

Centre for Policy on Ageing
Information Service

Selected Readings

**The Long Term Care of Older
People**

February 2023

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2022

Approaches to addressing nonmedical services and care coordination needs for older adults; by Jerel M Ezell, Samiha Hamdi, Natasha Borrero.: Sage, March-April 2022, pp 323-333.

Research on Aging, vol 44, nos 3-4, March-April 2022, pp 323-333.

Non-medical services care coordination for daily activities of living (ADLs) is crucial in improving older adults' health and enabling them to age in place, but little is known about specific practices and barriers in this space. Semi-structured interviews were conducted with 41 professionals serving older adults in greater Chicago, Illinois ? which consists of diverse urban, suburban and semi-rural communities ? to contextualize non-medical services needs and care coordination processes. In-home care, home-delivered meals, non-emergency transport and housing support were cited as the most commonly needed services, all requiring complex coordination support. Respondents noted a reliance on inefficient phone or fax usage for referral-making, and cited major challenges in inter-professional communication, service funding or reimbursement, and HIPAA(the Health Insurance Portability and Accountability Act 1996). Non-medical services delivery for older adults is severely impacted by general siloing throughout the care continuum. Interventions are needed to enhance communication pathways and improve the salience and interdisciplinarity of non-medical services coordination for this population. (RH)

ISSN: 01640275

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

Assessing policy challenges and strategies supporting informal caregivers in the European Union; by Estera Wieczorek, Silvia Evers, Ewa Kocot (et al.): Taylor and Francis, 2022, pp 144-159.

Journal of Aging and Social Policy, vol 34, no 1, 2022, pp 144-159.

Cost containment and older people's preferences are important stimuli for encouraging the provision of informal care worldwide. Nevertheless, informal caregiving can have negative effects on a caregiver's health, well-being and employment opportunities. Moreover, it is questionable whether informal caregivers can substantially contribute to meeting the increasing demand for care, or serve as a substitute for formally provided services. This commentary assesses strategies to remediate the negative effects of caregiving, and ultimately to improve informal caregiving, and to support their critical role in European long-term care systems. Cash benefits are a particularly common method of supporting informal caregivers. Paid and unpaid leave, and flexible work arrangements are the most prevalent measures to support family caregivers within labour market policy, specifically. Providing training and counselling services to individuals engaged in informal care is a strategy used to support caregivers at home. Disparities in the level of support provided to informal caregivers across the European Union (EU) need to be addressed. A lack of supporting policies increases the likelihood that caregivers experience negative physical and psycho-social health problems, as well as unemployment and impoverishment. (RH)

ISSN: 08959420

From : <https://doi.org/10.1080/08959420.2021.1935144>

Dismantling systemic racism in long-term services and supports: a call to action for social workers; by Meghan Jenkins Morales, Vivian J Miller, Tyrone Hamler.: Taylor and Francis, February-March 2022, pp 121-128.

Journal of Gerontological Social Work, vol 65, no 2, February-March 2022, pp 121-128.

Given the rapidly changing Long-Term Services and Supports (LTSS) system in the United States, it is essential for social workers and other health professionals to critically examine how this evolving landscape continues to shape racial inequities in formal LTSS and subsequent health outcomes. This commentary seeks to inform social work education, research and practice by describing how systemic racism impacts the use and quality of formal LTSS. The authors present a call to action for social workers to dismantle systemic racism in LTSS that perpetuates ongoing racial inequities. (JL)

ISSN: 01634372

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

Incentives and deterrents to the supply of long-term care for the elderly in England: evidence and experience in two local authorities; by Stephen Allan, Robin Darton.: Cambridge University Press, April 2022, pp 304-315.

Social Policy and Society, vol 21, no 2, April 2022, pp 304-315.

This article reported on a study assessing the incentives and deterrents to long-term care (LTC) supply in two local markets in England. The study found that supply of LTC in many countries is facing the issues of rising demand, lack of workforce and the interaction of the public and private sectors. Findings from qualitative interviews of local council and provider stakeholders exploring barriers and enablers faced by LTC providers in two local authorities (LAs) were presented and discussed. The interviews provided insight in three main areas: staffing, demand and stakeholder relationships. Staffing, in particular, was found to be crucial and there were

many difficulties for providers in maintaining their workforce. Consistent with previous research, it was also noted that public spending levels on LTC puts pressure on providers striving to maintain a good quality service, including improved remuneration of staff. (JL)

ISSN: 14747464

From : <https://doi.org/10.1017/S1474746421000403>

Introduction: policies and practices shaping long-term care: between an inclusivity ethos and service delivery realities; by Shereen Hussein, Sara Charlesworth.: Cambridge University Press, April 2022, pp 257-260.

Social Policy and Society, vol 21, no 2, April 2022, pp 257-260.

Introduction to a special themed section of this journal. The section brings together several prominent scholars in long term care (LTC) research from different disciplines including health economics, sociology, demography, social policy, organisational studies and health care policy. The contributors employ diverse methodological approaches ranging from reviews and policy analysis to in-depth qualitative and quantitative methods. They also bring different perspectives and vantage points in their assessments of how the delivery of LTC is shaped 'on the ground', extending from cross-national comparisons of LTC and other policy settings to how workers, particularly those from minority groups, experience the day-to-day work of LTC. (JL)

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

Long-term care market trend and patterns of caregiving in the U.S.; by Rashmita Basu, Adrienne C Steiner, Alan B Stevens.: Taylor and Francis, 2022, pp 20-37.

Journal of Aging and Social Policy, vol 34, no 1, 2022, pp 20-37.

Informal care is a major source of long-term services and supports (LTSS) for older adults in the U.S. However, the increasing gap between available family caregivers and those needing LTSS in coming years warrants better understanding of the balance between informal and formal home or community-based LTSS to meet the growing demand. The current study aimed to 1) identify patterns of informal and formal LTSS use among community-dwelling individuals; and 2) examine if the supply of formal LTSS predicts the use of informal care. These aims were investigated by linking the market supply of formal LTSS at the state-level to the Health and Retirement Survey (HRS, 2008-2015) data for 7,781 individuals aged 50+. Results provide important empirical evidence that patterns of informal and formal LTSS use among older adults are heterogeneous and market supply of formal home and community-based services (HCBS) significantly predicts the use of informal care. Most older adults rely on informal care in combination with some formal supports, suggesting that the two systems work in tandem to meet the growing needs of LTSS. This offers important implications for states allocating resources to meet the LTSS needs of older adults and individuals with disabilities, since states play key roles in U.S. long-term care policies. (RH)

ISSN: 08959420

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

State of the art: what is out there and what can we learn?: international evidence on funding and delivery of long-term care; by Daniel Roland, Julien Forder, Karen Jones.: Cambridge University Press, April 2022, pp 261-274.

Social Policy and Society, vol 21, no 2, April 2022, pp 261-274.

This article describes the social care funding and delivery arrangements of a varied selection of developed countries, focusing on long-term care of older people. International evidence and latest reforms can inform the debate as countries struggle economically. Some have opted for mandatory social insurance that provides universal coverage. A premium is paid and if the insured individual or relatives require support they are entitled to it. Others opt for a similar universal system but with earmarked taxation while others fund their social care entirely from general taxation. Many choose a safety net system in which benefits are means tested leaving wealthier individuals to secure private arrangements of care. Within the UK the level of support varies as Scotland provides personal care free of charge, being more generous than England, Wales and Northern Ireland. There is no 'one solution' but understanding different options can help in the discussion of current and future reforms. (JL)

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2021

COVID-19 and long-term care policy for older people in Japan; by Margarita Estevez-Abe, Hiroo Ide.: Taylor and Francis, July-October 2021, pp 444-458.

Journal of Aging and Social Policy, vol 33, nos 4-5, July-October 2021, pp 444-458.

Japan's initial response to COVID-19 was similar to that of the US. However, the number of deaths in Japan has remained very low. Japan also stands out for the relatively low incidence of viral transmission in Long-Term Care Facilities (LTCFs) compared to both European countries and the United States. The authors argue that Japan's institutional decision to lockdown Long-Term Care facilities as early as mid-February ? weeks earlier than most European countries and the US ? contributed to lowering the number of deaths in LTCFs. Lessons from the Japanese experience are highlighted: first, the presence of hierarchically organized government agencies whose sole missions are caring for older people; second, the presence of effective communication channels between LTCFs and the regulatory authorities; and third, the well-established routine protocols of prevention and control in LTCFs. (RH)

ISSN: 08959420

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

Current status of the long-term care security system for older adults in China; by Peng Du, Tingyue Dong, Jingyao Ji.: Sage, March-April 2021, pp 136-146.

Research on Aging, vol 43, nos 3-4, March-April 2021, pp 136-146.

In response to the increasing care demand of older adults and their families, the construction of the long-term care (LTC) security system has been widely recognized by the government, society and families. This article discusses the socio-demographic background, current situation, achievements and issues of this system. The LTC security system in China has achieved considerable progress in enriched service provision and expanded social insurance system pilot programs. However, the issues of unbalanced service provision and the explorative design of the insurance system still need to be resolved. Our recommendations for the development of the LTC security system include comprehensively reviewing the integrated care service system in terms of placing 'old adults at the center,' addressing the long-standing divisions between urban and rural areas in service provision and insurance design, advancing research and discussion concerning pilot experiences and improving the unified evaluation and financial planning systems.

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From : <https://doi.org/10.1177%2F0164027520949117>

Evaluating the quality of long-term care services in the city of La Plata, Argentina; by Peter Lloyd-Sherlock, Bridget Penhale, Nelida Redondo.: Cambridge University Press, January 2021, pp 208-230.

Ageing and Society, vol 41, no 1, January 2021, pp 208-230.

This paper reports on an innovative survey of long-term care facilities for older people in the Argentine city of La Plata. It applies a range of qualitative methodologies, including a clandestine audit conducted by older people living in the community. The paper pays particular attention to the types and availability of services, perceived quality and the rigour of regulatory processes. It finds that there has been a rapid growth in the availability of formal services, but that there are many gaps in provision, especially for older people with complex care needs. There are strong indications that service quality is uneven and, in some cases, this amounts to the contravention of basic human rights. State regulation is hampered by institutional fragmentation and weak governance. A wider set of expert interviews and the limited available published information indicate that these findings are unlikely to be exceptional, and that similar issues affect rapidly emerging long-term care systems in many low- and middle-income countries.

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From : <https://doi.org/10.1017/S0144686X1900103X>

How do social workers working in long-term care understand their roles?: using British Columbia, Canada as an example; by Karen Lok Yi Wong.: Taylor and Francis, July-August 2021, pp 452-470.

Journal of Gerontological Social Work, vol 64, no 5, July-August 2021, pp 452-470.

A common problem faced by social workers working in long term care is that they are not given the opportunity to tell how they understand their roles and thus their roles are neither understood nor recognised by other professionals. There is a need for social workers to tell how they understand their roles so that these can be better understood and recognised. A research study was conducted in the province of British Columbia in Canada to explore how social workers working in long-term care understand their roles. 14 semi-structured interviews were conducted. Five themes were identified, including advocating for the most vulnerable, humanising long term care, balancing between self-determination and safety, dancing with the systems and

facilitating collaboration. The results reiterated but also supplemented the existing literature. This research study also proposes future research studies on the roles of social workers working in long term care. (JL)

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

The impact of COVID-19 on nursing homes in Italy: the case of Lombardy; by Marco Arlotti, Costanzo Ranci.: Taylor and Francis, July-October 2021, pp 431-443.

Journal of Aging and Social Policy, vol 33, nos 4-5, July-October 2021, pp 431-443.

Italy was the first western country strongly hit by the COVID-19 outbreak. This Perspective focuses on the large number of deaths that occurred in nursing homes during the first wave of the pandemic, and the weak capacity of public policy to provide them with adequate protection. The analysis focuses on the case of the Lombardy Region, where the mortality rate due to COVID-19 in nursing homes was the highest in Europe. In the search for possible causes, the authors investigate the situation of such facilities before the pandemic. Two aspects are analysed: their institutional embeddedness, and recent trends in their management. The authors conclude by arguing that the negative impact of COVID-19 stems from the poor development of long-term care policy and from the marginality of residential institutions within the healthcare system. (RH)

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

The impact of COVID-19 on social isolation in long-term care homes: perspectives of policies and strategies from six countries; by Charlene H Chu, Jing Wang, Chie Fukui (et al.): Taylor and Francis, July-October 2021, pp 459-473.

Journal of Aging and Social Policy, vol 33, nos 4-5, July-October 2021, pp 459-473.

Preventing the spread of COVID-19 in long-term care homes is critical for the health of residents who live in these institutions. As a result, broad policies restricting visits to these facilities were put in place internationally. While well meaning, these policies have exacerbated the ongoing social isolation crisis present in long-term care homes prior to the COVID-19 pandemic. This perspective highlights the dominant COVID-19 LTC policies from six countries: Brazil, China, Canada, Japan, Switzerland and the US. Five strategies are proposed to address or mitigate social isolation during the COVID-19 pandemic that can also be applied in a post-pandemic world, the first being increased monitoring and resident support to identify and mitigate negative impacts of situation restrictions. The other four are: maintaining and supporting safe resident interactions; formation of a leadership and management task force; use of technologies to connect residents with the outside world; and clear and timely communication of policies. (RH)

ISSN: 08959420

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

The impact of long-term care policy on the percentage of older adults with disabilities cared for by family members in China: a system dynamics simulation; by Rong Peng, Bei Wu.: Sage, March-April 2021, pp 147-155.

Research on Aging, vol 43, nos 3-4, March-April 2021, pp 147-155.

This study examined the impact of current and future long-term care (LTC) policies on the family caregiving burden in China. System dynamics (SD) methodology was used to construct an LTC delivery system model that simulates the demand of LTC, living options, and LTC service use for disabled older adults. The model was based on three policy variables including the proportion of payment from LTC insurance, the growth rate of beds in LTC institutions, and the time to adjusting the capacity of community-based care. Results showed that the percentage of older adults with disabilities cared for by family members was projected to increase from 92.6% in 2015 to 97.8% in 2035, assuming no policy changes; under the mixed policy scenario, this percentage would reduce significantly to 63.8% in 2035. These findings illustrate that changes in LTC policy and delivery system have a significant impact on family care.

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From : <https://doi.org/10.1177%2F0164027520923567>

Improving care for older adults in China: development of long-term care policy and system; by Bei Wu, Marc A Cohen, Zhen Cong, Kyungmin Kim, Changmin Peng.: Sage, March-April 2021, pp 123-126.

Research on Aging, vol 43, nos 3-4, March-April 2021, pp 123-126.

This special issue covers several important topics related to long-term care (LTC) systems and policy development in China. It provides a contextual background on the development of the LTC system in China as well as the needs and preferences of LTC from family and older adults' perspectives. In addition, this issue covers the topic of evaluation of a recently developed long-term care nursing insurance and provides an example of family caregiving for persons with dementia within the Chinese context. The authors in this special issue also

provided insights into the impact of the COVID-19 pandemic on older adults' life and LTC quality, and explored potential strategies to handle the challenges during and post-pandemic.

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From : <https://doi.org/10.1177%2F0164027521990829>

An initial analysis of the effects of a long-term care insurance on equity and efficiency: a case study of Qingdao City in China; by Wei Yang, Shuang Chang, Wenbo Zhang, Ruobing Wang, Elias Mossialos, Xun Wu, Dan Cui, Hao Li, Hong Mi.: Sage, March-April 2021, pp 156-165.

Research on Aging, vol 43, nos 3-4, March-April 2021, pp 156-165.

Finding a suitable mechanism to finance long-term care (LTC) is a pressing policy concern for many countries. Using Qingdao city in China as a case study, this article presents an initial assessment of a newly piloted LTC insurance by evaluating its effects on equity and efficiency in financing. Drawing data from 47 in-depth interviews conducted in 2016, this study found that there remain sizable disparities in financial burden among insurance participants, despite an emphasis on ensuring equitable access to care. Although the insurance brought cost savings to the health care sector, the LTC providers are incentivized to provide care at the least cost, even when such care is deemed inadequate due to the fixed payment for their services. This article offers critical insights into the potentials and challenges of applying the LTC insurance model in a developing country, where critical lessons can be drawn for public LTC insurance in other countries.

ISSN: 01640275

From : <https://doi.org/10.1177%2F0164027520907346>

Person-centred communication in long-term care with older people: a scoping review; by Daniel Lombard.: Emerald, 2021, pp 306-333.

Journal of Integrated Care, vol 29, no 3, 2021, pp 306-333.

Interpersonal skills are increasingly important tools in long-term care with older people, especially against the backdrop of loneliness affecting older people and expectations for a person-centred, joined-up approach. However, the term is used as a composite and its definition lacks shape and focus. In existing literature, participants appear to be selected on the basis of specific illnesses rather than age. Better understanding of the features of everyday communication processes associated with person-centred care can lead to improvements in policy and practice. A scoping review examined communication features associated with person-centred care for older adults. This identified the extent and nature of literature. Several databases were searched; after screening and hand-searching, 31 studies were included. Findings were analysed for patterns and contradictions, against the objectives of person-centred and integrated care. Emotional intelligence and the ability to employ various communication styles are crucial skills of person-centred communication. Such approaches can have positive effects on the well-being of older people. Some studies' validity was weakened by methodological designs being founded on value judgements. Using personalised greetings alongside verbal and non-verbal prompts to keep residents emotionally connected during personal care is considered good practice. Stimulating feedback from people using services and their relatives is important.

ISSN: 14769018

From : <https://doi.org/10.1108/JICA-10-2020-0070>

Special issue: The Covid-19 pandemic and older adults: experiences, impacts, and innovations; by Edward Alan Miller (ed.): Taylor and Francis, July-October 2021, pp 305-569.

Journal of Aging and Social Policy, vol 33, nos 4-5, July-October 2021, pp 305-569.

The COVID-19 pandemic has disrupted life globally through virus-related mortality and morbidity and the social and economic impacts of actions taken to stop the virus' spread. It became evident early in the pandemic that COVID-19 and the strategies adopted to mitigate its effects would have a disproportionate impact on older adults. This special issue of the Journal of Aging & Social Policy reports original empirical research and perspectives on the ramifications of the COVID-19 pandemic for this population. The articles are arranged in four sections covering these themes: personal experiences; long-term care system impacts; end-of-life care; and technology and innovations. An introductory essay by the editor - 'Shining a spotlight: the ramifications of the COVID-19 pandemic for older adults' - highlights key issues pertaining to the impact of COVID-19 on older adults and their families, caregivers and communities. (RH)

ISSN: 08959420

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

Understanding health and social challenges for aging and long-term care in China; by Wei Yang, Bei Wu, Si Ying Tan, Bingqin Li, Vivian W Q Lou, Zhuo (Adam) Chen, Xi Chen, James Rupert Fletcher, Ludovico Carrino, Bo Hu, Anwen Zhang, Min Hu, Yixiao Wang.: Sage, March-April 2021, pp 127-135.

Research on Aging, vol 43, nos 3-4, March-April 2021, pp 127-135.

The results published here are a synthesis of the top four research areas that represent perspectives drawn from the second King's College London Symposium on Ageing and Long-term Care in China held from 4 to 5th July 2019 at King's College London in London. The aim of the Symposium was to have a better understanding of health and social challenges for aging and long-term care in China. This symposium draws research insights from a wide range of disciplines, including economics, public policy, demography, gerontology, public health and sociology. A total of 20 participants from eight countries, sought to identify the key issues and research priorities in the area of aging and long-term care in China.

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From : <https://doi.org/10.1177%2F0164027520938764>

2020

The changing role of non-profit organizations in the U.S. long term care system; by Larry Polivka, Lumarie Polivka-West.: Taylor and Francis, March-April 2020, pp 101-107.

Journal of Aging and Social Policy, vol 32, no 2, March-April 2020, pp 101-107.

The American long-term care system has changed dramatically over the last several years as the need for care has increased steadily with the ageing of the boomer generation. Arguably, the most important change has occurred in the Medicaid-funded part of the system as several states, with strong federal support, have moved toward contracting with large for-profit insurance companies to provide overall administration of Medicaid long-term care services, largely displacing the non-profit organizations that constitute the nation's Aging Network. The authors are concerned that the displacement of the mission-oriented model of long-term care that is administered by the Aging Network will negatively affect access, quality and cost in state Medicaid long-term care programmes. (RH)

ISSN: 08959420

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

The Coronavirus and the risks to the elderly in long-term care; by William Gardner, David States, Nicholas Bagley.: Taylor and Francis, July-October 2020, pp 310-315.

Journal of Aging and Social Policy, vol 32, nos 4-5, July-October 2020, pp 310-315.

Older people in long-term care (LTC) and their caregiving staff are at elevated risk from COVID-19. Outbreaks in LTC facilities can threaten the health care system. COVID-19 suppression should focus on testing and infection control at LTC facilities. Policies should also be developed to ensure that LTC facilities remain adequately staffed and that infection control protocols are closely followed. Family will not be able to visit LTC facilities, increasing isolation and vulnerability to abuse and neglect. To protect residents and staff, supervision of LTC facilities should remain a priority during the pandemic. (RH)

ISSN: 08959420

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

COVID-19 and long-term care policy for older people in Canada; by Daniel Beland, Patrik Marier.: Taylor and Francis, July-October 2020, pp 358-364.

Journal of Aging and Social Policy, vol 32, nos 4-5, July-October 2020, pp 358-364.

Older people are especially vulnerable to COVID-19, including and especially people living in long-term care facilities. In this Perspective, the authors discuss the impact of the COVID-19 pandemic on long-term care policy in Canada. More specifically, they use the example of recent developments in Quebec, where a tragedy in a specific facility is acting as a dramatic "focusing event". It draws attention to the problems facing long-term care facilities, considering existing policy legacies and the opening of a "policy window" that may facilitate comprehensive reforms in the wake of the COVID-19 pandemic. (RH)

ISSN: 08959420

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

COVID-19 and long-term care policy for older people in Hong Kong; by Terry Lum, Cheng Shi, Gloria Wong, Kayla Wong.: Taylor and Francis, July-October 2020, pp 373-379.

Journal of Aging and Social Policy, vol 32, nos 4-5, July-October 2020, pp 373-379.

Hong Kong is a major international travel hub and a densely populated city geographically adjacent to Mainland China. Despite these risk factors, it has managed to contain the COVID-19 epidemic without a total lockdown of the city. In May 2020, three months on since the outbreak, the city had reported slightly more than 1,000

infected people, only four deaths and no infection in residential care homes or adult day care centres. Public health intervention and population behavioural change were credited as reasons for this success. Hong Kong's public health intervention was developed from the lessons learned during the SARS epidemic in 2003 that killed 299 people, including 57 residential care residents. This perspective summarises Hong Kong's responses to the COVID-19 virus, with a specific focus on how the long-term care system contained the spread of COVID-19 into residential care homes and home and community-based services. (RH)

ISSN: 08959420

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

COVID-19 and older adults in Israel: common challenges and recommendations; by Jiska Cohen-Mansfield.: Emerald, 2020, pp 209-216.

Quality in Ageing and Older Adults, vol 21, no 4, 2020, pp 209-216.

The impact of COVID-19 has most dramatically affected the older population, and nursing homes have become infection hotspots. As a response, governments have ordered isolation of older adults in geriatric institutions owing to the high risk of critical illness and mortality. The purpose of this paper is to discuss the potential impact of current policies on nursing homes and community-based care and provide suggestions for improvement in care. Taking the situation in Israel as an example, the author discussed major systemic problems pertaining to long-term care facilities and to community based care; the neglect of mental health; systemic deficiencies in end of life care; and the need to revise communications concerning COVID-19. Within each of the identified areas, recommended changes in strategy, policy and practice can help mitigate the dramatic impact of COVID-19 on the living experience of the older population.

ISSN: 14717794

From : <https://doi.org/10.1108/QAOA-09-2020-0043>

COVID-19 and the future of long-term care: the urgency of enhanced federal financing; by Judy Feder.: Taylor and Francis, July-October 2020, pp 350-357.

Journal of Aging and Social Policy, vol 32, nos 4-5, July-October 2020, pp 350-357.

The economic threat posed by responses to COVID 19 endangers financing for long-term care across the states that is already inadequate and inequitable. Increasing the federal share of Medicaid spending as unemployment rises would mitigate fiscal pressure on states and preserve public services. But unlike the demand for Medicaid's health care protections, which rises when economic activity declines, the demand for long-term care protections will grow even in a healthy economy as the population ages. Enhanced federal support is urgent, not only to cope with the virus today, but also to meet the long-term care needs of the nation's ageing population in the years to come. Long-term care financing policy should be modified to either adjust federal matching funds by the age of each state's population, or fully federalise the funding of LTC expenses of Medicaid beneficiaries who are also eligible for Medicare. (RH)

ISSN: 08959420

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

COVID-19 pandemic: exacerbating racial/ethnic disparities in long-term services and supports; by Tetyana P Shippee, Odichinma Akosionu, Weiwen Ng (et al.): Taylor and Francis, July-October 2020, pp 323-333.

Journal of Aging and Social Policy, vol 32, nos 4-5, July-October 2020, pp 323-333.

What services are available and where racial and ethnic minorities receive long-term services and supports (LTSS) have resulted in a lower quality of care and life for racial and ethnic minority users. As the COVID-19 pandemic has disproportionately affected racial and ethnic minority communities both in the rate of infection and virus-related mortality, these disparities are only likely to worsen during the pandemic. By examining these disparities in the context of the pandemic (as it applies in the United States), the authors bring to light the challenges and issues faced in LTSS by minority communities with regard to this virus as well as the disparities in LTSS that have always existed. (RH)

ISSN: 08959420

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

The COVID-19 pandemic and long-term care: what can we learn from the first wave about how to protect care homes?; by Margrieta Langins, Natasha Curry, Klara Lorenz-Dant, Adelina Comas-Herrera, Selina Rajan.: European Observatory on Health Systems and Policies, 2020, pp 77-82.

Eurohealth, vol 26, no 2, 2020, pp 77-82.

The COVID-19 pandemic has highlighted and exacerbated pre-existing problems in the long-term care sector. Based on examples collected from the COVID-19 Health System Response Monitor (HSRM) and the International Long-term care Policy Network (LTCcovid), this article aims to take stock of what countries have done to support care homes in response to COVID-19. By learning from the measures taken during the first

wave, governments and the sector itself have an opportunity to put the sector on a stronger footing from which to strengthen long-term care systems.

ISSN: 13561030

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

Does long-term care coverage shape the impact of informal care-giving on quality of life?: A difference-in-difference approach; by Thijs van den Broek, Emily Grundy.: Cambridge University Press, June 2020, pp 1291-1308.

Ageing and Society, vol 40, no 6, June 2020, pp 1291-1308.

The impact that providing care to ageing parents has on adult children's lives may depend on the long-term care (LTC) context. A common approach to test this is to compare whether the impact of care-giving varies between countries with different LTC coverage. However, this approach leaves considerable room for omitted variable bias. We use individual fixed-effects analyses to reduce bias in the estimates of the effects of informal care-giving on quality of life, and combine this with a difference-in-difference approach to reduce bias in the estimated moderating impact of LTC coverage on these effects. We draw on longitudinal data for Sweden and Denmark from the Survey of Health, Ageing and Retirement in Europe (SHARE) collected between 2004 and 2015. Both countries traditionally had generous LTC coverage, but cutbacks were implemented at the end of the 20th century in Sweden and more recently in Denmark. We use this country difference in the timing of the cutbacks to shed light on effects of LTC coverage on the impact care-giving has on quality of life. Our analyses show that care-giving was more detrimental for quality of life in Sweden than in Denmark, and this difference weakened significantly when LTC coverage was reduced in Denmark, but not in Sweden. This suggests that LTC coverage shapes the impact of care-giving on quality of life.

ISSN: 0144686X

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

The impact of the Great Recession on long-term services and supports in the United States and England; by Joshua M Wiener, Micah Segelman, Erin White.: Taylor and Francis, January-February 2020, pp 15-30.

Journal of Aging and Social Policy, vol 32, no 1, January-February 2020, pp 15-30.

The Great Recession (December 2007 to June 2009) substantially affected most developed countries. How countries responded to the Great Recession varied greatly, especially in terms of public spending. The authors examine the Great Recession's impact on long-term services and supports (LTSS) in the United States and England. Financing for LTSS in these two countries differs in important ways. By examining the two countries' financing and programme structures, we learn how these factors influenced each country's response to this common external stimulus. We find that between 2006 and 2013, LTSS increased in the United States in terms of spending (17%) and number of people served. In contrast, over the same period, LTSS in England decreased in terms of spending (6%) and people served. The authors find that the use of earmarked LTSS funding in the United States, compared to non-earmarked funding in England, contributed to different trajectories for LTSS in the two countries. Other contributing factors included differences in service entitlements, variations in ability of state and local governments to tax, and larger macroeconomic strategies implemented to combat the recession. The authors analyse the implications of their findings, especially in relation to the potential shift to Medicaid block grant LTSS funding in the United States. (RH)

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

Innovating long-term care provision in Mediterranean welfare states: a comparison between Italy and Israel; by Georgia Casanova, Aviad Tur-Sinai, Giovanni Lamura.: Taylor and Francis, January-February 2020, pp 55-82.

Journal of Aging and Social Policy, vol 32, no 1, January-February 2020, pp 55-82.

Social innovations in long-term care (LTC) may be useful in more effective responses to the challenges of population aging for Western societies. One of the most investigated aspects in this regard is the role of family or informal care and strategies to improve its integration into the formal care system, yielding a more holistic care approach that may enhance opportunities for ageing in place. This article reports the findings of comparative research focusing on the Italian and Israeli LTC systems as representative of the Mediterranean "family-based" care model. To analyse the innovative solutions that have been adopted or are needed to improve LTC provision in these two contexts, focus groups and expert interviews have been carried out in both countries to identify the most relevant challenges and responses to them and to highlight promising policies and strategies to be adopted or up-scaled in the future. These include multidisciplinary case and care management, a stronger connection between prevention and LTC provision, and more systematic recognition of the role and limits of informal caregivers' contributions. (RH)

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

Long-term care preference among Japanese older adults: differences by age, period and cohort; by Hidehiro Sugisawa, Yoko Sugihara, Yomei Nakatani.: Cambridge University Press, June 2020, pp 1309-1333.

Ageing and Society, vol 40, no 6, June 2020, pp 1309-1333.

This study examined the differences in the preference for long-term care (LTC) by age, period and cohort (A-P-C) in Japanese older adults through repeated cross-sectional surveys from 1998 - before the establishment of LTC insurance - to 2016, in a suburban city of metropolitan Tokyo. The study analysed the direct effects of A-P-C on the preference for LTC, as well as the interaction effects of A-P-C on preference by gender, family structure and activities of daily living. Data were obtained at six time-points using repeated cross-sectional surveys for people aged 65 and older; surveys were conducted in 1998, 2002, 2004, 2010, 2013 and 2016. The preference for LTC was composed of three categories: informal care, community LTC services (CLTCS) and institutional LTC services (ILTCS). The cross-classified random-effect model was used to specify A-P-C effects. Informal care, CLTCS, ILTCS and other/no answer composed 35, 23, 33 and 9 per cent of preferences, respectively. In terms of the period effect, while there was an increase in levels of preference for CLTC between 1998 and 2010 as compared to informal care, the levels of preference were almost identical after 2010. In terms of the age effect, younger participants were more likely to prefer CLTCS and ILTCS over informal care. Moreover, the age influence was stronger in females and respondents who lived alone. We did not observe a cohort effect for preference. This study suggests that there are gaps by period and age between the preference for LTC services and the actual LTC use in Japanese older adults, and as a result, the use of actual LTC services cannot fully reflect the intentions and preference for LTC in them.

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

Long-term care system in Taiwan: the 2017 major reform and its challenges; by Ming-Jui Yeh.: Cambridge University Press, June 2020, pp 1334-1351.

Ageing and Society, vol 40, no 6, June 2020, pp 1334-1351.

This paper reviews the past development of the publicly funded long-term care (LTC) system and aims to advance further discussion of LTC in Taiwan. The Ten-year Long-Term Care Plan 2.0 introduced in 2017 calls for a major reform of a publicly funded LTC system in Taiwan. The reform expands on the previous universal tax-based LTC system, allowing for more comprehensive and accessible subsidies on LTC services. This paper provides a brief overview of the political context of the reform and an introduction to the legal basis, financing and delivery mechanisms of the reform plan. To this end, as a preliminary evaluation, this paper identifies major institutional and socio-cultural tensions that could challenge the implementation of the plan. Institutional tensions include the dominant foreign worker caring model, which relies on approximately 220,000 foreign workers to provide LTC services, and the discontinuity between health and social care governance, which leads to a discontinuity between curative and LTC care. Socio-cultural tensions focus on conflicting values in the allocation of responsibility of care and in the understanding of disability between universal social citizenship in the modern state and traditional Confucian ethics. Policy implications of these tensions for the LTC system are then discussed.

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

Long-term care workforce: employment and working conditions; by :Hans Dubois, Tadas Leoncikas, Daniel Molinuevo and Mathijn Wilkens, European Foundation for the Improvement of Living and Working Conditions (Eurofound). Luxembourg: Publications Office of the European Union, 14 December 2020, 84 pp.

The long-term care (LTC) sector employs a growing share of workers in the EU and is experiencing increasing staff shortages. The LTC workforce is mainly female, and a relatively large and increasing proportion is aged 50 years or older. Migrants are often concentrated in certain LTC jobs. This report maps the LTC workforce's working conditions and the nature of employment and role of collective bargaining in the sector. It also discusses policies to make the sector more attractive, combat undeclared work, and improve the situation of a particularly vulnerable group of LTC workers: live-in carers. The report ends with a discussion and policy pointers on addressing expected staff shortages and the challenges around working conditions. (RH)

From : https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef20028en.pdf

Perceptions of home in long-term care settings: before and after institutional relocation; by Mineko Wada, Sarah L Canham, Lupin Battersby, Judith Sixsmith, Ryan Woolrych, Mei Lan Fang, Andrew Sixsmith.: Cambridge University Press, June 2020, pp 1267-1290.

Ageing and Society, vol 40, no 6, June 2020, pp 1267-1290.

Although moving from institutional to home-like long-term care (LTC) settings can promote and sustain the health and wellbeing of older adults, there has been little research examining how home is perceived by older adults when moving between care settings. A qualitative study was conducted over a two-year period during the relocation of residents and staff from an institutional LTC home to a purpose-built LTC home in Western Canada. The study explored perceptions of home amongst residents, family members and staff. Accordingly, 210 semi-structured interviews were conducted at five time-points with 35 residents, 23 family members and 81 staff. Thematic analyses generated four superordinate themes that are suggestive of how to create and enhance a sense of home in LTC settings: (a) physical environment features; (b) privacy and personalisation; (c) autonomy, choice and flexibility; and (d) connectedness and togetherness. The findings reveal that the physical environment features are foundational for the emergence of social and personal meanings associated with a sense of home, and highlight the impact of care practices on the sense of home when the workplace becomes a home. In addition, tension that arises between providing care and creating a home-like environment in LTC settings is discussed.

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

Protecting and improving the lives of older adults in the COVID-19 era; by Edward Alan Miller.: Taylor and Francis, July-October 2020, pp 297-309.

Journal of Aging and Social Policy, vol 32, nos 4-5, July-October 2020, pp 297-309.

The COVID-19 pandemic has affected the lives of people throughout the world, either directly, due to exposure to the virus, or indirectly, due to measures taken to mitigate the virus' effects. Older adults have been particularly hard hit, dying in disproportionately higher numbers, especially in long-term care facilities. Local, regional and national government actions taken to mitigate the spread of COVID-19 have thus served, in part, to shield older adults from the virus, though not without adverse side-effects, including increased social isolation, enhanced economic risk, revealed ageism, delayed medical treatment, and challenges getting basic needs met. This special issue of the Journal of Aging & Social Policy explores the myriad ways in which the COVID-19 pandemic has affected older adults and their families, caregivers, and communities. It proposes policies and strategies for protecting and improving the lives of older people during the pandemic. It draws lessons for ageing policy and practice more generally, given underlying challenges brought to the fore by government, provider, community and individual responses to the pandemic. (RH)

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

Re-conceptualising the relationship between de-familialisation and familialisation and the implications for gender equality: the case of long-term care policies for older people; by Thurid Eggers (et al).: Cambridge University Press, April 2020, pp 869-895.

Ageing and Society, vol 40, no 4, April 2020, pp 869-895.

This article explores how far the concepts of de-familialisation/familialisation are adequate to the classification of long-term care (LTC) policies for older people. In the theoretical debate over LTC policies, de-familialising and familialising policies are often treated as opposites. The authors propose re-conceptualising the relation between de-familialisation and familialisation, arguing that they represent substantially different types of policy that, in theory, can vary relatively autonomously. In order to evaluate this theoretical assumption, this article investigates the relation between the generosity level of LTC policies on extra-familial care, and the generosity level of LTC policies on paid family care, introducing a new multi-dimensional approach to measuring the generosity of LTC policy for older persons. It also explores the consequences of this for gender equality. The empirical study is based on a cross-national comparison of LTC policies in five European welfare states which show significant differences in their welfare state tradition. Data used are from document analysis of care policy law, the Mutual Information System on Social Protection, the European Quality of Life Survey and the Organisation for Economic Co-operation and Development. The findings support the argument that de-familialising and familialising LTC policies can vary relatively independently of each other in theory. It turns out that we get a better understanding of the relationship between LTC policy and gender equality if we analyse the role of different combinations of extra-familial and familial LTC policies for gender equality.

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

Supports and gaps in federal policy for addressing racial and ethnic disparities among long-term care facility residents; by Rebecca L Mauldin, Kathy Lee, Weizhou Tang, Sarah Herrera, Antwan Williams.: Taylor and Francis, May-June 2020, pp 354-370.

Journal of Gerontological Social Work, vol 63, no 4, May-June 2020, pp 354-370.

Older adults from racial and ethnic minority groups are likely to face disparities in their health as well as care experiences in long-term care facilities such as nursing homes and assisted living facilities just as they do in the United States as a whole. Policymakers in the United States face concerns around long-term services and supports to address the growing demands of a rapidly aging population through public and private sector initiatives. It is important to create inclusive and culturally responsive environments to meet the needs of diverse groups of older adults. In spite of federal policy that supports minority health and protects the well-being of long-term care facility residents, racial and ethnic disparities persist in long-term care facilities. This manuscript describes supports and gaps in the current United States federal policy to reduce racial and ethnic disparities in long-term care facilities. Implications for social workers are discussed and recommendations include efforts to revise portions of the Patient Protection and Affordable Care Act of 2010, amending regulations regarding long-term care facilities' training and oversight, and tailoring the Long-Term Care Ombudsman Program's data collection, analysis, and reporting requirements to include racial and ethnic demographic data.

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2019

Adult children stepping in?: Long-term care reforms and trends in children's provision of household support to impaired parents in the Netherlands; by Thijs Van Den Broek, Pearl A Dykstra, Romke J Van Der Veen.: Cambridge University Press, January 2019, pp 112-137.

Ageing and Society, vol 39, no 1, January 2019, pp 112-137.

Recent long-term care (LTC) reforms in the Netherlands are illustrative of those taking place in countries with a universalistic LTC model based on extensive provision of state-supported services. They entail a shift from de-familialisation, in which widely available state-supported LTC services relieve family members from the obligations to care for relatives in need, to supported familism, in which family involvement in care-giving is fostered through support and recognition for families in keeping up their caring responsibilities. Using data from four waves of the Netherlands Kinship Panel Study (N = 2,197), the authors show that between 2002 and 2014 the predicted probability that adult children provide occasional household support to impaired parents rose substantially. Daughters more often provided household support to parents than did sons, but no increase in the gender gap over time was found. The authors could not attribute the increase in children's provision of household support to drops in the use of state-supported household services. The finding that more and more adult children are stepping in to help their ageing parents fits a more general trend in the Netherlands of increasing interactions in intergenerational families. (RH)

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

Cash for care and care employment: (Missing) debates and realities; by Barbara Da Roit, Francisco Javier Moreno-Fuentes.: Wiley, July 2019, pp 596-611.

Social Policy and Administration, vol 53, no 4, July 2019, pp 596-611.

The introduction of cash-for-care (CfC) schemes in different European countries in recent years has responded to a plurality of strategies aimed at attending the rising demand and increasing costs of the long-term care needs of an ageing population. The specific system of care provision in each country shaped the response given to those challenges, as well as the room for manoeuvre for policymakers when trying to transform the domain of care into a sphere where markets may play a larger role, partly relieving families, and also the state, from these responsibilities. Policy debates and scholarly analyses largely overlooked the contribution of these schemes to the creation and shaping of employment. This article provides a comparative analysis of how CfC-based policies entail - alongside the regulation of informal care - a(n implicit or explicit) connection with care employment and may contribute to structuring employment relations in this sector. It looks jointly at the specific features of CfC and at the institutional context - welfare regime - in which they are embedded, in order to assess the extent to which these schemes contributed (generally unintendedly) to a transformation of the care employment size and features in seven European countries. (RH)

ISSN: 01445596

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

Cash for long-term care: policy debates, visions, and designs on the move; by Barbara Da Roit, Blanche Le Bihan.: Wiley, July 2019, pp 519-536.

Social Policy and Administration, vol 53, no 4, July 2019, pp 519-536.

Cash-for-care (CfC) schemes have introduced a key transformation in long-term care policies across Europe since the 1990s. This article explores the extent to which CfC policies have changed over time and in which directions, the ways in which change (if any) have occurred, and the forces underlying it. By combining the literature on institutional change with ideational approaches, the article focuses on policy theories and policy designs, on modes of change and factors pushing for change within the CfC policy, and in the long-term care and neighbouring policy fields. In doing so, the authors aim to contribute to understanding institutional change and the transformation of an increasingly important sector of the welfare state. This is one of six articles (plus an editorial) in this special issue of Social Policy and Administration on the theme of cash-for-care schemes in Europe. (RH)

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

Cash-for-care payments in Europe: changes in resource allocation; by Cristiano Gori, Marcello Morciano.: Wiley, July 2019, pp 537-550.

Social Policy and Administration, vol 53, no 4, July 2019, pp 537-550.

Resource allocation has been a main policy issue in cash-for-care schemes (CfCs) for older people in Europe since their inception. It regards how publicly funded care benefits and services are distributed among older people. The raising pressures of an ageing population and the tensions on the financial sustainability of welfare regimes in place have further exacerbated the relevance of this topic over the recent years. Nevertheless, comparative research so far has overlooked changes in resource allocation in CfCs over time. This article contributes to fill this gap, exploring changes in resource allocation of CfCs for older people in a sample of European countries: Austria, England, France, Germany, Italy and The Netherlands since the early '90s (or since the introduction of the scheme). It examines three analytical dimensions: (a) the mix of public services and benefits provided to older people (CfCs, community services in kind, residential care); (b) the level of CfCs coverage; and (c) its generosity. A combined view of these dimensions leads to the discussion of two dilemmas. First, how to allocate the resources devoted to CfCs in the light of the trade-off between its coverage and intensity. Second, within the whole long-term care system, how to allocate resources between CfCs and services in kind. (RH)

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

Cash-for-care schemes in Europe: Special issue; by Barbara Da Roit, Cristiano Gori (eds): Wiley, July 2019, pp 515-611.

Social Policy and Administration, vol 53, no 4, July 2019, pp 515-611.

Cash-for-care (CfC) schemes are publicly-funded monetary transfers provided to people assessed as in need of care so that they can organise their own care. Many of these schemes have been introduced in European long-term care policies since the 1990s. The six articles in this special issue of Social Policy and Administration are the result of collective research by an international team of LTC and CTC experts across seven European countries. Each article focuses on a central question about the development of CfC: policy debates and choices; change and persistence in resource allocation; how the right to care established by CfC legislation is substantially limited by eligibility criteria and levels of benefits; regulation and delivery of CfCs; the relationship between CfCs and informal care across countries; and the relationship between the development of CfC and employment in the care sector. (RH)

ISSN: 01445596

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

Changing long-term care provision at the local level in times of austerity: a qualitative study; by Cristiano Gori.: Cambridge University Press, September 2019, pp 2059-2084.

Ageing and Society, vol 39, no 9, September 2019, pp 2059-2084.

This article explores the effects produced by cost-containment policies and austerity measures, which widened the gap between care needs and available public funding, on the provision of long-term care (LTC) services at the local level in Italy during the economic crisis. The study is based on 34 semi-structured interviews with services managers employed in Italy's publicly funded LTC system. Data were analysed with the framework analysis method and six cross-cutting thematic categories were identified that depict, according to the interviewees, the main transformations that occurred in the provision of LTC at the local level as a consequence of cost-containment policies. 'Uncertainty' refers to the inability to predict what direction the LTC system is going to take in the foreseeable future. 'Short-termism' illustrates the pressure to focus excessively on day-to-day

service delivery at the expense of a medium- to long-term view of their future. 'Endangering quality' describes the risk of not being able to maintain the level of quality of care achieved so far. 'Allocative tensions' refers to the tensions due to the increasing requirement to ration the provision of public LTC services. 'Unequal re-familiarisation' represents the very different impacts of the trend of re-familiarisation depending on families' financial situation. 'Inappropriate care' depicts the rising number of older people receiving public care interventions that are not appropriate to meet their needs. (RH)

ISSN: 0144686X

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

Coverage versus generosity: comparing eligibility and need assessment in six cash-for-care programmes; by Costanzo Ranci, August Osterle, Marco Arlotti, Andrea Parma.: Wiley, July 2019, pp 551-566.

Social Policy and Administration, vol 53, no 4, July 2019, pp 551-566.

This paper investigates the potential trade-offs between extension of coverage and adequate generosity in cash-for-care (CfC) programmes in six European countries (Austria, Germany, France, Great Britain, Italy, and Spain), which are characterised by different configurations of CfC programmes. Building on an empirical analysis of the eligibility rules, of the regulation applied to classify beneficiaries according to their level of dependency, and the ways CfC benefits are distributed among them, it becomes clear that these programmes differ substantially in terms of coverage and generosity. Such differences reflect the variety of ways by which universalism, selectivity and adequacy are built up together throughout Europe. (RH)

ISSN: 01445596

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

Evaluating the quality of care received in long-term care facilities from a consumer perspective: development and construct validity of the Consumer Choice Index - Six Dimension instrument.: Cambridge University Press, January 2019, pp 138-160.

Ageing and Society, vol 39, no 1, January 2019, pp 138-160.

The Consumer Choice Index - Six Dimension (CCI-6D) is a new instrument designed specifically to evaluate the quality of care received in long-term care from a consumer perspective. This Australian study aims to demonstrate the construct validity of the CCI-6D. Older residents living in long-term care facilities and proxy family carers (where severely impaired cognition precluded resident consent) participated as consumers of long-term care. Data collected included the CCI-6D instrument, quality of life, physical function and characteristics of the care facility. Relationships between these variables and the CCI-6D dimensions were assessed and analysed through chi-squared and Kruskal-Wallis tests to assess the construct validity of each dimension. Of 430 eligible consumers, 253 completed the questionnaire, of whom 68 (27%) were residents and 185 (73%) were informal carer proxy participants. There was strong evidence of construct validity of the dimensions relating to adequacy of individual care time, access to outside and gardens, access to meaningful activities and flexibility of care. There was more moderate evidence of validity of the home-like own room and shared spaces items, which may be in part due to difficulty in identifying strong discriminatory variables for comparison with these items. The results also indicate a strong association between 'processes' of care delivery (as measured by the CCI-6D) and quality of life of care recipients. (RH)

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

Feasibility of training and delivering compassionate touch in long-term care; by Areum Han, Mark E Kunik.: Taylor and Francis, May-June 2019, pp 277-285.

Clinical Gerontologist, vol 42, no 3, May-June 2019, pp 277-285.

There is limited evidence supporting the use of therapeutic touch for people with dementia (PWD). Interventions incorporating a person-centred approach to touch delivered by staff may benefit PWD and staff in long-term care settings. The Compassionate Touchr (CT) program provides skilled human touch and a compassionate presence in following a person-centred approach and touch protocol. An online survey emailed to 112 staff who attended the CT coach training aimed to determine the feasibility of training and delivering CT. Descriptive statistics and thematic analysis were used to analyse responses to closed- and open-ended questions. Twenty-four staff members completed the survey and reported positive perspectives about the training, use of the program, and benefits for PWD and themselves. Five themes emerged: benefits for residents; challenges in using CT; when to use CT; training staff; and needed support. Preliminary findings show the potential benefits of using the CT program for residents, the challenges participants faced in using the program and training other staff, and the support needed to overcome these challenges. (RH)

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

Financial advice for funding later life care: a scoping review of evidence from England; by Emily Heavey, Kate Baxter, Yvonne Birks.: International Long Term Care Policy Network, London School of Economics, 2019, pp 51-65.

Journal of Long-Term Care, 2019, pp 51-65.

Ageing populations across the world make the provision of long-term care a global challenge. A growing number of people in England are faced with paying for later life social care costs, but do little to plan for these costs in advance. Recent legislation in the form of the Care Act 2014 gave local authorities new responsibilities to provide information on how people can access independent financial advice on matters relating to care needs. This scoping review aimed to identify existing evidence about people's engagement with financial advice in relation to paying for later life care in England. Electronic and manual searching identified seventeen papers reporting empirical evidence on the topic, published between 2002 and 2017. The authors note that their paper does not include a formal quality assessment of the included research papers. Their interpretation of study findings was hindered by lack of methodological transparency in some papers, and a lack of studies focusing specifically on the topic of financial planning for long-term care. An improved evidence base could assist financial advisers specialising in this area and local authorities that are now obliged to signpost people to such advice. With better evidence, such organisations would be better placed to explain to members of the public the financial and non-financial implications of obtaining financial advice about care costs. It might also enable those organisations to overcome barriers and facilitate access to appropriate advice. (RH)

From : <https://journal.ilpnetwork.org/articles/abstract/8/>

Fixing the care crisis; by Damian Green. London: Centre for Policy Studies, April 2019, 40 pp.

Damian Green, Chair of the All Party Parliamentary Group for Longevity and Conservative MP for Ashford, has as his starting point that "a good level of care must be free to all at the point of use, regardless of circumstances". In meeting that condition, any new social care policy must also fulfil four key principles. First, it must provide more money for social care and ensure it is spent wisely. Second, the system must be fair across generations and medical conditions, and to those who have saved. Third, the system must increase the supply of reasonably priced care options and retirement housing. Lastly, the system should aim to secure public and cross-party consensus. The report is arranged in four parts, starting with "the trouble with social care", its funding, and the impact of the current system on the NHS, care homes and retirement housing. Part 2 suggests a model based on the pension system, with the state providing a Universal Care Entitlement. This could then be topped up with private support, for those who want it, via a Care Supplement (Part 3). The scheme would be nationally funded. It is estimated that this would cost an additional £2.75 billion per year which might be funded by taxing the winter fuel allowance and a 1% surcharge on National Insurance payments for the over 50s. Part 4, on reducing the cost of care and improving its aquality, examines overall provision. (RH)

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at:<https://www.cps.org.uk/files/reports/original/190426143506-DamianGreenSocialCareFinal.pdf>

Global convergence: aging and long-term care policy challenges in the developing world; by Zhanlian Feng.: Taylor and Francis, July-September 2019, pp 291-297.

Journal of Aging and Social Policy, vol 31, no 4, July-September 2019, pp 291-297.

Ageing around the world poses a global challenge in eldercare. This challenge is particularly felt in low- and middle-income countries (LMICs), where population ageing outpaces the development of care policies and services. This article highlights the phenomenon of global convergence in several unsettling trends and challenges shared across LMICs. These include the weakening of informal family care systems for older people, a growing need for formal long-term care of the frail and disabled who can no longer be adequately supported by family members, and mounting pressures for policy responses to tackle these societal challenges. It is argued that policymakers should take a proactive stance. That is, when family care for older people falls short and family caregivers are increasingly under strain, the government should step in and increase support to fill the gap, by developing appropriate policies and a continuum of long-term care services that are accessible and affordable for the majority of older people in need. Three guiding principles for long-term care provision, financing and quality assurance across LMICs are suggested. (RH)

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

How do supervisor support and social care matter in long-term care?: Correlates of turnover contemplation among long-term care facility workers; by Guytano Virdo, Tamara Daly.: Policy Press, August 2019, pp 413-424.

International Journal of Care and Caring, vol 3, no 3, August 2019, pp 413-424.

Direct care workers from three Canadian provinces were surveyed in this study examining long-term care workers' contemplation to leave their current employment situation. Intention to leave was measured with a survey question asking participants whether they had seriously considered quitting their job recently. The results of the binary logistic regression indicated that both immediate supervisor support and social care tasks performed were statistically significant predictors of intention to leave. Higher levels of supervisor support and more social care tasks performed regularly were associated with lower intention to quit among direct care workers. (RH)

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

Improving outcomes for people with long-term care needs through personalisation; by Lorraine Frisina Doetter, Francesco Barbabella, Montserrat Guillen (et al.): European Observatory on Health Systems and Policies, 2019, pp 6-9.

Eurohealth, vol 25, no 4, 2019, pp 6-9.

Population ageing and an associated increase in chronic conditions such as dementia have seen demand for long-term care (LTC) rise, with this trend expected to continue. At the same time, the supply of informal carers is expected to decline, leading to greater reliance on formal provision of LTC. These challenges have prompted strong interest from policymakers in implementing innovative solutions to increase LTC sustainability. One such innovation is delivery of personalisation approaches such as personal budgets, direct cash payments and vouchers. This article explores evidence on the effectiveness of personalisation, and provides examples of good practice from Europe. (RH)

ISSN: 13561030

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

Long-term care and migrant care work: addressing the workforce shortages while raising questions for European countries; by Agnieszka Sowa-Kofta, Ricardo Rodrigues, Giovanni Lamura (et al.): European Observatory on Health Systems and Policies, 2019, pp 15-18.

Eurohealth, vol 25, no 4, 2019, pp 15-18.

Long-term care (LTC) is highly labour intensive and will likely remain so in the future. Meeting growing demand for LTC from an ageing population will therefore depend on the ability to recruit and retain sufficient numbers of carers, whether in formal settings or within homes. Many European countries have responded to this challenge by employing a considerable number of carers from other countries, whether from Europe or beyond. This raises a number of important issues for policy and practice for both source and host countries, but social policies specifically regulating this type of service provision are rarely adopted. (RH)

ISSN: 13561030

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

Long-term care for older people in South Africa: the enduring legacies of Apartheid and HIV/AIDS; by Peter Lloyd-Sherlock.: Cambridge University Press, January 2019, pp 147-167.

Journal of Social Policy, vol 48, no 1, January 2019, pp 147-167.

This paper sets out a general framework for analysing long-term care (LTC) systems for older people in different countries, and then applies this framework to a specific national setting. The paper considers the extent to which South Africa's emerging LTC system conforms to broader patterns observed across low- and middle-income countries, and how far it has been shaped by more local effects. It finds that patterns of demand for LTC vary across different racial categories. Despite having lower rates of ageing than the white population, Africans account for the majority of LTC demand. Residential services cater primarily for older whites, and there is a widespread perception that LTC for Africans should be a family responsibility. Across the sector, there is evidence of gaps in service availability, limited state oversight, and uneven service quality. In 2016, this led to a high-profile political scandal, which may prompt more effective state responses to this growing societal challenge. While the paper gives more weight to the fact that South Africa's experience is shaped by the racial legacies of Apartheid, the ongoing effects of the HIV/AIDS epidemic is acknowledged. (RH)

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

Long-term care service needs and planning for the future: a study of middle-aged and older adults in Hong Kong; by Alex Jingwei He, Kee-Lee Chou.: Cambridge University Press, February 2019, pp 221-253.
Ageing and Society, vol 39, no 2, February 2019, pp 221-253.

Long-term care (LTC) planning is important in helping the older people tackle their future needs better. The needs for LTC services represent generational characteristics, as they may differ between current and future cohorts of older adults. However, very few studies have examined cohort differences in terms of their expected utilisation of LTC services, while understanding that the pattern of use is crucial in helping policy makers prepare for development of LTC services. This study fills the research gap by examining the plans and expectations for LTC services of 1,613 middle-aged and older people in Hong Kong; data were collected using a telephone survey. Applying the Andersen Model to examine LTC expectations, this study used a multiple logistic regression method to analyse the LTC needs and plans of the middle-aged and older cohorts of Hong Kong adults, also associated factors. Both gender and birth cohort were examined individually and in combination. Birth cohort and gender have been found to exert an impact on all aspects of LTC needs and planning to varying degrees. The findings are interpreted and contrasted with those of a key study based in the West, with reference to the contextual characteristics of Hong Kong. This study furthers the scholarly understanding on LTC needs and planning and their cohort effect, and draws evidence-based recommendations for LTC development in Hong Kong, a rapidly ageing East Asian society. (RH)

ISSN: 0144686X

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

Long-term services and supports use among older Medicare beneficiaries in rural and urban areas; by Andrew F Coburn, Erika C Ziller, Nathan Paluso (et al).: Sage, March 2019, pp 241-264.

Research on Aging, vol 41, no 3, March 2019, pp 241-264.

State and federal policies have shifted long-term services and support (LTSS) priorities from nursing home care to home and community-based services (HCBS). It is not clear whether the rural LTSS system reflects this system transformation. Using the Medicare Current Beneficiary Survey, the authors examined nursing home use among rural and urban Medicare beneficiaries aged 65 and older. Study findings indicate that even after controlling for known predictors of nursing home use, rural Medicare beneficiaries exhibited greater odds of nursing home residence and that the higher odds of rural nursing home residence are, in part, associated with higher rural nursing home bed supplies. A complex interplay of policy, LTSS infrastructure, and social, cultural, and other factors may be influencing the observed differences. Federal and state efforts to build rural HCBS capacity may be necessary to mitigate stubbornly persistent rural-urban differences in the patterns of institutional and community-based LTSS use. (RH)

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

Perceptions of good and bad death among Korean social workers in elderly long-term care facilities; by Eunkyung Kim.: Taylor and Francis, May-June 2019, pp 343-350.

Death Studies, vol 43, no 5, May-June 2019, pp 343-350.

This qualitative study explored the perception of good and bad death among 15 social workers serving in care facilities for older people in Korea. A good death involved dying peacefully without much suffering, dying with family members present, death following a good life, and believing in a better afterlife. A bad death involved burdening children in the dying process, dying after extensive illness, dying isolated from family, and death from suicide. To ensure a good death for older people and avoid a bad death, social workers are encouraged to closely engage not only with older peoples but also their families. (RH)

ISSN: 07481187

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

The physical housing environment and subjective well-being among older people using long-term care services in Japan; by Rumiko Tsuchiya-Ito, Bjorn Slaug, Tomoaki Ishibashi.: Taylor and Francis, October-December 2019, pp 413-432.

Journal of Housing for the Elderly, vol 33, no 4, October-December 2019, pp 413-432.

For older people using long-term care services, the conditions of their life-space may be critical. The relationships between the physical housing environment and aspects of health were examined among older people in Japan aged 65+ (N = 1,928) by multivariable logistic regression analysis, adjusting for sociodemographic characteristics. Lack of safety, low access to emergency assistance, low or high indoor temperature, poor sanitary conditions and state of home disrepair were significantly associated with negative aspects of health among people with low activities of daily living (ADL) independence. Home care service providers and policymakers need to consider the importance of appropriate environmental conditions for the most vulnerable groups. (RH)

ISSN: 02763893

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

Population aging and long-term care policies in the Gulf region: a case study of Oman; by Mohamed Ismail, Shereen Hussein.: Taylor and Francis, July-September 2019, pp 338-357.

Journal of Aging and Social Policy, vol 31, no 4, July-September 2019, pp 338-357.

Population ageing is a worldwide phenomenon, including in countries traditionally exhibiting population dividends and "youth bulges". The Gulf Corporation Council countries are no exception as they currently experience a process of population ageing, albeit at a different stage from many developed countries. However, due to historically high fertility rates and fast-paced epidemiological transition, some of these countries will experience population ageing at a higher pace than has been observed in Europe and the United States. This article reviews recent developments in long-term care policies in the Gulf region. The focus is on Oman as an example of a high-income Arab country that is experiencing population ageing, while still being governed by traditional family aged-care norms. The authors use existing data and published research, complemented by policy analysis and field visits to analyse the process of population ageing and its policy implications in Oman and neighboring countries. (RH)

ISSN: 08959420

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

Predicting admission to long-term care and mortality among community-based, dependent older people in Ireland; by Niamh Aspell, Maria O'Sullivan, Eamon O'Shea (et al.): Wiley, July 2019, pp 999-1007.

International Journal of Geriatric Psychiatry, vol 34, no 7, July 2019, pp 999-1007.

The objective of this study was to identify factors that predicted admission to long-term care (LTC) and mortality among community-based dependent older people in Ireland who were in receipt of formal home support. An audit was conducted of all community-dwelling older adults receiving government funded home support during 2017 in the Dublin North Central Health Service Executive administrative area. Data were extracted from the Common Summary Assessment Report (CSAR), a mandatory form used in the provision of home support. Multiple logistic regression analysis was used to examine factors associated with admission to LTC and mortality, with the results presented as odds ratios (OR) and 95% confidence intervals. The audit comprised 1,597 community-dwelling older adults with a mean age of 83.3 years. The prevalence of transition to LTC and mortality was 8% and 9%, respectively, during the 12-month period. Factors significantly associated with admission to LTC were 'cognitive dysfunction' and the intensity of home support, as measured by weekly formal care hours. Physical dependency and advanced age (95 years or more) were significantly associated with mortality in this population. 'Cognitive dysfunction' and intensity of formal home support were associated with transition to LTC, while physical dependency and advanced age were associated with mortality. Investment in personalised cognitive-specific services and supports are necessary to keep people with dementia and related cognitive impairments living at home for longer. (JL)

ISSN: 08856230

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

Regulating the delivery of cash-for-care payments across Europe; by Cristiano Gori, Matteo Luppi.: Wiley, July 2019, pp 567-578.

Social Policy and Administration, vol 53, no 4, July 2019, pp 567-578.

This article aims to understand how governments across Europe have modified the regulation of the delivery of cash-for-care schemes (CfCs) to dependent older people since the beginning of the century. In the authors' terminology, the regulation of the CfCs delivery defines the norms, rules and practices that public actors adopt to manage how beneficiaries can use the benefits. To discuss the regulation of CfCs delivery, an original framework is employed that take three analytical dimensions into account: the degrees of freedom in benefits' utilization ("CfCs utilisation" dimension), the provision of information / orientation / advice / counselling to older people and families ("professional support" dimension), and the relationship between the delivery of CfCs and the delivery of the other publicly funded long-term care inputs ("care system" dimension). The analysis adopts a comparative perspective, looking at six countries: Italy, Austria, the Netherlands, France, Germany and England. Among various findings, the main one shows that there has been a shared and increased interest in consolidating the regulation of CfCs delivery. This trend has been mostly directed towards the new policy aim of strengthening professional support, a goal underestimated in the past, when this dimension was not a major topic of both debate and practice concerning CfCs across Europe. (RH)

ISSN: 01445596

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

Risk factors for depression in long-term care: a systematic review; by Rebecca Chau, David W Kissane, Tanya E Davison.: Taylor and Francis, May-June 2019, pp 224-237.

Clinical Gerontologist, vol 42, no 3, May-June 2019, pp 224-237.

Depression rates are substantially higher among older people in long-term care when compared with older people in the community. Furthermore, the needs of older people in long-term care are increasingly complex, and the risk factors that contribute to depression in this population are unclear. This limits not only the identification of those at risk for depression but also the development of therapeutic interventions. This review summarises the evidence on risk factors for depression. Searches were performed using CINAHL, Cochrane Library, Ovid Medline, PsycINFO and Scopus for research published 1980-2017. Data were reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement. Eleven studies met the inclusion criteria, representing a total of 11,703 participants, with a mean sample size of 1,064. The most consistently supported risk factor was cognitive impairment, followed by functional impairment and baseline depression score. The studies lacked a systematic approach to investigating risk factors for depression, and the research remains largely atheoretical. Few risk factors were consistently studied, with over 20 risk factors examined no more than once each. Psychological and environmental risk factors, which may be modifiable and have the potential to inform therapeutic interventions and preventative strategies, remain under-studied. This review finds that the most consistently supported risk factors _ cognitive impairment, functional disability and baseline depression score _ have the potential to inform screening protocols and should be monitored longitudinally. When developing psychotherapeutic interventions, close consideration should be given to cognitive and functional impairment as barriers to implementation and uptake. (RH)

ISSN: 07317115

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

Social care funding: time to end a national scandal: 7th report of session 2017-19; by Economic Affairs Committee, House of Lords. London: House of Lords, 4 July 2019, 57 pp (HL 2017/19 392).

Chaired by Lord (Michael) Forsyth of Drumlean, the Economic Affairs Committee investigated the extent to which funding for social care in England has failed to keep pace with demand: in real terms, a decline of 13 per cent between 2009/10 and 2015/16. The Committee's report examines existing funding arrangements, and recommends that the Government should produce a White Paper, not a Green Paper, with "clear and plausible proposals" for sustainable funding. It identifies the challenges: the reviews and attempted reforms since 1999; inadequate funding; rising demand; unmet demand; unpaid carers; and the system's general unfairness, e.g. disparity between conditions where health care is free at the point of use, whereas social care users have to make substantial payments. A workforce of 1.3 million people had a 6.6 per cent vacancy rate in 2016/17. An appendix summarises discussion between Committee members and a group of care workers on recruitment, turnover, working conditions and qualifications. Lastly, a section on options for reform examines public versus private individual funding, noting free personal care in Scotland, and options for funding such as mandatory social insurance in Germany and Japan (the latter submitted as evidence by CPA and PSSRU among others). The report recommends that the Government immediately spends £8 billion to restore social care to acceptable standards, and then introduces free personal care over a 5-year period. (RH)

From : <https://publications.parliament.uk/pa/ld201719/ldselect/ldeconaf/392/392.pdf>

Special issue: Self-direction in long-term services and supports; by Kevin Mahoney (ed.): Taylor and Francis, February-March 2019, pp 123-252 (whole issue).

Journal of Gerontological Social Work, vol 62, no 2, February-March 2019, pp 123-252 (whole issue).

Special issue of the journal featuring an introduction followed by six articles which between them focus on the self-direction approach to services, particularly in the context of disability and/or chronic illness, whereby carers select their own workers and decide how their budgets are spent. Topics include: veteran-directed home and community-based services; family caregivers and self-directed chronic care; self-directed dementia care; unmet needs in self-directed Home Community Based Services (HCBS); the tasks and characteristics of supportive support brokers; and participant-directed long term services and supports (LTSS) in the context of gerontological social work (JL)

ISSN: 01634372

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

Stated preferences for long-term care: a literature review; by Thomas Lehnert, Max Heuchert, Katharina Hussain, Hans-Helmut Konig.: Cambridge University Press, September 2019, pp 1873-1913.

Ageing and Society, vol 39, no 9, September 2019, pp 1873-1913.

Person-centred provision of long-term care (LTC) requires information on how individuals value respective LTC services. The literature on LTC preferences has not been comprehensively reviewed, existing summaries

are contradictory. An explorative, scoping review was conducted to provide a thorough methodological description and results synthesis of studies that empirically investigated LTC preference outcomes based on respondents' statements. A wide search strategy, with 18 key terms relating to 'LTC' and 31 to 'preferences', was developed. Database searches in PubMed, Ovid and ScienceDirect were conducted in February 2016. The 59 studies meeting the inclusion criteria were grouped and methodically described, based on preference eliciting techniques and methods. Despite substantial methodological heterogeneity between studies, certain findings consistently emerged for the investigated LTC preference outcomes. The large majority of respondents preferred to receive LTC in their known physical and social environment when care needs were moderate, but residential care when care needs were extensive. Preferences were found to depend on a variety of personal, environmental, social and cultural aspects. Dependent individuals aspired to preserve their personal and social identity, self-image, independence, autonomy, control and dignity, which suggests that LTC preferences are a function of the perceived ability of a specific LTC arrangement to satisfy peoples' basic physiological and mental or social needs. Research on LTC preferences would greatly profit from a standardisation of respective concepts and methods. (RH)

ISSN: 0144686X

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

The turn to optional familialism through the market: long-term care, cash-for-care, and caregiving policies in Europe; by Blanche Le Bihan, Barbara Da Roit, Alis Sopadzhyan.: Wiley, July 2019, pp 579-595.

Social Policy and Administration, vol 53, no 4, July 2019, pp 579-595.

Cash-for-care (CfC) schemes are monetary transfers to people in need of care who can use them to organise their own care arrangements. Mostly introduced in the 1990s, these schemes combine different policy objectives, as they can aim at (implicitly or explicitly) supporting informal caregivers, as well as increasing user choice in long-term care or even foster the formalisation of care relations and the creation of care markets. This article explores the link between CfC policies and informal care from a comparative perspective, and by looking at transformation over time. Building on the scholarly debate on familialisation vs defamilialisation policies, the paper proposes an analytical framework to investigate the trajectories of seven European countries over a period of 20 years (Austria, Germany, France, the Netherlands, England, Spain and Italy). The results show that, far from being simply instruments of supported familialism, CfC schemes have contributed to a turn towards "optional familialism through the market", according to which families are encouraged to provide family care and are (directly or indirectly) given alternatives through the provision of market care. (RH)

ISSN: 01445596

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

Unlicensed care homes in the United States: a clandestine sector of long-term care; by Michael Lepore, Angela M Greener, Kristie Porter (et al.): Taylor and Francis, January-February 2019, pp 49-65.

Journal of Aging and Social Policy, vol 31, no 1, January-February 2019, pp 49-65.

Residential care facilities operating without a state license are known to house vulnerable adults. Such unlicensed care homes (UCHs) commonly operate illegally in the United States, making them difficult to investigate. The authors conducted an exploratory, multi-method qualitative study of UCHs, including 17 subject matter expert interviews. Site visits made to three states included 30 stakeholder interviews, to understand UCH operations, services provided and residents served. Findings indicate that various vulnerable groups reside in UCHs. Some UCHs offer unsafe living environments; and some residents are reportedly abused, neglected and financially exploited. Regulations, policies and practices that might influence UCH prevalence are discussed. (RH)

ISSN: 08959420

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

Unmet long-term care needs and depression: the double disadvantage of community-dwelling older people in rural China; by Bo Hu, Jing Wang.: Wiley, January 2019, pp 126-138.

Health and Social Care in the Community, vol 27, no 1, January 2019, pp 126-138.

This study looked at the relationship between unmet long-term care needs and depression among community-dwelling older people in China. The data came from a nationally representative sample of 1,324 disabled older people from the China Health and Retirement Longitudinal Survey (CHARLS) collected between 2013 and 2014. Regression analyses were conducted to examine factors associated with unmet needs and their impact on depression. It was found that disabled older people living in rural communities had a higher level of unmet needs than their urban counterparts. Unmet needs caused more severe depression among rural older people but they did not have a significant impact among urban older people. Depression was also affected by people's health conditions in rural China and by household income in urban China. It is argued that older people living in rural communities face a double disadvantage. The first disadvantage relating to unmet needs reinforces the

second one relating to mental health. These findings highlight the urgent need for more investment by the Chinese government in formal social care services and support for carers in rural areas. (JL)

ISSN: 09660410

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

What do we want from the next Prime Minister?: A series of policy ideas for new leadership: social care; by Warwick Lightfoot, Will Heaven, Jos Henson Gric, Policy Exchange. London: Policy Exchange, 2019, 16 pp.

This is a policy proposal that would "help to address the serious and urgent problems affecting the provision of social care in the UK". Among its seven recommendations for the government is to ensure that complex long-term social care is available on the basis of need, largely free at the point of delivery. It suggests that this should be changed into a "limited co-payment regime of the order of £5,000 per person per year, means-tested in income". The authors present findings from polling carried out by DeltaPoll in June 2019, which found that 69% of respondents said that the most agreed with the idea that "social care should be funded like the NHS, free at the point of delivery and paid for through general taxation". Key problems identified include the unworkable structure, economic unsustainability and deep unfairness in social care. Instead, affordability should be its aims. The role of technological innovation in alleviating problems is also considered. Much of this short report first appeared in the authors' more detailed report, '21st century social care: what's wrong with social care and how we can fix it' (<https://policyexchange.org.uk/wp-content/uploads/2019/05/21st-Century-Social-Care.pdf>).

From : <https://policyexchange.org.uk/wp-content/uploads/2019/06/Manifesto-social-care.pdf>

2018

Barriers to self-care in elderly people with hypertension: a qualitative study; by Hanieh Gholamnejad, Ali Darvishpoor Kakhki, Fazlollah Ahmadi, Camelia Rohani.: Emerald, 2018, pp 243-251.

Working with Older People, vol 22, no 4, 2018, pp 243-251.

Hypertension is the most common chronic disease worldwide; and self-care is the key criteria in determining the final course of the disease. However, the majority of older people do not observe self-care behaviours. This paper analyses the experiences of older people with hypertension in order to understand the barriers in their self-care behaviours. This is a qualitative study with a conventional content analysis approach conducted in Tehran, Iran in 2017. 23 participants were selected by purposeful sampling: 4 older people; 6 cardiologists, geriatric physicians and nurses working in the cardiovascular ward; and 3 caregivers. Using semi-structured, face-to-face interviews, data collection was continued until data saturation. Three main categories were identified: attitude limitations, inefficient supportive network and desperation; all showed barriers to self-care by the experiences of older people with hypertension. Lack of knowledge of the disease and its treatment process is one of the main barriers to self-care in older people with hypertension. Deficient supportive resources along with economic and family problems exacerbate failure in self-care behaviour. (RH)

ISSN: 13663666

From : <http://www.emeraldinsight.com/loi/wwop>

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>

Challenges in long-term care in Europe; by Slavina Spasova, Rita Baeten, Bart Vanhercke.: European Observatory on Health Systems and Policies, Winter 2018, pp 7-12.

Eurohealth, vol 24, no 4, Winter 2018, pp 7-12.

The national provision of long-term care (LTC) in 35 European countries is described, with a focus on arrangements for older people. This article points to the four main challenges common to all countries: first, access and adequacy of LTC provision; second, quality of formal home care as well as residential services; third, employment of informal carers; and lastly, financial sustainability of the national systems. Since all European

countries will continue to face significant LTC system challenges, a series of recommendations are presented to help overcome them. This article draws on analysis in 'Challenges in long-term care in Europe: a study of national policies' from the European Social Policy Network (ESPN) and European Commission (2018). (See: <http://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8128&furtherPubs=yes>) (RH)
From : <http://www.healthobservatory.eu>

Change in VA community living centers 2004-2011: shifting long-term care to the community; by Kali S Thomas, Danielle Cote, Rajesh Makineni (et al.): Taylor and Francis, March-April 2018, pp 93-108.

Journal of Aging and Social Policy, vol 30, no 2, March-April 2018, pp 93-108.

The United States Department of Veterans Affairs (VA) is facing pressures to rebalance its long-term care system. Using VA administrative data from 2004-2011, the authors describe changes in the VA's nursing homes (called Community Living Centers [CLCs]) following enactment of directives intended to shift CLCs' focus from providing long-term custodial care to short-term rehabilitative and post-acute care, with safe and timely discharge to the community. However, a concurrent VA hospice and palliative care expansion resulted in an increase in hospice stays, the most notable change in type of stay during this time period. Nevertheless, outcomes for Veterans with non-hospice short and long stays, such as successful discharge to the community, improved. The authors discuss the implications of their results for simultaneous implementation of two initiatives in VA CLCs. (RH)

ISSN: 08959420

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

Dying in long-term care: perspectives from sexual and gender minority older adults about their fears and hopes for end of life; by Katherine Kortess-Miller, Jessica Boule, Kimberley Wilson, Arne Stinchcombe.: Taylor and Francis, April-September 2018, pp 209-224.

Journal of Social Work in End-of-Life and Palliative Care, vol 14, nos 2-3, April-September 2018, pp 209-224.

As lesbian, gay, bisexual, transgender and queer (LGBTQ+) communities age, many individuals expect a need to enter the long-term care system toward the end of life. Not unlike most ageing Canadians, this anticipation is met with concern and fear. However, previous research suggests that older LGBTQ+ individuals have unique fears, often related to personal safety and discrimination. This qualitative study examined the hopes and fears of older LGBTQ+ adults considering long-term care as they face end of life. Data were collected from three focus groups in Ontario, Canada, and analysed using inductive thematic analysis. Specific and frequent reference to fear of entering long-term care homes was common across all focus groups. The participants anticipated social isolation, decreased independence and capacity for decision-making, increased vulnerability to LGBTQ+-related stigma, as well as exposure to unsafe social and physical environments. The results from this study emphasise the need for palliative care specialists and long-term care home staff to address the unique health needs of older LGBTQ+ adults nearing the end of life, in order to work toward allaying fears and creating supportive and inclusive long-term care environments. (RH)

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

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>

Experiences of a mass interinstitutional relocation for long-term care staff; by Sarah L Canham, Minesko Wada, Lupin Battersby, Mei Lan Fang, Andrew Sixsmith.: Taylor and Francis, April-June 2018, pp 160-175.

Journal of Housing for the Elderly, vol 32, no 2, April-June 2018, pp 160-175.

This Canadian research explored the perceptions and experiences of long-term care (LTC) staff working in LTC and providing care to residents following a mass inter-institutional relocation. In-depth, semi-structured interviews were conducted with 63 LTC workers. Thematic analyses revealed three overarching themes related to how staff members perceived their relationships with other staff members following relocation. The first theme, post-relocation relationships between staff members, included the sub-themes "Staff are segregated from each other" (physical distance) and "We were a family", to "barely say hi" (psychological distance). The second theme, post-relocation stress, has two sub-themes: "Staffing is our big issue", and consequences of stress: absenteeism and leave. The third theme is recommendations for improving and managing staff relationships post-relocation. Relationships among staff members are integral to working in LTC and providing care to residents following a mass inter-institutional relocation. Recommendations for improving staff relationships and morale are suggested. (RH)

ISSN: 02763893

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

"Fear runs deep": the anticipated needs of LGBT older adults in long-term care; by Jennifer M Putney, Sara Keary, Nicholas Hebert, Liz Krinsky, Rebekah Halmo.: Taylor and Francis, November-December 2018, pp 887-907.

Journal of Gerontological Social Work, vol 61, no 8, November-December 2018, pp 887-907.

Older lesbian, gay, bisexual and transgender (LGBT) adults are a vulnerable yet resilient population who face unique stressors as they foresee health decline. This paper presents the results of a qualitative study about community-dwelling LGBT older adults' anticipated needs and fears relating to nursing homes and assisted living. The study collected data through seven focus groups, a sample of 50 LGBT-identified adults age 55 and over in the north-east US. An inductive, thematic analysis approach was used to analyse the data. The study found that participants seek an inclusive environment where they will be safe and feel connected to a community. They fear dependence on healthcare providers, dementia, mistreatment and isolation. Importantly, these fears can lead to identity concealment and psychological distress, including suicide ideation. This study adds to the existing literature about the worries of older LGBT adults as they anticipate long-term care. The results suggest that older LGBT adults seek LGBT-inclusive residential care settings that encompass two distinct yet related aspects of LGBT-affirmative care: the procedural (e.g. culturally competent skills and knowledge of practitioners) and the implicit (e.g. the values and mission of the organisation). Implications for practice, policy and training are identified. (RH)

ISSN: 01634372

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

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>

Financing long-term services and supports: challenges, goals, and needed reforms; by Marc A Cohen, Judith Feder.: Taylor and Francis, May-June, July-September 2018, pp 209-226.

Journal of Aging and Social Policy, vol 30, nos 3-4, May-June, July-September 2018, pp 209-226.

The need for long-term services and supports (LTSS) presents a growing financial burden on disabled individuals, their families and state Medicaid budgets. Strategies for addressing this problem pose both a policy design and a political challenge. This article begins by explaining the choices and trade-offs United States policy

makers face in designing new policy, and offers the outlines of a specific approach to navigating these. It concludes with an assessment of current LTSS policy directions and politics, specifically, the movement to constrain, rather than enhance, federal financing for LTSS and the counter-pressures necessary to strengthen meaningful insurance protection. While the political environment has become even less conducive to expansion of public benefits, the underlying problem of LTSS financing will grow and persist. And politics change. Thus, in this paper the authors offer and explain the choices they would make to bridge the political divide, specifically a proposal to develop a new public-private partnership based on a public program to cover "back-end" or catastrophic costs, plus measures making private insurance more attractive for the "up-front" risk, an approach that has recently been endorsed by a number of bipartisan groups. (RH)

ISSN: 08959420

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

Food and nutrition care in long-term care facilities: examining the perspectives of frontline workers; by Renata Blumberg, Charles Feldman, Douglas Murray (et al): Taylor and Francis, January-December 2018, pp 145-157. *Journal of Nutrition in Gerontology and Geriatrics*, vol 37, nos 3-4, January-December 2018, pp 145-157.

Malnutrition in older adults living in long-term care facilities continues to be a problem in the United States. Existing research has identified a list of possible contributing factors, including staffing problems. Few studies on food and nutrition care have attempted to gain the perspectives of nursing or dietary aides (referred to hereafter as aides), the frontline staff who work most closely with the residents of long-term care facilities. The current study takes a qualitative approach grounded in a theoretical perspective based on Total Quality Management (TQM) to increase understanding of the interpersonal and management practices that affect resident well-being, health and nutrition. Four focus groups (n = 24) were conducted with aides working in long-term care facilities. Aides expressed emotional closeness with residents and provided detailed knowledge about food and nutrition care. They reported both compassion fatigue and satisfaction. An element of dissatisfaction related to aide relationships with management and other employees who did not actively solicit their perspectives and knowledge on feeding residents. The knowledge and experience of aides could be better utilised, by shifting management strategies to focus on employee empowerment and training. Principles of TQM could be applied to improve food and nutrition care in long-term care facilities. (RH)

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

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>

How do pension and healthcare systems frame long-term care policy?: Comparison of the Czech Republic and Poland; by Pawel Luczak.: Wiley, December 2018, pp 1396-1409.

Social Policy and Administration, vol 52, no 7, December 2018, pp 1396-1409.

This article challenges the view that countries in Central and Eastern Europe can be treated as a homogenous group with regard to long-term care (LTC), by comparing changes in policies in the Czech Republic and Poland. To account for the dissimilarity between the countries, the article adopts Ranci and Pavolini's (2015, p 274) recommendation that changes in LTC policies must be analysed in the context of reforms of traditional and more expensive social policies, such as pensions and healthcare. Using the approach of political institutionalism, the article argues that these two countries' pension and healthcare systems established different opportunity structures and strategic preferences for change in LTC policy. Consequently, the persistent difference between the two countries over the past decade is explained by how their pension and healthcare systems frame LTC

policy. The article also finds that "functional equivalents" to social care programmes that are instituted either in pensions (i.e., lowering the retirement age, which impacts the supply of informal care) or in healthcare (i.e., increasing the availability of nursing homes) should be included in the analysis of LTC policy development. The article referred to is 'Not all that glitters is gold: long-term care reforms in the last two decades in Europe' by Costanzo Ranci and Emmanuele Pavolini (*Journal of European Social Policy*, 2015, vol 25, no 3, pp 270-285). (RH)

ISSN: 01445596

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

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>

Muscled by the system: informal caregivers' experiences of transitioning an older adult into long-term care; by Christy Konietzny, Sharon Kaasalainen, Vanina Dal-Bello Haas (et al.): Cambridge University Press, December 2018, pp 464-473.

Canadian Journal on Aging, vol 37, no 4, December 2018, pp 464-473.

This study explored informal caregivers' experiences of transitioning an older adult into long term care (LTC). Qualitative description guided the study analysis of semi-structured interviews with 13 informal caregivers of older adults from three LTC homes in southern Ontario. Findings illustrated that caregivers experience chronic worry and burden before deciding on, or requiring to apply for, LTC. A sense of lack of control was a prominent theme, especially when caregivers were applying for LTC beds. Participants perceived pushing, pressure and punishment from the health care system and felt relieved and fortunate after they accepted a bed offer. This tumultuous experience stimulated caregivers to anticipate future transitions. It is recommended that caregivers receive preparation and targeted support to manage transition experiences. Improved communication among health professionals is essential. Penalties for declining an offer for a bed in LTC should be re-examined in relation to its negative influence on caregivers' experiences. (JL)

ISSN: 07149808

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

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>

Perceptions about compliant flooring from senior managers in long-term care; by Chantelle C Lachance, Valeriya O Zaborska, Pet-Ming Leung (et al.): Taylor and Francis, April-June 2018, pp 194-210.

Journal of Housing for the Elderly, vol 32, no 2, April-June 2018, pp 194-210.

Compliant flooring can be broadly defined as "any floor or floor covering with some level of shock absorbency, which includes carpet as well as more purposely designed flooring for fall injury prevention". This Canadian study explored barriers and facilitators to adoption of compliant flooring as a fall injury prevention strategy within long-term care, from the perspective of 18 long-term care senior managers. In-depth interviews were recorded, transcribed, and analysed using the Framework Method. The most important organisational facilitators to adoption were potential for injury prevention and long-term care staff's openness to change. The most important organisational barriers to adoption were negative effects to long-term care staff and financial considerations (i.e., cost and lack of funding). The most important general organisational considerations were

uncertainties about clinical effectiveness, effects on long-term care staff, and flooring performance. Overall, compliant flooring was viewed positively for long-term care. The findings also suggest an opportunity for knowledge translation to inform long-term care senior managers about the existing evidence on compliant flooring. (RH)

ISSN: 02763893

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

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>

Review of nutrition screening and assessment practices for long-term care residents; by Shanthi Johnson, Roseann Nasser, Kayla Rustad (et al.): Taylor and Francis, January-December 2018, pp 169-182.

Journal of Nutrition in Gerontology and Geriatrics, vol 37, nos 3-4, January-December 2018, pp 169-182.

The older adult population in Canada is increasing, creating a greater demand for long-term care (LTC) facilities. Seniors living in LTC are more vulnerable to malnutrition, making it important to implement nutrition screening tools on a routine basis. This study explored the practices of Registered Dietitians (RDs) related to nutritional screening, nutritional assessment, and follow-ups conducted within LTC facilities. The study also explored possible barriers hindering the application of these practices. Nine RDs from two health regions in Southern Saskatchewan completed a phone interview to address nutrition care practices and policies, and barriers in LTC facilities. Results showed a considerable amount of variability in nutrition care practices for screening and assessment; lack of time was identified as the greatest barrier. These findings highlight the importance of having consistent policies and a sufficient number of RDs available in LTC facilities to provide the required level of nutrition care for residents. (RH)

ISSN: 21551197

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

Strategic partnerships enhance resources for care of rural-dwelling older adults; by Lyn M Holley, Christopher M Kelly, Silvester Juanes, Loretta Wolf.: Emerald, 2018, pp 242-250.

Quality in Ageing and Older Adults, vol 19, no 4, 2018, pp 242-250.

The authors aim to disseminate a new model that addresses the urgent social challenge of providing adequate long-term care in rural circumstances in the United States through innovative use of existing resources. The model was created by a residential long-term care facility director working with a network of partnerships that he discovered and developed. This exploratory paper is based on the analysis of qualitative observations (interviews and site visits), framed in the financial and operational records of the facility studied, macro- and micro-level demographics, and scholarly and practice literatures. Significant cost savings upon implementation, improvements in quality of care, and both worker and client satisfaction were apparent. Although the model has been in operation for only one year, the trend has been positive. However, more research is needed to identify its stability and develop a more refined description of its components. While essential features of this innovative model can be applied in any residential long-term care situation, replicating its success is obviously linked with the skill and authority of the director. Evaluation research is currently in progress. The paper suggests budget-neutral solutions to persistent challenges of caring for older adults in rural circumstances. Quality and financing of long-term residential care for elders is insufficient and worsening. This model addresses problems central to financing and quality of care by connecting existing resources in new ways. It does not require additional funding, or changes in the qualifications required for jobs. In the work on the model described, the partnerships discovered and developed include a broad range of organisations in the public and non-profit sectors, and the state university. (RH)

ISSN: 14717794

From : <http://www.emeraldinsight.com/loi/qaoa>

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 : http://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 : International Longevity Centre UK, 36-37 Albert Embankment, London SE1 7TL.ble at:

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 discussion 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

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>

Personal asset protection guarantee: a mechanism for sharing the costs of long term care between older property owners and the state; by William Laing, LaingBuisson. London: LaingBuisson, October 2017, 28 pp (Social care white paper, no 3).

Over more than 20 years, successive governments have struggled to arrive at a comprehensive new settlement for sharing long term care costs between individuals and the state. To date, attempts in England have been fruitless. Following postponement of the Dilnot reforms in 2015, a fresh Green Paper was expected in the autumn of 2017, but has now been put back to summer of 2018. The 2011 Dilnot proposals ('Fairer care funding') will once again be on the table, together with variations on the basic concepts of an asset threshold and a lifetime care cost cap, as proposed by the Conservative Party during the 2017 general election. This White Paper proposes a novel mechanism, in the form of a Personal Asset Protection Guarantee (PAPG), for sharing the costs between individual older care service users and the state. It is argued that PAPGs would more equitably and efficiently achieve the same policy objectives as a combination of threshold extension and care cost cap. It takes as a starting point identifying some equity and efficiency downsides of the Dilnot solution; and proposes PAPGs as a variation which goes some way to resolving these issues. The Conservative manifesto 2017 proposal for a 'dementia tax' is not considered, because it seems unlikely to be implemented. (RH)

From : https://www.laingbuisson.com/wp-content/uploads/2017/10/LaingBuisson_PAPG_Oct2017.pdf?utm_source=The%20King%27s%20Fund%20new%20letters&utm_medium=email&utm_campaign=8824742_NEWSL_HMP%202017-10-31&dm_i=21A8,5957Q,M7MA1E,K9D23,1

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

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

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

Care perceptions among residents of LTC facilities purporting to offer person-centred care; by Leeann 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

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

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

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

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

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

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

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 an 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

Should the planned cap on liability to meet care costs be uniform across England?: a briefing note; by Raphael Wittenberg, Care and State Pension Reform Team - CASPeR. London: Pensions Policy Institute, October 2016, 7 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 presents data on regional variations in a range of relevant variables to inform discussion about whether there is a case for the planned cap on liability to meet care costs to vary in value between regions or areas of England. (RH)

From : <https://www.pensionspolicyinstitute.org.uk/media/2654/20161027-casper-briefing-note-2-final.pdf>

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/qaqa.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

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

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

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

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, Manuel 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

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

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

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

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

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

Waiting times for aged care packages: the need to know; by Maria Griffiths, Robyn Russell, Gillian Brunker ... (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

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

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

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

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)

ISSN: 14769018

From : 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

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

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

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

Sense of community in long-term care: the views of family caregivers of elderly military veterans; by Ana Petrovic-Poljak, Candace Konner. : 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

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

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

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

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

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
Download at: 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

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)

ISSN: 00472794

From : DOI: <http://dx.doi.org/10.1017/S0047279412000311>

2011

Ageing and long-term care [and] Health policy developments; by Sherry Merkur, David McDaid (eds).: European Observatory on Health Systems and Policies, 2011, pp 1-36.

Eurohealth, vol 17, nos 2-3, 2011, pp 1-36.

The European population aged 80+ is expected to more than double by 2050. Articles in this issue of Eurohealth focus on meeting the challenge of ageing and long-term care in European and OECD countries. Topics include: future demand, cost projections, chronic diseases, remote care, and workforce issues. Articles on health policy include: NICE supporting England and Wales through times of change; Implications of the EU Directive on cross-border health care for the NHS in England; and Towards fairer care funding in England. (RH)

ISSN: 13561030

From : https://www.euro.who.int/__data/assets/pdf_file/0018/150246/Eurohealth-Vol17-No-2-3-Web.pdf

Delivering a National Care Fund: how would a public-private partnership work?; by James Lloyd, Strategic Society Centre. London: Strategic Society Centre, April 2011, 45 pp.

Most of those countries that have gone furthest in trying to resolve problems of long-term care funding in recent decades have done so through the creation of state sponsored insurance schemes. This paper begins from recognition of the failure of conventional consumer insurance, the need for new funding in the system, and the limited appetite among fiscal policymakers to take on new public spending obligations in relation to social care. Building on the model of a National Care Fund first put forward by the author in 2008, this paper asks: could a National Care Fund for long-term care be operated and underwritten by the private sector? How would such a public-private partnership work? Such a National Care Fund would fund the costs of personal care for retirees in residential or domiciliary settings. Appendices include case studies of state sponsored insurance schemes. This

report has been published as part of the Care Funding Futures work programme being run by the Strategic Society Centre, which has been made possible by the support of Bupa, PwC, Age UK and Tunstall. (RH)

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>

Gone for good?: Pre-funded insurance for long-term care; by James Lloyd, Strategic Society Centre. London: Strategic Society Centre, February 2011, 64 pp.

The UK insurance industry is one of the most successful in the world. It is a sector characterised by high levels of choice, competition and innovation. In this context, some stakeholders have consistently advocated a central role for the financial services industry, and pre-funded long-term care insurance (LTCI) in particular, as being the best possible solution to the challenge of how to fund long-term care in England and Wales. This report therefore provides answers to two questions. First, what potential role could pre-funded insurance take in funding long-term care? Second, to what extent can the pre-funded LTCI market help policymakers achieve key strategic policy objectives for social care? The report was made possible by Bupa, PwC, Age UK and Tunstall. (RH)

From : <https://strategicsociety.org.uk/wp-content/uploads/2013/01/Gone-for-Good-Pre-funded-insurance-for-long-term-care.pdf>

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>

Inheritance tax: could it be used to fund long-term care?; by James Lloyd, Strategic Society Centre. London: Strategic Society Centre, January 2011, 23 pp.

Changing the UK's inheritance tax framework has become a popular idea among social care stakeholders as to how to fund universal free care and support in England and Wales. Such a model of funding would be "fair" to younger age groups and relatively easy to administer; however, there is a lack of public support. The tax would make social care revenue streams highly vulnerable to fluctuations in property prices; and many households would likely move wealth around in order to reduce their liabilities, causing uncertainty on how much revenue would be generated. A form of 'Carer Penalty' would result for carers who gave up work - and income - to provide care for those whose estates would be liable for the estate tax. This report discusses and evaluates the issues. The report has been published as part of the Care Funding Futures work programme being run by the Strategic Society Centre, which has been made possible by the support of Bupa, PwC, Age UK and Tunstall. (RH)

Stepping-Stones: a strategy for reforming long-term care funding; by James Lloyd, Strategic Society Centre. London: Strategic Society Centre, June 2011, 23 pp.

Analysis in this report show how: widely different models of long-term care funding require some of the same policy changes and structural reforms to be made; seemingly large and challenging reforms can be broken down to a series of manageable steps; and, few models of long-term care funding have to represent fixed end-points and can themselves be supplemented and developed as stepping stones in a longer process. This suggests the need for a 'stepping stones' strategy for reform which: prioritises shared steps required by different funding models; evaluates individual funding models and stepping stones, not just as end-points; and proceeds immediately in areas where consensus exists. This report has been published with the support of the Nuffield Foundation. (RH)

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/researchandsurveys.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>

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)

ISSN: 10416102

From : <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.agingsociety.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>

A further opinion on reimagining nursing homes; by Nicholas G Castle.: Routledge, October-December 2010, pp 334-338.

Journal of Aging & Social Policy, vol 22, no 4, October-December 2010, pp 334-338.

A commentary of the article discussing the possible reimagining of long-term care (LTC) is provided. The reimagining article examines how to diminish the role of nursing homes in the LTC system. Castle considers

the text is provocative but also thought-provoking. In this commentary, Castle provides a further opinion that we could do better within the current system using the current resources. (KJ)

ISSN: 08959420

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

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>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)

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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:

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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)

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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)

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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)

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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)

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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)

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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)

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From : www.bmj.comBMJ 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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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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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 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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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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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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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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Reimagining nursing homes: the art of the possible; by Robert L Kane.: Routledge, October-December 2010, pp 321-333.

Journal of Aging & Social Policy, vol 22, no 4, October-December 2010, pp 321-333.

Long-term care (LTC) needs to be reconceptualised. The current efforts to reinvent the nursing home perpetuate a flawed model of care. The heritage of the nursing home as the dominant model for LTC needs to be reexamined. The basic LTC building blocks_housing, services, and medical care_can be combined in various ways to meet consumers' needs and preferences. Innovative solutions are needed that can offer reasonable

service while recognizing the value of acceptable risk taking. Modest personal care should not come at the price of surrendering one's autonomy. (KJ)

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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)

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