



# **ESPN Thematic Report on work-life balance measures for persons of working age with dependent relatives**

## **Liechtenstein**

**2016**

Patricia Hornich, Liechtenstein Institut  
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*Contact:* Emanuela Tassa

*E-mail:* [Emanuela.Tassa@ec.europa.eu](mailto:Emanuela.Tassa@ec.europa.eu)

*European Commission  
B-1049 Brussels*

**European Social Policy Network (ESPN)**

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work-life balance measures  
for persons of working age  
with dependent relatives**

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## Summary/Highlights

The sustainability of long-term care services is one of the biggest challenges for Liechtenstein's health policy. The share of over 65-year-olds will increase steeply and projections of expected health expenditure predict that the cost of long-term care will triple by 2060.

The main element of the long-term care system is the care allowance (introduced in 2010). It is granted with no means testing of income or assets. The amount received depends on individual care requirements and health status without any age criterion. As the care allowance is granted to cover the costs of care-taking, the benefit is a de facto wage in an implicit labour contract between the carers and the person in need. Thus, the person receiving care allowance (the person in need of care) has to act as an employer and the carer becomes an employee with all relevant legal obligations, including insurance payments etc.

The second main element is the helplessness allowance, which is awarded to claimants who require the help of a third person to perform day-to-day tasks or who need permanent care or one-on-one supervision. The amount granted depends on the level of helplessness and whether the claimant lives in a residential home or in his/her own house. The helplessness allowance is not connected to any age criterion and is also not means tested.

Apart from long-term care cash benefits and formal services no specific instruments are in place to support relatives of working age providing care services to people in need. Liechtenstein has no specific leave schemes legally defined.

Even in cases of dying family members or seriously ill children, in which a longer care-period is requested, Liechtenstein's law does not provide protection of an employment-contract leave. It all depends on the individual negotiation between the employee and the employer.

Summing up the strengths and weaknesses of long-term care in Liechtenstein, we can summarise the strengths as follows:

- Financing and assistance for the elderly in need is given;
- Services are available in the country;
- Comparably low poverty rate in general makes it easier to organise long term care.
- On the other hand, the challenges of long-term care are the following:
- Access depends largely on private means;

The government has to find solutions for financing the increasing costs of long term-care;

The increasing demand for long-term care services has consequences for the development of a specific workforce. This could force Liechtenstein to ease immigration law for this purpose.<sup>1</sup>

For an evidence-based evaluation, more details and an in-depth analysis of the long-term care system would be necessary. There is a lack of data in many aspects of long-term care and work-life balance measures for persons of working age with dependent relatives in Liechtenstein. Thus, it is difficult to set up any recommendations for improvement in this area.

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<sup>1</sup> The political discussion is somewhat quieter at the moment. In 2011 there was a parliament discussion about the problem of illegal employment of foreigners in the area of home care (see: annual statement of one political party in 2011: <http://www.fbp.li/assets/dateien/6-Punkte%20Programme/6-Punkte-Programm%20Sommer%202010.pdf> )

# 1 Description of main features of Work-Life Balance measures for working-age people with dependent relatives

## 1.1 Overall description of the long-term care regime

Long-term care (LTC) is a rather young distinct area of social policy in Liechtenstein. An increasing number of Liechtenstein residents struggle to help family members with long-term care on a home-based level. This problem was first addressed in 2008 with no direct impact on any initiatives. It took two years before, in 2010, the Liechtenstein government initiated a reform of its long-term care system, which led to the implementation of a care allowance in 2010 (applicable from 1 January 2010) and was followed by the National Dementia Strategy in 2012.

In Liechtenstein, aside from the care allowance, access to long-term care largely depends on private assets. Health insurances partly pay for ambulatory long-term care services, if a doctor prescribes them. The insurance contribution is comprised of a daily rate for basic care, yet patients have to contribute to it out of their own pockets, in addition to the franchise of their health insurance. If an individual cannot raise the out-of-pocket contributions, they can apply for helplessness allowance at the Old Age and Survivors Insurance (*Alters- und Hinterlassenen-Versicherung*).

Thus, the main State aids for long-term care are the helplessness allowance (*Hilflosenentschädigung*)<sup>2</sup> and the newer care allowance (*Pflegegeld*)<sup>3</sup>. Both constitute the Act on Supplementary Benefits to Old-age, Survivors' and Invalidity Insurance of 10 December 1960 (*Gesetz über Ergänzungsleistungen zur Alters-, Hinterlassenen- und Invalidenversicherung*, ELG)<sup>4</sup>. Helplessness allowance, codifies cash benefits for people who are helpless and who are not entitled to support based on compulsory accident insurance. The second one, the care allowance, grants cash benefits for people in need of long-term care at home.

Eligibility for both allowances depends on physical or mental disorder and the associated need for support to perform daily tasks. Therefore an early identification of the illness, based on competent medical examinations, is very important to receive the necessary financial support for long-term care. Further relevant laws in Liechtenstein concerning financial support which could be classified as long-term care benefits are listed in the appendix.

Helplessness allowance is granted irrespectively of the applicant's economic circumstances and in addition to the care allowance, as described below. The helplessness allowance is financed by the general State budget; the care allowance is financed half by the State and half by the communes. In 2012 the government changed the given waiting period for entitlement to the care allowance from one month to three months.<sup>5</sup>

In addition to these financial benefits, the government released on 1 January 2014 a new initiative, called "Betreuungsgutschriften" (long-term care credits)<sup>6</sup>. The main goal of the initiative is based on granting additional pension claims to persons who fulfil care services for relatives or close friends. Thus the long-term care vouchers for pension claims can lead to a higher pension entitlement for care-takers.

<sup>2</sup> See fact sheet of the government: [http://www.ahv.li/fileadmin/user\\_upload/Dokumente/Online-Schalter/MB/AHV-IV-FAK-MB-6-01--HE.pdf](http://www.ahv.li/fileadmin/user_upload/Dokumente/Online-Schalter/MB/AHV-IV-FAK-MB-6-01--HE.pdf)

<sup>3</sup> See fact sheet of the government: [http://www.ahv.li/fileadmin/user\\_upload/Dokumente/Online-Schalter/MB/AHV-IV-FAK-MB-3-06--PG.pdf](http://www.ahv.li/fileadmin/user_upload/Dokumente/Online-Schalter/MB/AHV-IV-FAK-MB-3-06--PG.pdf)

<sup>4</sup> BGBl. Nr. 110/1993; see <https://www.gesetze.li/lilexprod/lgsystpage2.jsp?formname=showlaw&lglid=1965046000&gueltigdate=10022016>

<sup>5</sup> Link: [http://www.llv.li/files/srk/pdf-llv-rk\\_vernehmlassungsbericht\\_teilrevision\\_elg\\_2012.pdf](http://www.llv.li/files/srk/pdf-llv-rk_vernehmlassungsbericht_teilrevision_elg_2012.pdf)

<sup>6</sup> Link: [http://www.ahv.li/fileadmin/user\\_upload/Dokumente/Online-Schalter/MB/AHV-IV-FAK-MB-2-03-2014--Betreuungsgutschriften.pdf](http://www.ahv.li/fileadmin/user_upload/Dokumente/Online-Schalter/MB/AHV-IV-FAK-MB-2-03-2014--Betreuungsgutschriften.pdf)

The following table represents an overview of the different financial long-term care allowances:

**Table 1: Overview of financial benefits for LTC**

Services	domicile	economic needs test	financing
<b>Helplessness allowance</b>	Not Residency-based	No	State
<b>Specific medical measures</b>	treatment abroad possible	No	State
<b>Care allowance</b>	Residency-based	No	State and communities
<b>Supplementary benefits</b>	Residency-based	yes	State and communities

Long-term care in Liechtenstein is provided either in care institutions or at home. There are five care homes<sup>7</sup> and one point of information<sup>8</sup>. These institutions are mainly funded by the municipalities and the government and by billable services towards insurance carriers.

In Liechtenstein, care work within the family is the predominant form of long-term care. It is mostly provided on a voluntary basis, in particular by relatives, and has not yet been legally regulated. Commercial carers and the family assistance association<sup>9</sup> also provide care at home. Commercial carers usually come from outside Europe. However, more and more care nurses originate from the new EU Member States. Sometimes the legal status of these migrant workers is not clear, which pushes them to the verge of illegality.<sup>10</sup> The family assistance association is a non-profit organisation funded by the State and the municipalities of Liechtenstein, by billable services towards insurance carriers and private donors as well as membership fees. The family assistance association provides help in various ways. In order to make life easier for the families involved, professional carers offer support following medical surgery, by fulfilling daily tasks within the household, or by friendly visits and spending time with the patient to relieve family members of their burden and enable them to continue with their professional engagements.

## 1.2 Description of carer leave schemes

In Liechtenstein there is no legal entitlement to Care Leave or Part-time Care Leave. Employees only have a legal right to time off from work in case of illness of or accident to a family member who lives in the same household as the employee which requires his/her immediate presence. These leave-days are limited to a maximum of three days and must be documented by a medical certificate. The salary is paid for these days.

In cases of dying family members or seriously ill children, Liechtenstein's law does also not provide protection of an employment-contract leave. Thus, employees in such

<sup>7</sup> The Liechtenstein Foundation for the Care of the Elderly and Sick (LAK) runs old people's homes in Vaduz (Haus St. Florin), Schaan (Haus St. Laurentius), Eschen (Haus St. Martin) and Triesen (Haus St. Mamertus). See link: <http://www.lak.li/>. Additionally there is an old people's home in Balzers (Alters- und Pflegeheim Schlossgarten). See link: <http://lebenshilfe-balzers.li/pflegeheim-schlossgarten-1/>

<sup>8</sup> The one point of information is managed by the Liechtenstein Foundation for the Care of the Elderly and Sick (LAK) and is called Kontakt- und Beratung Alterspflege (KBA). See link: <http://www.familienportal.li/index.php?id=70>

<sup>9</sup> Familienhilfe Liechtenstein: <http://www.familienhilfe.li/>

<sup>10</sup> Annual National Report 2012 "Pension, Health Care and Long-term Care", Bernhard Zaglmayer. See link: <http://ec.europa.eu/social/BlobServlet?docId=12971&langId=en>



situations have no legal basis for taking leave. In such cases it depends on the employer if any concessions are made for a partial leave or reduction of working time. Furthermore, whether the salary continues to be paid or whether a person can return to his/her work depends on the individual negotiation between the employee and the employer.

### 1.3 Description of carers' cash benefits

#### 1.3.1 Benefits for carers

For persons in a home-care situation, the care allowance is granted to cover the additional care costs of being supported at home. This implies that the care support measures are based on a rewarded contract. In this case the benefit for carers is implicitly granted through the care allowance, even if no direct payments are made or any guidelines exist regarding the amount or the terms of payment. In this sense, the care allowance is an indirect benefit to the carer. The care allowance is by law tied to the compensation of any costs arising from third persons or institutions providing care services to the patient.

Additionally, a carer may be awarded care-credits for the years that he/she spent looking after relatives or close friends requiring care. These care-credits have been implemented to uphold or compensate carer for the time spent on care activities vis-a-vis pension entitlements. The carer only receives pension entitlements for the time he/she fulfils employment contracts requirements. As soon as a person quits their job or even takes some time out, the pension entitlement period is interrupted. Care-credits are calculated additionally to the duration of the state pension and lead to a compensation of the pension time entitlements for the carer. These care-credits are bound by two conditions. First, the person in need has to be easily accessible to the carer and secondly must be entitled to a helplessness allowance on the grounds of medium or severe incapacitation. The eligibility of care-credits is subject, among other things, to the condition that the person in need does not live farther away than 30 kilometres from the carer.

Aside from these benefits, there are no specific care-leave benefits or direct cash benefits granted directly to family members looking after relatives in need of long-term-care in Liechtenstein. Care-takers, including relatives of the person in need, who receive financial payments for their services, have to be treated like any other employee in Liechtenstein. It can therefore be said that the benefits turn into are the de facto wage of an implicit labour contract between the carers and the person in need. Thus the person in need has to act as a private employer and must ensure that the care-taker, as an employee, is covered by social- and accident insurance. Furthermore the salary of the carer is taxable under Liechtenstein's law.

The Government, however, acknowledges that there can be an administrative burden for the person in need for care. This burden is to a certain extent eased by the work of the Information and Advice Centre for Elderly People (*Informations- und Beratungsstelle Alter – IBA*).<sup>11</sup> Nevertheless there seems to be room for improvement, e. g. payment out of net care allowance would release the person in need from his/her role as employer.

#### 1.3.2 Benefits for dependent persons

The **care allowance** (*Pflegegeld*) is granted without means testing against income. The amount granted corresponds to a categorisation of six different levels of the individual care requirements and health status of the person in need of care. The benefit currently amounts to approx. EUR 9 per day in "level-1" (the lowest level of benefits) and rises to a maximum of approx. EUR 165 in "level-7" as shown below.

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<sup>11</sup> Informations- und Beratungsstelle Alter (IBA) a part of the Senior Association Liechtenstein (Seniorenbund Liechtenstein). Link: <http://www.seniorenbund.li/?page=2125>

**Table 2: Care allowance<sup>12</sup>**

Level of benefit	Amount of care allowance (CHF/day)	Amount of care allowance (€/day)
1	10.--	9.15
2	20.--	18.3
3	40.--	36.60
4	80.--	73.20
5	130.--	118.95
6	180.--	164.7

According to the related legal regulation these cash benefits are intended to cover “care-related expenses”, meaning the benefit is assigned to buy care services from public or private providers or to reimburse informal care giving. However spending is not subject to control by the administrative Office of the government that is in charge of the application and payment of the care allowance.

**Helplessness allowances** are awarded to claimants who require the help of a third person to perform day-to-day tasks such as dressing, eating and bathing, or who need permanent care or one-on-one supervision. Within the helplessness allowance there are three levels: slight, moderate and severe. The severity of helplessness differs according to whether the claimant lives in a residential home or in his/her own house. Claimants who live in their own home are entitled to double the compensation of helplessness allowance given to those in residential homes. This regulation was introduced because the costs of a residential home were by far higher than those of staying at home. To encourage persons in need to stay at home as long as it is possible and medically justifiable, the double compensation rule was implemented to set up an equal level of compensation between home and residential care. Between the level of care allowance and the three levels of helplessness no direct dependence exists.

People who receive care allowance and helplessness allowance and whose income falls below the social subsistence minimum are entitled to **supplementary benefits** “Ergänzungsleistungen (EL)”.<sup>13</sup> Thus, the supplementary benefits (EL) provide assistance in cases where the pensions and income do not cover the minimum living costs. They are a legal entitlement and not a form of public or social welfare.

#### 1.4 Description of carers' benefits in kind

As the care institutions registered a large increase in demand for short-term nursing care, they began offering additional services, such as in-patient care for a limited period<sup>14</sup>, transitional care services after discharge from hospital and basic care such as personal care and mobilisation, treatment such as changing bandages, giving injections and intravenous feeding for home care patients<sup>15</sup>.

To give carers, mainly family members, practical support and sometimes needed respite, the institutions for Care of the Elderly<sup>16</sup> expanded the offering for people who do not require long stays or permanent admission to a care home in 2012. The short-term or short-stay care may be required for a number of reasons such as:

<sup>12</sup> Link: [http://www.ahv.li/fileadmin/user\\_upload/Dokumente/Online-Schalter/MB/AHV-IV-FAK-MB-3-06--PG.pdf](http://www.ahv.li/fileadmin/user_upload/Dokumente/Online-Schalter/MB/AHV-IV-FAK-MB-3-06--PG.pdf)

<sup>13</sup> Link: [http://www.llv.li/files/srk/pdf-llv-rk\\_vernehmlassungsbericht\\_teilrevision\\_elg\\_2012.pdf](http://www.llv.li/files/srk/pdf-llv-rk_vernehmlassungsbericht_teilrevision_elg_2012.pdf)

<sup>14</sup> Link: <http://www.lak.li/pflegen-und-betreuen/ferienpflege/>

<sup>15</sup> Link: <http://www.familienhilfe.li/Dienstleistungen/%c3%9cbersicht/Pflege/Leistungen.aspx>

<sup>16</sup> Link: <http://www.lak.li/pflegen-und-betreuen/uebergangspflege/>

- Respite care gives home-based carers the opportunity to take scheduled holidays or breaks throughout the year. During the limited period the patient is in 24-hour care service.
- Emergency respite/short stay when the normal package of care in a person's usual place of care breaks down either because the carer becomes ill or the person receiving care develops a short term illness that requires clinical intervention that cannot be managed or provided at home, but does not require hospital admission.

The Liechtenstein Foundation for the Care of the Elderly and Sick ("LAK")<sup>17</sup> provides basic medical training in the area of long-term-care<sup>18</sup>. Additionally, the LAK offers advanced training for persons working in long-term care and gives courses for family members and interested persons who live with patients and perform care services for them.<sup>19</sup>

Through the merger of the six locally organised family help service organisations in 2013, and the cooperation with the institutions for Care of the Elderly and Sick, the offer for home care could be enlarged. Also, more specialised services for people cared for in their own homes have been set up since then.<sup>20</sup>

## **2 Analysis of the effectiveness of work-life balance measures for working-age people with dependent relatives**

### **2.1 Care allowance**

In 2014, 390 persons received care allowance with a total spend of approx. EUR 7,208,560. This reflects an increase of recipients of 6.6% compared to 2013 and an additional financial burden (payments rose by 3.5%). This development is in line with the continuously increasing number of persons who need long-term-care and the higher expenses for providing the necessary care services.<sup>21</sup>

These people have to be in need of care equal at least 31 hours per month to qualify for benefits of the lowest category (level 1), and of more than 232.5 hours per month for benefits of the highest category (level 6). Unfortunately, no representative data exist to determine how many of these persons in need of care are supported by relatives or private persons and how many are in professional care centres. Therefore no final statement of the effectiveness of the care allowance as a support measure can be made.

### **2.2 Helplessness allowances**

Based on the 2014 figures 420 persons were in need of a helplessness allowance, an increase of about 4% compared to the previous year. The amount spent was approx. EUR 3,829,350, showing a significant increase of 6.8%.<sup>22</sup>

There exists no specific data of how many of the recipients are in need of long-term care. Thus, unfortunately, no final evaluation of the effectiveness of this type of financial benefit can be made in relation to work-life balance measures of working-age people with dependent relatives.

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<sup>17</sup> Link: <http://www.lak.li/>

<sup>18</sup> Link: <http://www.lak.li/arbeiten-und-lernen/grundausbildung/>

<sup>19</sup> Link: <http://www.lak.li/arbeiten-und-lernen/downloads-fort-und-weiterbildung/>

<sup>20</sup> Annual report 2014: <http://www.familienhilfe.li/Aktuelles/Publikationen.aspx>

<sup>21</sup> Link: [http://www.ahv.li/fileadmin/user\\_upload/Dokumente/Ueber/Jahresberichte/AHV-IV-FAK-Jahresbericht--2014.pdf](http://www.ahv.li/fileadmin/user_upload/Dokumente/Ueber/Jahresberichte/AHV-IV-FAK-Jahresbericht--2014.pdf)

<sup>22</sup> Link: [http://www.ahv.li/fileadmin/user\\_upload/Dokumente/Ueber/Jahresberichte/AHV-IV-FAK-Jahresbericht--2014.pdf](http://www.ahv.li/fileadmin/user_upload/Dokumente/Ueber/Jahresberichte/AHV-IV-FAK-Jahresbericht--2014.pdf)

## 2.3 Supplementary benefits

In 2014, 778 persons were receiving supplementary benefits in addition to their pension or invalidity payments. This reflects an increase of 7.3% compared to the previous year. It has to be mentioned that within the group of people with disabilities the number of recipients rose by 15.5%, which demonstrates the necessity of such a supplementary payment. Reasons for the increase are not publicly available and therefore no analyses can be made. The amount of supplementary payments reached approx. EUR 9,096,350 in 2014.<sup>23</sup>

### 2.3.1 Assessment of individual measures

Already in 2010 a political discussion began in the Liechtenstein Parliament regarding future solutions for issues in the field of home care. The following problems were addressed:

- The financial and administrative burden due to a possible employer-employee relationship between the person in need for care and the carer;
- The problem of finding qualified carers;
- The lack of foreign carers due to too restrictive immigration policy.

The Government, however, acknowledges that there can be an administrative burden for the person in need of care. This burden is to a certain extent eased by the work of the Information and Advice Centre for Elderly People (Informations- und Beratungsstelle Alter – IBA).<sup>24</sup> Nevertheless there seems to be room for improvement, e. g. payment out of net care allowance would release the person in need from his/her role as employer.

Regarding the problem of finding qualified care personnel due to a lack of a pool of carers, the government referred to the enlarged offering of the family assistance association. This offer should provide sufficient physician assistants and nursing specialists to cover the given need in Liechtenstein in the long-term care area in Liechtenstein. Up to now, there has not been any softening of the immigration law or special immigration status for physician assistants and nursing specialists from abroad to enable them to start working in long-term care in Liechtenstein.

Finally, any discussion regarding a care leave model has yet to start in Liechtenstein. Years ago, based on the traditional role model in Liechtenstein's families, there was no need for work-life balance measures. Women were responsible for raising children, taking care of the elderly and the household. Nowadays things are changing. In 2015 40% of all employed persons in Liechtenstein were women. Of these 40%, nearly half were employed part time, due to family reasons. Unfortunately there is no data available to evaluate how many of these women are employed part time due to caring for their relatives, but the trend is clear. More long-term care infrastructure and staff will be needed in future to facilitate the work-life balance of working-age people with dependent relatives.

As no leave schemes exist in Liechtenstein, there are only limited instruments for supporting relatives of people with long-term care needs. These are mainly professional care-takers, whose availability is limited and there are waiting lists.

This situation, even when taking into consideration the cash benefits for people in need of long-term care, does not create strong disincentives to gainful employment. Still, it is evident that the work-life balance of persons with relatives in need for long-term care depends on a number of additional conditions. These are, amongst others, the existence

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<sup>23</sup> Link: [http://www.ahv.li/fileadmin/user\\_upload/Dokumente/Ueber/Jahresberichte/AHV-IV-FAK-Jahresbericht--2014.pdf](http://www.ahv.li/fileadmin/user_upload/Dokumente/Ueber/Jahresberichte/AHV-IV-FAK-Jahresbericht--2014.pdf)

<sup>24</sup> Informations- und Beratungsstelle Alter (IBA) a part of the Senior Association Liechtenstein (Seniorenbund Liechtenstein). See link: <http://www.seniorenbund.li/?page=2125>

or lack of flexible working arrangements and the accessibility and affordability of formal care services.

## **2.4 Assessment of overall package of measures and interactions between measures**

In the field of long-term care, the system is rather fragmented. Most political debates have actually revolved around the issue of cost containment. The proposed introduction of a long-term care insurance scheme, either as a social insurance scheme or as a compulsory private insurance, have not yet led to any results. Indeed, there does not seem to be sufficient support for either of them to be turned into law in the short term.

Overall, it is evident that Liechtenstein's long-term care system is characterised by a rather large sector of informal care. In Liechtenstein, care work within the family is the predominant form of long-term care. It is mostly provided on a voluntary basis, in particular driven by moral duty on the part of female relatives.

No detailed assessments are available on the impact of care allowance on the income situation of the households concerned. For this reason it is somewhat unclear what impact these benefits have on the risk of poverty or social exclusion.

## **2.5 Policy recommendations**

Liechtenstein's policymakers are still required to consider more options to improve long-term services and support for the soaring numbers of people with physical or mental disorder and the associated need for support in the performance of daily tasks. Additionally, special measures to support care-taking relatives have to be set up. Within this area Liechtenstein is truly lacking a legal basis to support working-age people with dependent relatives, who fulfil a carer role. In particular as employees have no legal entitlement to care leave vis-à-vis the employer.

We recommend that people in dependent gainful employment should be entitled by law to choose between two models of care-leave if they have to look after close relatives in need of long-term care or seriously ill children, if they are eligible for care allowance. These options could be set up as follows:

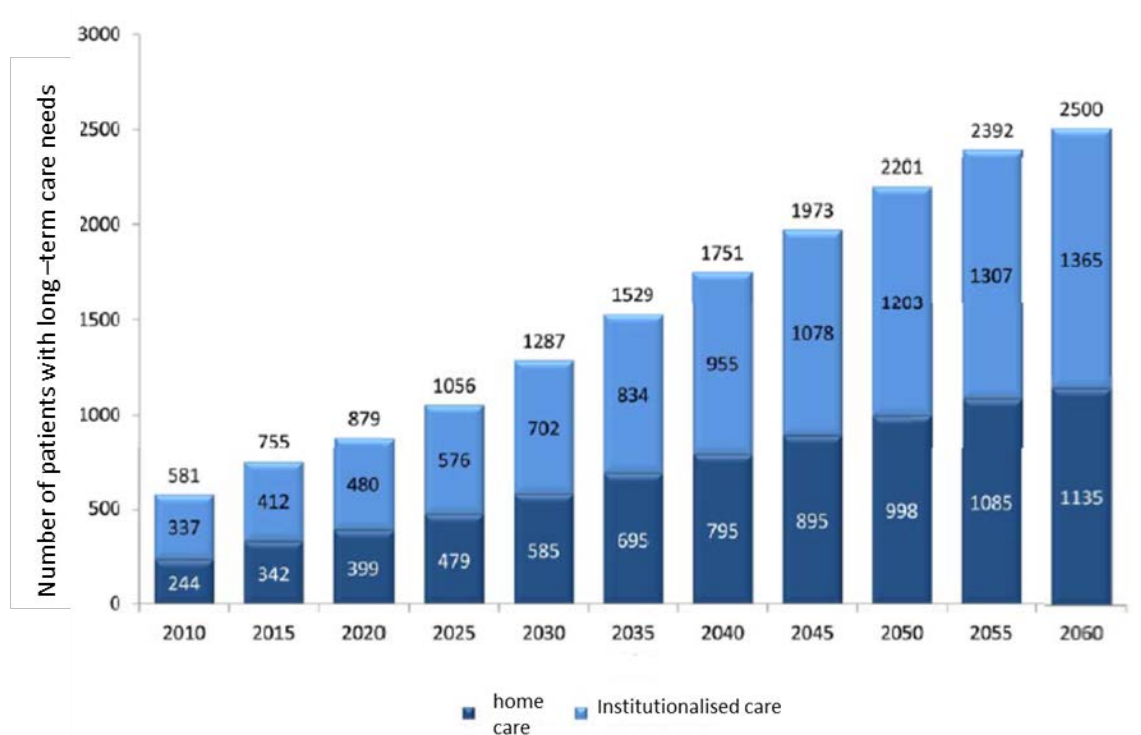
- Care-leave with no salary. The gainful employed person would receive time off from work for a certain duration. This would enable the employee to organise the care set up, support the person in need on a family level and select the best long-term care-model;
- Part-time care-leave with pro-rata reduction of wage or salary. The employment contract would be adjusted to a part-time employment. This would include no additional possibility of a (full) care-leave.

Social insurance obligations would have to continue as well for both the employee and the employer. Part-time care-leave would also be a good model for carers of dying family members.

Another recommendation would be to extend long-term care credits to individuals who care for a disabled child regardless of whether the carer is working part-time or not at all.

Finally, Liechtenstein's policy makers should set up the possibility for jobholders to adjust their working time to personal needs on a legal basis. Flexibility of working time is currently discussed in relation to career and raising children issues and has led to the political engagement of supporting the set-up of more child care facilities. Working time flexibility for persons fulfilling long-term care obligations has not been a political issue so far.

Beside this, the funding of the increasing financial costs has to be ensured permanently. The figure below shows the expected development of long-term care needs in Liechtenstein:<sup>25</sup>



From today's perspective, only few people are financially prepared for these expenses, and many will rely on today's health insurance. The challenge for Liechtenstein is how to cope with the increasing costs for health care and the necessary setting-up of specific social and medical infrastructure in this specific area. Furthermore, problems exist with the home-care infrastructure. More precisely, Liechtenstein lacks sufficient qualified care personnel.<sup>26</sup>

Furthermore, there is no statistical data available on problems that relatives face in combining gainful employment with long-term care tasks for relatives. Such assessments would allow for better problem-driven planning and improvement in the area of formal long-term-care services.

<sup>25</sup> Raffelhüschen et al. – Generationenbilanz 2012, S 59, link:

[http://www.regierung.li/files/attachments/Generationenbilanz\\_FL\\_2012.pdf](http://www.regierung.li/files/attachments/Generationenbilanz_FL_2012.pdf)

<sup>26</sup> Annual National Report 2012, Pension, Health Care and Long-term Care, Bernhard Zaglmayer.

See link:

[http://socialprotection.eu/files\\_db/1252/asisp\\_ANR12\\_LIECHTENSTEIN.pdf](http://socialprotection.eu/files_db/1252/asisp_ANR12_LIECHTENSTEIN.pdf)

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## Annex

In 2012 the Liechtenstein government set up an expert group to define measures for solving the long-term care problems, especially in relation to people with dementia disorders. They identified six different areas of improvement which were structured as main and sub-objectives. As of today, not all of them have already been implemented or even started. The following table gives a summarised overview on the current status.

Objective	Sub-objective	solution	Target group
<b>Awareness-raising<sup>27</sup></b>	Awareness-raising initiatives	Various articles in the local newspapers, brochures and homepages. The homepage was closed in 2016.	Whole Liechtenstein population
	Dissemination of information	Set up of a single point of contact: Kontakt- und Beratung Alterspflege (KBA) <sup>28</sup>	Whole Liechtenstein population
<b>Early recognition</b>	Dementia screening by general practitioners	Course offerings by the Liechtenstein Foundation for the Care of the Elderly and Sick (LAK) <sup>29</sup>	General practitioners
	Enhanced cooperation with specialised facilities	Organisation development project for Palliative Care <sup>30</sup>	Care institutions, the Liechtenstein national hospital and doctors
<b>Basic and advanced training</b>	Offering training for persons with specific education and persons with no education	The LAK provides a basic medical training for trainees and students in the area of long-term-care <sup>31</sup> . Additionally the LAK offers advanced trainings for persons working in long-term care and gives courses for family members and interested persons who live with patients. <sup>32</sup>	Persons working in long-term care or in education for long-term care medical professional
<b>Individual and graduated offers</b>	Long-term care home offering including quality standards	Through the merger of the six locally organised family help service organisations in 2013 the offer regarding home care could be enlarged and more specialised services for people cared for in their own homes have been set up. <sup>33</sup>	Institutions for Care of the Elderly and Sick in cooperation with the family help service organisations and affected families
	In-patient long-term care including quality	In 2012 a new old-age and nursing home was built with the aim of increasing demand. In the same year the government authorised an	Institutions for Care of the Elderly and the national hospital

<sup>27</sup> Link to the website of the government: <http://www.llv.li/#/12500/senioren>

<sup>28</sup> <http://www.familienportal.li/index.php?id=70> or <http://www.lak.li/pflegen-und-betreuen/beratung-und-anmeldung/>

<sup>29</sup> LAK offering for education: <http://www.lak.li/arbeiten-und-lernen/downloads-fort-und-weiterbildung/>

<sup>30</sup> Link: [http://www.lak.li/fileadmin/user\\_upload/Dateien/POSTER\\_Implementierung\\_Palliative\\_Care.pdf](http://www.lak.li/fileadmin/user_upload/Dateien/POSTER_Implementierung_Palliative_Care.pdf)

<sup>31</sup> <http://www.lak.li/arbeiten-und-lernen/grundausbildung/>

<sup>32</sup> <http://www.lak.li/arbeiten-und-lernen/downloads-fort-und-weiterbildung/>

<sup>33</sup> Annual report 2013: <http://www.familienhilfe.li/Aktuelles/Publikationen.aspx>



	standards	expert team to work out a basis of decision-making for a further old-age and nursing home in the lower part of Liechtenstein. <sup>34</sup> Additional cooperation with the national hospital was set up to ensure adequate care service in peak times.	
<b>Cooperation – network</b>	Centralised case-management	The KBA also combines the task of centralising the organisations and services in the area of long-term care offering in Liechtenstein, including the different institutions for Care of the Elderly, the family help service organisation and the responsible official bodies. <sup>35</sup>	Institutions for Care of the Elderly, the family help service organisation and the responsible official bodies
<b>Caring relatives</b>	Coordination point	Please refer to sub-objective “centralised case management” and “dissemination of information”.	Affected families and family help service organisation
	Measures for the relief of care-giving relatives	As the institutions for Care registered a large increase in demand for short-term nursing care, they established additional offerings, e.g. in-patient care for a limited period <sup>36</sup> , transitional care services after discharge from hospital <sup>37</sup> and basic care such as personal care and mobilisation, treatment such as changing bandages, giving injections and intravenous feeding for home care patients <sup>38</sup> .	Affected families, institutions for Care of the Elderly and the family help service organisation
	Emergency plan and network offering	Please refer to sub-objective “centralised case management” and “measures for the relief of care-giving relatives”.	Affected families, institutions for care of the elderly and the family help service organisation

<sup>34</sup> [http://www.lak.li/fileadmin/user\\_upload/Dateien/LAK-JB13-web.pdf](http://www.lak.li/fileadmin/user_upload/Dateien/LAK-JB13-web.pdf)

<sup>35</sup> <http://www.lak.li/ueber-uns/case-management/>

<sup>36</sup> <http://www.lak.li/pflegen-und-betreuen/ferienpflege/>

<sup>37</sup> <http://www.lak.li/pflegen-und-betreuen/uebergangspflege/>

<sup>38</sup> <http://www.familienhilfe.li/Spitex/PflegezuHause.aspx>

