulations and also depend on other factors such as availability of services, application procedures and financial resources. Also, the inclusion of de facto data would contribute greatly to better assessing the respective relevance of different benefit types. Without these details, the information in the LTCB can "only" offer a description of the different benefits available without a straightforward way to better understand their relevance in the system and their usage by the population. However, de facto data on LTC is difficult to collect and even more difficult to harmonise. As the review in section 2 has shown, international comparative data is very limited and not available at all on the benefit level. Furthermore, while national statistical offices often collect data on the estimated recipients of welfare benefits, every country applies different categorisations and rules, thus limiting the availability and creation of comparative datasets.

Besides these two major points, there were further challenges in constructing the LTCB which restrict the validity of our dataset. One concerns the challenge of working with national laws for data collection. On the one hand, whenever official translations were not available and the original language was not spoken by the project team, the interpretation and evaluation of the law's content depended on the quality of the automatic translations and often needed triangulation through other sources to confirm its validity. Furthermore, since laws often cross-reference other laws and older versions, the research and interpretation process often required the identification and consideration of previous versions of the law to be able to fully interpret the content of a law or to collect more detailed information on the eligibility conditionalities connected to its implementation. On the other hand, LTC systems are often very fragmented, both in terms of regional differences and their association with different policy fields such as health care or social assistance (e.g. EC, 2021b; Theobald & Ozanne, 2016). It is important to note that our decision to focus on laws regulating benefits at the national level only leads to a problematic representation of countries with strong regional and/or local benefits and regulations, in particular, Italy and the USA. Furthermore, the fragmentation of

schemes and the resulting high number of partially overlapping benefits (see Figure 7) leads to a situation in which country-level data are difficult to aggregate and interpret.

Despite the discussed challenges and limitations, we hope that the LTCB data can be of use to social policy and LTC scholars. In addition to analysing or clustering the data as the main interest, our de jure policy data can also be employed as variables in country-comparative studies on care-related population outcomes. The dataset also provides extensive background information, thus offering an excellent basis for case selection for more in-depth studies. One further avenue for research could also be an extension of the dataset, including more historical time points to investigate developments over time and to include prospective future time points plus adding cases as new countries introduce LTC benefits. In this way, our novel and systematic LTC generosity framework can function as a stepping stone.

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Appendix

Table A1. Generosity as a multi-dimensional concept in social policy research

Studies	Content	Policy field
2 generosity dimensions		
Böhm 2016: 20–22	Social rights to health care » Access » Generosity (with two sub-dimensions: service coverage & cost coverage)	Health care
Grages et al. 2021: 12	Generosity » Access to support » Extent of support	LTC
Ranci et al. 2019	» Conditionality (care needs) » Generosity (amount of benefits)	LTC
Toth 2019: 519f.	Coverage » Prevalence (who/how many) » Generosity (what)	Health care
3 generosity dimensions		
Blank 2011: 50–57; Dobrotić/Blum 2019	Social rights/inclusiveness » Entitlement principle (whom?) » Eligibility criteria (whom and when?) » Benefit scope (what?)	General social policy; Parental leave
Colombo et al. 2011: 230	Comprehensiveness of coverage » Eligibility rules (means-test) » Basket of services (breadth of coverage) » Private cost-sharing (depth of coverage)	LTC
Kraus/Riedel 2022	LTC access cube (modified health coverage cube) » Legal entitlement » Eligibility conditions » De facto access	LTC
WHO (e.g. World Health Organization 2010: XV, 2024)	Health coverage cube for universal health care » breadth (who is covered) » depth (what services are covered) » height (what proportion of the cost is covered)	Health care, (LTC)
4 generosity dimensions		
Leisering 2019: 61	Social citizenship/entitlements » Scope (who) » Conditions (who) » Benefit (what) » Institutionalisation (how)	Social cash transfers

Source: Authors' compilation

Table A2. Definitions of LTC benefit types

Scheme	Definition	Target
In-kind		
Residential care	Long-lasting provision of LTC services in an institutional live-in setting where care recipients reside jointly with other persons in need of care and receive accommodation, household services and meals besides nursing and care services.	People with LTC needs
Semi-residential care	Temporary provision of LTC services in an institutional setting (e.g. for several weeks in the form of respite care) not involving a continuous use of accommodation services.	People with LTC needs
Home- and community-based care	Provision of medical and/or social LTC in the care recipient's own home, dwelling community or neighbourhood facilities not involving accommodation services	People with LTC needs
Equipment provision	Provision or installation of specific devices, equipment, or home modifications to support persons with care needs or facilitate their everyday lives.	People with LTC needs
Training	Provision of training and knowledge transfer for informal caregivers.	Informal caregivers
Consulting	Organisation of non-medical or informational support services for care recipients or consulting and support services for informal caregivers.	People with LTC needs; Informal caregivers
Cash		
Cash allowance	Cash payment to care recipients that can (or sometimes must be) be spent to purchase care services and assistance individually.	People with LTC needs
Caregiver allowance	Cash payment to informal caregivers which acknowledge and/or compensate their care provision.	Informal caregivers
Vouchers	Provision of quasi-cash payments to people in need of care who can choose to redeem the voucher for different forms of services by certified care providers.	People with LTC needs
Wage replacement	Cash payment to caregivers who earn income through gainful employment to compensate them for a reduction or total loss of income resulting from care provision.	Informal caregivers
Tax relief	Financial support through preferential tax treatment connected to LTC needs or caregiving.	People with LTC needs; Informal caregivers
Regulatory		
Care leave	Employment protection for a period of absence from the workplace to provide informal care to a socially close person in need of LTC.	Informal caregivers
Social security coverage	The enrolment of a caregiver into social security/insurance schemes such as pension or health insurance based on the status as an informal caregiver.	Informal caregivers
Right to family care	Legal regulation granting the right to receive LTC from family members by establishing a more or less binding obligation to family care.	People with LTC needs
State-hired caregiver	Formal work contract for informal caregivers with the state or another organisation responsible for organising care.	Informal caregivers

Source: Authors' compilation

Table A3. LTCB initial indicators for the inclusiveness dimension

Name	Data type	Values	Definition
Inclusiveness criteria focused on people with LTC needs			
Care needs	Binary	1= Yes 0= No	Specifies if a person's care needs and/or dependency are employed to determine eligibility. Care needs or care dependency relate to mental or physical impairments and related assistance needs.
Definition	String		Definition or description of care needs and/or dependency that the LTC system/benefit scheme applies to determine eligibility.
Age	Binary	1= Yes 0= No	Specifies if the age of the person in need of care is employed to determine eligibility.
Threshold	String		Specifies the age thresholds or brackets employed for determining eligibility, including describing what happens at each threshold (for complex systems).
Income	Binary	1= Yes 0= No	Specifies if the income of the person in need of care (including household and/or family income) is employed as a criterion to determine eligibility. Income refers to a regular monetary payment received, such as a pension or income from employment.
Income unit	Multinominal	Individual; Household; Other	Specifies the unit whose income determines eligibility on a multinominal scale. Individual income refers solely to income by the care recipient; household income adds the income of all household members of the care recipient. When another entity is relevant, it is marked as "other", and the relevant entity is specified. When only the recipient and the partner are assessed for their income, it falls under "other".
Income type	String		Specifies which types of income are included or excluded when applying the income test. For instance, it could be the case that only employment-related income (salary, pension) is included or that income from investments is excluded.
Income level	String		Specifies the levels or brackets of income that are relevant to determine eligibility. For instance, this could be a concrete sum (e.g. 1000€) or a qualification linked to other social benefits (e.g. minimum pension level, income below social assistance). If a sum plus its reasoning is given, both are specified.
Assets	Binary	1= Yes 0= No	Specifies if assets owned by the person in need of care (including household or family-owned assets) are employed as a criterion to determine eligibility. "Asset" refers to a financially valuable property such as money, land, buildings or bonds.
Assets unit	Multinominal	Individual; Household; Other	Specifies the unit whose assets are considered to determine eligibility on a multinominal scale. Individual assets refer to assets owned solely by the person in need of care; household assets add the assets of all household members of the person in need of care. When another entity is relevant, it is marked as "other", and the relevant entity is specified.

Name	Data type	Values	Definition
Assets type	String		Specifies which types of assets are included or excluded when applying the asset test. For instance, it could be the case that only money is considered, everything except a self-used house is considered, or the value of all assets is considered.
Assets level	String		Specifies the levels or brackets of assets that are relevant to determine eligibility. For instance, this could be a concrete sum (e.g. 10.000€) or a qualification linked to other social benefits (e.g. asset criterion of social assistance eligibility). If a sum plus its reasoning is given, both are specified.
Family composition	Binary	1= Yes 0= No	Specifies if the family composition is employed to determine eligibilityfor the person in need of care. The indicator refers to the "existence" of family members, such as whether the person in need of care has a spouse, children, siblings, or other relatives.
Description	String		Specifies which types of family members/which relationship status is employed for the family member composition criterion. This could be spouses or other partners, children, siblings or parents.
Care availability	Binary	1= Yes 0= No	Specifies if the availability of care provided to the person in need of care is employed to determine eligibility. For instance, the assessment could consider the availability of an informal caregiver (e.g., a co-habiting family member) or a domestic care worker.
Description			Specifies which types of care or carers are considered regarding the availability of care criterion. For instance, care could be considered available if the person in need of care lives with another person, has family members (nearby), or already employs a private personal care worker.
Living arrangement	Binary	1= Yes 0= No	Specifies if the living arrangement or situation of the person in need of care is employed to determine eligibility. The living arrangement refers to the housing situation of the person in need of care. For instance, it could be relevant if the person lives alone or in a joint household with others or if the condition or facilities of the house are adequate.
Insurance	Binary	1= Yes 0= No	Specifies if the membership in an insurance scheme by the person in need of care is employed as a base to determine entitlement. Relevant insurance could, for instance, be specific (social) long-term care insurance, health insurance, or pension insurance.
Insurance type	Multinominal	LTC; Health; Pension; Other	Specifies the type of insurance scheme employed to determine entitlement. Pre-defined types include specific (social) long-term care insurance, health insurance and pension insurance. If other or mixed schemes are relevant, it is marked as "other", and the name and type of scheme are specified briefly.
Citizenship	Binary	1= Yes 0= No	Specifies if the citizenship status of the person in need of care is employed to define entitlement.
Residence	Binary	1= Yes 0= No	Specifies if the residence status of the person in need of care is employed to determine entitlement.

Name	Data type	Values	Definition
Other criteria existence	Binary	1= Yes 0= No	Specifies if any other eligibility criteria not covered by the specific indicators are employed to determine eligibility.
Description	String		Specifies which criteria are employed concerning the person in need of care that are not covered by specific indicators.
Conditionalities focused on caregivers			
Employment	Binary	1= Yes 0= No	Specifies whether the caregiver's employment status is employed to determine entitlement. For instance, the specific criterion could be whether the caregiver is in formal employment at all or is employed with a certain percentage of working time.
Income	Binary	1= Yes 0= No	Specifies if the caregiver's income (including household and/or family income) is employed as a criterion to determine eligibility. Income refers to a regular monetary payment received, such as a pension or income from employment.
Income unit	Multinominal	Individual; Household; Other	Specifies the unit whose income determines eligibility on a multinominal scale. Individual income refers solely to income by the caregiver; household income adds the income of all household members of the caregiver. When another entity is relevant, it is marked as "other", and the relevant entity is specified. When only the caregiver and the partner are assessed for their income, it falls under "other".
Income type	String		Specifies which types of income are included or excluded when applying the income test. For instance, it could be the case that only employment-related income (salary, pension) is included or that income from investments is excluded.
Income level	String		Specifies the levels or brackets of income that are relevant to determine eligibility. For instance, this could be a concrete sum (e.g. 1000€) or a qualification linked to other social benefits (e.g. minimum pension level, income below social assistance). If a sum plus its reasoning is given, both are specified.
Assets	Binary	1= Yes 0= No	Specifies if assets owned by the caregiver (including household or family-owned assets) are employed as a criterion to determine eligibility. "Asset" refers to a financially valuable property such as money, land, buildings or bonds.
Assets unit	Multinominal	Individual; Household; Other	Specifies the unit whose assets are considered to determine eligibility on a multinominal scale. Individual assets refer to assets owned solely by the caregiver; household assets add the assets of all household members of the caregiver. When another entity is relevant, it is marked as "other", and the relevant entity is specified.
Assets type	String		Specifies which types of assets are included or excluded when applying the asset test. For instance, it could be the case that only money is considered, everything except a self-used house is considered, or the value of all assets is considered.

Name	Data type	Values	Definition
Assets level	String		Specifies the levels or brackets of assets that are relevant to determine eligibility. For instance, this could be a concrete sum (e.g. 10.000€) or a qualification linked to other social benefits (e.g. asset criterion of social assistance eligibility). If a sum plus its reasoning is given, both are specified.
Insurance	Binary	1= Yes 0= No	Specifies if the caregiver's membership in an insurance scheme is employed as a criterion to determine entitlement. Relevant insurance could, for instance, be a specific (social) long-term care insurance, health insurance or pension insurance.
Insurance type	Multinominal	LTC; Health; Pension; Other	Specifies the type of insurance scheme employed to determine entitlement. Pre-defined types include specific (social) long-term care insurance, health insurance and pension insurance. If other or mixed schemes are relevant, it is marked as "other", and the name and type of scheme are specified briefly.
Citizenship	Binary	1= Yes 0= No	Specifies if the citizenship status of the caregiver is employed to define entitlement.
Residence	Binary	1= Yes 0= No	Specifies if the residence status of the caregiver is employed to determine entitlement.
Scope of care	Binary	1= Yes 0= No	Specifies if the scope of care provided by the caregiver is employed to determine eligibility. For instance, this could be a specification of time spent caring or tasks conducted.
Amount	String		Specifies which scope/amount of care the caregiver provides is considered to determine eligibility. For instance, this could be an exact specification or threshold applying to the time spent caring or tasks conducted.
Relationship	Binary	1= Yes 0= No	Specifies if the relationship between the caregivers and the person in need of care is employed to determine eligibility. A relevant relationship status could include (specific) family ties or joint residence.
Description	String		Specifies which relationship types between the person in need of care and the caregiver determine eligibility. Pre-defined options include joint residence or household, relationship as a spouse (or other form of partner), children, and related family members generally. If other categories are used, they fall under "other", and details about the relevant relationship status are provided.
Other criteria existence	Binary	1= Yes 0= No	Specifies if any other eligibility criteria related to the caregivers and not covered by the specific indicators are employed to determine eligibility.
Description	String		Specifies which criteria are employed concerning the caregivers that are not covered by specific indicators.

Source: Authors' compilation

Table A4. LTCB initial indicators for the scope of benefit dimension

Name	Data type	Value	Definition
In-kind Benefits			
Co-payment requirement	Binary	1= Yes 0= No	Specifies if the residential care scheme requires the recipient or a relative thereof to pay fees in exchange for the services included in the scheme. This information is collected for each instance of residential, semi-residential, and home- and community-based care benefits.
Co-payment typology	Multinominal	Co-insurance; Fee; Deductible; Capped benefit; Means-related; Pocket money; Other	Specifies the type of copayment that recipients must contribute to. The selection of one of the different types included in the framework is based on the calculation mechanism for defining the payment amount.
Co-payment description	String		Summarises the level and calculation rules for copayments for residential care.
Assessment subject for means-tested co-payments	Multinominal	Income; Assets; Family	In the case of "means-related" co-payments, this indicator specifies the unit of economic means considered for calculating the level of co-payment. If "Family" is not selected, the information on assets and income is understood to be collected and calculated at the individual level.
Monetary value	String		Summarises the monetary value of the benefit. The value might vary by care needs, if so, record sums or brackets for different care levels. This information is collected for each instance of residential, semi-residential, and home- and community-based care benefits.
Residential Care			
Room & board	Binary	1= Yes 0= No	Room and board are defined as accommodation, cooking and cleaning services. Specifies if room and board (hotel costs) for residential care are generally included in the residential care benefit. Included means, in this case, that at least a proportion of room and board are covered, i.e. there can still be co-payments associated.
Semi-residential Care			
Time value	String		Summarises the "time value" of the semi-residential benefit, i.e. the hours or weeks of care granted and/or the recurrence of the benefit. The value might vary by care needs; if so, record sums or brackets for different care levels.

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Name	Data type	Value	Definition
Home- and Community-based Care			
Time value	String		Summarises the "time value" of the home and community-based care benefit, i.e. the hours of care granted. The value might vary by care needs; if so, record sums or brackets for different care levels.
Differentiation between home- and community-based provision	Binary	Home care; Community care	Specifies where the benefit is provided and whether it is categorised as home care (HC) or community-based care (CBC).
Cash Benefits			
Variation in value based on needs	Binary	1= Yes 0= No	Specifies if the value or amount of the cash benefit changes based on the person's care needs.
Benefit value	String		Summarises the monetary value of the cash benefit. The value might vary based on care needs, if so, record sums or brackets for different care levels.
Vouchers			
Covered in-kind benefits	Multinominal	Residential care; Semi-residential care; Home- and Community-based care; Equipment; Consulting	Specifies the types of in-kind benefits that are available for voucher users.
Time value	String		Summarises the "time value" of the voucher, i.e. the hours of care granted and/or the recurrence. The value might vary by care needs; if so, record sums or brackets for different care levels.
Regulatory Benefits			
Social Security Coverage			
Social security type	Multinominal	Health care; LTC; Injury; Pension; Unemployment	Specifies which social security system enrolment is provided to the benefit recipient.
Premiums payment requirements	Binary	1= Yes 0= No	Specifies if the benefit recipient is expected to pay the fees for the enrolment.

Name	Data type	Value	Definition
Care Leave			
Paid care leave	Binary	1= Yes 0= No	Specifies if the caregiver is entitled to paid care leave by receiving a portion of their salary during the leave period.
Part-time leave	Binary	1= Yes 0= No	Specifies if the caregiver is entitled to part-time care leave.
Care leave duration	String		Specifies the maximum duration (e.g. number of days and/or months) for which care leave can be taken.
Right to Family Care			
Binding strength	Binary	Binding; Suggestion	Specifies whether the legislation establishing the right to care for people in need establishes a binding relationship of duty for the addressee or if no repercussion is implied in case of failure to enact it.
Family member addressed	String		Specifies which family member is indicated by the legislation as responsible for caring for family members in need.

Source: Authors' compilation

Table A5. Data collection template for metadata on the coding process

Country name	
Time point	
Coder name	
Initial coding period	
Version	
Main changes	
Period of changes	

Source: Authors' compilation

Table A6. Data collection template for metadata on the laws

Indicator name	Value	Sources	Remarks	Plausibility	Reliability
Name of law (English)					
Name of law (original language)					
adoption date first version					
Law number first version					
adoption date coded version					
Implementation date coded version					
Law number coded version					
Availability law coded version					
Languages law coded version					
Associated (popular) LTC scheme names					

Source: Authors' compilation

Table A7. Data collection template for recording types of benefits existence

No	Indicator name	Value	Sources	Remark	Plausibility	Reliability
In-kind						
001	Residential care					
002	Semi-residential care					
003	Home- & Community-based Care					
004	Equipment					
005	Consulting (caregivers)					
006	Consulting (person in need of care)					
007	Training					
008	Voucher					
Cash						
009	Caregiver allowance					
010	Wage replacement					
011	Cash allowance					
013	Tax relief (person in need of care)					
014	Tax relief (caregivers)					
Regulatory						
015	Social security system					
016	Care leave					
017	Right to family care					
018	State-hired caregiver					

Source: Authors' compilation

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Table A8. Data collection template for residential care benefits

No	Indicator name	Value	Sources	Remarks	Plausibility	Reliability
001-2	Residential care copayment requirement					
001-2	Residential care copayment type					
001-21	Residential care copayment means-related					
001-22	Residential care copayment description					
001-3	Residential care value					
001-4	Residential care room & board					
019	care needs criterion (CR)					
019-1	care needs definition (CR)					
020	age criterion (CR)					
020-1	age specification (CR)					
021	income criterion (CR)					
021-1	income unit (CR)					
021-2	income type (CR)					
021-3	income level (CR)					
022	asset criterion (CR)					
022-1	asset unit (CR)					
022-2	asset types (CR)					
022-3	asset level (CR)					
023	family composition criterion (CR)					
023-1	family composition types (CR)					
024	care availability criterion (CR)					
024-1	care availability types (CR)					
025	living arrangement criterion (CR)					
026	insurance criterion (CR)					
026-1	insurance type (CR)					
027	citizenship criterion (CR)					
028	residence criterion (CR)					
029	Other criteria existence (CR)					
029-1	Other criteria specification (CR)					

Note: CR = person in need of care

Source: Authors' compilation

Table A9. Data collection template for semi-residential care benefits

No	Indicator name	Value	Sources	Remarks	Plausibility	Reliability
002-1	Semi-residential care copayment type					
002-2	Semi-residential care copayment means-related					
002-21	Semi-residential care copayment description					
002-22	Semi-residential care monetary value					
002-3	Semi-residential care time value					
002-4	Semi-residential care copayment requirement					
019	care needs criterion (CR)					
019-1	care needs definition (CR)					
020	age criterion (CR)					
020-1	age specification (CR)					
021	income criterion (CR)					
021-1	income unit (CR)					
021-2	income type (CR)					
021-3	income level (CR)					
022	asset criterion (CR)					
022-1	asset unit (CR)					
022-2	asset types (CR)					
022-3	asset level (CR)					
023	family composition criterion (CR)					
023-1	family composition types (CR)					
024	care availability criterion (CR)					
024-1	care availability types (CR)					
025	living arrangement criterion (CR)					
026	insurance criterion (CR)					
026-1	insurance type (CR)					
027	citizenship criterion (CR)					
028	residence criterion (CR)					
029	Other criteria existence (CR)					
029-1	Other criteria specification (CR)					

Note: CR = person in need of care

Source: Authors' compilation

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Table A10. Data collection template for home- and community-based care benefits

No	Indicator name	Value	Sources	Remarks	Plausibility	Reliability
003-1	Differentiation between home- or community-based services					
003-2	Home and community-based care copayment requirement					
003-3	Home and community-based care copayment type					
003-31	Home and community-based care copayment means-related					
003-32	Home and community-based care copayment description					
003-4	Home and community-based care monetary value					
003-5	Home and community-based care time value					
019	care needs criterion (CR)					
019-1	care needs definition (CR)					
020	age criterion (CR)					
020-1	age specification (CR)					
021	income criterion (CR)					
021-1	income unit (CR)					
021-2	income type (CR)					
021-3	income level (CR)					
022	asset criterion (CR)					
022-1	asset unit (CR)					
022-2	asset types (CR)					
022-3	asset level (CR)					
023	family composition criterion (CR)					
023-1	family composition types (CR)					
024	care availability criterion (CR)					
024-1	care availability types (CR)					
025	living arrangement criterion (CR)					
026	insurance criterion (CR)					
026-1	insurance type (CR)					
027	citizenship criterion (CR)					
028	residence criterion (CR)					
029	Other criteria existence (CR)					
029-1	Other criteria specification (CR)					

Note: CR = person in need of care

Source: Authors' compilation

Table A11. Data collection template for vouchers

No	Indicator name	Value	Sources	Remarks	Plausibility	Reliability
008-1	Voucher value variation based on needs					
008-2	Voucher coverage					
008-3	Voucher monetary value					
008-4	Voucher time value					
019	care needs criterion (CR)					
019-1	care needs definition (CR)					
020	age criterion (CR)					
020-1	age specification (CR)					
021	income criterion (CR)					
021-1	income unit (CR)					
021-2	income type (CR)					
021-3	income level (CR)					
022	asset criterion (CR)					
022-1	asset unit (CR)					
022-2	asset types (CR)					
022-3	asset level (CR)					
023	family composition criterion (CR)					
023-1	family composition types (CR)					
024	care availability criterion (CR)					
024-1	care availability types (CR)					
025	living arrangement criterion (CR)					
026	insurance criterion (CR)					
026-1	insurance type (CR)					
027	citizenship criterion (CR)					
028	residence criterion (CR)					
029	Other criteria existence (CR)					
029-1	Other criteria specification (CR)					

Note: CR = person in need of care

Source: Authors' compilation

Table A12. Data collection template for caregiver allowance schemes

No	Indicator name	Value	Sources	Remarks	Plausibility	Reliability
009-1	Caregiver allowance variation based on needs					
009-2	Caregiver allowance monetary value					
019	care needs criterion (CR)					
019-1	care needs definition (CR)					
020	age criterion (CR)					
020-1	age specification (CR)					
030	employment criterion (CG)					
031	income criterion (CG)					
031-1	income unit (CG)					
031-3	income level (CG)					
032	asset criterion (CG)					
032-1	asset unit (CG)					
032-2	asset types (CG)					
032-3	asset level (CG)					
033	Insurance criterion (CG)					
033-1	insurance type (CG)					
034	citizenship criterion (CG)					
035	residence criterion (CG)					
036	Scope of care criterion (CG)					
036-1	Scope of care specification (CG)					
037	Other criteria existence (CG)					
037-1	Other criteria specification (CG)					
038	relationship criterion					
038-1	relationship types					

Note: CR = person in need of care; CG = caregiver

Source: Authors' compilation

Table A13. Data collection template for wage replacement schemes

No	Indicator name	Value	Sources	Remarks	Plausibility	Reliability
010-1	Wage replacement variation based on needs					
010-2	Wage replacement monetary value					
019	care needs criterion (CR)					
019-1	care needs definition (CR)					
020	age criterion (CR)					
020-1	age specification (CR)					
030	employment criterion (CG)					
031	income criterion (CG)					
031-1	income unit (CG)					
031-3	income level (CG)					
032	asset criterion (CG)					
032-1	asset unit (CG)					
032-2	asset types (CG)					
032-3	asset level (CG)					
033	Insurance criterion (CG)					
033-1	insurance type (CG)					
034	citizenship criterion (CG)					
035	residence criterion (CG)					
036	Scope of care criterion (CG)					
036-1	Scope of care specification (CG)					
037	Other criteria existence (CG)					
037-1	Other criteria specification (CG)					
038	relationship criterion					
038-1	relationship types					

Note: CR = person in need of care; CG = caregiver

Source: Authors' compilation

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Table A14. Data collection template for cash allowance schemes

No	Indicator name	Value	Sources	Remarks	Plausibility	Reliability
011-1	Cash allowance variation based on needs					
011-2	Cash allowance monetary value					
019	care needs criterion (CR)					
019-1	care needs definition (CR)					
020	age criterion (CR)					
020-1	age specification (CR)					
021	income criterion (CR)					
021-1	income unit (CR)					
021-2	income type (CR)					
021-3	income level (CR)					
022	asset criterion (CR)					
022-1	asset unit (CR)					
022-2	asset types (CR)					
022-3	asset level (CR)					
023	family composition criterion (CR)					
023-1	family composition types (CR)					
024	care availability criterion (CR)					
024-1	care availability types (CR)					
025	living arrangement criterion (CR)					
026	insurance criterion (CR)					
026-1	insurance type (CR)					
027	citizenship criterion (CR)					
028	residence criterion (CR)					
029	Other criteria existence (CR)					
029-1	Other criteria specification (CR)					

Note: CR = person in need of care

Source: Authors' compilation

Table A15. Data collection template for social security coverage schemes

No	Indicator name	Value	Sources	Remarks	Plausibility	Reliability
015-1	Social security type					
015-2	Social security fee payment requirement					
030	employment criterion (CG)					
031	income criterion (CG)					
031-1	income unit (CG)					
031-3	income level (CG)					
032	asset criterion (CG)					
032-1	asset unit (CG)					
032-2	asset types (CG)					
032-3	asset level (CG)					
033	Insurance criterion (CG)					
033-1	insurance type (CG)					
034	citizenship criterion (CG)					
035	residence criterion (CG)					
036	Scope of care criterion (CG)					
036-1	Scope of care specification (CG)					
037	Other criteria existence (CG)					
037-1	Other criteria specification (CG)					
038	relationship criterion					
038-1	relationship types					

CG = caregiver

Source: Authors' compilation

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Table A16. Data collection template for care leave benefits

No	Indicator name	Value	Sources	Remarks	Plausibility	Reliability
016-1	Paid care leave					
016-2	Part-time leave					
016-3	Care leave duration					
019	care needs criterion (CR)					
019-1	care needs definition (CR)					
020	age criterion (CR)					
020-1	age specification (CR)					
030	employment criterion (CG)					
031	income criterion (CG)					
031-1	income unit (CG)					
031-3	income level (CG)					
032	asset criterion (CG)					
032-1	asset unit (CG)					
032-2	asset types (CG)					
032-3	asset level (CG)					
033	Insurance criterion (CG)					
033-1	insurance type (CG)					
034	citizenship criterion (CG)					
035	residence criterion (CG)					
036	Scope of care criterion (CG)					
036-1	Scope of care specification (CG)					
037	Other criteria existence (CG)					
037-1	Other criteria specification (CG)					
038	relationship criterion					
038-1	relationship types					

Note: CR = person in need of care; CG = caregiver

Source: Authors' compilation

Table A17. Data collection template for state-hired caregiver schemes

No	Indicator name	Value	Sources	Remarks	Plausibility	Reliability
019	care needs criterion (CR)					
019-1	care needs definition (CR)					
020	age criterion (CR)					
020-1	age specification (CR)					
030	employment criterion (CG)					
031	income criterion (CG)					
031-1	income unit (CG)					
031-3	income level (CG)					
032	asset criterion (CG)					
032-1	asset unit (CG)					
032-2	asset types (CG)					
032-3	asset level (CG)					
033	Insurance criterion (CG)					
033-1	insurance type (CG)					
034	citizenship criterion (CG)					
035	residence criterion (CG)					
036	Scope of care criterion (CG)					
036-1	Scope of care specification (CG)					
037	Other criteria existence (CG)					
037-1	Other criteria specification (CG)					
038	relationship criterion					
038-1	relationship types					

Note: CR = person in need of care; CG = caregiver

Source: Authors' compilation

Table A18. Data collection template for the right to family care

No	Indicator name	Value	Sources	Remarks	Plausibility	Reliability
017-1	Family care right binding strength					
017-2	Family member addressed					

Source: Authors' compilation

Table A19: Calculations for the aggregated indicators

Indicator	Calculations	
Share of benefits with co-payments	$\frac{(a1 + b1 + c1)}{(a2 + b2 + c2)}$	Where: a1 = residential care benefits with co-payment [001-1 = 1]* a2 = total n° of residential care benefits b1 = semi-residential care benefits with co-payment [002-1 = 1] b2 = total n° of semi-residential care benefits c1 = home- and community-based care benefits with co-payment [003-2 = 1] c2 = total n° of home- and community-based care benefits
N° of inclusiveness criteria used	$\sum_{i=19}^{28} x_i + \sum_{i=30}^{37} x_i$	Where: x = eligibility criterion i = identification number of the eligibility criterion (e.g., x_{19}= care needs criterion) eligibility criterion 29 (other criteria existence (CR)) and 38 (other criteria existence (CG)) were not included in the count
Average n° of eligibility criteria used (countrylevel)	$\frac{\sum_{j=1}^{n} y_j}{n}$	Where: y = n° of criteria used in a benefit n = total n° of benefits in the country
Average n° of eligibility criteria used (benefit type level)	$\frac{\sum_{k=1}^{m} y_k}{m}$	Where: y = n° of criteria used in a benefit m = total n° of benefits of the analysed type in the country
Standard deviation of eligibility criteria used (country level)**	$\sqrt{\frac{\sum_{i=1}^{n}(y_i - \bar{y})}{n}}$	Where: y = n° of criteria used in a specific type of benefit (e.g., residential care) $\bar{y}$ = average n° of criteria used for a specific type of benefit (e.g., residential care) n = total n° of the specific benefit in the country
Standard deviation of eligibility criteria used (benefit type level)**	$\sqrt{\frac{\sum_{i=1}^{m}(y_i - \bar{y})}{m}}$	Where: y = n° of criteria used in a specific type of benefit (e.g., residential care) $\bar{y}$ = average n° of criteria used for a specific type of benefit (e.g., residential care) m = total n° of benefits in the country
Share of benefits applying age restrictions	$\frac{p}{n}$	Where: p = total number of benefits applying age as a criterion [020 = 1] n = total n° of benefits in the country (on which info was available)
Share of benefits applying family and living criteria	$\frac{q_0}{n_1}; \frac{q_1}{n_1}; \frac{q_2}{n_1}; \frac{q_3}{n_1}$	Where: q_0 = number of benefits applying no family or living criteria [023 = 0 024 = 0 ∧ 025 = 0] q_1 = number of benefits applying one family or living criteria [023 = 1; or 024 = 1; or 025 = 1] q_2 = number of benefits applying two family or living criteria [023 = 1 ∧ 024 = 1; or 023 = 1 ∧ 025 = 1; or 024 = 1 ∧ 025 =1] q_3 = number of benefits applying all identified family or living criteria [023 = 1 ∧ 024 = 1 ∧ 025 = 1] n_1 = total n° of benefits for people in need of care

Indicator	Calculations	
Share of benefits applying means-testing	$\frac{r_0}{n_2}; \frac{r_1}{n_2}; \frac{r_2}{n_2}; \frac{r_3}{n_2}$	Where: r_0 = number of benefits applying no means-testing [021 = 0 ∧ 022 = 0] r_1 = number of benefits applying only assets control [021 = 0 ∧ 022 = 1] r_2 = number of benefits applying only income control [021 = 1 ∧ 022 = 0] r_3 = number of benefits applying a full means-testing family or living criteria [021 = 1 ∧ 022 = 1] n_2 = total n° of benefits (on which indicators of assets and income were collected)
Share of criterion applied in each overarching type of benefit (country level – in-kind)	$\frac{\sum_{i=1}^{t} y_{[x=1]}}{t}$	Where: x = eligibility criteria (in this case, 019, 020, 021, 022, 023, 024, and 025 are considered) $y_{[x=1]}$ = in-kind LTC benefit addressing people in need (on which information was available) applying the inclusiveness criteria x t = total n° of in-kind benefits in the country (on which information was available)
Share of criterion applied in each overarching type of benefit (country level – cash benefits)	$\frac{\sum_{i=1}^{t} y_{[x=1]}}{t}$ *and* $\frac{\sum_{i=1}^{t_1} y_{1[x_1=1]}}{t_1}$	Where: x = eligibility criteria (in the case of cash benefits for people in need, 019, 020, 021, 022, 023, 024, and 025 are considered) $y_{[x=1]}$ = cash LTC benefit addressing people in need (on which information was available) applying the inclusiveness criteria x t = total n° of cash benefits for people in need in the country (on which information was available) x_1= eligibility criteria (in the case of cash benefits for caregivers, 019, 020, 031, 032, 036, 038 are considered) t_1 = total n° of cash benefits for caregivers in the country (on which information was available) $y_{1[x=1]}$ = cash LTC benefit addressing caregivers (on which information was available) applying the inclusiveness criteria x
Share of criterion applied in each overarching type of benefit (country level – regulatory)	$\frac{\sum_{i=1}^{t} y_{[x=1]}}{t}$	Where: x = eligibility criteria (in this case, 019, 020, 031, 032, 036, 038 are considered) *** $y_{[x=1]}$ = regulatory LTC benefit (on which information was available) applying the inclusiveness criteria x t = total n° of regulatory benefits in the country (on which information was available)

Note: * Refers to the indicator's identification code as is presented in the Tables A7 to A17 and the value these can take (see Tables A3 and A4)
**Calculated* using the Excel formula STDEV.P
*** In some benefits in Romania, indicators from the family and living situation of the person needing care were considered for eligibility. In these cases, indicators 023, 024, and 025 were manually added to the calculation.

Source: Authors' compilation