ESPN Thematic Report on Challenges in long-term care

Liechtenstein

2018

Patricia Hornich
February 2018

EUROPEAN COMMISSION

Directorate-General for Employment, Social Affairs and Inclusion
Directorate C — Social Affairs
Unit C.2 — Modernisation of social protection systems

Contact: Giulia Pagliani

E-mail: Giulia.PAGLIANI@ec.europa.eu

European Commission
B-1049 Brussels

European Social Policy Network (ESPN)

ESPN Thematic Report on Challenges in long-term care

Liechtenstein

2018

Patricia Hornich, Liechtenstein Institut

Directorate-General for Employment, Social Affairs and Inclusion

2018

The European Social Policy Network (ESPN) was established in July 2014 on the initiative of the European Commission to provide high-quality and timely independent information, advice, analysis and expertise on social policy issues in the European Union and neighbouring countries.

The ESPN brings together into a single network the work that used to be carried out by the European Network of Independent Experts on Social Inclusion, the Network for the Analytical Support on the Socio-Economic Impact of Social Protection Reforms (ASISP) and the MISSOC (Mutual Information Systems on Social Protection) secretariat.

The ESPN is managed by the Luxembourg Institute of Socio-Economic Research (LISER) and APPLICA, together with the European Social Observatory (OSE).

For more information on the ESPN, see:
http:ec.europa.eusocialmain.jsp?catId=1135&langId=en

Contents

Summary

In Liechtenstein two public-sector organisations operate six inpatient facilities providing long-term care. In 2010 outpatient provision was strengthened by the introduction of the care and nursing allowance (BPG). Outpatient care work is mostly provided on a voluntary basis, in particular by relatives, and has not yet been legally regulated. The outpatient nursing service (*Spitex*) is used as a professional supplementary service for home care. Additionally, individual and commercial carers and family assistance associations provide care services.

Liechtenstein has two different types of benefits relating to long-term care. First, the helplessness allowance for inhabitants (65 years old or older) who need regular and substantial support in their everyday life. Second, the BPG for inhabitants who need third-party assistance for care services at home. The amount of BPG depends on the degree of care needed and is paid in addition to any helplessness allowance. However, it may affect the amount of supplementary benefit paid. The preconditions for financial support are legally defined and the clarification of any individual case is carried out by a specialist office determined by the government.

With the implementation of the BPG, the 24-hour care model using care migrants established itself in Liechtenstein. Care migrants fill a gap created by insufficient nursing staff and inadequate services for everyday help provided by the outpatient organisations. In Liechtenstein, care work within the family is still a very important form of long-term care. As a result of the rising employment rate of women, who have often taken over the care of relatives in the past, the availability of caring relatives is decreasing. The proportion of voluntary and thus unpaid care for the elderly is therefore very likely to decrease.

According to an extrapolation by the Statistical Office,[1] in 2050 there will be about 20 persons aged 80+ per 100 employed persons. A significant portion of these elder persons will require care or nursing services. On the basis of today's utilisation of care and nursing services and the current cost structures, total costs will increase by an average of 4.8% per year by 2030 (in 2016 the total costs for long-term care, without administration costs etc., were 50.9 million Swiss francs (approx. EUR 42 million[2]) compared with total health care costs of 363.3 million Swiss francs (approx. EUR 310 million)). The government focused within its *Programme 2017-2021* on this upcoming issue.

The following main challenges have to be solved over the coming years.

- In view of the increasing demand for skilled care and nursing workers, efforts to train skilled workers and make the nursing profession more attractive are becoming increasingly important. The government and employers are called upon to offer flexible working time models that allow for the highest possible compatibility of family and work life, thereby appealing to women returning to work who have already been trained. Due to its small size and geographical location, Liechtenstein has few domestic resources.

- The working conditions and the quality assurance in nursing care for the elderly at home need to be monitored. Control of the quality of care has not been assigned to any state institution. Nursing activities are governed by the Health Act, which is enforced by the Office of Health. However, the Office of Health does not carry out on-

[1] Statistical Office, link: https://www.llv.li/files/as/bevolkerungsszenarien-2015-2050-internet.pdf. The full results are shown in the Appendix to this report.

[2] Statistical Office, Gesundheitsversorgungsstatistik, link: https://www.llv.li/files/as/igesundheitsversorgungsstatistik.pdf.

the-spot checks. Thus, legal regulations to ensure quality standards and working conditions for care staff are missing.

- The question of how to handle the financial effects of future demographic change in relation to the long-term care system has to be answered. In order to ease the burden on future taxpayers and health insurance contributions, the introduction of 'hereditary foster capital' should be considered and evaluated by the government.[3]
- The coordination of the BPG with other benefits for the helpless should be improved in order to enable a target-oriented and efficient orientation of state services.

[3] See: Report on long-term care system by the non-profit organisation *Zukunft LI* Foundation, link: https://www.stiftungzukunft.li/aktuelles/mclaren-reveals-570gt.

1 Description of the main features of the country's long-term care system

1.1 General characteristics of policies and legal framework

In Liechtenstein, a distinction is made between care services and nursing care. The services defined in Art. 13 of the Health Insurance Act (*KVG*) and Art. 61 of the Health Insurance Ordinance (*KVV*) are regarded as nursing care – and thus supported or co-financed by the health insurance funds. These primarily include examinations, treatments and care measures that are necessary from a medical point of view.

In inpatient settings, care services are provided in addition to nursing – e.g. cleaning rooms, organising everyday life, attending events. The health insurance funds therefore only cover part of the total costs incurred. In the outpatient sector, the health insurance funds pay only for the costs of counselling by a doctor (including the determination of care requirements and care measures, and the counselling of relatives), basic care (daily life activities such as washing, oral hygiene, mobility) and treatment care (e.g. taking injections, catheterisation and blood pressure measurements). Other care services are not financed by the health insurance funds.

1.2 Social security system and benefits in kind and in cash

The social security system (insurance benefits) covers all persons residing or working in the country. If a person is entitled to public benefits, these benefits are not reducing payments provided by health insurance companies based on a contract with the patient (e.g. cost coverage for temporary nursing services after an illness, etc.) (see figure below). The following Figure presents an overview of financial allowances in relation to long-term care:

Figure 1: Overview of financial benefits relating to long-term care

Benefit	Economic needs test	Financing
Supplementary benefits	Yes	State and municipalities
Helplessness allowance	No	State
Financial benefit in case of specific medical measures	No	State
Care and nursing allowance (BPG)	No	State and municipalities

For persons who cannot cover their minimum living expenses from pensions and other income, supplementary benefits are available. Insofar as the personal conditions (e.g. residence in Liechtenstein, characteristics of the individual's indigence, individual physical and mental capabilities, etc.) and economic conditions (income from employment and/or social transfers, including pension, below certain breadlines defined by law[4]) are met, there is a legal claim to these benefits.

The eligibility conditions for supplementary benefits are basically as follows.

- In the case of Liechtenstein citizens: the existence of indigence or need meaning that the person claiming Supplementary benefits is unable to cover their subsistence costs either out of their own financial income (income, property and use of labour) or out of

[4] According to the Liechtenstein legal regulations for the definition of an annual disposable income (social assistance norm), the subsistence level for social welfare benefit is laid down in Art. 12a of the Regulation to the Law on Social Assistance (Verordnung vom 7. April 1987 zum Sozialhilfegesetz).

maintenance from within the family, or out of entitlements under social insurance law or other entitlements.

- In the case of non-citizens residing in Liechtenstein:
  - the person is unable to support themselves, and
  - the eligibility for benefits is laid down in the relevant state treaty (i.e. between Liechtenstein and the country of which the resident is a citizen);
  - the home country of the resident grants benefits reciprocally (treats Liechtenstein citizens who are residents of that country on the same basis);
  - payment of the benefit is necessary, in the common interest or in the interest of the person in need, to prevent that person from becoming destitute.

The social assistance norm, defined as the minimum annual disposable income needed to support life, is laid down in the Regulation to the Law on Social Assistance. Thus, a basically eligible person with a household income less than the social assistance norm has the right to social assistance. According to the Law on Social Assistance (Verordnung vom 7. April 1987 zum Sozialhilfegesetz[5]) the monthly subsistence level for social welfare benefit is as follows:[6]

- 1-person household 1,110 Swiss francs (approx. EUR 1,018)
- 2-person household 1,700 Swiss francs (approx. EUR 1,560)
- 3-person household 2,070 Swiss francs (approx. EUR 1,900)
- 4-person household 2,375 Swiss francs[7] (approx. EUR 2,180).

There are two different types of supplementary benefits: annual benefits paid out in monthly instalments (e.g. social assistance benefits for job seekers whose entitlement to unemployment insurance benefits has expired); and sickness and disability benefits. Supplementary benefits may be paid to persons resident in Liechtenstein and non-residents entitled to a Liechtenstein state pension or to a Liechtenstein helplessness allowance. Nationals of other countries are entitled to supplementary benefits only if they have lived in Liechtenstein for at least ten consecutive years.

Persons resident in Liechtenstein may claim a helplessness allowance if they regularly and to a considerable extent need the help of other persons in their everyday life (personal hygiene, locomotion, etc.) or if they have to be permanently monitored.[8] A claim for helplessness allowance exists only if the accident insurance company does not already pay a helplessness benefit.

Persons over 65 years of age are entitled to a helplessness allowance if they are at least moderately helpless. However, if they have received compensation for mild helplessness before the age of 65, it will continue to be paid. Entitlement for the over-65 age group begins after three months of helplessness. The amount of the helplessness allowance does not depend on the income or wealth of the helpless person. The following monthly amounts are currently paid:

- for major helplessness 928 Swiss francs (approx. EUR 840),
- for moderate helplessness 696 Swiss francs (approx. EUR 630),
- for mild helplessness 464 Swiss francs (approx. EUR 420).

---

[5] Sozialhilfegesetz vom 15 November 1984, LGBl 1985 no. 17; source: https:// https://www.gesetze.li/lilexprod/lgsystpage2.jsp?formname=showlaw&lgblid=1985017000&gueltigdate=21012016.

[6] When calculating the subsistence level for social welfare benefit there is no differentiation made based on the type of household members. Thus, a divorced single parent with one child falls under the definition of a 2-person household in the same way as a married couple without children.

[7] 5-person household 2,660 Swiss francs, 6-person household 2,940 Swiss francs, 7-person household 3,225 Swiss francs and for each additional person 461 Swiss francs.

[8] The amount of the BPG depends on the degree of care needed and is paid in addition to any helplessness allowance. However, it may affect the amount of any supplementary benefit paid.

If a resident of an inpatient facility in Liechtenstein receives a helplessness allowance, this is paid over to the nursing home in full – in addition to any BPG. Beneficiaries of the helplessness allowance who are cared for at home can dispose of it independently. The special department of the Office for Social Services, which is in charge of the BPG, controls the costs of the necessary care in each individual case and determines whether the prescribed care has been professionally provided. Final payments of the BPG are only made after a positive verification by the specialist body.

According to the official population scenario 2016 of the Statistical Office Liechtenstein, the share of those aged over 80 in the total population will rise from 3.5% today to almost 12% in 2050.[9] Based on previous scenarios, the Liechtenstein government implemented in 2010 a new state-financed model of BPG and initiated a reform of its long-term care system. In 2016 BPG totalling 8.51 million Swiss francs (approx. EUR 7.1 million) was paid out. This was an increase of 8.1% compared with the previous year (2015). For the (partial) financing of outpatient care services, the BPG is paid out irrespective of age, income and wealth and is financed by the public sector (from tax – 50% national and 50% municipalities). Eligible beneficiaries are divided into six service levels according to the need for care and nursing time. A precondition for financial support is the proven use of third-party assistance. The clarification of the individual cases is carried out by a 'specialist office for domestic care' (office for care and nursing allowance) determined by the government. Administrative handling of the BPG is carried out by the Old Age and Widow's/Widower's Pension Office (*AHV-IV-FAK*).

1.3 Balance between institutional and home care services

When it comes to caring for the elderly, measures are needed to maintain or even increase the facilities concerned and the attractiveness of the professions in question. The government periodically draws up a demand plan in order to be able to take the necessary measures in good time to meet future needs for inpatient and outpatient care, such as the construction of a new retirement home.

Long-term care is provided in Liechtenstein either in care institutions (inpatient approach) or at home. In the inpatient sector, two public-sector organisations operate six inpatient facilities in Liechtenstein where people in need of care can find a new home. These care institutions are located in various municipalities in Liechtenstein. At the end of 2016 these inpatient facilities offered in total 2,876 beds (including 14 beds for short-term care). After completion of another nursing home, which is scheduled for the end of 2018, the capacity of inpatient facilities will increase by 60 beds and the number of beds per 1,000 inhabitants aged over 64 years will rise to 47.6. This is less than the supply in Liechtenstein's neighbour countries, and raises the question of how to handle the increasing demand caused by the ageing population.

In addition to long-term care, the care institutions in Liechtenstein offer the possibility of short stays. Clients spend individual days in the nursing home with day care. In this way, caring relatives or other caregivers can be relieved temporarily. The same objective – but for a longer period of time – is pursued through holiday care. Finally, after a hospital stay, patients are prepared for life in their own homes by means of transitional care.

These six inpatient facilities are mainly funded by the municipalities and the government and by billable services towards insurance carriers.

In Liechtenstein, the outpatient approach, i.e. the longest possible care and nursing in one's own home, is strongly developed. This was further strengthened by the introduction of the BPG in 2010. Care work is mostly provided on a voluntary basis, in particular by relatives, and has not yet been legally regulated. The outpatient nursing service (Spitex) is used as a professional supplementary service for home care.

[9] Central Statistical Office, population scenarios, link: https://www.llv.li/files/as/bevolkerungsszenarien-2015-2050-internet.pdf.

Additionally, individual and commercial carers and family assistance associations provide care services.

1.4 Types of financing of long-term care

Only three possible providers of finance for care and support are available: the public sector (from taxes), the health insurance funds (from contributions and taxes) and clients themselves (from their income and assets).

For each day of stay in a care and nursing institution, the state finances a contribution for board and lodging as well as a contribution depending on the level of care. However, this state contribution together with the financing portions of the insured person itself and the health insurance funds do not cover the costs of the stay in a care institution. This means that it is not possible for nursing home operators to build up reserve capital and thus, for example, finance non-periodic investments. Remaining deficits must therefore also be covered by the public sector.

For outpatient care and nursing services, until the end of 2016 the state and municipalities' contributions were paid as lump sums to the two family assistance associations in Liechtenstein. Since 1 January 2017, compensation has been paid on the basis of the hours of care and assistance provided.[10] For the year 2015, 7.9 million Swiss francs (approx. EUR 7.1 million) was spent on government grants for outpatient care and support.

For the (partial) financing of outpatient care services, 5.7 million Swiss francs were paid as BPG by public authorities in 2015.

In 2015 the public sector paid out 2.9 million Swiss francs in helplessness allowance. These payments are made irrespective of the type of care provided and also irrespective of whether third-party services are used.

The health insurance funds pay contributions towards inpatient care, which are dependent on the individual care level of the person concerned. In 2015/2016, costs of around 8.7 million Swiss francs (approx. EUR 7.9 million) were covered. Regarding outpatient care and nursing services, costs of approx. 1.6 million Swiss francs (approx. EUR 1.4 million) were incurred.

1.5 Levels of informal and formal care

Based on key data at the end of 2016, 13% of the 65+ age group were receiving inpatient or outpatient care and 38% of the population aged 80 or over.

Since 2010 – with the creation of financial state support for home care through the BPG – the 24-hour care model with so-called care migrants has also established itself in Liechtenstein. In this type of care, foreign caregivers live and work in their clients' households. As a general rule, one person is cared for by two caregivers who alternate every three to four weeks. The constant care and attention by the staff in this model are particularly important motivations for the choice of this type of care. Support is usually provided in close cooperation and coordination with the publicly co-financed family assistance associations.

This form of long-term care may reflect certain weaknesses in the state care system. Care migrants fill a gap created by insufficient human resources (e.g. relatives and health professionals). In addition, such care models are supported by the existing financial benefit structure, especially the BPG.

In Liechtenstein, care work within the family is still a very important form of long-term care. Nevertheless it cannot be said whether it is still the predominant form, because of a

[10] There are no out-of-pocket payments made as far as the authors are informed.

lack of statistical data to evaluate the current situation in Liechtenstein. The reconciliation of care and work is one of the most pressing concerns of affected relatives. As a rule, family caregivers need considerably more flexibility and financial support in order to master the challenge of combining home care with other (paid) work. Since 2008 the government has strengthened outpatient structures in the field of nursing care, and improvements in the financial and structural aspects of home care have been pursued.

Care and nursing, in both outpatient and inpatient settings, are labour-intensive. In the current inpatient care facilities in Liechtenstein, there is more than one full-time position per client. In terms of purely nursing staff, each person requires an average of 0.75 qualified personnel. The demand for nursing staff, in particular, is growing closely in line with the number of clients.

The demand for nursing staff, together with other financing issues due to expected demographic developments, represents a challenge for Liechtenstein in the coming years.

2 Analysis of the main long-term care challenges in the country and the way in which they are tackled

2.1 Assessment of the challenges in LTC

Today, there is a range of care and nursing services for the elderly that is largely based on government structures for inpatient and outpatient services.

2.1.1 Accessibility and affordability

In terms of inpatient services, the allocation of places in old people's or nursing homes in Liechtenstein is based on a priority list. According to the need for care and nursing services and the options for care to be given at home (outpatient care), the person concerned receives a classification of a higher or lower priority level. This priority level determines the urgency for providing an old people's or nursing home place. If a room is available, the highest-priority people will be informed. In particularly difficult cases, if people need a nursing home immediately after a serious illness or an operation, it can happen that the necessary care is first provided by a hospital, until a corresponding place in an old people's or nursing home is available.

Formal outpatient care is mainly provided by two family assistance associations (*Familienhilfe Liechtenstein*, which is the largest professional provider of outpatient care and support in Liechtenstein; and *Lebenshilfe Balzers*, which is mainly active in one of Liechtenstein's municipalities, Balzers). These associations are co-financed by the public sector: as part of benefit agreements, they have to fulfil a comprehensive care-obligation for all residents in return for state funding.

However, this arrangement between the state and the two family assistance associations, which covers all needs in the outpatient care area in Liechtenstein and is based on a solid financial basis thanks to state support, has the effect of deterring private organisations or self-employed individuals from offering additional services.

The objective of the BPG is to help people in need of care to live at home for as long as possible. It is now increasingly being used to finance 24-hour care by caregivers from abroad (care migrants). The costs for such services range from 5,000 to 6,300 Swiss francs per month (approx. EUR 4,500 to EUR 5,700). Three companies supply the main part of this provision, either through their own employees or the placement of care migrants. The latter in many cases originate from outside Europe. Sometimes their legal status is not clear, which pushes them to the verge of illegality. At the end of 2016, 41 people aged 65 and over took advantage of this 24-hour service – a number equivalent

to the population of a nursing home in Liechtenstein. Not known is the number of care relationships that are organised privately. There are no official statistical data available about care work at home. It is mostly provided on a voluntary basis, in particular by relatives, and has not yet been legally regulated. As there are no statistical data available, no evaluations or conclusions regarding the effect on the labour market, level of employment etc. of relatives performing care work at home are possible. There are no specific training programmes known to the authors.

2.1.2 Quality / Employment

All parties involved with long-term care in Liechtenstein agree that there is a shortage of qualified care personnel. In the absence of a national education programme, the creation of which has not been supported by the government, one of the long-term care facilities in Liechtenstein, the LAK,[11] set up an individual programme and received the 'quality in palliative care' label in 2013: this is an internationally recognised title sponsored by the Swiss Quality Association in Palliative Care (palliative.ch) and audited by the Swiss Foundation for Quality Assurance in the health care services. This label certifies that the LAK fulfils 65 quality criteria in the area of palliative care and long-term care, including well trained care specialists. There are no further data available regarding the quality of jobs.

In total, 811 persons were using care and nursing services either through inpatient or outpatient care in 2015/2016. The total costs amounted to approximately 43 million Swiss francs and about 440 full-time positions were required.

2.1.3 Sustainability

According to an extrapolation by the Statistical Office,[12] in 2050 there will be about 20 persons aged 80+ per 100 employed persons. A significant portion of these older persons will require care or nursing services. In the neighbouring country of Switzerland, an additional 45% inpatient, and 57% outpatient, jobs are expected by 2030. A similar development for Liechtenstein can be assumed due to the largely analogous health care system in Liechtenstein. In order to ensure that sufficient skilled personnel are available in the long term, it is important to maintain or increase the attractiveness of the care and nursing professions. In contrast to other sectors, in the future Liechtenstein will not be able to rely exclusively on its favourable regional location and hope to meet demand with people from the border region. Neighbouring countries themselves face the same task and must also take appropriate measures.

With the BPG and the helplessness allowance, support payments with almost the same goal are directed to a largely identical group of recipients. Even residents of nursing homes receive the helplessness allowance. However, they must hand the allowance over to the home operators. This reduces the state-financed residual deficit of old people's and nursing homes. There is room for improvement in this area through coordination or, if necessary, a combination of these support payments.

2.2 Assessment of recent or planned reforms and how they address the challenges facing LTC

Proposals in the area of relaxing immigration law for physician assistants and nursing specialists from abroad, to make it easier for them to obtain legal residence and work permits in Liechtenstein, have not found support within the government. Thus, the legal

[11] The long-term care facility LAK, link: https://www.lak.li/arbeiten-und-lernen/downloads-fort-und-weiterbildung/.

[12] Statistical Office, link: https://www.llv.li/files/as/bevolkerungsszenarien-2015-2050-internet.pdf. The full results can be seen in the Annex to this report.

situation for home-care personnel is still in some areas not clarified. The government's stance was criticised in parliament, as the problem of illegal employment of foreigners in the area of home care is common knowledge.[13]

On the basis of today's utilisation of care and nursing services and the current cost structures, total costs will increase by an average of 4.8% per year until 2030, simply due to the rapidly increasing number of elderly people. In the long run up to 2050, the annual rate of increase falls as the baby-boomer effect diminishes, but is still 3.6%. The increased demand for skilled personnel is also likely to have an impact on wage costs: an increase of 1% per year would raise the average cost growth to 5.8% by 2030 and to 4.6% by 2050. As a result, total costs would double by 2030. Accordingly, the financial burdens on today's financing institutions – primarily the public sector – are also rising sharply. The share of care costs financed by health insurance contributions is expected to double by 2030 and increase fourfold by 2050. On the basis of tax revenues in 2016, VAT would have to be increased by around three percentage points, or wealth and income tax by 40% of the current given tax rate, for the state and municipalities to be able to finance the additional expenses.

The need for action is obvious. However, the government has not yet made any concrete proposals for reforms.

In 2017, a study by an independent and non-profit organisation, *Zukunft LI* Foundation,[14] published a recommendation on how to handle the effects of demographic change on the financing of the costs of care for the elderly in the future. In order to ease the burden on future taxpayers and health insurance contributions, it proposes the introduction of 'hereditary foster capital' (see section 2.3).

In 2015 parliament interpellated the government[15] on the subject of working conditions and quality assurance in nursing care for the elderly at home. The main focus was on the question of legal regulations to ensure quality standards and decent working conditions for the care staff. The background to the question asked was that the Labour Code (*Gesetz über die Arbeit in Industrie, Gewerbe und Handel, Arbeitsgesetz*) does not apply in situations where there is an employment relationship between the care provider and the private household (the person to be looked after or their representative) or between the counsellor and a personnel hirer, and where the place of employment is the private household (see Art. 2 (1) (d) of the Code). This means that the protective provisions of the Labour Code, in particular the provisions on working hours and rest periods, do not apply. The normal employment contract for domestic workers contains protection provisions: however, these are discretionary and do not apply if otherwise agreed between the parties. In Liechtenstein there is no collective agreement for domestic workers. Similarly, there is no generally binding framework agreement or contract for inpatient-care personnel in Liechtenstein.

A further point of discussion is the control of the quality of care. This very important responsibility is not assigned to any state institution. Nursing activities are governed by the Health Act, which is enforced by the Office of Health. However, the Office of Health does not carry out on-the-spot checks. If a notification were received that activities reserved for a qualified nurse were carried out by a person without an appropriate licence, the Office would examine the facts. If the person to be cared for is entitled to receive the BPG within the meaning of Art. 3 et seq. of the Supplementary Benefits Act

[13] An example of the political discussion can be found in the annual statement of one of the political parties in Liechtenstein for the year 2011: http://www.fbp.li/assets/dateien/6-Punkte%20Programme/6-Punkte-Programm%20Sommer%202010.pdf.

[14] Non-profit organisation *Zukunft LI* Foundation, link: https://www.stiftungzukunft.li/aktuelles/mclaren-reveals-570gt.

[15] Parliamentary interpellation to the government, link: http://alt2.gmg.biz/pdf.aspx?xsl=http://www.landtag.li/config/anfrage2pdf.xslt&xml=http://www.landtag.li/files/temp/kleineanfrage_75318.xml.

(ELG), the competent authority for care and nursing can carry out on-site clarifications and checks.

Nevertheless, the answer of the government to the Liechtenstein parliament's interpellation was based on the existing legal provisions and did not contain any recommendation for future adaptations of legal regulations.

2.3 Recommendations to improve the access and adequacy, quality and sustainability of the LTC system

In 2017, the non-profit organisation *Zukunft LI* Foundation[16] addressed the financial questions related to future care for the elderly, and proposed the creation of 'hereditary foster capital'. Starting from a certain year of age and with a monthly premium, individual nursing capital would be be saved up until care or nursing started to be needed. The costs incurred would then be financed from the nursing capital. If the capital were used up, and no own income or assets were available for further financing, public support would be used. People who are financially incapable of building up long-term care capital from their incomes would be supported by state contributions. If the nursing capital were still available when the person died, it would be inherited. There would therefore be no solidarity in the system – either from young to old or from non-patient to patient.

Furthermore, the coordination of the BPG and other benefits for the helpless should be improved in order to enable a target-oriented and efficient use of state support. On the one hand, the public sector finances inpatient and outpatient care through direct contributions to the service providers. On the other hand, it provides support to the beneficiaries through the BPG. The health insurance system is also financed by the public sector. If all these actual funding flows are taken into account, the current financing system means that the state bears around two thirds of all care and nursing costs.

In order to make the best possible use of the human resources needed for future care and nursing services for elderly people, the current funding structure should be adjusted and the service obligations of the two family assistance associations co-financed by the state should be compensated more transparently. Thus, the nursing and care market in the outpatient sector should be opened up, and organisations that are subsidised with public funds should receive transparent compensation for their obligation to provide care.

In view of the increasing demand for skilled care and nursing workers, efforts to train skilled workers and make the nursing profession more attractive are becoming increasingly important. The government and employers are called upon to offer flexible working time models that allow for the highest possible compatibility of family and work life, thereby appealing to women returning to work who have already been trained.

None of the actions taken under the Liechtenstein government's reform of the long-term care system and under the national dementia strategy in 2010 and 2012 have solved the problem of the increasing demand for institutionalised care, especially in the form of residential care homes. Thus, Liechtenstein's policymakers need to consider more options to improve long-term services and support for the soaring numbers of people with physical or mental disorders and the associated need for support to perform daily tasks.

[16] Zukunft LI Foundation, link: https://www.stiftungzukunft.li/aktuelles/mclaren-reveals-570gt.

3 Analysis of the indicators available in the country for measuring long-term care

There are no specific indicators, especially adequacy indicators, to measure the level of, and recent developments in, long-term care in Liechtenstein. Within the Liechtenstein government's Agenda 2020 (designed to reflect the European Commission's Strategy 2020 goals) it was acknowledged that there is a need to support the development of statistical tools and methods: but this was more a general remark with no specific relation to long-term care. Nevertheless, up to now adequacy indicators are still not in place and statistical data for long-term comparisons or evaluations are not available.

References

Amt für Statistik, Bevölkerungsszenarien. Source: https://www.llv.li/#/12377/bevolkerungsszenarien.

Gesetz über die Krankenversicherung vom 14. März 2000, LGBl 2000 no. 74. Source: https://www.gesetze.li/Seite1.jsp?LGBl=2000074.xml&Searchstring=KVV&showLGBl=true.

Verordnung zum Gesetz über die Krankenversicherung vom 14. März 2000, LGBl 2000 no. 74. Source: https://www.gesetze.li/konso/2000074000?search_text=KVV&search_loc=abk_list&lrnr=&lgblid_von=&observe_date=18.02.2018.

Gesetz über über die Arbeit in Industrie, Gewerbe und Handel (Arbeitsgesetz) vom 29. Dezember 1966, LGBl 1967 no. 6. Source: https://www.gesetze.li/konso/1967006000?search_text=Arbeitsgesetz&search_loc=text&lrnr=&lgblid_von=&observe_date=18.02.2018.

Gesetz über Ergänzungsleistungen zur Alters-, Hinterlassenen und Invalidenversicherung (ELG) vom 10. Dezember 1965 LGBl 1965 no. 46. Source: https://www.gesetze.li/konso/1965046000?search_text=ELG&search_loc=abk_list&lrnr=&lgblid_von=&observe_date=09.11.2017.

Sozialhilfegesetz vom 15. November 1984, LGBl 1985 no. 17. Source: https://www.gesetze.li/konso/1985017000?search_text=Sozialhilfegesetz&search_loc=text&lrnr=&lgblid_von=&observe_date=09.11.2017.

Verordnung über das Betreuungs- und Pflegegeld für die häusliche Betreuung (Betreuungs- und Pflegegeldverordnung, BPGV) vom 9. Dezember 2009 LGBl 2009 no. 313. Source: https://www.gesetze.li/konso/2009313000?search_text=Pflegegeld&search_loc=text&lrnr=&lgblid_von=&observe_date=18.02.2018.

Kleine Anfrage des Landtags an die Regierung Liechtenstein, Pflegeversicherung vom 2. Dezember 2015. Source:

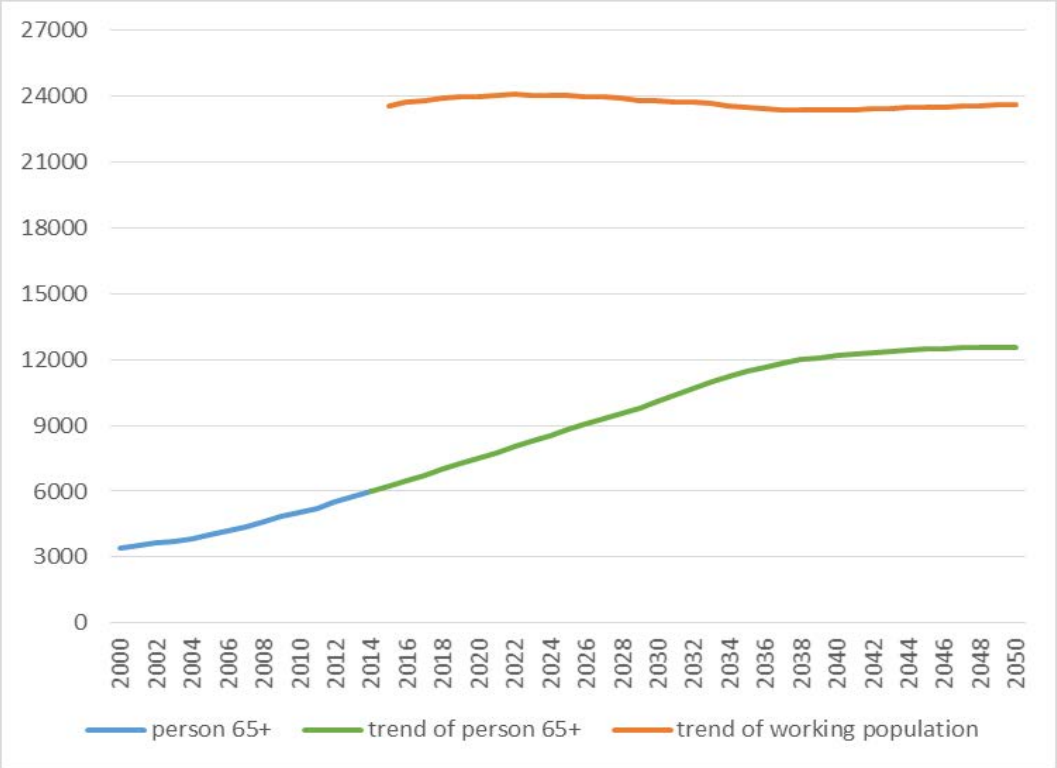
http://alt2.gmg.biz/pdf.aspx?xsl=http://www.landtag.li/config/anfrage2pdf.xslt&xml=http://www.landtag.li/files/temp/kleineanfrage_101294.xml.

Stiftung Zukunft.li (Zukunft.li Foundation), Herausforderung Alterspflege. Source: https://www.stiftungzukunft.li/aktuelles/mclaren-reveals-570gt.

Annex

The complete extrapolation by the Statistical Office[17] showing persons aged 65+ and persons aged 20 to 64 (employed persons) can be seen in the figure below:

Figure 2: Extrapolation, persons aged 65+



[17] Statistical Office, link: https://www.llv.li/files/as/bevolkerungsszenarien-2015-2050-internet.pdf.