

Policy Profile for Compensating Family Caregivers

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*A project of the "Hidden Costs/Invisible Contributions:
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Introduction and Overview

'Hidden Costs/Invisible Contributions: The Marginalization of "Dependent" Adults' (HCIC) is an international, collaborative program of research designed to create a deeper understanding of the place of those characterized as "dependent" in society, specifically, older adults and those persons with disabilities or chronic illness.

The research is divided into four Themes. Theme 3 – Impact of Public Policy on Costs and Contributions – includes a critical examination of national level policies and programs aimed at financially compensating caregivers of dependent adults in ten countries. Policy Profiles have been developed for Australia, Canada, France, Germany, Israel, Netherlands, Norway, Sweden, United Kingdom, and the United States.

These Policy Profiles describe national level direct compensation (e.g. allowances) and indirect compensation (e.g. tax relief) policies for family caregivers. National labour policies that support employed caregivers are also included. Information presented is the result of a systematic review of articles, reports, and websites. The Profiles were reviewed by decision makers and researchers familiar with the country's public policy.

This Profile describes national level policies and programs that offer compensation for family caregivers in the Netherlands, and summarizes the social policy context for supporting family caregivers.

Home Care in the Netherlands

The Netherlands is a constitutional monarchy. Dutch and Frisian are the two official languages. The Netherlands is divided into 12 provinces and has a population of over 16 million.

In the Netherlands home care is provided through the Exceptional Medical Expenses Act, which created a national care fund to cover costs for long-term care. Entitlement is universal and includes all ages. The care receiver's needs are evaluated using a holistic approach that includes evaluating the availability of informal care. Services available include home nursing, personal care, homemaking, day care, respite care, assistive devices and night care.

The Exceptional Medical Expenses Act provides disabled persons in need of home care with the option of a personal budget. This budget may be used by the care receiver to purchase his or her own care from an organization or an individual care provider, including family members and friends.



Highlights

- % 65 years and older – 13.6% (1999)
- % of 65+ institutionalized – 8.8% (1998)
- % of disabled persons – 11% (1999)
- % of women in labour force – 41% (2000)
- % of people requiring daily care – 4.3% (2000)
- % gdp for long term care – 2.7% (1992-95)

Caregiver Highlights

In 1999:

- 9% of the population aged 16 years and older were caring for a person with a chronic illness.
 - 6% of the population aged 16 years and older provided terminal care over the previous 3 years.
- Among carers:
- 16% were partners.
 - 10% were other family members living in the same household.
 - 45% were parents or children living elsewhere.
 - 18% were other relatives living elsewhere.
 - 10 were friends, neighbours, colleagues.

National Compensation Initiatives for Caregivers

Direct Compensation

Initiative	Personal Budget
Target Group	<ul style="list-style-type: none">• Care receivers of any age who need assistance.
Eligibility Criteria	<ul style="list-style-type: none">• Determination of needs based on an assessment.
Income Tested	<ul style="list-style-type: none">• No.
Entitlement	<ul style="list-style-type: none">• Care receiver's monthly benefit level is determined by multiplying the hours in a professionally developed care plan by standard national rates.• Care receiver can arrange for services through an organization or can employ an individual, including family and informal caregivers, to provide care.

Indirect Compensation

Initiative	Tax Deduction
Target Group	<ul style="list-style-type: none">• Caregivers of severely disabled persons or care dependent relatives.
Eligibility Criteria	<ul style="list-style-type: none">• Care receiver is a seriously disabled person who is 27 years or older who is living with the caregiver.• Care receiver is a parent or sibling who is dependent on the care of the caregiver.
Entitlement	<ul style="list-style-type: none">• Caregiver can deduct medical expenses and other extraordinary expenditures in relation to the care receiver.• Expenses must exceed 11.2% of income.

National Compensation Initiatives for Caregivers

Labour Policies

Initiative	Care Leave
Target Group	<ul style="list-style-type: none">• Employed caregivers of an ill family member.
Eligibility Criteria	<ul style="list-style-type: none">• Care receiver must be a child, partner or parent of the caregiver.
Entitlement	<ul style="list-style-type: none">• 10 days care leave per year to provide care.• Employer must pay at least 70% of wages. The employer receives compensation for this amount from the government.

Initiative	Leave to Care for Dying Person
Target Group	<ul style="list-style-type: none">• Employed caregivers of person who is terminally ill.
Eligibility Criteria	<ul style="list-style-type: none">• Care receiver must be a close relation (not only family members) in the last phase of life.• This is not a legal right. The employer must agree to grant the caregiver leave.
Entitlement	<ul style="list-style-type: none">• Leave consists of at least 1/3 of normal working hours.• Leave must be between one to six months. In certain situations it can be extended to 18 months.• Up to 490 € per month (\$762 CAD) from public funds.

Initiative	Career Interruption
Target Group	<ul style="list-style-type: none">• Employed caregivers who must take a leave from work to provide care.
Eligibility Criteria	<ul style="list-style-type: none">• Caregiver must have worked for at least one year.• Employer must agree to the leave.• Leave will only be paid if the employer replaces the caregiver with someone who is unemployed or otherwise out of the labour market.
Entitlement	<ul style="list-style-type: none">• Leave must be between two to six months. In certain situations it can be extended to 18 months.• Up to 490 € per month (\$762 CAD) from public funds.

Current Issues and Debates

In 2001, the Netherlands was working towards a national caregiver policy. A policy paper entitled "Care Nearby" was published by the Junior Minister of Health, Well-being, and Sport. The paper proposed strengthening the support for caregivers, discussing use and availability of respite services, and researching the financial situation of caregivers.

Concerns have been raised by caregivers with regards to the assessment used to determine entitlement to benefits under the long term care insurance system. In practice, those carrying out assessments commonly take for granted that family caregivers will make significant contributions to caregiving. Caregivers argue that the assessment should not take into consideration the availability of informal care.

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For additional information on the HCIC project, please visit

<http://www.hecol.ualberta.ca/rapp/mcri.htm>

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The author accepts full responsibility for any errors or omissions in the information presented in this profile.