

Centre for Policy on Ageing  
Information Service

Selected Readings

**The Long Term Care of  
Older People**

November 2018

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## Centre for Policy on Ageing

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2018

Challenges in long-term care in Europe: a study of national policies 2018; by Slavina Spasova, Rita Baeten, Stéphanie Coster, Dalila Ghailani, Ramón Peña-Casas, Bart Vanhercke, European Social Policy Network (ESPN); Directorate-General for Employment, Social Affairs and Inclusion, European Commission. Brussels: European Commission, 2018, 66 pp.

This synthesis report provides a brief description of the main features of national long-term care (LTC) systems in Europe. It analyses four challenges of national LTC systems identified in the 35 countries under scrutiny, namely: the access and adequacy of long-term care provision; the quality of formal home care as well as residential services; the employment of informal carers; and the financial sustainability of national long-term care systems. The report also identifies national reforms aimed at tackling these challenges. Finally, it presents a brief overview of national LTC indicators. The report concludes that the 35 countries covered by the ESPN face, and will continue to face, significant long-term care system challenges. It makes recommendations to help overcome them. (RH)

From : <http://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8128&furtherPubs=yes>

ESPN thematic report on challenges in long-term care: United Kingdom, 2018; by Caroline Glendinning, European Social Policy Network (ESPN); Directorate-General for Employment, Social Affairs and Inclusion, European Commission. Brussels: European Commission, 2018, 17 pp.

Established in 2014, the European Social Policy Network (ESPN) brings together into a single network the work formerly 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. This is one of a number of thematic country reports on challenges in long-term care (LTC). It notes the fragmented nature of the social care system: the differences between the four UK countries in access to care, also threats to viability and capacity of residential and community or domiciliary care providers and the quality of services. The report is in five sections, starting with the main features of LTC: governance and system organisation; financing; the balance between institutional, domiciliary and cash support; and the role of family care. Second, it assesses challenges in LTC: access and adequacy of publicly-funded care; quality of care; the workforce; and financial sustainability. Third, it notes recent or planned reforms (e.g. the Better Care Fund, BCF) and how these address challenges. Fourth, it makes policy recommendations: additional funding to address availability and quality of care (and the impacts on care providers and the NHS); longer-term, sustainable reforms to ensure funding continues to grow in line with anticipated demographic pressures; and measures to ensure the equitable distribution of resources to reflect local variations in need. Fifth, it looks at the types and adequacy of data for measuring LTC. An appendix lists sources of data on social care (for England). (RH)

From : <http://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8128&furtherPubs=yes>

Feasibility of compliant flooring in long-term care: results from a stakeholder symposium; by Chantelle C Lachance, Dawn C Mackey.: Cambridge University Press, March 2018, pp 84-94.

Canadian Journal on Aging, vol 37, no 1, March 2018, pp 84-94.

Compliant flooring aims to prevent fall-related injuries among older people at risk in long-term care, but uptake of compliant flooring in this setting is limited. This study reports on a one-day stakeholder symposium to identify advantages and disadvantages of implementing compliant flooring in long-term care and the most pressing directions for future research from the perspective of key stakeholders. 23 stakeholders representing health care, industry and research attended the symposium. Attendees believed that the most important advantages of compliant flooring were reducing injuries in residents who had fallen, potential benefits to care staff and potential increases in quality of life for residents. Attendees perceived the most significant disadvantages of compliant flooring were financial considerations, lack of research evidence and challenges with installation. Attendees indicated a need for additional research on cost-effectiveness and clinical effectiveness. While stakeholders perceived compliant flooring to add value to long-term care, there were found to be significant informational and financial barriers to uptake. (JL)

ISSN: 07149808

From : <http://www.cambridge.org/cjg>

Forecasting the care needs of the older population in England over the next 20 years: estimates from the Population Ageing and Care Simulation (PACSim) model; by Andrew Kingston, Adelina Comas-Herrera, Carol Jagger.

The Lancet Public Health, Vol 3 no 9, September 2018.

Background Existing models for forecasting future care needs are limited in the risk factors included and in the assumptions made about incoming cohorts. We estimated the numbers of people aged 65 years or older in

England and the years lived in older age requiring care at different intensities between 2015 and 2035 from the Population Ageing and Care Simulation (PACSim) model. Methods PACSim, a dynamic microsimulation model, combined three studies (Understanding Society, the English Longitudinal Study of Ageing, and the Cognitive Function and Ageing Study II) to simulate individuals' sociodemographic factors, health behaviours, 12 chronic diseases and geriatric conditions, and dependency (categorised as high [24-h care], medium [daily care], or low [less than daily] dependency; or independent). Transition probabilities for each characteristic were estimated by modelling state changes from baseline to 2-year follow-up. Years in dependency states were calculated by Sullivan's method. Findings Between 2015 and 2035 in England, both the prevalence of and numbers of people with dependency will fall for young-old adults (65-74 years). For very old adults (≥85 years), numbers with low dependency will increase by 148.0% (range from ten simulations 140.0-152.0) and with high dependency will almost double (increase of 91.8%, range 87.3-94.1) although prevalence will change little. Older adults with medium or high dependency and dementia will be more likely to have at least two other concurrent conditions (increasing from 58.8% in 2015 to 81.2% in 2035). Men aged 65 years will see a compression of dependency with 4.2 years (range 3.9-4.2) of independence gained compared with life expectancy gains of 3.5 years (3.1-4.1). Women aged 65 years will experience an expansion of mainly low dependency, with 3.0 years (3.0-3.6) gained in life expectancy compared with 1.4 years (1.2-1.4) with low dependency and 0.7 years (0.6-0.8) with high dependency. Interpretation In the next 20 years, the English population aged 65 years or over will see increases in the number of individuals who are independent but also in those with complex care needs. This increase is due to more individuals reaching 85 years or older who have higher levels of dependency, dementia, and comorbidity. Health and social care services must adapt to the complex care needs of an increasing older population.

A fork in the road: next steps for social care funding reform: the costs of social care funding options, public attitudes to them - and the implications for policy reform; by Simon Bottery, Michael Varrow, Ruth Thorlby, Dan Wellings, Health Foundation; King's Fund. London: Health Foundation, May 2018, 56 pp.

This paper pulls together new financial modelling, public perceptions work and policy analysis to identify the problems with adult social care in England and outline options for its reform. Section 1 identifies how the problem with social care has developed, noting policy developments since 1997. Section 2 suggests options for reform, their costs and considerations. Section 3 looks at public attitudes to social care funding reform; and Section 4 considers policy implications for social care reform. The paper does not aim to make firm proposals or recommendations, but rather to identify and make explicit the advantages and disadvantages, impact and consequences of adopting one option over another. It concludes that reforming the current system will be expensive, but that if reform is chosen, England is now at a clear 'fork in the road' between a better means-tested system and one that is more like the NHS, free at the point of use for those who need it. (RH)

From : <https://www.kingsfund.org.uk/sites/default/files/2018-05/A-fork-in-the-road-next-steps-for-social-care-funding-reform-May-2018.pdf>

Formal and informal long-term care in the community: interlocking or incoherent systems?; by Tania Burchardt, Emily Jones, Polina Obolenskaya.: Cambridge University Press, July 2018, pp 479-503.

Journal of Social Policy, vol 47, no 3, July 2018, pp 479-503.

Help with activities of daily living (ADLs) for people in the community is provided through formal services (public and private) and informal (often unpaid) care. This paper investigates how these systems interlock, and who is at risk of unmet need. It begins by mapping differences between OECD countries in the balance between formal and informal care, before giving a detailed breakdown for the UK. New analysis of UK Family Resources Survey data for 2012/13 and 2013/14 suggests high levels of unmet need. Who receives formal and informal care, and who receives neither, among the working-age and older populations were investigated. The authors find that while informal care fills some gaps left by the lack of availability of formal services (and vice versa), not all older or working-age disabled people are protected in these ways. Adults living alone and those with high but not the highest levels of difficulty are most likely to have unmet need. Means-tested public entitlements ameliorate but do not remove the increased risk among people in low-income households. The paper concludes that public policy needs to integrate its support for formal and informal modes of care, with particular attention to those groups most at risk of unmet need. (RH)

ISSN: 00472794

From : <http://www.cambridge.org/JSP>

The funding of long-term care in Canada: what do we know, what should we know?; by Michel Grignon, Byron G Spencer.: Cambridge University Press, June 2018, pp 110-120.

Canadian Journal on Aging, vol 37, no 2, June 2018, pp 110-120.

Long term care is a growing component of health care spending but how much is spent or who bears the cost is uncertain and the measures vary depending on the source used. The present study drew on regularly published

series and ad hoc publications to compile preferred estimates of the share of long term care spending in total health care spending, the private share of long term care spending and the share of residential care within long term care. For each series the study compared estimates obtainable from published sources such as CIHI (Canadian Institute for Health Information) and OECD (Organization for Economic Cooperation and Development) with their preferred estimates. The authors conclude that using published series without adjustment would lead to spurious conclusions on the level and evolution of spending on long term care in Canada as well as on the distribution of costs between private and public funders and between residential and home care. (JL)

ISSN: 07149808

From : <http://www.cambridge.org/cjg>

Job demand, control and unresolved stress within the emotional work of long-term care in England; by Shereen Hussein.: Policy Press, February 2018, pp 89-108.

International Journal of Care and Caring, vol 2, no 1, February 2018, pp 89-108.

Long-term care work is known for its difficult working conditions, with potential implications for workers' well being. In England, long-term care policies are moving progressively towards marketisation, while public social care funding is under considerable strain. Little evidence exists on the job demand and control of long-term care workers who provide personal and direct care to adults and older people. This article uses survey data from 991 long-term care workers in England to examine the levels of, and differentials in, job strain among long-term care workers. The findings highlight the vulnerability of certain groups of workers, with potential negative impacts on their well-being. (RH)

ISSN: 23978821

From : <https://doi.org/10.1332/239788218X15187915863909>

Living with Parkinson's disease: perceptions of invisibility in a photovoice study; by Kerstin Roger, Monika Wetzel, Leslie Penner.: Cambridge University Press, May 2018, pp 1041-1062.

Ageing and Society, vol 38, no 5, May 2018, pp 1041-1062.

There are more than 65,000 people living with Parkinson's disease in Canada. In this paper, the authors discuss a single case about how one such person describes invisible and visible symptoms in the context of being part of a couple, and how this context shapes their social and life world. Based on previous community research, the authors prioritise the need to understand better how experiences and feelings of invisibility could be shaped by relational dynamics, interfacing with service provision, and social forces, with the overarching view of understanding better the experiences of participants living with Parkinson's disease. A photovoice methodology (using photography and open-ended interviews) was employed. A discussion of Bindy and Volta's case study leads to a better understanding of how strong spousal support can significantly alter how one individual experiences and defines living with Parkinson's. (RH)

ISSN: 0144686X

From : <http://www.cambridge.org/aso>

Long-term care and intermediary structures for frail older people: Switzerland and Germany in comparison; by Konstantin Kehl, Rahel Strohmeier Navarro Smith.: Policy Press, May 2018, pp 253-272.

International Journal of Care and Caring, vol 2, no 2, May 2018, pp 253-272.

Long-term care not only includes residential care, home care and familial care, but services 'in-between', such as day and night care, temporary (short-term) stays in nursing homes, respite care, and local infrastructure giving informed advice and conveying informal support. In both Switzerland and Germany, the role of such intermediary structures has been debated and affected by social policy reforms. The authors analyse different functions of intermediary structures, discuss their access and use, and show that intermediary structures can have a different impact on care regimes. (RH)

ISSN: 2397883X

From : <http://www.policypress.co.uk/journals/international-journal-of-care-and-caring>

Long-term funding of adult social care: first joint report ... Session 2017-19; ninth report of the Health and Social Care Committee 2017-19; seventh report of the Housing, Communities and Local Government Committee 2017-10: report, together with formal minutes ...; by Health and Social Care Committee, House of Commons; Housing, Communities and Local Government Committee, House of Commons. London: House of Commons, 27 June 2018, 83 pp (HC 2017-19 768).

This report by two cross-party House of Commons Committees describes the social care system as "under very great and unsustainable strain", and "not fit to respond to current needs". Ahead of the Government's Green Paper (now expected autumn 2018), it highlights the urgent need to plug a funding gap of some £2.5 billion in 2019/20, before introducing wider funding reforms at local and national levels. The report examines the state of

social care (including an increasing reliance on unpaid carers); principles for its funding; options for funding; social care in the wider context of health, public health and housing; and political and public consensus on social care. In principle, the personal care element should be delivered free to everyone who has the need for it; accommodation costs should continue to be paid on a means-tested basis. The report calls for the introduction of a Social Care Premium, either an additional element of National Insurance, or with the premium paid into dedicated not-for-profit social insurance fund. To ensure fairness between the generations, the premium should only be paid by those aged over 40 and extended to those over the age of 65. Key to the Committees' decisions were recommendations made by a Citizens' Assembly on Social Care whose findings are reflected in this report. An annex records notes from a visit to New Deanery Care Home, Braintree. (RH)  
From : <https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/768/768.pdf>

Older persons' views on using cash-for-care allowances at the crossroads of gender, socio-economic status and care needs in Vienna; by Andrea E Schmidt.: Wiley, May 2018, pp 710-730.

Social Policy and Administration, vol 52, no 3, May 2018, pp 710-730.

This study aimed to contribute to understanding social inequalities resulting from familisation (or de-familisation) tendencies among cash-for-care beneficiaries in Austria, a Conservative welfare state. It highlighted justifications for choices in accessing and using care in a cash-for-care scheme from the perspective of care recipients aged 80 years and older in Vienna. Along key dimensions characterising care recipients' experiences, four different user groups were identified which reflected recipients' individual characteristics, particularly gender, socio-economic status (SES), and care needs, and the respective care arrangement. The groups were dubbed: (1) the self-confident; (2) the illiterate; (3) the dependent; and (4) the lonely. Narrative interviews with 15 frail older people were held in 2014 and analysed using the framework analysis method. Results showed that familiarity with support structures associates with higher SES, while those who depend on others for acquiring information or organising care express ambivalence in choosing between formal and informal care. Engagement in deciding which care type to use was limited among people of lower SES or with complex care needs, but own experience as informal caregiver for a family member increased care recipients' long-term care (LTC) system literacy. Gender differences among care recipients were limited, yet middle-class female recipients often expressed normative claims for family care from female relatives. The study concludes that unconditional care allowance schemes may reinforce existing gender relations, particularly among informal caregivers, as well as underpin socio-economic differences among LTC users in old age. Results also partly question the assumptions of choice and empowerment implicit in many cash-for-care schemes. (JL)

ISSN: 01445596

From : <http://www.wileyonlinelibrary.com/journal/spol>

Practitioners preferences of care coordination for older people: a discrete choice experiment; by Rowan Jasper, Helen Chester, Jane Hughes (et al.): Taylor and Francis, February-March 2018, pp 151-170.

Journal of Gerontological Social Work, vol 61, no 2, February-March 2018, pp 151-170.

Overall aims of this research study were to demonstrate the importance of organisations providing care coordination for older people receiving long-term funding. The study explored practitioner preferences about the relative value of attributes of care coordination services for seniors. A Discrete Choice Experiment (DCE) survey was used to identify the views of 120 practitioners from 17 services in England in 2015. The survey design was informed by an analysis of standards of care coordination, a postal survey and a consultation with carers of older people. Results of the DCE survey were supplemented by a content analysis of qualitative comments and fieldwork notes. Most respondents were over 30 years of age, female and almost half worked part-time. Continuity of care (care provided by the same care coordinator) and the ability to access the range of services outlined in the care plan were the most important service attributes. Service setting influenced practitioner preferences. Those in specialist services for people with dementia identified the length of time a service was provided as another important attribute. The DCE methodology has provided the opportunity to systematically canvas practitioner preferences. (JL)

ISSN: 01634372

From : <http://www.tandfonline.com>

Recommendations for funding adult social care; by Citizens' Assembly on Social Care. London: Involve; House of Commons, June 2018, 36 pp.

The Citizens' Assembly on Social Care is a group of 47 randomly selected representative citizens (of age groups from 18+) from across England who came together over two weekends to consider how adult social care should be funded in England in the future. It was co-commissioned by the House of Commons' Health and Social Care Committee to inform its joint inquiry with the Housing, Communities and Local Government Committee into the long-term funding of adult social care. Its membership emphasised the need to create a social care system and funding arrangement that is: sustainable and for the long term; fair and equal; universal; high quality; and

treats people with dignity and respect. These was a preference for system which is entirely publicly funded, making all social care free at the point of delivery, with funding from earmarked taxation. There was little support for private funding. A cap on care costs was considered important. Recommendations were also made on how decisions should be taken, such as reforming the system. While there was significant support for integrating health and social care, there was concern to "not allow social care to become the underfunded orphan service". (RH)

From : <https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/citizens-assembly-report.pdf>

'Replacement care' for working carers?: A longitudinal study in England, 2013-15; by Linda Pickard, Nicola Brimblecombe, Derek King, Martin Knapp.: Wiley, May 2018, pp 690-709.

Social Policy and Administration, vol 52, no 3, May 2018, pp 690-709.

In the context of rising need for long-term care, reconciling unpaid care and carers' employment is becoming an important social issue. In England, there is increasing policy emphasis on paid services for the person cared for, sometimes known as 'replacement care', to support working carers. Previous research has found an association between 'replacement care' and carers' employment. However more information is needed on potential causal connections between services and carers' employment. This mixed methods study drew on new longitudinal data to examine service receipt and carers' employment in England. Data were collected from carers who were employed in the public sector, using self-completion questionnaires in 2013 and 2015, and qualitative interviews were conducted with a sub-sample of respondents to the 2015 questionnaire. It was found that, where the person cared for did not receive at least one 'key service' (home care, personal assistant, day care, meals, short-term breaks), the carer was subsequently more likely to leave employment because of caring, suggesting that the absence of services contributed to the carer leaving work. In the interviews, carers identified specific ways in which services helped them to remain in employment. The study concludes that if a policy objective is to reduce the number of carers leaving employment because of caring, there needs to be greater access to publicly-funded services for disabled and older people who are looked after by unpaid carers. (JL)

ISSN: 01445596

From : <https://onlinelibrary.wiley.com/doi/pdf/10.1111/spol.12345>

Supporting lesbian, gay, bisexual, and transgender inclusivity in long-term care homes: a Canadian perspective; by Tamara Sussman, Shari Brotman, Heather MacIntosh (et al.): Cambridge University Press, June 2018, pp 121-132.

Canadian Journal on Aging, vol 37, no 2, June 2018, pp 121-132.

It is critical to ensure that long-term care (LTC) homes are sensitive to the needs of lesbian, gay, bisexual and transgender (LGBT) older adults. However the extent to which the LTC home sector has adopted recommended strategies is unknown. This qualitative study reported findings from two initiatives: semi-structured telephone interviews with Canadian LTC home administrators on strategies adopted to support LGBT inclusivity, and discussions with participants attending a two-day meeting on supporting LGBT inclusivity in LTC. It was found that LGBT inclusivity training was the most commonly adopted strategy among the LTC homes surveyed. Study findings further suggested that practices more visible to residents and families, such as LGBT-themed programming, inclusive language and symbols, or joint initiatives with LGBT communities, were less commonly adopted because of anticipated negative resident/family reactions. The importance and benefits of comprehensive strategies that include staff, residents and family are discussed. (JL)

ISSN: 07149808

From : <http://www.cambridge.org/cjg>

The vicious layering of multilevel governance in Southern Europe: the case of elderly care in Italy and Spain; by Marco Arlotti, Manuel Aguilar-Hendrickson.: Wiley, May 2018, pp 646-661.

Social Policy and Administration, vol 52, no 3, May 2018, pp 646-661.

Ageing and changes in family arrangements and female employment have brought about important policy developments in long-term care (LTC). Southern European countries have relied for a long time on family care and residual social care for older dependents. Two paradigmatic cases, Italy and Spain, have shown two apparently different trends during the last 15 years: while in Italy reforms seem to have been persistently blocked, in Spain an ambitious reform has fallen short of expectations. Based on data on services and institutional arrangements, this study shows that a complex and inconsistent allocation of responsibilities across government levels, a sort of 'vicious layering' of multilevel governance, may be playing a key role in this situation. The study discusses the dysfunctional effects of such arrangements, namely territorial inequalities, cost-shifting between government levels and towards users, and misallocation of resources. It is suggested that the development and reform of LTC in Southern European countries must address these problems if they want to avoid getting marooned by a complex network of vetoes and resource allocation problems. (JL)

ISSN: 01445596

From : <http://www.wileyonlinelibrary.com/journal/spol>

What can England learn from the long-term care system in Japan?: research report; by Natasha Curry, Sophie Castle-Clarke, Nina Hemmings, Nuffield Trust. London: Nuffield Trust, May 2018, 58 pp.

In anticipation of the adult social care Green Paper this summer, the Nuffield Trust undertook a visit to Japan to study the country's social care system. Japan introduced a long-term care insurance system in 2000, which established new models of funding and delivery, and endeavoured to create a positive vision of ageing. Part social insurance, part taxation and part co-payment model, the new system aims to provide comprehensive and holistic care according to need. This report offers an overview of the Japanese long-term care insurance system, and asks what lessons can be drawn from a country that has demonstrated it is possible to achieve fundamental social care reform, despite formidable demographic, economic and social pressures. (RH)

From : [https://www.nuffieldtrust.org.uk/files/2018-05/1525856899\\_learning-from-japan-final.pdf](https://www.nuffieldtrust.org.uk/files/2018-05/1525856899_learning-from-japan-final.pdf)

## 2017

Broadening end-of-life comfort to improve palliative care practices in long term care; by Tamara Sussman, Sharon Kaasalainen, Susan Mintzberg ... (et al.): Cambridge University Press, September 2017, pp 306-317.

Canadian Journal on Aging, vol 36, no 3, September 2017, pp 306-317.

This study aimed to (1) explore how palliative care in long-term care (LTC) addresses the tensions associated with caring for the living and dying within one care community, and (2) to inform how palliative care practices may be improved to better address the needs of all residents living and dying in LTC as well as those of the families and support staff. This article reported findings from 19 focus groups and 117 participants. Study findings revealed that LTC home staff, resident and family perspectives of end-of-life comfort applied to those who were actively dying and to their families. Findings further suggested that eliciting residents' perceptions of end-of-life comfort, sharing information about a fellow resident's death more personally, and ensuring that residents, families and staff could constructively participate in providing comfort care to dying residents could extend the purview of end-of-life comfort and support expanded integration of palliative principles within LTC. (JL)

ISSN: 07149808

From : <http://cambridge.org/cjg>

A budget proposal for China's public long-term care policy; by Bei Lu, Xiaoting Liu, Mingxu Yang.: Taylor and Francis, January-February 2017, pp 84-103.

Journal of Aging and Social Policy, vol 29, no 1, January-February 2017, pp 84-103.

Long-term care (LTC) policy is at an experimental stage in China, characterised by various regional pilot programmes. The public cost of LTC is difficult to estimate, due to a lack of clarity about policy detail from the central government. This article analyses the current disabled status for vulnerable older people without sufficient financial resources and family support. It focuses on estimating a safety net public subsidy policy for LTC services in China, both now and into the future. It uses China Health and Retirement Longitudinal Survey (CHARLS) data, 2011 wave, with the methods of multinomial logistic regression and simulation. The main aim is to estimate the future disability trend and LTC public cost based on changes in education, population ageing, and urbanisation. Disability prevalence might be decreasing partly due to higher education, urbanisation, and better health care; and the overall public LTC costs might be growing. (RH)

ISSN: 08959420

From : <http://www.tandfonline.com>

Co-design of a carers strategy for New South Wales: reflections on a new approach to collaborative policy making with carers; by Helen McFarlane, Karen Turvey.: Policy Press, March 2017, pp 127-134.

International Journal of Care and Caring, vol 1, no 1, March 2017, pp 127-134.

There are 905,000 carers in New South Wales (NSW), which, with 7.7 million people (about a third of the Australian population), is Australia's most populous state. Carers provide ongoing unpaid support to people who need it because of their disability, chronic illness, mental ill-health, dementia or frailty in old age. This article looks at the New South Wales Carers Strategy 2014-19 (NSW Department of Family and Community Services, 2014), which is a whole-of-government and whole of-community response to support carers in NSW. The aim is for carers in NSW to be supported to participate in social and economic life, to be healthy, and to live well. (RH)

ISSN: 23978821

From : <http://policypress.co.uk/journals/international-journal-of-care-and-caring>



'Everyday advocates' for inclusive care?: Perspectives on enhancing the provision of long-term care services for older lesbian, gay and bisexual adults in Wales; by Paul Willis, Michele Raithby, Tracey Maegusuku-Hewett, Penny Miles.: Oxford University Press, March 2017, pp 409-426.

British Journal of Social Work, vol 47, no 2, March 2017, pp 409-426.

This paper centres on a neglected area of social work with older people - the social inclusion of older lesbian, gay and bisexual (LGB) adults in long-term care environments. The translation of equality law into the delivery of adult care services is a challenging endeavour for organisations, even more so in the morally contested terrain of sexual well-being. The authors report findings from a mixed-methods study into the provision of long-term care for older adults who identify as lesbian, gay and bisexual (LGB). They present findings from a survey of care workers and managers (n = 121), and from focus groups with equality and LGB stakeholder representatives (n = 20) in Wales. Focusing on the current knowledge and understanding of staff, the authors suggest that affirmative beliefs and practices with sexual minorities are evident amongst care workers and managers. However, the inclusion of LGB residents needs to be advanced systemically at structural, cultural and individual levels of provision. There is a need for enhancing awareness of the legacy of enduring discrimination for older LGB people, for cultural acceptance in care environments of older people's sexual desires and relationships, and for a more explicit implementation of equality legislation. Social workers in adult care can advance this agenda. (RH)

ISSN: 00453102

From : <https://doi.org/10.1093/bjsw/bcv143>

Extending the promise of the Older Americans Act to persons aging with long-term disability; by Michelle Putnam.: Sage, July 2017, pp 799-820.

Research on Aging, vol 39, no 6, July 2017, pp 799-820.

This article discusses the need for Older Americans Act (OAA) programmes to evaluate and develop where needed the capacity to serve people ageing with long-term disabilities such as intellectual and/or developmental disabilities and physical disabilities including polio, spinal cord injury and multiple sclerosis. The rationale for this work is universal access to OAA programmes for all adults over 60, regardless of disability type, age of onset or severity, acknowledging that other needs-based criteria often need to be met to receive services. Recommendations for increasing OAA and ageing network capacity include addressing long-standing divisions between the fields of ageing and disability, a comprehensive review of all Administration for Community Living programmes and policies, engaging in programme adaptation to build capacity, advancing knowledge and skills of the professional workforce, and creating new knowledge to support delivery of evidence-based interventions to all older adults including those with lifelong, early and midlife onset of disability. (JL)

ISSN: 01640275

From : <http://journals.sagepub.com/roa>

Factors associated with residential long-term care wait-list placement in North West Ontario; by Audrey Laporte, Adrian Rohit Dass, Kerry Kuluski ... (et al.): Cambridge University Press, September 2017, pp 286-305.

Canadian Journal on Aging, vol 36, no 3, September 2017, pp 286-305.

This article was based on a study investigating factors associated with long-term care waiting list placement in Ontario, Canada. The study's analysis was based on Resident Assessment Instrument for Home Care (RAI-HC) data for 2014 in the North West Local Health Integration Network (LHIN). The analysis quantified the contribution of three factors on the likelihood of waiting list placement, namely: (1) care recipient, (2) informal caregiver, and (3) formal system. It was found that that all three factors were significantly related to waiting list placement. The results of this analysis could have implications for policies aimed at reducing the number of individuals in the community on waiting lists for residential care. (JL)

ISSN: 07149808

From : <http://cambridge.org/cjg>

Flexible and affordable methods of paying for long term care insurance; by Les Mayhew, Ben Rickayzen, David Smith, Faculty of Actuarial Science and Insurance, Cass Business School, City University London; International Longevity Centre UK - ILC-UK. London: International Longevity Centre UK - ILC-UK, January 2017, 30 pp.

With the dramatic increase expected in the number of older people requiring care and the tightening of public funding, individuals will be increasingly expected to contribute to and plan for their own care in later life. However, history shows us that people are very reluctant to save for their care, to the extent that there are no longer any providers of pre-funded long-term care insurance products in the UK to help address this problem. The authors consider a product which is a disability-linked annuity that provides benefit payments towards the cost of both domiciliary and residential nursing care. They also explore different methods of funding long term care insurance, by investigating four methods of payment: a one-off, up-front lump sum premium; a regular

monthly or annual premium which ceases if and when benefits are triggered; a payment after death or entering long-term residential care using the value of the home upon sale, based on either a percentage of the housing equity, or at an agreed monetary amount. (RH)

From : ILC-UK, 11 Tufton Street, London SW1P 3QB. Download also available at:

[http://www.ilcuk.org.uk/images/uploads/publication-pdfs/Flexible\\_and\\_Affordable\\_Care\\_Insurance.pdf](http://www.ilcuk.org.uk/images/uploads/publication-pdfs/Flexible_and_Affordable_Care_Insurance.pdf)

Holocaust survivors in long-term care; by Allen Glicksman.: Taylor and Francis, April-September 2017, pp 177-190.

Journal of Religion, Spirituality and Aging, vol 29, nos 2-3, April-September 2017, pp 177-190.

Little research exists on the experience of older trauma survivors in long-term care settings. This study examined the experience of Holocaust survivors in community-based and facility-based long-term care. The study sought to ascertain whether Holocaust survivors had a systematically different experience in such settings compared to persons without a trauma experience in their backgrounds. Through interviews with survivors, American-born Jews in the same settings, family members and professional staff, it was found that there were differences in certain aspects of mental health and emotional well-being. These differences were associated with the relative lack of a network of family members as compared to American-born Jews. (JL)

ISSN: 15528030

From : <http://tandf.com>

The impact of health education and health promotion on management of chronic health conditions in older adults: opportunities for innovation; by Meredith Troutman-Jordan, Lorrie Heath.: Taylor and Francis, 2017, pp 1-13.

Activities, Adaptation and Aging, vol 41, no 1, 2017, pp 1-13.

This article provides an overview and describes major health issues affecting older Americans, coupled with potential education and health promotion interventions that the nurse practising in a community setting might implement. Emphasis is placed on partnership with older adults, and better equipping them to be actively involved in their own health care. Easily accessible, free screening, assessment tools, and educational resources are identified. By enhancing older adults' knowledge and sharing acceptable, desirable and realistic intervention options with them, nurses can help empower older adults to have greater confidence in their ability to manage their health. (RH)

ISSN: 01924788

From : <http://www.tandfonline.com>

Inequality and inequity in the use of long-term care services in Europe: is there reason for concern?; by Ricardo Rodrigues, Stefanie Ilinca, Andrea E Schmidt.: European Observatory on Health Systems and Policies, 2017, pp 7-10.

Eurohealth, vol 23, no 4, 2017, pp 7-10.

Possible inequalities and inequities in long-term care (LTC) use have thus far been overlooked in health policy. Two recent studies shed light on inequalities and inequities in the use of home care services and informal care, by socio-economic status, across Europe. Evidence suggests that use of home care services mostly reflects need and is therefore suitable. The picture is different for informal care, where use is concentrated among the poor, even after controlling for needs. This raises questions about possible unmet needs and the necessity to consider both informal and formal care when discussing equity in LTC. (RH)

ISSN: 13561030

From : <http://www.euro.who.int/en/about-us/partners/observatory/publications/eurohealth>

Long-term care in Denmark and Lithuania: a most dissimilar case; by Virginija Poskute, Bent Greve.: Wiley, July 2017, pp 659-675.

Social Policy and Administration, vol 51, no 4, July 2017, pp 659-675.

By comparing the systems and development in Lithuania and Denmark, this article probes into differences and similarities in two countries with very different welfare states belonging to different welfare regimes and having very diverse economic and historical development of a specific social policy area \_ i.e. long-term care (LTC) for older people. Despite differences, there are also similarities in the understanding of what LTC is and could be in the future, given the economic pressure on welfare states. So despite being a country-based case analysis of a specific social service field, at the outset, seemingly dissimilar, the analysis also shows similarities especially in the expectation of the role of the civil society, and that older people will want to stay as long as possible in their own home. There is also expected pressure from demographic change, and, especially, a possible pressure on women as they, more often than men, provide informal care and will have a higher risk of living alone when they become older. Lastly, the use of rehabilitation and re-enablement is a central parameter for a possible reduction in the pressure on spending as well as improving quality of life for older people. (JL)

ISSN: 01445596

From : [wileyonlinelibrary.com/journal/spol](http://wileyonlinelibrary.com/journal/spol)

Long-term care in Spain: difficulties in professionalizing services; by Sara Morena-Colom, Carolina Recio Càceres, Teresa Torns Martín, Vicent Borràs Català.: Taylor and Francis, 2017, pp 200-215.

Journal of Women and Aging, vol 29, no 3, 2017, pp 200-215.

Since 2006, Spanish law has recognised care as a subjective right, and regulations are being designed to create a framework for its professionalisation. Nowadays, the family remains the most important group of providers who care for their older relatives, and women remain the main informal caregivers. Why do families resist using public long-term care services and professional carers included in the new law? This article aims to analyse the difficulties in professionalising the long-term care system in Spain. It highlights sociocultural factors as an obstacle to professionalisation of long-term care services in addition to political and economic factors. The results show qualitative data about expectations, preferences and discourses that women caregivers have in relation to their responsibilities. The empirical material includes 25 interviews with different profiles of caregivers and six focus groups with family caregivers. The article suggests that the Spanish ideal of care is a problem for the professionalisation of services, because the family remains as the main provider of care without specific skills, knowledge or abilities. (RH)

ISSN: 08952841

From : <http://www.tandfonline.com>

Long-term care of older persons in India: learning to deal with challenges; by Ilango Ponnuswami, Rangasamy Rajasekaran.: International Institute on Ageing (United Nations - Malta), 2017, pp 59-71.

International Journal on Ageing in Developing Countries, vol 2, no 1, 2017, pp 59-71.

It is estimated that the recent trend of an escalating older population in India will drastically increase in the next few decades. According to the United Nations Population Division and World Population Policies, the proportion of people aged over 60 is projected to increase from 8 per cent in 2010 to 19 per cent in 2050. This significant change in the older population, along with the implications of socio-economic, cultural, financial and health issues, will lead to challenges in long-term care of older people from a gerontological social work perspective. Currently, available elder care services in the country comprises residential care (both free and paid), day care centres, geriatric care in selected government and private hospitals, and other services by non-governmental organisations. The availability and affordability of care, especially Long-Term Care, at primary, secondary and tertiary levels is an essential aspect for combatting older people's health problems. Long-term care for older people has remained primarily within the domain of families, but has started gaining recognition as an emerging vital service industry. However, there is a need to educate all stakeholders including older people themselves, caregivers and society as a whole about how to deal with the enormous challenges of long-term care. This paper supports the argument for a nationwide survey of existing care delivery systems, facilities, existing and required manpower, quality of eldercare services, regulatory and monitoring systems and legal measures. Greater awareness is required about the enormous need for long-term care, of growing professionalism of long-term care, and of the innumerable socio-political and economic challenges associated with these developments. (RH)

ISSN: 25191594

From : <https://www.inia.org.mt>

New horizons in multimorbidity in older adults; by Alison J Yarnall, Avan A Sayer, Andrew Clegg (et al).: Oxford University Press, November 2017, pp 882-888.

Age and Ageing, vol 46, no 6, November 2017, pp 882-888.

The concept of multimorbidity has attracted growing interest over recent years, and more latterly with the publication of specific guidelines on multimorbidity by the National Institute for Health and Care Excellence (NICE). Increasingly it is recognised that this is of particular relevance to practitioners caring for older adults, where multimorbidity may be more complex due to the overlap of physical and mental health disorders, frailty and polypharmacy. The overlap of frailty and multimorbidity in particular is likely to be due to the widespread health deficit accumulation, leading in some cases to functional impairment. The NICE guidelines identify 'target groups' who may benefit from a tailored approach to care that takes their multimorbidity into account, and make a number of research recommendations. Management includes a proactive individualised assessment and care plan, which improves quality of life by reducing treatment burden, adverse events, and unplanned or uncoordinated care. (JL)

ISSN: 00020729

From : <https://pdfs.semanticscholar.org/8b60/2c415725c00716c8df397ee6cbf394888b1e.pdf>

Perceived barriers to increased whole grain consumption by older adults in long-term care; by Melodie A Coffman, Mary Ellen Camire.: Taylor and Francis, October-December 2017, pp 178-188.

Journal of Nutrition in Gerontology and Geriatrics, vol 36, no 4, October-December 2017, pp 178-188.

Many older people fail to consume adequate amounts of dietary fibre from food sources, including whole grains. Little information is available about consumption of dietary fibre and whole grains by residents of long-term care facilities. Surveys were mailed to 3,000 randomly selected US members of the Academy of Nutrition and Dietetics who worked in practice groups related to elder care. Net response rate was 22.7% (n = 681). Cost was a barrier to whole grain use for 27.1% of respondents, followed by dietary needs (22.1%), contracts in place (20.3%), and overall nutritional content (20.1%). More than 75% of respondents stated their patients require dietary fibre supplementation. Nutrition professionals most frequently (23.6%) reported spending \$11-20 monthly per patient on dietary fibre supplements. Although a majority of facilities served whole grain foods daily, 89.5% of respondents would like to serve more whole grains. Ready-to-eat cereals, bread, bagels and hot cereals were the most common whole grain products served at the facilities where survey respondents worked. An economic analysis of the benefits of increased consumption of whole grains and other high-fibre foods versus the use of laxative supplements may be helpful to administrators of long-term care facilities. (RH)

ISSN: 21551197

From : <http://www.tandfonline.com>

The potential of state-run civilian and volunteer services to address long-term care shortages: a report from Switzerland; by Daniel Weyermann.: European Observatory on Health Systems and Policies, 2017, pp 26-29.

Eurohealth, vol 23, no 4, 2017, pp 26-29.

Forthcoming demographic changes, when people will live longer and the population aged over 80 will increase, will bring about staff shortages in long-term care. Against this imminent shortage, policymakers in Switzerland have proposed measures in four main areas: staff recruitment, education, staff retention and staff deployment. Yet policymakers will need to consider all possible effective means to tackle this challenge. In certain European countries, such means include state-run civilian and volunteer services, which can ease the pressure on health care staff and thus increase the quality of nursing and long-term care. (RH)

ISSN: 13561030

From : <http://www.euro.who.int/en/about-us/partners/observatory/publications/eurohealth>

Raising the social security entitlement age: implications for the productive activities of older adults; by Julie Zissimopoulos, Barbara Blaylock, Dana P Goldman, John W Rowe.: Sage, January 2017, pp 166-189.

Research on Aging, vol 39, no 1, January 2017, pp 166-189.

An ageing America presents challenges, but also brings social and economic capital. The authors quantify public revenues from, and public expenditures on, Americans aged 65 and older, the value of their unpaid, productive activities and financial gifts to family. They use microsimulation to project the value of these activities, government revenues and expenditures under different scenarios of change to the Old Age and Survivors Insurance eligibility age until 2050. They find the value of unpaid productive activities and financial gifts are US\$721 billion in 2010, while net (of tax revenues) spending on the 65 years and older is US\$984 billion. A five-year delay in the full retirement age decreases federal spending by 10%, while 2-year delay in the early entitlement age increases it by 1.5%. The effect of 5-year delay on unpaid activities and transfers is small: a US\$4 billion decrease in services and a US\$4.5 billion increase in bequests and monetary gifts. This article was first presented at the conference, Social Insurance and Lifecycle Events among Older Americans (held on 7 December 2014), which was sponsored by the American Association of Retired Persons (AARP). (RH)

ISSN: 01640275

From : [journals.sagepub.com/home/roa](http://journals.sagepub.com/home/roa)

A review of animal-assisted interventions in long-term care facilities; by Jenna Ebener, Hunhui Oh.: Taylor and Francis, 2017, pp 107-128.

Activities, Adaptation and Aging, vol 41, no 2, 2017, pp 107-128.

Past research fails to make connections comparing appropriate settings regarding the benefits of different animal species for therapy and resident animals in long-term care facilities specifically for older people. Two types of animal-assisted interactions (therapy and resident) and four animal species (birds, cats, dogs and fish) were compared. The findings were sorted into five categories of benefits (behavioural, mental, physical, physiological and social), and three additional structural variables (affordability, accessibility and cons). Appropriate activities for each species were also suggested. The review indicated that it is important for the facility to consider its budget, the number and ailments of residents, type of preferred accessibility, and preferred goal. By being aware of different characteristics of each animal species, such as benefits and affordability, facilities would be able to make informed decisions when considering which animal-assisted intervention would be an appropriate fit for their residents. (RH)

ISSN: 01924788

From : <http://www.tandfonline.com>

The Taiwanese Association of Family Caregivers: transformation in the long-term care debate for carers; by Frank T Y Wang, Chen-Fen Chen.: Policy Press, March 2017, pp 121-126.

International Journal of Care and Caring, vol 1, no 1, March 2017, pp 121-126.

Accepting political appointment from the government is a double-edged sword for an advocacy group, which could mean a chance to influence policies or conflicts with other advocacy groups. The Taiwanese Association of Family Caregivers (TAFC) went through such a process of transformation when it was appointed as a member of a formal committee set up by the Taiwanese government in 2009 to develop and implement a long term care insurance scheme. The authors called this process TAFC's awakening, because the opportunity served as a catalyst for TAFC to confirm its identity as a representative of carers, speaking solely from the carer's perspective. (RH)

ISSN: 23978821

From : <http://policypress.co.uk/journals/international-journal-of-care-and-caring>

Understanding attitudes to paying for care amongst equity release consumers: citizenship, solidarity and the 'hardworking homeowner'; by Louise Overton, Lorna Fox O'Mahony.: Cambridge University Press, January 2017, pp 49-67.

Journal of Social Policy, vol 46, no 1, January 2017, pp 49-67.

The importance of developing a system that is perceived to be "fair" is a central element in debates about long-term care funding in the UK. It is therefore surprising that while previous research has established that older people tend to resent the idea of using housing equity and other personal assets, it has often revealed little about the factors underpinning these attitudes or reflected on how they sit within a wider frame of social and political norms. Drawing on 60 semi-structured in-depth interviews with older home owners who have released equity from their homes, this paper explores why people feel that it is fair, or unfair, to require owners to use their housing equity to fund long-term care needs, once factors like reluctance to trade on the home, and mistrust of equity release products, have been excluded. While a small majority of participants considered it unfair, a substantial minority thought it fair that they were required to use their accumulated housing equity to meet care needs. This distribution of attitudes enabled the authors to explore the reasons why participants held each view, and so reflect on the impact of pro-social and pro-individual norms in shaping attitudes towards intra-generational fairness and ideas about "responsible citizenship". The analysis posits that the factors that shape attitudes toward using housing assets to pay for care, and their relationship to the wider rhetorical framework of asset accumulation, management and decumulation, have been misunderstood by policy makers. The implications of the findings for policies that seek to promote the development of a housing-asset based care funding system capable of attracting widespread support are discussed. (RH)

ISSN: 00472794

From : [www.cambridge.org/JSP](http://www.cambridge.org/JSP)

Valuing and integrating informal care as a core component of long-term care for older people: a comparison of recent developments in Italy and Spain; by Georgia Casanova, Giovanni Lamura, Andrea Principi.: Taylor and Francis, May-June 2017, pp 201-217.

Journal of Aging and Social Policy, vol 29, no 3, May-June 2017, pp 201-217.

The international long-term care (LTC) debate has recently been focusing on how to strengthen home care provision. In this regard, a major role has been played by informal care and how to best integrate it in a holistic care approach. Italy and Spain, usually labelled as having "familialist" or "family-based" care models, have been promoting national reforms or actions to support the integration of "informal" actors into the overall LTC system. Through a comparative review of recent trends observed in the two care regimes, this article aims at contributing to improving our cross-national understanding of how LTC is changing across Europe, by identifying the basic approaches adopted in Italy and Spain, and highlighting both their strengths and drawbacks. (RH)

ISSN: 08959420

From : <http://www.tandfonline.com>

"We don't do it for the money ...": The scale and reasons of poverty-pay among frontline long-term care workers in England; by Shereen Hussein.: Wiley, November 2017, pp 1817-1826.

Health and Social Care in the Community, vol 25, no 6, November 2017, pp 1817-1826.

Demographic trends escalate the demands for formal long term care (LTC) in the majority of the developed world. The LTC workforce is characterised by its very low wages, the actual scale of which is less well known. This article investigates the scale of poverty pay in the feminised LTC sector and attempts to understand the

perceived reasons behind persisting low wages in the sector. The analysis makes use of large national workforce pay data and a longitudinal survey of care workers, as well as interviews with key stakeholders in the sector. The analysis suggests that there are at least between 10% and 13% of care workers who are effectively being paid under the National Minimum Wage in England. Thematic qualitative analysis of 300 interviews with employers, care workers and service users highlight three key explanatory factors for low pay: the intrinsic nature of LTC work; the value of caring for older people; and marketisation and outsourcing of services. (RH)  
ISSN: 09660410

From : <http://onlinelibrary.wiley.com/doi/10.1111/hsc.12455/full>

Working longer, caring harder: the impact of ageing-in-place policies on working carers in the UK and Sweden; by Madeleine Starr, Marta Szebehely.: Policy Press, March 2017, pp 115-119.

International Journal of Care and Caring, vol 1, no 1, March 2017, pp 115-119.

Most developed countries have introduced significant changes in housing and long term care policies for older people. Simultaneously, there is increasing policy and economic emphasis on extending working lives and on changes to pension schemes. These changes have combined to have negative consequences for working-age family carers. In this contribution, the authors discuss the situations in the UK and Sweden - two countries with different policy traditions, but facing similar challenges. (RH)

ISSN: 23978821

From : <http://policypress.co.uk/journals/international-journal-of-care-and-caring>

## 2016

Adult social care funding: 2016 state of the nation report; by Local Government Association - LGA. London: Local Government Association, November 2016, 34 pp.

The Local Government Association (LGA) the LGA estimates that, by 2019/20, local government will face a funding gap of £5.8 billion. Councils with adult social care responsibilities spend a minimum of 30% to 35% of their total budgets on adult social care. The LGA estimates that adult social care faces a funding gap of £1.3 billion by the end of the decade. This report notes the views of organisations across the care and support sector on the consequences of funding pressures. In anticipation of the Chancellor's Autumn Statement on 23 November 2016, individuals across the sector representing elected Council members, carers, inspectors, service providers, workforce support, personalised care and health care offer their perspectives on the state of adult social care funding. The report concludes by summarising findings from an IPSOS-Mori poll on the perceptions of 1,785 people: only 16% of those polled correctly identified that adult social care accounts for around 35% of an average council's budget. More than half of respondents thought the proportion was only 15%; and 60% thought that spend on adult social care accounted for more of the total combined £129 billion spend on health and social care than is the case. (RH)

From : Link to download: [http://www.local.gov.uk/web/guest/publications/-/journal\\_content/56/10180/8022318/PUBLICATION](http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10180/8022318/PUBLICATION)

Care perceptions among residents of LTC facilities purporting to offer person-centred care; by Leann Donnelly, Michael I MacEntee.: Canadian Association on Gerontology, June 2016, pp 149-160.

Canadian Journal on Aging, vol 35, no 2, June 2016, pp 149-160.

This study explored qualitatively how residents of long-term care (LTC) facilities felt about and adapted to the care they received. The authors interviewed and observed a purposeful selection of older residents in seven facilities purporting to provide person-centred care. Interpretative descriptions from 43 personal interviews with 23 participants answered the question: How do residents perceive the care rendered in LTC facilities purporting to offer person-centred care? Three themes emerged: (1) the caring environment; (2) preservation of dignity; and (3) maintenance of personal autonomy. Participants were sympathetic to the nursing staff's workload, but felt distant from the staff. Participants gave examples of poor care and lack of empathy, human indignities and violations of personal autonomy caused by institutional policies they felt inhibited their ability to receive care based on their preferences. Overall they challenged the claims of person-centred care but adapted to cope with an environment that threatened their dignity and autonomy. (JL)

ISSN: 07149808

From : [journals.cambridge.org/cjg](http://journals.cambridge.org/cjg)

Caregivers create a veteran-centric community in VHA medical foster homes; by Leah M Haverhals, Chelsea E Manheim, Carrie V Gilman (et al.): Taylor and Francis, August-September 2016, pp 441-457.

Journal of Gerontological Social Work, vol 59, no 6, August-September 2016, pp 441-457.

The Veteran's Health Administration's Medical Foster Home (VHA MFH) program offers a unique long-term care option for veterans who require nursing home- or assisted-living-level care. Veterans in a medical foster

home reside with community-based caregivers who provide 24-hour-a-day care and monitoring. The veterans often remain in the medical foster home until end of life. Support and oversight is provided to the caregiver from the Veteran's Health Administration's community-based medical team. This qualitative descriptive study is based on secondary analysis of interviews with 20 medical foster home caregivers from 7 programs across the United States. The study's research aims are to describe and explain: (a) the type of care backgrounds and skills these caregivers possess, (b) caregivers' primary motivations to open their homes to veterans who often have complex medical and social needs, and (c) how caregivers function in their role as primary caregiver for veterans. Findings indicated that caregivers interviewed had worked in long-term care settings and/or cared for family members. A strong desire to serve veterans was a primary motivation for caregivers, rather than financial gain. The caregivers' long-term care skills aided them in building and sustaining the unique medical foster home family-like community. (RH)

ISSN: 01634372

From : <http://www.tandfonline.com>

Dementia: pressing policy challenges; by Martin Knapp.: European Observatory on Health Systems and Policies, 2016, pp 21-24.

Eurohealth, vol 22, no 2, 2016, pp 21-24.

Dementia is one of the biggest clinical, social, economic and policy challenges for European health and care systems today. The author argues that a collective (policy) response to these challenges must be multi-dimensional. Societal responses to dementia in many countries are already better today than they were ten years ago, but much more needs to be done. There must be earlier and more effective prevention, better care and treatment (although no "cures" have yet been discovered), more support family and other unpaid carers, and continued investment in basic science to find disease-modifying treatments. (RH)

ISSN: 13561030

From : <http://www.euro.who.int/en/about-us/partners/observatory/publications/eurohealth>

The EU covenant; by Anne-Sophie Parent.: AARP International, 2016, pp 74-77.

AARP International: The Journal, 2016, pp 74-77.

In this article the author argues the need to bring the EU's health and long-term care infrastructure into alignment with the projected increase of ageing and older citizens. By helping local and regional authorities to meet their demographic challenges in innovative and sustainable ways, the EU Covenant is expected to play an important role in reducing geographical inequalities and in contributing to increased healthy life expectancy in Europe. (JL)

From : [journal.aarpinternational.org](http://journal.aarpinternational.org)

Growing old together: sharing new ways to support older people; by Independent Commission on Improving Urgent Care for Older People, NHS Confederation. London: NHS Confederation, 2016, 42 pp.

The NHS Confederation launched the Commission on Improving Urgent Care for Older People in March 2015, which brings together experts from across the care system, and was set up because of concern that the care system is increasingly ill-adapted to the needs of older people, particularly those with long-term conditions and/or frailty. The Commission's aim has been to produce guidance for people involved in designing care for older people. This report outlines eight key principles to be used in any redesign of services: we must start with care driven by the older person's needs and personal goals; a greater focus on proactive care; acknowledge current strains on the system and allow time to think; care coordination and navigation; encourage greater use of multidisciplinary and multi-agency teams; ensure that workforce, training and core skills reflect modern-day requirements; leadership should encourage us to do things differently; and metrics must truly reflect the care experience for older people. The report makes the case for change, and describes case study evidence of successful urgent care systems in all sectors. Among recommendations are: building up online resource on the NHS Confederation website; peer-to-peer learning and training resources; and stakeholder engagement (including events). Also available is a 1-page item with the main report's 8 key principles (<http://www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/Growing%20Old%20Together%20-%20Key%20Points.pdf>). (RH)

From :

<http://www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/Growing%20old%20together%20report%20%20final%20for%20web.pdf>

The impact of postponement of reforms to long-term care financing in England: a briefing note; by Ruth Hancock, Derek King, Shamil Popat, Care and State Pension Reform Team - CASPeR. London: Pensions Policy Institute, February 2016, 8 pp.

The Care and State Pension Reform Team (CASPeR) is a collaborative project between the Pensions Policy Institute (PPI), the University of East Anglia (UEA) and the Personal Social Services Research Unit (PSSRU) at London School of Economics and Political Science (LSE), funded over two years by the Nuffield Foundation, to investigate the long-term impacts of both long term care and state pension reforms and their potential interactions. This briefing note assesses the financial implications of the delay in the introduction of the reforms for individuals who are likely to face care costs which exceed the cap in the interim period between April 2016 and 2020. (RH)

From : Download at: <http://www.pensionspolicyinstitute.org.uk/casper>

Insiders and outsiders: policy and care workers in Taiwan's long-term care system; by Chen-Fen Chen.: Cambridge University Press, November 2016, pp 2090-2116.

Ageing and Society, vol 36, no 10, November 2016, pp 2090-2116.

As in many developed countries, foreign care-givers have made up a short-term labour force to help shoulder the responsibilities of older adult care in Taiwan since 1992. This study uses the dual labour market and the occupational segregation theoretical frameworks and a mixed-method approach to examine whether foreign care-givers are supplementary or have replaced Taiwanese care-givers in Taiwan's long-term care (LTC) industry, and to understand better the status of care workers and their influx into the secondary labour market. As of 2012, 189,373 foreign workers joined the care services, compared to 7,079 Taiwanese, indicating they are no longer supplementary. The gap between the dual care system and workforce regulation has resulted in occupation segregation, and the secondary care labour market has been divided into 'institutional' and 'home' spheres, segregating care-givers into three levels: all Taiwanese care-givers, foreign institutional care-givers, and foreign home care-givers, the latter being the cheapest, most obedient and most adaptable LTC products. This case exhibits the 'particularistic' associations between nationality and care-givers' workplace, which should be abolished. Only by squarely facing the changes and impacts caused by importing workers into the secondary labour market can one propose concrete, effective LTC labour plans and retention policies. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

Long-term care policy: Singapore's experience; by Chee Wei Winston Chin, Kai-Hong Phua.: Taylor and Francis, April-June 2016, pp 113-129.

Journal of Aging and Social Policy, vol 28, no 2, April-June 2016, pp 113-129.

Like many developed countries, Singapore is facing the challenge of a rapidly ageing population and the increasing need to provide long-term care (LTC) services for older people in the community. The Singapore government's philosophy on care for older people is that the family should be the first line of support, and it has relied on voluntary welfare organisations (VWOs) or charities for the bulk of LTC service provision. For LTC financing, it has emphasised the principles of co-payment and targeting of state support to the low-income population through means-tested government subsidies. It has also instituted ElderShield, a national severe disability insurance scheme. This paper discusses some of the challenges facing LTC policy in Singapore, particularly the presence of perverse financial incentives for hospitalisation, the pitfalls of over-reliance on VWOs, and the challenges facing informal family caregivers. It discusses the role of private LTC insurance in LTC financing, bearing in mind demand- and supply-side failures that have plagued the private LTC insurance market. It suggests the need for more standardised needs assessment and portable LTC benefits, with reference to the Japanese Long-Term Care Insurance program, and also discusses the need to provide more support to informal family caregivers. (RH)

ISSN: 08959420

From : <http://www.tandfonline.com>

Long-term care use among old people in their last 2 years of life: variations across Finland; by Jutta Pulkki, Marja Jylha, Leena Forma (et al.): Wiley Blackwell, July 2016, pp 439-449.

Health and Social Care in the Community, vol 24, no 4, July 2016, pp 439-449.

Variations across Finland in the use of six different long-term care (LTC) services among old people in their last 2 years of life, and the effects of characteristics of municipalities on the variations were studied. The authors studied variations in the use of residential home, sheltered housing, regular home care and inpatient care in health centre wards by using national registers. They studied how the use of LTC was associated with characteristics of the individuals, in particular characteristics of the municipalities in which they lived. Analyses were conducted with multilevel binary logistic regression. Data included all individuals (34,753) who died in the year 2008 at the age of 70 or over. Of those, 58.3% used some kind of LTC during their last 2 years of life.



Considerable variations were found between municipalities in the use of different kinds of LTC. A portion of the variation was explained by municipality characteristics. The size and location of the municipality had the strongest association with the use of different kinds of LTC. The economic status of the municipality and morbidity at the population level were poorly associated with LTC use, whereas old-age dependency showed no association. When individual-level characteristics were added to the models, these associations did not alter. Results indicated that delivery system characteristics had an important effect on the use of LTC services. The considerable variation in LTC services also poses questions with respect to equity in access and to quality of LTC across the country. (RH)

ISSN: 09660410

From : [wileyonlinelibrary.com/journal/hsc](http://wileyonlinelibrary.com/journal/hsc)

Older people's exercising of choice in long-term care: a comparative analysis of England and Japan; by Yoshimi Wada.: Cambridge University Press, July 2016, pp 1185-1210.

Ageing and Society, vol 36, no 6, July 2016, pp 1185-1210.

There has been an increasing emphasis on choice for older people in long-term care in both England and Japan. However, despite the emphasis on the importance of choice, the perspectives of older people have been given little attention. Considering national and local policies in Bristol, England and Kyoto, Japan, this article explores how older people are exercising (and not exercising) choice in care practice, by examining the perspectives of the older people themselves, as well as key informants in the field. Empirical data were collected from interviews with older people and key informants in the two countries, and were analysed using qualitative and comparative approaches. Choice in policy is regarded as a mechanism of the market, with an assumption of the independent autonomous individual who can exercise 'rational choice'. However, the findings have reflected older people's relational decision-making, which does not conform to the rational model of decision-making, and illustrates the value of 'interdependence'. The findings from care practice have shown that choice was considered an important value in involving older people's views and ensuring their needs are met sensitively and respectfully. The findings also suggest that consideration of the psychological aspects of choice is an important aspect of 'care', facilitating the inclusion of older people's views in the process of making judgements, in order to meet their needs. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

Organization and supply of long-term care services for the elderly: a bird's-eye view of old and new EU Member States; by Monika Riedel, Markus Kraus, Susanne Mayer.: Wiley Blackwell, December 2016, pp 824-845.

Social Policy and Administration, vol 50, no 7, December 2016, pp 824-845.

This article provides an overview of the organisation of formal long-term care (LTC) systems for older people in ten old and 11 new EU Member States (MS). Generally, the authors find that the main responsibility for regulating LTC services is centralised in half of these countries, whereas in the remaining countries, this responsibility is typically shared between authorities at the central level and those at the regional or local levels in both institutional and home-based care. Responsibilities for planning LTC capacities are jointly met by central and non-central authorities in most countries. Access to publicly financed services is rarely means-tested, and most countries have implemented legal entitlements conditional on needs. In virtually all countries, access to institutional care is subject to cost sharing, which also applies to home-based care in most countries. The relative importance of institutional LTC relative to home-based LTC services differs significantly across Europe. Although old MS appear to be experiencing some degree of convergence, institutional capacity levels still span a wide range. Considerable diversity may also be observed in the national public-private mix in the provision of LTC services. Lastly, free choice between public and private providers exists in the vast majority of these countries. This overview provides vital insights into the differences and similarities in the organisation of LTC systems across Europe, especially between old and new MS, while also contributing valuable insight into previously neglected topics, thus broadening the knowledge base of international experience for mutual learning. (RH)

ISSN: 01445596

From : [wileyonlinelibrary.com/journal/spol](http://wileyonlinelibrary.com/journal/spol)

Participatory video and well-being in long-term care; by Andrea Capstick.: Hawker Publications, January/February 2016, pp 26-29.

Journal of Dementia Care, vol 24, no 1, January/February 2016, pp 26-29.

Film-making is an effective way of engaging people with dementia and improving their well-being. The author and colleagues at the University of Bradford's Faculty of Health Studies worked on the research study 'Can

Participatory Video enhance social participation and well-being for people with dementia in long-term care?'. She explains how 'participatory video' gave one group an opportunity to tell their own story in film. (RH)

ISSN: 13518372

From : <http://www.careinfo.org/journal-of-dementia-care/>

Partnership Program for long-term care insurance: the right model for addressing uncertainties with the future?: forum article; by Savannah Bergquist, Joan Coasta-Font, Katherine Swartz.: Cambridge University Press, October 2016, pp 1779-1793.

Ageing and Society, vol 36, no 9, October 2016, pp 1779-1793.

Public policies that provide incentives for higher middle-income people to purchase private long-term care insurance (LTCI) have been proposed as a way to shield large numbers of middle-income people from the risk of needing costly long-term care. A proposal to promote purchases of private LTCI that has gained modest traction in the United States of America is the Partnership Program. The structure and public-private nature of the Partnership Programs are reviewed along with the trends in sales of both regular private LTCI policies and Partnership LTCI policies, to show that both experienced low rates of purchase. Efforts to implement the Partnership Programs were very modest, in part because many were launched when the Affordable Care Act 2010 was passed. (The authors note that the Partnership for Long-Term Care Programme, or LTCP, was designed to potentially reduce the financial pressure on Medicaid to pay for LTC.) At the same time, several well-known insurers withdrew from selling private LTCI. Understanding why the Partnership Program is not a success provides lessons for other counties interested in creating similar public-private ventures. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

Paying for care costs in later life using the value in people's homes; by Les Mayhew, David Smith, Duncan O'Leary.: International Association for the Study of Insurance Economics, 2016, pp 1-23.

Geneva Papers, 2016, pp 1-23.

With the number of UK citizens aged 75+ doubling to 10 million by 2040, and with 1.3 million people already receiving social care services in England alone, social care funding is a key public policy challenge. The Government has launched a set of reforms designed to get social care funding onto a sustainable footing, by establishing a new level for what individuals and the state will pay. The reforms are designed to encourage individuals to explore how best to use their available wealth and assets to meet care costs, through a mixed system of local authority and private sector care-funding options. One option is to use the value in the home to bridge the cost between out-of-pocket costs and care home fees. In this article, the authors consider two new financial arrangements designed to meet the needs of people in different financial circumstances based on releasing equity from the home. These are an equity-backed insurance product, and an "equity bank" that lets a person draw down an income from their home. This paper draws on two previous research publications: Mayhew and O'Leary's 'Unlocking the potential' (Demos, 2014), and Mayhew and Smith's 'The UK Equity Bank: towards income security in old age' (International Longevity Centre - UK, 2014). It was first published in The Geneva Papers, 2016, (1-23), published by the International Association for the Study of Insurance Economics. (RH)

From : Link to download on Demos website at: <http://www.demos.co.uk/project/caring-for-an-ageing-population/>

The role and influence of micro-cultures in long-term care on the mental health and wellbeing of older people: a scoping review of evidence; by Rasa Mikelyte, Alisoun Milne.: Emerald, 2016, pp 198-214.

Quality in Ageing and Older Adults, vol 17, no 3, 2016, pp 198-214.

Micro-culture is defined in this article as "a distinctive culture shared by a small group that is based on location or within and organisation". The authors explore evidence about the role played by micro-cultures in long-term care (LTC) settings in shaping residents' mental health and wellbeing. A scoping review included database searches of academic and grey literature, using pre-determined combinations of key terms and specific inclusion and exclusion criteria. The review followed Arksey's and O'Malley's methodological framework (2005). Micro-cultures (localised, distinctive cultures of a small group of people) in LTC are complex, multi-faceted and multi-directional; they include social dynamics as well as structural and environmental factors. Although much work has been done on the nature of micro-cultures, limited work has focused on LTC for older people. Initiatives to promote the mental health and well-being of residents rarely consider micro-cultures in any holistic way; they tend to be taken into account either as part of a contextual backdrop, or as a unidirectional process often equated with the concept of "care culture" or "organisational culture". The role played by micro-cultures in influencing the mental health and well-being of older people living in LTC settings is significantly under-researched. The findings of this review suggest that their complexity and multidimensionality challenges researchers. (RH)

ISSN: 14717794

From : [www.emeraldgroupublishing.com/qaoa.htm](http://www.emeraldgroupublishing.com/qaoa.htm)

Singaporean caregivers' experiences of placing a relative into long term care; by Rajini Ramanathan, Paul Fisher.: Taylor and Francis, 2016, pp 167-189.

Clinical Gerontologist, vol 39, nos 1-5, 2016, pp 167-189.

Caregivers experience many difficulties and challenges with the process of providing care, particularly at times of transition, such as when the care recipient moves into a nursing home. This qualitative study aims to understand caregiver experiences of this important process. Twelve interviews were conducted with caregivers with an older relative in a nursing home in Singapore. The resulting data were analysed through thematic analysis. Five themes were identified: Filial and cultural expectations shape caregivers' experience of pre-placement decisions and post-placement; View of the placement decision; Continued impact of caring; Engagement with the institution; and Maintaining the relationship. Caregivers were found to place significant emphasis on cultural values, specifically on filial piety. This affected their caregiving role prior to placement, when making the decision to place their relative into a nursing home, and in their continued involvement after placement. Despite the changing role, the placement experience was fraught with persisting difficulties involving maintaining the relationship with the resident, and developing a new relationship with the nursing home. (RH)

ISSN: 07317115

From : <http://www.tandfonline.com>

Supporting the pillars of life quality in long-term care; by Tracey McDonald.: Routledge, July-September 2016, pp 167-183.

Journal of Religion, Spirituality and Aging, vol 28, no 3, July-September 2016, pp 167-183.

Issues of life quality and what that means for the population who are ageing and becoming frail in large numbers require new thinking regarding a practical application of quality of life theory to enhance the experience of living in aged care contexts. Quality of life also has importance for care providers wishing to judge the quality of their services. Assumptions that disease and disability dictate life quality undermine the centrality of individual experiences, and assumptions regarding spirituality and religion can confuse approaches to services offered to a cohort of people whose focus is on spiritual well-being. Information gathered on aged care residents' experiences of life quality can focus attention on supporting positive experiences during late age. If the potential for quality of life is strengthened, individual pursuit of higher meaning may be fostered. Appropriate support and care within care services can be enhanced through reliable assessment of factors that sustain quality of life. It is argued that quality of life can exist separately from disease or disability, that spirituality and religion are not synonymous, and that concepts of life quality and spirituality are not causally related and are therefore more reliably assessed as separate phenomena. (JL)

ISSN: 15528030

From : <http://www.tandfonline.com>

Tracing stigma in long-term care insurance in Israel: stakeholders' views of policy implementation; by Roni Strier, Perla Werner.: Taylor and Francis, January-March 2016, pp 29-48.

Journal of Aging and Social Policy, vol 28, no 1, January-March 2016, pp 29-48.

Almost all developed countries provide some answers for long-term care, but only a few countries - such as Japan, Austria, the Netherlands, Germany and Israel - have implemented long-term care insurance (LTCI) based on legislation and entitlement principles. In Israel, a community-based LTCI social programme has achieved multiple goals and considerably improved the life of frail older people. However, some studies show that despite the rising costs of home care and the mandatory and almost universal nature of LTCI, there are still cases in which people with Alzheimer's disease (AD) and other types of dementia or their relatives vacillate or even decline to make use of their rights. The authors examined the question of whether these patterns may reflect the presence of welfare stigma (i.e. stigmatised views of LTCI) either related to identity stigma of persons with AD or to treatment stigma, that are usually associated with welfare bureaucracy. Based on a qualitative design, this article uses a methodology of personal in-depth and focus group triangulation, by which the views of three groups of stakeholders are explored and compared: people with AD, relatives, and professionals. Findings showed the presence of stigmatic self-images among those with AD or other types of dementia, and the absence of such images in relatives' and professionals' views of them and of LTCI. However, treatment stigma was found to be primarily associated with eligibility determination procedures. The study concludes that LTCI, even when mandated and almost universal, may also generate welfare stigma due to the ways in which it is implemented. (RH)

ISSN: 08959420

From : <http://tandfonline.com>

## 2015

Access to long-term care: perceptions and experiences of older Dutch people; by Lisette Schipper, Katrien G Luijkx, Bert R Meijboom (et al.): Emerald, 2015, pp 83-93.

Quality in Ageing and Older Adults, vol 16, no 2, 2015, pp 83-93.

Despite the current focus on demand-based care, little is known about what clients consider important when they have a request for formal long-term care services. This paper aims to discuss this issue. Questions about the access process to care services were added to the "Senior Barometer", a Dutch web-based questionnaire that assesses older people's opinions about different aspects in life. The questionnaire surveyed both people who had already requested care services ("users"), and people that did not ("future clients"). The results show a significant difference in what people expect to be the first step from what users actually did, when requesting formal care services. In addition, there was a significant difference on how "users" and "future clients" rated several access service aspects. The results give valuable information on how both "users" and "future clients" value the access process. The findings also provide valuable input for organisations providing long-term care for older clients about the important issues that have to be considered when organising the access process. This study shows what older people in the Netherlands find important during the access process to care services, and this has not been explored before. The difference between what "users" and "future clients" find of importance in the care access process suggests that it is difficult for people to foresee what will be important once the need for care arrives, or where they will turn to with a request for care services. (RH)

ISSN: 14717794

From : [www.emeraldgroupublishing.com/qaoa.htm](http://www.emeraldgroupublishing.com/qaoa.htm)

Access to long-term care services in Spain remains inequitable; by Pilar Garcia-Gomez, Cristina Hernandez-Quevedo, Dolores Jimenez-Rubio, Juan Oliva-Morena.: European Observatory on Health Systems and Policies, 2015, pp 30-33.

Eurohealth, vol 21, no 2, 2015, pp 30-33.

Spain's Dependency Act 2006 provides universal access to long-term care services for those with certain levels of dependency. However, evidence suggests the existence of horizontal inequity in access to long-term care services, both in terms of use and unmet needs across socioeconomic groups. In particular, formal care appears to be disproportionately concentrated among the rich, while unmet needs and intensive use of informal care services seems to be concentrated among the relatively less well-off. (NH)

ISSN: 13561030

From : <http://www.healthobservatory.eu>

Comparing the resident populations of private and public long-term care facilities over a 15-year period: a study from Quebec, Canada; by Gina Bravo, Marie-France Dubois, Nicole Dubuc (et al.): Cambridge University Press, November 2015, pp 2039-2052.

Ageing and Society, vol 35, no 10, November 2015, pp 2039-2052.

In the province of Quebec, Canada, long-term residential care is provided by two types of facility: privately owned facilities in which care is privately financed and delivered; and publicly subsidised accredited facilities. There are few comparative data on the residents served by the private and public sectors, and none on whether their respective population has changed over time. Such knowledge would help plan services for older adults who can no longer live at home due to increased disabilities. This study compared (a) the resident populations currently served by private and public facilities, and (b) how they have evolved over time. The data come from two cross-sectional studies conducted in 1995-2000 and 2010-2012. In both studies, the authors randomly selected care settings in which they randomly selected older residents. In total, 451 residents from 145 settings assessed in 1995-2000 were compared to 329 residents from 102 settings assessed in 2010-2012. In both study periods, older adults housed in the private sector had fewer cognitive and functional disabilities than those in public facilities. Between the two study periods, the proportion of residents with severe disabilities decreased in private facilities, while it remained over 80% in their public counterparts. Findings indicate that private facilities care today for less disabled older adults, leaving to public facilities the heavy responsibility of caring for those with more demanding needs. These trends may affect both sectors' ability to deliver proper residential care. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

Decentralisation of long-term care in the Netherlands: the case of the day care at green care farms for people with dementia; by Stephanie J M Nowak, Claudia C M Molema, Caroline A Baan (et al).: Cambridge University Press, April 2015, pp 704-724.

Ageing and Society, vol 35, no 4, April 2015, pp 704-724.

Responsibility for health and social care services is being delegated from central to local authorities in an increasing number of countries. In the Netherlands, the planned transfer of responsibility for day care for people with dementia from the central government to municipalities is a case in point. The impacts of this decentralisation process for innovative care concepts such as day care at green care farms are largely unknown. The authors interviewed representatives of municipalities and green care farms to explore what consequences they expected of decentralisation for their organisations and people with dementia. The study shows that communication and collaboration between municipalities and green care farms is relatively limited. Consequently, municipalities are insufficiently aware of how green care farms can help them to perform their new tasks; and green care farmers know little about what municipalities expect from them in the new situation. The authors recommend that municipalities and green care farms keep each other informed about their responsibilities, duties and activities to ensure a tailored package of future municipal services for people with dementia. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

Interactions between state pension and long-term care reforms: an overview; by John Adams, Chris Curry, Ferran Espuny-Pujol (et al), Care and State Pension Reform Team - CASPeR. London: Pensions Policy Institute, November 2015, 26 pp.

The Care and State Pension Reform Team (CASPeR) is a collaborative project between the Pensions Policy Institute (PPI), the University of East Anglia (UEA) and the Personal Social Services Research Unit (PSSRU) at London School of Economics and Political Science (LSE), funded over two years by the Nuffield Foundation, to investigate the long-term impacts of both long term care and state pension reforms and their potential interactions. In April 2016 major reforms to state pensions will be implemented in Great Britain. Reforms to the English long-term care financing system were also to be introduced in 2016, but have recently been postponed until 2020. This report assesses how reforms to the state pension and the English long-term care financing system interact to affect different groups. The report uses a number of hypothetical individuals in different circumstances (vignettes), to illustrate the effects of the state pension and long-term care reforms. All vignettes reach state pension age in April 2016, which will be 63 for women and 65 for men. The vignettes' combinations of earnings level, financial and housing wealth, pension accumulation and housing tenure are informed by analysis of the English Longitudinal Study of Ageing (ELSA). The report finds that those most likely to benefit from the reforms are homeowners and high / median income earners. Lower earning renters could lose out from the combination of reforms, if transitional protection is not introduced. (RH)

From : Download at: <http://www.pensionspolicyinstitute.org.uk/casper>

Israel's long-term care social insurance scheme after a quarter of a century; by Allan Borowski.: Taylor and Francis, July-September 2015, pp 195-214.

Journal of Aging and Social Policy, vol 27, no 3, July-September 2015, pp 195-214.

Long-term care social insurance schemes exist in a number of countries, while the introduction of such schemes enjoys some support in others. Israel's long-term care social insurance scheme has been operating since 1988. This article examines the emergence, goals, design, and impacts of this scheme; and draws out some of the lessons that can be learned from Israel's quarter century experience of long-term care social insurance. (RH)

ISSN: 08959420

Long-term care (LTC) protection for older persons: a review of coverage deficits in 46 countries; by Xenia Scheil-Adlung, International Labour Organization - ILO. Geneva: International Labour Organization, 2015, (Extension of social security series, Working paper no. 50).

Due to the global demographic ageing, all countries are challenged by growing long-term care (LTC) needs for older people. However, these needs are largely ignored and range very low on the policy agendas of most countries. This paper has developed global estimates on LTC protection of people aged 65 and over. It examines long-term care (LTC) protection in 46 developing and developed countries covering 80% of the world's population, and provides data on LTC coverage for the population aged 65+. It identifies access deficits for older people due to the critical shortfall of formal LTC workers. It presents the impacts of insufficient public funding, the reliance on unpaid informal LTC workers and high out-of-pocket payments (OOP). It calls for recognising LTC as a right, and mainstreaming LTC as a priority. (RH)

From : Download: [http://www.ilo.org/wcmsp5/groups/public/---ed\\_protect/---soc\\_sec/documents/publication/wcms\\_407620.pdf](http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---soc_sec/documents/publication/wcms_407620.pdf)

Long-term care reform in the Netherlands: too large to handle?; by Ewout van Ginneken, Madelon Kroneman. Brussels: European Observatory on Health Systems and Policies, 2015, pp 47-50. Eurohealth, vol 21, no 3, 2015, pp 47-50.

In the Netherlands, the Exceptional Medical Expenses Act (AWBZ) underwent major reform in 2015, with the aim of saving costs and keeping people self-sufficient for as long as possible. Most forms of non-residential care were transferred to the municipalities and added to the Social Support Act and Youth Act, and insurers were made responsible for home nursing. Residential long-term care will be available under the new Long Term Care Act, which will replace the AWBZ. This article looks at the problems that implementation has faced, including late payments and shortfalls in provision. (NH/RH)

ISSN: 13561030

From : [www.euro.who.in/en/who-we-are/partners/observatory/eurohealth](http://www.euro.who.in/en/who-we-are/partners/observatory/eurohealth)

Long-term services and supports for older adults: a review of home and community-based services versus institutional care; by Andrea Wysocki, Mary Butler, Robert L Kane (et al.): Taylor and Francis, July-September 2015, pp 255-279.

Journal of Aging and Social Policy, vol 27, no 3, July-September 2015, pp 255-279.

In the United States, despite a shift from institutional services toward more home and community-based services (HCBS) for older adults who need long-term services and supports (LTSS), the effects of HCBS have yet to be adequately synthesized in the literature. This review of literature from 1995 to 2012 compares the outcome trajectories of older adults served through HCBS (including assisted living [AL]) and in nursing homes (NHs) for physical function, cognition, mental health, mortality, use of acute care, and associated harms (e.g. accidents, abuse, and neglect) and costs. NH and AL residents did not differ in physical function, cognition, mental health, and mortality outcomes. The differences in harms between HCBS recipients and NH residents were mixed. Evidence was insufficient for cost comparisons. More and better research is needed to draw robust conclusions about how the service setting influences the outcomes and costs of LTSS for older adults. Future research should address the numerous methodological challenges present in this field of research, and should emphasize studies evaluating the effectiveness of HCBS. (RH)

ISSN: 08959420

Mandatory aged care insurance: a case for Australia; by Francesco Paolucci, Przemyslaw M Sowa, Manual Garcia-Goni (et al.): Cambridge University Press, February 2015, pp 231-245.

Ageing and Society, vol 35, no 2, February 2015, pp 231-245.

This paper assesses the feasibility and welfare-improving potential of an insurance market for aged care expenses in Australia. As in many other countries, demographic dynamics coupled with an upward trend in costs of personal care result in consumer co-contributions imposing a risk of expenses that could constitute a significant proportion of lifetime savings, in spite of the presence of a government-run aged care scheme. The authors explore issues around the development of an insurance market in this particular setting. The paper considers adverse selection, moral hazard, timing of purchase, transaction costs and correlation of risks, as well as such contextual factors as longevity and aged care cost determinants. The analysis indicates aged care insurance is both feasible and welfare-enhancing, thus providing a gainful alternative to the aged care reform proposed by the Productivity Commission in 2011. However, while the insurance market would benefit the ageing Australian population, it is unlikely to emerge spontaneously, because of the problem of myopic individual perceptions of long-term goals. Consequently, the authors recommend regulatory action to trigger the market development. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

New strategies for the care of older people in Denmark and Norway; by Richard B Saltman, Terje P Hagen, Karsten Vrangbaek.: European Observatory on Health Systems and Policies, 2015, pp 23-26.

Eurohealth, vol 21, no 2, 2015, pp 23-26.

Examines the national programme of structural and fiscal reforms that Denmark and Norway have recently put in place in order to alleviate the growing pressure from increasing numbers of chronically ill older people. Municipalities have received financial incentives to reduce unnecessary hospital referrals by caring for chronically ill older people at the primary care level, and have established local acute care coordination units inside hospitals. At a national government level, there has been substantial investment in rural primary care and encouragement for hospital consolidation. (NH)

ISSN: 13561030

From : <http://www.healthobservatory.eu>

## 2014

Horizontal and vertical target efficiency: a comparison between users and non-users of public long-term care in Sweden; by Marten Lagergren, Britt-Marie Sjolund, Cecilia Fagerstrom (et al.): Cambridge University Press, April 2014, pp 700-719.

Ageing and Society, vol 34, no 4, April 2014, pp 700-719.

The extent to which a system of services is in tune with the needs of the population can be expressed in terms of target efficiency, which includes horizontal target efficiency - the extent to which those deemed to need a service receive it - and vertical target efficiency - the corresponding extent to which those who receive a service actually need it. Vertical efficiency can be measured by looking only at those receiving services. To measure horizontal target efficiency in a population, one must have access to population surveys. Data were taken from the baseline survey of the Swedish National Study on Ageing and Care (SNAC study). The results show that more than 80 per cent of those dependent in personal activities of daily living (ADLs) in the studied geographic areas were users of public long-term care (LTC). Dependency in instrumental activities of daily living (IADLs) was identified as the most important predictor of using LTC. Vertical target efficiency was 83-95 per cent dependent on age, gender and type of household, if need was defined as dependency in instrumental activities of daily living. It was considerably lower, 35-61 per cent when defined as dependency in personal daily activities. Overall, long-term target efficiency in Sweden must be regarded as high. Few people who need public LTC services fail to receive them. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

Long-term care insurance and market for aged care in Japan: focusing on the status of care service providers by locality and organisational nature based on survey results; by Makoto Kubo.: Wiley, September 2014, pp 153-157.

Australasian Journal on Ageing, vol 33, no 3, September 2014, pp 153-157.

This article describes the introduction of Japan's long-term care insurance (LTCI) system, introduced in 2000 to alleviate the burden on family members caring for older relatives, and the creation of the care market. It then examines the status of care service providers by locality and organisational nature. Questionnaires were sent to 9505 home-based care service providers registered in the databases of 17 prefectures. The prefectures were selected according to population size. Study findings showed that numerous for-profit providers have newly entered the aged care service market and are operating selectively in Tokyo, a typical example of a metropolitan area. Furthermore, both for-profit and non-profit providers have suffered from a shortage of care workers and difficult management conditions, which tend to be more pronounced in Tokyo. The market under long-term care insurance was successful in terms of the volume of services, but most providers were sceptical as to whether competition in the market could facilitate quality care services. (JL)

ISSN: 14406381

From : [wileyonlinelibrary.com/journal/ajag](http://wileyonlinelibrary.com/journal/ajag)

Precautionary savings against health risks: evidence from the Health and Retirement Study; by Tansel Yilmazer, Robert L Scharff.: Sage, March 2014, pp 180-206.

Research on Aging, vol 36, no 2, March 2014, pp 180-206.

The precautionary savings model predicts that households accumulate wealth to self-insure against unexpected declines in future income and unforeseen expenditures. The authors used data from the US Health and Retirement Study (HRS) to construct two measures of health risks, with the aims of: investigating whether the near-elderly who face higher health risks save more; and examining the factors that contribute to health risks that the near-elderly face. Their results do not support the hypothesis that household savings increase with the health risks that they face. Individuals who confront higher health risks in the future are those who are already in fair or poor health status, or those who have a health condition such as diabetes or lung disease. Lower earnings and high medical expenditures caused by current poor health status prevent households from accumulating savings for future health adversities. (RH)

ISSN: 01640275

From : [roa.sagepub.com](http://roa.sagepub.com)

Should dehydration in older people be a marker of lack of quality in long term care provision?; by Lee Hooper, Diane K Bunn.: Emerald, 2014, pp 232-236.

Quality in Ageing and Older Adults, vol 15 no 4, 2014, pp 232-236.

This viewpoint article considers whether dehydration in older people should be used as a marker of lack of quality in long-term care provision. It examines the assumed relationship between dehydration and the quality of care, and then considers factors that can lead to dehydration in older people. It finds that even with the best care, older people, in the absence of a sense of thirst, and for fear of urinary accidents, difficulties getting to the toilet or choking, may choose to drink less than would be ideal for their health. While good care supports older people to minimise these problems, it also respects older people making their own decisions around when, what and how much to drink. It appears that dehydration may sometimes be a sign of good care, as well as arising from poor care. Residential care homes should not be stigmatised on the basis of their residents being dehydrated. Rather, they should be helped to explore whether they are achieving an appropriate balance between care and quality of life for their residents. (RH)

ISSN: 14717794

From : [www.emeraldinsight.com/qaoa.htm](http://www.emeraldinsight.com/qaoa.htm)

Structural marginalisation among the long-term care workforce in England: evidence from mixed effect models of national pay data; by Shereen Hussein, Jill Manthorpe.: Cambridge University Press, January 2014, pp 21-41. Ageing and Society, vol 34, no 1, January 2014, pp 21-41.

The long-term care sector is generally characterised by low pay and difficult working conditions. Understanding pay structures and differentials within this sector is important in enhancing recruitment, retention, quality of care and productivity. This article uses new national data on the long-term care workforce in England to investigate employer and individual effects on pay levels and differentials, using mixed-effects modelling controlling for region, sector and employer hierarchical factors. We further examine whether gender and ethnic pay gaps exist among different groups of workers. The results indicate a significant relationship between sector and pay across different job roles. The analysis further identifies ethnic and gender pay differences even after controlling for the effects of sector and individual employers. The implications of this are discussed in relation to sustaining the care workforce in the context of an ageing society and the potential for structural employment marginalisation to reflect the marginalisation of older people receiving care. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

Waiting times for aged care packages: the need to know; by Maria Griffiths, Robyn Russell, Gillian Brunner ... (et al.): Wiley Blackwell, March 2014, pp 26-28.

Australasian Journal on Ageing, vol 33, no 1, March 2014, pp 26-28.

The aim of the present study was to establish local waiting times for access to Aged Care Packages (ACPs). In Australia ACPs are federally funded and designed to support older people to remain independent in their own homes for as long as possible. Access to an ACP is via the Aged Care Assessment Services (ACAS) process. Initial investigations suggested that significant waiting times existed locally. Analysis of ACAS data was undertaken retrospectively and prospectively to identify type of ACP and date of approval. Date of provision was obtained from ACP providers. 285 ACPs were approved, but only 35 were provided. At up to 12 months after approval, 88% of the cohort were still waiting to receive an appropriate package. Long waiting times exist, which has implications both for the individual and the care/health sectors. It is suggested that monitoring waiting times should be a requirement for the future. (JL)

ISSN: 14406381

From : [wileyonlinelibrary.com/journal/ajag](http://wileyonlinelibrary.com/journal/ajag)

Who will care for older people in China?: Exploring the implications of gender imbalance at birth; by Yoshihiko Kadoya, Ting Yin.: Emerald, 2014, pp 97-105.

Working with Older People, vol 18, no 2, 2014, pp 97-105.

Much of the literature about the gender imbalance at birth in China presents discussions based on the traditional assumption that Chinese sons are more involved in taking care of parents than are Chinese daughters, and thus that Chinese parents prefer sons. Yet, empirical evidence is lacking. This paper verifies the assumption by using the 'Preference Parameters Study in China 2011', which conducted 652 face-to-face interviews with randomly selected individuals in six major Chinese cities. This paper first presents empirical evidence that Chinese sons (and their wives) are more likely, compared to daughters (and their husbands), to be primary caregivers for parents. The paper also reports the finding that Chinese parents' dependencies on their children would not necessarily decrease with the development of social security, although that may be the case when a child has a highly educated spouse. The paper suggests that the Chinese government needs to increase long-term care services for older people, especially since more women are being educated. (RH)



ISSN: 13663666

From : [www.emeraldgroupublishing.com/wwop.htm](http://www.emeraldgroupublishing.com/wwop.htm)

## 2013

Assisted living platform: the long term care revolution; by Anthea Tinker, Leonie Kellaher, Jay Ginn (et al), Institute of Gerontology, King's College London; Housing Learning and Improvement Network - Housing LIN.: Housing Learning and Improvement Network - Housing LIN, September 2013, 71 pp.

Written for the Technology Strategy Board, this report outlines the case for a revolution in long term care, and captures some of the supporting material that has aided the development of the Board's 'long term care revolution' programme. It includes evidence about the views of older people and their carers in the UK, lessons from abroad, the implications for care industry or providers, and makes recommendations to government and industry leaders. The authors identify practical evaluated examples of care provision; examine the extent to which older people can be at the heart of any decisions on their care; and discuss vignettes which describe levels of disability and care needs. (RH)

From : Weblink:

<http://housinglin.org.uk/Topics/browse/HealthandHousing/LongTermConditions/?&msg=0&parent=8692&child=8932>

Assisted living platform: the long term care revolution: a study of innovatory models to support older people with disabilities in the Netherlands; by Anthea Tinker, Jay Ginn, Eloi Ribe, Institute of Gerontology, King's College London; Housing Learning and Improvement Network - Housing LIN.: Housing Learning and Improvement Network - Housing LIN, September 2013, 36 pp (Case study 76).

This study was undertaken to see what can be learned from the Netherlands regarding long term care in that country, in order to inform UK policy, research and practice. The comprehensive analysis of the two countries has also been used to help the Technology Strategy Board's project - the Long Term Care Revolution - with examples of innovation and best practice in adult social care provision in a country that is similar to the UK in many ways. Of particular interest is that while the two countries are very similar in demographic profile and the experiences of the older generation, it is notable that, according to official statistics, older individuals remain disability-free for nearly half a decade longer in the Netherlands than in the UK. (RH)

From : Weblink:

<http://housinglin.org.uk/Topics/browse/HealthandHousing/LongTermConditions/?&msg=0&parent=8692&child=8932>

Factors associated with quality of life in dementia patients in long-term care; by María Crespo, Carlos Hornillos, Mónica Bernaldo de Quirós.: Cambridge University Press, April 2013, pp 577-585.

*International Psychogeriatrics*, vol 25, no 4, April 2013, pp 577-585.

The aim of this study was to describe and determine factors associated with the quality of life (QoL) of patients with dementia living in nursing homes as perceived by themselves and by proxies (both family and staff). Data on residents with dementia were collected in 11 nursing homes. The Quality of Life-Alzheimer's Disease Scale (QoL-AD) residential version was directly applied to residents with dementia diagnosis and Mini-Mental State Examination score of less than 27, randomly selected in each centre. Residents' QoL was further assessed from the perspective of some close relatives and staff members. Altogether 102 data sets from residents, 184 from relatives, and 197 from staff members were collected. Stepwise multiple linear regression analysis showed that depression and cognitive function were the best predictors of self-rated QoL. Predictors of family-rated QoL were resident's functional capacity to carry out activities of daily living (ADL), the family member paying for the nursing home fees and use of feeding tubes as part of the resident's care. Predictors of staff-rated QoL were resident's functional capacity to carry out ADL, cognitive impairment and depression, staff-member's work pattern of shifts (rotating versus permanent) and type of centre administration (public versus private). Explained variance for the three models was 42%, 25% and 41% respectively. The QoL perception by persons with dementia living in a nursing home is mainly affected by their emotional state (depression level), while proxies' perceptions (both family and staff) are mainly associated with patients' functional autonomy in daily living. Therefore, perspectives of persons with dementia and their informants are not congruent. Moreover facility features and family and staff members' personal features do not affect QoL ratings. (JL)

ISSN: 10416102

From : [journals.cambridge.org/ipg](http://journals.cambridge.org/ipg)

Farewell to old legacies?: The introduction of long-term care insurance in South Korea; by Jin Wook Kim, Young Jun Choi.: Cambridge University Press, July 2013, pp 871-887.

Ageing and Society, vol 33, no 5, July 2013, pp 871-887.

South Korea has been experiencing unprecedented socio-economic transformations in which an ageing population is widely regarded as a key challenge. As an unlikely consensus on state intervention in care has emerged since early 2000, South Korea has achieved rapid development of welfare state programmes. The introduction of long-term care insurance (LTCI) in 2008 is one of the important steps. However, it is highly debatable whether the Korean welfare state has departed from its path of both developmentalism and Confucianism. This paper aims to analyse the nature of LTCI in South Korea, and to examine whether its introduction could mean a divergence from these two policy legacies. This research has reached an ambiguous conclusion. The regulatory role of the government and concerns about the costs of LTCI are regarded as a developmental legacy, whereas Confucian legacies seem to be withering away since LTCI shifts care responsibility from the family to the state. However, the study found that the state has difficulty in regulating the market and costs, and deeply embedded familialism seems difficult to overcome. (RH)

ISSN: 0144686X

From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

A good life in old age?: Monitoring and improving quality in long-term care; by Organisation for Economic Co-operation and Development - OECD. Paris: Organisation for Economic Co-operation and Development, June 2013, 8 pp (Policy brief).

While the number of older people in need of care is projected to at least double, governments are struggling to deliver high-quality care to people facing reduced functional and cognitive capabilities. Based on a recent OECD and EC report, this policy brief looks at data and policies to measure quality in long-term care and drive standards of care up. It considers: the measures of long-term care quality that are collected; the main regulatory approaches to encourage quality of long-term care; and how care processes can be better standardised for better quality. It outlines the measuring and monitoring of long-term care in Australia, Canada, Germany, the Netherlands, Portugal, Sweden and the United States. (RH)

From : Download: <http://www.oecd.org/els/health-systems/PolicyBrief-Good-Life-in-Old-Age.pdf>

The INTERLINKS framework for long-term care of older people in Europe; by Jenny Billings.: Emerald, 2013, pp 126-138.

Journal of Integrated Care, vol 21, no 3, 2013, pp 126-138.

The present study aimed to describe the methodological approach to and outcomes of a European multi-consortium EU 7th Framework funded project entitled 'INTERLINKS'. The project sought to develop a concept and method to describe and analyse long-term care (LTC) and its links with the health and social care systems, and formal and informal care. Through the development of a template, it accumulated and validated practice examples that described good policy and practice, transferable across EU member states. The outcome was to assemble a range of themes, sub-themes and 135 key issues into a web-based framework for LTC that was illustrated by over 100 examples of validated practice in LTC for older people. Key messages emanating from the project were provided, with an emphasis on the need for greater investment and pluralist evaluation of initiatives that sought to address the interfaces and links between care services. This project was unique in that it provided a comprehensive and accessible interactive European database of policy and projects that directly addressed the problems of interfaces between service provision for older people, and contributed towards the evidence base in discrete areas of LTC. (JL)

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From : [www.emeraldinsight.com/jica.htm](http://www.emeraldinsight.com/jica.htm)

Predictors of eligibility for long-term care funding for older people in Japan; by Shingo Moriya, Ayumi Murata, Shinji Kimura ... (et al.): Wiley Blackwell, June 2013, pp 79-85.

Australasian Journal on Ageing, vol 32, no 2, June 2013, pp 79-85.

The purpose of the present study was to determine the predictors of Japanese long-term care insurance system (LTCI) certification. Care needs of 784 persons aged 65-84 were followed through LTCI over five years. Each participant's score was divided into quartiles according to handgrip strength and one-leg standing time with eyes open. Cox proportional hazard models were conducted for the onset of certification of LTCI. Over the five-year period 64 women (14%) and 30 men (9%) were certified. Adjusted hazard ratios for certification were significantly higher for those of the lowest groups of one-leg standing time with eyes open at baseline than those in the highest groups, but no significance was found for handgrip strength. Other predictors were age and low social activity for women, and living alone and diabetes for men. The study concludes that one-leg standing time with eyes open predicts the onset of care need certification in older people. (JL)

ISSN: 14406381

From : [wileyonlinelibrary.com/journal/ajag](http://wileyonlinelibrary.com/journal/ajag)

Producing and funding welfare services for seniors in the future; by Minna Kaarakainen, Sanna Suomalainen, Virva Hyttinen.: Emerald, 2013, pp 74-84.

Working with Older People, vol 17, no 2, 2013, pp 74-84.

The Finnish welfare state is investigated from the point of view of the production and funding of care services. The authors examine the views of different generations as to which agency should be responsible for providing care services, and how such services should be financed. Data was gathered in May 2011 from 1,011 informants aged 18 to 74. Statistical methods used were analysis of variance (ANOVA), cross tabulation and multinomial logistic regression analysis (MLRA). Results show that most of the respondents hoped to be able to take care of themselves in their senior years. If this were impossible, the public sector was seen as the primary service provider. As expected, most of the respondents thought that the service system should be funded with tax revenue. Nevertheless, the results show that younger people are more willing than older people to take personal responsibility for funding the care services they need in their old age. The findings indicate that, in the future, respect and the role of individual preparedness will be stronger. The fact that younger generations react seriously to individual preparedness may be vital for the whole system, since public economic resources are limited. At the same time, research results exert pressure on decision-makers and current systems to create new, innovative options for funding and organising services. (RH)

ISSN: 13663666

From : [www.emeraldinsight.com/wwop.htm](http://www.emeraldinsight.com/wwop.htm)

Programmes to support chronic disease self-management: should we be concerned about the impact on spouses?; by Stacey Masters, Jodie Oliver-Baxter, Christopher Barton ... (et al.): Wiley Blackwell, May 2013, pp 315-326.

Health and Social Care in the Community, vol 21, no 3, May 2013, pp 315-326.

Chronic disease self-management support (CDSMS) programmes are widely advocated as an essential element of chronic disease care but may place additional strain on spouses. This study used an embedded mixed methods approach to explore the impact of CDSMS on spouses. Spouses were recruited as part of a larger randomised controlled trial to assess the efficacy of a health professional-led CDSMS programme (the Flinders Program) in older adults with multiple chronic conditions, compared with an attention control group. Spouses were recruited from the general community through General Practitioners located in the southern areas of Adelaide, Australia. Quantitative and qualitative data were collected between September 2009 and March 2011; a total of 25 spouses from each of the CDSMS and control groups provided data. Spousal strain was measured by the Caregiver Risk Screen (CRS). Few spouses had CRS scores indicative of moderate or high strain at baseline or upon completion of the study and CRS scores did not differ by programme allocation. Spouses of participants with poorer self-management and more illness intrusiveness had higher CRS scores at baseline (quantitative) and spousal strain was found to increase as a partner's well-being and capacity to self-manage decreased (qualitative). Spouse presence at CDSMS sessions (20%) frequently signalled a reduced level of partner well-being. Overall these findings suggest that CDSMS programmes in many cases will have little impact (either positive or negative) on spousal strain. A significant increase in spousal strain may occur however if there is deterioration in the health status of a CDSMS participant. The impact of decline in participant health status on carer strain needs to be considered in CDSMS programmes. (JL)

ISSN: 09660410

From : [www.wileyonlinelibrary.com/journals/hsc](http://www.wileyonlinelibrary.com/journals/hsc)

Puerto Rican elders' knowledge and use of community-based long-term care services; by Mariana T Guzzardo, Nancy W Sheehan.: Taylor & Francis, January 2013, pp 26-48.

Journal of Gerontological Social Work, vol 56, no 1, January 2013, pp 26-48.

In the present study three focus groups were conducted with 28 Spanish-speaking Puerto Rican older adults to explore their knowledge and use of community-based long-term care services, including an exploration of whether their residential setting influenced access to services. Analysis revealed themes relating to participants' difficulties and frustrations with formal services. A major theme was a reliance on formal services, given a lack of reliable familial help. Older people living in Latino senior housing reported the greatest access to services, with availability of Spanish-speaking housing staff and informal support from neighbours serving as critical components of their social networks. Practice and policy recommendations are provided. (JL)

ISSN: 01634372

From : <http://www.tandfonline.com>

Residents with mental-physical multimorbidity living in long-term care facilities: prevalence and characteristics. A systematic review; by Anne M A van den Brink, Debby L Gerritsen, Richard C Oude Vashaar, Raymond T C M Koopmans.: Cambridge University Press, April 2013, pp 531-548.

International Psychogeriatrics, vol 25, no 4, April 2013, pp 531-548.

Ageing societies will be confronted with increased numbers of long-term care (LTC) residents with multimorbidity of physical and mental disorders other than dementia. Knowledge about the prevalence rates, medical and psychosocial characteristics and care needs of this group of residents is mandatory for providing high-quality and evidence-based care. The purpose of this paper was to review the literature regarding these features. A systematic literature search was conducted for materials published between January 1988 and August 2011. 17 articles were found which met the inclusion criteria. Only one small study described multimorbidity of a wide range of chronic psychiatric and somatic conditions in LTC residents and suggested that physical-mental multimorbidity was the exception rather than the rule. All other studies showed prevalence rates of comorbid physical and mental illnesses to be roughly in line with reported prevalence rates among community-dwelling older people. LTC residents with mental-physical multimorbidity were younger than other LTC residents and had more cognitive impairment, no dementia and problem behaviours. Care needs of these residents were not described. Although exact figures are lacking, mental-physical multimorbidity is common in LTC residents. Given the specific characteristics of the pertaining residents, more knowledge of their specific care needs is essential. The first step now should be to perform research on symptoms and behaviour, which seem more informative than diagnostic labels as well as care needs of LTC residents with mental-physical multimorbidity. (JL)

ISSN: 10416102

From : [journals.cambridge.org/ipg](http://journals.cambridge.org/ipg)

Sense of community in long-term care: the views of family caregivers of elderly military veterans; by Ana Petrovic-Poljak, Candace Konnert.: Cambridge University Press, March 2013, pp 390-402.

International Psychogeriatrics, vol 25, no 3, March 2013, pp 390-402.

Family involvement in long-term care (LTC) is important but it can prove challenging and result in conflict with staff if families do not feel connected to the LTC facility or if they believe that their contributions are undervalued. According to McMillan & Chavis (1986), sense of community (SOC) refers to a feeling of belonging, having influence, having needs met and having an emotional connection to individuals in a community, and may be particularly essential for family caregivers of military veterans in LTC. This is the first study that evaluated SOC among family caregivers in LTC. Semi-structured interviews and self-report questionnaires assessing caregiver demographics, caregiving variables and SOC were administered to 46 family caregivers. Study results showed that caregivers endorsed a SOC that was positively related to key caregiving variables, such as family adjustment and satisfaction with care, and was negatively related to conflict with staff. Notably, caregivers' connections to the military community were positively related to SOC in LTC. Multiple regression analyses indicated that satisfaction with care accounted for the most variance in SOC (32.7%). This is the first study that examined SOC among family caregivers of military veterans in LTC, a subgroup of family caregivers with unique histories and needs. Although there were measures designed to assess family members' level of satisfaction with different facets of LTC, SOC provided unique information about whether family members felt part of the LTC community as valued partners in care. SOC is an important yet understudied construct that could contribute substantially to our understanding of family-focused care. (JL)

ISSN: 10416102

From : [www.journals.cambridge.org/ipg](http://www.journals.cambridge.org/ipg)

Social support and health of older people in Middle Eastern countries: a systematic review; by Maryam Tajvar, Astrid Fletcher, Emily Grundy, Mohammad Arab.: Wiley Blackwell, June 2013, pp 71-78.

Australasian Journal on Ageing, vol 32, no 2, June 2013, pp 71-78.

The aim of this study was to review quantitative studies exploring the association between social support (SS) and the health of older people in Middle Eastern countries. 16 databases and other resources were searched to identify studies that met the inclusion criteria of the review. Of these, 22 studies met the criteria. Even allowing for the diversity of the studies included, this review offered strong and consistent evidence for a positive relation between SS and mental health, while there was inconsistent evidence of an association between SS and other health outcomes. The limited evidence for the Middle Eastern region confirms findings from other settings on the importance of SS for mental health in later life. Current evidence is inadequate to assess whether SS is associated with physical health. (JL)

ISSN: 14406381

From : [wileyonlinelibrary.com/journal/ajag](http://wileyonlinelibrary.com/journal/ajag)

Too ashamed to complain: cuts to publicly financed care and clients' waiving of their right to appeal; by Ellen Grootegoed, Christian Broer, Jan Willem Duyvendak.: Cambridge University Press, July 2013, pp 475-486. *Social Policy and Society*, vol 12, no 3, July 2013, pp 475-486.

This article examines how Dutch citizens with long-term care needs have used existing legal opportunities to respond to cuts in publicly financed care. Unexpectedly, most did not make use of their right to appeal the reduction or elimination of their previous entitlements, even when this led to marked problems in daily life. Thirty interviews with disabled and older people and their care-givers revealed that specific social norms on how to feel about the cuts inhibited the lodging of appeals. Given the new policy's stated intention of preserving care for the most needy, many affected clients felt they had no right to be angry. Despite their (often objectively warranted) grievances, they did not appeal, as breaking with the new moral code would trigger feelings of shame - of not being autonomous, of demanding too much when others are worse off, and of appearing ungrateful. (RH)

ISSN: 14747464

From : [journals.cambridge.org/sps](http://journals.cambridge.org/sps)

Trajectories of social engagement and depressive symptoms among long-term care facility residents in Hong Kong; by Vivian W Q Lou, Iris Chi, Chi Wai Kwan, Angela Y M Leung.: Oxford University Press, March 2013, pp 215-222.

*Age and Ageing*, vol 42, no 2, March 2013, pp 215-222.

Although social engagement and depressive symptoms are important concerns for long-term care facility residents, the dynamic relationship between them has not been adequately studied. This study aimed to examine the relationship between social engagement and depressive symptoms and changes in social engagement and depressive symptoms among Hong Kong Chinese residents of long-term care facilities over six years. A latent growth model was used to analyse six waves of data collected using the Resident Assessment Instrument Minimum Data Set 2.0 in the Hong Kong Longitudinal Study on Long-Term Care Facility Residents. Ten residential facilities with a total of 1,184 eligible older adults at baseline were included in the study. After controlling for demographic variables at baseline, a higher level of social engagement was associated with fewer depressive symptoms. Trajectories of social engagement were significantly related to trajectories of depressive symptoms. Participants who recorded positive social engagement growth reported reduction in depressive symptoms. The findings of this study extend previous research by showing that increased social engagement is associated with decreased depressive symptoms over time. In long-term residential care settings it is important for services to engage residents in meaningful social activities in order to reduce depressive symptoms. (JL)

ISSN: 00020729

From : [www.ageing.oxfordjournals.org](http://www.ageing.oxfordjournals.org)

## 2012

Balancing long-term care in Japan; by Mie Ohwa, Li-Mei Chen.

*Journal of Gerontological Social Work*, vol 55, no 7, October 2012, pp 659-672.

This article discusses Japan's long-term care (LTC) from the perspective of balancing the provision and financing of care. Specifically the article provides an overview of the long-term care insurance (LTCI) system in Japan and analyses the current state of Japan's LTC with current statistical data as to whether the supply meets the demand for care by frail older people and their families. (JL)

ISSN: 01634372

From : <http://www.tandfonline.com>

Comparative political economy of long-term care for elderly people: political logic of universalistic social care policy development; by Takeshi Hieda.: Wiley Blackwell, June 2012, pp 258-279.

*Social Policy and Administration*, vol 46, no 3, June 2012, pp 258-279.

Despite there being common socio-demographic pressures across industrialised countries, public programmes for care of older people tend to vary. This study explored the causal relationship between political institutions and public long-term care programmes. It examined time-series and cross-section data of advanced democracies, from 1980 until 2001. It argued that countries with fragmented party systems have difficulties in developing universalistic public elder care programmes, whereas countries with party-vote-oriented electoral systems and cohesive party systems are likely to develop better elder care programmes. For whilst the former types of political institutions prioritise patronage-based, particularistic benefits, the latter types encourage political actors to appeal to broader constituencies through universalistic welfare programmes. The empirical results suggest that politicians' reliance on personal votes obstruct the expansion of public spending for elder care. (JL)

ISSN: 01445596

From : [wileyonlinelibrary.com/journal/spol](http://wileyonlinelibrary.com/journal/spol)

Facts and figures on healthy ageing and long-term care: Europe and North America; by Ricardo Rodrigues, Manfred Huber, Giovanni Lamura (eds), European Centre for Social Welfare Policy and Research; United Nations Economic Commission for Europe - UNECE. Vienna: European Centre for Social Welfare Policy and Research, 2012, 122 pp.

This publication is part of the MA:IMI project (Mainstreaming Ageing: Indicators to Monitor Implementation), an institutional collaboration between the European Centre for Social Welfare Policy and Research (ECV) and the United Nations Economic Commission for Europe (UNECE). It aims to provide governments, stakeholders and the broader public with a statistical portrait of cross-national trends and comparisons on population ageing in Europe and North-America. It analyses how voluntary commitment as well as public and private provision of care can work together to help older people live independently as long as possible. It provides easily accessible information on data and facts for academic experts and researchers to aid comparative analysis of healthy ageing and long-term care. It covers data and information on demography, social situation of older people, health, informal care, migrant care workers, public long-term care policies and expenditure for the countries of the UNECE, the United States and Canada. It is meant as a tool to inform policy debate and inform decision-making by policy-makers. (RH)

From : European Centre for Social Welfare Policy and Research, Berggasse 17, A-1090 Wien. Email: [ec@euro.centre.org](mailto:ec@euro.centre.org) Download at: [http://www.euro.centre.org/data/LTC\\_Final.pdf](http://www.euro.centre.org/data/LTC_Final.pdf)

Friendships among people with dementia in long-term care; by Kate de Medeiros, Pamela A Saunders, Patrick J Doyle ... (et al).

*Dementia: the international journal of social research and practice*, vol 11, no 3, May 2012, pp 363-381.

Despite the growing literature on social interaction in dementia settings, few studies have investigated friendship in people with dementia living in long-term care. Social interaction describes communicating at least once with another person while friendship suggests a deeper, more meaningful connection that may include reciprocity, intimacy, and shared trust. This six-month, mixed-methods study investigated friendships among assisted living residents with moderate to advanced dementia. The results revealed no correlation between test scores or demographic characteristics (except gender) and friendship dyads identified by staff. However staff perceptions of residents' friendships were not supported by the study observations. Friendships were seen among residents, characterised by voluntary participation and accommodation in conversation, and recognition of the uniqueness of the other. The authors suggest that staff perceptions of residents' friendships are not sufficient and that more research on this topic is needed. (JL)

ISSN: 14713012

From : <http://dem.sagepub.com/>

International comparison of long-term care resident dependency across four countries (1998-2009): a descriptive study; by Michal Boyd, Clive Bowman, Joanna B Broad, Martin J Connolly.: Wiley-Blackwell, December 2012, pp 233-240.

*Australasian Journal on Ageing*, vol 31, no 4, December 2012, pp 233-240.

The present study aimed to describe an international comparison of dependency of long-term care residents. All Auckland aged care residents were surveyed in 1998 and 2008 using the 'Long-Term Care in Auckland' instrument. A large provider of residential aged care, Bupa-UK, performed a similar but separate functional survey in 2003, again in 2006 (including UK Residential Nursing Home Association facilities), and in 2009 which included Bupa facilities in Spain, New Zealand and Australia. The survey questionnaires were reconciled and functional impairment rates compared. Of almost 90,000 residents, prevalence of dependent mobility ranged from 27 to 47%; chronic confusion, 46 to 75%; and double incontinence, 29 to 49%. Continence trends over time were mixed, chronic confusion increased, and challenging behaviour decreased. Overall functional dependency for residents is high and comparable internationally. Available trends over time indicate that increasing resident dependency requiring care for this population is considerable and possibly increasing. (JL)

ISSN: 14406381

From : [wileyonlinelibrary.com/journal/ajag](http://wileyonlinelibrary.com/journal/ajag)

Long-term care in China: issues and prospects; by Yu Cheung Wong, Joe Leung.

*Journal of Gerontological Social Work*, vol 55, no 7, October 2012, pp 570-586.

One of the major socioeconomic challenges China faces is its rapidly ageing population. China is now an ageing society, even though it is still regarded as a middle-income economy. Coupled with the market-driven reform of social services and rapid erosion of family support, the provision of affordable and accessible social care services to older people has already become an urgent issue for the government to address. Looking into the

future, the formulation of a sustainable position on long-term care (LTC) will increasingly become the major focus of social policy. This article sets out the background to the demographic shifts resulting in the emerging need for LTC in China. It analyses the issues facing LTC services and reviews their prospects, including the structure, operation, financing, and interfacing of residential and community-based home care services. (JL)

ISSN: 01634372

From : <http://www.tandfonline.com>

'Many helping hands': a review and analysis of long-term care policies, programs, and practices in Singapore; by Philip A Rozario, Amanda Leigh Rosetti.

Journal of Gerontological Social Work, vol 55, no 7, October 2012, pp 641-658.

Using the political economy perspective to examine key long-term care policies and provisions, this study aims to uncover some ideological underpinnings of policy-making in Singapore. Family involvement, an inherent part of the long-term care system, is overtly reinforced by legislations and policy imperatives. Further, the government encourages and expects the participation of nonstate actors in the provision of services as part of its Many Helping Hands approach to welfare provision. In their analysis the authors argue that the government's emphasis of certain ideology, such as self-reliance and cultural exceptionalism, allows it to adopt a residual and philanthropic approach in support of its macro-economic and legitimacy concerns. (JL)

ISSN: 01634372

From : <http://www.tandfonline.com>

Rethinking sociability in long-term care: an embodied dimension of selfhood; by Pia C Kontos.

Dementia: the international journal of social research and practice, vol 11, no 3, May 2012, pp 329-346.

The author argues for an expansion of the discourse on sociability to include embodied self-expression as contained in the theoretical notion of 'embodied selfhood'. Embodied selfhood is the pre-reflective nature of selfhood deriving from the body's pre-reflective capacity for engaging with the world and the socio-cultural significance of the body. This paper calls for the discourse on sociability in dementia to include embodied selfhood as a source of interactive practices. An eight-month ethnographic study of selfhood in dementia was conducted in a Canadian long-term care facility. The majority suffered with Alzheimer's disease and a smaller number of residents had vascular dementia. Thirteen residents took part in the study. The findings are discussed in terms of empathy, social etiquette, and the power of gesture. The observations suggest that social and cultural habits, movements and other physical cues serve important communicative functions in the course of social interaction. The author believes this underscores how sociability is an embodied dimension of selfhood, which not only broadens the discourse on sociability in dementia but also offers important insights to inform person-centred dementia care. (JL)

ISSN: 14713012

From : <http://dem.sagepub.com/>

The return of the family?: welfare state retrenchment and client autonomy in long-term care; by Ellen Grootegoed, Diane Van Dijk.

Journal of Social Policy, vol 41, part 4, October 2012, pp 677-694.

European welfare states are cutting back their responsibilities for long-term care, emphasising 'self-reliance' and replacing care as an entitlement of citizenship with targeted services. But we do not know how former long-term care recipients cope with such retrenchment and whether they are able to negotiate support from their family and friends. Through an analysis of 500 telephone interviews and 30 face-to-face interviews with long-term care recipients facing reduced care rights in the Netherlands, the authors found that disabled and older people resist increased dependence on their personal networks. Despite their perceived need, most clients who face reduced access to public long-term care do not seek alternative help. They feel trapped between the policy definition of self-reliance and their own ideals of autonomy. (RH)

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## **2011**

The effect of lengthening life expectancy on future pension and long-term care expenditure in England, 2007 to 2032.; by Juliette Malley.

Health Statistics Quarterly, no 52, Winter 2011, pp 33-61.

The aim of this analysis was to examine the effect of different assumptions about future trends in life expectancy (LE) on the sustainability of the pensions and long-term care (LTC) systems in England. Macro and micro simulation models were used to make projections of future public expenditure on LTC services for older people and on state pensions and related benefits, making alternative assumptions on increases in future LE. The

projections covered the period 2007 to 2032. Results were presented for a base case and for specified variants to the base case. The base case assumed that the number of older people by age and gender would rise in line with the Office for National Statistics' principal 2006-based population projection for England. It also assumed no change in disability rates, no changes in patterns of care, no changes in policy and rises in unit care costs and real average earnings by two per cent per year. Under these assumptions public expenditure on pensions and related benefits was projected to rise from 4.7 per cent of Gross Domestic Product (GDP) in 2007 to 6.2 per cent of GDP in 2032 and public expenditure on LTC from 0.9 per cent of GDP in 2007 to 1.6 per cent of GDP in 2032. Under a very high LE variant to the principal projection however, public expenditure on pensions and related benefits was projected to reach 6.8 per cent of GDP in 2032 and public expenditure on LTC 1.7 per cent of GDP in 2032. Policymakers developing reform proposals need to recognise that, since future LE is inevitably uncertain and since variant assumptions about future LE significantly affect expenditure projections, there is a degree of uncertainty about the likely impact of demographic pressures on future public expenditure on pensions and LTC. (JL)

ISSN: 14651645

From : <http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Health+and+Social+Care>

Experiences of and influences on continuity of care for service users and carers: synthesis of evidence from a research programme; by Gillian Parker, Anne Corden, Janet Heaton.

Health and Social Care in the Community, vol 19, no 6, November 2011, pp 576-601.

Health and social care systems find it difficult to deliver the continuity of care that service users want. Lack of clarity about what continuity means may contribute to these difficulties. The National Institute for Health Research Service Delivery and Organisation Programme (NIHR SDO) funded a series of research projects to explore this concept. The aim of this paper is to review the outcomes of these projects, specifically looking at what continuity of care is and what influences it. Using techniques adapted from systematic reviewing methods, the outputs of the projects were reviewed and data extracted. The service users in all the studies talked about their preferences and choices for treatment and care in a way that implied continuity, specifically in relation to relationships with professionals, access to information, and co-ordination between professionals and service. The findings show a broad common framework that can be used to understand continuity. A range of individual and structural factors influence the experience of continuity, including service users' characteristics and circumstances, care trajectories, the structure and administration of services, professionals' characteristics, carer participation, the wider context of the 'whole person', and satisfaction. The findings highlight how service users, carers and professionals construct continuity dynamically between themselves. (JL)

ISSN: 09660410

From : <http://www.ingentaconnect.com/content/bsc/hssc>

Future costs of dementia-related long-term care: exploring future scenarios; by Adelina Comas-Herrera, Sara Northey, Raphael Wittenberg ... (et al).

International Psychogeriatrics, vol 23, no 1, February 2011, pp 20-30.

This study explored how the views of a panel of experts on dementia would affect projected long-term care expenditure for older people with dementia in England in the year 2031. A Delphi-style approach was used to gather the views of experts. The projections were carried out using a macro-simulation model of future demand and associated expenditure for long-term care by older people with dementia. The panel chose statements that suggested a small reduction in the prevalence of dementia over the next fifty years, a freeze in the numbers of people in care homes, and an increase in the qualifications and pay of care assistants who look after older people with dementia. Projections of expenditure on long-term care suggest that future expenditure on long-term care for this group will rise from 0.6% of GDP in 2002 to between 0.82% and 0.96% of GDP in 2031. This range is lower than the projected expenditure of 0.99% of GDP in 2031 obtained under a range of base case assumptions. (JL)

ISSN: 10416102

From : <http://www.journals.cambridge.org/ipg>

Implementing consumer choice in long-term care: the impact of individual budgets on social care providers in England; by Mark Wilberforce, Caroline Glendinning, David Challis ... (et al).

Social Policy & Administration, vol 45, no 5, October 2011, pp 593-612.

England has increasingly relied on consumerist principles to deliver greater quality and improved efficiency in the long-term care system. The Individual Budget (IB) pilots marked a step in this direction, with people eligible for state-funded support being granted direct control over the resources available for their care. This article explores the early impact of IBs on providers' services, on their workforces, and on the administrative implications for providers of managing IBs. Interviews were conducted with a sample of 16 social care providers spread across four IB pilot sites and with commissioning managers in each of seven pilot sites. The



study found that providers were positive about the opportunities for better quality services that IBs can bring about. However the participants highlighted a number of obstacles to their effectiveness, and reported a range of potentially adverse administrative and workforce consequences which have the potential to jeopardise the consumerist policy objectives of increased choice and efficiency. (JL)

ISSN: 01445596

From : <http://www.wiley.com/bw/journal.asp?ref=0144-5596&site=1>

Who cares?: the implications of a new partnership to fund long-term care; by Robert Fletcher (Chairman), Chartered Insurance Institute.

The report follows on from the Dilnot Commission report, 'Fairer Care Funding', published in July 2011, which set out recommendations for reforming the funding system for adult social care. This new report provides a comprehensive view of the long-term care landscape following the Dilnot Commission's landmark publication. Using research and contributions from key stakeholders, the report provides insight into the likely implications of Dilnot on both the public's experience of the care system and the role of the private sector in providing advice and funding solutions. It includes contributions from a panel of experts in the debate who together aim to tease out the main relationships between the care funding model, the market for care products and services and the drivers of consumer awareness and engagement. (JL)

From : Download report:<http://www.cii.co.uk/pages/research/researchhandsurveys.aspx>

## 2010

The burden of long-term care: how Italian family care-givers become employers; by Francesca Degiuli.

*Ageing and Society*, vol 30, part 5, July 2010, pp 755-777.

In recent years in Italy, population ageing, rising female labour-market participation, and the restructuring of the welfare state have combined to create increased demand for long-term care services for frail and dependent older people. The rising demand has increasingly been met by immigrant women of different nationalities, and to a lesser extent immigrant men, who are hired to provide individualised care in people's own homes and other private settings. While there have been many studies of this growing phenomenon, very little attention has been paid to the reasons that bring family care-givers to choose this care-support option. To begin to fill the gap, this paper reports the finding of a qualitative study of 26 family members who were caring for a disabled elder. Semi-structured interviews lasting between 60 and 100 minutes and that covered various aspects of long-term care in family households were conducted. The participants' responses indicate that they did not choose immigrant home eldercare assistants solely for economic reasons but also to be consistent with cultural, moral and traditional understandings of family responsibilities and care. They also provide valuable findings and insights into Italian attitudes towards the welfare state and the care-labour market. While the wealthiest respondent declared a clear predilection for the free-market and a desire to bypass the state, the majority of the respondents advocated a stronger role of the welfare state in helping people cope with the increased burden of long-term care. (KJ/RH)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/asodoi:10.1017/S0144686X10000073>

Comprehensive assessment of depression and behavioral problems in long-term care; by Raymond T C M Koopmans, Sytse U Zuidema, Roeslan Leontjevas (et al).

*International Psychogeriatrics*, vol 22, no 7, November 2010, pp 1054-1062.

The IPA Taskforce on Mental Health Issues in Long-Term Care Homes seeks to improve mental health care in long-term care (LTC) homes. The aim of this paper is to provide recommendations on comprehensive assessment of depression and behavioural problems, in order to further stimulate countries and professionals to enhance their quality of care. Existing guidelines on comprehensive assessment of depression or behavioural problems in nursing home (NH) patients or patients residing in LTC homes were collected; and a literature review was carried out to search for recent evidence. Five guidelines from several countries all over the world and two additional papers were included in this paper as a starting point for the recommendations. Comprehensive assessment of depression in LTC homes consists of a two-step screening procedure: an investigation to identify factors that influence the symptoms, followed by a formal diagnosis of depression according to DSM-IV-TR or the Provisional Diagnostic Criteria for Depression in Alzheimer Disease in cases of dementia. Comprehensive assessment of behavioural problems encompasses three steps: description and clarification of the behaviour, additional investigation, and assessment of probable causes of the behavior. The procedure starts in the case of moderate behavioural problems. The recommendations given in this paper provide a useful guide to professional workers in the LTC sector, but clinical judgment and the consideration of the unique aspects of individual residents and their situations is necessary for an optimal assessment of

depression and behavioural problems. The recommendations should not be rigidly applied and implementation will differ from country to country. (KJ)

ISSN: 10416102

From : [http://www.journals.cambridge.org/ipgdoi: 10.1017/S1041610210000736](http://www.journals.cambridge.org/ipgdoi:10.1017/S1041610210000736)

Continuity of care: findings of a conceptual review and synthesis of the NIHR SDO programme of research; by Gillian Parker, Anne Corden, Janet Heaton, Social Policy Research Unit - SPRU, University of York. York: Social Policy Research Unit - SPRU, University of York, 2010, 4 pp (Research Works, no 2010-02).

Issues around continuity of care run through health and social policy. The NIHR Service Delivery and Organisation (SDO) Research and Development Programme has funded a series of research projects on primary and secondary continuity of care. A programme of research studies, begun in 2001, explored what continuity of care actually means, what service users and carers want in the way of continuity of care, what influences their experience, and any outcomes produced. A report in 2007 reviewed interim outputs from the programme, when some of the research studies were still running. SPRU's study builds on, extends and completes that review. Key findings are presented in this bulletin series, but a full report "Synthesis and conceptual analysis of the SDO's programme's research on continuity of care" (Southampton: National Institute for Health Research Evaluations, Trials and Studies Coordinating Centre) is also available from SPRU (see weblink <http://php.york.ac.uk/inst/spru/pubs/ipp.php?id=1241>). (KJ/RH)

From : SPRU, University of York, Heslington, York YO10 5DD. Full report can be downloaded from: <http://www.york.ac.uk/inst/spru/pubs/1241>

Course of neuropsychiatric symptoms in residents with dementia in long-term care institutions: a systematic review; by Roland Wetzels, Sytse Zuidema, Iepke Jansen (et al).

International Psychogeriatrics, vol 22, no 7, November 2010, pp 1040-1053.

Neuropsychiatric symptoms (NPS) occur frequently in residents of long-term care institutions. The aim of this study was to review the literature systematically on the course of NPS in residents with dementia in long-term care institutions. A systematic literature search was conducted using Medline, PsychInfo, Embase and Cinahl. Search terms included "dementia", "long-term care institutions", "NPS", "longitudinal", and additional related terms. All titles and abstracts were independently assessed for inclusion and for methodological quality by two researchers, and the full texts of relevant papers were retrieved. Inclusion criteria were: dementia diagnosis, long-term care institutions, NPS, and longitudinal design. The literature search revealed 1982 papers of which 18 met the inclusion criteria. The patients were predominately female and aged 75 years and over. The follow-up period ranged from three months to one year. The number of assessments ranged from two to five, and 12 different assessment instruments were used to study NPS. Aberrant motor behaviour, depression, anxiety, and euphoria showed decline over time, and psychosis remained constant whereas apathy, agitation, irritability, and disinhibition increased over time. All symptoms showed specific intermittent courses. The methodological quality of the literature was limited by the small sample sizes, short follow-up periods, and lack of comprehensive neuropsychiatric assessment instruments. In the reviewed studies, NPS in institutionalised residents with dementia showed a heterogeneous course, although methodological limitations and the diversity of the studies call for caution in interpretation. Future research should focus on large prospective cohort studies with institutionalised residents with dementia, examining a wide range of NPS. (KJ)

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From : [http://www.journals.cambridge.org/ipgdoi: 10.1017/S1041610210000918](http://www.journals.cambridge.org/ipgdoi:10.1017/S1041610210000918)

Devolution, diversity and welfare reform : long-term care in the 'Latin Rim'; by Joan Costa-Font.

Social Policy & Administration, vol 44, no 4, August 2010, pp 481-494.

Understanding long-term care (LTC) reform is at the core of the study of European social policy. Particularly important are the effects of regional devolution on the development of LTC services, being one of the few areas only subject to limited welfare retrenchment. One important question is the extent to which a devolved system of welfare governance influences the process of welfare reform as well as the degree of diversity in the provision and financing of LTC. The article draws upon evidence from Italy and Spain, two 'Latin Rim' countries, both of which have faced similar demands over the last twenty years for reform of systems with limited entitlement to long-term care. It argues that when there is a latent demand for reform, welfare devolution does not inhibit reform when fiscal blame-avoidance opportunities arise at the central government level. Furthermore, the authors examine the extent to which devolution leads to increasing fragmentation and diversity. The article's findings indicate that by diffusing policy responsibilities, devolution has enhanced LTC reform and reduced pre-existing welfare fragmentation in Spain. In contrast, the lack of countrywide reform in Italy is explained by the absence of political opportunities for the diffusion of the fiscal blame that has frustrated attempts to reform the existing national cash allowance. (KJ/RH)

ISSN: 01445596

From : <http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291467-9515DOI: 10.1111/j.1467-9515.2010.00724.x>

The evolving balance of formal and informal, institutional and non-institutional long-term care for older Americans: a thirty-year perspective; by Pamela Doty.: National Academy on an Aging Society, Winter/Spring 2010, pp 3-9.

Public Policy & Aging Report, vol 20, no 1, Winter/Spring 2010, pp 3-9.

Shifting the centre of gravity in the long-term care financing and service delivery system away from institutional care toward home and community-based services (HCBS) has, in one way or another, been a federal policy goal since the late 1970s. 'Long term care: background and future directions', a report published in January 1981 by the Office of Policy Analysis in the Health Care Financing Administration (now known as the Centers for Medicare and Medicaid Services), identified "limited access to services" attributed to public programme "bias toward institutional and skilled medical care" as among the major problems of the US long-term care system (United States Health Care Financing Administration, Office of Policy Analysis, p25). The report also stated that "a consistent theme in policy deliberations on long-term care reform is the desirability of expanding in-home and community-based services" (p31). Over the past three decades, federal and state policymakers have understandably focused most of their attention and reform efforts on publicly-financed long-term care. In recent years, especially, policymakers have defined the goal primarily in terms of "balancing" (or "re-balancing") state long-term care financing and service delivery systems with respect to promoting greater reliance on HCBS rather than institutional care. (RH)

ISSN: 10553037

From : <http://www.agingociety.org>

Funding care: how can each generation pay its fair share?; by Donald Hirsch, Philip Spiers, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, March 2010, 8 pp (Ref: 2501).

Viewpoint, 2501, March 2010, 8 pp (Ref: 2501).

A new system of social care needs to share the cost equitably. This Viewpoint argues that this could be done through a two-track levy where each generation pays its own costs. An initial charge on inheritance would be gradually replaced by funds built up through extra National Insurance (NI) payments levied on younger age cohorts. The methods for funding suggested in the Green Paper 'Shaping the future of care together' (Cm 7673; TSO, 2009) are too complex, and are compared with recommendations made by the Wanless inquiry (2006) and the Joseph Rowntree Foundation (JRF) continuing care insurance option (1996). (RH)

ISSN: 09583084

From : <http://www.jrf.org.uk/sites/files/jrf/fairness-in-funding-care-summary.pdf>

Funding future care need: the role of councils in supporting individuals to access the capital in their homes; by Sarah Pickup, Resolution Foundation. London: The Resolution Foundation (electronic format only), March 2010, 36 pp.

Despite having below average household income, many older low earners own their own home, as such, where they are deemed by their local authority to qualify for care, they often fail the means test and therefore find themselves in a funding gap: too asset-rich to get state assistance, but too income poor to adequately self-fund their care needs. An expert group looked at details of the workings and failings of existing local authority powers regarding housing and long-term care funding, and this report analyses the options for reform. This report is published alongside a second paper, 'Home equity: accumulation and decumulation through the life cycle', also available from the Resolution Foundation website. (RH)

From : The Resolution Foundation, 2 Broomhouse Lane, London, SW6 3RD. Download at:

<http://www.resolutionfoundation.org>

Funding social care: what service users say; by Peter Beresford, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, March 2010, 12 pp (Ref: 2486).

Viewpoint, 2486, March 2010, 12 pp (Ref: 2486).

Service users have not been adequately involved in discussions about the future funding of social care, yet they are the people most affected by these decisions. This Viewpoint reports the views of a diverse range of adult social care service users, brought together to explore current proposals for funding social care in the Green Paper 'Shaping the future of care together' (Cm 7673; TSO, 2009). It includes anonymous quotations from the consultation on the Green Paper on: demand for social care; funding options; failure to ensure equity and independent living; and the complexities of funding. Service users feel that a false divide between social care and health care is perpetuated by conflicting funding arrangements. Almost all service users consulted think general taxation is the best way to fund social care. They reject any withdrawal of existing universal disability

benefits, such as the Disability Living Allowance and Attendance Allowance, to fund means and needs tested social care. (RH)

ISSN: 09583084

Price: FOC

From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP.

<http://www.jrf.org.uk/sites/files/jrf/care-service-users-views-summary.pdf>

Is physical rehabilitation for older people in long-term care effective? Findings from a systematic review: findings from a systematic review; by Anne Forster, Ruth Lambley, John B Young.

Age and Ageing, vol 39, no 2, March 2010, pp 169-175.

A systematic review of randomised controlled trials (RCTs) was conducted to determine the effect of physical rehabilitation for older people (aged 60+) in long-term care. The following were searched: Cochrane Central Register of Controlled Trials, Medline, EMBASE, AMED, CINAHL, PEDro, British Nursing Index, ASSIA, IBSS, PsychINFO, DARE, HMIC, NHS, EED, HTA, Web of Science, Index to UK Theses and Dissertation Abstracts, the National Research Register, Medical Research Council Register, CRIB, Current Controlled Trials, and HSRPRo. The primary outcome was measures of activity restriction. 49 trials were identified involving 1611 subjects with an average age of 82 years. Intervention duration was typically 12 weeks with a treatment intensity of three 30-minute sessions per week. Exercise was the main component of the interventions. The mean attendance rate for 17 studies was 84% (range 71%-97%). 33 trials, including the 9 trials recruiting over 100 subjects, reported positive findings, mostly improvement in mobility but also strength, flexibility and balance. Physical rehabilitation for older people in long-term care is acceptable and potentially effective. Larger scale studies are needed to confirm the findings, and should include longer term follow-up and assessment for possible harms. (RH)

ISSN: 00020729

From : <http://www.ageing.oxfordjournals.org><http://www.bgs.org.uk>doi:10.1093/ageing/afp247

Life around ....; Staff's perceptions of residents' adjustment into long-term care; by Elaine C Wiersma.

Canadian Journal on Aging, vol 29, no 3, September 2010, pp 425-434.

The move to a long-term care facility can be particularly traumatic for new residents. Staff can make this transition easier in a number of ways. However, the staff's perceptions of the transition process and residents' experiences will play a significant part in determining the type of support that is given residents during the transition. The purpose of this research was to examine the staff's perceptions of a person's coming to live in a long-term care environment. Using in-depth interviews with staff from one long-term care facility, three main themes emerged that encompassed descriptions of residents' lives. Essentially, the staff described how residents learned to live a life involving various factors in three main categories: life around losses, life around the institution, and life around the body. (KJ)

ISSN: 07149808

From : <http://www.journals.cambridge.org/cjg>doi: 10.1017/S0714980810000401

The long road to universalism?: Recent developments in the financing of long-term care in England; by Adelina Comas-Herrera, Raphael Wittenberg, Linda Pickard.

Social Policy & Administration, vol 44, no 4, August 2010, pp 375-391.

Following more than a decade of intense debate, the long-term care system in England may be on the verge of major change. The authors argue that the current system can be characterized as a residual system where care is free only to those who cannot afford to pay for themselves, with access heavily targeted to those with the highest levels of needs and with no informal care, and with substantial local variation in access and means-testing for home care. It is also characterized by a mixed economy of supply of care and a mixed economy of finance. The Green Paper ('Shaping the future of care together'; Cm 7673) has proposed a major shift from diverse local systems to a new National Care Service, with a national entitlement to some public support for all those who are assessed as needing it. The government has also recently announced that it will make personal care at home free to those with the highest needs. If implemented, the proposals included in the Green Paper would, at minimum, introduce a 'quasi-universal' system, in which some level of assistance is provided to all those with eligible social care needs. (KJ/RH)

ISSN: 01445596

From : <http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291467-9515>DOI: 10.1111/j.1467-9515.2010.00719.x

Long term care of the elderly: shaping the future; by Stephen Dorrell, David Lipsey, Julia Neuberger, Derek Wanless, Norman Warner, Social Market Foundation - SMF. London: Social Market Foundation, on behalf of the authors, March 2010, 6 pp.

Reform of the way in which we fund long-term care for older people in England is long overdue. To be effective, such reform needs to be based on cross-party agreement, so that those needing care, their families, and care providers can be confident that changes will survive any changes of government. For these reasons, this issue is unsuited to partisan divide and sudden changes of policy. People need to be able to plan for the long term with confidence. The co-authors - Stephen Dorrell MP, Lord Lipsey, Baroness Neuberger, Sir Derek Wanless and Lord Warner - drawn from all three major political parties, unite to call for cross-party agreement as the way to achieve social care reform. The five experts have supported their call with a statement of ten shared principles on which agreement could be based, and have called on all political parties to work together on this vital issue with stakeholders in the social care sector. This document presents these principles which represent common ground that exists on reform. The first two principals state: 1. The funding of social care in the future will need to be a partnership between the state and individuals; and 2. Risk-pooling is the only credible basis of reform. The authors acknowledge the support of Bupa Care Services and the Social Market Foundation (SMF) in the production of this document. (KJ/RH)

From : SMF, 11 Tufton Street, London SW1P 3QB. Download from website:

<http://www.smf.co.uk/assets/files/Shaping%20the%20Future%20FINAL%20VERSION%20FOR%20RELEASE.pdf>

Long-term care : a suitable case for social insurance; by Nicholas Barr.

Social Policy & Administration, vol 44, no 4, August 2010, pp 359-374.

There are potentially large welfare gains if people can buy insurance that covers the costs of long-term care. However, technical problems - largely information problems - face both the providers of insurance and potential buyers. These problems on both the supply and demand sides of the market suggest that the actuarial mechanism is not well suited to addressing risks associated with long-term care. This line of argument underpins the article's main conclusion - that social insurance is a better fit. (KJ/RH)

ISSN: 01445596

From : <http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291467-9515DOI: 10.1111/j.1467-9515.2010.00718.x>

Long-term care in central and south-eastern Europe: challenges and perspectives in addressing a 'new' social risk; by August Österle.

Social Policy & Administration, vol 44, no 4, August 2010, pp 461-480.

Long-term care in Central and South-Eastern Europe (CSEE) has to date been largely neglected in the social policy literature. This article provides an examination of the context and the sources of reform of long-term care in CSEE, particularly Croatia, the Czech Republic, Hungary, Romania, Serbia, Slovakia and Slovenia. It focuses on studying developments in the light of the major principles underlying the transition process and discussing key features of current developments in terms of their potential for establishing a new paradigm in long-term care policies. The article argues that the realisation of more comprehensive long-term care systems has been largely hindered by a failure of governments to set priorities in this sector, by the limitations civil society finds in bringing the issue into a broader public debate and by fears that new welfare schemes will substantially extend public expenditure obligations. The findings show that - similar to the situation in most other European countries - long-term care is a latecomer in welfare state development in CSEE. But ageing societies, growing care needs and broader socio-economic developments will also increasingly challenge traditional ways of organizing long-term care and create pressure to find new welfare approaches. (KJ/RH)

ISSN: 01445596

From : <http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291467-9515DOI: 10.1111/j.1467-9515.2010.00723.x>

Long-term care in Europe; by Joan Costa-Font (ed).

Social Policy & Administration, vol 44, no 4, August 2010, pp 357-528 (whole issue).

The contributors to the nine articles in this special issue of Social Policy & Administration attempt to explain reforms to long-term care, by focusing on a central issue of social policy in their respective countries. The first six articles examine the financing of long-term care (LTC) through health insurance or social insurance. The focus is on the individual models variously used in England, France, the Netherlands, Germany, and Central and South East Europe (CSEE - specifically, Croatia, the Czech Republic, Hungary, Romania, Serbia, Slovakia and Slovenia). The last three articles - on the "Latin Rim" (Italy and Spain), Sweden and Portugal - discuss reforms in the organisation of long-term care. (RH)

ISSN: 01445596

From : <http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291467-9515>

Long-term care in the United States: policy themes and promising practices; by Amanda J Lefining, Michael J Austin.: Routledge, 2010, pp 43-63.

Journal of Gerontological Social Work, vol 53, issue 1, 2010, pp 43-63.

This analysis provides an overview of the major policy themes and promising practices emerging in recent years as policymakers and researchers struggle to design a long-term care system that meets the needs of an ageing population. Themes that have dominated the long-term care policy debates include: recruiting and retaining a qualified long-term care workforce; devising financing mechanisms for those requiring long-term care; and moving away from an institutional-based long-term care system towards more home- and community-based services. Three promising practices that have emerged in the past few decades include: the culture change movement; service integration that combines medical and social care; and various forms of community residential care that bring together housing and services in a more home-like environment. The article concludes with long-term care recommendations for policymakers. (KJ/RH)

ISSN: 01634372

From : <http://www.tandfonline.com>

Measuring the quality of long-term care; by Juliette Malley.: European Observatory on Health Systems and Policies, 2010, pp 1-24.

Eurohealth, vol 16, no 2, 2010, pp 1-24.

Special focus section featuring an editorial followed by seven articles looking at ways of measuring the quality of long-term care of older people across different European countries. The papers, which cover both residential care and care in the community, follow on from an expert meeting on 'Measuring the Quality of Long Term Care' held at the London School of Economics and Political Science on 21 May 2010. Topics include: long term home and hospice care in Hungary; improving the quality of long term care in Germany; institutional care in Finland; quality of care assurance in the Netherlands; the United States experience of care quality; safeguarding quality of care in Austria; and measuring the quality of long term care in England. (JL)

ISSN: 13561030

From : <http://www2.lse.ac.uk/LSEHealthAndSocialCare/publications/eurohealth/eurohealth.aspx>

No quick fix for long term care; by Sam Lister.

British Medical Journal, no 7743, 20 February 2010, pp 396-397.

The Prime Minister, Gordon Brown, wants there to be free personal care for those with "critical" needs. However, the proposed legislation, the Personal Care at Home Bill, is deeply flawed and is hopelessly under-costed. On a basic procedural level, it flies in the face of the consultation on the Green Paper, 'Shaping the future of care together'. The author comments that free personal care was introduced in Scotland in 2003/04 and the annual cost had doubled to £256m by 2007/08. The Government has estimated the annual cost for England at £670m, of which £420m has to come from existing Department of Health (DH) budgets. Local authorities will have to provide the remaining £250m from efficiency savings, which will mean increases in council tax and/or cuts to other frontline services. Debate on the Bill in the House of Lords has been more robust than in the Commons, with inquisition from former health ministers Lord Lipsey and Lord Warner. (RH)

ISSN: 09598138

From : [www.bmj.com](http://www.bmj.com)BMJ 2010;340:c814

Older people's family contacts and long-term care expenditure in OECD countries: a comparative approach using qualitative comparative analysis; by Philip Haynes, Michael Hill, Laura Banks.

Social Policy & Administration, vol 44, no 1, February 2010, pp 67-84.

In recent decades, there has been a suggestion that public and private long-term care (LTC) expenditure might be replacing traditional family care for older people. The decline of family contact is known to be more advanced in some OECD countries than others, with southern Europe identified as where family contact is still strong. This article explores at a country level whether there is an association between levels of expenditure on long-term care and the availability of family contacts. Qualitative Comparative Analysis is used as a comparative method, so as to use national quantitative indicators with a small sample of countries. An association between higher levels of family contact and lower levels of expenditure on LTC is suggested, but it is weakened by a number of untypical cases. Countries that defy this relationship have government care policies that seek to promote informal social care through the family contact that continues to be available. Austria, Canada, Great Britain and Japan are discussed in this context. (KJ/RH)

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From : <http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291467-9515DOI: 10.1111/j.1467-9515.2009.00700.x>

One uniform welfare state or a multitude of welfare municipalities?: The evolution of local variation in Swedish elder care; by Gun-Britt Trydegård, Mats Thorslund.

Social Policy & Administration, vol 44, no 4, August 2010, pp 495-511.

The Nordic welfare states, including Sweden, have an inbuilt dilemma between two main principles: universalism and local autonomy. The concept of 'welfare municipalities' has been used to characterize the social policy construction of independent local authorities implementing national welfare policies. The aim of the article is to study the evolution of the balance between universal, centralized versus local, decentralized principles in Swedish welfare services, using the care of older people as a case. The article follows up previous studies on the extensive diversity and the local path dependency in the distribution of elder-care services in Sweden. A predominant impression from the present exploration is that the pattern has changed in many aspects during the first decade of the new millennium, and in a complex way. The coverage of home help and residential care has become less generous, a sign of weaker universalism. On the other hand, the decentralization tendencies have decreased, the earlier reported geographical disparity appears to have been reduced and the municipalities are increasingly adjusting to the national average. Also, the earlier strong local path dependency has faded out and therefore the concepts 'welfare municipality' and 'local social policy' appear to be less accurate than heretofore when describing the Swedish model of elder care. (KJ/RH)

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From : <http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291467-9515DOI: 10.1111/j.1467-9515.2010.00725.x>

Paying for long-term care; by Ricardo Rodrigues, Andrea Schmidt, European Centre for Social Welfare Policy and Research, Vienna. Vienna: European Centre for Social Welfare Policy and Research, September 2010, 21 pp (Policy Brief).

This Policy Brief aims to present information on the current picture of public and private expenditure on long-term care (LTC) for older people, and to discuss the challenges of financing care. Available data from national and international sources as well as qualitative information gathered in the European Centre's recent publication "Facts and figures on long-term Care - Europe and North America" is used to shed light on these issues. Given that user payments for long-term care can be quite high as a percentage of an individual's income (especially for institutional care), this Policy Brief provides preliminary results on potential redistribution effects of home care benefits (based on the Survey of Health, Ageing and Retirement in Europe, SHARE, data). By that, the policy brief tries not only to take a policy-oriented, comparative view on funding arrangements for long-term care, but also to serve as a starting point for further discussions on the potential inequalities associated with the different ways of financing and providing long-term care. (KJ/RH)

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From : [http://www.euro.centre.org/data/1283437589\\_95069.pdf](http://www.euro.centre.org/data/1283437589_95069.pdf) European Centre for Social Welfare Policy and Research Berggasse 17, A-1090 Vienna, Austria.

Prevalence of psychiatric disorders among older adults in long-term care homes: a systematic review; by Dallas Seitz, Nitin Purandare, David Conn.

International Psychogeriatrics, vol 22, no 7, November 2010, pp 1025-1039.

The population of older adults in long-term care (LTC) is expected to increase considerably in the near future. An understanding of the prevalence of psychiatric disorders in LTC will help in planning mental health services for this population. This study reviews the prevalence of common psychiatric disorders in LTC populations. The researchers searched electronic databases for studies on the prevalence of major psychiatric disorders in LTC using medical subject headings and key words. They only included studies using validated measures for diagnosing psychiatric disorders or psychiatric symptoms. Their review focused on the following psychiatric disorders: dementia, behavioural and psychological symptoms of dementia (BPSD), major depression, depressive symptoms, bipolar disorder, anxiety disorders, schizophrenia, and alcohol use disorders. They also determined the prevalence of psychiatric disorders in the US LTC population using data from the 2004 National Nursing Home Survey (NNHS). A total of 74 studies examining the prevalence of psychiatric disorders and psychological symptoms in LTC populations were identified, including 30 studies on the prevalence of dementia, 9 studies on behavioural symptoms in dementia, and 26 studies on depression. Most studies involved few LTC facilities and were conducted in developed countries. Dementia had a median prevalence (58%) in studies while the prevalence of BPSD was 78% among individuals with dementia. The median prevalence of major depressive disorder was 10%, while the median prevalence of depressive symptoms was 29% among LTC residents. There were few studies on other psychiatric disorders. Results from the 2004 NNHS were consistent

with those in the published literature. Dementia, depression and anxiety disorders are the most common psychiatric disorders among older adults in LTC. Many psychiatric disorders appear to be more prevalent in LTC settings when compared to those observed in community-dwelling older adults. Policy-makers and clinicians should be aware of the common psychiatric disorders in LTC; and further research into effective prevention and treatments are required for this growing population. (KJ/RH)

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From : <http://www.journals.cambridge.org/ipgdoi:10.1017/S1041610210000608>

Provision of long-term care in relation to needs - a comparison of Japan and Sweden; by Marten Lagergren, Noriko Kurube, Marti Parker.

Hallym International Journal of Aging, vol 12, no 1, 2010, pp 63-78.

Japan and Sweden share many features when it comes to the systems of care for frail elderly persons. But there are also great differences in, for example, social conditions, cultural traditions, and the role of women and family. Using comparable datasets from the two respective countries, the care systems have been compared on the individual level. In a previous article (Lagergren, Kurube, & Parker, 2009), the recipients of care were compared with regard to level of disability. In this article the cost and provision of care and services is compared given disability and other factors relating to needs. Service patterns of services differ substantially. In Handa, Japan, where many elderly people live with their extended family, there are many more community services outside the home. In Kungsholmen, Sweden, where many elderly persons live alone, the emphasis is on home help. The costs of care given levels of disability are much higher in Sweden. (KJ)

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From : <http://baywood.comdoi:10.2190/HA.12.1.e>

Reforming long-term care in Portugal: dealing with the multidimensional character of quality; by Silvina Santana.

Social Policy & Administration, vol 44, no 4, August 2010, pp 512-528.

This article provides an overview of the informal and institutional setting of long-term care in Portugal and focuses on service quality, discussing it alongside broader problems related to the organization of long-term care in the country. It is argued that quality assessment and management are critical actions that must be implemented alongside major efforts being made and that quality must be understood, researched and pursued as a multidimensional and complex aspect, entailing objective but also subjective dimensions and a plethora of actors and modelling factors. The authors conclude that the information and data available are clearly insufficient to support any deep analysis of the situation and field action, and that this represents an important opportunity for further investigation and practice improvement. (KJ/RH)

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From : <http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291467-9515DOI:10.1111/j.1467-9515.2010.00726.x>

Reforming long-term care policy in France: private-public complementarities; by Blanche Le Bihan, Claude Martin.

Social Policy & Administration, vol 44, no 4, August 2010, pp 392-410.

The authors argue that the long-term care (LTC) policy reform in France results from a long-lasting evolution process that began in the 1980s and has led to the so-called 'French compromise'. This combines elements of different types of a fragmented care system including health insurance schemes, domiciliary and residential social care providers, tax deductions and an important private insurance sector, not to mention the crucial contribution of informal caregivers in families. This article concentrates on policies in both the public and the private sectors, as well as their overall cost. The authors focus on the core of the LTC policy, namely the creation and then the reforms of the cash-for-care allowance (Allocation personnalisée à l'autonomie). The evolution of the policy process concluded, after the 2007 Presidential election, with the announcement of a new direction, which has not been implemented yet, but which has raised professional and social concerns. Evidence from France suggests that LTC reform can only take place from a new compromise between three poles of protection: the family, the market and the state. (KJ/RH)

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Social insurance for long-term care: an evaluation of the German model; by Heinz Rothgang.

Social Policy & Administration, vol 44, no 4, August 2010, pp 436-460.

After fifteen years of existence, Germany's long-term care insurance shows both successes and weaknesses. The latter led to the 2008 reform, which concentrated on quality improvements, care management and careful



adjustments of benefits. While attempts to improve quality and care management contain promising elements, new rules for adjustment are disappointing. This is also true for the issue of future financing as the modest increase in the contribution rate, which is part of the reform, only buys time. Thus, the next round of reform is already in the making, marking the scheme as a system of permanent reform. As Germany is one of the most clear-cut examples of social insurance, the assessment of this scheme and its recent reform also allow us to draw some general lessons for the design of long-term care social insurance schemes. (KJ/RH)

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Sustainability of comprehensive universal long-term care insurance in the Netherlands; by Frederik T Schut, Bernard van den Berg.

Social Policy & Administration, vol 44, no 4, August 2010, pp 411-435.

The Netherlands was the first country that introduced a universal mandatory social health insurance scheme for covering a broad range of long-term care (LTC) services provided in a variety of care settings. Compared with most other OECD countries, both total and public expenditure on LTC is high, particularly since the Dutch population is relatively young. On the other hand, coverage of LTC services is relatively comprehensive. In this article, the authors examine the past experiences, current deficiencies and future prospects of LTC financing in the Netherlands. By rationing of supply and tight budgetary restrictions, the government managed to effectively control the growth of LTC expenditure, but at the expense of growing waiting lists and deteriorating quality of care. Reform plans aim to make the LTC system more efficient and consumer-directed. The authors discuss whether the proposed reforms offer a perspective on a sustainable system of comprehensive LTC insurance. This is especially important in view of the ageing of the population and the expected increase in demand for LTC services. It is concluded that the success of the reforms heavily depends on the definition of entitlements, the accuracy of needs assessment and the feasibility of determining appropriate client-based budgets. (KJ/RH)

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When I'm 94: how to fund care for an ageing population; by Institute for Public Policy Research (ippr); PricewaterhouseCoopers LLP (PwC).: Institute for Public Policy Research (ippr), 2010, 5 pp.

The Institute for Public Policy Research (ippr) and PricewaterhouseCoopers LLP (PwC) are working in partnership to consider how the future system of social care can be based on principles of fairness, sustainability and simplicity. The work builds on 'Expectations and aspirations: public attitudes towards social care' published before the Green Paper on social care. This briefing is based on deliberative workshops that engaged people in debate about social care. It highlights that few are yet willing to face up to the challenges around costs of care. Three principles also emerged from the workshops as essential components of any future system of social care: fairness, sustainability and simplicity. These are defined and issues are elaborated upon. Based on its research to date, the partnership is developing the concept of an innovative, online deliberative tool that will engage people further in discussion about the future of social care. It will seek to understand how people make decisions around care and how to reform the social care system so that it achieves the principles of fairness, sustainability and simplicity. Using this tool, ippr and PwC will be able to generate data to enable the development of new proposals for the future of social care. (KJ/RH)

Price: free download

From : Website: <http://www.ippr.org.uk/publicationsandreports/publication.asp?id=737>

## 2009

Assessment of older people for continuing care: BGS Best Practice Guide 4.6; by British Geriatrics Society - BGS. London: British Geriatrics Society - BGS, September 2009, unnumbered.

A national framework for determining criteria to qualify for NHS-funded continuing health care was issued in 2007 and revised in July 2009 for England and Wales. The British Geriatrics Society (BGS) welcomes this policy aimed at improving equity in the provision of fully funded care. This Best Practice Guide defines NHS continuing health care and NHS-funded nursing care; and outlines models of service provision, the geriatrician's roles and responsibilities. The web version of this document alerts the user to other online references, for example on practical issues on the delivery of the policy. (RH)

From : Download from website (5/11/09):[www.bgs.org.uk](http://www.bgs.org.uk)

Better with age: reforming the future of local social care for older people; by Giorgia Iacopini, Chris Leslie, New Local Government Network - NLGN. London: New Local Government Network, 2009, 63 pp.

Our population is ageing, and the need for long-term care for older people is projected to more than double over the next 30 years. One in five of the UK population will develop long-term care needs, yet the social care system is still not fit for current and future generations of older people: it is under-funded and perceived to be unfair. This report is supported by Age Concern, and makes the case for restructuring the social care system. It recommends a new role for elected local authorities in the commissioning, co-ordinating and supply side of a radically improved care offer for older people. It aims to contribute to the debate around funding in the light of the Green Paper due to be published during 2009. (RH)

Price: £15.00 (+P&P)

From : Central Books, 50 Freshwater Road, Chadwell Heath, Dagenham, RM8 1RX. NLGN website: [www.nlgn.org.uk](http://www.nlgn.org.uk)

A comparison of long-term care recipients in Japan and Sweden; by Mårten Lagergren, Noriko Kurube, Marti Parker.

Hallym International Journal of Aging, vol 11, no 2, 2009, pp 119-134.

There are many similarities, but also many differences, between Japan and Sweden when it comes to long-term care of older people. Do Japanese and Swedish recipients of long-term care differ, and if so to what extent and regarding which aspects? Using datasets collected in the assessment of care needs for the Japanese long-term care insurance system in Handa municipality, Japan, and data from the Swedish National Study on Ageing and Care, Kungsholmen district, the recipients of care in the two countries have been compared with regard to different variables describing needs. This article compares the allotted care and services, given these needs. The comparison shows that on average the Handa care recipients are more dependent than the Kungsholmen population. A possible explanation for this could be differences in household patterns: far fewer older people live alone in Handa than in Kungsholmen. (KJ/RH)

ISSN: 15356523

From : <http://baywood.com>

Continuing health care - the story so far ...; by John Dow.: Pavilion, August 2009, pp 12-15.

Journal of Integrated Care, vol 17, issue 4, August 2009, pp 12-15.

This is the first in a series of articles looking at continuing health care (CHC). This article looks at the historical background and key legal judgments which have influenced decision making on eligibility for CHC (the Coughlan and Grogan cases). Future articles will look at the current position under the frameworks in England and Wales and consider some specific issues in relation to people being cared for at home and in relation to children. (KJ/RH)

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From : <http://www.pierprofessional.com>

The differential influence of culture change models on long-term care staff empowerment and provision of individualized care; by Sienna Caspar, Norm O'Rourke, Gloria M Gutman.

Canadian Journal on Aging, vol 28, no 2, June 2009, pp 165-176.

With this study the researchers set out to determine if differences exist across culture change models (CCM) in relation to formal caregivers' perceived access to empowerment structures and reported provision of individualized care. Recruitment of staff took place who were working in facilities that had implemented the Eden Alternative, GentleCare, Facility Specific Social Models of Care (FSSMOC), or no CCM. Multivariate analyses of variance (MANOVA) compared these constructs by CCM for each of three caregiver groups (Registered Nurses, Licensed Practical Nurses, and care aides). Results suggest that considerable differences exist between formal caregivers and by CCM. The greater caregivers' day-to-day contact with residents, the more CCMs appear to affect perceived empowerment and reported provision of individualized care. Findings suggest the greatest benefits existed for staff working in facilities with a FSSMOC. Conversely, in only one instance did responses from staff in Eden Alternative facilities differ from those in facilities with no CCM. (KJ/RH)

ISSN: 07149808

From : <http://www.journals.cambridge.org/cjg>

Facing facts and tomorrow's reality today: the cost of care: fit for the future : a new vision for adult social care and support; by Local Government Association - LGA. London: Local Government Association, 2009, 16 pp (Fair care campaign).

This is the second in a series of Local Government Association (LGA) papers on the future of social care and support. It looks at the current system of adult care funding, the current and future costs of care and support, and

ways in which councils, working with partners, are doing their best to make the most of available resources. Councils are currently contributing nearly 40% toward total social care expenditure through council tax. This is not sustainable, given the increased demand for service. There is a need for a greater focus on prevention and early intervention, and stronger partnership working between councils and the National Health Service (NHS) to make the most of our resources. (RH)

From : Local Government Association, Local Government House, Smith Square, London SW1P 3HZ.  
<http://www.lga.gov.uk/lga/aio/1546471>

Family caregivers' viewpoints towards quality of long-term care services for community-dwelling elders in Taiwan; by I Lee, Hsiu-Hung Wang, Chii-Jun Chiou (et al).

Health and Social Care in the Community, vol 17, no 3, May 2009, pp 312-320.

The population of older people in Taiwan is increasing rapidly, and long-term gerontology care has become an important issue in the greying society. A qualitative study conducted between August and December 2005 used focus groups to explore family caregivers' viewpoints and opinions regarding long-term care services for community-dwelling older people in Taiwan. 50 family caregivers agreed to participate in the focus group interviews that were used to collect the data. Five major themes emerged through content analysis and peer discussion: praise for the services; flexibility of long-term care services; comprehensiveness of long-term care services; linkage and extension of existing resources; and activeness of service provision. Study findings from family caregivers' viewpoints should contribute to the improvement of long-term care services and provide a basis for designing suitable programmes to enhance in situ care living in the community. (RH)

ISSN: 09660410

From : <http://www.blackwellpublishing.com/hsc>

How do charge nurses view their roles in long-term care?; by Katherine S McGilton, Barbara Bowers, Barbara McKenzie-Green (et al).

Journal of Applied Gerontology, vol 28, no 6, December 2009, pp 723-742.

This article explores how registered nurses (RNs) in long-term care (LTC) understand their role as charge nurses. Data are derived from 16 charge nurses employed in 8 facilities in Ontario, Canada. Qualitative methods are used to analyse audio-tapings of interviews. The findings reveal a range of dimensions and sub-dimensions. Charge nurses experience their work as highly complex and unpredictable. Themes that captured the following dimensions of the supervisor role in LTC include: against all odds, getting through the day; stepping in work; and leading and supporting unregulated care workers. In addition, analysis within each category reveals a complex intersection between the nurses' perceptions of the context and their consequent work strategies. The emerging demands placed on supervisors due to the growing complexity of residents, increasing government regulations, and staffing shortages have caused the role of the charge nurse to evolve with little reflection on its impact. (KJ/RH)

ISSN: 07334648

From : <http://jag.sagepub.com>

Identifying a fairer system for funding adult social care; by Justin Keen, David Bell, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, October 2009, 12 pp.

Viewpoint, 2441, October 2009, 12 pp.

This Viewpoint argues that analysts and commentators have paid insufficient attention to equity in adult social care. It sets out a framework for identifying a fairer system (based on five key questions that assess policy proposals) and uses this to evaluate the Green Paper, 'Shaping the future of care together'. This analysis shows that the Green Paper represents an advance on previous government statements on adult social care, but lacks important detail, particularly on funding options. There is a widespread view that the current funding arrangements are unfair with agreement across the political spectrum, but as yet, no agreement has led to action. This paper continues the debate on reforming social care expressed in two previous JRF Viewpoints in 2008: 'Rethinking social care and support: what can England learn from other countries?' and 'Does anyone care about fairness in adult social care?' (KJ/RH)

ISSN: 09583084

Price: download

From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. <http://www.jrf.org.uk>

It's a heck of a gamble, isn't it?: attitudes of older people towards the use of assets for pooling risk of care costs; by Opinion Leader; Age Concern England - ACE. London: Age Concern Reports, January 2009, 39 pp.

In order to inform its contribution to the debate on the future of care and support in England, about which the Government is to publish a Green Paper in 2009, Age Concern England (ACE) commissioned Opinion Leader to undertake focus groups on the subject. The aim was to test out people's attitudes towards using assets as a

method of pooling risks against the potentially catastrophic costs of long-term care. The research tested reactions to a scheme in which people aged 65 would be automatically enrolled at a cost of about £15000, a National Care Fund, a model that has been proposed by the International Longevity Centre (ILC UK). In return for this payment, individuals would have peace of mind to know that any future care costs would be covered. This report presents findings from the six focus groups which also discussed other ways of pooling risks: National Insurance; an age 40+ income tax; or payment at death. Among key themes emerging were: a perception that the current system of funding care is unfair; support for risk pooling in principle, but that ring fencing is critical; preference for a National Insurance model; and opposition to a charge linked to ownership of assets. There was strong consensus on how the fund would work, and that the care fund should pay for every aspect of care. (RH)

From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER. Website: <http://www.ageconcern.org.uk>

Long-term care: special issue; by Victor Molinari (ed).: Routledge, 2009, pp 237-331 (whole issue).

Clinical Gerontologist, vol 32, no 3, 2009, pp 237-331 (whole issue).

The six articles in this special issue of Clinical Gerontologist consider important assessment and treatment topics in mental health care for older people in nursing home and assisted living facilities. The articles discuss: "preference assessment" procedures in managing depression and agitation in older people with dementia; behavioural treatment for depressed mood; certified nursing assistants' (CNAs) perceptions of empowerment; feasibility of psychological first aid for nursing home residents; the Behavior Assessment and Intervention Service (BASIS) approach to nursing home consultation; and a training programme for residential care staff to improve family relations. The last two mentioned relate to practice in Australia, while the other four are United States studies. (RH)

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From : <http://www.tandfonline.com>

Long-term care for older people in Europe: a slim silver lining for the age d'or; by Manfred Huber, Ricardo Rodrigues. New York: AARP, Winter 2009, pp 78-82.

AARP International : The Journal, Winter 2009, pp 78-82.

In a recent Eurobarometer survey conducted in 29 European countries, most of the participants acknowledged their concern about the prospect of becoming dependent on long-term care support at some stage in their lives. This article highlights the findings from ongoing research by the European Centre for Social Welfare Policy and Research in Vienna regarding trends in long-term care policies and reform, and differences in expenditure across Europe. Other results discussed include the opinion that there is less satisfaction with long-term care than with health care; and that older people with functional limitations often have difficulties in getting the health care they need. Further information on the research quoted is available as follows: 'Long-term care for older people in Europe: facts and figures' ([http://www.euro.centre.org/detail.php?xml\\_id=1360](http://www.euro.centre.org/detail.php?xml_id=1360)); and 'Quality in and equality of access to healthcare services: HealthQUEST' ([http://www.euro.centre.org/detail.php?xml\\_id=866](http://www.euro.centre.org/detail.php?xml_id=866)). (RH)

From : <http://www.aarpinternational.org/thejournal>

Nutritional and functional status indicators in residents of a long-term care facility; by Jessica A Grieger, Caryl A Nowson, Leigh M Ackland.: Routledge, 2009, pp 47-60.

Journal of Nutrition for the Elderly, vol 28, no 1, 2009, pp 47-60.

In a cross-sectional study, the authors determined whether results from the Mini Nutritional Assessment (MNA), Geriatric Depression Scale (GDS), and Katz Activities of Daily Living (ADL), were associated with nutritional status and mobility in long-term care residents. One hundred and fifteen study participants (mean [SD] age: 80.2 [10.6]) provided informed consent. Fifty eight percent (n = 66) responded to all three questionnaires: 12 were assessed as malnourished (MNA < 17) and 28 were depressed. Higher levels of depression were associated with lower serum zinc (n = 71, r = -.356, p = .001) and associated with a slower Timed Up and Go test (TUG, n = 38, r = .301, p = .030). MNA was also associated with serum zinc (n = 44, r = .307, P = .021). Non responders to questionnaires (n = 36) had a lower BMI (mean difference: -2.5 ± 1.0 kg/m<sup>2</sup>, p = .013) and serum 25(OH)D (-8.7 ± 3.8 nmol/l, p = .023) vs. responders. The GDS, in addition to the MNA, is useful in identifying poor nutritional status in residential care. Intervention programs that target depression and poor nutritional status could potentially improve overall quality of life, but it is not clear if depression is leading to poor nutritional status or if poor nutrition is leading to depression. (KJ/RH)

ISSN: 01639366

From : <http://www.tandfonline.com>

Older people's vision for long-term care; by Helen Bowers, Angela Clark, Gilly Crosby (et al), Independent Living Committee, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, November 2009, 58 pp.

Older people with significant support needs constitute a large and growing sector of our population. Recent developments in independent living have been slow to respond to the needs and aspirations of older people, whose voices are rarely heard. There is a strong case for fundamental change in long-term care, based on older people's vision for a good life. This report presents important messages from a research project exploring older people's experiences of living with high support needs, commissioned by the Joseph Rowntree Foundation (JRF) and undertaken by the Older People's Programme (OPP) and the Centre for Policy on Ageing (CPA). The research involved a scoping study; a series of discussions with older people, their families and professionals; synthesis of key messages with a diverse advisory group; local feedback; and a national 'sounding board' event to identify the key messages to be shared. The report recommends a multifaceted change programme to enable this vision to be achieved for individuals and their families, for local populations, and at a national policy and societal level. (KJ/RH)

Price: foc (download)

From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP.

<http://www.jrf.org.uk/sites/files/jrf/older-people-vision-for-care-full.pdf>

Options for care funding: what could be done now?; by Sue Collins, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, March 2009, 8 pp.

Solutions: lessons for policy and practice, 2345, March 2009, 8 pp.

The current economic situation could cause the reform of the UK long-term care funding model to lose momentum. There is general agreement that the UK needs a new care funding system. This overview summarises evidence on the case for change, and outlines these sustainable methods of funding (and their costs): equity release; higher capital limits for care home fees; doubling the personal expenses allowance for people living in care homes; and restructuring help for people in nursing homes. It lists conclusions drawn by the Caring Choices coalition regarding who should pay for long-term care and how. This overview draws on the Joseph Rowntree Foundation (JRF) research from its 'Paying for long-term care' programme, summarised in 'Paying for long-term care: moving forward'. It also draws on the practical experience of the Joseph Rowntree Housing Trust (JRHT) on these solutions: a social insurance scheme; a bonds scheme; and a loan stock scheme. (RH)

ISSN: 09583084

From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. <http://www.jrf.org.uk>

Projecting the impact of demographic change on the demand for and delivery of health care in Ireland; by Richard Layte, Michael Barry, Kathleen Bennett (et al), Economic and Social Research Institute (ESRI) - Ireland. Dublin: Economic and Social Research Institute (ESRI), 2009, 178 pp (ESRI Research Series 13).

A growing and ageing population will require significant changes in the use of health care resources. This is the final report in a series of three commissioned by the Health Research Board (HRB) to investigate the impact of demographic change on the demand for and delivery of health care in Ireland to 2021 and the implications that this has for the future planning of the health services in Ireland. Analyses by researchers at the Economic and Social Research Institute (ESRI) show that current health care practices will become increasingly unsustainable in the face of demographic change. Their findings suggest a number of developments that need to occur in order to successfully shift the emphasis of care from acute hospitals to primary, continuing and community care. They also make projections regarding the need for long-term health and social care for older people. One of the estimates used suggests a requirement for an additional 13,324 residential long term care (LTC) places from 2007-2021, or approximately 888 per annum, implying a residential LTC utilisation rate of 4.5% of people aged 65 years and over. (RH)

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Re-visioning respite: a culture change initiative in a long-term care setting in Eire; by Marguerite Kelly, Eileen McSweeney.

Quality in Ageing, vol 10, issue 3, September 2009, pp 4-11.

Respite care is one of the services most frequently requested by family carers, but places are often not taken up because of carers' concerns about the quality of the respite experience. This paper describes the formation of a new respite unit at St Ita's Hospital in Western Ireland and staff's efforts to create a respite experience that more closely reflects the older person's home environment. The initial focus was on providing more choice in terms of the food served and the times of meals. The challenges of introducing even small changes to the delivery of care

are considered, and the need for a more widespread and sustained approach to culture change is promoted. (KJ/RH)  
ISSN: 14717794

Reforming long-term care: recent lessons from other countries; by Caroline Glendinning, Nicola Moran, Social Policy Research Unit - SPRU, University of York. York: Social Policy Research Unit - SPRU, University of York, July 2009, 4 pp (Research works, no 2009-06).

Following publication of a Green Paper, 'Shaping the future of care together' (Cm 7673) in July 2009, the Department of Health (DH) is consulting on options for the future organisation and funding of adult social care in England. The experiences of other countries can help inform policy development in England. This study examined recent reforms and current debates about adult social care in five developed societies: Germany, the Netherlands, Denmark, Australia and Japan. The focus is on three particular issues: the sustainability, economically and politically, of social care funding arrangements; the effectiveness of quasi-market mechanisms in generating a range of quality, responsive services; and how far recent reforms have treated younger and older disabled people equitably and sought to reduce previous inequalities. This Research Works outlines the methods used and main findings of the authors' main report (same title), and summarising the recent reforms in the five countries and the policy implications. (RH)

Price: FOC

From : SPRU, University of York, Heslington, York YO10 5DD. <http://www.york.ac.uk/spru> Full report can be downloaded from: <http://www.york.ac.uk/spru/research/pdf/LTCare.pdf>

Reforming long-term care: recent lessons from other countries; by Caroline Glendinning, Nicola Moran, Social Policy Research Unit - SPRU, University of York. York: Social Policy Research Unit - SPRU, University of York, June 2009, 57 pp (Working paper, no DHP 2318).

During 2008 and 2009, the Department of Health (DH) conducted a major review into the funding of, and future strategy for, adult social care, in preparation for a Green Paper ('Shaping the future of care together', Cm 7673, July 2009). The review was also tasked with considering whether funding and service delivery arrangements should be the same for everyone with care and support needs or vary according to type of need. This paper reports on the experiences of five countries (Germany, the Netherlands, Denmark, Australia and Japan) in reforming their arrangements for funding and delivering long-term care. For each country, it presents background and context, and outlines current or recent debates and reforms. In the case of Germany, the design of the its long-term care insurance scheme's cost-containment measures and funding pressures are noted. None of the five countries has, or is considering developing for the future, private, long-term care insurance. Moreover, nor are individuals' assets or housing equity used for funding long-term care. Lessons for the reform of care and support in England are discussed. (RH)

From : SPRU, University of York, Heslington, York YO10 5DD. <http://www.york.ac.uk/spru> Full report can be downloaded from: <http://www.york.ac.uk/spru/research/pdf/LTCare.pdf>

Supporting people with long term conditions: commissioning personalised care planning : a guide for commissioners; by Department of Health - DH. London: Department of Health - DH, January 2009, 36 pp (ref: 10817) + circular letter (Putting people first: transforming adult social care).

Personalised care planning is concerned with providing for an individual's full range of needs that takes health, personal, family, social, economic, educational, mental health, ethnic and cultural background or circumstances into account. This document aims to provide commissioners of health and social services with the information and support they need in order to fulfil their obligation to embed personalised care planning in their localities. The guidance is focused on integrated care planning for all people with a long term care condition, and has resulted from feedback from the 'Our health, our care, our say' consultation on community services and feedback during the NHS Next Stage Review consultation. The document lists the potential benefits that would be expected from care planning. An annex lists linked policies and initiatives, with weblinks where further information can be found. (RH)

From : DH Publications Orderline, PO Box 777, London SE1 6XH. Email: [dh@prolog.uk.com](mailto:dh@prolog.uk.com) Tel 0300 123 1002. Download from website:[http://www.dh.gov.uk/en/Healthcare/Longtermconditions/DH\\_093359](http://www.dh.gov.uk/en/Healthcare/Longtermconditions/DH_093359)

## **2008**

Affordable clustered housing-care: a category of long-term care options for the elderly poor; by Stephen M Golant.: The Haworth Press, Inc., 2008, pp 3-44.

Journal of Housing for the Elderly, vol 22, nos 1/2, 2008, pp 3-44.

What we label as affordable clustered housing care options are making it increasingly possible for poor and frail older Americans to age in place comfortably and securely in residential-like settings combining both affordable

shelter and long-term care. The hallmark of these housing arrangements is their sizeable population clusters of low-income frail people in need of supportive services. Despite their greater availability and the competing factors underlying their growth, the diversity of their supportive services and operations cloud their identity, resulting in uncertainty as to whether they have a common mission. In response to the need for a more careful delineation of this ageing in place option, this paper describes the distinguishing features of these hybrid settings and constructs a typology of their representative exemplars or prototypes. (RH)

ISSN: 02763893

From : <http://www.tandfonline.com>

Assessing experts' views of the future of long-term care; by Edward Alan Miller, Mark Booth, Vincent Mor. *Research on Aging*, vol 30, no 4, July 2008, pp 450-473.

Consensus is growing that long-term care delivery, regulation and functioning are no longer viable, a concern that will grow more salient as the population ages. The authors interviewed experts regarding the current status of long-term care in the US, the attributes of an ideal long-term care system, and potential areas for reform. The findings highlight the problems of maintaining an adequate workforce despite changing demographics. They also identify commonly agreed upon attributes of an ideal system - person-centred, professionally rewarding, integrated, affordable, accountable, community-based, and consumer directed - in addition to less commonly identified attributes - supportive, comprehensive, dignified, culturally appropriate, innovative, responsible, and safe and secure. Areas for reform include: workforce recruitment and retention; financing and insurance; quality improvement and regulation; health; information technology; and organisational change and innovation. The challenges facing long-term care must be addressed by both government and private citizens alike if long-term care recipients' lives are to improve and the increased demand for services is to be met. (RH)

ISSN: 01640275

Care and support: a community responsibility?; by David Brindle, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, November 2008, 12 pp.

*Viewpoint*, 2334, November 2008, 12 pp.

Any new settlement on long-term care and support must address the apportionment of responsibility for its delivery as well as its funding. With the state's capacity limited and family input likely to decline, the wider community must expect to play a growing role. David Brindle of *The Guardian* argues that this offers an opportunity to end social care's marginalisation. Different sorts of social support and social capital - for example timebanking - are suggested. (RH)

ISSN: 09583084

Price: download

From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. <http://www.jrf.org.uk>

Clinical heroes: pushing up standards in long-term care; by Paul Whitby.: Hawker Publications, May/June 2008, pp 28-32.

*Journal of Dementia Care*, vol 16, no 3, May/June 2008, pp 28-32.

In the second of two articles, the author answers the critical question, how can we change the culture of a ward or care home for the better? Clinical heroes - leaders with passionate vision as well as power and influence - are needed as managers, along with a competent staff team and a facilitating work culture or environment that achieves high standards of care. (RH)

ISSN: 13518372

Counting the real cost of continuing care; by Richard Bartholomew.

*Professional Social Work*, December 2008, pp 20-21.

Research undertaken by the author on behalf of a local authority and a primary care trust (PCT) reveals the potential scale of the continuing social care costs if eligible learning disabled adults were to be given the sort of funding consideration that it is now widely accepted that older people should receive. Examples of case law convinces the author that the law has not been fairly applied in respect of human rights issues in the way in which the National Health Service (NHS) permits the funding of care (e.g. the Coughlan judgment, Barbara Pointon, and Maureen Grogan). The author analysed the case files of 31 people with learning disabilities who had not received continuing health care (CHC) funding. 13 would have had a high likelihood of 100% NHS funding, 11 substantial likelihood of 100% funding, and 5 were unlikely to be eligible for 100% funding. He concludes that many service users with learning disabilities and their families are being forced to spend money on care, but that the local council and PCT concerned were making provision for payments to be made to services users if found to be eligible for CHC funding. (RH)

ISSN: 13523112

Do we have the means?: [funding and provision of adult services]; by Andrew Mickel.  
Community Care, issue 1743, 16 October 2008, pp 28-29.

In 1999, the Royal Commission on Long-Term Care for the Elderly recommended that the state should pay for all long-term personal care. This article comments that much of the discussion on the reform of adult services is about funding, but that we need to work out what provision should be paid for. Free personal care in Scotland is proving problematical: when local authorities run out of money, it becomes a rationed system. Help the Aged suggests an entitlement to a basic care home bed; and in research for the Department of Health (DH), Caroline Glendinning (University of York is looking at social care reforms overseas. (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

Does a functional activity programme improve function, quality of life, and falls for residents in long term care?: cluster randomised controlled trial; by Ngaire Kerse, Kathy Peri, Elizabeth Robinson (et al).

British Medical Journal, vol 337, no 7675, 18 October 2008, pp 912-915.

A programme of functional rehabilitation had minimal impact for older people in residential care with normal cognition, but was not beneficial for those with poor cognition. Residents in low-level dependency residential care in two cities in New Zealand were eligible for this study; participants were 682 residents aged 65+. 330 were offered a goal-setting and individualised activities of daily living (ADLs) programme (the promoting independence in residential care, PIRC intervention) by a gerontology nurse, reinforced by usual healthcare assistants. 352 received social visits. 472 (70%) completed the trial. The programme had no impact overall. However, in contrast to residents with impaired cognition (no differences between intervention and control group), those with normal cognition in the intervention group may have maintained overall function and lower limb function. In residents with cognitive impairment, the likelihood of depression increased in the intervention group. No other outcomes differed between groups. (RH)

ISSN: 09598138

From : [www.bmj.com](http://www.bmj.com)

Free personal and nursing care: Public Audit Committee report, 4th report, 2008 (Session 3); by Public Audit Committee, Scottish Parliament. [Edinburgh]: Scottish Parliament, 2008, (SP Paper 183).

The Audit Scotland report, 'A review of free personal and nursing care' scrutinised the implementation of FPNC in Scotland, which this report considers along with issues raised by Lord Sutherland's Independent Review of Free Personal and Nursing Home Care in Scotland (April 2008). While the Public Audit Committee supports the concept of regarding FPNC as a mainstream element of provision for older people, it also notes that Lord Sutherland also highlighted the importance of ensuring that costs are adequately monitored and reported. The Committee endorses Audit Scotland's recommendations that local authorities should work with local health partners to evaluate the long term consequences of older people receiving domestic home care services. Annex C lists the key recommendations from the Audit Scotland report, also those arising from Lord Sutherland's independent review. (RH)

From : Download from website:<http://www.scottish.parliament.uk/s3/committees/publicAudit/reports-08/paur08-04.htm#1>

Funding long-term care: the building blocks of reform; by James Lloyd, International Longevity Centre UK - ILC UK. London: International Longevity Centre - ILC-UK, December 2008, 30 pp.

There is widespread agreement that the UK long-term funding system requires significant reform. This report sets out the core tasks required of that reform, and provides an accessible introduction and overview of the wide range of available funding options that could be applied to the long-term care system: the "building blocks of reform". The report identifies the different basic models of long-term care funding available, briefly summarising and evaluating each "building block", and exploring how these different models can be integrated and combined. The "building blocks" derive from three funding sources: the state (through general taxation); people of working age (through specific contributions); and retirees (through state and/or personal pension, liquid assets, or property wealth). (RH)

From : International Longevity Centre UK, 22-26 Albert Embankment, London SE1 7TJ. Website: [www.ilcuk.org.uk](http://www.ilcuk.org.uk)

The future of care funding: time for a change; by Caring Choices Coalition.: Electronic format, 2008, 35 pp. Caring Choices is a coalition of 15 organisations from across the long-term care system, led by the King's Fund, Joseph Rowntree Foundation (JRF), Help the Aged and Age Concern England (ACE). Throughout 2007, the coalition engaged with more than 700 older people, carers, care providers and others involved in the long-term care system at events across England and Scotland and through an interactive website, to discuss who should pay for long-term care, and how. This paper gives an overview of their discussions, which found five important



areas of agreement: the present system of funding long-term care is not fit for purpose; more money will be required to meet growing need; there should be a universal element of long-term care funding; funding of long-term care should be shared between the state and the individual; and better support for unpaid carers is crucial. Two related reports are referred to, which also concluded that the current funding system is unsustainable: Sir Derek Wanless' 'Securing good care for older people' (King's Fund, 2006); and 'Paying for long term care: moving forward' (JRF, 2006). Participants offer different perspectives on the design of a new system, but something that is fair and equitable. (RH)

From : Download from website: <http://www.caringchoices.org.uk/wp-content/uploads/the-future-of-care-funding-final-report-jan08.pdf>

Future of long-term care financing for the elderly in Korea; by Soonman Kwon.

Journal of Aging & Social Policy, vol 20, no 1, 2008, pp 119-136.

The demand for long-term care in Korea has been increasing due mainly to the changing family structure which has seen women increasingly participate in the labour market. A new public financing mechanism is needed to provide protection for a broader range of older people from the costs of long-term care. Many important decisions are yet to be made, although Korea favours social insurance rather than a tax-based scheme which would follow the tradition of social health insurance. The scheme may embrace other population groups, not just older people; but concerns about social solidarity and the financial sustainability of any long-term care insurance are being given consideration, as well as the relationship such a scheme would have with the system of benefits. Lack of care personnel and facilities is also a barrier to the implementation of public long-term care financing in Korea, and the implementation strategy needs to be carried out carefully. (KJ/RH)

ISSN: 08959420

From : <http://www.tandfonline.com>

Globalization, women's migration, and the long-term-care workforce; by Colette V Browne, Kathryn L Braun.

The Gerontologist, vol 48, no 1, February 2008, pp 16-24.

Developed nations are increasingly turning to immigrant women to fill the need for qualified direct long-term care (DLTC) workers (i.e., those who provide personal care to frail and disabled older people). The authors examine the impact of three global trends - population ageing, globalisation, and women's migration - on the supply and demand for DLTC workers in the United States. Following an overview of these trends, the authors identify three areas with embedded social justice issues that are shaping the DLTC workforce in the US, with a specific focus on immigrant workers in these settings. The three areas are: world poverty and economic inequalities; the feminisation and colonisation of labour (especially in LTC); and empowerment and women's rights. The contradictory effects that both population ageing and globalisation have on immigrant women, source countries (e.g. the Philippines) and the LTC workforce in the US are discussed; and policy, practice and research implications and questions are raised. For policy-makers and LTC administrators in receiver nations such as the US, the meeting of DLTC worker needs with immigrants may result in greater access to needed employees, but also in the continued devaluation of eldercare as a profession. Source (supply) nations must balance the real and potential economic benefits of remittances from women who migrate for work with the negative consequences of disrupting family care traditions and draining the LTC workforce of those countries. (RH)

ISSN: 00169013

From : <http://www.geron.org>

How much will pensions and long-term care cost in the future?; by Pensions Policy Institute - PPI; New Dynamics of Ageing programme (NDA).: Pensions Policy Institute - PPI (Electronic format only), April 2008, 4 pp (PPI Briefing note no 46).

To help improve our understanding of the complex relationship between pensions and long-term care, the New Dynamics of Ageing programme (NDA) is funding the Modelling Ageing Populations in 2030 Research Group, an interdisciplinary team, bringing together the Pensions Policy Institute (PPI) with experts from the London School of Economics (LSE), the University of East Anglia (UEA), the University of Leicester and the London School of Hygiene and Tropical Medicine (LSHTM). In order to inform public debate and the development of future policy, the project aims to produce long-term projections of expenditure on pensions and long-term care up to 2030 and beyond, on a consistent basis. This Briefing Note sets out some preliminary results, and highlights the importance of considering both policy areas together. (RH)

From : Download from: <http://www.pensionspolicyinstitute.org.uk> Pensions Policy Institute, King's College, 3rd Floor, 26 Drury Lane, London WC2B 5RL.

The influence of care provider access to structural empowerment on individualized care in long-term care facilities; by Sienna Caspar, Norm O'Rourke.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 63B, no 4, July 2008, pp S255-S265.

Implementing management initiatives that enable formal caregivers to provide quality, individualized care to older adults in long-term-care (LTC) facilities is increasingly important, given that the number of LTC residents is projected to triple by 2031. This study explored the relationship between care provider access to structural empowerment and the provision of individualized care in LTC. The authors computed structural equation models separately for registered nurses and licensed practical nurses (n = 242) and care aides (n = 326) to examine the relationship between access to empowerment structures (i.e. informal power, formal power, information, support, resources, opportunity) and the provision of individualized care. The authors subsequently undertook invariance analyses to determine if the association between empowerment structures and reported provision of individualized care differed between caregiver groups. Access to structural empowerment had a statistically significant, positive association with provision of individualized care for both groups. For registered nurses/licensed practical nurses and care aides, empowerment explained 50% and 45% of observed variance in individualized care, respectively. These notable percentages did not differ significantly between caregiver groups. Of the empowerment structures, support, especially in the form of access to educational opportunities and recognition for a job well done, seems to be particularly significant to care providers. Findings from this study suggest that provision of individualized care in LTC may be enhanced when formal caregivers have appreciable access to empowerment structures. (KJ/RH)

ISSN: 10795014

From : <http://www.geron.org>

The long-term care market in Spain; by Domènec Crosas. London

Journal of Care Services Management, vol 2, no 2, January-March 2008, pp 123-126.

In November 2006, the Law of Promotion of Personal Independence and Care of People in a Situation of Dependency was approved by a large majority in the Spanish Parliament. The managing director of BUPA's branch in Spain presents some facts and figures on the country's long-term care market, and comments on likely effects of the new law. (RH)

ISSN: 17501679

From : <http://www.henrystewart.com>

Mapping care of older people: analysis of England's long-term care markets; by Deloitte. London: Deloitte, 2008, 24 pp.

Changes in how adult social care is funded, also the introduction of personal budgets, are likely to affect the growth and nature of demand for care services. Deloitte has conducted this analysis for the Resolution Foundation. It makes the case that long-term care should be defined as a "mixed market for social good" and not as the more usual perception of a traditional public service. It reviews long-term care markets (residential and domiciliary) at a national level, noting issues such as demand, how care is paid for, and the supply side. Also considered are fairness and efficiency, and future market developments. It concludes that long-term care in England is a market, but that normal market functions are distorted by inefficiencies and inequalities around five themes: informal care; information; NHS and local authority roles; local markets; and funding. (RH)

The MDS Challenging Behavior Profile for long-term care; by D L Gerritsen, W P Achterberg, N Steverink (et al).: Taylor & Francis, January 2008, pp 116-123.

Aging & Mental Health, vol 12, no 1, January 2008, pp 116-123.

The objective was to construct a reliable and valid challenging behaviour scale with items from the Minimum Data Set (MDS). Exploratory factor analysis of a sample of 656 Netherlands nursing home residents validated a 16-item Behaviour Profile containing four internally consistent and valid subscales measuring conflict behaviour, withdrawn behaviour, aggression, agitation and attention seeking behaviour. On a second dataset of 227 nursing home residents, internal consistency, inter-rater reliability and validity against the Behaviour Rating Scale for Psychogeriatric Inpatients (GIP) were established. Internal consistency of the subscale ranged between 0.54 and 0.78. The overall inter-rater reliability of the times was 0.53 (kappa); of the scale it was 0.75 (ICC). The MDS Challenging Behaviour Profile could potentially be an important contribution to existing clinical MDS scales, but additional studies on reliability, validity and usefulness are needed. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Moral distress: an emerging problem for nurses in long-term care?; by Em Pijl-Zieber, Brad Hagen, Chris Armstrong-Esther (et al).

Quality in Ageing, vol 9, issue 2, June 2008, pp 39-48.

The implied meaning of moral distress is that one knows the right thing to do, but that institutional constraints make it nearly impossible to pursue the right course of action. Nurses and other professional caregivers are increasingly recognising the issue of moral distress and the deleterious effect it may have on professional work life, staff recruitment and staff retention. Although the nursing literature has begun to address the issue and how to respond to it, much of this literature has typically focused on high acuity areas, such as intensive care nursing. However, with an ageing population and increasing demand for resources and services to meet the needs of older people, it is likely that nurses in long-term care are going to be increasingly affected by moral distress in their work. This paper briefly reviews the literature pertaining to the concept of moral distress; explores the causes and effects of moral distress within the nursing profession; and argues that many nurses and other healthcare professionals working with older people may need to become increasingly proactive to safeguard against the possibility of moral distress. (RH)

ISSN: 14717794

From : <http://www.pavpub.com>

A National Care Fund for long-term care: a policy brief; by James Lloyd, International Longevity Centre UK - ILC UK. London: International Longevity Centre - ILC-UK, February 2008, 9 pp.

This policy brief provides a short summary of the ILC-UK discussion paper, 'A National Care Fund for long-term care'. It proposes a National Care Fund, which would be a social insurance fund to pay for long-term care, which could be limited to those aged 65+. Critical to the Fund's success would be high rates of participation by older people and some sort of "auto-enrolment"; the poorest individuals would have their contributions paid for by the state. The mechanisms of the Fund are outlined. (RH)

From : International Longevity Centre UK, 22-26 Albert Embankment, London SE1 7TJ. Website:

[www.ilcuk.org.uk](http://www.ilcuk.org.uk)

The national service framework for long-term neurological conditions: national support for local implementation 2008; by Beverley Hopcutt, Department of Health - DH.: DH website, 6 May 2008, 21 pp.

This document is the product of collaboration between the Department of Health (DH), the Care Service Improvement Partnership (CSIP) and the Third sector. It is a summary of resources, tools and guidance available to local commissioners and service providers to support local delivery of the national service framework for long-term neurological conditions (NSF) since its publication in 2005. It includes: an outline of the DH's NSF programme including work still in progress and other relevant resources from key broader programmes; tools and awareness raising activities developed by CSIP; resources developed by the Third sector; and a programme of future actions. (RH)

From : Electronic PDF format only; download at:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_084579](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084579)

Other contact: Helen Wiggins, Social Care, Local Government & Care Partnership, Room 8E25, Quarry House, Quarry Hill, Leeds LS2 7UE.

Older people's vision for long term care; by Centre for Policy on Ageing - CPA. London: Centre for Policy on Ageing, August 2008, 4 pp (CPA briefings 2008).

This briefing summarises work undertaken by the Centre for Policy on Ageing (CPA) in partnership with The Older People's Programme (OPP) to explore older people's experiences of living with high support needs. It is a project commissioned by the Independent Living Committee of the Joseph Rowntree Foundation (JRF). The aim of the project is to identify the critical elements of independent living for older people with high support needs. A final report will be available in November 2008. This briefing can be downloaded from the CPA website. (KJ/RH)

From : CPA, 25-31 Ironmonger Row, London EC1V 3QP. <http://www.cpa.org.uk/policy>

Paying for care in Wales: creating a fair and sustainable system: a consultation by the Welsh Assembly Government prior to a Green Paper; by Welsh Assembly Government. Cardiff: Welsh Assembly Government, November 2008, 26 pp.

The Welsh Assembly Government is running this consultation on the system of paying for care, in parallel with one taking place in England. The consultation considers devolved issues such as continuing care, NHS funded nursing care, residential care, and home and support services, as well as non-devolved issues such as the benefit system. The document looks at who currently receives care in Wales, and why changes are needed to the system of paying for care. The main questions asked relate to sharing the responsibility for paying for care; who should contribute more to care in the future; and how should rules for financial support be set in the future? The

document is in English and Welsh. Responses to this document are sought by 28 February 2009; and the Green Paper is planned for spring 2009. (RH)

From : Welsh Assembly Government, Cathays Park, Cardiff CF10 3NQ. website:  
<http://www.payingforcareinwales.net>

Restructuring the welfare state: reforms in long-term care in Western European countries; by Emmanuele Pavolini, Costanzo Ranci.

Journal of European Social Policy, vol 18, no 3, August 2008, pp 246-259.

Faced with problems associated with an ageing society, many European countries have adopted innovative policies to achieve a better balance between the need to expand social care and the imperative to curb public spending. Although embedded within peculiar national traditions, these new policies share some characteristics. First, a tendency to combine monetary transfers to families with the provision of in-kind services. Second, the establishment of a new social care market based on competition. Third, the empowerment of users through their increased purchasing power. Lastly, the introduction of funding measures intended to foster care-giving through family networks. This article presents the most significant reforms recently introduced in six European countries (France, Germany, Italy, the Netherlands, Sweden and the UK) regarding long-term care. It analyses the impact at the macro- (institutional and quantitative), meso- (service delivery structures) and micro-level (families, caregivers and people in need). As a result, the authors find a general trend towards convergence in social care among the countries, and the emergence of a new type of government regulation designed to restructure rather than to reduce welfare programmes. (RH)

ISSN: 09589287

From : <http://esp.sagepub.com>

Spanish Dependency Act: characterizing dependency levels and need for services; by Iciar Ancizu, Albert Navarro, Luciano Literas (et al).

Hallym International Journal of Aging, vol 10, no 1, 2008, pp 23-40.

The current context of long-term care in Spain is marked by the recent approval of the Dependency Act (in force from January 1, 2007). This article is aimed at defining the three levels of dependency ascertained in the Dependency Act and the care scenarios to allocate services to the profiles identified. The sample comprises 636 older people admitted to long-term care facilities in six different Spanish Autonomous Communities. Old persons' autonomy is established from nine variables of the Minimum Basic Data Set (MBDS RAI 1.0), whereas the intensity of care required is measured through the nursing care time (RUG-III). K-means cluster analysis is performed to characterize the three groups of dependency. In a second stage, care scenarios are assessed through the qualitative analysis of 60 randomly selected socio-personal and clinical records (20 per group). Results show that there are significant differences in care complexity as dependency increases and that the formal caring resources assigned would not be sufficient to meet growing needs for assistance. (KJ/RH)

ISSN: 15356523

From : <http://baywood.com>

The strategic direction for social services in Wales; by Gwenda Thomas. London

Journal of Care Services Management, vol 2, no 3, April-June 2008, pp 210-215.

The Deputy Minister for Social Services, Welsh Assembly Government gave the keynote address at the Annual Care Conference for Wales 2007. This article is the text of her address which provides an overview of the Welsh Assembly Government's perspective on the direction of the long-term residential care sector in Wales, and how this should be facilitated with partner organisations. She refers to progress with the 'Strategy for older people in Wales' (2003) and its next phase; the appointment of a Commissioner for Older People in Wales; and establishing a Care and Social Services Inspectorate for Wales in 2007. Among future work is a Dignity and Respect in Care programme, which will raise awareness and understanding of the key issues relating to dignity. (RH)

ISSN: 17501679

From : <http://www.henrystewart.com>

TigerPlace, a state-academic-private project to revolutionize traditional long-term care; by Marilyn J Rantz, Rosemary T Porter, Debra Cheshier (et al): The Haworth Press, Inc., 2008, pp 66-85.

Journal of Housing for the Elderly, vol 22, nos 1/2, 2008, pp 66-85.

The Aging in Place Project at the University of Missouri (MU) required legislation in 1999 and 2001 to be fully realised. An innovative home health agency was initiated by the Sinclair School of Nursing, specifically to help older adults age in place in the environment of their choice. In 2004, an innovative independent living environment was built; which is operated by a private long-term care company as a special facility where residents can truly age in place and never fear being moved to a traditional nursing home, unless they choose to

do so. With care provided by the home care agency with registered nurse care coordination services, residents receive preventative and early illness recognition assistance that has markedly improved their lives. Evaluation of ageing in place reveal registered nurse care coordination improves outcomes of cognition, depression, activities of daily living (ADLs), incontinence, pain and shortness of breath, as well as delaying or preventing nursing home placement. Links with MU students, family and nearly every school or college on campus enriches the lives of the students and residents of the housing environment. Research projects are encouraged, and residents who choose to participate are enjoying helping with developing cutting edge technology to help other seniors to age in place. (RH)

ISSN: 02763893

From : <http://www.tandfonline.com>

A to Z: mapping long-term care markets; by Resolution Foundation.: Resolution Foundation, 2008, 28 pp.  
The Resolution Foundation aims to improve the well-being of low earners, and to deliver change in areas where this income group is disadvantaged. The Foundation has chosen to focus on issues of residential and domiciliary long-term care for older people, because: long-term care presents particular challenges for low earners; it has a complex mixed market of funding and delivery; and is becoming increasingly important as a government priority. This report describes and assesses the long-term care market, based on analysis conducted for the Foundation by Deloitte. It describes and explains the market functions of long-term care in a mapping exercise; assesses how well it operates according to the criteria of efficiency and fairness; and reflects on some key developments that will have a significant impact on the market in the near future. (RH)

From : The Resolution Foundation, 2 Broomhouse Lane, London, SW6 3RD. Email: [info@resolutionfoundation.org](mailto:info@resolutionfoundation.org) Download at: <http://www.resolutionfoundation.org>

## 2007

AARP International : The Journal; by AARP International. New York: AARP, Winter 2007, 51 pp.

AARP International : The Journal, Winter 2007, 51 pp.

The initial focus of this issue is active ageing and the European Employment Strategy, including an article on the Zimmers, the world's oldest rock band as an example. Other themes covered are long term care and livable communities; economic security and work; and issues around health and its affordability. The Journal is available in electronic format only from website link given. (KJ/RH)

From : Posted on website (1 Dec 2007): <http://www.aarpinternational.org/thejournal>

Adaptation to chronic vision impairment: does African American or Caucasian race make a difference?; by Charla A McKinzie, Joann P Reinhardt, Dolores Benn.

Research on Aging, vol 29, no 2, March 2007, pp 144-162.

The purpose of this research was to determine whether race had a significant unique impact on adaptation to a common late-life impairment, age-related vision loss, after accounting for socio-demographic, health, functional disability, and personal and social resource variables. Older visually impaired African American (n=61) and Caucasian (488) applicants for vision rehabilitation service were interviewed in their homes. The results demonstrated that race accounted for unique variability in the domain-specific indicator of adaptation to age-related vision loss. The results support the importance of further work examining race differences in adaptation to specific chronic impairments in later life. (RH)

ISSN: 01640275

Altruistic activities of older adults living in long term care facilities: a literature review; by Joseph Cipriani.

Physical & Occupational Therapy in Geriatrics, vol 26, no 1, 2007, pp 19-28.

Reviews of six studies on occupational therapy are presented in this review of research literature on altruistic activities of older people living in long term care (LTC) facilities. Three models used within occupational therapy practice - the Model of Human Occupation (MOHO), Person-Environment-Occupation Model (PEO), and the Lifestyle Performance Model (LSPM) - were examined as to how altruistic behaviours can be incorporated as part of the assessment process. The review identifies six points which can assist occupational therapy professionals in planning to meet altruistic needs. First, one should not assume that all residents of an LTC facility have the need to be altruistic. Second, having a choice whether to engage in the activity once it is designed is important, but having the opportunity presented by the therapist in the first place may be key to facilitation of such activities. Third, the question of who to serve provides many opportunities, with research indicating a promising lead that intergenerational help may be particularly satisfying. Fourth, altruistic activities can have recipients from the community, but can also potentially include peers in the residence. Fifth, there is some research which indicates that residents, once given the idea, can be active planners in the type of activities engaged in, including what to do, for whom to do it, and the length of time of participation. Lastly, the

opportunity for social engagement is of major importance. Practitioners need to be aware of the interest that may be present among older people living in LTC to engage in altruistic activities. Such activities may serve as a means to directly assist clients in maintaining their quality of life and achieving higher levels of life satisfaction. (RH)

ISSN: 02703181

From : Haworth Document Delivery Service, The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA. <http://www.HaworthPress.com>

Are you doing your bit to support self care?; by Long Term Conditions Team, Department of Health - DH. [Leeds]: Long Term Conditions Team, Department of Health, March 2007, 5 pp.

Increasing self care support was a key commitment in the 2006 White Paper "Our health, our care, our say" (Cm 6737), and the impetus for "Supporting people with long term conditions to self-care: a guide to developing local strategies and good practice". This fold-out leaflet outlines ways in which the "15 million reasons to support people with long term conditions to self care" will benefit other people, too. Case studies of an individual and a project illustrate the help offered by support services. (RH)

Price: FOC

From : Department of Health, Long Term Conditions Team Tel: 0113 254 5008 Website: [www.dh.gov.uk/longtermconditions](http://www.dh.gov.uk/longtermconditions)

Chronic illness, expert patients and care transition; by David Taylor, Michael Bury.

Sociology of Health & Illness, vol 29, no 1, January 2007, pp 27-45.

During the last century, demographic and epidemiological transitions have had a radical impact upon health and health service provision. A considerable body of research on the sociological aspects of living with chronic illness has accumulated. Debate has focused on how social environments shape disability-related experiences, and the extent to which individual responses define health outcomes. Through the establishment of the Expert Patients Programme (EPP) in 2001, the Department of Health (DH) has sought to enhance NHS patients' self-management capacities. This paper discusses three areas relevant to this: the policy formation process leading up to the EPP's present stage of development; the evidence base supporting claims made for its effectiveness; and the significance of psychological concepts such as self-efficacy in approaches to improving public health. NHS developments in primary care and public involvement in health and healthcare are discussed, and the implications that EPP carry for the future. It is argued that to facilitate a constructive process of "care transition" in response to epidemiological and allied change, awareness of cognitive/psychological factors involved in illness behaviours should not draw attention away from the social determinants and contexts of health. (RH)

ISSN: 01419889

From : <http://www.blackwellpublishing.com>

Cognitive impairment in older people: future demand for long-term care services and the associated costs; by Adelina Comas-Herrera, Raphael Wittenberg, Linda Pickard (et al).

International Journal of Geriatric Psychiatry, vol 22, no 10, October 2007, pp 1037-1045.

Projections are presented of future numbers of older people with cognitive impairment (CI) in England, their demand for long-term care (LTC) services, and future costs of their care. The sensitivity of the projections to factors that are likely to affect future LTC expenditure is explored. These factors include future numbers of older people, prevalence rates of CI, trends in household composition, informal care provision, care service patterns and unit costs. A macrosimulation (or cell-based) model was developed to produce the projections, building on an earlier Personal Social Services Research Unit (PSSRU) model. Base case assumptions are made about trends in key factors expected to impact on future LTC expenditure, and variant assumptions about the key factors are introduced to test their sensitivity. Expenditure on LTC services for older people with CI are expected to raise from \$5.4 billion or 0.6% of Gross Domestic Product (GDP) in 2002 to £16.7 billion, 0.96% of GDP in 2031, under base case assumptions. Under variant assumptions, the projection for 2031 ranges from 0.83% to 1.11% of GDP. These figures do not include the opportunity costs of informal care. Sensitivity analysis shows that projected demand for LTC is sensitive to assumptions about the future numbers of older people and future prevalence rates of CI and functional disability. Projected expenditure is also sensitive to assumptions about future rises in the real unit costs of services. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

The costs of what?: measuring services and quality of care; by Ann Netten, Julien Forder.

Social Policy & Society, vol 6, pt 3, July 2007, pp 397-409.

If we are to be able to reflect the cost implications of change in the nature, quality and productivity of long-term care interventions in future projections, we need an approach to measurement that reflects the value and quality

of care. This paper describes a theoretically based but pragmatic approach to identifying the welfare gain from government expenditure on social care, and illustrates an application in projecting the costs of long-term care used in the Wanless review of future needs of social care for older people in England. (RH)

ISSN: 14747464

From : <http://www.journals.cambridge.org>

Distributional effects of reform in long-term care; by Martin Karlsson. Oxford: Oxford Institute of Ageing, 2007, pp 33-41.

Ageing Horizons, 2007, no 6, 2007, pp 33-41.

Population ageing will intensify the distributional dilemmas related to provision and funding of long-term care (LTC). Several OECD countries have recently reformed their LTC systems, but as yet there is a paucity of evidence on how different reform options affect the financial position of different socioeconomic groups. Another neglected issue is how individuals adapt to changes as a result of LTC policy reform. One complication in the analysis of LTC reform is the great uncertainty in projections, largely due to the long planning horizon needed and the nature of LTC services themselves. This paper reviews two contrasting contributions to the literature: "Paying for long-term care for older people in the UK: modelling the costs and distributional effects of a range of options" by Ruth Hancock et al (LSE PSSRU discussion paper 2336, 2006); and "Future costs for long-term care: cost projections for long-term care for older people in the United Kingdom", by Karlsson et al (Health Policy, 80, 2007). Particular emphasis is placed on the policy implications of their findings. (RH)

From : Download only from: <http://www.ageing.ox.ac.uk/ageinghorizons>

Evaluation of the operation and impact of free personal care; by Paolo Vestri, Hexagon Research and Consulting; Health and Community Care, Scottish Executive Social Research. Edinburgh: Scottish Executive Social Research, 2007, 127 pp (+ appendices).

The main aim of free personal care (FPC) is to remove discrimination against older people who have chronic or degenerative illnesses and need personal care, bringing such care into line with medical and nursing care in the NHS based on need. This evaluation examined the four key stages of the operation of FPC across Scotland: the application process; the assessment process; the provision of FPC and care services; and reviewing and monitoring FPC. A further objective was to evaluate the impact that FPC policy has on: informal care; the balance of care; care providers, the broader care sector and the range and availability of care services; and the quality of care received. (RH)

Price: £5.00

From : Blackwell's Bookshop, 53 South Bridge, Edinburgh EH1 1YS. email: [business.edinburgh@blackwell.co.uk](mailto:business.edinburgh@blackwell.co.uk) Scottish Executive Social Research website: <http://www.scotland.gov.uk/socialresearch>

Financing long-term care for older people in England; by Raphael Wittenberg, Juliette Malley. Oxford: Oxford Institute of Ageing, 2007, pp 28-32.

Ageing Horizons, 2007, no 6, 2007, pp 28-32.

During a decade of debate on how to fund long-term care, British analysts have focused more on policy developments in other countries than ever before. This paper discusses criteria for appraising opinions to argue that the objectives of the financing system must be considered in the light of the objectives for the long-term care system as a whole. The types of funding mechanisms discussed are private insurance (including private/public partnerships), tax-funded and social insurance models. Social insurance with hypothecation of funds is no longer part of the current debate, which now focuses on three types of options whose properties are described: free personal care (adopted in Scotland); the retention of means-tested arrangements in some form; and a partnership model as recommended in the Wanless Report. This paper agrees with Wanless that all three have strengths and weaknesses. Decision-makers have a window of opportunity to make reforms before the baby-boomers reach old age. (RH)

From : Download only from: <http://www.ageing.ox.ac.uk/ageinghorizons>

Free personal care for older people in Scotland: issues and implications; by Alison Bowes, David Bell.

Social Policy & Society, vol 6, pt 3, July 2007, pp 435-445.

Drawing on recent quantitative and qualitative research, the authors consider lessons of the Scottish policy of free personal care for older people. The policy is embedded in political debates about devolution and interests with various changing policies on care and support for older people. Evaluation is complicated by these interactions and by gaps in relevant data, especially those concerning costs. Operationally, policy implementation has presented varying difficulties for local authorities. For clients and informal carers it remains popular, but is part of a service-led model of provision which does not reflect their own views of their care and support needs. (RH)

ISSN: 14747464

From : <http://www.journals.cambridge.org>

Free personal care in Scotland: a narrative review; by Helen Dickinson, Jon Glasby, Julien Forder (et al).  
British Journal of Social Work, vol 37, no 3, April 2007, pp 459-474.

The advent of free personal care for older people was a defining moment in the development of UK political devolution. After all the controversy surrounding the 1999 Royal Commission on Long Term Care, Scotland's decision to implement its main recommendations was a decisive break from Whitehall's approach, and seemed to offer a key opportunity to learn from the implications of this policy for an English context. Against this background, this paper summarises the origins, nature and impact of free personal care, providing a narrative review of the policy to date. (RH)

ISSN: 00453102

From : <http://bjsw.oxfordjournals.org>

Future costs of long-term care for older people: some useful sources; by Alison Dawson.  
Social Policy & Society, vol 6, pt 3, July 2007, pp 461-466.

The author lists websites which provide electronic resources relevant to different aspects of the cost of long-term care. Many include links to additional reports, research papers and reviews and other information. They should be regarded as a representative sample rather than an exhaustive list of relevant information currently available on the Internet. All websites included were available on 30 March 2007. (RH)

ISSN: 14747464

From : <http://www.journals.cambridge.org>

Have you been paying for care?; by Alzheimer's Society. London: Alzheimer's Society, September 2007, 8 pp.  
Living with Dementia, insert, September 2007, 8 pp.

The Alzheimer's Society is campaigning for an end to the unfair system of charging for care. As part of this campaign, people are being encouraged to examine whether they have been wrong charged for care and if so, to seek redress. This leaflet explains how to do so. (KJ/RH)

From : Alzheimer's Society, Devon House, 58 St Katharine's Way, London E1W 1JX. Website:  
[www.alzheimers.org.uk](http://www.alzheimers.org.uk)

Health and long-term care in the European Union: Report; by Susanna Kiijarvi, Directorate-General for Employment, Social Affairs and Equal Opportunities, European Commission.: Electronic format only, December 2007, 247 pp (Special Eurobarometer 283).

Confronted with rising long-term care needs due to an increasingly ageing population, the European Union (EU) is supporting the Member States in their efforts to improve health and long-term care in Europe. In 2002, the Barcelona European Council recognised three guiding principles for the reform of health care systems: accessibility for all, high quality care, and long-term financial sustainability. It is in this context that the Directorate-General Employment of the European Commission commissioned a survey that examines public opinion about health care across Europe, focusing specifically on long-term care and care of the elderly. Between 25th May and 30th June 2007, TNS Opinion & Social interviewed 28,660 Europeans aged 15 and over living in the 27 European Union Member States and the two candidate countries (Croatia and Turkey). The report identifies the main challenges as: i) ensuring access for all to long-term care services; ii) securing financing for long-term care from an adequate mix of public and private sources; iii) improving coordination between social and medical services; iv) promoting home or community-based care rather than institutional care; and v) improving recruitment and working conditions for carers and supporting informal carers. (KJ/RH)

From : Download report (19/5/09) from:[http://ec.europa.eu/public\\_opinion/archives/ebs/ebs\\_283\\_en.pdf](http://ec.europa.eu/public_opinion/archives/ebs/ebs_283_en.pdf)

Healthcare consumption in men and women aged 65 and above in the two years preceding decision about long-term municipal care; by Jimmie Kristensson, Ingalill Rahm Hallberg, Ulf Jakobsson.

Health and Social Care in the Community, vol 15, no 5, September 2007, pp 474-485.

Early detection and preventive interventions to those at a transitional stage of becoming increasingly dependent on continuous care and services seems urgent to prevent escalating acute healthcare consumption. This study comprised 362 people (aged 65+), all subject to a decision about municipal care and/or services during 2002-2003, drawn from the Swedish National Study on Aging and Care (SNAC). Data were collected from three existing registers in Sweden. About 50% of the acute hospital stays (n=392) occurred within 5 months prior to municipal care. The 115 men (mean age 80.8) had significantly longer stays in hospital, more diagnoses and contacts with other staff groups beside physicians in outpatient care compared to the 247 women (mean age 83.8). The regression analysis showed heart conditions, cancer, musculo-skeletal problems, genito-urinary diseases, injuries and unspecified symptoms to be significantly associated with various kinds of healthcare



consumption. The findings indicated a breakpoint in terms of hospital admissions about 5 months prior to municipal care and service and a share of 15% having several admissions to hospital. (KJ/RH)

ISSN: 09660410

From : <http://www.blackwellpublishing.com/hsc>

Help or hindrance?: how family and friends influence chronic illness self-management among older adults; by Mary P Gallant, Glenna D Spitze, Thomas R Prohaska.

Research on Aging, vol 29, no 5, September 2007, pp 375-409.

The positive and negative influences of family and friends on self-management in older people with chronic illnesses is examined. 13 focus groups were conducted in upstate New York with 84 African American and White men and women aged 65+ with arthritis, diabetes, and or/or heart disease. Specific positive and negative social network influences are discussed in the areas of disease management (medication management, diet, physical activity, and health care appointments); decision-making about the illness; and psychological coping. Overall, there were many more positive than negative influences, and more negative influences from family members than from friends. Differences between influences of family members versus friends are discussed, also any suggestions of differences by gender and race. The study's limitations and the design of the self-management intervention involving family and friends are discussed. (RH)

ISSN: 01640275

How age and disability affect long-term care expenditures in the United States; by Sally C Stearns, Edward C Norton, Zhou Yang.

Social Policy & Society, vol 6, pt 3, July 2007, pp 367-378.

The ageing of the population and increasing longevity result in predictions of sizeable increases in long-term care expenditures. Other analyses have shown significant decreases in disability prevalence among older people in the US. This study provides an empirical quantification of the net result of these two forces (increased expenditure due to ageing versus potential expenditure reductions due to decreased disability) using the Medicare Current Beneficiary Survey. The analyses show that the implication of ageing and increasing longevity for long-term care expenditures are modest relative to the effects of future increases in functional abilities in older people. (RH)

ISSN: 14747464

From : <http://www.journals.cambridge.org>

How can funding of long-term care adapt for an ageing population?: practical examples and costed solutions; by Sue Collins, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, June 2007, 6 pp.

Solutions: lessons for policy and practice, 2093, June 2007, 6 pp.

The current model of funding for long-term care in the UK is unfair, not clear, and is unlikely to be sustainable in the future. As part of research for the Joseph Rowntree Foundation (JRF) Paying for Long Term Care Programme, detailed costs have been drawn up on the following possibilities for improving the present system: equity release; higher capital limits for care home fees; doubling the personal expenses allowance for people living in care homes supported by local authorities; and free personal care for more people in nursing homes. A more radical long-term change is also suggested: a constant rate of co-payment for individuals and the State. This paper also notes examples of practice which have been implemented by the Joseph Rowntree Housing Trust (JHRT): a social insurance scheme; a bonds scheme; and a loan stock scheme. The paper also draws on another major piece of work by JRF, 'Caring choices: who will pay for long-term care?'. (RH)

ISSN: 09583084

From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. <http://www.jrf.org.uk>

How will government defuse the demographic time bomb?: by Mark Gould.

Health Service Journal, vol 117, no 6081, 8 November 2007, pp 14-15.

The government has still not answered crucial questions over its plans for long-term care for older people. With an ageing population, how will it fund a system that is likely to cost a lot more? And will people still have to sell their homes? This article notes that the 2007 Pre-Budget report and Comprehensive Spending Review (Cm 7227; p 100) includes passing reference to a new way of financing and providing adult long-term care. Representatives from leading charities, primary care trusts (PCTS) and local councils comment on this proposal in the light of the 2005 Green Paper, "Independence, well-being and choice". (RH)

ISSN: 09522271

From : <http://www.hsj.co.uk>

Improving equity and sustainability in UK funding for long-term care: lessons from Germany; by Caroline Glendinning.

Social Policy & Society, vol 6, pt 3, July 2007, pp 411-422.

This paper argues for a transformation of arrangements for accessing and allocating public resources for long-term care in the UK. Currently, these arrangements are fragmented, inequitable and not always well targeted. While not necessarily advocating a social insurance approach, the experience of Germany nevertheless shows how simplicity, transparency and equity of access can be combined with strong cost control levers and political sustainability. An opportunity to transform ways of accessing and distributing public resources for long-term care arises with the piloting of individual budgets in 13 English local authorities from 2006. The paper argues that the principles underpinning individual budgets should be extended, with the UK government taking a strong national lead. (RH)

ISSN: 14747464

From : <http://www.journals.cambridge.org>

Improving the quality of long-term care services in England; by Juliette Malley, European Observatory on Health Systems and Policies.

Euro Observer, vol 9, no 2, Summer 2007, pp 7-8.

Approaches to measuring the quality of long-term care (LTC) in England have developed within the context of public service reform, for which improving the quality of LTC has been a specific goal. This article outlines the Government's approach to public sector reform post-1997 based upon four tenets: greater competition and contestability in the provision of public services; growth in top-down performance management; enhanced consumer choice and participation; and strengthened capability and capacity of civil and public servants and officials to deliver improved public services. Quality improvement structures are then outlined: Best Value Regime, the Personal Social Services Performance Assessment Framework (PAF), the Care Standards Act 2002, and the work of the Commission for Social Care Inspection (CSCI). (KJ/RH)

ISSN: 10207481

From : Download from website:<http://www.euro.who.int/observatory/Publications>

Is this the answer to the age-old question of social care funding?; by Niall Dickson.

Health Service Journal, vol 117, no 6083, 22 November 2007, pp 16-17.

The current adult social care system penalises people who have saved all their lives, but how will the government rectify this without breaking the bank? The Chief Executive of the King's Fund explains how a coalition of 15 bodies, Caring Choices, has sought to stimulate debate and encourage the government to take action. The coalition has identified three important questions. First, who should pay for personal care? Second, how do we encourage people to contribute to care costs. Third, how do we support the provision of informal care? (RH)

ISSN: 09522271

From : <http://www.hsj.co.uk>

Leading the way to quality long-term care : lessons from the past, strategies for the future: [introduction to special section]; by Darryl Wieland, Susan Hedrick.

The Gerontologist, vol 47, no 3, June 2007, p 355.

The Veteran Health Administration (VA) is the largest health care system in the US. The VA's Health Services Research and Development Service organised a State of the Art Conference on "Leading the way to quality long-term care : lessons from the past, strategies for the future" in September 2003 in conjunction with the Geriatrics and Extended Care Strategic Healthcare group. This short article introduces three papers that stem from the conference and outlines the aspects of long-term care that were considered. (RH)

ISSN: 00169013

From : <http://www.geron.org>

Long-term care and dementia services: an impending crisis; by Alastair Macdonald, Brian Cooper.

Age and Ageing, vol 36, no 1, January 2007, pp 16-22.

Since the transfer of long-stay care to the independent sector, provision of places in care homes in the UK has varied in response to market trends, and has shown a constant fall in the past 10 years. People with dementia constitute the largest diagnostic group affected by these changes, and are also likely to be the group that will determine future need. The authors set out to estimate, from institutional and prevalence survey data, what proportion of people with dementia in the UK are in long-stay care. Despite a falling trend in the number of places available in care homes, just over half of all such cases are to be found in care homes. Taking the proportion of 50% as standard, they estimated future need for places in care homes on the basis of the rising figures for dementia and three different projection scenarios from 2005 to 2023. The present trend indicates an

increase of around 50%, a policy shift of 10% in favour of community care could reduce this to around 35%, and combining the community care with increased specialisation in the homes for dementia care further reduces it to 20%. They suggest the latter 20% limited increase could prove sufficient, but only if better regulation, staff training and support in dementia care for homes are provided. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

Long-term care policies in Italy, Austria and France: variations in cash-for-care schemes; by Barbara Da Roit, Blanche Le Bihan, August Österle.

*Social Policy & Administration*, vol 41, no 6, December 2007, pp 653-671.

Cash benefit provisions have been at the core of many reforms in the long-term care sector in Europe. However, the respective schemes vary widely in terms of the definition of entitlements, the level of benefits, and the ways in which benefits can be used by recipients. This article investigates cash-for-care schemes in three European countries: Italy, Austria and France. It asks whether the diversity of these schemes indicates different paths or just differences in the pace with which the respective policies address the risk of dependency. A characterisation of the three schemes and a discussion of the implications for care work arrangements lead to the conclusion that the context and timing of long-term care reform processes are in fact quite variegated. All three countries have histories of cash schemes and of applying the cash approach to support - and to some extent relieve - traditionally strong family obligations. Differences predominate in terms of linking cash to employment, although some convergence is apparent in the effects on qualifications, working conditions and wages in care work. (RH)

ISSN: 01445596

Long-term care policy: the difficulties of taking a global view; by Kenneth Howse. Oxford: Oxford Institute of Ageing, 2007, pp 3-11.

*Ageing Horizons*, 2007, no 6, 2007, pp 3-11.

What should governments do about the provision of long-term care for frail older people in ageing societies? This paper considers some of the difficulties of taking a global view on this matter. It examines differences and similarities in policy context between developed and developing countries, and asks to what extent and in what way the problems of policy-making for long-term care are problems of fairness. (RH)

From : Download only from: <http://www.ageing.ox.ac.uk/ageinghorizons>

Long-term care reform in Spain; by Joan Costa-Font, Anna Garcia Gonzalez.: LSE Health; European Observatory on Health Systems and Policies, 2007, pp 20-22.

*Eurohealth*, vol 13, no 1, 2007, pp 20-22.

Public funding of long-term care services in Spain has been limited; traditionally there has been a reliance on family members to provide informal unpaid care. The ageing of the population, coupled with changing family structures, have raised the issue of long-term care up the policy agenda. A new law, guaranteeing the right to long-term care services, funded through taxation but subject to means testing, has now come into effect. While increasing public coverage for long-term care services, this new legislation raises challenges in respect of coordination and delivery of services within and across the seventeen Autonomous Communities that are responsible for the provision of social care services. (KJ/RH)

ISSN: 13561030

From : <http://www.lse.ac.uk/LSEHealth/eurohealth@lse.ac.uk>

Measuring family perceived involvement in individualized long-term care; by R Colin Reid, Neena L Chappell, Jessica A Gish.

*Dementia: the international journal of social research and practice*, vol 6, no 1, February 2007, pp 89-104.

Although family involvement is considered an important aspect of care for residents with dementia in long-term care facilities, measurement is lacking. The purpose of this study is to present a multi-item reliable measurement instrument assessing family perceived involvement. Literature reviews, observations within facilities, iterative consultations with an expert panel and extensive pilot testing of items for family perceived involvement were undertaken, to establish face and content validity. Two scales were developed: family perceived involvement, and family assessment of importance of their involvement in individualized care for their resident relative. Strong evidence of face and content validity, internal consistency and test-retest reliability were established for both scales. Short versions of the original scales were derived via factor analysis. These instruments provide researchers and facilities with the ability to measure both degree of family perceived involvement and the importance the family places on that involvement using a relatively brief set of statements. (KJ/RH)

ISSN: 14713012

From : <http://www.dem.sagepub.com>

Modelling an entitlement to long-term care services for older people in Europe: projections for long-term care expenditure to 2050; by Linda Pickard, Adelina Comas-Herrera, Joan Costa-Font (et al).

Journal of European Social Policy, vol 17, no 1, February 2007, pp 33-48.

As the numbers of older people in Europe increase, the importance of long-term care services in terms of numbers of users and expenditures can be expected to grow. This article examines the implications for expenditure in four countries of a national entitlement to long-term care services for all older people, based on assessed dependency. It is based on a European Commission-funded cross-national study, which makes projections to 2030 of long-term care expenditure in Germany, Italy, Spain and the UK. The policy option investigated is based on the German long-term care insurance scheme, which embodies the principle of an entitlement on uniform national criteria to long-term care benefits. The research models this key principle of the German system on the other three participating countries with respect to home care services. The study finds that, if all moderately or severely dependent older people receive an entitlement to formal (in-kind) home care, the impact on expenditure could be considerable, but would vary greatly between countries. The impact on long-term care expenditure is found to be the least in Germany, where there is already an entitlement to benefits, and the greatest in Spain, where reliance on informal care is widespread. The policy implications of these results are discussed. (RH)

ISSN: 09589287

From : <http://esp.sagepub.com>

The national framework for NHS continuing healthcare and NHS-funded nursing care; by Social Care Policy and Innovation (System Reform), Department of Health - DH.: Electronic format only, 26 June 2007, 38 pp (Gateway ref: 8427).

This guidance sets out the principles and processes of the National Framework for NHS Continuing Healthcare and NHS funded Nursing Care, for which an implementation date of 1 October 2007 is set. It follows on from the June 2006 consultation document and draft guidance. It concentrates mainly on the process for establishing eligibility for NHS continuing healthcare and principles of care planning and dispute resolution relevant to that process, rather than specifying every aspect of planning for NHS continuing care. Eligibility assessments for care should be carried out by a multi-disciplinary team in line with the Core Values and Principles section and taking into account other existing guidance. There are five Annexes, two of which outline key court cases about continuing care which have influenced the policy now formulated: the Coughlan judgment (R v North and East Devon Health Authority ex parte Pamela Coughlan); and the Grogan judgment (R v Bexley NHS Care Trust ex parte Grogan). The other three annexes are: a Glossary; Determining the need for registered nursing care; and Independent Review Panel procedures. This guidance is being circulated to lead officials for continuing care in Strategic Health Authorities (SHAs), Primary Care Trust (PCTs) and councils with social services responsibility. Until the implementation date, the DH advises that it should be treated as best practice guidance. This guidance supersedes circular documents HSC 2001/15 and LAC 2001(18). (KJ/RH)

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Power and autonomy of older people in long-term care: cross-national comparison and learning; by Henglien Lisa Chen, Social Policy Association. Bristol: The Policy Press, 2007, pp 175-199.

IN: Social Policy Review, 19, Chapter 9, 2007, pp 175-199.

It is argued in this chapter that older people who need long-term care are most likely to be physically or mentally frail, requiring involvement of multiple care services. It is for this reason that the power and autonomy of dependent older people is essential to ensure that quality of care is maintained. This chapter explores some solutions, focusing on the entire long-term care framework; England, the Netherlands and Taiwan are selected as representative of different welfare arrangements. It also highlights older people's experiences of social and personal barriers that are inhibiting them from becoming more actively socially and politically while in care. Further, it seeks to understand how their experiences of autonomy have affected their care and well-being. (RH)

From : The Policy Press, University of Bristol, Fourth floor, Beacon House, Queen's Road, Bristol BS8 1QU.

Projected use of long-term care services by enrolled veterans; by Bruce Kinosian, Eric Stallard, Darryl Wieland. The Gerontologist, vol 47, no 3, June 2007, pp 356-364.

A static-component projection model using age, function and other covariates was constructed. Enrollee projections were obtained from the Veterans Health Administration (VHA) and were combined with nursing home and community long-term care service use rates from the 1999 National Long-Term Care Survey and the

2000 National Health Interview Survey. In the US over the next decade, the number of oldest veterans (aged 85+) will increase sevenfold. This will result in a 20%-25% increase in use for both nursing home and home- and community-based services. VHA currently concentrates 90% of long-term care resources on nursing home care. However, among those who received long-term care from all formal sources, 56% receive care in the community. Age and marital status are significant predictors of use of either types of formal long-term care service for any given level of disability. VHA's experience with the mandatory nursing home benefit suggests that even when the cost to the veteran is near zero, only 60-65% of eligibles will choose VHA-provided care. Assisted living represents nearly 15% of care provided during the past decade to individuals in nursing homes, and around 19% of veterans using nursing homes have disability levels comparable to those of men in supported living. As most of the increased projected use for long-term care will be for home- and community-based services, VHA will need to expand these resources. Use of VHA resources to leverage community services may offer new opportunities to enhance community-based long-term care. (RH)

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From : <http://www.geron.org>

Rationale, design and sustainability of long-term care insurance in Japan - in retrospect; by Naoki Ikegami. *Social Policy & Society*, vol 6, pt 3, July 2007, pp 423-434.

When Japan introduced a new public, long-term care insurance in 2000, the eligibility criteria and benefits were designed so that those who had been receiving services would be able to continue to do so. Five years later, benefits were reduced to a partial levying of hotel costs in institutional care, and restricting the provision of instrumental activities of daily living (IADLs) support services in community care for those requiring only light care. Whether these revisions are objective in containing costs and whether a decision should be made to cover all ages and all disabilities are the issues for the future. (RH)

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Research on the costs of long-term care for older people: current and emerging issues; by Alison Bowes.

*Social Policy & Society*, vol 6, pt 3, July 2007, pp 447-459.

This review explores debates concerning the costs of long-term care for older people. It aims to give an overview of the recent and current research agenda in this area, and refers primarily to work published from 2000 to 2006. The focus of much work is on the identification of costs, their distribution, and the contents of policy and delivery of services in which these operate. Ongoing debate concerns future costs, their control and related issues of social justice and equity. A particular focus of recent work has been lessons internationally (e.g. cross-national surveys published by the Organisation for Economic Co-operation and Development - OECD) or from other countries. The most fruitful considerations to date have involved countries more similar in terms of economic development, and this review focuses on OECD countries. In low-income, less-developed economies, issues are significantly different. (RH)

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From : <http://www.journals.cambridge.org>

Resident satisfaction with long-term care services; by Farida K Ejaz, Nicholas G Castle (eds).

*Journal of Aging & Social Policy*, vol 19, no 2, 2007, 151 pp (whole issue).

This special issue of *Journal of Aging & Social Policy* focuses on developments in the US in evaluating care mainly from the perspective of nursing home residents. It starts with a literature review on satisfaction instruments used in long-term care settings. The next article examines the role of public and private initiatives on using consumer satisfaction as part of quality improvement systems in ensuring quality long-term care. This is followed by consideration of development of the CAHPS instrument (the Consumer Assessment of Healthcare Providers and Systems) for nursing home residents (NHCAHPS). Two articles on the Ohio Nursing Home Resident Satisfaction Survey (ONHRSS) cover first its development, and second, its statewide implementation and results. Lastly, the relationship between organisational factors and resident satisfaction with nursing home care and life is examined. (RH)

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From : <http://www.tandfonline.com>

Securing good care for older people: taking a long-term view; by Bleddyn Davies. Oxford: Oxford Institute of Ageing, 2007, pp 12-27.

*Ageing Horizons*, 2007, no 6, 2007, pp 12-27.

Two key features of "Securing good care for older people" (the Wanless report) are explained and evaluated. One is the new elements for the methodology for evaluating the alternatives, which Davies considers focuses attention on what are really the core issues: the means and ends which are the unique foci of long-term care, and

estimates of the consequences of the alternatives. By doing so, the report faces politicians, policy analysts and research communities with a formidable challenge: to master and contribute to the development of the new framework and evidence. Failure to meet the challenge will increase the risk that the policy system will reinforce rather than weaken causes of gross inequity and inefficiency caused by the under-funding of long-term care seemingly unanswerably demonstrated by the report. The second key feature is the type of funding model Wanless recommends, given expected changes in the balance between demands and public expenditure. Davies argues that the report's analysis as successfully transforms the state of the argument about this as much as about the framework, methodology and evidence in evaluating alternatives demonstrating the relative weaknesses of models advocated a decade ago. (RH)

From : Download only from: <http://www.ageing.ox.ac.uk/ageinghorizons>

Staff-based measures of individualized care for persons with dementia in long-term care facilities; by Neena L Chappell, R Colin Reid, Jessica A Gish.

*Dementia: the international journal of social research and practice*, vol 6, no 4, November 2007, pp 527-548.

Although individualized care for persons with dementia in long-term care institutions has become accepted as best practice, there have not been easy to use, multi-item reliable measures of the concept for scientific research or for administrative use. Following review of the literature, consultation with experts in the field, and direct observation within long-term care facilities, three domains of individualized care (knowing the person/resident, resident autonomy and choice, communication - staff-to-staff and staff-to-resident) were chosen as appropriate for the development of multi-item paper and pencil staff completion scales. These scales are presented in this article, including where appropriate, shorter scales derived from factor analyses. The findings suggest that these domains of individualized care lend themselves to brief multi-item measures and that not all conceptual domains of individualized care co-occur in practice. Further, supplemental staff training in individualized care practice may be warranted. (KJ/RH)

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Themed section on the costs of long term care for older people: introduction; by Alison Bowes.

*Social Policy & Society*, vol 6, pt 3, July 2007, pp 349-351.

This issue of *Social Policy & Society* includes a themed section on the costs of long term care for older people (pp 349-466). Nine other articles variously bring together complementary work from economics, social policy or sociology, using quantitative and qualitative methodologies. The guest editor draws attention to some of the themes that are discussed. (RH)

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From : <http://www.journals.cambridge.org>

Time to sort out how we pay for long-term care; by Christopher Kelly, Joseph Rowntree Foundation - JRF.: Joseph Rowntree Foundation - JRF, February 2007, pp 30-33.

*Search*, no 45, February 2007, pp 30-33.

This report highlights the need for more clarity about funding long-term care, which our welfare state was never envisaged to fund. There are some 300,000 older people in care homes, of whom only about 20,000 have their fees paid by the National Health Service (NHS). The rest have to use most of their own housing capital and pension income to pay for care before receiving help from local authorities. The NHS pays only a contribution to nursing elements of care home fees. This situation it is argued is untenable and "has raised ever more obvious difficulties and resentment": there must be a "clear-cut, common system of assessing needs". The Joseph Rowntree Foundation (JRF) has concluded that the present funding system is unfair, incoherent and inadequate to meet future needs. Three costed proposals for the short term have been suggested in various JRF reports. Further work by JRF will be in partnership with the King's Fund, supported by Age Concern and Help the Aged to test consumer policy solutions for the funding of long-term care for older people. Also, lessons learned from Hartrigg Oaks, the first continuing care retirement community in the UK are being taken forward in two new Extracare schemes, Hartfields in Hartlepool and Plaxton Court in Scarborough. (KJ)

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From : <http://www.jrf.org.uk>

The value of spirituality as perceived by elders in long-term care; by Lori Schwarz, Rita P Fleming Cottrell.

*Physical & Occupational Therapy in Geriatrics*, vol 26, no 1, 2007, pp 43-62.

Spirituality is a context inherent in the individual that influences all aspects of life. This paper presents the results of a qualitative study that explored the perspectives of five elders regarding the integration of spirituality by their occupational therapist into their rehabilitation services. Multiple in-depth interviews were used to collect data. Although reflections on spirituality were unique to each person, there were commonalities in the

narratives. Qualitative analysis identified six themes: meaning and purpose; coping and positive outlook; reliance and dependence; comfort and consolation; hope for recovery; and therapeutic rapport. Participants reviewed spirituality as pivotal during their rehabilitation. Implications for practitioners who consider this phenomenon in practice are presented. (RH)

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Winners and losers: assessing the distributional effects of long-term care funding regimes; by Ruth Hancock, Ariadna Juarez-Garcia, Adelina Comas-Herrera (et al).

*Social Policy & Society*, vol 6, pt 3, July 2007, pp 379-395.

Using two linked simulation models, the authors examine the public expenditure costs and distributional effects of potential reforms to long-term care funding in the UK. Changes in the means tests for user contributions to care costs are compared with options for the abolition of these means tests (free personal care). The latter generally cost more than the former and benefit higher income groups more than those on lower incomes (measuring income in relation to the age-specific income distribution). Reforms to the means tests target benefits towards those on lower incomes. However, the highest income groups are net losers if free personal care is financed at a higher tax rate on higher incomes and the effect on the whole population considered. (RH)

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